

The need for continuing professional development



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In the medical context, professionalism has been defined as “a set of values, behaviours, and relationships that underpin the trust the public has in doctors” (Royal College of Physicians [RCP], 2005). The primacy of the trust that people with diabetes place in their relationship with healthcare professionals should extend beyond the medical profession and into the complex network of professionals engaging with people with diabetes.

Developing a relationship of trust

An important component of professionalism is the assurance that a relationship of trust is maintained through regulatory bodies. The General Medical Council (GMC), Nurse and Midwifery Council (NMC) and Health Professions Council (HPC) all have clear governance statements that ensure the importance of patient welfare (GMC, 2006; HPC, 2007; NMC, 2007). This trusting relationship should be fostered through a partnership between patients and healthcare professionals – one based on mutual respect, individual responsibility, and appropriate accountability.

In her 2002 Reith lectures, Baroness O’Neill reflected on this attitude of trust and the changing relationship between the public and professionals in the 21st century (O’Neill, 2002). She said that by the end of the previous century, blind deference to authority had altered, moving from paternalism to partnership and with it, shared responsibility. She emphasised the importance of the role of social and political institutions in helping to decide where the public should place their trust. Working with people in this way is an important part of professionalism as defined by the GMC (2006).

Many healthcare professionals value the clear-cut biomedical model of diabetes. For

example, type 1 diabetes is characterised by the auto-immune destruction of the pancreatic beta-cells leading to insulin deficiency, and type 2 diabetes by insulin resistance combined with reduced insulin secretion. The temptation is to see people with diabetes as “walking, failing pancreases” rather than empowering them by seeing the whole person and embracing holistic care. Surveys conducted by the Picker Institute underline the fact that this is not done as well in practice as we think, and we continually need to work towards enhancing the patients’ perspective and seeking an active engagement with them (Richards and Coulter, 2007).

Committing to improving the quality of care

Professionalism also involves a commitment to improving the quality of care. This commitment entails not only maintaining clinical competence, but also working collaboratively with other professionals to reduce medical error, improve safety, minimise overuse of healthcare resources, and optimise the outcomes of care. Much of healthcare professionals’ contact with society is based on the integrity and appropriate use of scientific knowledge and technology and its implementation for the best care.

Reaccreditation of GPs

Another mark of professionalism is the ability to critically appraise what professionals do and compare it against contemporary guidance and standards. This is reflected in the recently proposed Royal College of General Practitioners revalidation process (see www.rcgp.org.uk/practising_as_a_gp/revalidation.aspx). It is proposed that this will be developed around a comprehensive 12-part portfolio, which will extend beyond the current appraisal portfolio. It will ultimately



The new PCDS CPD module series begins on page 20.

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lead to the reaccreditation of GPs. By a variety of carrot and stick methods, professionals are being moved from a position of saying how they provide care, to clearly demonstrating it through audit, multisource feedback and direct surveys of their patients and patient outcomes.

The role of *Diabetes & Primary Care* and the PCDS in continuing professional development

From its inception, the Primary Care Diabetes Society (PCDS) has viewed continuing professional development as an important facet of the service it provides to its members. Successful UK national meetings have extended to meetings in the four nations, as well as regional courses and symposia. *Diabetes & Primary Care* continues to focus on emerging scientific knowledge, and its applicability to contemporary primary diabetes care.

As part of the journal’s commitment to professional development, a modular course on different aspects of diabetes care is presented that, when taken in its totality, will enhance the practical diabetes knowledge of healthcare professionals. The course is both paper- and web-based, is certified by the PCDS, and maps on to the International Diabetes Federation (IDF) diabetes curriculum for diabetes healthcare professional education (IDF, 2008). Please find the first of these modules, entitled *Hyperglycaemia in type 2 diabetes: Older blood glucose lowering therapies*, on page 20. Each module will comprise a peer-reviewed article, published within the journal and on its website, and an accompanying multiple choice question test, which is completed online. Successful

completion of each module enables access to a personalised certificate of participation. The modules that will appear in 2009’s issues of *Diabetes & Primary Care* are listed in *Table 1*.

Looking for opportunities for professional development and using them to enhance care is an important part of professionalism. It sits alongside the primacy of the person with diabetes and his or her autonomy, as well as a wider commitment to social equality. The new modular course, combined with the up-to-date knowledge and learning opportunities provided by the journal’s contents, will ultimately enhance care, and reinforce the professionalism that people with diabetes are entitled to expect. ■

General Medical Council (GMC; 2006) *Good medical practice*. GMC, London. Available at: http://www.gmc-uk.org/guidance/good_medical_practice/index.asp (accessed 04.02.09)

Health Professions Council (HPC; 2007) *Standards of conduct, performance and ethics*. HPC, London. Available at: <http://www.hpc-uk.org/publications/standards/index.asp?id=38> (accessed 04.02.09)

International Diabetes Federation (IDF; 2008) *International curriculum for diabetes health professional education*. IDF, Brussels. Available at <http://www.idf.org/home/index.cfm?node=503> (accessed 04.02.09).

Nursing and Midwifery Council (NMC; 2007) *The Code. Standards of conduct, performance and ethics for nurses and midwives*. NMC, London. Available at: <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3057> (accessed 04.02.09)

O’Neill O (2002) *Reith Lectures 2002: A question of trust*. Available at: www.bbc.co.uk/radio4/reith2002/lecturer.shtml (accessed 04.02.09)

Richards N, Coulter A (2007) *Is the NHS becoming more patient-centred? Trends from the national surveys of NHS patients in England 2002–07*. Picker Institute Europe, Oxford. Available at: http://www.pickereurope.org/Filestore/Publications/Trends_2007_final.pdf (accessed 04.02.09).

Royal College of Physicians of London, The (2005) *Doctors in society: medical professionalism in a changing world*. Royal College of Physicians, London

Table 1. Outline of upcoming continuing professional development modules.

Issue	Title
<i>Year 1: 2009</i>	
11-1	Hyperglycaemia in type 2 diabetes: Older blood glucose lowering therapies
11-2	Hyperglycaemia in type 2 diabetes: Newer blood glucose lowering therapies
11-3	Insulin therapy for type 2 diabetes
11-4	Management of type 1 diabetes in primary care
11-5	Successful self-management and monitoring
11-6	Prediabetes and diagnosis, classifications and presentations of diabetes