Continuing professional development in the private sector

The whole question of continuing professional development (CPD) is now inextricably linked with the General Medical Council's (GMC) move towards regular revalidation for all medical practitioners. This will require doctors to prove that they are competent, that their skills are up to date and that they are willing to undergo continued monitoring of those skills; under the procedures, records of a doctor's performance will be kept on file locally and continually updated (Kmietowicz, 1999).

The GMC is already involving the independent sector in its consultation process and, hopefully, the Colleges and specialist associations will do likewise as, like the GMC, they are responsible for the standards of practise of their fellows and members wherever they work.

ENSURING STANDARDS

BUPA, in common with other healthcare companies, is anxious to encourage the highest possible standards of professional practice, so has been asking consultants seeking recognition for reimbursement to commit to undertaking proper CPD since 1997; the same commitment has also been given by all those who have joined our Consultant Partnership. This will soon be a required commitment for all doctors in the UK, but what will that commitment be?

INTERNATIONAL EXAMPLES

John Parboosingh, Director of Professional Development at the Royal College of Physicians and Surgeons of Canada, has described the objectives of revalidation (Parboosingh, 1999) as:

'to encourage doctors to respect changes in societal values and integrate into their practices innovations that are shown to enhance patient care, and also to give recognition to doctors who meet national standards of competence and performance.'

He describes the approach used by the Royal Australasian College of Physicians, where participation in quality improvement activities, such as practice audits and the college's physician assessment programme — in which ratings from peers are sought on a range of professional and personal attributes in the practice setting — is essential for continued certification.

The approach being proposed in Canada also, among other things, relies on accumulated data from doctors' practices and the Royal College of Physicians of London is now moving down a similar road. The College's recent document, *Physicians Maintaining Good Medical Practice* (Royal College of Physicians of London, 1999), contains five key components within its strategy. These include:

1. Annual job review
2. Annual performance appraisal
3. Personal development plans for doctors
4. Requirements to take part in local and national outcome audits
5. Requirements to use the results of these audits.

AUDITING PRACTICE

BUPA certainly supports this type of approach and believes that *all* of a doctor's practice, whether private or NHS, should be included in these audits. In our evidence to the Health Select Committee's review on regulation of the private sector (BUPA, 1999), we have said that we are prepared to share our data on both activity and performance. We will also be encouraging consultants to share their private clinical data, which, over the next year, for surgeons at least, will include an increasing amount of functional outcome data (based on the SF36 survey tool), the systematic collection and analysis of which is being funded by BUPA.

While BUPA is prepared to fund some of the data collection that will be required for clinical audit and CPD, where does the responsibility lie for the provision and funding of CPD itself? Presumably the standard setting and provision is principally the responsibility of the Colleges and other appropriate professional bodies, working in conjunction with postgraduate deans and College representatives locally, but where it might be helpful, private hospitals will, I am sure, be prepared to assist. The responsibility for funding is more complicated and draws us into the debate over the nature of the doctor's contract when working in the private sector.

The situation is clear with resident medical officers and others who are employed within private hospitals. Here the employer has the usual obligation to allow paid time 'off' for appropriate CPD for what, typically, are doctors in training. Most of this will be provided through the postgraduate network and the Colleges in the normal way.

SELF-EMPLOYED CONSULTANTS

The position with the independent self-employed consultant is rather different. In the private sector, as we are always told, the consultant's contract is primarily with the patient. Strictly speaking, consultants are not employed by either private hospitals or health insurers so, arguably, neither has any obligation to fund CPD — if a consultant wishes to provide professional services then it is his/her own

personal and professional responsibility to be seen to remain competent and to keep up to date.

Obviously, in addition to claiming CPD costs as a legitimate practice expense, most consultants are supported by the NHS in undertaking CPD, but there is one group who do not have this latter option — the doctors who practise full time in the private sector. It is these doctors, who have little opportunity for departmental discussion and peer review, who particularly need to ensure that they are up to date with their CPD. For this group, however, the cost falls entirely on their private practice which, in the absence of a formal requirement to undertake CPD in the private sector, is hardly an incentive.

THE FUTURE

Is it time, therefore, for private hospitals and insurers to make evidence of adequate CPD a formal requirement for maintenance of admitting rights to hospitals and for recognition for reimbursement by insurers? I believe it is, but movement towards this will be impossible until we have a consistent approach and clear specialty requirements set by the Colleges.

Once this happens, and as we move towards regular revalidation which will benefit private patients as much as NHS patients, there might then be an argument for a reassessment of where the responsibilities for funding lie. This will be particularly important if, at the same time, there are further moves to make private hospitals and insurers more directly accountable for patient care in the independent sector. HM

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KEY POINTS

- Continuing professional development (CPD) is now inextricably linked with revalidation.
- Revalidation may require annual job review, performance appraisal, personal development plans, and involvement in local and national audits.
- All of a doctor's practice, whether private or NHS, should be included in these audits.
- The consultant in private practice is an independent professional whose contract is with the patient.
- It is the consultant's personal and professional responsibility to keep up to date.
- A more consistent approach towards CPD and its certification is needed by the Colleges and Faculties.

BUPA (1999) *Health care outside the NHS — written evidence to the Health Select Committee.* January. BUPA, London

Kmietowicz Z (1999) All UK doctors to be required to prove competence. *Br Med J* **318:** 482

Parboosingh J (1998) Revalidation for doctors. *Br Med J* **317:** 1094–5

Royal College of Physicians of London (1999) *Physicians Maintaining Good Medical Practice.* Royal College of Physicians of London, London