

LEARN WHILE YOU EARN. THE CONCEPT OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND ITS RELEVANCE FOR PSYCHIATRISTS IN DEVELOPING COUNTRIES

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"I have to face one of my biggest dilemmas when after teaching my postgraduate students the importance of the 1-hour psychiatric interview; I expect them to see these 40 patients in less than 4 hours. The situation becomes increasingly worse in the heat of summer months when, drenching in sweat from head to toe, one has to interview patients in a hot overcrowded room and still display the "accurate empathy, non-possessive warmth and the genuineness" of a good therapist..."

This paragraph by a psychiatrist working in Pakistan after his training abroad only highlights one of the harsh realities of practicing psychiatry in most developing countries¹. Talking of Continuing Professional Development (CPD) in setting like these is considered as luxury few can afford.

This view is perhaps based on misunderstandings related to the concept. Continuing Professional Development (CPD) is the process by which health professionals keep their knowledge and practice updated to meet the needs of patients and the health service². This includes the continuous acquisition of new knowledge, skills, and attitudes to enable competent practice. The concept of CPD does **not** mean updating the medical knowledge only. It also implies developing skills in diverse areas such as time management, team building and training in information technology etc. This requires a long-term approach of lifelong learning and possession of the attitudes and capacities to be flexible, adaptable, creative and amenable to change.

CPD has benefits for both individuals and organizations and is therefore needed for every professional whether in the developing or developed world³. In fact, it can be argued that CPD is a needed more for psychiatrists working in developing countries than those practicing in well resourced health systems. Heavy workloads are one of the most common reasons given for lack of time for continuing professional development (CPD), even in the developed world², where they are perhaps not a fraction of those in developing countries. With less than one psychiatrist per 100 000 population and total

health spending equivalent to £7 per person in most developing countries⁴, CPD for psychiatrists must be considered an important strategy to cope with the colossal burden of mental illness, rather than just an individual need.

One of the most important advantages of CPD is that it allows doctors time to discover and fulfill learning needs, increase job satisfaction and improve self-esteem. This is perhaps more important for a practitioner in a developing country, who is constantly faced with the ruinous effects of bureaucratic problems and the insurmountable hurdles of scarce resources. Planned CPD activities in these settings should help to prevent professional isolation and burnout while boosting the individual's morale³.

A common misconception about CPD is that involves reading journals and the taking some MCQ tests, a burden imposed by regulatory authorities. Actually the activities recognized for CPD tend to be varied and any activity which can lead to 'professional development' can be considered for this purpose. These can be broadly divided into three categories: (a) "live" or external activities (courses, seminars, meetings, conferences, audio and video presentations), (b) internal activities (practice based activities, case conferences, grand rounds, journal clubs, teaching, consultation with peers and colleagues), and (c) "enduring" materials (print, CD Rom, or web based materials)⁵.

In majority of developed countries CPD is now mandatory⁵. Developing a CPD plan for a developing country, where training and development inevitably take a back seat to meeting the basic needs of the population, is an uphill task. The regulatory and legislative measures resulting in formal requirements for CPD in the developed world are non-existent in almost all the developing countries³.

However, it would be wrong to assume that psychiatrist in developing countries are not involved in CPD activities. As true professionals we are always trying to develop our skills and update our knowledge. This is mostly at individual level and lacks institutional support. In view of increasing demands of services, a mind boggling expansion in knowledge, ever changing technologies and competing demands on our time from all quarters this has to be more structured and planned.

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In many developing countries postgraduate training programmes narrowly focus on clinical skills⁶. However, a World Health Organization task force on the structure of psychiatric services in developing countries recommended long ago that the psychiatrists in these countries should devote 'only part of their working hours' to the clinical care of patients. Most of their time should be devoted to training primary health care workers and working with other disciplines⁷. This requires the development of skills in training the trainers, working effectively with other disciplines, particularly primary care, and developing partnerships with the traditional healers who cater for large populations. A CPD programme in these countries must focus on developing these skills. This may at times take precedence over the individuals' needs of, for example, being updated in recent advances in psychopharmacology, which may not be applicable or even available for large populations.

CPD in a country like Pakistan will depend heavily on the responsibilities and resources of individuals. One of options would be to develop small "cooperatives" of psychiatrists who can establish a 'group' CPD programme. Personal Development Plans as suggested by Holloway⁸ can be helpful in this. These plans can help individuals to identify their needs for learning and development based on clear objectives and identify the strategies to achieve these. These groups can be organized around a private practice, an organization or a region. These small groups of practitioners can help to support and maintain each other in CPD. An appraiser or mentor who inspires and challenges critical thinking can help an individual to avoid the common trap of ignoring areas of greatest need by denying their existence. For example, a group which is facing enormous workloads can identify time management and priority setting as important areas and develop a programme of learning and practice skills required for the same.

Innovative strategies will be needed in view of the lack of educational resources and widely different working conditions. Learning that occurs in the context of the daily workplace is far more likely to be relevant and reinforced, leading to better practice⁹. Work-based learning, perhaps the least recognised method of CPD, should take precedence over other methods. This should also help to allay the common misconception that CPD is a passive learning activity. CPD should be built into busy routines. Its activities might include observation and reflection on difficult cases, seeking the opinions of specialists from other disciplines and developing special interest groups for a particular condition or subject.

Professional associations like Pakistan Psychiatric Society can play vital role in these activities. The continuing medical education activities organized by such professional organizations in these countries can be a starting point for the CPD programme. These activi-

ties, however, need to be guided by a planned educational policy suitable for a particular country or region. It should also help the professionals from many developing countries to collaborate with each other as they are going to have similar training needs.

Internet has provided unique opportunity. Access to the latest advances in the field is now possible even in the remote areas at an unprecedented level. Numerous website with free access are devoted to providing continuing medical education. Moreover, it is possible to discuss the difficult cases in real time as well as observe others to learn skills like psychotherapy.

The World Health Report 2001 recommended that, 'Most developing countries need to increase and improve training of mental health professionals, who will provide specialized care as well as support the primary health care programmes... Once trained, these professionals should be encouraged to remain in their country in positions that make the best use of their skills'¹⁰.

Regional and international collaboration, supported by the use of information technology, is urgently needed. The challenge of providing mental health for all in these countries can be met only through a well-planned CPD programme, both at the individual and the institutional level.

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