

# Making progress with CPD and beyond

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The beginning of 2001 saw the 'launch' of the Society's framework for Continuing Professional Development (CPD). The launch had been long in coming but the intention had been widely signalled through editorials, conference announcements and articles within the profession's journals. The arrival of the framework was a significant and timely development. In parallel with this was the Society's initiative, in relation to its branches and branch structures, to support the local delivery of CPD. It is premature to judge the impact that CPD is having on patient care and management, but what is evident is the widespread enthusiasm for the initiative even though the early years will demonstrate the difficulties involved in the delivery of such a prescriptive model. As soon as the initial pilot phase is complete and there is familiarity with the system that has been established, we will need to move forward embracing a more mature approach and one that meets the diverse requirements of our members. We are able to claim 'widespread enthusiasm' through reports from branch secretaries and chairs, through feedback from course organisers and from managers who are more able to target funding in support of the professional body requirement.

There are of course challenges, difficulties and opinions to be won over. In addition there is the emotive issue of mandation. During the pre-launch consultation period and in sharing draft proposals with members at the annual conference in Dublin (1999), there were forthright views concerning mandatory CPD. In short, the vast majority of conference delegates were of the opinion that CPD should be mandatory for all members of the profession. This view has been restated at meetings of branch chairs and secretaries and at subsequent conference presentations. However, this view is held by those who enthusiastically support conferences and branch meetings and engage fully in professionally related activities. It is not necessarily a representative view held by those whose voice goes unheard.

The view of the Faculty of Podiatric Medicine, charged with the responsibility for delivering the CPD framework, was and remains firmly that once all aspects of the framework are in place then mandation will be appropriate. The Faculty and Council of the Society have also been aware that the Health Professions Council would have a view when it becomes fully operational. The position shared by Faculty and Council is that we must have a system of CPD firmly in place ready to meet the challenges that lie ahead.

Recent developments and reports at a national level indicate that the time taken to lay the foundations for CPD was well spent. The Society is now well placed to meet challenges such as those which emerged from the report of the Bristol Royal Infirmary Inquiry<sup>1</sup> which noted that:

*'Continuing Professional Development must be part of the process of lifelong learning for all healthcare professionals – its purpose is to help professionals care for patients...it must be supported by the NHS and by the professions.'*

The mandation position is re-inforced in the latest document released by the Department of Health, 'Working Together – Learning Together': A Framework for Lifelong Learning for the NHS.<sup>2</sup> The future, as indicated in this document, clearly states that the one development that will have an impact on post-registration education, training and CPD is mandatory re-registration.

The challenges for the profession of podiatry and in particular the Society are many. One in particular must be to provide equality of support for those wholly employed in the private sector whilst engaging with and meeting Government, Department of Health and NHS targets. These ambitions are not mutually exclusive, and the Society, through the relevant Faculties of the College of Podiatrists, is pursuing all options.

We believe we have made a positive start and have a CPD framework in place that will evolve and mature, always working towards a flexible, outcomes-based model, informed through evidence and research. Ultimately we must strive for a model that meets the needs of all members and fellows and takes note of re-registration demands.

Undoubtedly there are challenges posed by 'Working Together – Learning Together'.<sup>2</sup> The implications go far beyond those posed by CPD and re-registration, and target the very heart of pre-registration education, across all health care professions. The nature of podiatric practice may change as a result of the 'common learning' agenda. The Department of Health, through the NHS, stresses the need to 'increase and expand inter-professional education, based on key areas of competence'.<sup>1,2</sup>

This theme is developed through a series of principles that, it is believed, should underpin all pre-registration professional education. One of the key principles is the presence of:

*'... core skills elements in learning programmes for all health professional students, which provide the basis for common and inter-professional learning ....'*<sup>2</sup>

If podiatric practice changes as a result of influences on pre-registration education, then so will the lifelong learning requirements. The Society, through the College of Podiatrists and Faculties, is well placed to meet these challenges.

## REFERENCES

1. Kennedy I, *Learning from Bristol: The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995*, CM5207(1). Bristol Royal Infirmary Inquiry publication, July 2001.
2. Department of Health, 'Working Together – Learning Together': A Framework for Lifelong Learning for the NHS. London, HMSO, 2001.

## APOLOGY

TE Kilmartin, Fusion of the metatarso-cuneiform joints for the treatment of painful midfoot osteoarthritis. *British Journal of Podiatry* 2001 4(4): 144-149. Due to a printer error, the photograph for Figure 2 was printed the wrong way round, so that it does not match the caption. In fact, the photograph should demonstrate the pathology in the *right* foot, not the left as shown in the photograph.