



Summing up: What lessons can be learned?

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Overall conclusions

Ensure that **CPD contributes to the quality of practice and effective service delivery**

Improving patient safety culture – **behavioural change**

Real success is **the use** of learnt skills and the knowledge in daily practice

Continuing Professional Development is difficult to capture but we need **parameters to measure**

CPD does not work in isolation – working environment

Communication and interprofessional collaboration, reflection are key factors

1. Insights from research

Huge variety in practice (guidelines, training, responsibilities, recommended practice differ between disciplines) → learning should relate to practice

No standard and mandatory CPD curriculum → the real CPD is based on personal motivation through different ways of learning

Managed CPD - Situated Learning Process → professional education depends on immersion of practice from which effective CPD arises, using credits that recognize the learning process

Insights from research

Measurements/recording need to consider several factors → careful planning of research, collection of data by observation and reporting taking into account contextual variables

Evidence-based outcome research – scientific evidence from reviews of educational outcomes (Cochrane)

Parameters to measure → quantifiable components

Understand the local system, the organisational structure – can we generalise?

2. Added value of interprofessional education

Collaboration of different professions – different new ways to manage the team

System change needed – culture of embracing IPE

Communication is key – errors are major risks

*Self-assessment – **tools needed that further develop competences***

***Interprofessional shared care action plan** – planning and evaluating performance → safety*

3. Specific patient-safety CPD content

Specific and separate modules

Various extent and topics

On-the-job training is frequent

Experimental, participatory learning

Multiprofessional working context, environment

What learning types can be effective?

Flexibility and creativity

4. Lessons from Member States' experiences

New roles – new behaviour, learning from patterns

Shared vision – Changing the perspective

Sensitivity and willingness to learn – facilitate involvement

Sharing experiences in teams is beneficial

Success factor is the relationship between the regulator and the profession

5. Experience with CPD link to revalidation schemes

Remaining fit to practice

Minimum number of hours practised

Practice-related feedback

Reflection (written reflective accounts, discussion)

Confirmation by peers – meet the requirements for revalidation

Some good practice – Code of conduct, regulations, linked to national standards on quality

6. Added value of personal development plans and feedback

Personal development plans important for CPD

Reflection

Peer-support

Communication

Feedback

Basic elements of CPD

Key actors in the process

7. Proposals for future European cooperation

*Increasing **awareness** on competence development and CPD linked to patient safety (mobility)*

*EU arenas for **preventing failures** and harm in care; ensuring better clinical performance*

*Room for **further research** to gain better understanding*

*Exchange **good practices** can contribute to in-depth understanding the relation of CPD and patient safety and improving healthcare*



For further information

http://ec.europa.eu/health/workforce/policy/index_en.htm