Editorial: Revalidation, CPD, and CEACCP

Since 2001, Continuing Education in Anaesthesia, Critical Care & Pain (CEACCP) has provided a valuable resource of CPD material for anaesthetists, intensivists, and pain medicine specialists, both in the UK and overseas. CEACCP usually publishes six articles per edition with six editions per year. The articles we publish are wide and varied, and have, over the last 10 years, covered a broad range of topics. In addition, the level of individual articles varies, some being core knowledge while others are relevant to more specialist, advanced areas of practice.

In the UK, we are now moving into a new era of revalidation for doctors, with a proposed start date in 2011: this is now becoming a reality for all of us. The provision of high-quality CPD material which meets the needs of the profession is therefore important. We will be required by the GMC to present evidence of having undertaken relevant CPD that underpins our own individual clinical practice. Recently, The Royal College of Anaesthetists (RCoA) has published updates on these new developments.1,2 The RCoA has in conjunction with specialist societies produced a CPD matrix (www.rcoa.ac.uk/docs/CPD-matrix.pdf). This is a framework within which CPD material is classified as Core, Higher and Advanced, with specified knowledge and skills being mapped to these levels.

Core level CPD covers areas that are expected of all career grade anaesthetists. Higher level CPD includes material that may be relevant to your individual job plan but also covers material that you may be faced with unexpectedly, for example, while on call. Finally, advanced level CPD covers areas that are included in subspecialist areas of practice. Importantly, this matrix now provides a structure to enable us to organize our CPD.

CEACCP has responded to these developments in two ways: firstly, members of the Editorial Board have been working to classify all CEACCP published material both prospectively and retrospectively. We have been working to map CEACCP material to the RCoA matrix and also to the e-LA curriculum. The aim of this exercise is to ensure that as we move forward we provide material that covers relevant areas of CPD equitably and in a timely manner. So, for instance, we can now identify when a particular area of CPD was covered, and map this back to the RCoA matrix and e-LA. We can then plan updates and commission new articles accordingly, depending on developments and advances in that area.

Secondly, to assist anaesthetists in planning their CPD activity from this issue onwards, we are now introducing a simple labelling system on all articles using the RCoA revalidation logo. This will indicate where a particular article, and associated MCQs, maps to the RCoA matrix. In planning our future commissioning, we will consider where particular articles will map onto this CPD framework.

The format of this labelling system is as follows: the code for each matrix cell is made up of number 1, 2, or 3 representing the Level, then a letter to identify the column and finally a 2 digit number indicating the cell in that column.

Therefore the code 1A01 represents Level 1, Specialty A, and the first row or in other words the top left hand cell of the Level 1 matrix sheet.

The overall aim of CEACCP is to continue to produce high quality, relevant, and up to date CPD material that will be useful for all anaesthetists. I hope the addition of this simple labelling system will assist anaesthetists to collect CPD relevant to their individual clinical practice, and map this to the RCoA matrix. However, the field of CPD and revalidation is rapidly evolving, and by the time this article appears in press there may be new developments appearing on the horizon, for us to embrace.

In another development, the British Journal of Anaesthesia is launching a new website (www.bja.ac.uk) and this website has a specific CEACCP area. There you will be able to find details of the Editorial Board of CEACCP, plus an updated Guide for Contributors. This includes advice on how potential authors could contribute to CEACCP in the future. I hope this will help facilitate high-quality contributions to CEACCP in the years to come.

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References