To CPD or not to CPD?

Continuing professional development came into the lives of South Africa's medical practitioners in 1999. Now that it is established in our, and a good number of other health professions, it is perhaps a good time for reflection. Is CPD a model or a monster, an idea before its time, or maybe the saving grace of the medical profession?

The HPCSA has received praise from international bodies for having devised and implemented such a simple and straightforward system. Locally, professional organisations and individuals comment on how the profession has now, after initial revolt, became used to the idea and that patients are beginning to reap the benefits. Yet complaints about ineffective administration of the system persist. We hear of calls by prominent groupings to shelve the system unless the administrative and logistical aspects can be managed more effectively.

CPD provision has become the equivalent of an eastern bazaar where the doctor can buy (or get for free together with a meal or a weekend out) all sorts of delicate but sometimes strange dishes. Some of us can testify to the CPD equivalent of snakes, crabs, tortoises or even dog meat being served on CPD platters. On the other hand, most of us have experienced many a-ha moments in our continuing learning. However it appears that the profession has lost the market to a commercialized industry, which are losing interest in working together with us in identifying and addressing what and how we would like to learn. We also hear that discrimination is rife in terms of who gets invited to coveted weekend retreats with a CPD lecture thrown in for the points.

We know that in South Africa, CPD lectures sponsored by pharmaceutical companies and journal reading are the most commonly used CPD activities. The article by Van den Berg in this edition of the Journal confirms this again. Whilst both of these methods have benefits, they generally fail to employ educational principles such as identifying the educational needs of learners, and using interactive group methods which are known to facilitate adult learning.

So, do we CPD, or don't we CPD? It is my personal opinion that the choice has passed us by. International and national policy and quality improvement trends have come to stay, and rightly so. What we can influence however, is what we do, how we do it, and how CPD can benefit our patients (who incidentally are supposed to be the benefactors of all this hullabaloo). Current research on updating knowledge and skills in rural hospitals indicates that formal reflection on outcomes, and small group discussions focused on the learning needs of the participants, are the most effective ways of learning. My dream is that the SA Academy of Family Practice/Primary Care succeeds in establishing a small group network throughout the country to facilitate CPD learning for the profession.

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