

# Community Eye Health *Journal*



MSc Students  
2017 – using  
multiple  
sources of  
information.

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## Continuing professional development (CPD)



**Karl Golnik**  
International Council  
of Ophthalmology  
Director for Education,  
Professor & Chairman,  
Department of  
Ophthalmology,  
University of Cincinnati  
& the Cincinnati Eye  
Institute, Ohio, USA.

### Why should we continue to learn?

The World is changing and medical practice with it. Society expects healthcare workers not only to have knowledge and skills but to be competent, professional and up to date through life-long learning.

Formal under-graduate and post-graduate education prepares us with the basic “potential” to implement health care. Actual medical practice and responsibilities place demands on the individual to maintain a relevant level of knowledge, skills, attitudes and even behaviour, to improve standards of practice and patient care. The tensions that arise at a personal level are knowing what to learn, where to find it and how to record and measure it against peer groups or local standards.

#### CME and CPD

Continuing Medical Education (CME) and Continuing Professional Development (CPD) are traditionally thought of as the methods by which medical providers maintain knowledge and skills that are up to date with the latest medical advances. In the past, CME events mostly consisted of meetings and printed material. It was not particularly individualised to specific needs and there were no requirements as to how much or what type

*Continues overleaf* ►



## About this issue

Being a health professional is not easy. Initial optimism is tempered by the reality of everyday practice. You intend to 'do no harm' but you forget a lot of what you have learnt. You try and keep up to date but there are time pressures and the rest of life to contend with.

You may work in a remote area where there are no colleagues to talk to and little access to information.

But help is at hand. In this edition of the journal the rationale for Continuing Professional Development (CPD) is explained. There are articles on how to manage your own learning and illustrative case studies from practising eye care professionals. There are new ways of undergoing self-directed learning which are stimulating and fun, and there is information on where to find good resources.

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of content was needed. There were also few rules regarding industry's (e.g. equipment and consumable manufacturers) participation in CME events.

Recently, increased emphasis has been placed on additional attributes thought essential to the provision of good health care, including professionalism and communication skills. In addition, societal expectations, proliferation of new technology and differences in individuals' needs have challenged the concept of CME. These factors have led to a new term "Continuing Professional Development" (CPD). CPD encompasses all of CME plus other aspects of being an effective medical care provider such as their professionalism, ethics and communication skills.

### Effective CPD

Effective CPD is a complex and multi-dimensional concept that directs a person to improve their practice, clinically and professionally within the dynamics of the local setting.

Therefore, CPD should be systematic, with formal programmes developed for all members of the health care teams. It should be comprehensive and include all competencies of the medical profession (medical expertise, collaboration, communication, leadership, advocacy, scholarship and professionalism). Ideally CPD programmes should be accredited and regulated by an outside review body to assure quality and unbiased education. Indeed, many countries now have organisations that assess and accredit CPD to assure high quality. In addition, effective CPD should:

- be individually relevant, addressing learning gaps
- produce change in the participant's practice
- have no commercial bias
- be required.

All of these concepts and advice on how to produce good CPD are described in detail in the International Council of Ophthalmology (ICO) Guide to Effective CME-CPD E-book (available as a free download at [www.icoph.org/downloads/ICOGuidetoEffectiveCPDCME.pdf](http://www.icoph.org/downloads/ICOGuidetoEffectiveCPDCME.pdf)).

### CPD is essential for several reasons

- New treatments and concepts abound. Without CPD the eye care worker is woefully unprepared to practise appropriately.

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**Editor**  
Nick Astbury  
[nick.astbury@lshtm.ac.uk](mailto:nick.astbury@lshtm.ac.uk)  
Elmien Wolvaardt  
[editor@cehjournal.org](mailto:editor@cehjournal.org)

**Consulting editor for Issue 97**  
Daksha Patel

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**Nurses undergoing CPD together. Aravind Eye Care System.**  
INDIA

- The world is continually shrinking as mobility of patients and physicians expands. Health care workers may be caring for patients from regions with unfamiliar diseases and diseases previously confined to a geographic region are now spreading to other parts of the world.
- Electronic medical records are making patient outcomes more transparent. This will drive health care workers to self-improvement through effective CPD.

All of these factors are increasing the demand for CPD. This demand produces revenue-generating opportunity for CPD providers (e.g. ophthalmic societies) to fund their non-CPD activities and achieve their goals.

### Why CPD matters

CPD should matter to everyone involved in health care, including practitioners, managers, leaders of professional bodies, and members of ministries of health. New knowledge and required skills are exponentially increasing. On a personal note, the majority of ophthalmic procedures done today were not taught when I was in training and CPD is the mechanism by which I learn how to perform these skills.

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## Universal health coverage and Sustainable Development Goals

Universal health coverage through increased availability, accessibility, quality of care and service provision can only be achieved through appropriately trained and equipped health personnel. In 2015 the United Nations General Assembly adopted 17 Sustainable Development Goals with the intent to end poverty, protect the planet and ensure prosperity for all. One of the challenges to achieving this is the lack of accessible health care around the world.

This is certainly true for eye health. Most countries don't have a sufficient number of ophthalmologists, optometrists and allied ophthalmic personnel.

Compounding the problem, skilled eye health care workers are often concentrated in large cities, leaving much of the country with poor access to eye care. In addition, skilled eye care workers may be unable to provide services within their scope of practice. For instance, although ophthalmologists provide surgical eye care, in some countries as few as 15% perform surgery.

Solutions to eye care access include the creation of more eye care workers, improved efficiency through eye care team training and expanding/improving abilities of current eye care workers. Quality of clinical and surgical care within a health system is dependent on practitioners engaging with established standards of practice, implementing governance and managing budgets, as part of their routine range of activities.

All of these solutions and activities require effective CPD.

## Conclusion

Thus, CPD is evolving and is crucial for the eye care worker's continuing competence. During training the principle of life-long learning must be emphasised. CPD allows staff to be confident in their skills and facilitates the efficiency, effectiveness and quality of the eye care team. It helps assure the best outcomes for the maximum number of patients and improve access to high quality eye care globally. The availability of effective CPD is improving but the demand and its increasingly mandatory nature will necessitate ever-expanding opportunities for quality CPD.

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Anita Shah, International Centre for Eye Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK.

Tel +44 (0)207 958 8336

Email [admin@cehjournal.org](mailto:admin@cehjournal.org)

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