



# Putting the Patient first – Introduction

Ian Starke  
Director of CPD,  
Royal Colleges of Physicians,  
United Kingdom

# Session Summary

- Ian Starke
  - Lay involvement in CPD in the UK
- Alex Wyke
  - The Mobilisation of Patients in Europe
- Jan Geisler
  - Patient Information – and how patient advocacy strengthens education and best practice
- General discussion

# Session Objectives

- How should patients, carers and the public be involved in the development and delivery of CME/CPD?
- What expertise is required of those who are contributing to this?
- What evidence is there that lay involvement is effective?

# Lay Involvement in the UK

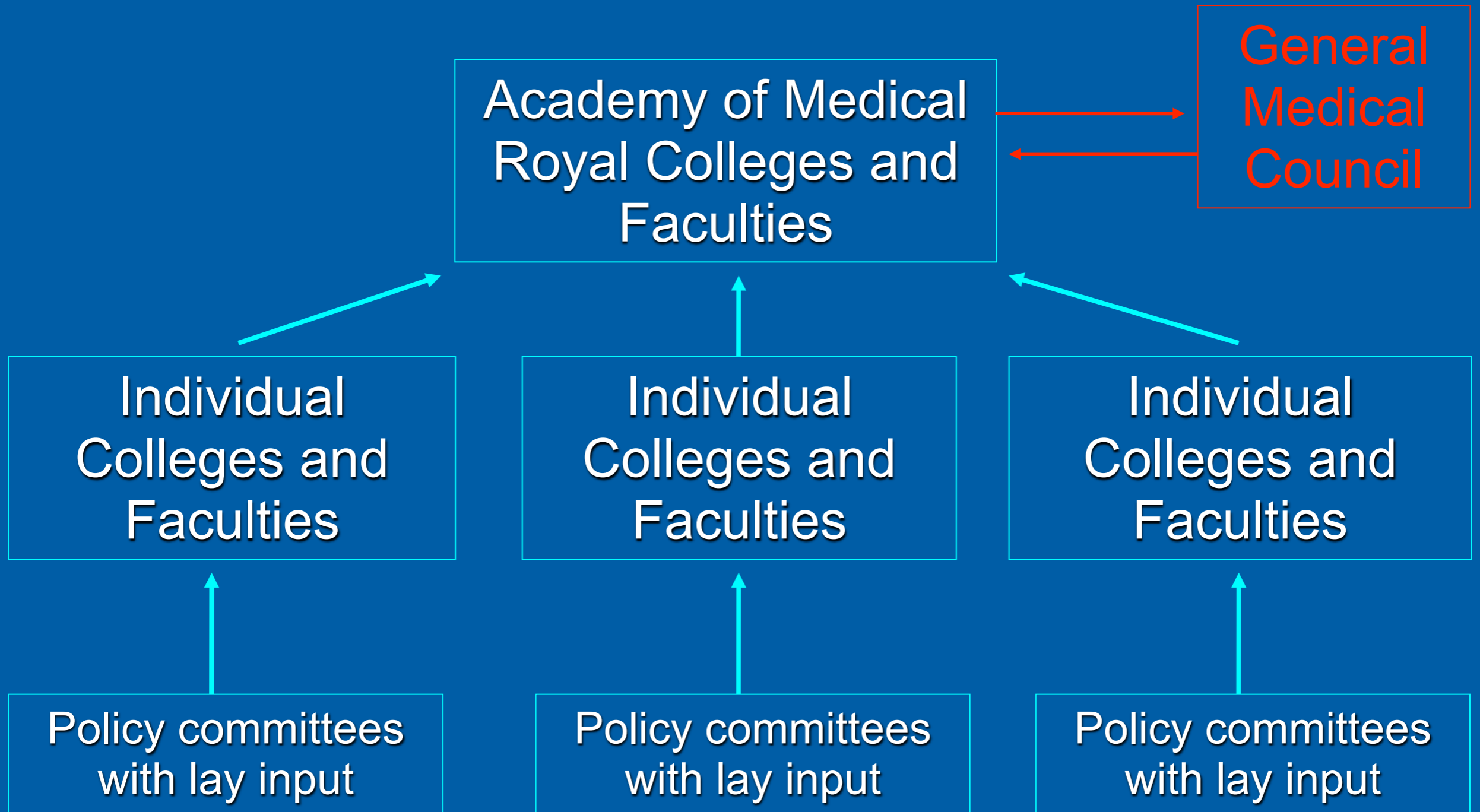
# The Planning and Delivery of CPD

- Needs assessment
- Policy and Systems
- Development and delivery
- Quality assurance
- Feedback

# Lay Involvement in CPD

- Needs assessment
- Policy and Systems
- Development and delivery
- Quality assurance
- Feedback

# Organisation of CPD in the UK



# Needs Assessment – doctors

- Revalidation – patient and carer involvement
- Patient and carer questionnaires
  - Feedback informs personal CPD plans
  - 67% agreed (15% unsure; 18% disagreed)
  - *“The involvement of the public in questionnaire feedback on a doctor’s performance is a major step in ensuring public trust.”*

[Royal College of Nursing and Midwifery]



# Needs Assessment – doctors

## ■ But –

- *“The patient experience is a core dimension of quality in health, and should be positioned as a core dimension of a doctor’s competence and performance.*
- *“We emphatically disagree with the GMC’s position that patient and public involvement in revalidation is one way of inspiring confidence in the way that revalidation will work”.*

[Picker Institute, Europe]

# Needs Assessment – patients / public

- Lay involvement in determining health priorities
  - Pressure on government
  - Involvement in policy groups / working parties
  - Involvement in best-practice / guideline groups
- *How “expert” is the input?*
- *How are the results fed back?*

# Policy and Systems

- Most Medical Royal Colleges in the UK:
  - Lay persons' groups
  - Volunteers join various committees including CPD
  - eg Solicitor, Marketing, Education.
- *What is their expertise?*
- *What exactly do they contribute?*

# Development and Delivery

- Activities run by lay organisations:
  - eg Association against Medical Accidents
- Activities including lay input:
  - “Ethics of assisted Suicide”
  - “Medicine and Me” (70% lay) (RSM)
- Activities promoting lay perspective:
  - Carers and Carer Health (RCGP – live and e-learning)

# Development and Delivery

- Activities run by lay organisations:
  - eg Association against Medical Accidents
- Activities including lay input:
  - “Ethics of assisted Suicide”
  - “Medicine and Me” (70% lay) (RSM)
- Activities promoting lay perspective:
  - Carers and Carer Health (RCGP – live and e-learning)
- *How many doctors attend?*

# Quality Assurance

- Did this individual activity change individual practice?
  - Patient questionnaires?
- Did this national / regional activity change patients perceptions of their care?
  - Targeted questionnaires.

# Quality Assurance

- Did this individual activity change individual practice?
  - Patient questionnaires?
- Did this national / regional activity change patients perceptions of their care?
  - Targeted questionnaires.
- *Cost implications*
- *Confounding variables*

# Feedback

- For the individual doctor (appraisal)
  - Patient questionnaires
- On the educational quality of an activity
  - Requires lay members to attend or evaluation of change
- Open access to records of doctors' CPD activity
  - Risks to confidentiality?



# Feedback

- For the individual doctor (appraisal)
  - Patient questionnaires
- On the educational quality of an activity
  - Requires lay members to attend or evaluation of change
- Open access to records of doctors' CPD activity
  - Risks to confidentiality?
- *What can be achieved in practice?*



Royal College  
of Physicians

Setting higher medical standards