
CONTINUING PROFESSIONAL DEVELOPMENT - THE FUTURE

INTRODUCTION

The RCVS CPD Policy (2003) emphasises that it is *“the professional duty of all veterinary surgeons to keep up-to-date in any professional activities which they undertake”*. This is *“to ensure the highest professional standards to ensure the welfare of the animals committed to their care”*.

Currently the RCVS recommends that veterinary surgeons complete a minimum of 105 hours of CPD every 3 years. There are a number of problems with this approach:

- (a) The knowledge and skills are the important end result of CPD, not the hours spent acquiring these. Some might need to spend considerably more time engaged in CPD than the recommended minimum.
- (b) Attendance at courses and meetings is not synonymous with learning (... *what the student does is actually more important in determining what is learned than what the teacher does*). Schnell 1986).
- (c) Self-directed learning which does not utilise any formal educational provision is hard to verify.
- (d) Standards are difficult to enforce, and hard to confirm, without any form of assessment of individuals, or inspection of provision, or both.

A new Veterinary Surgeons' Act is likely to make CPD compulsory, and even require recertification of practising veterinary surgeons at periodic intervals. This will create the need for:

- (a) Considerably more formal provision than is currently available.
- (b) A full range of opportunities to meet the needs of each individual veterinary surgeon, whatever they may be.
- (c) Robust methods for verifying self-directed learning, particularly for those practising at a distance from educational institutions or population centres.
- (d) Assessment methods, both to satisfy the needs of (c) and, if recertification becomes mandatory, to demonstrate the maintenance of prescribed standards of knowledge and skills to the RCVS and others.

Current Provision

An increasing number of high quality veterinary CPD courses is being provided by a mixture of universities, BVA specialist divisions, other veterinary societies, and commercial providers. Historically, most of these courses have required attendance, and the learning formats have been dominated by traditional, didactic lecture-style delivery. The main exceptions to the latter have been the practical courses for limited numbers in areas such as surgery and imaging. These often require more specialist

facilities, and are more labour-intensive, stretching the capacity of those who currently provide, and are good at, this type of teaching.

Two main factors have dictated the discipline covered and content: the individual interests of the organiser, contributors, and, in some cases, sponsors, and the popularity of a subject area, ensuring that courses have been filled and, if not profit-making, at least broken even financially. Unfortunately, this means that minority-interest groups have not been well catered for, and without support from sponsors or charitable groups, this is unlikely to change. Additionally, the most cost-effective way of providing teaching is to large groups in a lecture theatre. This is neither the best way of providing training in practical skills and problem-solving, nor is it the most effective means of ensuring lasting improvement in the working practices of attendees.

The Future

In an age of compulsory CPD, and even recertification of practising veterinary surgeons, the profession will need to address accreditation of CPD providers and courses, assessment of individuals, and recording of their participation in CPD. Given the diversity of occupation of MsRCVS, a single approach is unlikely to suit all, nor be accepted. However, as far as protection of the public is concerned, appropriateness and equivalence of standards, and robust quality management, must be features of all the variants on the CPD theme.

Pragmatically, a first stage in the development of a universal CPD culture will be the participation of all in further learning. A first stage in public accountability must be a comprehensive record of that participation. This will, in part, be achieved by increased provision of residential courses, and certification and recording of hours of attendance. Large organisations may choose to provide “in-house” customised training; single-handed practitioners will need to participate in courses run by others. Distance learning provision could be monitored by directly recording time involved in discussions or other interactive training programmes (e-learning), or through performance in end-of-module assessments which recognised the successful completion of studies leading up to those assessments. Self-directed learning could also be recognised through an assessment route. This could involve individuals taking: Certificates/Diplomas, and being credited with “hours of study”, based on the predicted requirement for a particular qualification; modules in the new RCVS Certificate in Advanced General Practice; and dedicated traditional and on-line assessments in a variety of veterinary fields developed by universities and other providers of CPD courses.

The second stage in the development of CPD will be the certification of learning outcomes for all practitioners, rather than merely attendance. For the self-directed learner, as indicated above, this will already have been achieved. For those preferring traditional, residential-type CPD, assessment through the Module/Certificate/Diploma/Degree route could be as attractive an option as it would be for the self-directed learner. However, in some cases, customised assessments will need to be developed by CPD providers, or others working in conjunction with CPD providers. To be meaningful, there will need to be a clear guarantee that satisfactory standards and quality can be attained. In large organisations, particularly those already involved in education, this could be achieved by bringing short course provision into their existing structures for quality management and enhancement, or creating (as is already happening in some areas) a postgraduate decanal, or other structure, dedicated to fulfilling that role. A “light touch” accreditation process would then allow the RCVS to reassure itself of the adequacy of these providers. For others, partnership with large CPD providers in quality

management and provision of assessment, or cooperation with RCVS in the development of the existing RCVS-directed assessment mechanisms is likely to be necessary to reassure the profession and the public on standards and quality.

Conclusion

In common with other professions, veterinarians and their employers need to take seriously the issue of competence, and being able to demonstrate this. Inevitably, when procedures go wrong, the distinction between an accident and negligence will hinge on whether a veterinary team possessed the knowledge and skills required of them, and can prove it! A key danger, which must be avoided, is the adoption of a bureaucratic approach which places more emphasis on records of attendance of courses than learning outcomes and skills acquisition. Assessment against appropriate professional standards is the only way to demonstrate the latter, but all veterinarians know, from their undergraduate experience, that traditional examinations are not the best way of demonstrating the most professionally relevant practical skills. Both knowledge and practical skills will need to be continually updated, and appropriately and efficiently assessed. Knowledge which is increasingly available through the internet is likely to be assessed using existing methods in adapted and improved on-line forms. However, practical skills are more of a challenge. Creative use of learner groups, and self and peer assessment, with external moderation, will inevitably play a greater part in our professional lives, and, ultimately, lead to more enduring benefits in our daily practice than CPD confined solely to periodic attendance of day meetings.

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