

# REFORMING CONTINUOUS PROFESSIONAL DEVELOPMENT IN FRANCE

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# The origins of continuous professional development in France

# The origins of CPD

- **Academic training models challenged by physicians**
- **Controversial management of healthcare expenditures**
- **Two emerging key concepts :**
- **Quality-based procedures for healthcare**
  - **1996 : Agence nationale d'accréditation et d'évaluation en santé (National agency in charge of accreditation and evaluation for healthcare)**
  - **1999 : Evaluation des pratiques professionnelles (analysis and evolution of professional practice)**
  - **2004 : Haute Autorité de santé and code of medical deontology**

# The origins of CPD

- **Evolving definition of continuing education for physicians**
  - **Improving the quality and security of healthcare (1993)**
  - **Maintaining and reinforcing the competence and skills of the physicians (1996)**
  - **Mandatory training in the code of medical deontology (1997)**
  - **Maintaining and reinforcing competence and skills, including the knowledge of patient rights and public health priorities (2002)**
  - **Improving the quality and security of healthcare through evolving medical practices (2004)**

# The creation of continuous professional development

# The creation of CPD

 Created in 2009, it combines continuing education and évaluation des pratiques

Continuous professional development (article 59 of the Hospitals, patient care, health and territories 2009 Act) aims to :

- ✓ Include évaluation des pratiques professionnelles
- ✓ Enhance and broadening competence and skills
- ✓ Improve the quality and security of healthcare
- ✓ Take into account public health priorities
- ✓ Manage healthcare expenditures

# The creation of CPD

- **It includes all health professions : 1.7 million professionals**
- **It excludes any relationship with healthcare product manufacturers or suppliers**
- **CPD programmes are endorsed after an evaluation by independent scientific committees on the basis of common criteria**

# The creation of CPD

- It is managed by one body which :
  - Deals with the procedures of accreditation and evaluation,
  - Controls CPD providers,
  - Funds CPD activities.

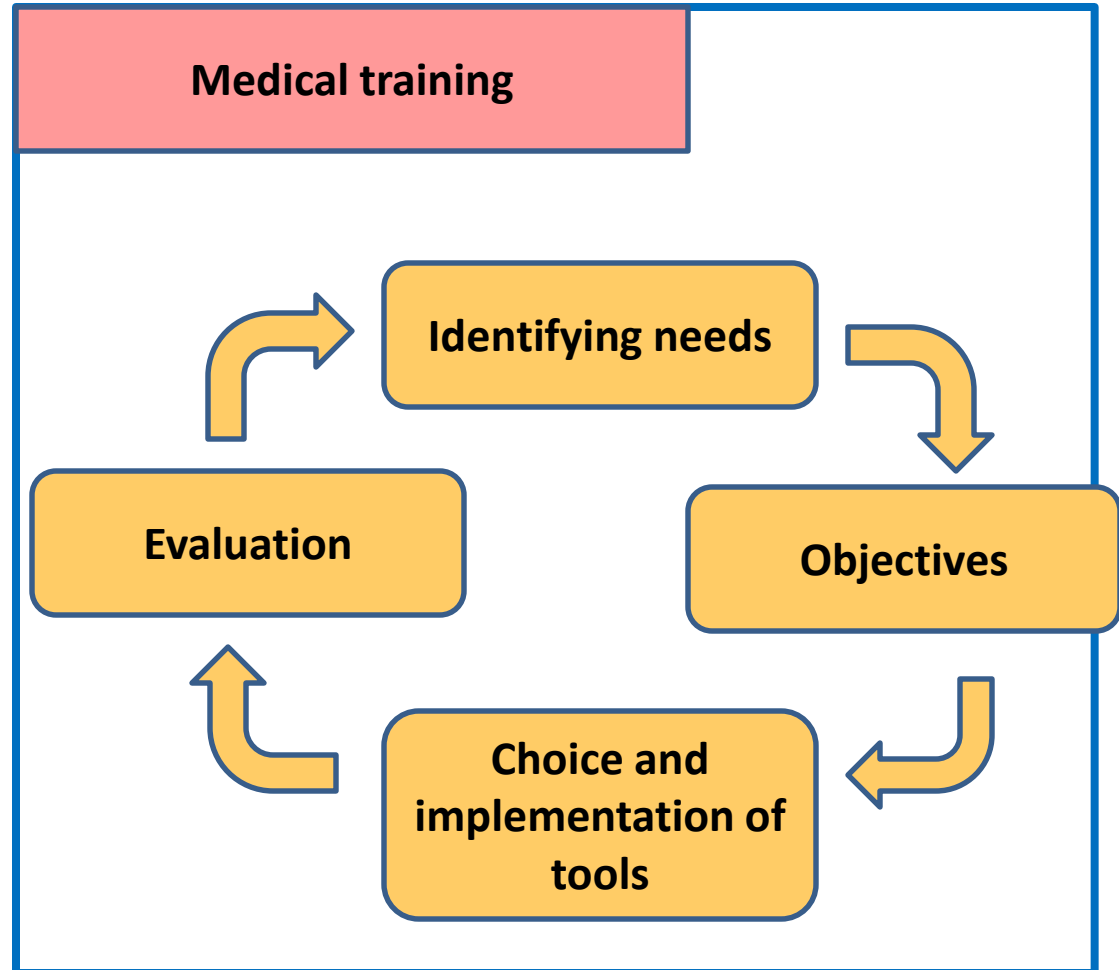
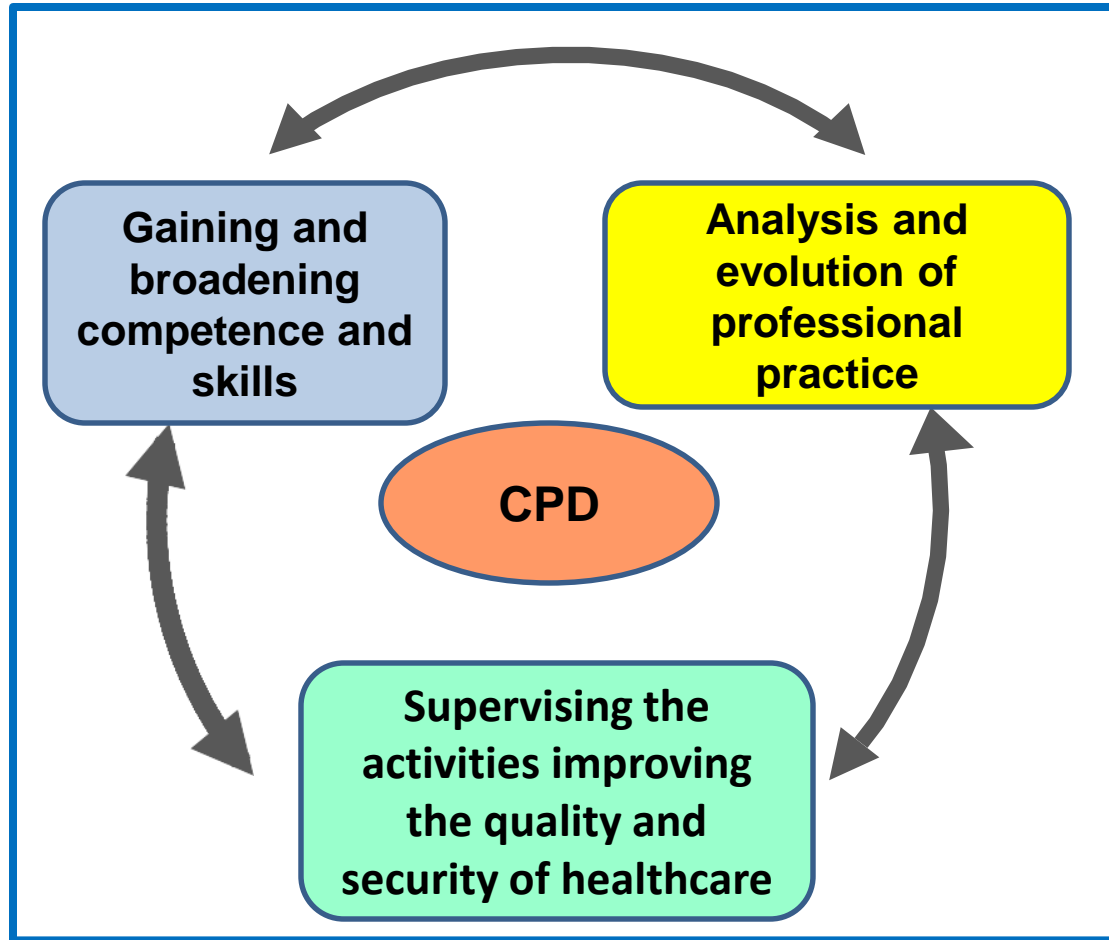


# The creation of CPD

- **CPD obligation is completed once a professional takes part in any CPD programme (individual and group-based activities, annually or over a longer period of time)**
- **CPD obligation is controlled either by :**
  - **professional chambers for medical professionals**
  - **or employers /regional government bodies for most paramedical professions**

# The creation of CPD

The wheel of quality, a reflective process...



# Challenging the current CPD model

# Challenging the current CPD model

The conclusions of a 2014 independent report :

- **An unspecified and non binding annual CPD obligation**
- **A comprehensive and immediate obligation to complete CPD programmes difficult to enforce due to the lack of financial means**
  - Should CPD be publicly funded?

# Challenging the current CPD model

- **A complex governance without any real decision-making power turning the Government into a powerful player**
  - Should the Government be in charge of regulation or management?
  - If the Government regulates, how legitimate will its decisions be?
  - How should conflicts of interest be prevented?
  
- **The endorsement procedure does not guarantee the quality of the CPD activities**
  - Should all CPD activities be evaluated and controlled?
  - Which criteria should be used?
  - How should the impacts on professional practice be take into account?

# Reforming the current CPD model

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## The key changes introduced by the 2016 Act regarding CPD obligations :

- A CPD obligation to be fulfilled over a three-year period
  - An obligation that combines updating knowledge, evaluating professional practice and risk management
  - An individual electronic folder (portfolio)
- A CPD obligation that should include activities consistent with priorities defined by the Ministry of health and national professional councils

# Reforming the current CPD model

## The key changes introduced by the 2016 Act regarding controls :

- The control of the quality of CPD programmes and CPD providers is reinforced
- The fulfilment of the CPD obligation is still controlled by the same bodies



# Reforming the current CPD model

## The key changes introduced by the 2016 Act regarding governance :

### ➤ National professional councils

- Include professional organisations and medical societies
- Propose priorities
- Define the contents of the individual electronic folder
- Determine the framework of CPD programmes over a three-year period

### ➤ National agency in charge of the CPD

- Is the common body for all professionals
- Oversees a share of the CPD funding

# Reforming the current CPD model?

## The key changes introduced by the 2016 Act regarding governance :

### ➤ High Council of the CPD

- Determines the criteria that are used for the endorsement of CPD courses
- Evaluates the impact on professional practice

### ➤ Ethics committee

- Advises on the rules regulating the conflicts of interest within the NPC

# 2014 statistics about CPD activities

## Health professionals working outside public bodies :

Professions	Number of potentially concerned professionals	Total number of professionals who completed their CPD obligation	%
Physicians	130 449	41 458	31,78
Dentists	37 013	4 992	13,49
Midwives	5 577	2 134	38,26
Pharmacists	31 589	2 2391	70,88
Nurses	109 925	31 187	28,37
Physiotherapists	66 498	12 830	19,29
Speech therapists	19 018	4 701	24,72
Orthoptists	2 820	911	32,30
Podiatrists	13 005	4 701	36,15
Total	4 155 894	125 305	30,13

## In public hospitals:

Medical CPD : more than 18,000 professionals (physicians, pharmacists and dentists)

Paramedical CPD : 165,000 professionals

# An example of CPD methods

## Example of CPD methods

### ➤ risk management

- morbidity and mortality review
- review of medical errors
- risk assessment

## **An example of CPD activities**

### **An example of national priorities : raising the awareness about the security of healthcare**

- Reducing healthcare associated infections**
- Educating patients**
- Reporting unexpected events**
- Analysing relevance to patient care**
- Analysing professional practice from an ethical point of view**

## ***A few dates to summarise....***

- 1993 : continuing medical education funded through Assurance maladie (state health insurance)**
- 1997 : mandatory training in the code of medical deontology**
- 1999 : évaluation des pratiques professionnelles (analysis and evolution of professional practice)**
- 2004 : creation of Haute autorité en santé**
- 2009 : mandatory CPD for all health professionals (2009 Act)**
- 2016 : reform of the CPD model (2016 Act)**

# Launching the debate on the French CPD model

# Launching the debate

- **The lack of public funding**
- **The difficult task of forging a dialogue between the Government and the health professions**
- **The role of professional organisations as providers of CPD activities and parties in the CPD management**
- **The definition of public health priorities that should be wholly operational**



