

Core Scheme for Continuing Professional Development

We propose the following:

1. Mandatory scheme

There is a growing emphasis on the importance of life-long learning as a condition of self-regulation by the professions and by health professionals in particular. This is reflected in the Department of Health consultative document 'Supporting Doctors, Protecting Patients' (www.doh.gov.uk/cmconsult.htm) which emphasises that regulatory bodies must concern themselves with the competence and conduct of practitioners at all stages of their careers, and proposes that in the future all registered doctors will be periodically required to demonstrate that they are up to date and fit to practise in their chosen field. The aim is to move away from a reactive model which attempts to assure fitness by dealing with exceptions, and instead to provide a positive reaffirmation of continuing fitness to practise.

CPD is a central part of this process. Mandatory CPD is built into the Osteopaths and Chiropractors Acts (mandatory CPD is anticipated following consultation with members), and it is appropriate for the herbal profession to demonstrate a similar serious intent. The implication of the adoption of a mandatory scheme is that unless members fulfil the requirements of CPD they incur some penalty, including in the last resort loss of membership of the professional body. It will be up to the proposed statutory herbal body to establish the rules in detail.

In order to allow time for consultation with the membership, to provide a supportive environment in relation to the culture of continuing learning, and to evaluate the initial results of the present scheme, it is proposed that the mandatory status of the scheme should be implemented after two years, following consultation with the membership. It is also proposed that the scheme be reviewed three years after implementation.

2. Criteria

The research evidence shows that attendance at formal courses is only one part of the continued learning of practitioners. Practitioners also learn in important ways from the problems that face them in relation to their own practice, and from other practitioners who may be more senior to them or at the same level of experience. This latter may be called the 'community of practice', which poses a particular challenge to herbalists (and other practitioners in the field of complementary/alternative medicine), who are likely to suffer from isolation. A practitioner also learns from teaching or supervision (which involves reflecting on and synthesising knowledge), and of course from research activities and publication. Contribution to the work of professional and accreditation bodies is a form of participation in the community of practice in a wider sense, and so also deserves to be included within the CPD context. Hence it is important that a wide variety of activities qualify as criteria of professional development.

In common with many other professions, we propose a scheme based on the accumulation of credits. However, since there is the risk that this form of assessment highlights what is measurable at the expense of what is really useful, we make provision for members to include 'any other activity' that they might wish to be considered. This means that the scheme in principle allows members themselves to define what is most important for their practise and to relate their CPD activities to this context. Such a provision is in line with the recent Department of Health 'Review of Continuing Professional Development in General Practice' (www.open.gov.uk/doh/cmoh/cmoh.htm) which stresses that non-credit bearing learning should be recognised and valued.

We propose that members must obtain at least eight credits a year. The credits may be gained from the following activities, which must constitute a further development of areas of study covered in the core curriculum:

- (a) attending a seminar/conference: one day = 4 credits
- (b) attending peer support groups: one meeting = 2 credits
- (c) having supervision with a more senior practitioner, which could be on a one-to-one or group basis = 2 credits per session, with a minimum of two hours per session
- (d) undertaking supervision of new practitioners = 2 credits per session, with a minimum of two hours per session. It is recommended that supervisors undertake training in supervision, and they will be advised of relevant courses
- (e) teaching at an accredited college or seminar: one day = 4 credits
- (f) study trip to a hospital or clinic, minimum of one week = 8 credits
- (g) article published in a professional journal: one article = 8 credits
- (h) attendance at an MSc, MPhil or PhD course = 8 credits per year
- (i) authorship of an academic or professionally-oriented book = 8 credits per year (with report on progress after each year) up to a maximum of 24 credits over three years
- (j) contribution to the work of the professional body (committee work, project groups, accreditation board) = 4 credits over a one-year period
- (k) any other activity that a member might wish to be considered

The credits suggested here are modest and eminently achievable. The aim is not to set up hurdles for their own sake but to facilitate and encourage a culture of continuous professional development.

3. New Practitioner Scheme

A new practitioner scheme will be implemented. For the first two years of membership, newly graduated members will be required:

- (a) to participate in clinical supervision sessions: 6 one-hour sessions in the first year, four one-hour sessions in the second year
- (b) to attend two postgraduate seminars per year
- (c) to present a completion portfolio which records hours of supervision and seminars attended

Thereafter, the requirement to obtain eight credits per year would come into effect

4. Extenuating circumstances

A policy on extenuating circumstances, relating for example to chronic illness, maternity leave or absence abroad will need to be worked out by a CPD committee of the Statutory Herbal Body. In such circumstances it might, for example, be decided to allow for the accumulation of credits over a longer period, say two years rather than one year. In such a case if the practitioner was unable after two years to provide evidence that the requirements had been met, a policy on temporary suspension from the register (with clear conditions for re-entry) would need to be established.

5. Administration of the scheme

The scheme will be administered by a committee of the Statutory Herbal Body. Administration will include approving courses for CPD status. Courses run by accredited colleges, and by colleges which have been accepted as candidates for accreditation, will be given automatic approval, other courses will need to be sanctioned by a CPD committee.

6. Appeals Procedure

The process of assessment will need to be transparent, and there must be a clear and independent disputes procedure in the event that a practitioner challenges a decision of the CPD committee.

January 2002