Continuing Professional Development in the Era of COVID-19

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In these extraordinary times where the world is struggling to battle the COVID-19 pandemic, it is difficult to respond with the right mix of words and actions. The coronavirus has been with us well into 2020 with devastating effects on the social, political, and economic fabric of many countries, and on the health of their people. Once this editorial finds its way into print, I have no doubt that the disastrous impacts will continue to be felt, and that, in turn, the heroic efforts of our health care professionals in caring for their patients, colleagues, friends, families, and themselves, will also continue. We at JCEHP are here to keep providing continuing professional development (CPD) scholarly resources to help support this struggle.

In my recent editorial, I coined the phrase the CPD imagination1 as a way of thinking about and practicing CPD differently so as to support the delivery of the most effective health care possible. Even in the best of times, many health care professionals in the myriad of health care systems around the world are under strain. The pressures they experience can lead to burnout that is characterized across three dimensions: emotional exhaustion, depersonalization/cynicism, and a reduced sense of personal accomplishment.2 This not only affects the individual health of our clinical colleagues, but also that of the health care systems they work in and the populations they serve. Burnout is a perennial problem in health care that it could be argued has now taken on a new character and a sense of urgency that is commensurate with the magnitude of the pandemic itself. It is easy to imagine how the new conditions of health care delivery under COVID-19 can sap the energy of health care professionals and take away the time needed to reflect on every day clinical problems. During these days, the exercise of the CPD imagination to create solutions to new pressing clinical problems is indeed, a daunting challenge.

In turn, JCEHP faces challenges in supporting the generation of innovative forms of CPD to respond to this healthcare crisis in a timely manner. As a quarterly journal, JCEHP is not ideally placed to act as the best medium to engage in real-time support of clinicians attempting to create new effective CPD interventions under fast-moving pandemic conditions. Nonetheless, we are making a modest attempt during these troubling times through a new call for CPD articles, with the purpose of fostering a more dynamic ongoing dialogue for the JCEHP readership, in order to support the exercise of the CPD imagination in our global community.

The JCEHP COVID-19 call for articles is intentionally broad so as to be inclusive of all the obvious, and not-so-obvious, clinical training and practice implications that may require new forms of CPD related to COVID-19. The focus is on health care providers’ CPD needs and CPD intervention responses to those needs, inviting both the revisiting of longstanding issues and the demonstration and interrogation of new CPD challenges. We have also created a new article category to serve this dual purpose: Rapid Communications: these articles are intended to cater to concise research or report findings related to CPD of high priority. As an example, I am pleased to introduce our first Rapid Communication in this issue where two of our editorial board members, Drs. Price and Campbell,3 raise questions around the issue of competency in the age of COVID-19, and the implications that our new health care context has for current and future physician CPD. Rapid Communications will have an expedited review process and revision time, as will Short Report and Forum articles that address COVID-19 CPD issues.4 In addition, JCEHP will move as quickly as possible to provide free online access to published ahead-of-print COVID-19 articles to maximize their availability and hopefully their utility for our CPD colleagues around the world.

From the team at JCEHP, please stay safe.

REFERENCES