

Better continuing professional development

— an action programme in four steps

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Foreword

The Swedish Medical Association in 1996 published a policy programme on continuing professional development for doctors. The itemisation of problems and resultant proposals for remedial action remain highly relevant. However, the programme has not achieved the intended breakthrough and the problems persist.

The SMA believes that it is of the greatest importance to the development of the future health service that a satisfactory solution is found to the question of continuing professional development for doctors. In order to speed up the process, the SMA is now presenting an action programme stating how it intends to proceed in order to find practical solutions in accordance with the objectives of the continuing professional development policy programme from 1996.

This document is aimed in particular at the professional, local and specialist associations of the Swedish Medical Association in their continued work, but also at representatives of employers, authorities and providers of education. A particularly important group in this context is that of the clinical medical directors.

This programme for better continuing professional development has been drawn up by a working group within the Committee of Education and Research.

The following have been members of this group:

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Definitions

Undergraduate education ('grundutbildning'): education/training within the framework of the university medical degree.

Postgraduate education ('vidareutbildning'): education/training/duty within the framework of internship (AT) and specialist training (ST).

Continuing professional development ('fortbildning'): follows after post-graduate education has been completed and comprises all the formal and informal activities in which a doctor takes part in order to update his or her medical knowledge or to develop in the role of doctor.

All the above stages of training cover social ethical, organisational and teaching skills as well as medical skills.

CPD — continuing professional development: an English expression which, like the Swedish term 'fortbildning', designates the continued professional development that follows after formal qualifications have been obtained. The methodology for acquiring knowledge is based on the educational principles characteristic of adult learning, including self-controlled learning, problem-oriented learning, teamwork and on-the-job learning. This educational methodology is now used successfully during all stages of training.

Continuing medical education ('efterutbildning') expression previously in general use which mainly referred to education in the form of courses, conferences and equivalent, with the purpose of giving specialist doctors new medical knowledge in their particular speciality.

CME — continuing medical education: the English equivalent of the Swedish term 'efterutbildning'.

Introduction

There is a natural endeavour for development in the medical profession. Every professionally active doctor must find his or her own way of seeking new knowledge, developing the professional role and directing development forward in what he or she does. This is a demanding task, and support and commitment is required here from colleagues, employers and society.

Professional development represent an important component in the life long learning process. During postgraduate training, i.e. internship (AT) and specialist training (ST), the foundation is laid for a more individually adapted gathering of knowledge, where learning and professional development have to proceed towards personally established goals. This needs guidance and should occur under regulated circumstances, principally through interaction between theory and practice.

Once the specialist certification has been achieved, the conditions for continuing professional development are unspecified. Continuing professional development, is necessary if the doctor should be able to maintain, update and expand his or her medical competence, but also in a broader perspective to develop as a doctor.

There are serious shortcomings with regard to the continuing professional development of doctors. The cutbacks in funding and staffing levels in recent years have brought into focus medical productivity. Development and training are lower priority. But if the employer does not invest in continuing professional development, the organisation stagnates. The need for professional development is particularly keenly felt in such a knowledge-intensive environment as health care, where patients are entitled to expect high-quality care in all their dealings with doctors.

The Swedish Medical Association in its policy programme from 1996 emphasised in particular the duty of the employer to make use of and continuously develop the competence of doctors. SMA stresses that this necessitates resources in the form of time, commitment and money. The continuing professional development of doctors is of common concern to society, as well as to the employer and the individual doctor. This must be reflected in the organisation and should be based on the needs of the individual as well as on the needs of the organisation.¹

There is a great preparedness among doctors to take responsibility for their own professional development. Considerable national and international efforts are made within the profession to disseminate knowledge on new methods of treatment and new technology among colleagues. The great problem is that there is very limited scope in the organisation for planned systematic acquisition of knowledge, for reflection and for development at work.

All active doctors must have time and recourses to develop professionally. The Swedish Medical Association emphasises that all specialists must have a personal continuing professional development plan to meet their personal needs of competence. It is beyond question today that there must be scope for development of knowledge in such a knowledge-intensive enterprise as health care. Nor is it questioned that personal development plans are essential in this context. These views are shared by both employers and employees, but unfortunately have made

little breakthrough in practice. A survey conducted by the Swedish Association of Senior Hospital Doctors of its members shows that only 60% have had personal development interviews with their medical directors in recent years and that a dialogue on continuing professional development plans only had been held in 36% of the cases².

In a knowledge-based profession, it is necessary for part of the working time to be set aside for refining and developing a practitioner's knowledge. It is also necessary for funds to be set aside in the budget for professional development. The SMA believes that it is reasonable to expect every specialist doctor to be able to devote at least 10 working days a year to external continuing professional development (i.e. outside the workplace) and at least 1/2 day a week for internal skills development, including study of literature.

Continuing professional development is much more than external courses and conferences. Continuing professional development for doctors is not just the development of medical knowledge and skills. Subjects such as leadership, law, education, ethics, communication technology, economics and IT also need to be included as natural elements. Continuing professional development can take many different forms. Apart from courses and conferences, auscultations, study visits, involvement in quality development projects, searching for knowledge via interactive computer programs and literature studies are good examples of continuing professional development. Teaching and peer guidance as well as research and development work can also contribute to the development of competence. Another important element is the informal "silent" transfer of knowledge in day-to-day work, as is the opportunity for reflective learning and analysing various problems individually and in a group setting.

This broad view of continuing professional development is summarised in the English term (CPD). Two prominent advocates of this broadened approach are the Norwegian physician and lecturer Hans Asbjörn Holm³ and the British Professor Janet Grant.⁴ Both claim that

the continuing professional development of doctors is increasingly becoming a question of what the circumstances are like for individual doctors, within the framework of the practice of their profession, to actively search for new knowledge in order to develop in their role as doctors. It is also a matter of gaining an opportunity to apply their knowledge in a developing manner for the health service. The foundation is based on the important principles of adult learning. The doctor has to critically analyse and reflect on the goals of the organisation, define the need for knowledge, formulate goals for the development of his or her own skills and identify sources of knowledge and choose adequate learning methods. Present-day health care requires knowledge and skills beyond the medical ones. Increasing emphasis is put on organisational, social and ethical skills, and the doctors of the future must also have an opportunity for professional development within these areas.

The SMA considers that the continuing professional development of doctors must cover social, ethical, organisational and communication skills as well as medical competence.

Where are the opportunities?

Continuing professional development is unquestioned in modern-day society. Knowledge-intensive organisations have to invest in the competence of their employees in order to survive. This is equally important in the health-care sector.

The Swedish Medical Association has the principal task, with regard to CPD, of responding to the needs of the individual member within the framework of his or her professional activity to ensure adequate

opportunities for financed, planned CPD that meets his or her needs for development in their professional role. The specialist associations are involved in their respective areas. The journal *Läkartidningen* provides CPD in the form of medical articles and reporting within a broad and varied area.

The Swedish Society of Medicine with its medical sections is the largest organisation for continuing medical education, chiefly through the Annual National Medical Meeting and other meetings within the medical sections. The sections additionally co-ordinate various CPD initiatives and inform their members about forthcoming national and international activities in progress.

Joint plans to form an institute for professional development of doctors exist within the medical professional organisations. The great efforts being made by the specialist associations and the sections in the area of continuing professional development and postgraduate education could be better supported, utilised and co-ordinated in this way. It would also make possible more fruitful co-operation with other providers of education. Important tasks for the institute could be to supply information on available CPD activities, to examine the quality of what is on offer and accredit course providers.

International contact is of great significance in the context of CPD. Good channels have been created for international co-operation. This is important, not least for the small specialities, which have a limited number of specialists active within the borders of Sweden.

In clinics, hospitals and county councils there are many opportunities for development work and for an exchange of experience among colleagues. A generous attitude towards both spontaneous and more planned activities for developing competence can produce good CPD outcomes. It is essential to remember that much valuable expertise is passed on when people meet. An important ingredient in the continuing professional development of doctors is the contact between colleagues.

Follow-up and feedback should be encouraged and form a natural part of the CPD programme of the organisation.

The county councils and other employers, as both consumers and providers of continuing professional development, have a great deal to gain from creating a good learning environment. Projects to respond to the interest of doctors in developing their competence and to stimulate CPD are in progress both in separate county councils and at private care-providers. There is a special development programme for doctors in Jönköping County Council⁵, and in Södermanland County Council⁶ special resources have been earmarked to encourage individual planning of CPD. At S:t Görans hospital AB the goal is for all doctors to have their own skills development accounts⁷.

The Federation of Swedish County Councils and the Swedish Association of Local Authorities, as representatives of the responsible employers, in conjunction with representatives of the medical profession have an important task in developing the forms of CPD.

The National Board of Health and Welfare, as the supervisory authority, has a monitoring function in health care. Within the framework of the quality assurance system, the National Board of Health and Welfare has drawn attention to the importance of targeted development of competence and has, in its quality regulations, issued instructions that the quality systems must contain mechanisms for safeguarding the competence of personnel⁸.

Within universities and colleges there is an increasing supply of vocationally oriented training adapted to the market, not least outside the medical faculties. The medical faculties naturally also have great potential, but have not yet conducted planned CPD for doctors to any major extent. The same applies to the knowledge and experience of medical teaching methods and instruction which now exist in the medical faculties. This has yet to be fully applied in CPD.

Other important players in the area of continuing professional development for doctors are the Swedish Council on Technology Assessment in Health care, the National Corporation of Swedish Pharmacies, the Medical Products Agency and the Pharmaceutical Committees. The health service's own expertise on drugs, including clinical pharmacologists and other specialists with special knowledge on pharmaceutical matters, has an important task to fulfil with regard to passing on assessments of and information on drugs independently of the manufacturers.

Pharmaceutical industry and the producers of medical devices have an important task in passing on the latest findings. Collaboration between manufacturers of drugs and medical devices and the profession must be further developed so that knowledge about the latest medical findings reaches the doctors quickly, efficiently and in a scientifically correct manner.

Development within IT is opening up new routes for communicating and interacting. This offers opportunities for searching for knowledge in a cost-effective way. A number of interesting projects are under construction. To take an example the National Agency for Higher Education's national IT group (Medcall) together with the Karolinska Institute has taken the initiative to form a national consortium for IT-based training in health care⁹.

The SMA considers that there are good opportunities to improve the conditions for the continuing professional development of doctors through increased collaboration between different organisations.

Where is the impetus?

The employer has fundamental responsibility, but the most important impetus is the doctor's own motivation to develop his or her competence for the benefit of the patient and for the needs of the health care organisation.

Self-motivation and the innate desire for professional development is the core of all adult learning. Each individual has a unique background of knowledge and experience that is developed by continuing learning in an environment that provides scope for reflection and dialogue among colleagues. This cannot take place without input of time and money and like other activities must form part of the doctor's assignment.

The employer has fundamental responsibility for creating a supportive learning environment and for efforts being made that lead to the development of competence in accordance with the needs of the organisation. There must be clear incentives for continuing professional development. Important factors are feedback to the organisation and outcomes of the salary review. Attention has been paid to the significance of continuing professional development in a new way in the "County-Council salary and employment agreement 1998-2000", where it is stated that there is a connection between development of the organisation, development of competence and development of salary¹⁰. There are also similar statements in the text of agreements in the national government sector¹¹.

The clinical director has great responsibility and must be given the necessary powers and resources for this purpose. The educational climate is an important part of the working environment. Functioning CPD has to be based partly on the doctor's wish to utilise and develop his or her competence, but also on the endeavour of the responsible medical authority to offer good health care. These two aims can be met in the professional development interviews, which all employees should

have with their clinical director. Funds must be set aside to be able to implement personal development plans. Follow-up is also necessary. A commitment should have effects on the organisation and on the individual. In larger units there may be need for a continuing professional development co-ordinator to assist the clinical director in the on-going process of continuing professional development in the organisation.

In 1997 the SMA drew up guidelines—the Guide — for how an interview on personal continuing professional development can be prepared and formulated (see Annex). One condition that must be fulfilled for the discussion to be meaningful is that the overall planning of the organisation is well known and firmly established. It is also necessary for the individual doctor to have an opportunity to prepare. The specialist associations and sections have an important task to assist with information and recommendations on the content and orientation of continuing professional development. The dialogue between colleagues in local, regional and national networks of various kinds is also very significant. This may be particularly valuable for doctors who work alone or in smaller units. The Swedish Association of General Practice has already created such networks through continuing professional development groups of colleagues¹².

The SMA considers that a professional development discussion leading to a personal development plan should form the basis for a constructive and committed dialogue on the conditions for continuing professional development within the organisation.

Where are the difficulties?

There is interest in all professional groups in preserving and developing competence. Doctors, like many other highly-educated professional groups, are well trained to take responsibility in this context, and do so. The great problem, as pointed out earlier, is resources — the fact that there is insufficient time— and the fact that financial funds are lacking. Continuing professional development often takes place in an unstructured and unfounded way, without follow-up or feedback.

The employer's financial responsibility must be made clear through funds in the budget being set aside for continuing professional development. This can be done by funds being set aside in personal accounts. However, the system must not be designed in such a way that the size of the amount governs the orientation and scope of the undertaken activity. The need for continuing professional development varies. Goals and funds must be decided on a case-by-case basis depending on the needs of the individual and the organisation served. The primary emphasis must be on the actual need, and the costs must always be covered.

Models for registering the continuing professional development of doctors are being discussed in certain specialist associations and sections. The intention is to highlight the importance of continuing professional development. Trials are in progress in some specialist associations to score different medically oriented educational activities. The idea is for the score to indicate that it is an activity that the specialist association approves of. The score usually indicates the extent of education in hours, and is therefore in most cases only a rough measure of time spent. Furthermore this registration at individual level carries a risk of the score being falsely viewed as a measure of quality. Registration of a continuing medical education score can not replace the important process of a personal interview with a personal development plan. It can only represent a component.

Discussions on scoring and score registration are also being held at various levels in Europe. The European specialist associations within the UEMS have decided to form an institute for European registration and co-ordination of nationally examined and accredited education (EACCME)¹³, and in some countries a more general discussion is being held on recertification and checking at authority level. In Great Britain, France, the Netherlands and Norway, government initiatives have been taken to introduce recertification of all medical specialists. However, it remains very unclear in what forms and how this will be administered. The European specialist associations within the UEMS oppose all sanctioning forms of control at authority level and feel that the profession and the doctors themselves can and should take responsibility for the development of their expertise, without monitoring on the part of the authorities. This view is declared in three documents on continuing medical education backed by the European medical organisations (CP¹⁴, UEMS¹⁵ and UEMO¹⁶).

There are great risks in trying to solve the problems in the continuing professional development of doctors by introducing obligations and recertification. The shortage of resources cannot be solved by directing unspecified requirements, expressed as scores, at the individual doctor. This is entirely at odds with modern teaching, which advocates problem-oriented learning in an education-friendly environment. The risk is there might be a chaotic scramble for points in a system with a heavy bureaucracy and little scope for flexibility and innovative thinking. A system of compulsory score registration does not contribute significantly to the active search for competence which, in accordance with professional ethics, naturally falls within the role of the doctor.

The SMA considers that the continuing professional development of doctors can best be made visible through personal development plans which are drawn up, implemented and followed up within the framework of the organisation.

Where do we go from here?

The conditions for the continuing professional development of doctors must be improved. This view is shared by the profession, employers and authorities. This has been clarified at a number of conferences in recent years. The Swedish Medical Association now wishes to urge a collective effort in four steps. The objective is to create good terms and conditions for the continuing professional development for all doctors. All professionally active doctors, regardless of age, sex, ethnic grouping, type of organisation and employer, must have the same opportunities for appropriate professional development of high quality. However, the ultimate responsibility must rest with the individual who has to play an active part in the changes and the development that takes place in the organisation they work for.

1

Step 1 Analyse the need and start a process

2

3

4

- Doctors' decisions directly decide the quality and costs of care. It is necessary for the doctors to be involved to the long-term planning of the organisation they work for, in discussions on continuing professional development and in development work to be related to the goals of the organisation, the requirements of society and the expectations of the patients.
- Through a professional development discussion, between the clinical director and the doctor, the needs of both the doctor and the organisation for continuing professional development can be made clear and specified in a personal plan.
- The SMA's Guide for professional development interviews is an important document supporting the personal planning of continuing professional development (see Annex).

1	Step 2 Develop supporting functions
2	<ul style="list-style-type: none">● An active continuing professional development dialogue must be maintained and there must be support in the organisation in terms of time and money.● Dialogue among colleagues is an invaluable and natural part of continuing professional development and its planning.● Specialist associations and sections must ensure that there are opportunities that enable the development of competence within the area of the speciality.● A broad range of external continuing education should be quality-assessed by the profession and marketed to reach all professionally active doctors.
3	
4	

1	Step 3 Collaborate
	<ul style="list-style-type: none"> ● Doctors must be granted the responsibility for their professional development balancing the requirements and expectations of society, patients and authorities on the one hand and employers on the other.
2	<ul style="list-style-type: none"> ● The employer must encourage, value and reward the individual's willingness to learn and contribute to the development of the organisation in a clear way. In a learning organisation like the health service, all employees are required to assist in moving development forward and sufficient time and money need to be set aside for measures to develop competence. ● Specialist associations and sections must co-ordinate educational activities within and between different specialities, both nationally and internationally.
3	<ul style="list-style-type: none"> ● The opportunities the medical faculties have for providing education for medical specialists must be utilised and developed in co-operation with the interested parties. ● Information from authorities and similar bodies must be readily accessible to doctors. Methods for effectively disseminating knowledge on follow-up and development work in health care must be devised in close co-operation with the profession.
4	<ul style="list-style-type: none"> ● The pharmaceutical industry, as well as suppliers of diagnostic and medical devices, must be attentive to the needs of the profession for objective information and education not tied to manufacturers. Events in which the pharmaceutical industry is involved must be designed and held in ways that the integrity of the medical profession cannot be questioned.

1	Step 4 Follow up and evaluate
2	<ul style="list-style-type: none"> ● Feedback to the clinic is an important part of continuing professional development in the organisation. ● There must be procedures for individual follow-up and evaluation. There is a basis for systematic evaluation of both outcome and effects of the personal development plan in the Swedish Medical Association's Guide for professional development interviews.
3	<ul style="list-style-type: none"> ● All medical specialists should keep a logbook for planned and completed education. A similar record should also be kept at clinic level and used in the on-going planning of the organisation and in the quality systems specified by the National Board of Health and Welfare.
4	<ul style="list-style-type: none"> ● Follow-up and evaluation, focusing on the structure and process of continuing professional development, can be done through site visits, similar to the assessment model which the Specialist Training Council has developed for the specialist training¹⁷.

How are we to work within the Swedish Medical Association?

The question of continuing professional development for doctors is complex. This is largely due to the lack of clear regulation. The profession is willing to accept its part of the responsibility. The SMA wishes to invite other interested parties to take part in a joint action based on the four steps proposed above and intends to commence this process by

- the Management and Central Board of the Association conducting a continuing dialogue with interested authorities and organisations about the conditions for the continuing professional development of doctors,
- together with the Swedish Society of Medicine, holding discussions with the National Board of Health and Welfare, the Federation of Swedish County Councils and other interested parties to form an institute for the professional development for doctors. The principal task of the Institute will be to initiate, co-ordinate and market various educational activities for doctors and to assess the quality of the supply and accredit course-providers,
- urging the medical faculties initially to formulate a programme for continuing education for doctors and secondly to bring about a situation in which research and development work in medical education are encouraged,
- the professional associations, particularly through the work of the local associations, paying attention to CPD issues so that the individual members take the initiative to ensure for themselves professional development interviews that lead to a personal continuing professional development plan sanctioned by the director of the medical organisation,

- the Association of Clinical Medical Directors drawing the attention of the medical directors to the significance of the professional development discussion and to the importance of the decisions being documented and followed up,
- the local associations initiating a dialogue with the Clinical Medical Directors about
 - the concept of CPD and demanding improvements where needed,
 - the budget for CPD and demanding changes where needed,
 - the scope of CPD and demanding changes where needed,
 - manpower planning, taking account of the needs of time for professional development and demanding improvements where needed,
 - professional development interviews with personal professional development plans and demanding improvements where needed,
- the local associations drawing the attention of their members to
 - the duty of the employer to hold professional development interviews and draw up personal development plans,
 - the fact that it is in the interest of the individual doctor to ensure that a dialogue about his or her personal professional development is conducted with the medical director,
 - the possibility both on new employment and at the time of salary reviews to agree in writing on the scope for and financing of CPD,
- the local associations, when advertising for positions of medical directors, to ensure that the applicant describes in the application how he/she intends to handle CPD,

- specialist associations and sections through a consultative process ensuring that they provide education that will be of interest to the members,
- specialist associations and sections jointly, working through their professional organisations, drawing a logbook for the planning and follow-up of CPD at individual level,
- encouraging and supporting specialist associations and sections to form national and regional networks for activities developing proficiency , such as auscultations as well as attending seminars and lectures,
- together with the Swedish Society of Medicine, drawing up a model for how the profession can proceed to assess the quality of CPD for doctors. This audit could be conducted as a complementary part of the site visits on specialist training or in conjunction with the quality audits by the professional organisations. Indicators of good structure and process for continuing professional development in separate departments may be the occurrence of
 - clarity in the professional development planning of the organisation,
 - professional development discussions with staff,
 - individual continuing professional development plans,
 - internal educational activities,
 - adequate resources set aside for continuing professional development,
 - planned and financed external activities,
 - incentives for adult learning,
 - follow-up of the personal continuing professional development plan.

References

1. Sveriges läkarförbund, Läkares fortbildning, Ett utbildningspolitiskt program från Sveriges läkarförbund, 1996
2. Svenska överläkarföreningen, Fortbildningsenkät 1999
3. Comité Permanent; Working Group, Continuing Medical Education/Continuous Professional Development, CP 1999/025
4. Chambers E, Grant J and Jackson G, The Good CPD Guide, Reed Business information, 1999
5. Kultorum, Modell för lärande och utveckling inom Jönköpings läns landsting, Landstinget i Jönköpings län, 1998
6. Utredning om fortbildning för läkare i Sörmland, Behovsplanerad fortbildning och livslång kompetensutveckling för hög vårdkvalitet, Landstinget Sörmland, 1999
7. Kollektivavtal om lön och allmänna anställningsvillkor m m vid S:t Görans sjukhus AB och Stockholms läkarförening, 1999
8. Socialstyrelsen, Socialstyrelsens föreskrifter och allmänna råd om kvalitetssystem i hälso- och sjukvården. SOSFS 1996:24
9. Läkartidningen, Distansundervisning ska öppna nya fortbildningsvägar för läkare, LT 34/1999
10. Läkaravtal, Landstingssektorn 1998–2001, bilaga 6 till ÖLA 98
11. Ramavtal för statliga läkare 1998–2001, bilaga 4
12. Svensk Förening för Allmänmedicin, Kunniga allmänläkare sänker sjukvårdskostnaden, SFAM, 1995
13. Union Européenne des Médecins Spécialistes, EACCME, European Accreditation Council for CME, 1999, UEMS, D99/07
14. Comité Permanent, Declaration of Dublin on Continuing Medical Education, Revision, April 1993, CP 93/26
15. Union Européenne des Médecins Spécialistes, Charter on Continuing Medical Education, UEMS 1994
16. Union Européenne des Médecins Omnipraticiens, Continuing Medical Education for General Practitioners in Europe, 1999, UEMO 99/036
17. Quality Assurance in Specialist Training, The Swedish Experience of Site Visits 1989-96.

Guide for professional development interviews

with focus on personal continuing
professional development planning
(Revised version 2000)

Introduction

The Swedish Medical Association emphasises in its continuing professional development policy programme (1996) that the conditions for the professional development of doctors must be visible. The employer, who has financial responsibility, must ensure that the necessary resources in the form of time and money exist for appropriate professional development. It is necessary for efforts to develop competence to be regularly discussed. This must form a natural part of activity planning and quality development work.

The Swedish Medical Association considers that it is in the interest of both the employer and the individual doctor for a plan for individual professional development to be drawn up, and for regular professional development interviews to be held for planning and follow-up. Professional development interviews occur to a limited extent at present, but it is rare for the individual doctor to have any personal planning sanctioned by the employer. The interview should be based on the requirements that patients, authorities and the profession have within the health care organisation.

In order to encourage and inspire the implementation of such interviews between the medical director and the specialist doctor, the Swedish Medical Association has drawn up this guide for professional development interviews with focus on personal continuing professional development planning. It is important that the interview is prepared properly and that it is documented in a personal development plan. Review and evaluation should then become the next step in this important process.

1. Discuss the organisation

A personal professional development plan should not be drawn up until the parties have jointly discussed the underlying conditions and needs from the point of view of both the organisation and the single individual. It is important to be attentive to signals on changes in both the area of the department and in health care in general.

Before the professional development interview takes place, the parties should each formulate for themselves their view of the goals and objectives of the organisation and how they view the terms and conditions for continued activity. The interview can then be initiated with a discussion of the organisation, both from the point of view of the employer and the employee. Both parties must be given an opportunity to present their views and discuss similarities and differences in approach.

The interview can suitably be based on the following:

Future visions

- How will the department develop over the next few years?
- What is expected of staff?

The needs of the department for competence:

- Future needs for competence that can be predicted.
- Areas in which the department is particularly vulnerable.
- Budget for continuing professional development.
- Prioritisation.

2. Make a competence profile

It can prove very rewarding to jointly and systematically analyse the merits of the specialist doctor. The basic principle should be to find inlets to different skill areas that may be valuable to develop. This analysis should be done jointly by the parties and then documented.

Important aspects may be:

- specialist training
- experience from research
- other higher education
- other longer periods of training
- shorter courses
- involvement in projects within the department
- involvement in projects outside the department
- professional experience in general
- leadership training
- quality development work carried out
- networks
- strengths
- weaknesses

3. Formulate a personal continuing professional development plan

The doctor should prepare by discussing development trends and courses on offer with colleagues, and request information and recommendations from the specialist association.

On the basis of this and what has emerged under items 1 and 2 above, the parties then draw up a plan for the professional development of the individual doctor.

Wishes of the individual for CPD (on the basis of age, sex, family situation, ethnic and cultural background, interests, wishes for profiling, future ambitions) as well as the expectations and needs of the employer for additional competence, should form the basis for the content and formulation of this plan.

An estimate of the time spent and the cost of planned activities should be presented in the plan.

The plan may cover subject areas such as:

- new medical knowledge
- deepening medical knowledge
- research methodology
- ethics
- leadership/administration
- development of the professional role (guide/mentor etc.)
- preventive work
- information technology

The plan may cover activities such as:

- local CPD meetings
- auscultations
- special undertakings such as teaching, guidance, acting as mentor etc.
- defined projects
- research work
- additional assignments
- courses/conferences
- literature studies

4. Plan the follow-up and evaluation

It is important for the professional development plan to contain a timetable and for the parties from the outset to agree on when and how the follow-up is to be done. Has continuing professional development been carried out accordingly to the plans? Has the individual acquired increased competence and how has this benefited the organisation?

The Swedish Medical Association considers that an overall professional development plan should be drawn up for five years at a time and then broken down into more closely specified annual financed plans with elements of evaluation and follow-up.

