ICO Endorses Continuing Professional Development (CPD)

Goal
Facilitate understanding and acceptance of the concept of Continuing Professional Development (CPD) and its promulgation and implementation.

Position
The purpose of Continuing Medical Education (CME) is to keep physicians current in their practice as a lifelong learning commitment to their patients and society in general. CPD includes and extends the CME concept by embracing the necessary elements of “Good Medical Practice,” such as knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and maintaining trust. The International Council of Ophthalmology (ICO) recognizes and advocates the necessity of CPD consistent with the good practices, as described below.

Background

I. Factors Increasing Emphasis on CPD
- Doctors leading longer professional lives and patients living longer
- Increased global mobility of patients and health care professionals
- Accelerated proliferation of new knowledge, technology, and techniques
- High societal expectations of the medical profession
- Changing needs of public health care systems
- Complex health care working environments, whereby doctors are constantly challenged to develop and master multidisciplinary teamwork among peers, allied health care personnel, employers, regulators, and authorities of health care systems
- Increased assessment requirements of CPD activities

II. Problems with Current CPD
- Incomplete understanding of the CPD rationale
- Worldwide differences in CPD requirements and availability
- Noncompliance with best practices to design, develop, implement, and evaluate CPD
- Improperly defined commercial sponsorships and biased education

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Controversy regarding organization of CPD:
  o Credit-based CPD systems exclusively based on credits awarded according to hours spent in learning activities
  o Compulsory systems requiring mandatory procedures for relicensure are usually expensive and have not yet been proven better for health care
  o Overburdened doctors with less time allocated to learning
  o Underfunding of CPD programs
  o Inconsistent demonstration of CPD as an accountability tool
  o Lack of effective assessment of CPD activities to gauge cost-effectiveness
  o Lack of a clear role-definition and coordination of all CPD stakeholders

III. What is Good CPD Practice?

A systematic and comprehensive CPD system, amenable to regulation and credible to the community, is essential for demonstrating accountability and for maintenance of an effective health care system. The best methodology to build efficient CPD activities links research to well-grounded principles and helps to shape learning events to attain the community well-being. Harmonization of CPD systems, which must be self-tailored and adapted to local health care needs, would save redundant efforts and would bring efficiency to the process. Furthermore, to be accredited, CPD activities should be built according to specific requirements and comply with best practices. Good CPD activities should follow adult-learning principles of practice-based and self-directed learning.

International standards encourage CPD participants to self-assess, help providers to design and offer effective learning interventions, and support regulators in accreditation and revalidation.

The ICO has suggested criteria, including commercial sponsorship guidelines. E-learning is currently an accepted method of CPD, and specific accreditation guidelines to comply with best CPD practices have been proposed.

Developing a personal learning plan (PLP) integrates CPD best practices. The ICO has suggested a PLP template built on the CPD cycle, which can be conceptualized in three questions: What will I learn? How will I learn? How well have I learned? The first step is a needs assessment related to a specific health care gap. Once the learning gap is identified, a self-directed and practice-based learning strategy is undertaken. Assessment closes the cycle and includes finding the opportunities in practice to apply and disseminate new knowledge and skills.
Portfolios and audits are good ways to document and demonstrate CPD. Portfolios are learning and assessment tools; they are individual recorded collections of artifacts that demonstrate a physician’s PLP and professional evolution over time. If web-based, portfolios are a potential source of relevant learning opportunities. Clinical/surgical audits are reviews of a physician’s current medical practice.\textsuperscript{11}

Revalidation is the process whereby a physician demonstrates competence at regular intervals to a regulatory body, which then ascertains that the physician is fit to practice for a set period of time.\textsuperscript{2} This CPD assessment should preferably be viewed, not as a threat or lack of confidence in the medical profession, but as a culture to demonstrate accountability and up-to-date knowledge and skills. Its formality brings respect, increases reliability in the eyes of society, and increases a sense of professional accomplishment and success.

Conclusion

The ICO believes that professional societies and colleges should be made responsible, through their CPD representatives/committees, to create, maintain, develop, and regulate CPD schemes and effectively interact with local health authorities.\textsuperscript{3} Good coordination among the various CPD stakeholders (eg, participants, providers, regulators, society, and others) will facilitate development of appropriate CPD activities.\textsuperscript{5}

References


