



# Faculty of Occupational Medicine

of the Royal College of Physicians

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## The Faculty's Scheme for Continuing Professional Development in Occupational Medicine

**These guidelines have been prepared for doctors who wish to participate in the Faculty's scheme of Continuing Professional Development for occupational physicians.**

**The scheme is being revised to meet the needs of revalidation. Members who already participate in CPD, and providers of CPD, are asked to take note of the changes, which are highlighted in the summary below.**

**These guidelines will form one part of the new revalidation folder which is being prepared for Members of the Faculty. It is expected that that they will also be of help to non-members of the Faculty who wish to participate in its programme of CPD, and to those who have to appraise progress in CPD.**

### SUMMARY

CPD (Continuing Professional Development), the process by which doctors keep updated and develop new skills, will *de facto* become mandatory under GMC proposals. All occupational physicians will benefit from participating in a scheme which is recognised by appraisers.

The Faculty of Occupational Medicine, in line with other Colleges, recommends that participants of its scheme should aim for a target of 50 points of CPD per year, averaged over a five-year cycle, with a balance between the activities of external and internal CPD. Supporting documentation needs to be retained in a CPD folder and annual returns made to the Faculty offices for periodic audit.

While the broad arrangements may be familiar to many Members, these new guidelines expand on the requirement in several areas. For example, information is provided on:

- the recommended balance of activities and some new targets (p3-5);
- the potential elements of a suitable CPD programme (p6-7 and Tables 1-4);
- a new system of collecting credits for personal elements of internal CPD (p7 and Table 4a);
- how to meet the challenge of verification in the climate of revalidation (e.g. Table 4).

One key new recommendation (p5) is that all Members should identify, on a voluntary basis or as part of existing arrangements for clinical governance, a medical appraiser (ideally a medical line manager) with whom their progress in CPD can be reviewed. The GMC's proposals on revalidation encourage annual review, and so early exposure to appraisal will be an invaluable learning experience for Members. Appraisers should have an active role in monitoring and in mentorship, and so we propose to involve them in the audit and the endorsement of CPD records prior to their being returned. This will necessitate a change in the format of the CPD records, and advice is given on p9-11 on completing the new forms.

Other changes have also been made. More formality is being encouraged in the approval of external CPD events (p6), but greater flexibility in terms of accreditable activities for internal CPD, provided that sufficient verifying documentation can be collected and that the overall pattern of targets is met. Broadly the revised targets may be summarised as:

1. 50 points per year of CPD, averaged over a five-year cycle.
2. A minimum of 25 points per year (on average) in external CPD and a minimum of 15 points per year in internal CPD.
3. A balance of topics in each category of CPD.

## BACKGROUND

### What is Continuing Professional Development?

Continuing Professional Development (CPD) is 'the process by which health professionals keep updated to meet the needs of patients, the health service and their own professional development'.<sup>1</sup> In contrast to continuing medical education (CME), which involves updating *clinical* knowledge, CPD also embraces developing and improving a broad range of skills necessary for medical practice (e.g. management, communication, teaching and learning skills; knowledge of information technology; and audit).

Many consumer groups and many medical bodies - including the Department of Health, the General Medical Council, and the Academy of Royal Medical Colleges, regard CPD as a professional obligation. The Faculty is also committed to the concept of CPD as a means of encouraging and upholding the highest professional standards of knowledge and performance among doctors who practise occupational medicine.

### Why should I take part?

Participation is in your own interests for three reasons:

1. Shortly you will have to demonstrate currency of professional development to third parties (appraisers and members of revalidation groups) in order to retain medical registration with the General Medical Council.<sup>\*</sup>
2. Increasingly also, employers are seeking evidence under systems of clinical governance that their doctors are keeping up to date.<sup>3</sup>
3. And, of course, participation offers you the opportunity to learn new skills, to reflect on and to improve your practice, and to enrich your professional life.

### Am I obliged to take part in the Faculty's scheme?

To all intents and purposes, CPD will become mandatory. The Faculty's CPD scheme, however, is a voluntary one. Non-participants may be able to demonstrate to their appraisers that they have kept up to date sufficiently by other means. However, the easiest way of meeting the obligation will be to participate in the Faculty's scheme. Appraisers are likely to take their principal guidance on standards from the Royal Colleges and their Faculties.<sup>4</sup> College and Faculty schemes will help to provide a peer review of training needs, quality assurance (through a process of approval, audit, and compliance assessment), and a set of explicitly stated standards and documentation. Hence, it will benefit all occupational physicians to participate in the Faculty's scheme for CPD.

### What types of CPD are there?

Traditionally, CPD has been thought of as comprising two broad categories of activity:

1. **External CPD** - Events typically hosted outside the doctor's organisation and with a broad audience of doctors and professionals - e.g. study courses, conferences, workshops and symposia. In occupational medicine such events have been sponsored by organisations as diverse as the Faculty itself, the Society of Occupational Medicine, ALAMA, ANHOPS, and various academic centres. External CPD usually requires specific funding and absence from normal work activity.
2. **Internal CPD** - Events such as departmental meetings and journal clubs, and activities such as audit, project work and research, the development of health policies within an organisation, personal development in management or IT skills, lecturing, teaching, examining, and writing learned articles.

Although this division is a convenient one, it is increasingly accepted that doctors learn in many different ways, some of which defy simple classification (for example, from informal dialogue

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<sup>\*</sup> The GMC has stated that 'doctors will be expected to provide information ... about participation in CPD and an indication of how learning has influenced practice' in a folder of evidence that will form the cornerstone of revalidation.<sup>2</sup> A CPD record represents one form of evidence that Faculty members can present for this purpose.

with colleagues, or from peer example). Table 1, which is taken from the *Good CPD Guide*,<sup>5</sup> highlights the plurality of possible learning methods.

### **How is CPD measured?**

Imperfectly! Most Colleges run a scheme under which approved events attract **time credits (points)** for external CPD, over and above which a **target number of points** is sought per year reflecting the combined activities of external and internal CPD. Most CPD systems, nationally and internationally, are founded on this system. A target of **50 points per year, averaged over five years**, is generally recommended by British Royal Colleges, and also by the Faculty. However, there are a number of difficulties.

The presumption underlying approval of *external* events (that some activities are more worthy than others) may be open to question.<sup>5</sup> The educational value of an event will vary according to the needs of the individual. Furthermore, time spent on an activity does not necessarily equate with achievement and proficiency, and attendance at an event does not necessarily reflect what has been learned. (Some evidence has accrued that 'active' learning methods which encourage participation may have a more beneficial effect on clinical behaviour than 'passive' methods such as didactic teaching,<sup>6</sup> but the evidence is not so overwhelming as to devalue the alternatives.)

The educational value of *internal* CPD is even more difficult to assess according to the time credit system. Often the doctor and his line manager (or peers) are better placed to estimate that value than an external assessor such as a College officer. And for some activities which are undoubtedly educational, such as independent reading, there is a problem in both verifying the event and ascribing a time value. Assuming the broader definition of CPD in the *Good CPD Guide* (Table 1),<sup>5</sup> many doctors probably exceed the notional target of annual learning time by a wide margin, but in ways that may sometimes be hard to verify. For this reason, the Faculty has always favoured a flexible approach in assessing creditable time. It has also taken the view that participants are best placed to judge their own educational needs.

But in future, the GMC's proposals on revalidation<sup>2</sup> will place an onus to assess compliance on the doctors who conduct annual appraisals, and with the revalidation groups that will provide external peer assessment. The Faculty's procedures have therefore been refined and in some areas made more explicit to guide occupational physicians, appraisers and revalidation groups on the recommended standards.

## **THE FACULTY'S SCHEME FOR CPD**

### **Targets**

1. In keeping with other Royal Colleges, we recommend a target of 50 points per year, averaged over a five-year cycle. (In practice, we anticipate that many practitioners will exceed this target).
2. A balance should be sought between external and internal CPD. We recommend that a minimum of 25 points per year (on average) should be in external CPD and a minimum of 15 points per year in internal CPD.
3. A balance of topics should be covered within each category of CPD, rather than focussing on just one or two specific areas.
4. The topics should reflect, at least in part, those highlighted as important in the GMC's document *Good Medical Practice*<sup>7</sup> and in the Faculty guidance *Good Medical Practice for Occupational Physicians*<sup>8</sup> (Table 2 provides some examples).

**Table 1: Methods of professional learning listed in The Good CPD Guide<sup>5</sup>**

**Academic activities**

Academic activities  
 Medicolegal activity  
 Reading  
 Writing service/ research protocols

**Meetings**

Clinical meetings: departmental and grand rounds  
 Conferences  
 Case review  
 Post-mortems and the clinicopathological conference  
 Telephone conferences

**Learning from colleagues**

Collaborative learning  
 Consulting other professionals  
 Joint ward rounds and clinics  
 Library professionals  
 Peer review  
 Peer review: multiprofessional  
 Peer tutoring  
 Professional conversations  
 Visits and travelling clubs

**Learning from practice**

Diaries  
 Evidence-based practice  
 Experiential learning  
 Mistakes  
 Opportunistic learning  
 Portfolio-based learning  
 Reflective learning

**Technology-based learning**

Audio-visual  
 Communication and IT  
 Computer support systems  
 Distance learning  
 Mass media  
 Simulations  
 Telemedicine and telementoring  
 Videoconferencing  
 Video review of performance

**Management and quality processes**

Accreditation  
 Audit  
 Inspection visits  
 Quality assessment schemes

**Specially arranged events**

Attachments and secondments  
 Sabbaticals

In addition, 41 methods of reinforcing and disseminating CPD, and showing its effectiveness are described in *The Good CPD Guide*, including:

Accreditation of the individual	Accreditation of services	Appraisal
Assessment of learning	Audit	CPD credit points
Collaborative assessment	Educational logbooks	Learning diaries
Peer review of the doctor's CPD	Learning portfolios	Research
Reporting back to colleagues	Self-assessment	Video assessment
Video-stimulated recall	Written reports	

5. CPD activities should be clearly documented using the folder provided. *If you do not keep good contemporaneous records, compliance cannot be confirmed at a later date!* The minimum record for a calendar year should comprise a list of the events attended or activities undertaken, copies of the relevant programmes and timetables (or similar supporting paperwork), and the times for which you hope to claim credit. Ideally, for external CPD, proof of attendance should also be provided. Further information on how to document activities which comprise internal CPD and how to determine the credit value are provided later (see Table 4) .

6. An annual return of CPD activities (forms CPD1 and CPD6) should be sent to the Faculty of Occupational Medicine annually in March as a record of your CPD activity during the preceding calendar year. (The Faculty will periodically publicise reminders, but the onus to make a return lies with the individual.) Guidance on completion is provided on p9-11.

7. As a further target, we recommend that all Members **identify a medical appraiser** (ideally a medical line manager) with whom their progress in CPD can be reviewed. The GMC wishes to encourage annual review by another registered doctor,<sup>4</sup> and it has collected pilot data to suggest that decisions about revalidation will be more straight-forward in doctors who are regularly appraised. Many Members will already undergo appraisals; and we would encourage others to identify, on a *voluntary basis*, a colleague who would be willing to act in this capacity for the time being.\* Experience of voluntary appraisal will be invaluable. Moreover, we believe appraisers have an active role in monitoring and in mentorship, and wish to involve them in the audit and the endorsement of CPD.

**Table 2: Some topics highlighted by the GMC which may form a focus for CPD (adapted from Good Medical Practice for Occupational Physicians<sup>8</sup>)**

<b>These items from GMP...</b>	<b>...may give rise to CPD in these topic areas</b>
<ul style="list-style-type: none"> <li>• Good occupational health care</li> </ul>	<ul style="list-style-type: none"> <li>• Many areas apply e.g. clinical, occupational and risk assessment; appropriate clinical care, investigations and referral; risk control; health surveillance; accommodating disability; good service management systems (e.g. record keeping, service development, efficient use of resources)</li> </ul>
<ul style="list-style-type: none"> <li>• Treatment in emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Special first aid requirements</li> </ul>
<ul style="list-style-type: none"> <li>• Keeping up to date</li> </ul>	<ul style="list-style-type: none"> <li>• New knowledge and skills relevant to your practice</li> <li>• New laws and statutory codes relevant to your practice</li> </ul>
<ul style="list-style-type: none"> <li>• Maintaining your performance</li> </ul>	<ul style="list-style-type: none"> <li>• Learning about how to conduct medical and clinical audit, and how to act upon the findings</li> <li>• Further training arising from audits of performance</li> </ul>
<ul style="list-style-type: none"> <li>• Teaching and training</li> </ul>	<ul style="list-style-type: none"> <li>• Development of training and teaching skills</li> </ul>
<ul style="list-style-type: none"> <li>• Maintaining trust: with patients</li> </ul>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Ethics</li> </ul>
<ul style="list-style-type: none"> <li>• Maintaining trust: if things go wrong</li> </ul>	<ul style="list-style-type: none"> <li>• Learning about how a good complaints system should work</li> </ul>
<ul style="list-style-type: none"> <li>• Your duty to protect patients; if your health may put patients at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Health risks and problems in health professionals</li> <li>• Safe systems of work for health professionals</li> <li>• Ethics</li> </ul>
<ul style="list-style-type: none"> <li>• Working with colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Ethics</li> </ul>
<ul style="list-style-type: none"> <li>• Working in teams</li> </ul>	<ul style="list-style-type: none"> <li>• Management skills - team development, team leadership</li> <li>• Staff appraisal skills</li> </ul>
<ul style="list-style-type: none"> <li>• Research</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of research methods and research ethics</li> </ul>

\* Some members may have difficulty in finding a suitable appraiser. The Faculty and Society of Occupational Medicine are considering how, in the longer term, to best help members who find themselves in this position.

## Suitable events and activities

### **a) External CPD: Events approved by the Faculty**

The Faculty will approve external CPD events which meet suitable standards of quality and relevance. The content of the programme will be assessed to confirm this and to determine the allowable time credit.

Guidance will be issued on request to providers of CPD, and some bodies will be invited to apply for accepted-provider status in order to streamline the procedure of approval.

The purpose of approval is threefold:

1. to encourage, as far as possible, a high quality of CPD training within the specialty;
2. to help Members to identify in advance the appropriate accreditable time value for an event; and
3. to help Members to demonstrate to external assessors in a ready way that a *part* of the professional obligation of personal development is being met.

Additionally, it is hoped that feedback from Members' annual CPD returns can be used to guide providers on their future learning needs.

Providers of a Faculty-approved CPD event will be encouraged to advertise in their programme both the fact of approval (eg by means of a Faculty logo) and the allowable time value of the event. **Members should keep a copy of the programme together with a certificate of attendance in the CPD section of their revalidation folder;** and CPD providers are encouraged to issue such certificates. These records will furnish the means by which appraisers can identify the amount of time Members have spent at Faculty-approved external CPD events.

### **b) External CPD: Events approved by other Royal Colleges and Faculties**

The Faculty has a reciprocal agreement concerning CPD approval with other Colleges and their Faculties. The programmes and time credits approved by other Directors of CPD will be accepted within the Faculty's scheme. Attendance at such events can thus be established by maintaining similar paperwork.

However, the GMC expects appraisers and revalidation groups to consider the *relevance* of an individual's revalidation folder to his or her clinical practice.<sup>3</sup> So a judgement may need to be taken on the relevance of CPD undertaken outwith the specialty of occupational medicine to practice within it; and on the balance within an individual's CPD programme.

### **c) External CPD: Other events**

Not all events of relevance can be approved in advance by the Faculty or its sister Colleges. The needs of Members vary considerably, and may be met by meetings for which it would be *unreasonable to expect prior approval* (eg overseas meetings; and multidisciplinary or specialist meetings attended by few occupational physicians). Flexibility is desirable.

But in this case **the onus will fall on the appraiser (if the Member has one) to agree in discussion an accreditable CPD value.** Again the Member should obtain and file in his folder a copy of the relevant programme and a certificate of attendance to assist appraisal. The Faculty will assist periodically by providing an external audit of the CPD record. This process (which is described under 'Monitoring and Audit' below) will enable Members, appraisers and revalidation groups, to feel satisfied that their decisions are reasonable and can be upheld.

Table 3 lists some common external categories of CPD in occupational medicine for which formal approval arrangements vary.

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**Table 3: Some common sources of external CPD in occupational medicine**

- Meetings organised or sponsored by the Faculty of Occupational Medicine
  - Other meetings approved for CPD by the RCP or another College or Faculty
  - Specialist Society Meetings. (e.g. the Spring, Autumn and Annual Scientific Meetings of the Society of Occupational Medicine; local SOM Group Meetings; meetings of ALAMA, ANHOPS; and industrial group meetings involving external speakers)
  - Other courses and meetings (UCL CHIME, IRS, IOH, etc.), including those providing management or personal development
  - International/overseas meetings
  - Local postgraduate meetings
  - Clinical skills/knowledge improvement 'updates'
  - Educational visits to other companies, industries and academic institutions
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**d) Internal CPD**

By the same token, the Faculty cannot approve in advance the time value of most internal CPD activities - especially as the range of activities is likely to be broad, and personalised to the individual learning needs and practice of Members (Table 1). Even in retrospect, the task of reviewing internal CPD may be more effectively performed by an appraiser who has specific knowledge of the Member's practice. Moreover, the onus will fall on the appraiser (if the Member has one) to agree in discussion an accreditable CPD value, and on both the Member and his appraiser to ensure that the evidence is fully documented in the CPD folder - although the Faculty can help by providing an external audit of the records periodically (see below).

However, because internal CPD is more difficult to evaluate, the Faculty has decided, in line with some other Colleges and Faculties, to recognise certain personal CPD activities (e.g. teaching and lecturing, examining, preparing posters for meetings, gaining new relevant qualifications, supervising postgraduates, and publishing in books and peer-reviewed journals) more formally.

In future these will attract a specified number of points (a minimum per item and a maximum per year), as set out in Table 4a. This will provide a more explicit framework for deciding the number of credits that should be claimed for these activities. By specifying upper limits, it will help to preserve a balance in individual learning plans. And it will extend the range of formally accreditable activities.

Members will still be able to accumulate points for CPD as they have done previously (e.g. for participation in journal clubs, and activities such as audit, project work, the development of health policies and personal skills etc.), and some pointers on how compliance might be demonstrated in these areas, and on how the number of CPD credits might be determined, are provided in Table 4b.

**Table 4: Examples of how to count and verify internal CPD\***

**4a. Activities for which a credit value is specified**

This activity ...	... under these circumstances ...	... earns these credits		... but no more than these credits/CPD year	Suggested proofs†
		item	credits/item		
Teaching and small group tutorials	to medical postgraduates (doctors and nurses); including AFOM and specialist registrar training, and supervising theses	1 hr	1	5	A paper record of what you taught, when, for how long, and to whom.
Presentations and lectures	to medical postgraduates in public meetings (eg annual scientific meeting, local SOM/ALAMA/ANHOPS meetings, international meetings etc)	lecture	5	10	A paper copy of the programme which identifies your contribution.
Posters*	at scientific meetings	named author on poster	5	10	A copy of the letter of acceptance for the poster.
Examining	setting medical postgraduate exams (eg diploma, AFOM)	exam setting meeting	5	no more than 10 in a year	A certificate of attendance will be issued for Faculty examination activities.
	marking medical postgraduate exams (including diploma and AFOM vivas, AFOM written papers, MFOM thesis, and PhD/DM thesis)	exam diet or thesis	5		
	being trained as an examiner	training day	5		
Publications	if peer-reviewed and accepted for publication; also, chapters and whole books in medical textbooks, and editing textbooks of occupational medicine	named author or editor	5	no more than 10 in a CPD year	Reprint of the paper or letter of acceptance (and for books, a copy of the advertising material).
Relevant new degree	for obtaining DOcc Med, AFOM, MFOM, or DM/PhD on topic relevant to occupational medicine	proof new qualification	15	15 is the maximum per year	A copy of the letter of award.
Service protocol	if a substantial contribution to the writing or revision of the protocol, and if evidence-based or involving a literature search	a protocol	5	10	A copy of the protocol and note of your personal contribution.
Committee meetings	if involved in elaborating evidence-based reports, protocols and standards documents relevant to occupational medical practice	meeting	5	10	minutes of meeting confirming attendance; drafts or final report to confirm content.
Reviewing	refereeing of journals and grant applications	a paper or grant	5	5	A letter of invitation to review.

\* A given presentation or poster should only be counted once, even if delivered at several meetings. † NB Some proofs *must* be kept.

#### 4b. Advice on how to count and verify other activities

<i>This activity.....</i>	<i>.....can be assessed in this way.....</i>
Journal club	By the time of attendance (1 credit/hour). Ideally, each session would include an article or topic reviewed by you personally. Keep a copy of the agenda in your folder.
Internal audit or policy documentation; or external research	By estimating the time element of your personal contribution (1 credit/hour). Keep a copy of the completed work in your folder. Remember to count only your time in shared projects.
Internal interdisciplinary meetings	By time of educational content. For example, if half the meeting covered routine administration and half was of educational value, count only the latter (1 credit/hour). Keep a copy of the agenda in your folder. Explain what was educational and make a note of what you learned.
Management or IT training	By the time of tuition (1 credit/hour). Try to get a certificate of attendance and achievement. Keep the programme notes and other paperwork in your folder.

#### **Monitoring and audit**

The Faculty has an obligation to monitor participants' CPD activities. Audit helps members to confirm their compliance with a documented scheme of CPD, and it assists their appraisers by providing an external review of the appraisal process in CPD.

The responsibility for auditing compliance will shortly lie with Members' appraisers, while the responsibility for guiding appraisers and providing external quality assurance of their efforts will lie with Colleges and their Faculties. Our arrangements for audit are designed with these considerations in mind, but also cover the need of occupational physicians who currently lack an appraiser.

You should make an annual return to the Faculty on your CPD activities (as described below). A rolling programme of audit will occur in which a Faculty representative will review the returns received. Around 20% of participants will be reviewed annually. Under normal circumstances this external review should not occur more often than once every five years.

The Faculty does not require documentation to be retained once this review has taken place, but in future, under a system of compulsory revalidation, it would seem prudent to keep the paperwork until the revalidation review has been completed.

**Your CPD returns must be supported by good documentation. The Faculty will not otherwise be able to verify the points you claim when we audit your folder, and your appraisers may run into similar difficulties.**

## COMPLETING YOUR CPD RETURNS

Participants are asked to fill in and submit an annual return (CPD 1 and CPD6 - see below).

If you have an appraiser, you should:

- a) review your CPD folder and your return with him/her before dispatch; and
- b) ask your appraiser to confirm that your folder contains the supporting documentation, and to endorse form CPD6 before you post it.

You should also record on form CPD6 your views about your future needs for CPD (ideally, after agreeing a Personal Development Plan with your appraiser).

### Instructions for recording CPD

#### *Page CPD1: Personal Details*

Brief personal details are required to identify participants and their working background. Only the current appointment or principal employment is required unless this changes during the CPD period, in which case please provide similar details for your new circumstances (with dates). A copy of this page should be forwarded to the Faculty of Occupational Medicine in March together with your record of CPD activity (CPD6 - see below).

In future we expect that such biographical details will form a part of every doctor's revalidation folder, and further instructions will be issued.

#### *Page CPD2: Teaching, examining and lectures and Page CPD3: Publications, service protocols, reviewing and new qualifications*

Space is provided on these two sheets to record your internal CPD activities under several discrete headings: teaching, presentations to meetings (including posters), examining (including work as a Faculty Examiner), publications, development of service policy documents, peer-reviewing for journals and grant bodies and new relevant qualifications.

The activities listed on these sheets attract points for internal CPD (as set out Table 4a). Total the points claimed under these categories at the bottom of page CPD3. **Remember not to claim more points than allowed in each category of activity.** But, you should record all of these activities **in full**, whether eligible for points or not: in future they will comprise an important body of evidence which Members can make available at the revalidation review (and the GMC has stated that research and publications should be itemised in the revalidation folder<sup>2</sup>).

#### *Page CPD4: Other Internal CPD*

Internal CPD covers many activities in addition to those listed on forms CPD2 and CPD3. Any activity which has educational value for the participant and which does not involve study leave or specific funding may be considered (other than those already claimed on forms CPD2 and CPD3). This might include departmental, interdepartmental and interdisciplinary meetings, presentations to such meetings, standard setting and audit, development of health policies, personal development in management or IT and research or project work and its presentation. Examples are given in Tables 1 and 3. Routine committees and other similar routine lectures (e.g. first aid) should **not** be included. Active rather than passive participation in these activities is firmly encouraged.

For each activity, you should record:

- a) the date of the activity;
- b) the title or nature of the activity;
- c) the time credit in points you wish to claim.

You should keep the documentation in your CPD folder which helps to verify your claims. Suggestions on how this might be done appear in Table 4.

Time credits claimed on CPD2 and CPD3 should be carried over to the top of CPD4. You should then add up the grand total of points claimed for internal CPD (on CPD2, CPD3 and CPD4 combined), rounding down to the nearest half-hour.

#### *Page CPD5: External CPD*

For each activity, you should record:

- a) the date of the event;
- b) the title of the event;
- c) the provider (organiser, sponsor, or host);
- d) whether or not the event had Faculty approval for CPD or was approved for CPD by another UK College; and
- e) the time credit in points you wish to claim.

If applicable, provide the details of some other form of approval.

The points which an external CPD event attracts are normally identified on its programme; but otherwise, assume that it will be 1 point per hour. you should **exclude** meal and drink breaks and parts of the programme that are not educational; and **you should only claim for the hours you actually attend.**

Add up the total number of points claimed for the calendar year in question, rounding down to the nearest half-hour.

#### *Page CPD6: Annual review of CPD*

This page is provided for you to summarise the number of points you wish to claim altogether for internal and external CPD (the totals from CPD4 and CPD5); and to identify your future learning needs. If you have an appraiser, you should consult with them and identify these together (in the form of a Personal Development Plan).

Space is also provided for the appraiser to verify the points claimed, to make any additional comments, and to provide an auditor's signature. **We would like your appraiser to review your CPD folder with you and to endorse form CPD6, confirming that your supporting documentation is complete.** Records which are endorsed in this way will be helpful in the five-yearly revalidation review. (Please ensure your appraiser has a chance to read these guidance notes before reviewing your CPD activities.)

### **Returning your annual CPD record**

A copy of forms CPD1 and CPD6, to be received in the Faculty office by **March 31st** of each year, should be sent to:

Director of CPD,  
Faculty of Occupational Medicine  
6 St Andrews Place  
Regents Park  
London NW1 4LB

**PLEASE RETAIN IN YOUR CPD FOLDER THE COURSE PROGRAMMES, TIMETABLES AND OTHER DOCUMENTS RELEVANT TO THESE ACTIVITIES.**

## THE FUTURE

### *Page CPD7: Five-yearly review of CPD*

This page is provided for you to summarise the points claimed and the appraisals you will have had over the *full five-year CPD cycle*. It should be submitted at the end of your 5th year of participation in the CPD scheme as described here, together with that year's CPD6 form.

On receipt, the Faculty will issue you with a certificate of compliance relating to the full five-year cycle, *provided that you have achieved the requisite points target, as verified by the appraiser's annual audit and the Faculty's periodic audit*. In future the certificate of compliance can be presented as evidence at the revalidation review.

The Academic Committee and the Board recognise that there will be a **transitional period** in which some doctors encounter practical difficulties in identifying an appraiser. Allowance will be made for this on the basis of what is considered reasonable, and also on the legislative framework in place over the period in question; transitional rules will be applied in assessing compliance where this seems appropriate. Further guidance will be issued, but in the interim Members are encouraged to use the new forms as far as possible.

*Guidance issued: Dec 2001*

*Updated: February 2007 (revised annual submission deadline)*

## REFERENCES

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## Appendix I: If you have difficulties

The Academic Committee and the Board recognise that some doctors may have particular problems in achieving the target for CPD. We hope these notes will be useful.

1. **Part-time posts.** Doctors who work part-time in occupational medicine may find it difficult to achieve the targets set out in this guidance. However, the GMC requires doctors to be appraised in all areas of their clinical practice, and the Faculty believes that all occupational physicians have an onus to keep up to date. The certificate of CPD compliance which the Faculty will issue records the number of credits achieved (if less than 50 per year). The responsibility for assessing whether this is sufficient will rest with the doctor's appraiser, who will take account of the learning needs of the individual under the circumstances of his or her practice. The Faculty encourages all doctors who practice occupational medicine to participate in its scheme. (Non-members will be allocated a reference number and folder on request).
2. **Long-term illness and maternity leave.** Any difficulties or imbalance in any one CPD year arising these circumstances can be redressed over the 5-year period. It would be helpful for the Director of CPD to be notified of such circumstances to enable appropriate allowance to be made.
3. **Inadequate allowance for study leave.** CPD is a professional obligation, essential for updating the knowledge and skills of the occupational physician. It will soon become mandatory for all doctors. Employers should be aware of its importance in terms of risk management and clinical governance.