Editorial
Continuing Professional Development

Gethin Morgan

This editorial inevitably addresses, in the main, those who are already committed to Continuing Professional Development (CPD). One of my first tasks since taking over as Director of CPD has been to seek out clinicians who have not yet become involved, setting out the reasons why it is crucial that everybody does so. An update of the College CPD policy document is soon to be published, and in it I have set out significant benefits from CPD.

In brief, these benefits range from the inherent value of structured continuous education throughout the whole of a clinician's career, self-regulation of what we do (as opposed to having a system imposed on us from without), a defence against litigation, and an index of competence at a time when we are increasingly required to convince others, such as purchasers, providers, general practitioners and indeed the general public, of our clinical proficiency throughout our clinical careers. During my period as Director I shall also be keen to emphasise the support value of CPD, especially for those whose clinical skills may have become compromised in some way. These are the main positive points which are set out in the revised College policy document. If in your experience you have encountered other benefits of CPD, let me know so that I can include them in my debate with the reluctant but significant minority.

It would of course be rash to pretend that no problems remain to be solved. We still face the issue of flexible working: up to now our College, in line with all others, has taken an uncompromising line on this, and affirms that all clinicians should be subject to the same standards of CPD. But we will need to continue debating this matter, because some part-time clinicians who carry out relatively few sessions of clinical work each week find it very difficult to comply with the full criteria of CPD. We hope to achieve some flexibility in our guidelines here without compromising standards.

There is also concern about confidentiality. Most of the Royal Medical Colleges assume that information concerning any individual's CPD status is confidential. It seems likely, however, that public expectation might put us under pressure to change this in the future, and we must have a system in place which works, is accepted by all, and is seen to be effective. We aim for a situation in which CPD is willingly taken up by everybody, although a firm line has been taken regarding College tutors' obligation to be CPD registered.

There has been some uncertainty regarding exactly who are eligible for CPD. Quite simply, CPD concerns any clinician who engages in the care of patients. Trainees have their own educational arrangements, but even they are showing interest in CPD, and this journal is becoming a favourite among examination candidates. We have made special provision for affiliates of the College, but there is also a large body of clinicians who have no Collegiate status and yet who play a large part in contributing to the delivery of clinical care. CPD is of relevance to them, and we need to reach out to involve them in the process. Finally, regarding costs, it is surely difficult to argue that CPD is too expensive, including subscription to this journal as well as covering all the necessary administrative requisites at both College and regional levels.

Increasingly, CPD is being 'regionalised' and I hope you are clear as to the identity of your own Deputy Regional Adviser (CPD) who can be approached with any queries. Alternatively, enquiries can be directed to the College CPD Unit, where Pauline Taggart or I will be only too keen to help. CPD is an evolving process, but in one form or another it is here to stay. Feedback from you concerning your experience of it, or your ideas for its future development, are vital if it is to become a process which will win universal approval, both within and outwith our speciality.

Gethin Morgan took up the position of Director of Continuing Professional Development at the Royal College of Psychiatrists in April 1997. He is also Professor Emeritus of Mental Health at the University of Bristol, 41 St Michael's Hill, Bristol BS2 8DZ.

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