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Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

Contract no. 2013 62 02

FINAL REPORT



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1. ABSTRACT

There is widespread recognition of the importance of continuous professional development (CPD) and life-long learning (LLL) of health professionals. CPD and LLL help to ensure that professional practice is up-to-date, contribute to improving patient outcomes and increase public confidence in the professions. National interpretations of CPD offer a rich scope of differing approaches and present opportunities for the identification of recommendations and best practices in the EU.

This study, funded under the EU Health Programme, comprises a unique mapping and review of continuous professional development and lifelong learning for doctors, nurses, dentists, midwives and pharmacists in the 28 member countries of the EU and EFTA countries. It describes the policy background to the topic, reviews available literature and illustrates the outcomes of a Europe-wide survey and expert workshop, as well as presenting an overview of EU and European-level initiatives on CPD. The study identifies policy recommendations to strengthen the exchange of cooperation and best practices at European level and highlighting the need to make efforts allowing all health professionals to undertake CPD, including addressing the main barriers identified, these being a lack of time and resources. The recommendations also call for more research into CPD and its relation to patient safety and quality of care.

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2. EXECUTIVE SUMMARY

There is increasing policy interest in Continuous Professional Development (CPD) and Life-long Learning (LLL) for Health Professionals in the EU. CPD and LLL help to ensure that professional practice is up-to-date, contribute to improving patient outcomes and increase public confidence in the professions. National interpretations of CPD offer a rich scope of differing approaches and present opportunities for the identification of recommendations and best practices in the EU.

Against this background, a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME) were contracted by the European Commission and funded by the EU Health Programme to carry out a 12 month study to review and map CPD and LLL for five health professions (doctors, nurses, dentists, midwives and pharmacists)¹ in the 31 countries of EU/EEA /EFTA. The study is the first to be developed jointly by dentists, doctors, nurses, midwives and pharmacists and to enable a multi-professional approach to discussing CPD.

Launched in October 2013, the study aims to:

- Provide an accurate, comprehensive and comparative account of CPD models, approaches and practices for health professionals, while also describing how these are structured and financed in the EU-28, and the EFTA/EEA countries; and,
- Facilitate a discussion between organisations representing health professionals and policy-makers, regulatory and professional bodies to share information and practices on the continuous professional development (CPD) of health professionals and to reflect on the benefits of European cooperation in this area for the good of the patients of Europe.

At EU-level, the **role of CPD to help safeguard patient safety within the context of cross border mobility** has been addressed in several legal instruments: i.a. in the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections, in Directive 2011/24/EU on patients' rights in cross-border healthcare, and most recently, in Directive 2013/55/EU amending Directive 2005/36/EC on the recognition of professional qualifications according to which "Member States shall ensure, by encouraging continuous professional development, that health professionals are able to update their knowledge.. to maintain safe and effective practice"

This study builds on a literature review establishing a context and glossary of key terminology; a pan-European survey among competent authorities and/or professional bodies at national level, addressing structure, governance, implementation, financial arrangements, content and future outlook. The methodology also includes research on European-level initiatives relating to CPD for health professionals. These findings were presented at a technical workshop attended by 60 experts from across Europe.

Study definition of CPD

"The systematic maintenance, *improvement and continuous* acquisition and/or reinforcement of the life-long knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary context of patient care."

CPD is an ethical obligation for all health professionals to ensure their professional practice is up-to-date and can contribute to improving patient outcomes and quality of care.

The study findings reaffirm the importance of CPD and LLL for health professionals, both in terms of professional and personal development.

CPD systems across Europe are highly complex and show different approaches across professions and countries. There is no evidence to suggest that one system is preferable to another.

There is considerable variance in CPD across countries and health professions, with mandatory and voluntary systems, and formal and informal delivery of CPD, sometimes existing side-by-side depending on country and profession. National approaches, e.g. as regards the (self-) regulation of a profession, are reflected in the governance and structures of CPD and LLL. The development of CPD policy is often a shared competence, with both professional organisations and ministries of health taking a primary role.

For the purposes of this study the definition of mandatory and voluntary CPD is:

- **CPD is mandatory** for all professionals practising in a country. The definition of mandatory CPD does not encompass cases where the CPD requirement is established by another body, for instance a professional association¹ or an employer.
- The definition of **voluntary CPD** is both the absence of mandatory requirements and includes cases where CPD is de-facto mandatory for a part of the profession (members of a professional association, professionals working within the statutory health system or other employer-related requirements) regardless of whether there are professional guidelines in place for the profession in question. A voluntary CPD framework may co-exist with a mandatory CPD system.
- **No formal CPD structures** exist and participation in CPD activities is left up to the individual professional. This is the least common situation recorded.

The distinction between mandatory and voluntary CPD might to some extent be artificial as both categories encompass many different arrangements. Mandatory CPD can be based on a clearly defined requirement, sometimes directly linked to revalidation² or it can be only a general obligation in which case it might be unenforceable. There are also examples of voluntary CPD frameworks, in which professional associations establish their own CPD requirements for their members resulting in a significant percentage of the profession participating in CPD.

MANDATORY CPD

The model of mandatory CPD requirements is the most common system across all professions. Marked differences exist between countries however: mandatory CPD requirements for all five professions were reported for only a third of all countries. The compliance and enforcement of mandatory CPD requirements varies in terms of actors involved, however professional bodies with regulatory competence play an important role for all five professions. The consequences of non-compliance also vary significantly, from the loss of the licence to practice over temporary suspension and various penalties to no automatic consequences at all.

VOLUNTARY CPD

Around half of all survey respondents indicated that there is a voluntary CPD framework in place in their country. Its formal structures and governance are often less prescriptive than for mandatory CPD requirements. Tools such as positive incentives are more frequently used. Enforcement varies from monitoring by professional bodies with a regulatory competence to no formal monitoring structures. Consequences of non-compliance with voluntary CPD frameworks, if any, are usually less restrictive.

In very few cases, the findings show that there are no formal CPD structures in place for a certain profession, meaning that there is no national system or guidance for professionals. In this case, individual professional ethics and interests, and potentially employers' indications, are the drivers for following CPD activities.

¹ when membership in the professional association is not mandatory for all professionals

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CONTENT AND DELIVERY OF CPD

For the majority of professions, professional bodies and scientific societies are reported to be the most frequent providers of CPD activities. For doctors and especially for pharmacists, the private sector often plays an important role in providing CPD. The development of content of CPD activities largely corresponds to the bodies representing the providers of CPD activities. Medical specialty or employers often require health professionals to follow prescribed content of CPD activities. The most popular form of delivery of CPD was reported to be in the form of conferences, symposia, lectures or seminars. ELearning or web-based learning was ranked as the third most frequent form of delivery.

ACCREDITATION

The accreditation of CPD activities is more common across Europe than the accreditation of CPD providers. There are still significant differences as regards the details of the accreditation systems' functioning. Accreditation is mostly, but not always, obligatory, in particular for formal CPD activities, and in systems with mandatory CPD requirements. Also the competence for accreditation varies, with many systems sharing the competence among several bodies, while professional organisations and professional bodies with regulatory competence are the most frequent accreditors. The most frequent criteria for accreditation are the duration of an activity, compliance with professional guidelines and learning outcomes. Fees are charged according to the majority of respondents, with wide variations as to the amount.

FINANCIAL FACTORS

For all professions, the most frequent form of funding of CPD activities is through the participating professionals' fees. Depending on the profession, professional bodies, employers or the private sector are also important sources of funding. Guidelines or codes of conduct are in place to ensure the transparency and independence of CPD for more than half of all survey respondents from 31 countries. Often these are embedded in professional bodies' codes. There are also differing rules as regards following CPD activities in paid working time.

It is understood that CPD can contribute to patient safety, however so far there is limited research on this relationship. CPD is only one of many contributing factors to achieve a culture of patient safety.

CPD is seen as a tool to improve patient safety, though the concept must be understood as encompassing many factors beyond CPD. There is limited research available addressing the relationship.

While there are activities on patient safety available for all professions, it is not mandatory for professionals to follow them in a majority of cases. However, the offer of CPD activities on patient safety is reported to be increasing in most countries.

Across all countries, professionals report the burden of costs and the lack of time as the main barriers to accessing CPD activities.

There is broad consensus that the costs of accessing CPD activities, most often borne by the professionals themselves, as well as the time which must be invested in CPD activities, are seen as barriers. Contextual factors, such as the availability of financial relief relating to the cost of CPD or the extent to which CPD can be followed within working time differ substantially, sometimes even within a profession in one country, due to factors such as practice setting and employer. Other barriers reported less frequently include the lack of motivation or incentives, as well as technical barriers to accessing CPD activities, such as a scarcity of activities or geographical distance. In a smaller number of cases, but particularly for dentists, no barriers are perceived.

European cooperation to exchange experience and good practices is largely welcomed as providing an added value to strengthening national CPD systems.

There is general agreement that European cooperation can provide added value through the exchange of good practice, also to benefit national systems and to enhance transparency within the context of cross-border mobility. Cooperation between countries on CPD and LLL already takes place, as demonstrated by the significant volume of cross-border recognition of CPD activities, notwithstanding that the modalities of recognition differ between countries, professions and activities. European initiatives on CPD and LLL, also beyond the health sector, are shown to have a varying degree of up-take in and impact on national CPD systems in supporting cross-border cooperation. Financial support mechanisms at EU-level can facilitate CPD activities, for

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example through the development of common training modules or research on the impact of educational approaches to CPD and their effect on quality of care. Existing EU-level initiatives to improve transparency between national systems of education and training indicate that greater transparency may also be achievable in the context of CPD, with the objective of enhancing the cross-border dimension of CPD. European cooperation is also suggested to support the exchange of good practice. The differences between national CPD systems however also necessitate that EU-level initiatives are voluntary in nature.

Future research should expose links between CPD and patient outcomes and to review developments to establish trends.

There is a relative dearth of research of the impact of CPD on patient safety and care outcomes, and on clinical and professional practice. More research on the links between different types of CPD and practice outcomes is therefore recommended. Also, the snapshot exercise delivered in the present study could be followed up in future, to establish trends and explore questions resulting from the research, such as the preferred areas for European cooperation.

Recommendations

The full report sets out 22 recommendations to help strengthen CPD in Member States and promote European cooperation in five areas:

On **CPD structures and trends**, the recommendations highlight the need for all stakeholders involved, including competent authorities and employers, to recognise the importance of CPD and to enable all health professionals to undertake CPD suitable to their needs and interests.

Looking at **barriers and incentives to following CPD**, the need for systemic and organisational support to professionals, in terms of allocating time for CPD in workforce and staff planning and in ensuring costs of CPD are not prohibitive, is identified as a shared responsibility, in which employers, professional organisations and the ministries of health have a role to play, alongside the professional. It is also recommended to make use of flexible learning tools and ensure CPD is relevant to health professionals' daily practice, so as to improve access and motivation.

On the relation between **patient safety and CPD**, it is recommended that patient safety must be enshrined in professionals' education and training throughout and supported by the workplace environment. It is also beneficial to specifically address patient safety issues in specific CPD activities.

In terms of **accreditation systems**, the recommendations suggest the role of health professionals in the accreditation of CPD is key. It is also proposed to evolve accreditation systems to be increasingly outcome-based.

Concerning the **role of European cooperation for CPD**: facilitating policy discussion, the exchange of best practice and experiences through EU-level structures is recommended, as is the funding of research, e.g. into the relationship between CPD and quality of care or the opportunities for voluntary EU-level frameworks to support cross-border recognition of CPD.

Key Actions

- Efforts must be made to ensure that health professionals in all Member States are able to undertake CPD activities in accordance with Member States' obligation under the revised Directive on the recognition of professional qualifications.
- Member States should adopt measures to address the main obstacles to undertaking CPD: time, human resources and cost.
- Further research should be done on the impact and systems of health professional CPD, in particular as regards the relation between CPD and patient safety, quality of care and patient outcomes.
- Any EU recommendations on health workforce planning and forecasting should take CPD into account to avoid workforce shortages preventing professionals from undertaking CPD.
- The European Commission should make the information on health professionals' CPD collected in the context of the Directive on the recognition of professional qualifications available to the public. The European

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Commission should utilise existing platforms for the exchange of best practice on CPD, i.e. the Group of Coordinators and the European Commission working group on EU health workforce. Professional organisations should be involved.

3. INTRODUCTION

Continuous professional development (CPD) and life-long learning (LLL) have become cornerstones of professional practice across all qualifications. The European Commission's Action Plan for the EU health workforce addresses CPD as a tool to safeguard patient safety within the context of cross-border mobility of health professionals and patients in the EU. The Directive on the recognition of professional qualifications, 2005/36/EC as amended by Directive 2013/55/EU, establishes that Member States shall encourage continuous professional development in the case of doctors, nurses, dentists, midwives, and pharmacists. In addition Member States need to communicate to the Commission the measures undertaken in order to fulfill this requirement (Article 22 (b)). On 10 October 2013, a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME) were contracted by the European Commission's Consumers, Health and Food Executive Agency (CHAFAEA) to undertake a 12 month study concerning the review and mapping of CPD and lifelong learning (LLL) for health professionals in the EU-28 Member States and EFTA countries. It focuses on the five regulated health professions as defined in the Directive on the recognition of professional qualifications, namely dentists, doctors, nurses, midwives, and pharmacists.

The study's objectives are to:

- Provide an accurate, comprehensive and comparative account of CPD models, approaches and practices for health professionals and how these are structured and financed in the EU-28, and the EFTA countries; and,
- Facilitate a discussion between organisations representing health professionals and policy-makers, regulatory and professional bodies to share information and practices on the continuous professional development of health professionals and to reflect on the benefits of European cooperation in this area for the good of the patients of Europe.

The study methodology included a literature review on CPD and LLL as concepts and their interpretation in various national contexts, a complementary literature review focusing on European initiatives on CPD and LLL, a Europe-wide survey, and a technical workshop with stakeholders held on 20 June 2014. This report is built upon the results of all activities.

This report is structured in the following sections: Section 1 presents the study and its objectives; Section 2 includes the executive summary of the literature review on the scope of CPD and LLL, and on the European Level Initiatives on CPD; Section 3 presents the results of the survey related to an horizontal analysis of the CPD systems in the EU and EFTA countries; Section 4 analyses the results of the survey that relate to patient safety and CPD in particular; Section 5 focuses on the results of the survey that look into CPD and national standards/guidelines on quality of care. Section 6 addresses patient safety in the context of CPD. Section 7 discussed CPD in relation to national standards and guidelines on quality of care. Section 8 illustrates trends in CPD. Section 9 features matrices of common features of CPD systems grouped by profession. Section 10 contains the country profiles which present in detail the respondents results and matrices of common features of CPD systems grouped by country. Section 11 contains the conclusions of the technical workshop held on 20 June 2014. Lastly, Section 12 sets out the study's recommendations and conclusions. Section 13 lists all annexes, which are in part available as a separate document.

3.1 Glossary

The following glossary was built upon the results of the first literature review (Annex IIIa). The concepts below are used in the meaning set out by the corresponding description for the purpose of this study and in this report.

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Continuous Professional Development	<p>The systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary context of patient care.</p> <p>[For example, this might include technical, scientific, regulatory and ethical developments, as well as research, management, administration and patient-relationship skills. Activities can be categorised as formal/informal and mandatory/voluntary.]</p>
Lifelong Learning	<p>All general education, vocational education and training, non-formal education and informal learning undertaken throughout life, resulting in an improvement in knowledge, skills and competences, which may include professional ethics.</p> <p>[Such learning might occur within a personal, civic, social and/or employment-related perspective.]</p>
Continuous Education	<p>The structured educational activities undertaken in pursuit or/as part of a LLL approach.</p>
Continuous Medical Education	<p>An element of CPD involving the development of specific clinical and technical skills within the field of medicine, primarily relating to physicians. Activities can be categorised as formal/informal and mandatory/voluntary.</p>
Continuous Nursing Education	<p>An element of CPD involving the development of specific clinical and technical skills within the field of health, relating to nurses. Activities can be categorised as formal/informal and mandatory/voluntary.</p>
Continuous Midwifery Education	<p>An element of CPD involving the development of specific clinical and technical skills within the field of health, relating to midwives. Activities can be categorised as formal/informal and mandatory/voluntary.</p>
Continuous Dental Education	<p>An element of CPD involving the development of specific clinical and technical skills within the field of health, relating to dentists. Activities can be categorised as formal/informal and mandatory/voluntary.</p>
Continuous Pharmacy Education	<p>An element of CPD involving the development of specific clinical and technical skills within the field of health, relating to pharmacists. Activities can be categorised as formal/informal and mandatory/voluntary.</p>
Formal CPD	<p>Activities undertaken intentionally with the objective of improving knowledge, skill and competences, which are planned and can be recorded, verified and certified. This may include learning activities such as attending courses, seminars, conferences, and workshops, teaching and preparing lectures, higher education programmes, blended learning, peer review, as well as other directed professional activities, including online courses / distance learning, and reading professional journals involving knowledge assessments, study visits, etc.</p>

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Informal CPD	Activities undertaken intentionally and contributing to the improvement of knowledge, skill and competences, which may or may not be recordable and verifiable. This may include incidental learning opportunities such as spontaneous interactions and conversations with colleagues and other health professionals, learning from mistakes and from feedback, but also planned learning activities such as attending in-service education programmes, self-directed professional reading of books and other types publications, participation in social media discussions, etc.
Mandatory CPD	CPD that is mandatory for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.
Voluntary CPD	CPD that is not mandatory for a professional on the grounds of predefined requirements set by a competent authority (e.g., regulator or professional body) and is in particular not related to relicensure, re-registration or revalidation, regardless of whether or not there are professional guidelines in place for the profession in question. It may encompass both formal and informal CPD activities.
Revalidation	The process through which registered health professionals demonstrate periodically that their knowledge is up-to-date and their continuing fitness-to-practise. It can be a tool for showing that CPD activities undertaken are appropriate for supporting and enhancing professional practice. It may be a prerequisite for relicensure and re-registration, and can be tied to professional appraisals.
Relicensure	The renewal of a professional license or certificate within a specified period of time, generally linked to assessment of a health professional's continuing fitness to practise.
Re-registration	Keeping one's name on an official public record of qualified/licensed/certified health professionals, as identified by the relevant regulatory authority in a given jurisdiction, generally linked to assessment of a health professional's continuing fitness to practise.
Fitness to Practise	Fitness to practise implies that health professionals continue to practise in accordance with regulators' standards, including requirements relating to the maintenance of professional skills and knowledge. It encompasses an assessment of both conduct and competence.
Professional Organisation	An organisation of persons engaged in the same profession, and representing that profession.
Professional Body with Regulatory Competence	A Professional Organisation with the competences to adopt legally binding rules.
Reference Network	The advisory body of experts established for the purpose of advising on various study activities.

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3.2 List of Abbreviations

C	
CED	Council of European Dentists
CHAFEA	Consumers, Health and Food Executive Agency
CME	Continuous Medical Education
CPD	Continuous professional development
CPME	Standing Committee of European Doctors
D	
DG SANCO	Directorate-General for Health and Consumers
E	
UEMS EACCME®	European Accreditation Council for Continuing Medical Education
EAHC	Executive Agency for Health and Consumers
EC	European Commission
ECTS	European Credit Transfer and Accumulation System
ECVET	European Credit System for Vocational Education and Training
EEA	European Economic Area
EFN	European Federation of Nurses Associations
EFTA	European Free Trade Association
EMA	European Midwives Association
EPHA	European Public Health Alliance
EQF	European Qualifications Framework
L	
LLL	life-long learning
P	
PGEU	Pharmaceutical Group of the European Union
PSQCWG	Patient Safety and Quality of Care Working Group
U	
UEMS	European Union of Medical Specialists

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4. BACKGROUND AND CONTEXT: SUMMARY OF LITERATURE REVIEW

CPD AND LLL FOR HEALTH PROFESSIONALS IN THE EU

A literature review was carried out with the objective of establishing the existing knowledge base on the topic and consolidating the context for the study. It also served to identify information on national CPD systems, by way of background to the description of the Member States' practices that follows below.

The review illustrated the complexity of the topic, highlighting differences in practices, terminology and approach. It showed that there is considerable variance in CPD across EU/EEA/EFTA countries and across the sectorial health professions, with mandatory and voluntary systems, and formal and informal delivery of CPD, sometimes existing side-by-side depending on country and profession. National approaches, such as the (self-) regulation of a profession, are reflected in the governance and structures of CPD and LLL. Accreditation systems are also diverse, and reflect different health systems and professional and educational cultures and values, and are managed by different bodies across the EU. Lastly it was found that there is a relative dearth of evidence of the impact of CPD on patient safety and care outcomes, and on clinical and professional practice. Therefore an exploration of the links between learning and practice outcomes and existing qualifications or competency frameworks developed at European level may be of interest.

The literature review also informed the glossary (please see above), which was used as a terminology framework for the implementation of the other activities of the study, most importantly the Europe-wide survey.

EUROPEAN LEVEL INITIATIVES ON CPD AND LLL

The research into European-level CPD initiatives aimed at mapping on-going activities in a European or EU context relating to CPD and LLL and reflecting on their relation with national systems.

In a first step, a literature review was carried out to identify relevant initiatives at EU level in the field of education and training. These include European Credit System for Vocational Education and Training (ECVET), the European Qualifications Framework for LLL (EQF) and the European Credit Transfer and Accumulation System (ECTS), ERASMUS+, or Europass. In addition, projects on CPD and LLL with a pan-European perspective were presented, as found in the other sectors such as the architectural or engineering professions, for example.

The description of these initiatives was complemented with a number of consultations with experts involved in CPD and LLL at European-level.

METHODOLOGY

Both literature reviews were carried out using a non-systematic research approach. They were conducted primarily online using a focused approach on the relevant research questions that guided both analyses. It thus included an initial selection of over a thousand academic articles, relevant organisational and project websites and reports by European Institutions and professional bodies active at EU, national and regional level. In addition the consortium looked at policy documents, existing legislation, as well as other non-academic and grey literature. The large number of sources was reduced to roughly five hundred documents that were of specific relevance to the study and referred to in the literature reviews. Although searches were conducted in all relevant EU languages, it transpired that the majority of documents were in English and/or other main EU languages (Spanish, Italian, German, French) with few if any sources in some of the lesser spoken languages.

For the academic and policy documents, the PubMed and MEDLine databases were consulted, as well as the research database of Lancaster University Library, United Kingdom (UK). The EAHC projects database was searched for projects between the years 2003 and 2013 and the Community Research and Development Information Service (CORDIS EU) research portal was reviewed for all projects within the fifth, sixth and seventh EU research frameworks, as well as other relevant programmes. Moreover, the specific legislation and policy initiatives mentioned in the tender specifications and inception report were reviewed and a search of EU websites was conducted for all appropriate documents and resources. Multiple searches of Google and Google

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Scholar were undertaken, analysing the first five pages of results for each targeted search where available. Finally, time was dedicated to following up leads discovered during the initial searches. The search strategy comprised a number of key terms, which included the use of the variants of CPD and LLL applicable to the five health professions described previously in combination with more specific search terms identified for the first and the second literature reviews.

For the review of European CPD initiatives, a number of stakeholder consultations were conducted with individuals engaged in CPD and LLL at European level, identified by the consortium partners and in collaboration with the European Commission. These helped clarify a number of points and were used to gain a better understanding of the interrelationships between existing EU instruments and initiatives and CPD, given the scarcity of literature in this area. The consultations took the form of face-to-face conversations, telephone and e-mail conversations about relevant CPD developments and mechanisms. They varied greatly in length and scope depending on the stakeholder's perspective.

In addition, the views of the members of the study's Expert Reference Network were sought throughout the different stages of the study. Their input took the form of e-mail comments and track changes, as well as verbal advice provided via telephone and in face-to-face conversations. They served to substantiate the outcomes of the inventory and to fill any knowledge gaps.

The full text of the literature review and research on European initiatives on CPD and LLL can be found in Annexes IIIa and IIIb respectively.

SUMMARY OF FINDINGS OF LITERATURE REVIEW ON CDP AND LLL FOR HEALTH PROFESSIONS IN THE EU

The review was guided by four principal research questions:

1. How can CPD be described?
2. What sub-types of CPD can be described?
3. What are the differences between CPD, CE, LLL, mandatory CPD, informal CPD, etc.?
4. What studies exist on CPD systems for healthcare professionals in Europe?

Following this basic structure, the review first examined the term CPD itself and the different elements of the concept, i.e. what has been written about the nature of CPD and what it 'does' in terms of its target areas and objectives. In order to arrive at a common description of CPD for the purposes of the study, this review also compared professional, legal and academic definitions. It then looked at how CPD has been 'categorised' in the literature in terms of formal / informal and mandatory / voluntary CPD activities, teaching methods and modes of delivery, and the type(s) of development individuals pursue by engaging in CPD activities.

The review then investigated how this perception of CPD relates to, and interacts with, other terms which have developed alongside it, including LLL and CE, as well as the profession-specific variants of the latter including CME (Continuous Medical Education) and the corresponding nursing/midwifery/dental/pharmacy terms and analogous expressions deployed in non-English speaking countries. It also looked at the relationship between these terms and notions such as 'fitness to practice' and 'revalidation', linked to the trend towards different systems of streamlined CPD in some European countries, which involves various stages as part of a CPD cycle.

The review proceeded to look at existing studies and research on CPD, and explored how issues such as CPD financing and accreditation are approached in the literature. Finally, the inventory extracted some themes and challenges for future research on CPD. Resulting from this review, a jointly agreed glossary of key terms was devised that, in respecting the existing diversity of CPD-related terminology and conceptualisation, did not seek to 'define' - and thereby 'fix' - CPD and the related concepts, but that served to offer descriptions in line

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with their evolving use in the literature, and to establish a common terminological framework for the ensuing stages of the study.

The findings of the first literature review provided a comprehensive yet incomplete picture of relevant CPD terminologies and discourses in Europe, given that none of the available studies and surveys undertaken by stakeholders of the five sectoral health professions identified by the consortium crossed professional boundaries or covered all the EU-28 and EEA/EFTA countries included under the present study. Besides, they all used different methodologies, displayed a wide divergence in scope and objectives, and pursued different research questions.

Be that as it may, one important finding of this inventory was that, in spite of this diversity and terminological overlap, CPD is a commonly understood term and concept across the five sectoral health professions in Europe, regardless of whether it bears the actual moniker of 'Continuous Professional Development'.

The review also examined the key CPD-CE studies already undertaken across Europe by the five sectoral professions and

Moreover, the review concluded that a number of observations can be made based on how CPD is described and discussed in the available literature:

- There is considerable variance in CPD across EU/EEA/EFTA countries and across the sectoral health professions, with mandatory and voluntary systems, and formal and informal delivery of CPD, sometimes existing side-by-side depending on country and profession;
- The majority of articles and studies on CPD fall into the realm of 'CME-CPD', hence available research shows a bias towards physician-centric and English-language material;
- Using CPD and related terms synonymously can obscure their precise meaning, methods and reception;
- The studies conducted in the sectoral health professions reveal a trend towards increased 'mandatory' CPD although there are significant differences between, for example, doctors, nurses and midwives, the latter being particularly likely to follow informal modes of learning alongside formal channels;
- In line with the notion of maintenance of CPD, concepts such as revalidation, recertification, fitness to practice, etc. are being increasingly discussed given the importance of safeguarding patient safety and quality of care in an increasingly cross-border healthcare context;
- Accreditation systems are diverse, reflect different health systems and professional and educational cultures and values, and are managed by different bodies across the EU; and
- There is a relative dearth of evidence of the impact of CPD on patient safety and care outcomes, and on clinical and professional practice.

The literature also suggested that the increased alignment of CPD is more contested in some European countries (e.g. France, Germany, Spain) given the existence of other terms and concepts used in the national and regional contexts of these countries, but also due to different professional self-understandings of health professionals' roles and responsibilities, the nature of the health system and concerns as to over-bureaucratisation of CPD.

Finally, the review revealed that further exploration of the links between assessing learning and practice outcomes and existing qualifications and/or competency frameworks in the health professions could be helpful, coupled with sharing 'best practices' in the delivery of CPD across health professions and countries. The importance of inter-and intra-professional CPD was also highlighted as helpful in ensuring patient safety in increasingly complex health environments.

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SUMMARY OF FINDINGS ON RESEARCH ON EUROPEAN INITIATIVES ON CPD AND LLL

A second literature review (see Annex IIIb) was carried out in the framework of the research into European-level CPD initiatives and looked more closely at European initiatives on CPD and LLL led by both the European Institutions and by other actors with a Europe-wide reach. In particular, it looked at how relevant initiatives in the areas of education, mobility and employment might provide clues for the future development of CPD as an approach to LLL. This review was steered by the following questions:

1. What initiatives on CPD and LLL are carried out at the EU level?
2. What initiatives on CPD and LLL exist at European level outside the EU context?
3. What aspects of CPD and LLL are addressed by these initiatives (e.g. relating to accreditation, transparency, quality, transferability)?
4. How do these initiatives come into being (motivation, actors involved, process)?
5. How do these initiatives relate to national systems?

The second inventory thus involved taking stock of tools developed by the EU to facilitate cross-border mobility in all areas of education and analysing whether, and if yes, how these instruments – including, *inter alia*, the European Credit System for Vocational Education and Training (ECVET), the European Qualifications Framework for LLL (EQF) and the European Credit Transfer and Accumulation System (ECTS) – are being put to use in the context of the sectoral health professions but also in other professional areas, e.g. the nuclear sector and engineering. It also examined relevant projects under the EU programme Leonardo da Vinci which enable learning mobility and integration of EU approaches into national tools and quality frameworks) to see whether these examples are transferable and indicative for future EU action in the area of CPD. In addition, it revisited the main findings of the European surveys undertaken by stakeholders in the sectoral health professions, and it looked at European accreditation systems such as those managed by the UEMS EACCME® for medical specialties, as well as CPD initiatives by other professions including non-health sectors such as engineering. Finally, it also included the perspective of other CPD actors including the social partners, industry providers of CPD and other international stakeholders actively involved in developing and moving forward CPD.

The second literature review's principal finding confirmed the existence of a wide range of European initiatives of interest in the CPD / LLL context, both within and outside of the health professions. These have emerged primarily in the education-mobility-employment nexus given the close link between these policy areas in the context of pursuing Europe 2020 strategy goals and ensuring the effectiveness and success of the Single Market. While EU-led initiatives and projects tend to build on one another and evolve in line with changing LLL priorities of the EU Member States' education policies, they have also stimulated activity by actors external to the European Institutions both in a coordinated and in an ad hoc fashion. Overall, the literature revealed an increased focus on the recording of skills, knowledge and competences acquired by learners across the five health professions, and reflection about these (e.g. in portfolios and as part of the CPD cycle) to facilitate cross-border mobility. This is regardless of whether learning takes place in formal or informal CPD settings.

Moreover, the available studies discuss whether instruments such as ECVET, which focus on and promote describing learning outcomes, provide a potentially useful framework that can be transferred to many different professional areas and potentially also stimulate similar developments in CPD, especially given the first literature review's finding that CPD approaches vary according to national and professional context. By underlining the importance of learning outcomes rather than only formal qualifications, the EU wishes to enable the mobility of various categories of learners beyond the highly educated. Tools like Europass Mobility, which records skills and competences acquired formally and informally during periods of mobility, might be applicable to the CPD context where discussions about validating knowledge derived from self-directed learning is ongoing and new delivery modes (eLearning, blended learning, etc.) are gaining in popularity.

The available literature also suggests that qualifications frameworks are educational tools increasingly developed and implemented by countries worldwide. The increased comprehensiveness and alignment of qualifica-

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tions frameworks demonstrates a desire to increase the understanding and comparability of skills, competences and knowledge acquired in different educational and professional systems and settings. Yet due to a lack of evidence, it is still unclear whether these are useful for ensuring quality assurance, transparency, and mobility. Moreover, there is not always a match between the different descriptors, levels and indicators of European tools and those used at national level.

Nonetheless the literature showed that voluntary, non-legislative initiatives can inspire increased international collaboration and joint initiatives in support of cross-border mobility, assessment of qualifications and labour market access. Given the national and regional competences of the EU-28 Member States and the EEA/EFTA countries in these areas, such cooperation, including sharing good practices, can help build up mutual trust.

Finally, the review on European-level CPD initiatives also comprised a number of consultations with different CPD stakeholders in order to confirm and clarify the literature review's findings, and to provide their expertise on issues and concerns related to its evolving 'internationalisation'. In this context a number of points became apparent, e.g. the concern that CPD could become as beneficial to employers as to individuals. Therefore it is crucial to ensure that employers are aware of their responsibilities pertaining to accessing, financing, and rewarding CPD activities, and to consider how participation in CPD activities can be encouraged in the workplace context.

In addition, while tools such as ECVET and ECTS serve the specific purpose of supporting cross-border mobility of workers and students in a European labour market, the development of similar, sector-based CPD tools could be discussed in order to enhance transparency about skills acquired in different forms of delivery. ECVET and comparable instruments can be seen as templates for encouraging more flexible learning pathways and promoting a new orientation on skills and competences. However the complexity of national health and education systems and of labour markets does not invite easy 'one size fits all' solutions.

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5. CPD SYSTEMS IN EU and EFTA COUNTRIES

5.1 Introduction to mapping survey

Building on the findings of the literature review, the next step of the review and mapping process focused on consolidating the knowledge base relating to the national level situation. To this end a survey was developed which aimed to collect comprehensive data on CPD systems for dentists, doctors, midwives, nurses and pharmacists in the EU and EFTA countries. The content of the survey took into account the findings of the literature review, in particular with regard to the concepts and terminology used to describe CPD and its structures based on the information found in existing research and discussions over CPD. The target audience of the survey were the competent authorities responsible for CPD at national level or/and professional bodies at national level. These were identified through the consortium's networks of members.

The survey, comprising a total of 130 questions, consisted of a general section covering all five health professions and five profession-specific sections with questions pertaining to the specific interests of each profession. The objective of the general section was to identify in full the existing structures of CPD, their creation, governance and enforcement, as well as their relation to the context of legislation, regulations and guidelines which govern professional practice and training. Special attention was given to the relationship between CPD and patient safety, and national standards and guidelines on the quality of care. In addition the accreditation of CPD, validation/approval and revalidation were addressed as applicable

The following research questions guided the development of the first section:

- How can the CPD system be described?
- How are CPD programmes implemented (actors involved, financing, mechanisms for creation and enforcement, governance, accreditation, quality assurance)?
- What are the consequences of compliance/non-compliance with CPD obligations (sanctions, incentives)?
- Is professional practice affected by voluntary CPD activities?
- How voluntary CPD practices are implemented (actors involved, mechanisms for creation and enforcement, governance, accreditation, quality assurance)?
- What are the consequences of compliance/non-compliance with voluntary CPD requirements (sanctions, incentives)?
- What are the inter-relations between mandatory/voluntary CPD systems and legislation, regulation, guidelines or professional standards governing professional practice?

The profession-specific section was used to collect further details about CPD characteristics relevant to each profession, including how patient safety is addressed in CPD.

A draft of the survey was circulated to the Reference Network for comments and revised based on their input. The Reference Network was composed by 10 experts in the area of CPD on health professionals and were consulted when drafting some of the deliverables of the report (including: the survey, as mentioned, the preliminary and the draft final report and the workshop discussion paper) A list with the participants of the Reference Network is included in annex II. The consolidated survey was disseminated to the contact points in each country in an online format, as well as in a Word version. The survey was launched on 20 January 2014 with a preliminary deadline of 18 February 2014, complemented by a period of 2 more weeks to target individual respondents, with the aim of receiving one response per profession per country. For cases in which more than one response was received, the responses were consolidated into one country profile. A full version of the survey is included in Annex III. An overview of respondees is included in Annex V.

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The data thus received were processed in a) a horizontal analysis of all responses received, with a view to identifying similarities and differences and b) an individual professions analysis completed with c) country profiles, comprising a detailed description of the CPD system for each profession. Member States, represented in the European Commission working group on EU health workforce², were also given the opportunity of providing comments as regards the country profiles. Belgium, Cyprus, Czech Republic, Finland, Germany, Hungary, Latvia, , The Netherlands Poland, Slovakia, Slovenia, Spain and UK provide comments at least in one of the five professions analysed in the survey. The country profiles are included in Section 6 of this report.

The horizontal analysis focused on the identification of the current state of both mandatory and voluntary CPD, actors involved, mechanisms for creation (including accreditation, validation and revalidation of programmes) and enforcement, financing, governance of CPD structures, legal and professional implications of compliance and non-compliance, relation to performance of health professionals and professional standards. It furthermore illustrates reported barriers to CPD and describes reported trends in CPD as regards structures and content. The current section of the report (Section 3 CPD systems in EU/EFTA countries) covers the horizontal analysis.

To inform the interpretation of the analysis of responses, it is necessary to take into account the following remarks:

- In the description of key terms derived on the basis of the literature review's findings for the purposes of this study, continuing or continuous education in a specific profession, e.g. continuous medical education, is understood as an element of CPD. While the description of key terms was included and referenced in the survey, the responses showed that in many national systems, there is a clear differentiation between continuous education and 'other CPD', the latter not being directly related to the technical skills of that specific profession. Since this study does not make this differentiation, some systems described may in fact relate entirely to continuing education, e.g. for doctors in Croatia.
- The chapter analysis covers all countries of the study except Malta for nurses (no information was provided).
- From the results of the survey it is possible to identify several models of CPD for health professions, both mandatory, voluntary and no formal CPD:
 1. CPD is mandatory for all professionals practising in a country on the grounds of pre-defined requirements set by a competent authority and sometimes linked to a periodic review of professional registration or licence (renewal, re-registration, re-licensing). For the purposes of this study the definition of mandatory CPD does not encompass cases where the CPD requirement is established by another body, for instance a professional association (when membership in the professional association is not mandatory for all professionals) or an employer. This is the most common situation for most health professions in most countries surveyed.
 2. A voluntary CPD framework is in place, not necessarily linked to pre-defined requirements set by a competent authority and in particular not related to a periodic review of professional registration or licence (renewal, re-registration, re-licensing). For the purposes of this study, the definition of voluntary CPD includes cases where CPD is de-facto mandatory for a part of the profession (members of a professional association, professionals working within the statutory health system or other employer-related requirements) regardless of whether there are professional guidelines in place for the profession in question. A voluntary CPD framework may in addition co-exist with a mandatory CPD system.
 3. No formal CPD structures exist and participation in CPD activities is left up to the individual professional. This is the least common situation recorded.

² http://ec.europa.eu/health/workforce/policy/index_en.htm

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5.2 Registration of health professionals

To determine the extent of correlation between mandatory CPD and review of professional registration or licence, a number of questions about registration and licensing were asked. More than 95 percent of respondents confirmed that practice of the health profession was subject to a licence from, or registration with, a national or regional health authority

Looking at individual professions, dentists, midwives and doctors are subject to mandatory registration in all EU Member States and EFTA countries. The number of countries where registration is required varies for other professions as described in the table below (Table 1).

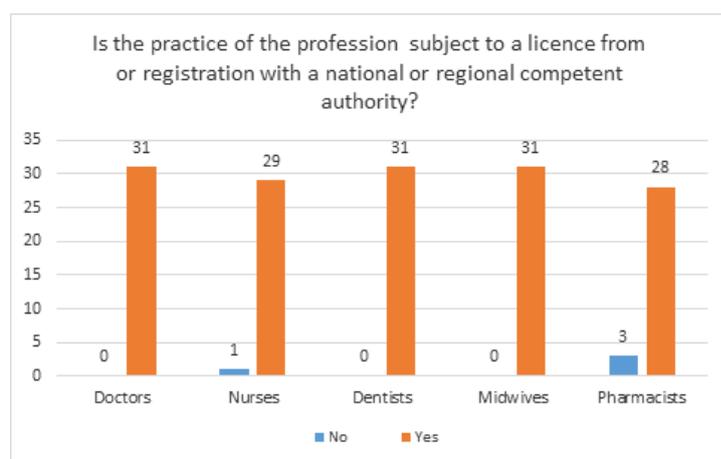


Table 1: Individual health professions subject to registration/licensing

All but four countries maintain a registration/licensing requirement for all five professions (Table 2). The exceptions are Austria (nurses), Denmark, Estonia and Slovenia (pharmacists). [The data for nurses in Malta is not available]

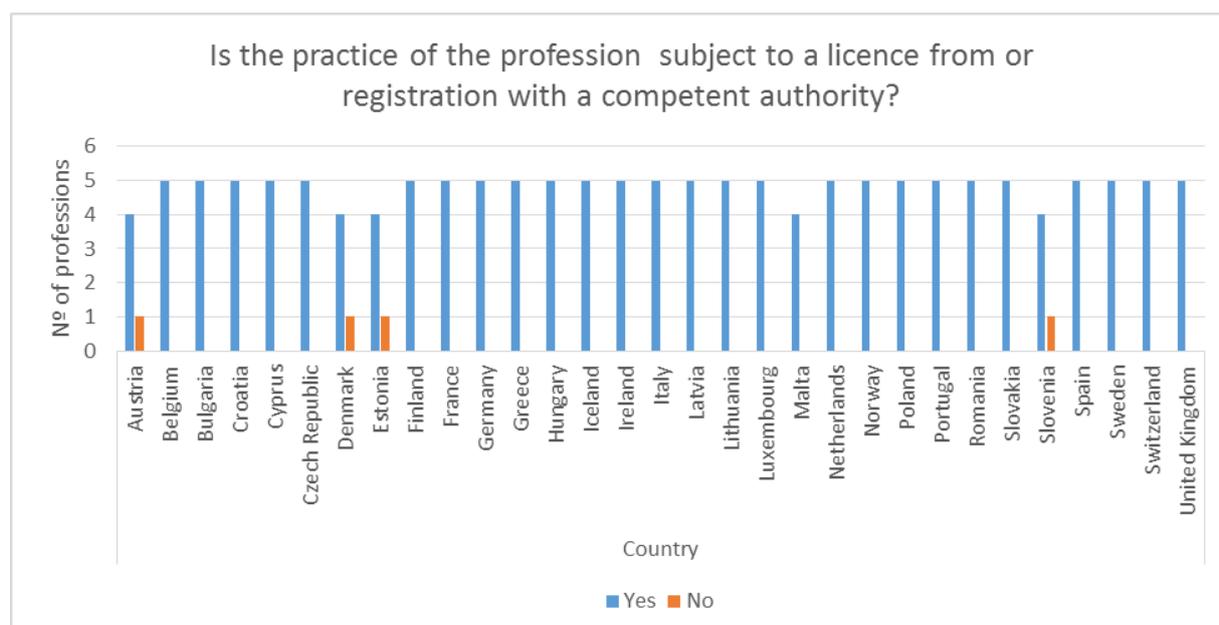


Table 2: Registration/licensing requirements per country

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In conclusion, a large majority of EU Member States and EFTA countries maintain a registration or licensing requirement for doctors, dentists, nurses, midwives and pharmacists. All countries surveyed require at least doctors and dentists to register before they are allowed to practise.

5.3 Mandatory CPD systems

Mandatory CPD is the most common model for the majority of professions in the majority of EU/EFTA countries.

CPD is mandatory in 21 out of 31 countries for nurses and in 20 out of 31 countries for doctors, midwives, dentists and pharmacists. See Table 3 and chapter 3.7 maps on CPD structure by profession (Map 1 nurses, Map 2 midwives, Map 3 dentists, Map 4 pharmacists and Map 5 doctors).

While there are no major differences among professions, there is considerable variation among countries surveyed. CPD is mandatory for all five professions surveyed in 13 out of 31 countries: Austria, Croatia, Czech Republic, Finland, France, Hungary, Italy, Latvia, Lithuania, Romania, Slovakia, Slovenia and the United Kingdom. In only 3 countries, Denmark, Estonia and Sweden, there is no mandatory CPD requirement for any of the five professions and in the rest of the EU/EFTA countries, CPD is mandatory for at least one of the professions.

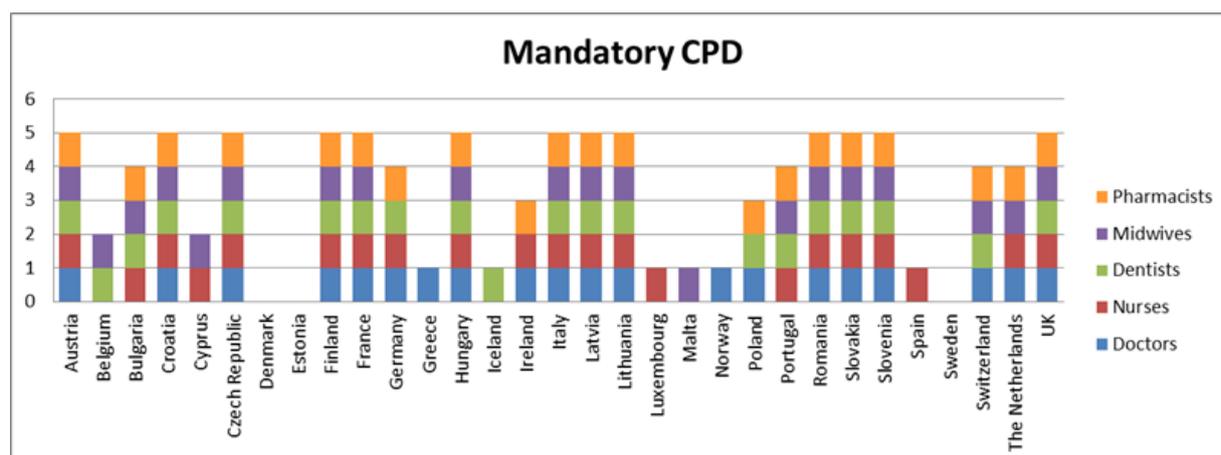


Table 3: Mandatory CPD per country³

Mandatory CPD is usually based on national law for all professions. Less often it is based on regulation by a professional body or decree or governmental regulation.

As regards to **doctors**, CPD is based on national law in: Austria, Croatia, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Norway (primary care specialists), Poland, Romania, Slovakia and Slovenia. It is part of the professional body's code in the Netherlands and UK, in both (law and code) in: Austria, Cyprus, Czech Republic, France, Germany, Italy, Latvia, Poland, Romania, Slovakia and Slovenia, and in decree/governmental regulation in: France, Greece, Hungary, Norway (primary care specialists).

In the case of **nurses**, CPD is based on national law in Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Finland, France, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Romania, Slovakia, Portugal, Slovenia, and

³ For doctors in Norway, CPD is mandatory only for general practitioners, for all other specialties CPD is voluntary. For nurses in Germany, CPD is mandatory in Bremen, Hamburg, Saarland and Saxony.

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Spain. In Bulgaria, Cyprus, and Spain, the requirements are also included in the code of the professional body. Only by regulatory body: Germany (Bremen, Hamburg, Saarland and Saxony) and UK.

In the case of **dentists**, CPD is based on national law in Austria, Belgium, Bulgaria, Czech Republic, Finland (government regulation), France, Germany (social code), Hungary (regulation), Italy, Latvia, Lithuania, Poland, Portugal, Slovakia, Slovenia, Switzerland and the UK. CPD is based on regulation by a professional body in Bulgaria, Croatia, Germany, Iceland, Latvia, Lithuania, Poland, Portugal, Romania, and Switzerland.

In the case of **midwives**, CPD is based on national law in Belgium, Czech Republic, Finland, Hungary and Slovakia, by professional code in Croatia, Portugal, by law and code in: Austria, Bulgaria, Cyprus, France, Romania, Switzerland, The Netherlands and UK, and by law and decree in: Cyprus, Italy, Latvia, Malta and Slovenia (decree only).

In the case of **pharmacists**, CPD is based on national law in Austria, Bulgaria, Cyprus, Czech Republic, Finland, France, Germany Italy, Lithuania, Malta, Romania, Slovakia, Slovenia, Spain, Switzerland and The Netherlands. CPD is based on regulation by a professional body in Belgium, Bulgaria, Finland, Italy, Latvia, Norway, Portugal, Switzerland and The Netherlands and in decree/governmental regulation in Belgium, France, Hungary, Ireland, Latvia, Poland, Portugal, Switzerland, The Netherlands and UK.

Often, more than one document establishes the CPD requirement; for instance, a law might state that CPD is mandatory and a professional body's regulation might define the exact requirements in terms of duration and content. There are no significant differences between professions on this issue although for pharmacists, decrees and governmental regulations were more often reported to be the source than regulations by professional bodies and for midwives both were quoted as sources with the same frequency.

Mandatory CPD requirements can be formulated in terms of duration or content or a combination of both; in most cases only duration is specified. Generally, one credit is equivalent to one hour of CPD activity. However it should be noted that neither the national-level measure of credits or hours is harmonised across Europe, therefore comparisons are qualified to that extent. A minimum number of credits under a national system is most often used (56 percent of all respondents and ranked as the most frequent system among replies for doctors, dentists and pharmacists), followed by a minimum number of hours (40 percent of respondents and ranked first for nurses and midwives). Learning outcomes, minimum number of CPD activities and minimum number of credits under a European system are used only rarely (Table 4).

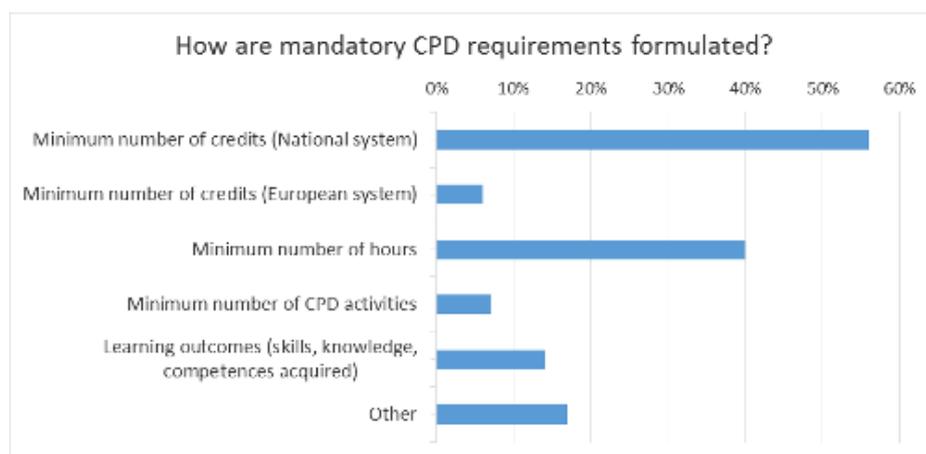


Table 4: Formulation of mandatory CPD requirements (multiple responses possible)

The required duration of mandatory CPD varies between 20 and 100 credits/hours per year for doctors, between 10 and 100 credits/hours per year for dentists, between 4 and 60 credits/hours per year for nurses, between 4 and 80 credits/hours per year for midwives and between 3 and 50 credits/hours per year for phar-

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macists. Duration is often defined over a longer period, sometimes coinciding with the period of review of professional registration and ranges between 1 year and 10 years.

CPD requirements sometimes differ for professionals depending on their employment history. For instance, in Lithuania a nurse who has not worked in nursing practice for more than 3 years out of the past 5 years is obliged to undertake an additional 100 hours of CPD over a 5 year period (on top of the minimum requirement of 60 hours every 5 years). In France the duration of mandatory CPD for doctors is formulated as a minimum number of CPD activities and is agreed for each medical specialty. In Norway, CPD is mandatory only for primary care specialists while it is voluntary for all other medical specialists.

CPD requirements might also include an obligation for a professional to practise his or her profession; this is usually the case when mandatory CPD is taken into account in the review of the professional registration or licence. Examples include nurses and midwives in the Netherlands having to complete 2080 working hours of clinical practice over a 5 year period, dentists in Slovakia having to earn at least 100 credits for practising as a dentist over a 5 year period and pharmacists in Portugal obtaining 10 CPD credits per year (out of 15) by providing proof of professional practice. Information about required content of mandatory CPD is provided under the section 'Content of CPD'.

5.4 Enforcement of mandatory CPD

While mandatory CPD for health professions seems to be firmly established across the EU and EFTA countries, enforcement of compliance and use of sanctions appear to be less frequent.

Respondents who indicated that they were subject to a mandatory CPD requirement were asked if their professional registration or licence to practice were also subject to review. More than half answered yes.

The study does not describe national systems where a professional's registration or licence to practice is subject to review. However professions were asked to report cases where compliance with mandatory CPD requirements were taken into account for this review.

In 17 countries, at least one profession reports a link between CPD and the review of the licence to practice or registration. All professions in five countries (Croatia, Hungary, Latvia, Lithuania, and Romania) report that CPD requirements are taken into account to review the licences.

While CPD is shown to play a role, revalidation processes are not limited to CPD compliance alone and must therefore be understood as interacting only marginally with CPD systems in most countries. Table 5 shows the countries and professions where CPD is linked to licence review. The CPD of doctors, nurses, dentists, midwives and pharmacists are linked to licence review in Latvia, Lithuania and Romania. However it is important to notice that revalidation or relicencing processes are often complex and include many other factors than CPD, such as, the analysis of routines performed on a daily basis during a period of time or peer review by other colleagues on the applicant's performance.

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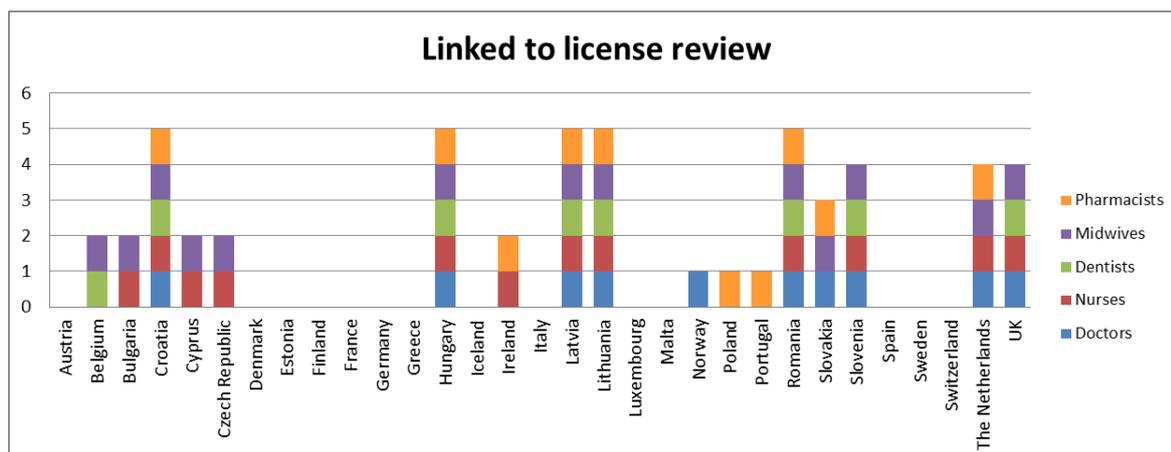


Table 5: Review of registration/licence by profession and by country

In those countries where there is a mandatory CPD system for the profession in question and the professional registration is subject to review, mandatory CPD requirements are taken into account in the review process. This is indicated by all replies from doctors, dentists, midwives, pharmacists, and nurses.

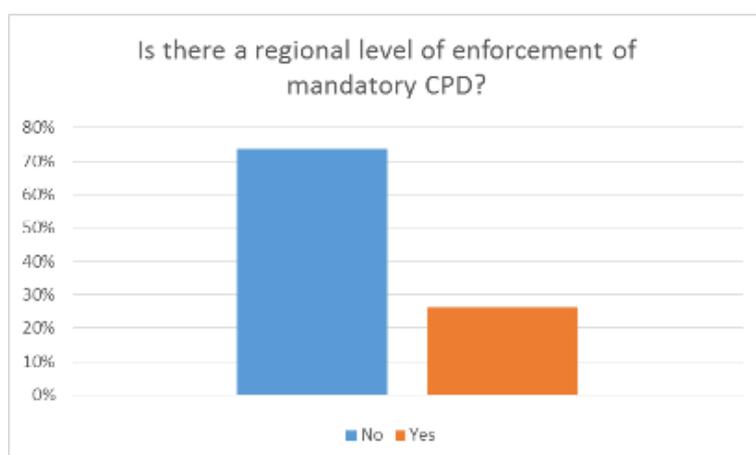


Table 6: Level of enforcement of mandatory CPD

A professional's compliance with a mandatory CPD requirement is most often enforced at a national level and only rarely at a regional level (Table 6 and 7). CPD is enforced at regional level particularly in Germany, Romania and Bulgaria. However it is important to note that the survey did not distinguish whether there was a separate regional system in a federal country with further powers to the national one.

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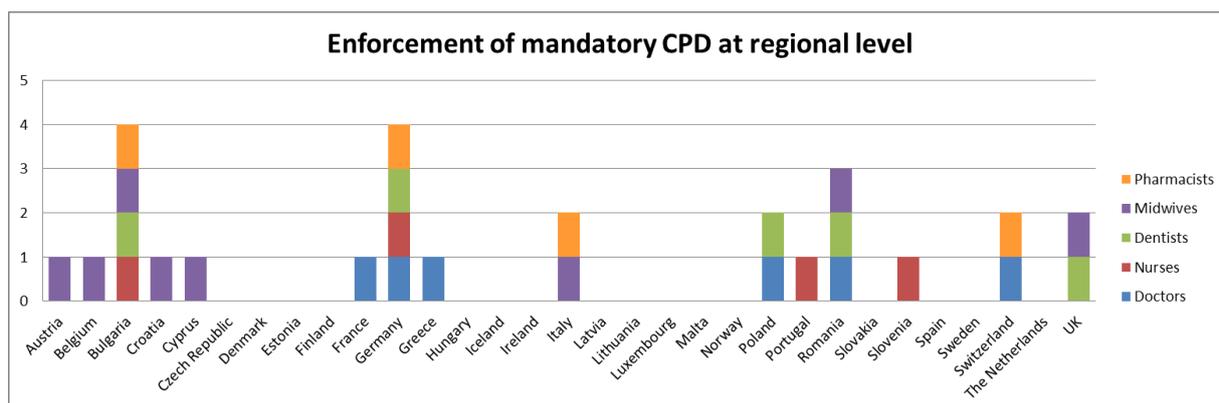


Table 7: Level of enforcement of mandatory CPD at regional level

The **monitoring of professionals' compliance with CPD** is also subject to different approaches. Professional bodies with regulatory competence are most likely to monitor compliance with a mandatory CPD requirement overall, followed by professional associations and Ministries of Health (Table 8). Employers and public agencies also sometimes perform this function. It should be noted that monitoring of compliance is often a shared competence and that several bodies might be involved at different levels. This information is also developed by profession in Chapter 9: Comparison on CPD by profession.

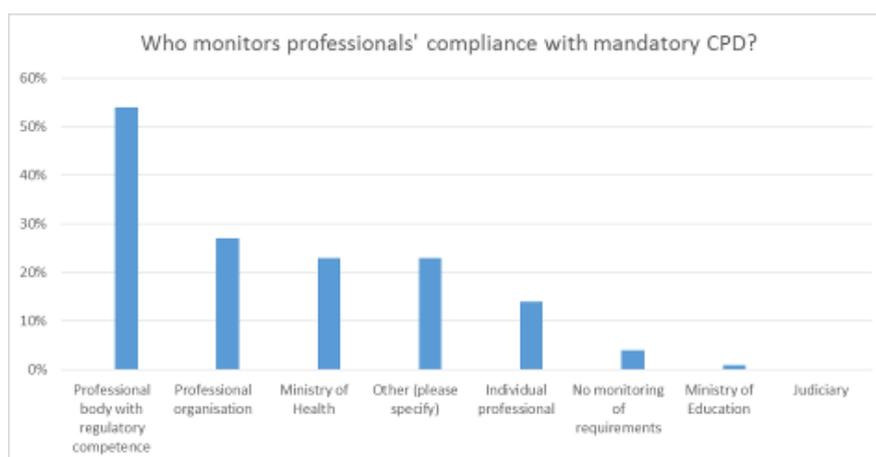


Table 8: Bodies monitoring compliance with mandatory CPD (multiple responses possible)

A professional who fails to comply with a mandatory CPD requirement is most likely to face a temporary suspension of their licence to practise, followed by a reprimand by a professional body and immediate loss of licence (Table 9). 21 percent of respondents indicated there are no consequences of not complying with a CPD requirement. In addition, 42 percent mentioned different consequences under "other", those include:

For **doctors** the reduction of remuneration in Switzerland and loss of the right to apply specialist fees for primary care specialists in Norway and the application of a period of limitations to practice, e.g. under supervision of a licenced professional for doctors in Latvia.

In the case of **nurses**, in Slovakia other consequences include an evaluation period where the nurse has to complete the missing credits. If after one year this is not done there is a financial penalty. In Hungary other consequences include a supervision period until credits are achieved.

In the case of **dentists** other consequences include: in Portugal, possible disciplinary procedures when malpractice due to inadequate knowledge is verified; in Germany, a reprimand and gradual reduction of income from the statutory health insurance system up to loss of access to the statutory health insurance system; in Finland, a notification to Valvira (national Supervisory Authority for Welfare and Health); in Switzerland a re-

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duction of what they can charge for insurance patients; in Latvia, negative consequences in the relationship with a potential employer, temporary suspension and loss of licence; in Croatia; an obligation to take the exam for purpose of renewing the licence. in Slovenia, dentists who do not fulfil the requirements are notified 6 months prior to licence expiration. They are asked to provide proof of additional CPD activity. If they fail to do that they are given an option of taking an exam. If they fail their licence is revoked.

In the case of **midwives** the most common one mentioned in other consequences category is not been able to gain employment; Croatian midwives need to re-sit an exam, in Belgium they have 1 year to fulfil requirement; in Slovakia they may face a suspension with six months to fulfil the requirements; in Slovenia they are given an option to take an exam; in Malta non-compliance is linked to career progression; in UK midwives lose right to practice.

In the case of **pharmacists** other consequences include; in Lithuania the licence is withdrawn and in order to renew it, one has to face a revalidation commission; in Poland pharmacists not fulfilling CPD requirements can't be a provider of the pharmacy; In Switzerland it will depend on cantonal laws. In Italy, pharmacists may face disciplinary sanctions; In France any pharmacist who does not comply with CPD requirements is asked for the reason to this behaviour; the Chamber appreciates the need for an individualised annual programme which is notified to the concerned party. If the programme is not carried out, it can be held as a case of professional incompetence; In Latvia, pharmacists may face limited practice under supervision of a licenced professional

Moreover no consequence of non-compliance was reported by several respondents:

As regards, **doctors** they face no consequences for non-compliance with mandatory CPD in the Czech Republic. (In Italy sanctions can only be enforced once the provision of training is sufficient for all health professionals).

In the case of **nurses** “no consequence” was reported in Austria, France, Germany⁴, Italy, Luxembourg, Romania, Slovenia and Spain.

In the case of **dentists**, four countries reported no immediate consequences of non-compliance. For the Czech Republic, “no immediate consequences” was only one of the multiple responses provided by the respondent. Others included fines, followed by loss of licence to practice if the requirement is not fulfilled within certain time. Italy also reported no immediate consequences; they noted that theoretically a reprimand could be issued but there are no specific rules on this. In Poland, no direct sanctions are imposed but failure to comply with mandatory CPD is recorded in the register and might result in disciplinary sanctions (warning, reprimand, fine or suspension). Finally, Bulgaria reported no immediate consequences to non-compliance.

In the case of **midwives** no consequence of non-compliance was reported in Finland, France, Portugal and Switzerland.

In the case of **pharmacists** no consequence of non-compliance was reported in Austria, Czech Republic, Poland and Portugal.

⁴ In Bremen, Hamburg, Saarland and Saxony.

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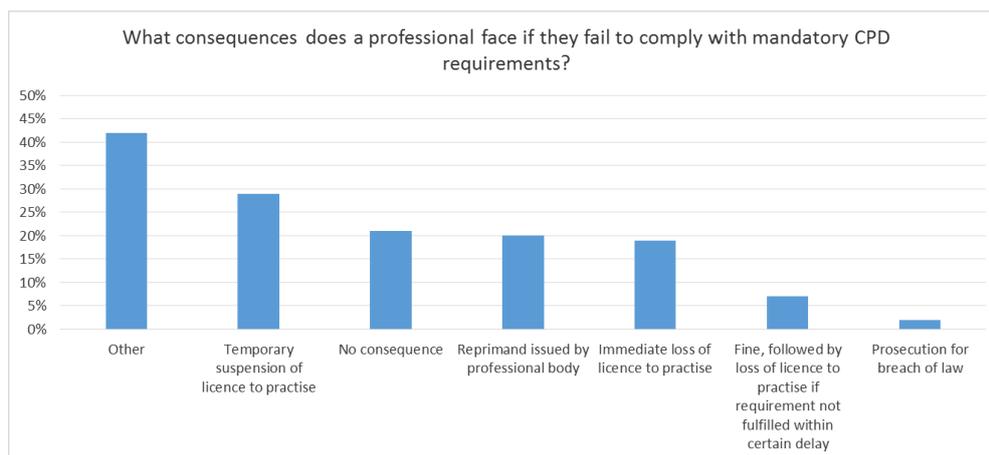


Table 9: Consequences of not complying with mandatory CPD (multiple responses possible)

5.5 Voluntary CPD frameworks

In addition to mandatory CPD systems, more than half of all respondents indicated that a national voluntary CPD framework exists for their profession. Voluntary CPD frameworks seem to be most common for dentists (71 percent of replies), followed by doctors (approx. 60 percent), midwives (55 percent), nurses (40 percent) and pharmacists (35 percent). In some cases CPD under a voluntary framework might in fact be mandatory for a large proportion of health professionals. For instance, Norwegian and Danish Dental Associations have established mandatory CPD requirements for their members and these apply to a large majority of dentists in these countries (90 percent of Norwegian and 81 percent of Danish dentists hold membership in the national dental association). Additionally, CPD might be made obligatory by the employer as is the case for some midwives in Ireland. Given the numerous cases of co-habitation of mandatory and voluntary CPD systems, it is useful to view them in conjunction. See chapter 3.7 maps on CPD structure by profession (Map 1 nurses, Map 2 midwives, Map 3 dentists, Map 4 pharmacists and Map 5 doctors)).

Voluntary CPD frameworks exist for all five professions in only three countries: Spain, Belgium and Estonia (Table 10). Voluntary CPD frameworks are least common in Italy and Slovakia.

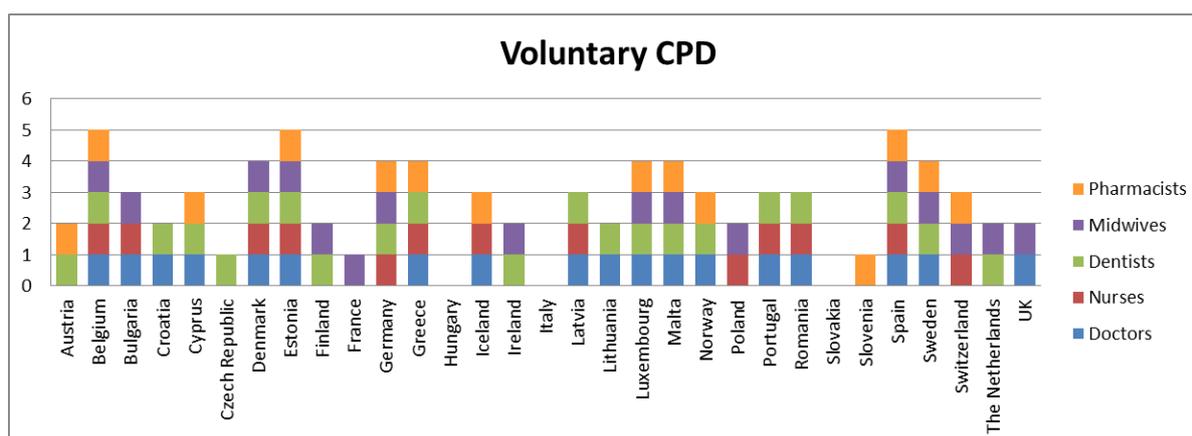


Table 10: Voluntary CPD per country⁵

Voluntary CPD frameworks are most often based on an ethical obligation by the professional to participate in CPD activities (Table 11), as indicated by doctors (65 percent), nurses (67 percent) and dentists (57 percent). This is followed by a code or a regulation by a professional body and by a governmental decree or regulation.

⁵ For doctors in Norway, CPD is mandatory only for general practitioners, for all other specialties CPD is voluntary. For nurses in Germany, CPD is mandatory in Bremen, Hamburg, Saarland and Saxony.

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Interestingly, a law can also be considered to be the basis for voluntary CPD as indicated by 67 percent of nurses and 30 percent of pharmacists. [This information is also developed by profession in Chapter 6: Comparison on CPD by profession.]

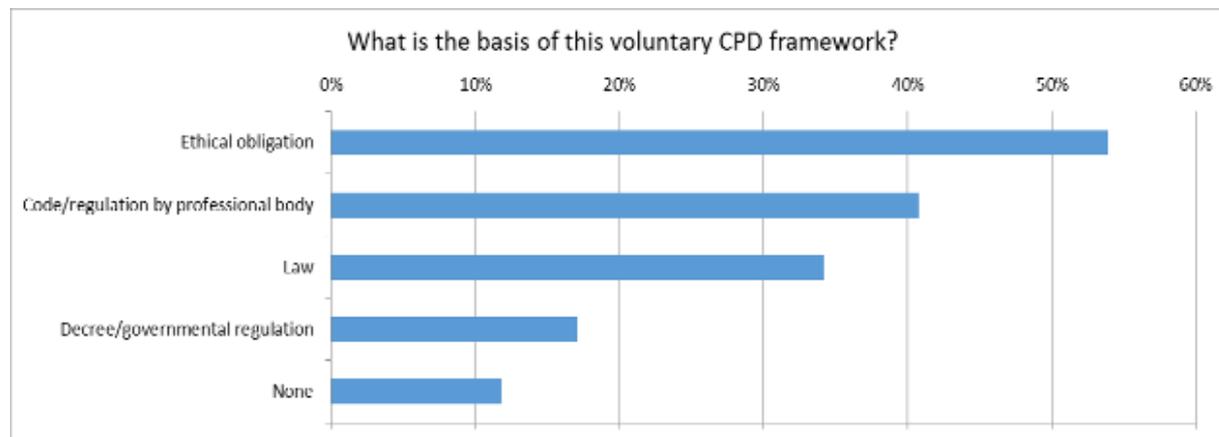


Table 11: Bases of voluntary CPD frameworks (multiple responses possible)

Not surprisingly, voluntary CPD frameworks are less likely to have defined recommendations of duration and content than mandatory CPD systems. When a recommendation is made, it usually refers to the duration and sometimes the content of CPD activities a professional should follow. A minimum number of hours are often recommended for dentists (52 percent of replies), midwives (41 percent) and doctors (35 percent). The number of credits under a national system is used to formulate a recommendation for doctors (53 percent), pharmacists (50 percent) and dentists (38 percent).

Not many respondents reported the recommended duration of voluntary CPD even when it exists. The reports received indicate a wide variation: between 20 credits and 15 days per year for doctors, between 10 and 50 credits/hours per year for dentists, between 20 hours and 10 days per year for nurses, between 20 and 40 credits/hours per year for midwives and 150 points per 3 years for pharmacists (only one response was received). In some cases where a voluntary CPD framework co-exists with a mandatory system, participation in CPD activities might be counted towards fulfilling requirements of both.

As with mandatory CPD requirements, voluntary CPD recommendations sometimes differ within professions based on different criteria. In Denmark, for instance, where dentists are expected to complete 25 hours of CPD per year, this recommendation is reduced to 10 hours per year for new dentists during the first 3 years following graduation.

Fewer than half the countries surveyed provide direct or indirect financial incentives for voluntary CPD. More information on financial incentives could be found in Table 34.

Compliance with voluntary CPD is for all professions most often monitored by a professional body with regulatory competence or a professional organisation, as is the case also with monitoring of mandatory CPD participation. However, a much larger percentage of professionals report that no monitoring of voluntary CPD is necessary or that monitoring is up to the individual professional.

There are usually no direct consequences if a professional does not follow recommendations under a voluntary CPD framework as indicated by 58 percent of respondents for nurses, 65 percent for midwives, 70 percent for pharmacists, 71 percent for dentists and 76 percent for doctors. Reprimand by a professional body is most often used by pharmacists, where this applies in approximately a third of all countries; for the other professions less than 10 percent replied that this was the case. Other consequences might include fewer career progression opportunities (reported by nurses and midwives across a range of countries), lower reimbursement

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rates under a national health system (doctors in Belgium) or eventually being expelled from the professional association (dentists in Denmark). Information about recommended content of voluntary CPD is provided under section 'Content of CPD'.

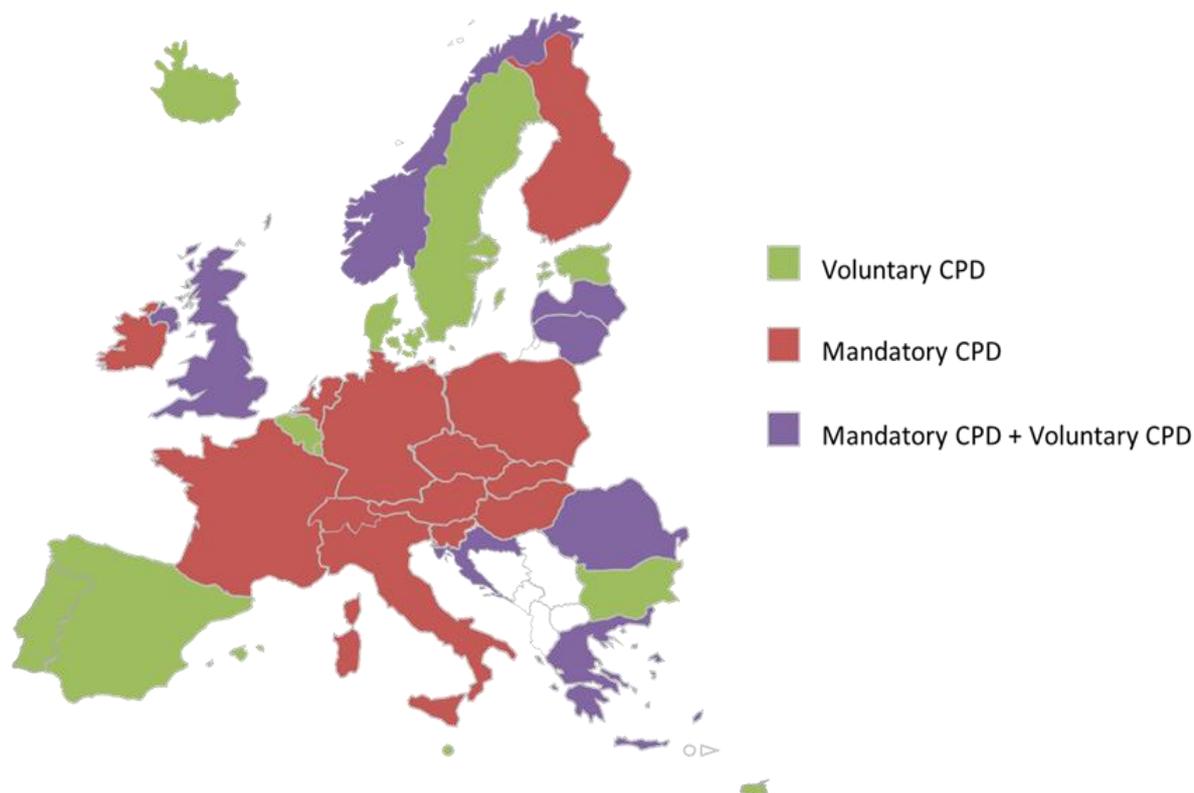
5.6 Absence of formal CPD structures

A small proportion of respondents indicated that neither a mandatory CPD system nor a voluntary CPD framework exist for their profession in their country. This is the case for midwives in Greece, Iceland, and Norway, for nurses in Norway and Sweden and for pharmacists in Denmark.

Where no formal CPD structures exist, participation in CPD activities is generally driven exclusively by the professional ethics and interests of the individual health professional or their employer. This situation is generally not seen as satisfactory by the professionals: nurses and midwives in particular report a lack of harmonisation of CPD practice in terms of content and duration and lack of funding; both depending to a large extent on the individual employer.

5.7 Maps on CPD structure by profession

5.7.1 Doctors⁶



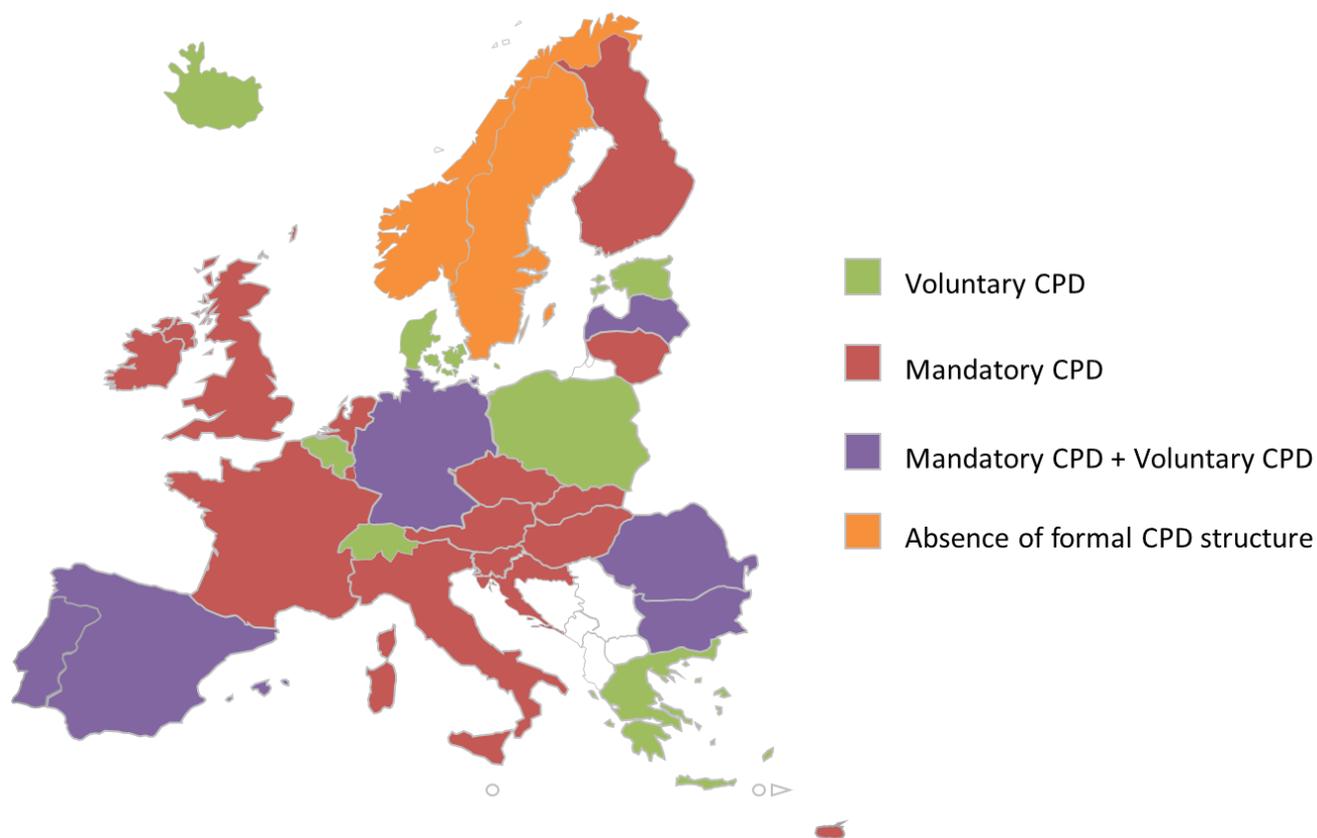
⁶ For doctors in Norway, CPD is mandatory only for general practitioners, for all other specialties CPD is voluntary.

CPD that is **mandatory** for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.

CPD that is **not mandatory** for a professional on the grounds of predefined requirements set by a competent authority (e.g., regulator or professional body) and is in particular not related to relicensure, re-registration or revalidation, regardless of whether or not there are professional guidelines in place for the profession in question. It may encompass both formal and informal CPD activities.

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5.7.2 Nurses⁷



⁷ In Germany, CPD is mandatory in Bremen, Hamburg, Saarland and Saxony.

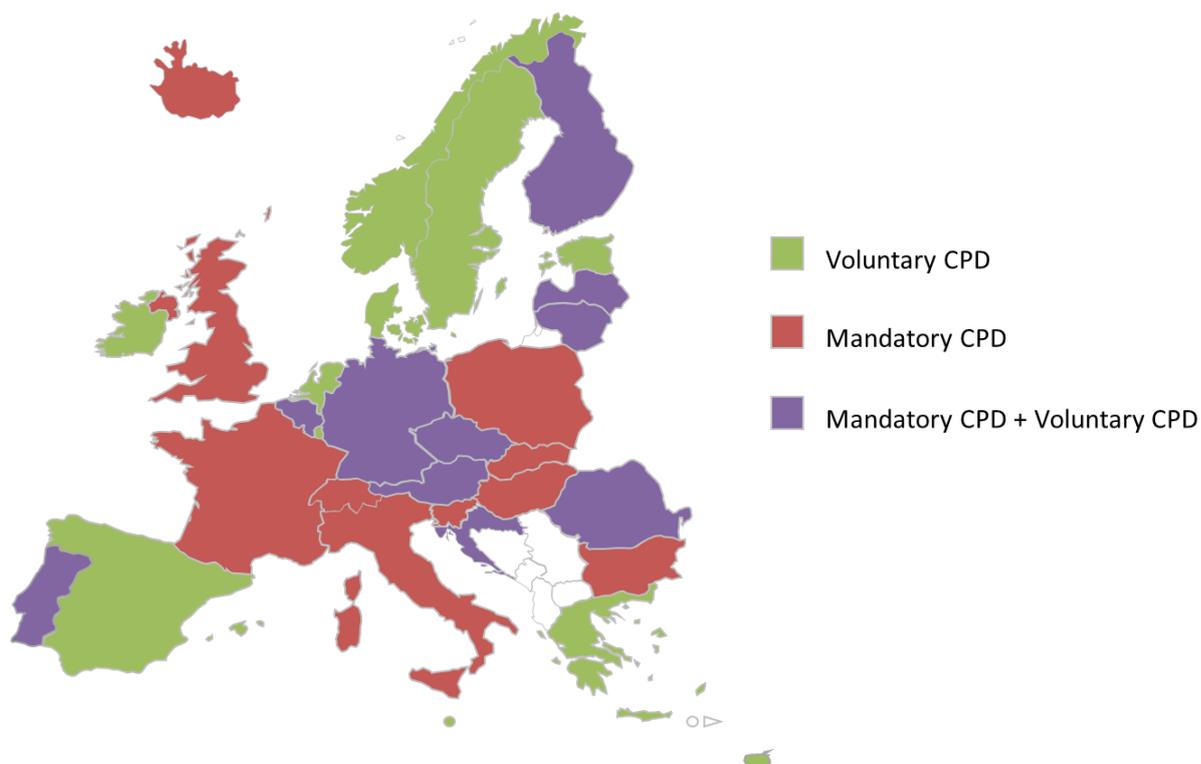
CPD that is **mandatory** for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.

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5.7.3 Dentists⁸



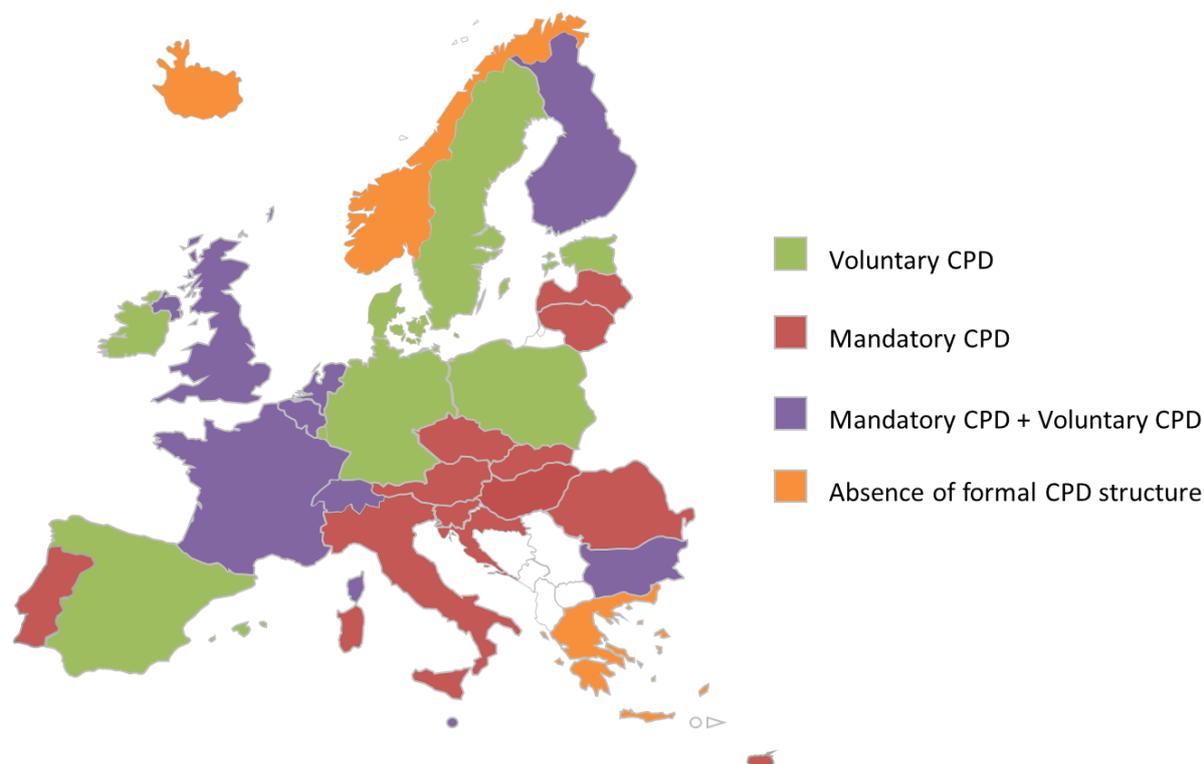
⁸ CPD that is **mandatory** for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.

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5.7.4 Midwives⁹

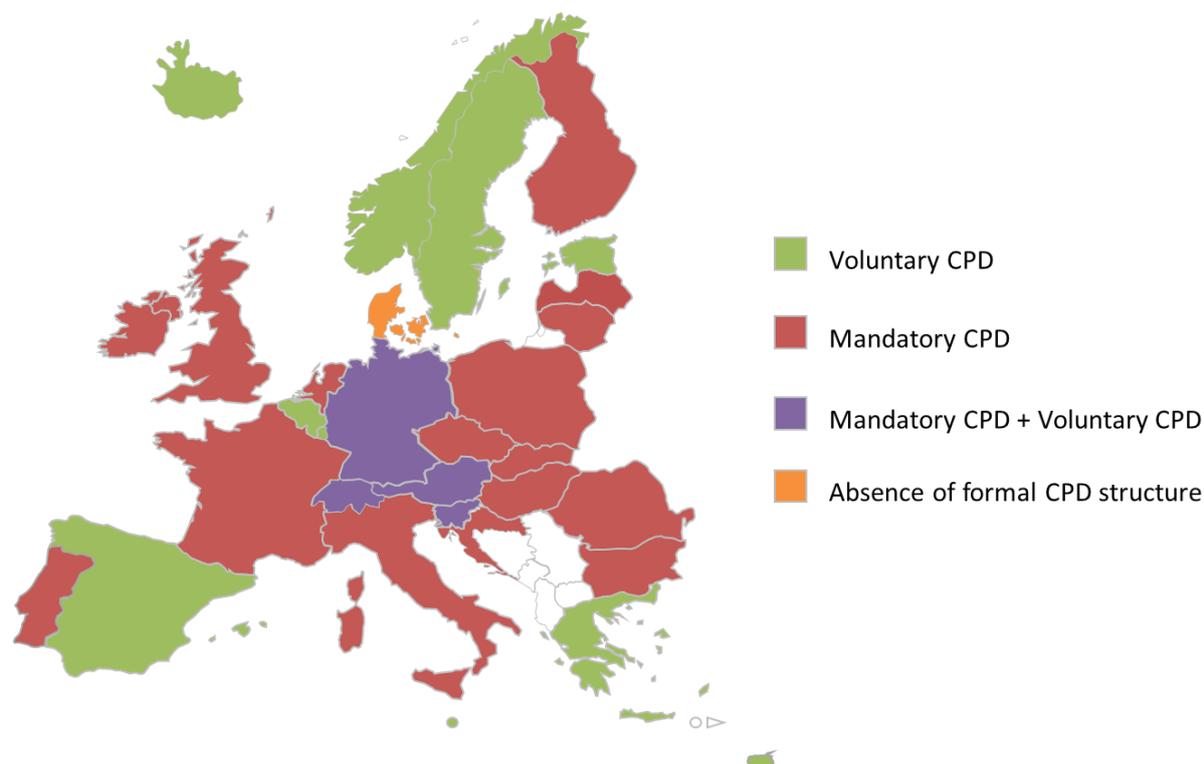


⁹ CPD that is **mandatory** for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.

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5.7.5 Pharmacists¹⁰



¹⁰ CPD that is **mandatory** for a professional, on the grounds of predefined requirements set by a competent authority (e.g. regulator or professional body), sometimes related to relicensure, re-registration or revalidation. Mandatory CPD may require activities to fulfil, e.g., minimum requirements pertaining to the number of study days or credits to be gained in a set time period, the number of study days needed in a set time period, requirements for providing evidence of the CPD activity or other requirements. It may encompass both formal and informal CPD activities.

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5.8 Development of policy on CPD

As already noted, professional organisations and professional bodies are closely involved in CPD, particularly in terms of providing a basis for a mandatory CPD requirement or a voluntary CPD framework in their regulations, or by monitoring compliance and applying sanctions. Not surprisingly, they are also most likely to initiate the development of policy on CPD as indicated by 56 percent of respondents (for professional organisations) and 44 percent of respondents (for professional bodies with regulatory competence, Table 12). Ministries of Health also play an important role as reported by 53 percent of respondents. In addition, national commissions for continuing education and higher education institutions are often involved (reported under “Other” in Table 12).

Responses indicated that EU Policy discussions also seem to have an impact on the development of CPD policy at national level. For example, the Swedish Dental Association speculated that the adoption of the amended Professional Qualifications Directive as well as the decisions in other EU Member States to make CPD mandatory might influence the Swedish authorities to make CPD mandatory for dentists.

It is important to notice that the survey focused on the organism or instance initiating CPD. The survey did not look into how CPD developments took place. Therefore it is not possible to fully describe the process of CPD policy development.

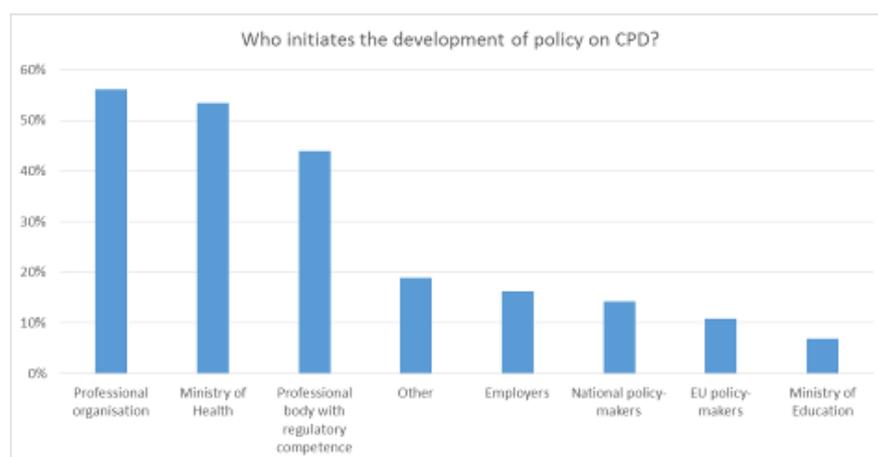


Table 12: Bodies initiating development of policy on CPD (multiple responses possible)

5.9 Providers of CPD activities

Respondents for dentists, nurses and midwives indicated that the professional organisation was the leading provider of CPD activities, regardless of whether it was mandatory or voluntary CPD, closely followed by scientific societies. This was slightly different for doctors, who placed scientific societies before professional organisations, and pharmacists who reported that the private sector was the leading provider for both mandatory and voluntary CPD.

5.10 Content of CPD

As described above, this survey also looked in detail at the content of CPD activities, e.g. prescribed or recommended content and extra-professional activities. These were explored in the profession-specific section of the survey. Some of the questions were shared across all professions, while others are exclusive to one profession. This makes the comparison more complex and some of the findings are reported under the individual professions' sections.

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All the five professions indicated that bodies involved in the development of the content of CPD were comparable to those providing CPD activities, with professional bodies most often having a leading role (Table13).

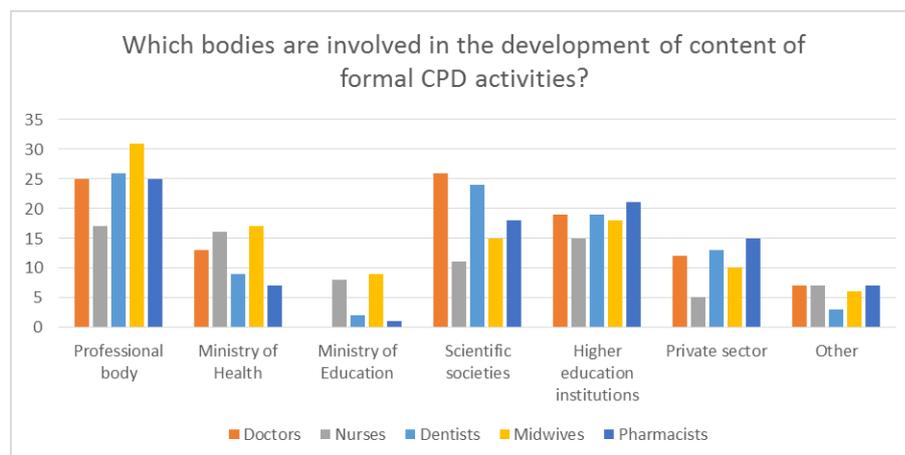


Table 13: Bodies involved in the development of content of CPD activities (multiple responses possible)

Doctors, dentists and pharmacists were more likely than nurses or midwives to rank scientific societies as the bodies most frequently developing CPD. Higher education institutions were reported to be influential for all professions. The private sector also played a prominent role for doctors, dentists and pharmacists.

In some cases, CPD requirements also prescribe certain content to professionals. Across the countries and four professions (doctors, dentists, nurses and midwives) the existence of mandatory content for CPD activities ranged from 36 percent – 53 percent of responses (lowest being for nurses and highest for doctors). Where it was reported that prescribed content exists, for doctors it was most likely to be based on medical speciality (47 percent), while another factor was the grade of the doctor e.g. consultant or trainee. For dentists (52 percent), there was a wide variety reported, with radiation protection (63 percent) cardiopulmonary resuscitation (44 percent), and medical emergencies (38 percent) being mentioned most often as prescribed content. For nurses and midwives, any prescribed content (36 percent for nurses and 44 percent for midwives) was likely to be based on employers' requirements related to the competence in an individual's role.

5.11 Needs assessment

Undertaking CPD activities is not necessarily linked to needs assessment structures or processes neither at individual nor at profession level. Doctors, dentists and pharmacists were consistent in reporting the absence of needs assessments prior to undertaking CPD (from 58 to 70 percent); similarly nurses and midwives reported a lack of needs assessments (46 percent). The countries that followed a process carried it out at both the level of the individual and the profession. It was also acknowledged that employers had a role in setting requirements, which could be regarded as a needs assessment of the workforce.

5.12 Topics offered and new topics

This section was profession-specific. Respondents were provided a list of topics that may be addressed in each country in CPD activities. The number and content of topics offered as response options varied significantly between professions; the lists of possible topics were not intended to be exhaustive, findings are therefore to be qualified to this extent.

Patient safety was one of the topics offered in CPD for doctors, dentists, midwives and nurses. Chapter 4 on "CPD and Patient Safety" includes details on Patient Safety related content for those professions.

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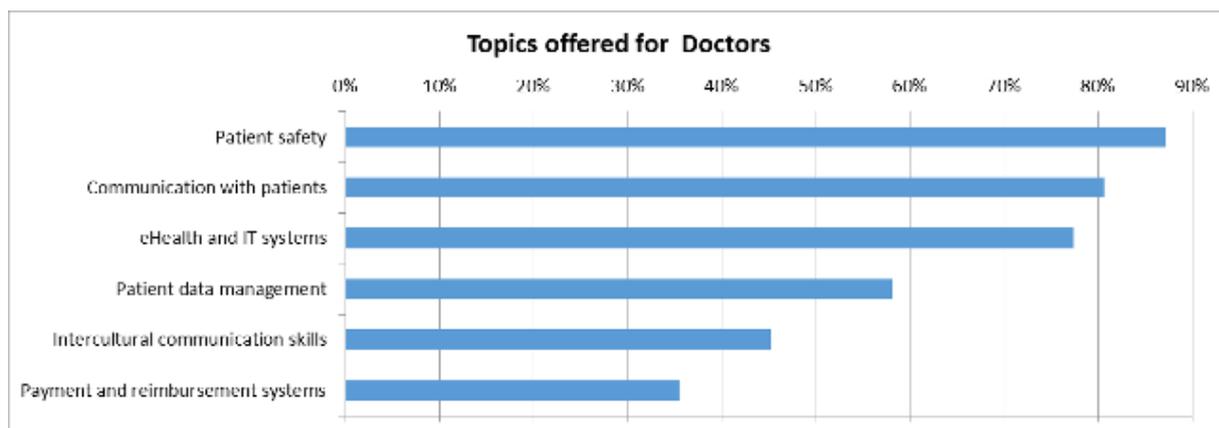


Table 14: Topics of CPD activities for doctors (multiple responses possible)

CPD activities on patient safety, communication with patients, and eHealth and IT systems were confirmed as topics which are frequently addressed in CPD activities across Europe. This was less the case for payment and reimbursement systems (37 percent), and intercultural communication skills (47 percent). As to CPD activities on patient safety, it was reported that one example of activities relates to patient safety in hospital settings. New topics reported showed a wide diversity reflecting trends in different medical specialties or developments in national healthcare.

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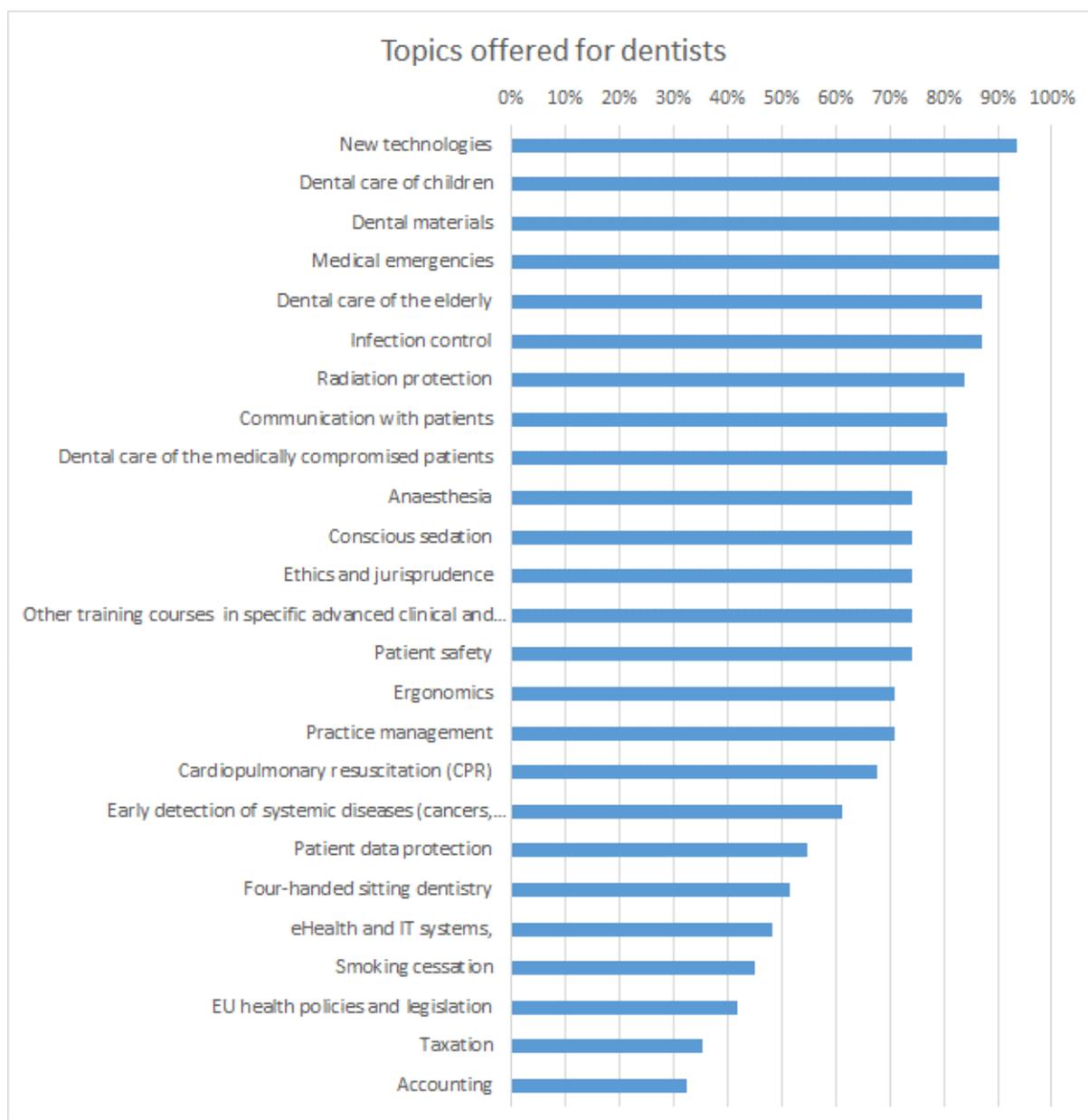


Table 15: Topics of CPD activities for dentists (multiple responses possible)

For dentists, new technologies, dental care of children, dental materials and medical emergencies were among the topics offered in the greatest number of countries (28 or more).

New topics offered to dentists were very diverse and are listed in the individual country profiles. Topics listed most frequently included links between systemic chronic diseases and oral health, including prevention and early detection of oral cancer (mentioned by 8 respondents out of 31); communication with patients and other soft skills (7 respondents); new techniques in dentistry (6 respondents) and implantology (6 respondents).

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Table 16: Topics of CPD activities for nurses (multiple responses possible) – not exhaustive list

For nurses only one of the topics listed was reported as being addressed in CPD activities by less than 50 percent of countries; this was nurse prescribing (4 out of 28 countries). By comparison, looking at the new topics offered, nurse prescribing was mentioned by the same 4 countries (Finland, Norway, Portugal, Spain), which could reflect why it was the least frequently reported new topic for nurses. Otherwise, there was no robust uniformity in new topics offered within CPD and patterns appeared to be country specific. After nursing clinical practice, the most common topic is management, which links to new professional roles (Advanced Nurse Practitioners) in charge of managing chronic conditions. Patient safety and eHealth were also reported as new increasing content by more than one country.

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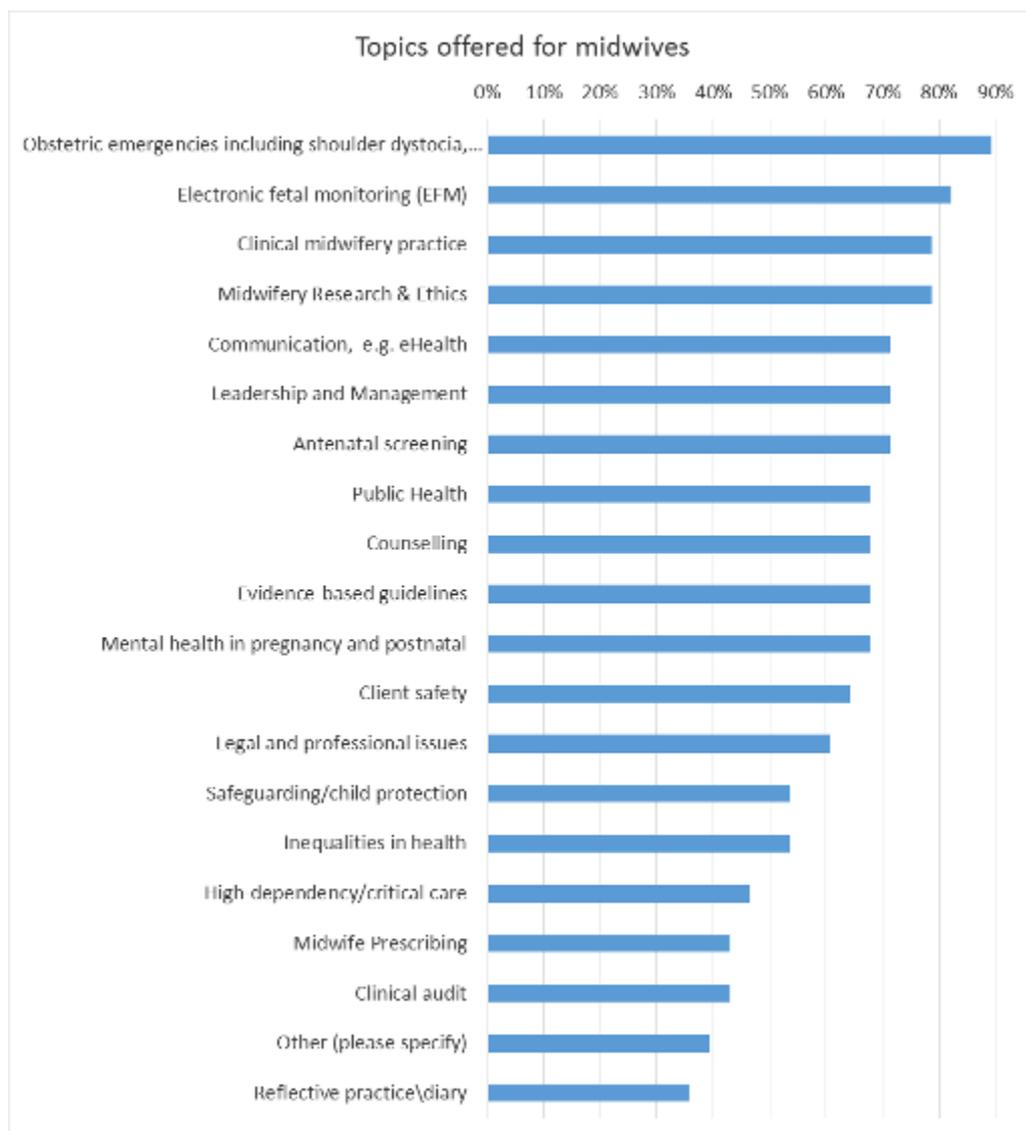


Table 17: Topics of CPD activities for midwives (multiple responses possible)

Midwives, like dentists and pharmacists, had, in their respective section of the survey, a list of topics of potential CPD activities offered (20 including 'other' category).

For midwives, 75 percent of topics were shared in over 50 percent of countries and only Cyprus, Iceland and Luxembourg shared fewer than 5 topics.

There were a number of themes emerging from the new topics offered within CPD. These include normal birth, antenatal care, empowerment and eHealth/eLearning, otherwise, as was the case for the topics reported by nurses, the responses appeared to reflect the expansion of the roles midwives are taking on in different countries.

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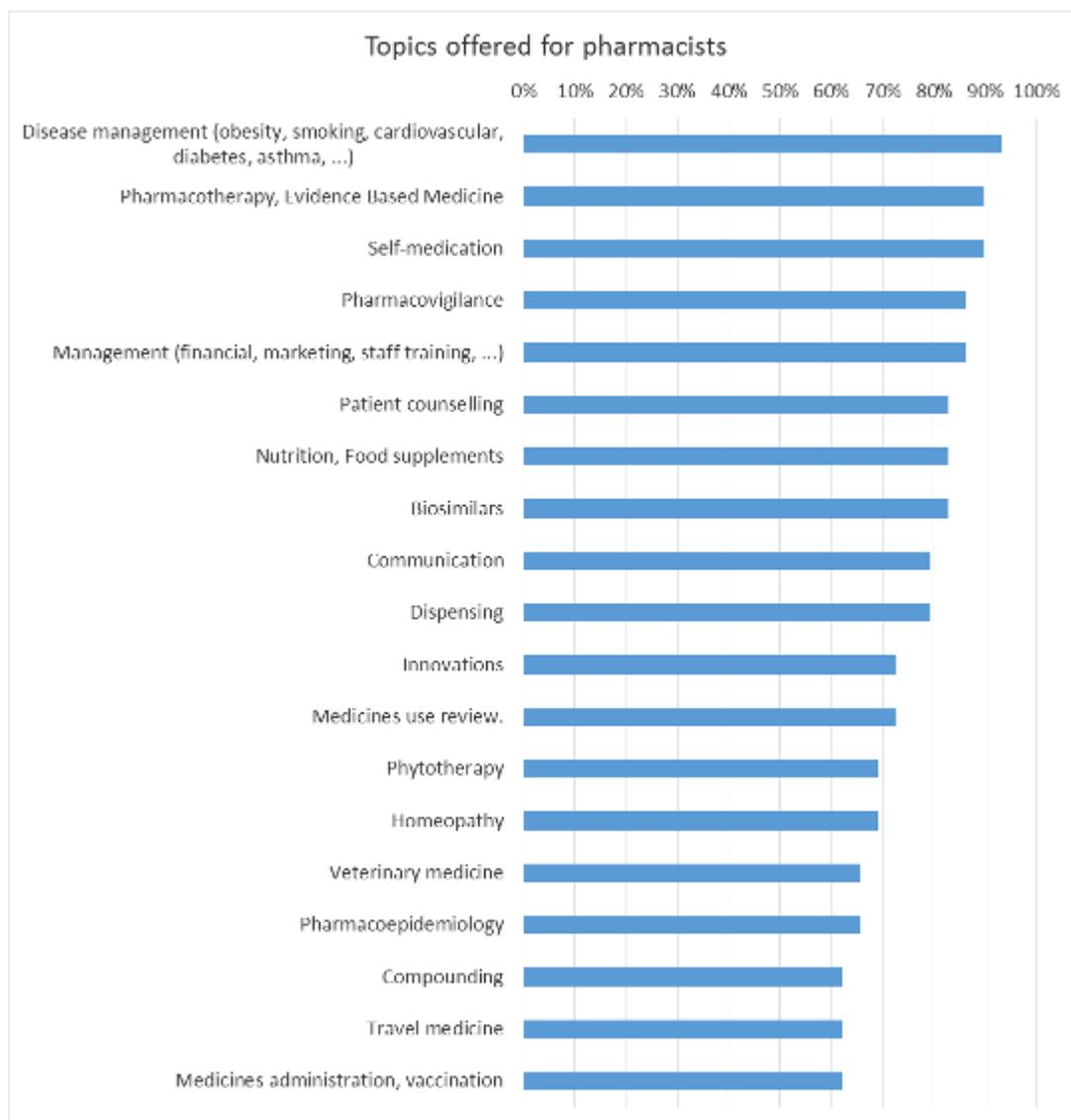


Table 18: Topics of CPD activities for pharmacists (multiple responses possible)

The pharmacists had a list of 19 topics (20 including the 'other' category) potentially being addressed by CPD activities. As a profession they showed the highest level of homogeneity in sharing topics; 100 percent of the countries reported the CPD activities addressed more than 50 percent of topics.

As with all other professions, pharmacists reported country-specific diversity in new topics offered. However, vaccinations, new medicine technologies, as well as health sector environment reforms were topics frequently mentioned across many countries.

5.13 Forms of delivery of CPD

Examples of the forms of delivery of CPD activities are listed in Table 20. It appears that in a majority of countries, professions indicated conferences, symposia, lectures, and seminars as the most frequent forms of CPD activities and there was only a negligible difference between professions.

eLearning was of increasing interest especially for those professions where professionals are dispersed over a large geographical distance; the same is true for utilising long-distance academic studies, i.e. Masters degrees within the midwifery and nursing professions.

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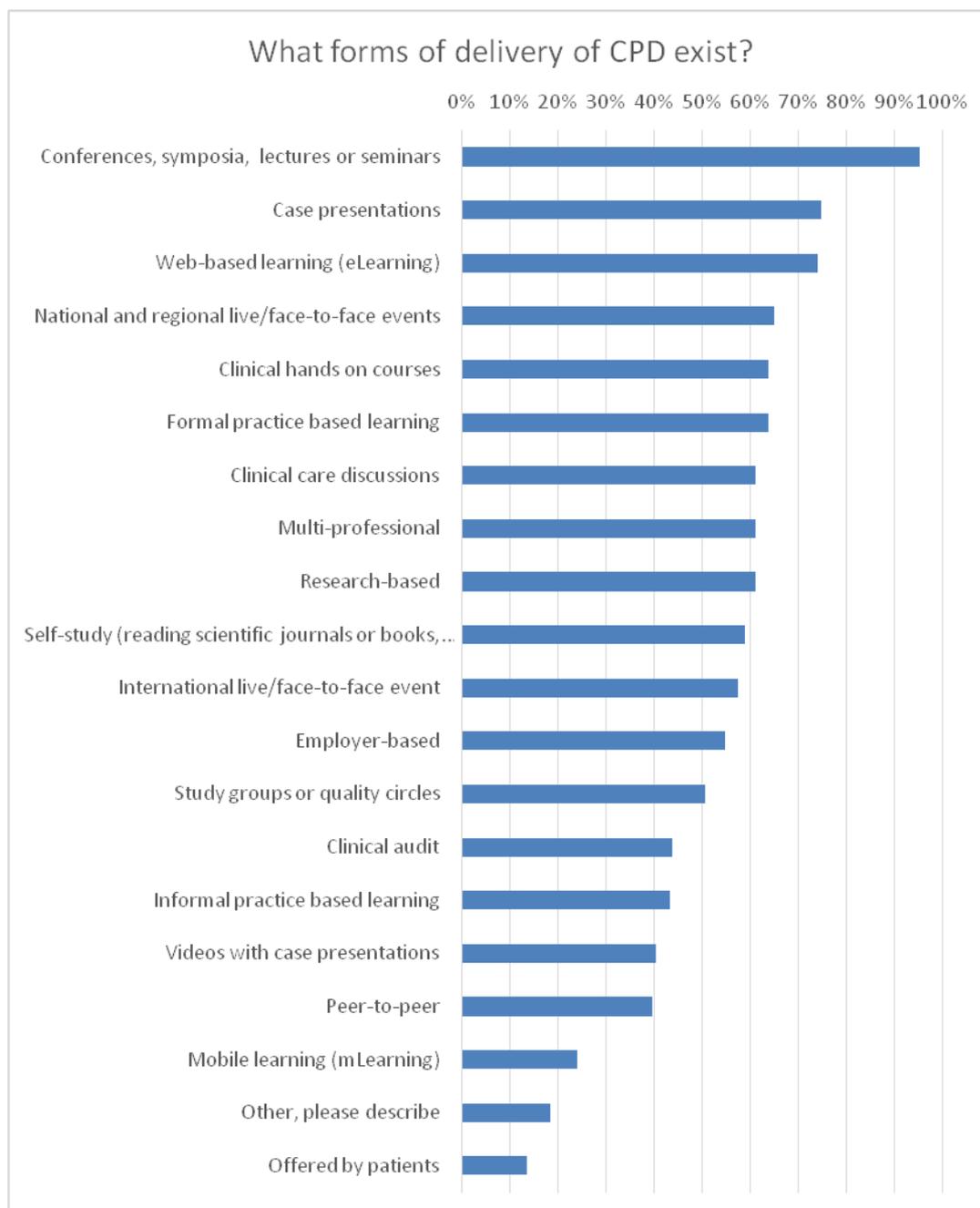


Table 19: Forms of CPD delivery (multiple responses possible)

5.14 Multi-professional CPD

The majority of respondents in all professions and countries indicated access to multi-professional training, the percentage ranging from 64-82 percent. As a profession, midwives were most likely to do so (82 percent) and nurses were least likely (66 percent). The reported topics mainly covered clinical training. The 'other' profession involved were often reported as health professionals providing care or treatment for a similar population. Some examples on multi-professional CPD include; in Latvia, dentists participate in multi-professional CPD activities with general doctors, maxillofacial surgeons, infectologists, etc. In those countries where nurses reported multi-professional CPD activities the following themes were mentioned infection control, patient safety and quality improvement, management, public health, clinical pathways and protocols, emergency, and chronic diseases: In Belgium pharmacists take multi-professional CPD activities with family doctors on various themes. For midwives a common multi-professional CPD activity was obstetric emergencies reflecting the

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agreed training protocols within this aspect of clinical care across Europe as well as multi-stakeholder conferences, local/regional perinatal meetings and lectures. Doctors engaged in many multi-professional activities such as CPD for accident and emergency teams.

5.15 Accreditation systems

The regulation of accreditation of CPD for health professions differs significantly across the countries and the professions surveyed. Overall, almost 69 percent of respondents replied that a system for accreditation is in place in their country. National CPD accreditation systems are most likely to exist for doctors (more than 90 percent of respondents reported they exist), followed by pharmacists (66 percent), dentists (65 percent), and nurses and midwives (62 percent).

Systems of accreditation exist for all five professions in only eight countries: Austria, Belgium, Hungary, Italy, Ireland, Lithuania, Slovakia and Spain. Systems of accreditation are least common in Iceland and Denmark (only for nurses) and in Sweden and in the UK (only for doctors) (Table 20).

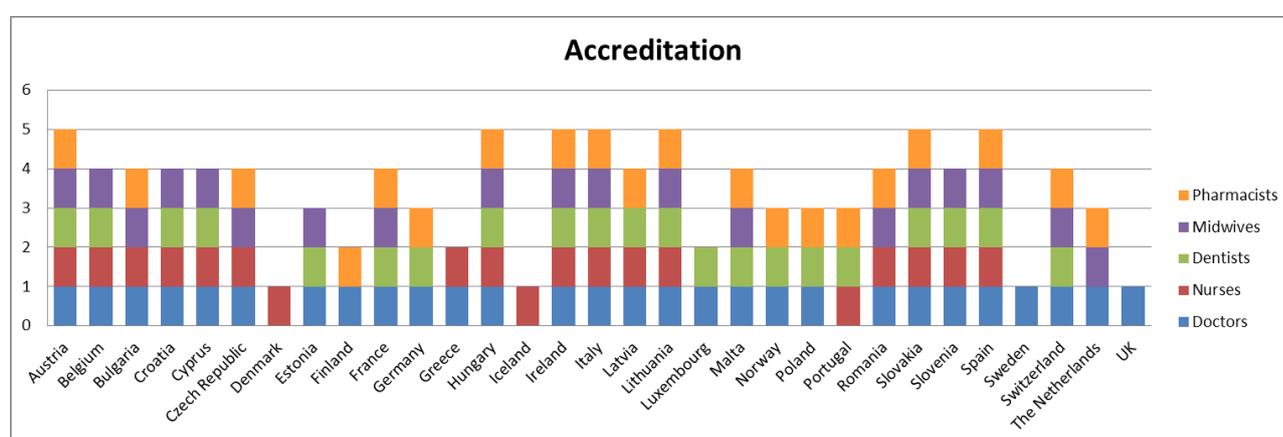


Table 20: Systems of accreditation for CPD activities by country

The existence of an accreditation system is not always linked to there being a mandatory CPD requirement, nor may it be obligatory that all CPD activities are accredited before being available to a professional. For instance in several countries where CPD is mandatory, there is no mandatory accreditation system or no system at all (for instance in Romania and the United Kingdom for dentists and nurses there is an accreditation system but it is not obligatory, in Iceland and in the Czech Republic for dentists, in Luxembourg for nurses and in Finland for midwives). In countries where CPD is voluntary, accreditation structures are also widely utilised for example in Luxembourg for doctors and dentists, in Ireland for dentists and midwives, in Estonia for midwives and in Denmark, Greece and Iceland for nurses.

Formal CPD activities are subject to accreditation more often than informal CPD activities. In countries with a national accreditation system there is usually an obligation to accredit formal CPD activities; this is true for almost 73 percent of replies (Table 21). Only 10 percent of pharmacists, 22 percent of nurses and midwives, 25 percent of dentists and 26 percent of doctors in these countries report no such obligation.

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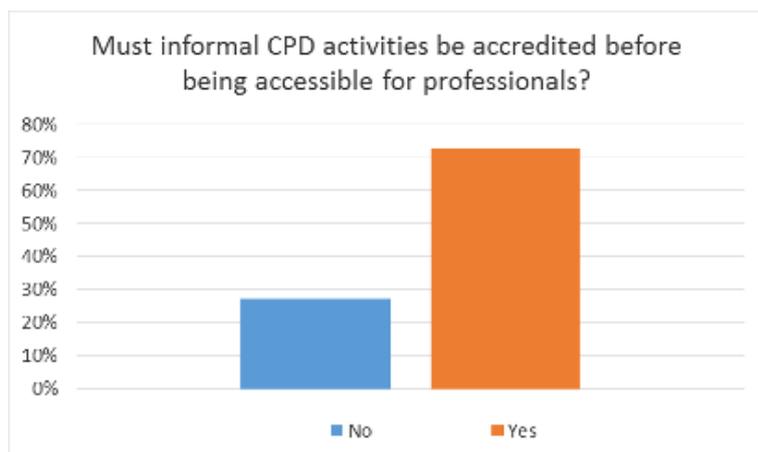


Table 21: Obligation to accredit formal CPD activities

By comparison, informal CPD activities (as feasible) must be accredited in less than 20 percent of cases (Table 22). There is considerable variation across professions, as the obligation to accredit informal CPD activities is reported by only 10 percent of pharmacists, 11 percent of nurses and 15 percent of dentists, compared to 30 percent of doctors and 33 percent of midwives.

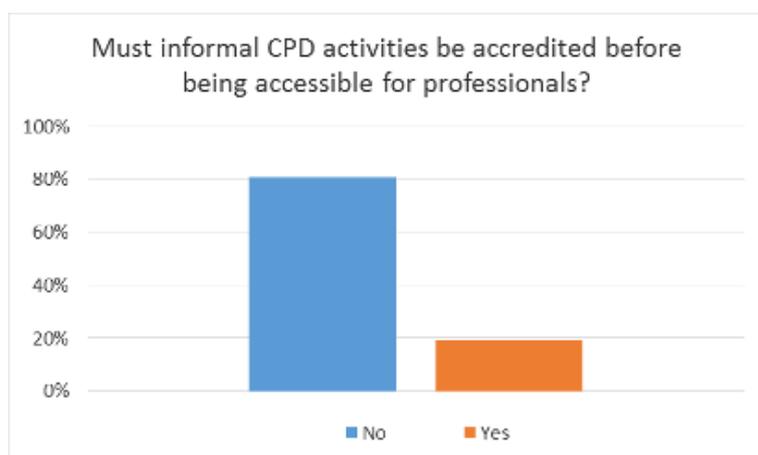


Table 22: Obligation to accredit informal CPD activities

In most countries multiple organisations are involved in accreditation of CPD (see Table 23 for percentage of respondents indicating that an organisation is involved in accreditation of CPD activities for their profession in their country). Professional associations and professional bodies are most often responsible for accreditation across professions (ranked first and second for dentists, pharmacists and midwives, first and third for doctors and second and third for nurses). Ministries of Health also play a prominent role, especially in the accreditation of CPD for nurses (ranked first), midwives (ranked second) and pharmacists (ranked third). Public accreditation agencies are important especially for dentists and midwives (ranked third).

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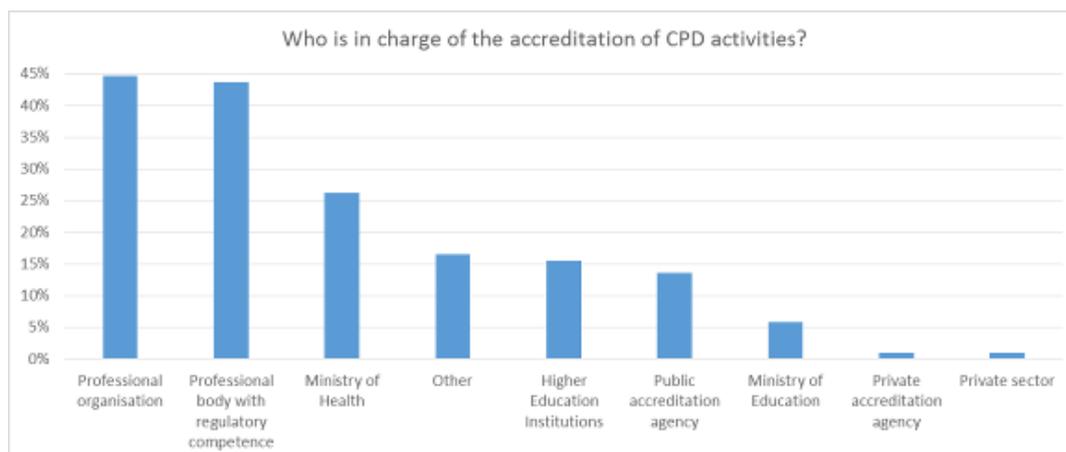


Table 23: Responsibility for accreditation of CPD (multiple responses possible)

Accreditation is awarded more often to the CPD activity rather than to the CPD provider (Table 24). This is the case for all professions with the exception of dentists. For pharmacists, accreditation is more than three times more likely to be awarded to activities as to providers (68 percent compared to 21 percent). For doctors this ratio is two to one; differences are less pronounced for nurses and midwives.

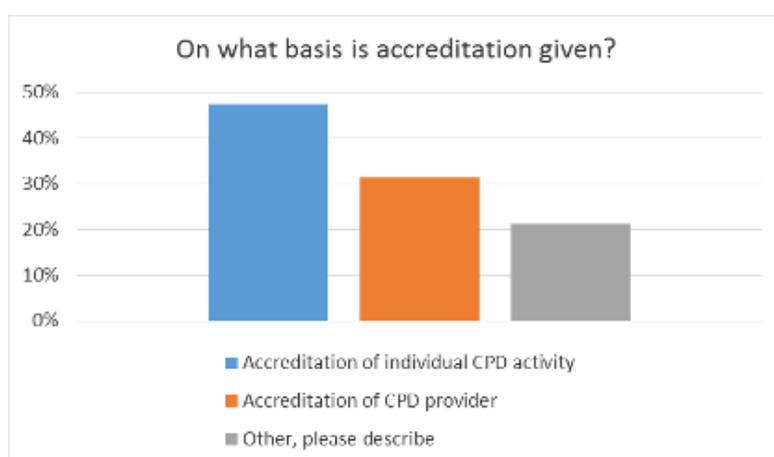


Table 24: Basis of accreditation

Criteria for awarding accreditation most often include compliance with professional guidelines (ranging from 79 percent of cases for pharmacists to 56 percent for nurses), learning outcomes (from 79 percent for pharmacists to 52 percent for doctors) and the duration of the CPD activity (from 78 percent for midwives to 56 percent for nurses). For doctors, six countries explicitly mention the use of the UEMS EACCME[®] system (Cyprus, Greece, Luxembourg, Malta, Portugal and Sweden). The EACCME[®] is a voluntary European accreditation system managed by the European Union of Medical Specialists (UEMS), other criteria reported include the qualifications of the lecturer and disclosure of conflicts of interest. Criteria for accreditation mostly do not differ according to the provider, though in some cases, higher education institutions are exempted from the need to apply for accreditation of CPD activities they provide, for example.

A majority of respondents indicated that fees are charged for CPD accreditation (Table 25). Accreditation of CPD for doctors and pharmacists is most likely to be subject to a fee (70 percent of replies for doctors and 68 percent of replies for pharmacists). It is less likely to be the case for nurses and midwives (50 percent) and for dentists (42 percent). The amount of fees reported differs per country and per profession and ranges from €1.50 per participating nurse and midwife in Bulgaria to over €2500 per eLearning activity for doctors, dentists or pharmacists in Italy.

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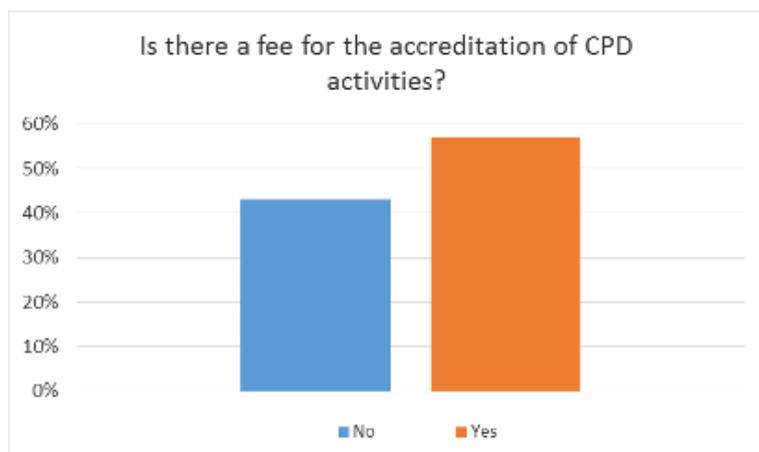


Table 25: Fees for CPD accreditation

5.16 Financial issues

All five professions indicate that self-funding by the professional is the leading source of funding CPD activities, though less so for pharmacists. Another common funding resource reported by all the five professions was the employer; this was least frequent amongst dentists (self-employed status, ranked as only the fourth most frequent source), and most frequent amongst nursing and midwifery profession. Accordingly, the private/commercial sector featured higher with doctors and pharmacists than with nurses and midwives, whose third highest funding resource was the professional organisation. It should be noted that the funding by the private/commercial sector may not have been reported as funding of CPD activities on equal footing as the other sources, since it is in many cases subject to strict guidelines and therefore may have been regarded as a different form of financing. For dentists, professional organisations were just as likely to fund CPD as the private/commercial sector (both ranked second). Below, table 26 illustrates who carries the costs of CPD.

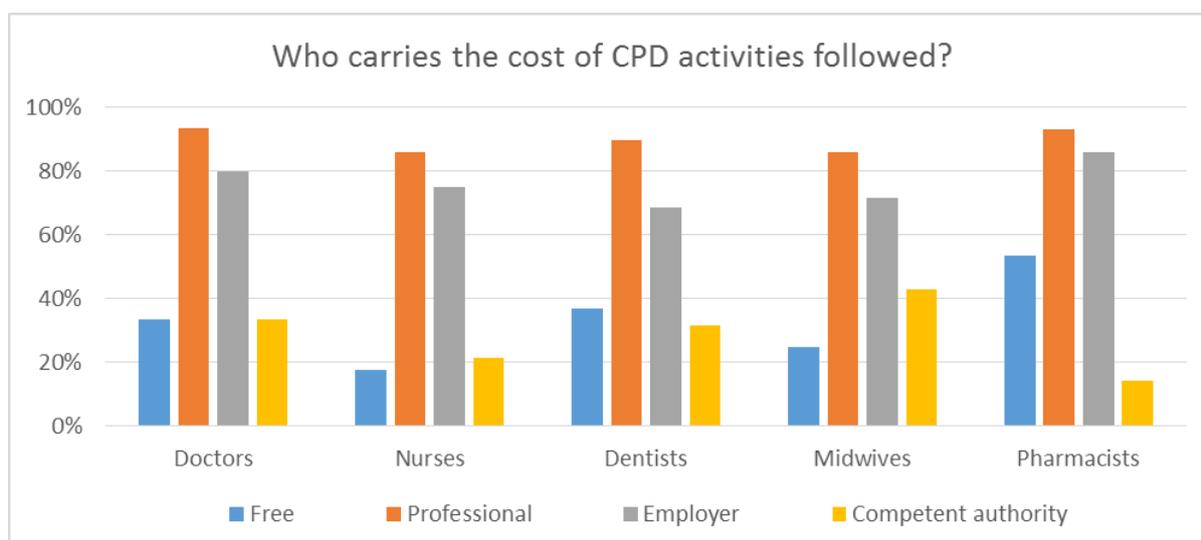


Table 26: Costs of CPD activities¹¹

¹¹ The category 'free' describes the situation in which CPD is free of charge to the professional at the point of access.

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As to rules on the cost of CPD activities, it is clear that generally there are no set structures in place for the pricing of CPD activities, which is likely to be reflective of the diversity of providers and type of activities available.

For all professions, the cost of following CPD activities was most often carried by professionals themselves. However, the employer also was a significant contributor for all professions. This information was in line with the information on funding of the CPD activities.

In some cases the CPD participant does not bear the costs of the activity at the point of access. In those cases costs are sometimes carried by commercial bodies including the pharma industry but also professional associations, the employer and even competent authorities carry the costs of CPD. Pharmacists were most likely to be able to access free CPD activities which are available equally for mandatory and voluntary CPD.

Availability of paid study leave or access to any CPD activities (mandatory or voluntary) within paid working time was a question addressed to 3 out of the 5 professions; doctors, nurses and midwives. For pharmacists, the survey enquired whether CPD was carried within paid working time or outside working time for both mandatory and voluntary CPD. The respondents indicated that voluntary CPD was more likely to take place outside of working time (18 percent compared to 5 percent for mandatory). Table 27 explains the findings for mandatory CPD and Table 28 for voluntary CPD on those professions. These professions are likely to have high numbers of members employed by public health services rather than being self-employed. For the dentists, this was less of an issue, being mostly self-employed they generally having to undertake any activities in their own time or at their own cost. Please find below an overview of rules on paid working time granted to professionals to follow CPD activities (the amount of time or status of regulation is indicated after the hyphen).

Mandatory CPD in working time				
	Doctors	Nurses	Midwives	Pharmacists
Austria	Yes – depending on employer	No	Yes – depending on employer	Yes
Belgium	N/A	N/A	Yes – depending on employer	N/A
Bulgaria	N/A	No	No	N/A
Croatia	Yes - 7 days/year for CME	No	Yes – depending on employer	Yes
Cyprus	N/A	Yes (8 days/year) in public sector	Yes – 4 days/year	N/A
Czech Republic	No	Yes (2h/2-3 months)	N/A	Yes
Denmark	N/A	N/A	N/A	N/A
Estonia	N/A	N/A	N/A	N/A
Finland	Yes - No national regulation, professional body recommends at least 10 days/year for	Yes (3-10 days/year)	Yes - 3-10 days (24-80 hours)/year	Yes

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	CPD in total			
France	Yes - min. 3 days/year	Yes (20h/year)	Yes - 20 hours/year	Yes
Germany	No - For doctors in free practice Yes – For employed doctors depending on employer	No	N/A	Yes
Greece	Yes – 50 hours/year	N/A	N/A	N/A
Hungary	Yes – depending on employer, 3-10 days per year	Yes – depending on employer, 3-10 days per year	Yes – depending on employer, 3-10 days per year	Yes – depending on employer, 3-10 days per year
Iceland	N/A	N/A	N/A	N/A
Ireland	Yes - study leave 7 hours/year for GPs; 10 hours/year for consultants	Yes– depending on employer	Yes – depending on employer	Yes
Italy	Yes - 100 hours/year	Yes (6 days/year)	Yes – depending on employer	Yes
Latvia	Yes - 50 hours/year	No	Yes – depending on employer	Yes
Lithuania	Yes - none	Yes	Yes - up to 60 hours/year	Yes
Luxembourg	N/A	Yes (40 h/years)	N/A	N/A
Malta	N/A	N/A	Yes - 14 days/year	N/A
Netherlands	Yes - 90 hours/year	Yes	Yes	Yes
Norway	Yes – For primary care specialists	N/A	N/A	N/A
Poland	Yes - Depending on employer	N/A	N/A	Yes
Portugal	N/A	Yes (20h/year)	N/A	Yes
Romania	Yes - 2 weeks/year	No	No	Yes
Slovakia	Yes - min. 5 days/year	Yes (5 days/year)	Yes - 5 activities/year	Yes
Slovenia	Yes - 15 days/year	Yes (10 days/year)	Yes - 10 days/year	Yes
Spain	N/A	No	N/A	N/A

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Sweden	N/A	N/A	N/A	N/A
Switzerland	Yes - No national regulation	N/A	No	Yes
United Kingdom	Yes - Study leave available, but varies	Yes (35h/3 years)	Yes – depending on employer	Yes

Table 27: Mandatory CPD hours of pay working time

Voluntary CPD in working time

	<i>Doctors</i>	<i>Nurses</i>	<i>Midwives</i>	<i>Pharmacists</i>
Austria	N/A	N/A	Yes – depending on employer	Yes
Belgium	No	Yes – depending on employer	Yes – depending on employer	Yes
Bulgaria	Yes-depending on employer	No	No	N/A
Croatia	N/A	N/A	Yes – depending on employer	N/A
Cyprus	No	N/A	Yes - 12 hours/year	No
Czech Republic	N/A	N/A	N/A	N/A
Denmark	Yes - 8 to 10 days/year	N/A	Yes – depending on employer	N/A
Estonia	Yes - 50 credits/year in total, also in working time	No	Yes – depending on employer	No
Finland	N/A	N/A	Yes - 3-10 days (24-80 hours)/year	N/A
France	N/A	N/A	No	N/A
Germany	N/A	No	No	Yes
Greece	N/A	No	No	N/A
Hungary	N/A	N/A	N/A	N/A
Iceland	Yes-15 days/year	Yes (3 months/3 years)	N/A	Yes
Ireland	N/A	N/A	Yes – depending on employer	N/A
Italy	N/A	N/A	Yes depending on employer	N/A

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Latvia	N/A	No	Yes – depending on employer	N/A
Lithuania	N/A	N/A	No	N/A
Luxembourg	No	No	Yes – depending on employer	N/A
Malta	No	N/A	Yes - 14 days/year	No
Netherlands	N/A	N/A	Yes	N/A
Norway	No- For specialties other than primary care	No	N/A	Yes
Poland	N/A	Yes (but rarely) – depending on employer	Yes (but rarely) – depending on employer	N/A
Portugal	Yes - 15 days/year	Yes (20h/year)	N/A	N/A
Romania	N/A	No	N/A	N/A
Slovakia	N/A	N/A	N/A	N/A
Slovenia	N/A	N/A	N/A	No
Spain	Yes - No national regulation	No	Yes - 40 hours/year	No
Sweden	Yes - Average 7 days/year	N/A	Yes depending on employer	Yes
Switzerland	N/A	Yes (5 days/year)	No	Yes
United Kingdom	N/A	N/A	No	N/A

Table 28: Voluntary CPD hours of pay working time

N/A means non applicable either because no answer was provided or the information requested is not applicable to the situation described i.e. CPD is voluntary and therefore the information is not applicable for mandatory CPD in working time and vice versa.

There is a diverse range of approaches. For most countries and professions, mandatory CPD activities required by an employer under the contractual agreement can be followed within paid working time, but this was not a consistent process even within individual Member States. In some countries, employers and professional organisations have enforced a national level agreement for an agreed number of hours or days per year, for example for doctors in Iceland and Slovenia and for nurses in Finland. This was more likely to apply to doctors, who may be granted study leave, than to nurses and midwives. In the latter professions, arrangements usually depend on the individual employer. In very few countries employers allow voluntary CPD activities during paid working time.

Some countries, like Slovakia, appear to have a more uniform regulation across professions; in this case 5 days per year. In Slovenia both nurses and midwives have an allocation of 10 days for following CPD activities, and

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doctors 15 days. By contrast, these three professions were expected to undertake CPD activities outside of paid working hours in Bulgaria, Malta and Spain.

Even where allowances are set centrally, there was a variation on the numbers of hours and days from country to country. For doctors this ranges from 7 hours to 100 hrs per year or 5 days to 15 days a year; for nurses from 3 to 10 days a year; and for midwives from 2 to 10 days per year.

Generally, voluntary CPD activities are less likely to be supported by employers than mandatory CPD and have to be undertaken outside of paid working time.

5.17 Transparency and independence of CPD

The study survey also looked into the existence of guidelines or codes of conduct established to ensure the transparency and independence of CPD. This is specifically relevant when it comes to the involvement of the private/commercial sectors, which as described above, plays an important role in terms of providing funding for CPD activities in some countries, particularly for doctors and pharmacists. It should be noted that guidelines or codes of conduct mentioned often regulate the entire scope of interaction between the industry and professionals, not just relating to CPD.

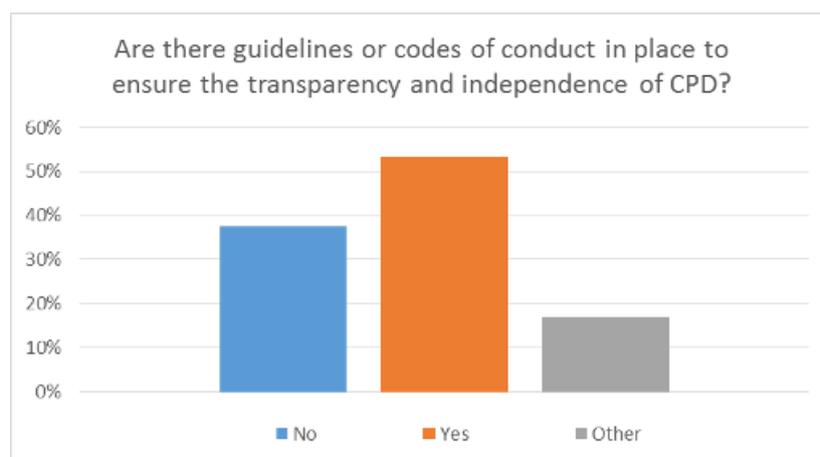


Table 29: Guidelines/Codes of conduct transparency of CPD

From the 53 percent that indicated that such guidelines exist, 13 percent reported that they are included in national law, while the other 40 percent refer to a code or regulation issued by the professional body. Of the 17 percent referring to other arrangements, guidelines on activities provided by pharmaceutical companies were commonly mentioned as well as the WHO International Code for Marketing of Breastmilk Substitutes for midwives. Tables 30 and 31 below provide an overview of transparency guidelines per country and per profession and transparency guidelines in legislation by country and by profession respectively. Transparency guidelines are foreseen for all profession in three countries Bulgaria, Hungary and Slovakia. In the case of Hungary for most of the professions those guidelines are established by law.

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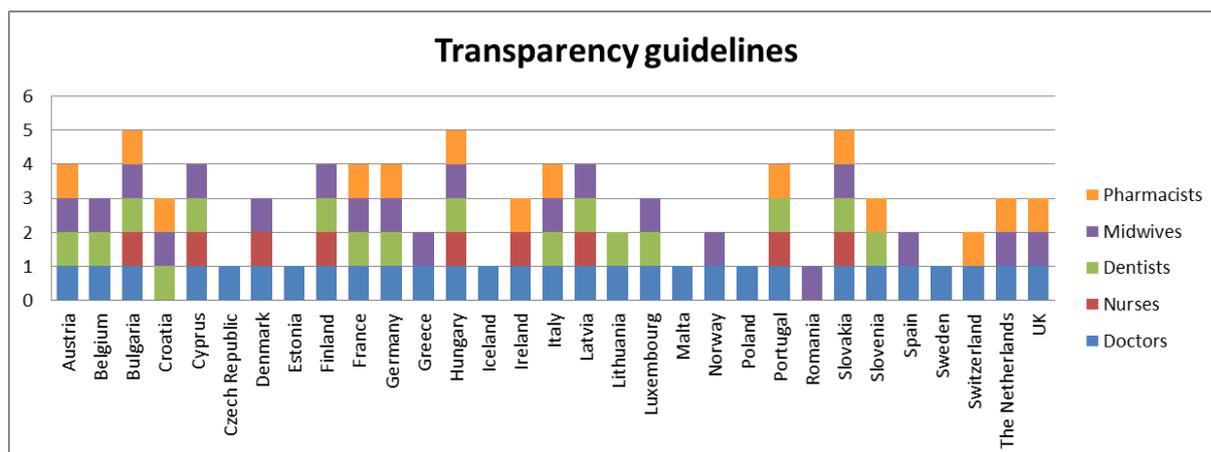


Table 30: Transparency guidelines per country and profession



Table 31: Transparency guidelines per country by law

The situation as regards the individual professions is as follows:

Doctors have established rules on transparency and independence of CPD in law in the following countries: Greece, Hungary, Lithuania, Norway and Portugal. Rules are established in a guidelines or code of the professional body in Austria, Belgium, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Ireland, Latvia, Luxembourg, Malta, Poland, Slovakia, Spain, Sweden, Switzerland and The Netherlands. In Bulgaria, Denmark, Iceland, Italy, Slovenia and the UK, transparency and independence guidelines take a different format. In Denmark, transparency rules are based around the relationship between industry actors and individual doctors. In this context, there are rules which govern the funding of doctors' CPD activities by commercial bodies, however not all activities are subject to regulations. Currently, regulations are being revised, which may also affect the modalities of doctors' participation in courses. For CPD activities for doctors in Iceland, rules are set by CPD providers to ensure transparency of CPD. In Italy, there is a state-regions agreement setting guidelines with minimum requirements and standards for accreditation of CPD providers. In Slovenia, the financing of CPD activities by commercial bodies is addressed in the Code on the information and communication on prescription-only medicines, cooperation with healthcare professionals and Code on the disclosure of transfers of value from pharmaceutical companies to healthcare professionals and healthcare organisations. The codes are endorsed by the pharmaceutical industry. There are also national laws which affect financing. In the UK, there is a Code of Practice for the Pharmaceutical Industry, which regulates the transparency of funding by pharmaceutical companies. No specific guidelines on transparency and independence of CPD exist in Croatia and Romania.

Nurses have transparency guidelines established by national law in Hungary; based on professional codes in Bulgaria, Ireland, Portugal. Furthermore, some countries have guidelines but who establishes them is not indicated, this is the case for Denmark, Finland and Slovenia. There are no transparency guidelines reported in

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Austria, Belgium, Czech Republic, Germany, Greece, Iceland, Italy, Lithuania, Luxembourg, Netherlands, Norway, Poland, Romania, Slovenia, Sweden, Switzerland and UK.

Dentists have guidelines established in national law in Hungary and in a code or regulation by a professional body in Austria, Bulgaria, Croatia, Cyprus, Germany, Hungary, Portugal and Slovakia. Guidelines are included in CPD accreditation regulation in Belgium, Italy and Luxembourg.

Midwives have guidelines included in national law in Germany, Hungary, Norway, Slovakia, Spain; law and code: Croatia, France; Code only: Austria, Belgium, Bulgaria, Cyprus, Denmark, Finland, Greece, Luxembourg, Romania, The Netherlands, and UK

Pharmacists have transparency guidelines established by National Law in Austria, France, Italy and Portugal; Code by professional body in: Austria, Bulgaria, Croatia, Germany, Hungary, Ireland, Slovakia, Slovenia, Switzerland and The Netherlands. The UK regulates transparency and independence in broader standards. Table 34 provides an overview on guidelines in place per country and by profession.

There was a division between groups of professions to the question if CPD activities funded by commercial bodies were subject to rules, regulations or agreements. Dentists, midwives and pharmacists indicated similar pattern, with 48 percent replying positively (52 percent for dentists). However, the doctor indicated highest level of regulation (78 percent) and nurses the lowest (28 percent).

This may be indicative of the doctors most frequently having funding coming from private/commercial sector of all the five professions. It also ties closely with doctors having a professional code of conduct or regulation to ensure the transparency and independence of CPD in 65 percent of countries. Pharmacists reported the presence of a professional code of regulation on transparency and independence of CPD in 57 percent countries. These numbers are lower for midwives with 34 percent and dentists at 2 percent (however, 48 percent of dentists' respondents indicated that such rules do exist in their country, based on national law or other documents) and for nurses at 11 percent. Examples of countries having robust national rules and a regulatory framework for all professions regarding commercial companies are Italy and Cyprus.

Pharmacists are most likely to have rules on communicating information about CPD activities. Nearly half of the countries had rules or legislation regarding medicine advertising or commercial sponsoring for pharmacists' CPD. Nurses were the only profession, who did not report any restrictions, which might be attributed to the lack of commercial sponsoring of CPD for nurses. Midwives reported adhering closely to the WHO International Code on marketing breast milk substitutes.

5.18 Incentives to participate in CPD activities

Survey respondents were requested to provide information on incentives on CPD mandatory and voluntary Systems. Positive incentives to participate in CPD activities were reported for most professions in a higher number of countries with voluntary CPD frameworks than where mandatory CPD requirements exist. Dentists were most likely to receive positive financial incentives out of all professions, in 9 countries for voluntary frameworks and in 11 countries for mandatory requirements.

Overall, less than a third of the respondents indicated that professionals are intentionally encouraged with positive incentives to comply with mandatory CPD requirements.

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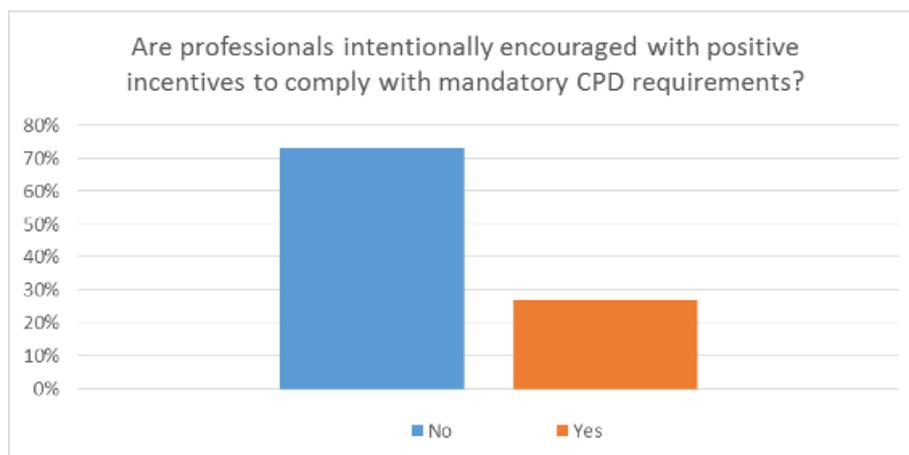


Table 32: Incentives to comply with mandatory CPD requirements

Looking into the data per country, some countries do not provide incentives for any of the professions to comply with mandatory CPD requirements.

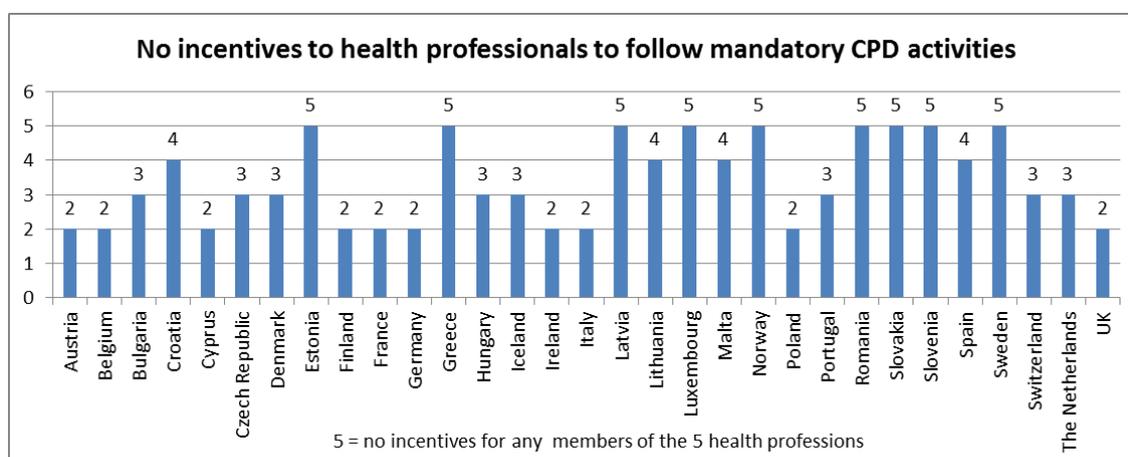


Table 33: No incentives per country

For pharmacists in Spain, credits obtained by adhering to the voluntary CPD framework can be recorded and used for public tenders for community pharmacies. Croatia and Finland have tax offsets for employers providing CPD to pharmacists.

In France, there is a special tax regime on CPD with a maximum limit of eligible charges established each year. For a self-employed doctor, for example, the limit is €2990. In Iceland a collective agreement between the Icelandic treasury and the professional organisation has been adopted, allowing physicians to take 15 days paid leave every year to attend courses, seminars including travel costs and fees with a maximum limit.

In Malta, doctors can claim €1150 per year if employed by public sector in addition to tax relief.

In Belgium, dentists have a system of positive incentives of receiving €2700 per year if they comply with the voluntary CPD framework, as regulated by the Social Security Institute. Doctors in Belgium similarly benefit from a higher rate of reimbursement for medical services if CPD recommendations are fulfilled

Overall doctors and dentists were eligible for tax offsets in about half of all countries. Nurses, midwives and pharmacist indicated lower figures. In the case of nurses that might be explained by the lower figures of self-employment among nurses. There were clear examples of countries where the professional organisation had negotiated a specific tax benefit for CPD related expenditure.

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Respondents were also asked to report on financial reliefs in place for CPD practices. Table 34 and 35 show the countries and examples of the financial relieves potentially available for professionals.

Among nurses, some respondents indicated that Ministries of Health offer some grants or funds. This was the case for Bulgaria, Cyprus, Denmark, Hungary, Iceland, Ireland, and Lithuania.

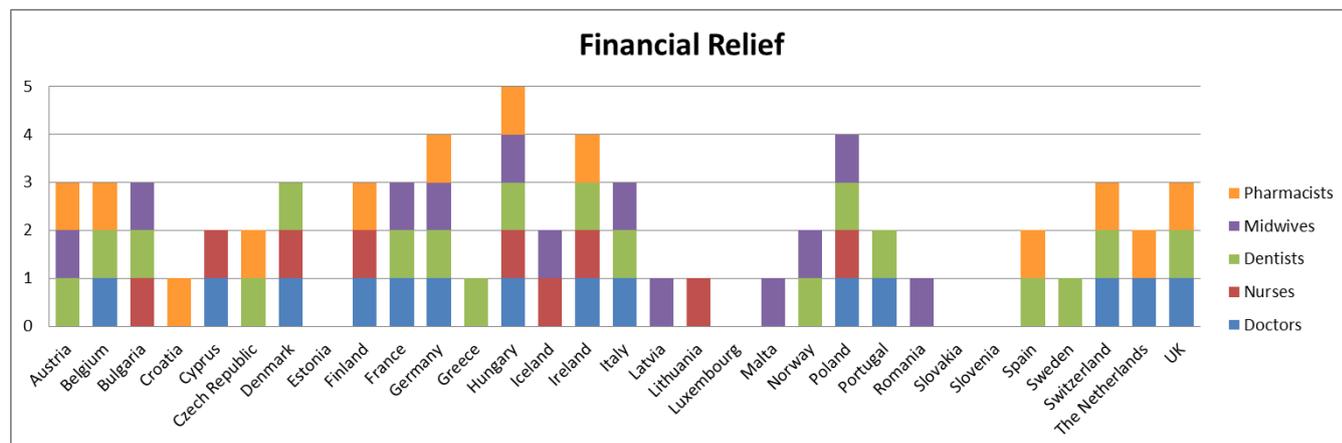


Table 34: Financial relief per country and profession

Financial Incentives					
Country	Doctors	Nurses	Dentists	Midwives	Pharmacists
Austria	None	N/A	Tax offsets	Tax offsets	Financial benefits
Belgium	Higher reimbursement rate 2700 EUR pa	N/A	Annual grant 2700 EUR pa	None	Tax offsets
Bulgaria	None	Grants or funds from Ministry of Health	Payment of CPD fees	Small financial incentive	None
Croatia	None	N/A	None	None	Tax offsets
Cyprus	None	Funds from Ministry of Health	None	None	None
Czech Republic	Higher reimbursement rate	N/A	Higher reimbursement rate	None	Depends on the event
Denmark	Financial incentives	Grants and funds from Ministry of Health	Tax offsets	None	N/A
Estonia	None	N/A	None	None	None
Finland	Tax offsets, support from employers	allowances from founda- tions	None	None	Tax offsets

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France	Costs covered by employers and state	N/A	Annual grant 472,50 pa; reimbursement	Tax offsets, grants	None
Germany	Tax offsets	N/A	Tax offsets	Tax offsets	Tax offsets
Greece	None	N/A	Tax offsets, bonus for salaried dentists	N/A	N/A
Hungary	One free course, tax offsets and grants	One free course	One free course, costs deductible as an operating cost	One free course	One free course
Iceland	None	Grants or funds from Ministry of Health	None	Can apply for a small grant	None
Ireland	Grants	Funds from Ministry of Health	Payment of CPD fees, Tax offsets	None	Pharmacies can claim up to 1270€ per year for pharmacy training, owners can claim congress expenses
Italy	Tax offsets	N/A	Tax offsets	Tax offsets	None
Latvia	None	N/A	None	European social fund grants	None
Lithuania	None	Funds from Ministry of Health	None	None	None
Luxembourg	None	N/A	None	None	N/A
Malta	None	N/A	None	Scholarships and €700 reimbursement	None
Norway	None	N/A	Tax offsets	Tax offset or grants to cover independent CPD	None
Poland	Tax offsets	Subsidies from the EU or Ministry of Health	Tax offsets	Minor grants	None
Portugal	Tax offsets	N/A	Tax offsets	None	None
Romania	None	N/A	None	Subsidies from EU structural funds	None

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Slovakia	None	N/A	None	None	None
Slovenia	None	N/A	None	None	None
Spain	None	N/A	Tax offsets	None	EU funds
Sweden	None	N/A	Tax offsets	None	None
Switzerland	Tax offsets	N/A	Tax offsets	None	Tax offsets
The Netherlands	Tax offsets	N/A	None	None	Tax offsets
UK	Grants	N/A	Tax offsets	None	Whole range of possibilities

Table 35: Financial Incentives per country and profession with description of the type

N/A means not applicable either because no answer was provided or the information requested is not applicable to the situation described

5.19 Barriers to CPD participation

Unanimously, all professions agreed that a lack of time and the cost burden are the leading barriers to accessing CPD. There were concerns about travelling distance to courses in countries which had large rural areas. Nurses, midwives and pharmacists also mentioned the lack of motivation, lack of understanding by employers about the benefits of CPD; lack of career progression incentives and recognition for those undertaking CPD. Interestingly, 9 respondents on behalf of dentists replied that no significant structural barriers to undertaking CPD activities exist in their country.

The individual professions provided the following answers on barriers to CPD participation:

As regards **doctors**: cost is considered as a barrier in: Austria, Croatia, Czech Republic, Denmark, Estonia, Germany, Greece, Ireland, Italy, Lithuania, Malta, Poland, Portugal, Romania, Slovenia, Sweden, UK, Norway; time in Austria, Belgium, Bulgaria, Croatia, Denmark, Finland, Germany, Iceland, Latvia, Lithuania, The Netherlands, Poland, Romania, Slovenia, Sweden and Norway; lack of activities in Austria, Malta; Quality/need for scientific basis in Cyprus and Estonia; Lack of resources in (public) health units in Finland and Italy ;Complexity in organisation and lack of efficacy in France; Absence of incentives in Luxembourg; Lack of clarity on competencies in Slovakia No barriers: Spain and Switzerland. No answer was provided from Hungary.

Nurses describe “funding” hence cost as a barrier in: Belgium, Cyprus, Denmark, Germany, Ireland, Italy, Lithuania, Slovakia, UK; the lack of available paid working time was reported as a barrier in Bulgaria ; Cyprus, Germany, Iceland, Ireland, Italy, Lithuania, Slovakia, Poland, Sweden and UK reported workload and lack of time as the main barriers to access CPD.

For **dentists**, the most important barrier appears to be cost, reported from 14 countries: Austria, Estonia, Greece, Ireland, Italy, Latvia, Norway, Poland, Romania, Slovenia, Spain, Sweden, Switzerland and the United Kingdom. Time was reported as a barrier from 11 countries: Austria, Finland, Italy, Norway, Poland, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom; it should be noted that time away from practice to participate in CPD represents a very real financial burden for self-employed dentists so the two replies should be read in conjunction. As already mentioned, 9 countries reported that no structural barriers to CPD

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participation exist; these included Belgium, Bulgaria, Cyprus, Czech Republic, Germany, Lithuania, Luxembourg, the Netherlands and Portugal. Location of CPD was reported to be a barrier in 4 countries (Finland, Ireland, Romania and the United Kingdom) and lack of motivation in 3 countries (Denmark, Finland and Sweden). Finally, France reported administrative red tape to be a barrier and Malta noted that there was insufficient cooperation with teaching institutions.

As regards **midwives** 11 countries listed lack of financial resources as the most common barrier in accessing CPD (Belgium, Bulgaria, Denmark, Estonia, Finland, Iceland, Ireland, Italy, Netherlands, Portugal, and UK). This was closely followed by lack of time on its own or related to staff shortages (Belgium, Bulgaria, France, Greece, Ireland, Italy, Portugal, Netherlands, and UK). Some countries mentioned staff shortages as the general barrier (Finland, Malta, and Spain). Interestingly, other barriers included lack of motivation, listed by 3 countries (Cyprus, Czech Republic, Poland) but the issue could not be explored further. Czech Republic and Romania mentioned that the content was highly medical and not appropriate for the midwifery profession, which could also be seen as linked to low motivation. For some countries the geographical distance linked to small numbers of midwives were seen a barrier (Hungary, Luxembourg, Malta)

In the case of **Pharmacists**: Time is considered as a barrier in Austria, Croatia, Cyprus, Czech Republic, Estonia, Germany, Ireland, Italy, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland and the UK. Cost is a barrier in Croatia, Czech Republic, Estonia, France, Germany, Iceland, Ireland, Italy, Latvia, Poland, Portugal, Slovenia, Spain, Sweden, and Switzerland. Lack of interest is reported in Croatia, Finland, Malta and Poland. Problems with location and distance are reported in Czech Republic and Romania; No barriers in The Netherlands.

5.20 EU-level cooperation

Overall, the five professions in all countries indicated a positive response to the question on 'how can European cooperation and exchange of good practice on CPD provide added value'? The responses highlighted the merit of sharing good practices, including clinical practices and highlighted the value of multidisciplinary. Many supported the role of the EU as a force to encourage national CPD policies and structures, rather than full EU level harmonising of all aspects of CPD for professions. However the respondents, who felt that strengthening CPD in their country was required, felt positive that EU level cooperation would support mobilisation on a national level. Discussions with experts on the CPD practice suggest the same approach: EU level cooperation efforts should be focused in facilitating the exchange of best practices. Surprisingly, the level of cross-border recognition of formal CPD activities (table 36) was high in spite of the diversity of CPD systems across professions and countries. For example, in Croatia, CPD activities undertaken by dentists in Slovenia are recognised by the Croatian Chamber

There was also lack of confidence that EU harmonisation could occur due to diversity of CPD provision, accreditation and professional roles.

Recognition of CPD followed in another country differs, in some cases countries fully recognise CPD but sometimes the recognition is only applicable to some activities. Table 36 shows that CPD is fully or partially recognised at least for one profession in 31 countries.

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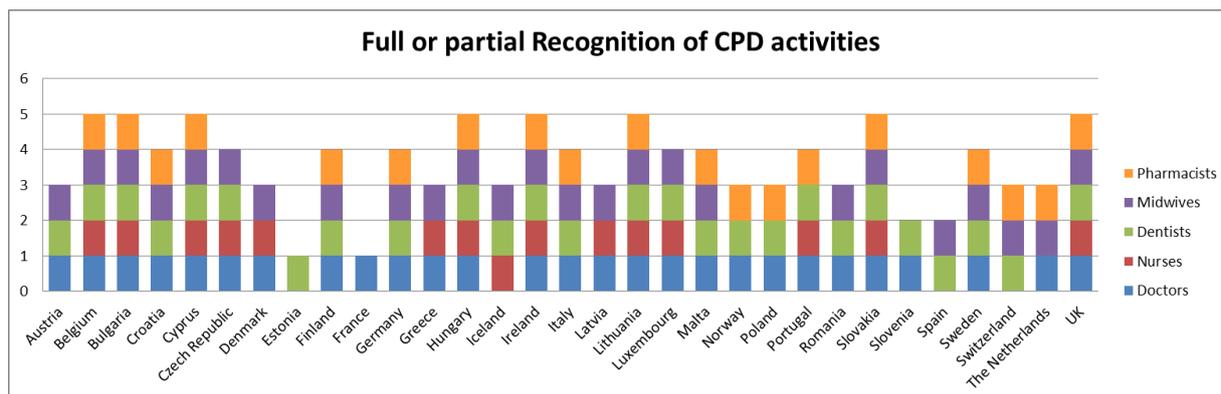


Table 36: Full or partial Recognition of CPD activities

The professions were requested to look into the EU level cooperation. In particular they were asked to report how European cooperation and exchange of good practice on CPD can provide added value. The individual professions provided the following answers:

In the case of **doctors**: the majority of survey respondents agree that European cooperation on CPD and exchange of good practice can provide added value. Several areas are highlighted as dimensions in which these advantages could be achieved. Most often, the exchange of experiences and practices was underlined as the main benefit of European cooperation, with a view to improving the quality of CPD (Croatia, Estonia, Sweden, The Netherlands, Denmark, Cyprus, France, Latvia, Lithuania, and Iceland). Many times, this is linked to the objective of strengthening national CPD systems (Czech Republic, Finland, Ireland, and Slovakia). The possibility to raise awareness for the CPD offer beyond the home country was seen as an added value by several countries (Belgium, Bulgaria, and Iceland). In this context, European-level cooperation to improve the recognition of CPD followed abroad was also mentioned as an added value (Austria, GR, Ireland, Malta, Norway, ES), i.e. by using frameworks for accreditation of CPD. Several respondents also raised scepticism, pointing to the diversity of CPD systems and the need to respect the division of competences between the European Union and Member States.

In the case of **nurses**, Czech Republic and Iceland pointed out that sharing best practice of CPD in different nursing fields could give ideas and avoid reinventing the wheel. Denmark and Spain argued that exchange of good practice on CPD could provide added value. Germany stated that EU cooperation can enhance the exchange of best practice for mutual learning. Lithuania brought to the attention the use of Structural Funds as a way to enable EU cooperation and the exchange of programmes and good practice in CPD. Slovenia mentioned that a definition of a common and transferable number of hours of CPD could be of added value at EU level. The UK stated that there is limited research which assesses the effectiveness of CPD and its relationship with patient outcomes and could be useful to explore this further. Another area could focus on the development of a CPD measurement tool across international settings. The exchange of good practice across Europe is valuable in comparing how different countries address the barriers to providing CPD. An EU level CPD framework could support a professional lifetime guarantee for access to CPD throughout a nurse's professional career.

Most **dentist** respondents mentioned exchange of best practices as the preferred form of cooperation (Austria, Croatia, Cyprus, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Norway, Poland, Portugal, Slovakia, Slovenia, and Spain). In terms of content to be discussed, they listed accreditation criteria, educational framework (content, forms of training, assessment, and registration of CPD), evaluation of CPD events and evaluation of effectiveness of various types and systems of CPD. Two respondents also mentioned development of eLearning modules (Ireland) and a common database of eLearning materials and lessons (Slovakia) as possible forms of cooperation. Finally, the British respondent felt that European

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cooperation can help to highlight the need for all health professionals to ensure that they undertake CPD throughout their practicing life; this might address the main concern in the United Kingdom, which is that EU dentists can register with the GDC and it might not be clear how up-to-date they are in terms of CPD.

Midwives: The majority of midwifery respondents agree that European cooperation on CPD and exchange of good practice can provide added value. Most often, the exchange of experiences and practices was underlined as the main benefit of European cooperation with a view to improving the quality of CPD, strengthening existing or developing non-existent national CPD frameworks (Croatia, Cyprus, Czech Republic, Denmark, Estonia, Greece, Portugal, and Switzerland). In some countries, this was linked to direct impact on improving quality of women's care, supporting informed choice, normalising/ humanising birth and addressing multi-cultural issues (Croatia, Cyprus, Finland, and Italy). The countries which expressed added value beyond their own country acknowledged the potential for developing and sharing multi-national guidelines and CPD standards, including policy, education, practice and specific competencies i.e. inter-cultural (Croatia, Denmark, Romania, Netherlands, UK). This could prevent 're-inventing the wheel' (Ireland).

Pharmacists: Most respondents mentioned exchange of best practices, ideas or experiences as the preferred form of cooperation (Estonia, Belgium, Cyprus, Czech Republic Finland, Malta, Romania, Sweden, Slovakia, Italy and The Netherlands Switzerland). There were also a significant number of respondents that decide not to answer this question (Austria Hungary Denmark, Norway Bulgaria Iceland Lithuania, Luxembourg) others such as France pointed out that this question was difficult to answer .The UK and Ireland believed that European cooperation could be helpful when dealing with standards. Spain and Portugal called for some degree of harmonisation. Malta also requested increased support and Latvia help with the promotion of CPD among professionals.

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6. CPD AND PATIENT SAFETY

As described in the literature review (Annex II), the need for healthcare professionals to stay up-to-date is linked with patient safety and provision of high quality care (European Commission, 2010; Council of the EU 2009). CPD and the various concepts that have developed alongside it are designed to meet these challenges by facilitating a process of ongoing learning for healthcare professionals. The European Commission (EC; hereafter the Commission) launched in 2012 the Action Plan for the EU health workforce, highlighting the importance of avoiding future skills shortages and mismatches, as well as the ‘brain drain’ caused by imbalances in health professionals’ emigration. It underlines the need to ensure that all European healthcare professionals are equipped with the appropriate competences throughout their careers (EC 2012). The role of CPD for patient safety is also acknowledged in the Directive on the recognition of professional qualifications¹², the Directive on patients’ rights in cross border healthcare¹³ and the Council Recommendations on patient safety¹⁴.

The Council Recommendation on patient safety (Council of the EU, 2009) defines ‘patient safety’ as freedom, for the patient, from unnecessary harm or potential harm associated with healthcare. It suggests embedding patient safety education in the CPD programmes of healthcare professionals and collaboration with those organisations providing professional education in healthcare to ensure patient safety is a core part of ongoing health care professionals’ education and training.

In 2012, the European Commission published its first report on the implementation of the Council Recommendations¹⁵, presenting a detailed analysis of the countries’ reports and highlighting the key areas where more efforts are needed in order to ensure an appropriate implementation. One of the areas that were identified as requiring further attention was the education and training of health professionals on patient safety. In that report, it was pointed out that although the majority of countries had promoted education and training activities on patient safety for health professionals in the previous years, only 15 countries had formal requirements in place to include patient safety modules in one or more types of education. The report showed that the areas of education and training are the least implemented among all areas covered by the Recommendation.

In June 2014, the European Commission published its second report on the implementation of the Council Recommendation according to which most countries reported that they encouraged multi-disciplinary training on patient safety, but that three quarters do not provide information about the actual delivery of such training in hospitals. Patient safety is not widely embedded in the undergraduate and postgraduate education of healthcare workers except in six Member States. Patient safety is mostly part of the on-the-job training for doctors, nurses and pharmacists.

The Commission’s “patient safety package” includes a report with guidelines on the education and training of health professionals in patient safety developed by the Patient Safety and Quality of Care Working Group¹⁶ (PSQCWG). This report gives an overview of education and training activities on patient safety in Europe, illustrating existing examples of good practice. Among the examples provided, the report looks into formal and informal activities of continuous professional education. Most education and training activities that the report includes are related to postgraduate education and to CPD activities. This report shows that there are two different approaches to the existing activities on patient safety. First, there are education activities in areas of the professional practices that inevitably have an influence and impact on patient safety; and secondly, there are targeted activities designed with a specific focus on patient safety that aim to provide an understanding of

¹² Directive 2013/55/EU OJ L354/132 of 28 December 2013

¹³ Directive 2011/24/EU OJ L 88/45 4.4.2011.

¹⁴ Council Recommendation OJ C 151/1 3.7.2009.

¹⁵ http://ec.europa.eu/health/patient_safety/docs/council_2009_report_en.pdf

¹⁶ http://ec.europa.eu/health/patient_safety/policy/index_en.htm

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how to increase, manage and promote patient safety regardless of the area of action. That illustrates that overall CPD activities are promoters of patient safety.

Against this background, the survey also addressed the status of patient safety in CPD activities. The analysis of responses shows that for a majority of countries it is not mandatory for health professionals to follow CPD activities that specifically address patient safety. Looking at the individual professions, it is mandatory to follow CPD activities on patient safety most often for dentists (5 countries) and midwives (4 countries).

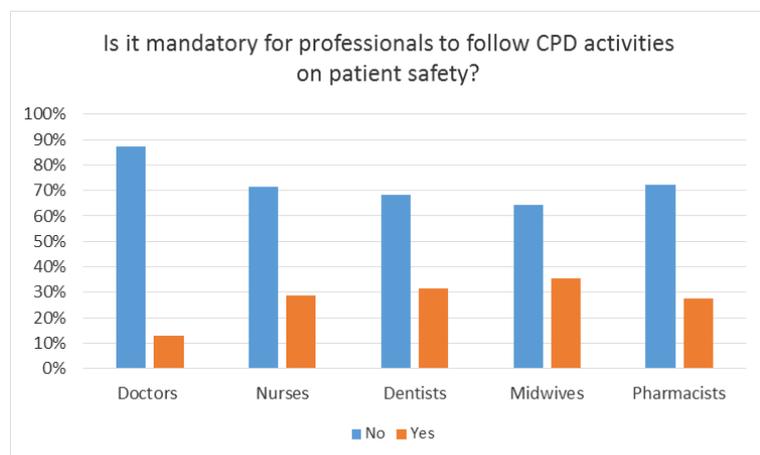


Table 36: Mandatory Patient Safety

In terms of whether the offer of CPD activities on patient safety is increasing, regardless of whether they are mandatory or not, a majority of countries reported of an increasing offer. Countries where the offer is increasing in several professions are Italy, followed by Belgium, Finland, Malta, Portugal, Slovakia and the UK.

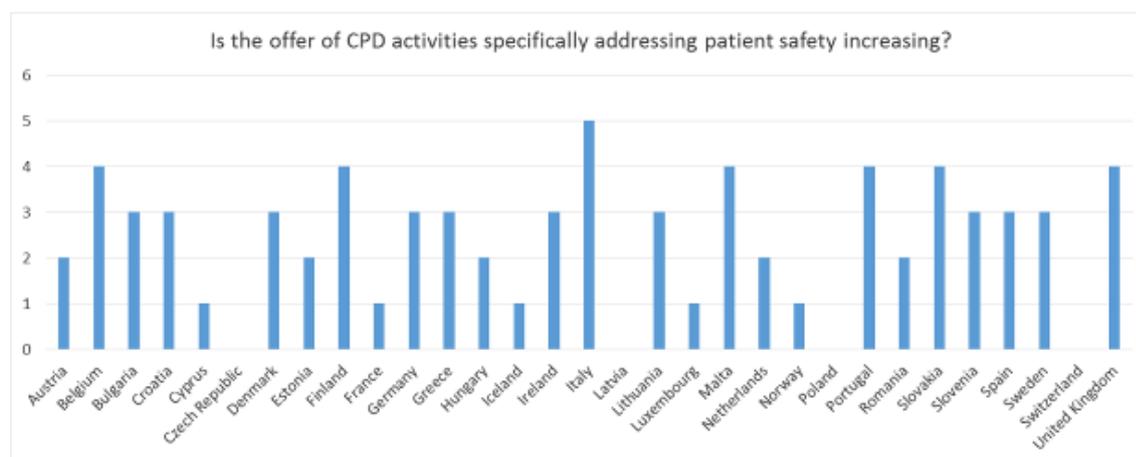


Table 37: Patient Safety activities are increasing

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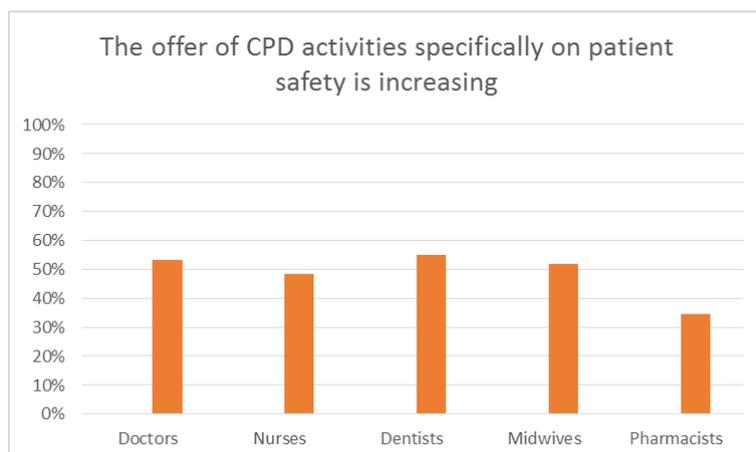


Table 38: Patient Safety increasing per profession

The data confirms the European Commission’s report and shows that the trend is still slow in developing patient safety-specific CPD activities. Only around half of all respondents for dentists, doctors, midwives and nurses reported that the offer of activities on patient safety is increasing. For pharmacists, the percentage is even lower, at just over one third.

The survey also showed, as mentioned in the chapter 3.12 “TOPICS OFFERED AND NEW TOPICS”, those three professions: doctors, nurses and dentist listed “Patient Safety” as a content included in their CPD. Those professions provided the following explanations as regards this issue:

In the case of **doctors** Malta reported an increase in Patient Safety’s activities in particular in hospital settings. In Finland, there is a national action programme on Patient Safety in place, despite patient safety not being a mandatory subject for CPD.

In the case of **nurses**, half of the respondents reported an increase on activities on patient safety. Belgium reported that patient safety is included in the content of CPD activities although not compulsory. Finland stated that patient safety is one of the topics for multi-professional activities. And Slovenia reported that new rules for professionals within the nursing or midwifery care determine content of patient safety in the CPD activities.

In the case of **dentists**, there were several questions related to patient safety content of CPD: whether patient safety is one of the topics offered, whether it is prescribed content, whether it is recommended content, is it mandatory for dentists to follow CPD activities on patient safety and how is patient safety addressed in CPD activities. From the country profiles we conclude that even in those countries where patient safety is not reported to be offered as an explicit topic (Bulgaria, Estonia, Netherlands, Romania and Spain), patient safety is included in other CPD modules (Bulgaria, Netherlands, Romania, Spain) or is recommended content (Estonia). In addition, an increase in activities specifically addressing patient safety is reported in Bulgaria and Estonia. In all other countries, patient safety is offered as a topic and in 13 countries the offer of CPD activities is reported to be increasing (in addition to Bulgaria and Estonia, in Belgium, Finland, France, Germany, Hungary, Italy, Malta, Norway, Slovakia, Sweden and the United Kingdom).

Midwives included ‘Client Safety’ when asking about CPD content offered and nearly 70% said it was part of the explicit CPD content. Many believed that the concept of CPD was integral to patient safety. There is some evidence that the EU level policy initiatives such as the EU health strategy have had an impact of raising the profile of Patient Safety on national agendas for CPD: Bulgaria reported that EU Health Strategy has introduced new CPD topics including Patient Safety; Multi-professional training and education CPD activities have been introduced or developed because of safety agenda in Denmark, Ireland, Slovenia, Sweden, Switzerland and UK.

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In the case of **pharmacists** the UK reported that Patient Safety is part of mandatory CPD requirements. In particular pharmacists must record how their learning will support patient safety.

7. CPD IN NATIONAL STANDARDS AND GUIDELINES ON QUALITY OF CARE

Guidelines on quality of care and patient safety are often developed at national level, sometimes by ministries, in other cases by the regulators or professional organisations at national level. The adoption of the EU Directive on Patients' Rights in cross-border healthcare has increased the importance of exchanging information about standards and guidelines on quality of care and patient safety. Therefore the survey also included questions on the relation of CPD with regard to national standards and guidelines on quality of care.

When looking at all EU/ EFTA countries and at all health professionals, only a 41 percent of all respondents confirmed that CPD is integrated in national standards or guidelines for quality of care.

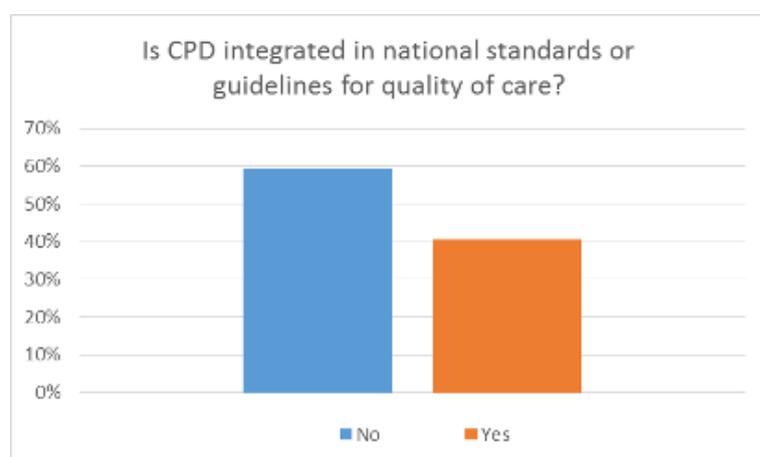


Table 39: CPD in standards and guidelines

Looking at individual professions, pharmacists are the profession that affirms most often that CPD is integrated in national standards or guidelines for quality of care.

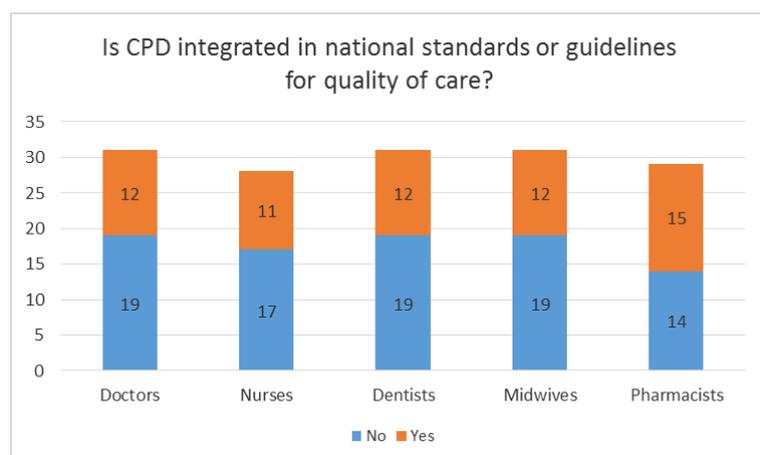


Table 40: CPD in standards and guidelines per profession

Looking at individual countries, Ireland, Italy and the Netherlands are the countries where CPD is integrated in national standards or guidelines for quality of care most often. It is important to highlight that in the case of pharmacists the respondents from Luxembourg and Greece did not answer this question. In the cases of

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nurses the respondent from Estonia and France did not answer this question and there is no information from Malta.

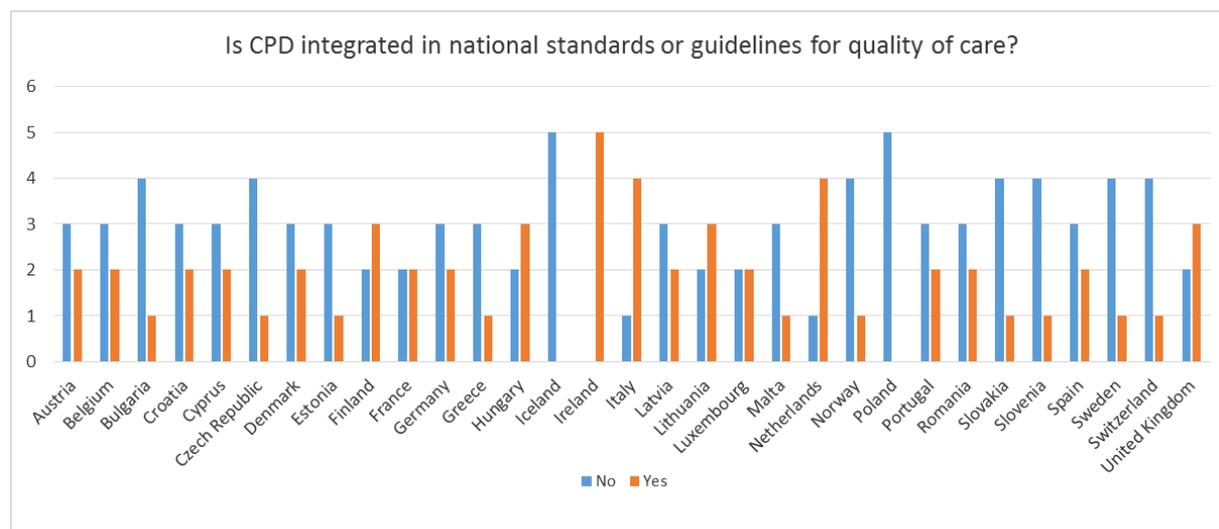


Table 41: CPD in standards and guidelines per country

Some examples of how CPD standards are reflected or integrated into national standards or guidelines for quality of care in the case of some professions are found below:

Doctors: Ireland: In June 2012, the Health Information and Quality Authority (HIQA) in Ireland adopted ‘National Standards for Safer Better Healthcare’ (<http://www.hiqa.ie/standards/health/safer-better-healthcare>). The standards refer to ‘training, educational and development programmes’ as a tool of implementation at professional level. Similarly the ‘National Standards for the Prevention and Control of Healthcare Associated Infections’ (<http://www.hiqa.ie/standards/health/healthcare-associated-infections>) adopted in 2009 address professional development, and explicitly mention the need for sufficient resources to ensure access for professionals.

Netherlands: In the Netherlands, the National Health Care Institute supports a Quality Institute which aims to improve quality of care by promoting transparency on quality indicators, researching into effectiveness of care and providing information on quality of care (<http://www.zorginstituutnederland.nl/kwaliteit/kwaliteitsinstituut/zichtbaar+maken>). Its evaluation of quality of care is based on a set of indicators which include, i.e. the availability of CPD, the allocation of resources to CPD and measures to ensure the quality of CPD and its effectiveness.

Italy: In Italy, the National Agency for Regional Health Services (Agenas) supports the development of guidelines for quality of care. The manual of methodology on ‘How to produce, disseminate and update recommendations for clinical practice’ as published in 2002 (http://www.agenas.it/images/agenas/pnlg/Manuale_PNLG.pdf), discusses the integration of guidance on CPD for recommendations developed in the scope of the National Programme on Guidelines. Here it is highlighted that the form of CPD delivery chosen is important to ensure effectiveness. The specific guidelines addressing individual treatments are encouraged to follow these methodological recommendations.

In Finland, **nurses** reported that CPD is integrated in some national standards for quality of care, for example in the “Quality recommendation to guarantee a good quality of life and improved services for older persons” <http://www.stm.fi/en/publications/publication/-/julkaisu/1860580#en>

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In Germany, CPD is integrated in national standards for quality of care included in the DNQP (German Network for Quality Development in Nursing) that has developed expert standards for many years.

For **dentists** in Ireland, CPD is integrated in national guidelines through 3 core areas of competences: medical emergencies, oral radiology and infection control. In the Netherlands, it is integrated by being a part of the dentists' ethical code. In the United Kingdom, it is integrated through requirements by entity regulators such as the Care Quality Commission (CQC) to comply with professional requirements set by the GDC.

In the case of **pharmacists**, in Ireland, the Regulation of Retail Pharmacy Business [regulations 2008 (SI no 488 of 2008)] states that they must have the requisite knowledge, skills and fitness to perform their work. They are also integrated in a Code regulation by professional body: the IPHA Code. In the Netherlands this is integrated in the Dutch Pharmacy Normation: Nederlandse Apotheek Norm. The manifesto Professionalism of the Pharmacist: Handvest van de apotheken and a Code regulation by professional body. In Italy Guidelines are approved by national commission continuing education and by the national agency for health services (AGENAS).

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8. TRENDS

The survey includes a section in which four questions address shifts in CPD practices. The first question looks into shifts on institutional competences to regulate CPD; the second question asks whether it has been or is foreseen for there to be a shift from voluntary to mandatory CPD or vice versa; the third question inquires about whether there was a shift for the criteria taken into account in the accreditation of CPD activities and the fourth question asks about developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

Following the analysis of the answers received it is difficult to signal a change of CPD behavior applicable to all professions. Moreover, most respondents for doctors, pharmacists and midwives reported no shifts on CPD.

However if the professions are taken in an individual basis we could conclude that the most actively reported area of shift for doctors and midwives was on CPD accreditation (8 countries for doctors, 9 in the case of midwives); Institutional changes in the case of nurses (reported in 7 countries) and developments in relation to competency frameworks or qualifications frameworks in the case of pharmacists (reported in 5 countries). In the case of dentist a significant number of countries (10 out of 31) reported a change from voluntary to mandatory CPD.

The following paragraphs provide a detailed explanation of the answers received to the four questions by all the professions:

For **doctors**, the majority of countries do not indicate any recent or foreseeable shift in the current CPD system. Out of 19 countries (Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Iceland, Ireland, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia, Sweden and Switzerland) only three countries (Bulgaria, Luxembourg, Sweden) indicate that discussions leading to a possible shift are noted at national level.

In terms of shifts in institutional competence, changes are reported to be on-going in France, Lithuania, Norway, Portugal and Spain. For the situation in France, it is explained that it is intended to award a greater role to specialty colleges to improve the compliance of CPD activities with professional needs, for better practical analysis, appropriate training and optimise the impact of CPD on professional practice.

As regards shifts from voluntary CPD frameworks to mandatory CPD systems, it is reported that both in Norway and Spain such a change is foreseeable for the future.

For several countries, it is indicated that there is a shift with regard to the modalities of accreditation of CPD activities. For Greece, Cyprus and Malta it is reported that the changes at national level reflect a recent adaptation in the UEMS/EACCME[®] framework. In Lithuania, a change is indicated as regards the calculation of hours in accreditation. The Italian accreditation system is reported to have seen a shift from the accreditation of CPD activities to CPD providers. The changes in the accreditation system in Austria are reported to result from a greater awareness for quality assurance criteria and the continuous development process. For the accreditation of CPD in France, it is indicated that greater emphasis should be placed on the relevance of CPD to a specific specialty for the purposes of accreditation. Changes to the criteria taken into account for accreditation of CPD in Spain are also reported.

Lastly, changes on the relation of CPD requirements and competency or qualifications frameworks were reported. The changes reported for Cyprus are linked to the adjustment of the national system to reflect the updated UEMS/EACCME[®] framework. In France, the change is similarly linked with the shifts in the accreditation process, since specialty colleges are reported to also address competency frameworks in the scope of their new tasks. For the national approach in the Netherlands it is indicated that greater importance is now awarded to general competences. In the United Kingdom a significant shift has been implemented through the intro-

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duction of a process of revalidation of doctors' licences, which aims to improve competency and qualifications. Changes are also reported for Lithuania and Spain.

As regards **nurses**, 7 countries reported shifts in the institutional competence to regulate CPD (Germany, Hungary, Italy, Slovenia, Poland, Finland, and Spain). Czech Republic, Ireland and Switzerland indicated that new legislation is under discussion and some changes might occur in the future. In relation to shifts from voluntary to mandatory CPD, 5 countries (Cyprus, France, Ireland, Slovenia and Spain) indicated there was a shift within the past years. 3 countries (Germany, Poland and Switzerland) reported that there are discussions going on and the system might change in the future. In relation to studies published earlier and notwithstanding the differences in the methodology and purposes of the present study, a report that analysed the CPD systems for nurses in 2006 (updated in 2012) indicated that CPD was mandatory in 13 countries. Taking into account the results of the present study, 21 countries indicated that CPD is mandatory for nurses confirming there has been a move towards mandatory CPD systems¹⁷.

As regards the criteria used for the accreditation of CPD activities, only 4 countries (Hungary, Denmark, Portugal and the UK) reported some changes. Portugal specifically mentioned that they are working on a new system to validate voluntary CPD. The UK reported some changes in the institutions that give accreditation to CPD activities.

Concerning the developments of CPD requirements in relation to competency frameworks or qualifications frameworks, only 3 countries reported changes (Belgium, Denmark and Spain). Belgium reported that there are some discussions on the issue. Denmark reported ongoing developments to define specific needs for nurse specialties. Spain indicates that there are new CPD requirements in relation to new competences for nurses (i.e. nurse prescribing).

Countries like Austria, Bulgaria, Greece, Iceland, Latvia, Lithuania, the Netherlands and Slovakia have not reported changes in the CPD systems for nurses in the previous years.

For **dentists**, 17 out of 31 respondents reported at least one recorded or anticipated shift related to CPD. 14 respondents (from Austria, Bulgaria, Czech Republic, Estonia, Hungary, Greece, Iceland, Latvia, the Netherlands, Norway, Poland, Romania, Spain and Switzerland) reported no shifts.

6 respondents reported that there had been or that they anticipate a shift in the institutional competence to regulate CPD. For Finland and the UK, the anticipated change was related to the proposed strengthening of the CPD system (see below). For Ireland, Malta and Sweden the change was anticipated to be related to a future introduction of mandatory CPD for dentists. Croatian Dental Chamber specified that they have also started regulating dental technicians and dental assistants which included regulation of their CPD and also had an influence on CPD of dentists.

10 respondents reported recorded or anticipated shifts from voluntary to mandatory CPD. Those who reported recent shifts to mandatory CPD included Germany (2004), Italy (2011 for salaried dentists) and Portugal. CPD for dentists was expected to become mandatory in the next several years by the respondents from Cyprus, Ireland, Malta and Sweden. The already mandatory CPD system was expected to be strengthened in Finland and the UK. In addition, a shift was reported from Denmark (although it related to an introduction in 2009 of a CPD scheme by the Danish Dental Association which under the definitions of the study does not fulfil the criteria for mandatory CPD).

6 respondents mentioned shifts in terms of criteria for accreditation of CPD. In Belgium, the accreditation criteria were subject to an early revision by the Steering Group. Respondents from Italy specified that this

¹⁷ Report that analysed the CPD systems for nurses in 2006 (updated in 2012)¹⁷. Reference: EFN (2006). Report on CPD in nursing. Updated in 2012. Available in <http://www.efnweb.be/wp-content/uploads/2012/11/EFN-Report-on-CPD-June-2006-Final-rev-22-10-2012.pdf>

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related to the shift from accreditation of CPD events to accreditation of CPD providers. Respondents from Slovakia mentioned that less commercial CPD was being awarded accreditation in Slovakia. The respondent from Luxembourg reported the creation of ILFMC criteria for CPD organizers and also strict criteria for CPD activities. Croatia also confirmed changes and the Finnish Dental Society was debating the issue of accreditation.

Shifts regarding competency frameworks or qualifications frameworks were reported by 9 respondents. In Finland, a recent proposal by the Finnish Dental Society and the Finnish Dental Association on changes to the CPD system included a competency framework. In Lithuania, a requirement to follow courses based on competence that the dentist has to acquire if they want to carry out implants and some other procedures was introduced in 2013. The French respondent mentioned that since 2012 there is a requirement for practice assessment (evaluation of learning outcomes) for CPD. Approximation of CPD credits to ECTS in some cases was reported from Germany. In Slovakia, content of CPD had to reflect the daily work of the dentist (division of general dentistry/specialty). Other positive responses that did not include details came from Belgium, Croatia, Sweden and the UK.

Other reported or anticipated changes to CPD for dentists (not directly related to the four questions) included inclusion in the above mentioned recommendation by Finnish dental organizations on the number of days of CPD for dentists per year which was expected to result in concrete changes; increasing offer of CPD organized by professional organizations, scientific societies and universities rather than by the private sector in Slovakia. Slovenia reported anticipated changes to the bylaw on medical licenses that would result in changes in the required number of credits and content of mandatory CPD. The respondent from the UK anticipated a proposal for a new legislative framework, potentially leading to a system of revalidation for dentists.

Midwives in 15 countries reported no shifts in CPD (Bulgaria, Cyprus, Finland, France, Hungary, Iceland, Lithuania, Luxembourg, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, and Sweden). Latvia chose not to answer this section, therefore no information is provided. Croatia reported a continuum of potential change in the future, due to regular reviews of the midwives 'Rule Book' which can initiate changes in CPD criteria, based on practice environment changes.

In relation to institutional shifts: Ireland reported an anticipated institutional change due to the Nurses and Midwives Act 2011 being implemented. Accordingly, Malta respondents believed that due to their new competency framework, regulatory competence may shift. The midwives associations in Germany anticipate that the implementation of EU Directive 2013/55/EU will result in an institutional shift in assessing CPD and in the Netherlands there is a strong expectation of future developments in institutional competence to regulate CPD.

In relation to shifts from voluntary to mandatory CPD or vice versa; Estonia reported on-going national discussions on shifting from voluntary to mandatory CPD, similarly midwives in the Netherlands are reporting this as the future direction. In Ireland the expectation of a move from voluntary to mandatory CPD is being deliberated due to new legislation and in UK the development of new framework for re-validation of midwives (2015) is seen as a catalyst in strengthening mandatory CPD. Accordingly, Malta reported that the direction is from voluntary to mandatory CPD as their competency framework is further developed.

Considering a shift on the criteria taken into account in the accreditation of CPD, this appears to be the most actively reported area of shift in midwifery CPD. Italy reported a change from accreditation of each event to accreditation of providers and Croatia reported on the above mentioned fluidity of accreditation criteria. Belgium, Ireland and Spain reported changes in accreditation systems due to new national legislation, whereas in Estonia building CPD into the Occupational Qualifications Framework changed the accreditation criteria. In Austria, the shift is in the discussion to move the accreditation responsibility from provincial operational headquarters to a central one and the Czech Republic is undergoing discussion regarding the length of CPD, which would then impact on the accreditation. The midwives in Greece have been pro-active by undertaking a pilot

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study project to assess and evaluate structured CPD for midwives, linking it with the European level accreditation system. There is no information yet, as how the results may impact the future.

Regarding developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks, Austria explained that the move of accreditation from provincial to central headquarters will raise discussion on the changes in the competency or qualifications frameworks. Belgium, Estonia, Ireland, Malta reported that workforce competencies or legislation changes have already or seen to impact on the CPD as new frameworks have or will be developed. Midwives in Switzerland report a shift in ECTS and non-ECTS activities.

The analysis of the answers received by **pharmacists** showed that 17 countries (Austria, Bulgaria, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Iceland, Lithuania, Malta, Norway, Poland, Portugal, Spain and Sweden) reported no shifts on CPD. 3 Countries (Denmark, Luxembourg and Romania) choose to not to answer this section and no reasons were provided to justify this position.

In relation to institutional shifts: Ireland reported an institutional change and explained that the new Institute of Pharmacy, set by the Pharmaceutical Society will monitor CPD from 2015 on behalf of the regulator. Estonia, Slovenia and Slovakia reported discussions towards changes on institutional competences without further describing the proposal.

In relation to shifts from voluntary to mandatory CPD or vice versa; two countries reported a shift of voluntary CPD toward mandatory CPD. In the case of Latvia the change took place in 2013. Ireland reported that this is planned to happen in the near future. Two countries: Belgium and Estonia reported that there were discussions as regard a shift form voluntary to mandatory CPD.

As regards a shift on the criteria taken in to account in the accreditation of CPD, Italy reported a change from accreditation of each event to accreditation of providers. Netherlands reported changes in accreditation for e-learning courses. Bulgaria reported discussion on changes in the accreditation criteria to cover. Germany reported no change in accreditation criteria however they clarified that the accreditation may need to be adapted each time that guidelines are reviewed.

Regarding developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks, Latvia explained that they developed a competency frame work for pharmacists in 2013. The Netherlands explained that the Dutch community pharmacists will be using the CanMEDS competency framework in 2015. Croatia and Ireland explained that they are developing a national competency framework. Switzerland also reported changes in relation to competency and qualification frameworks to follow the accreditation procedure developed by the Swiss federal government.

Finally the UK reported a shift not covered in the survey. They say that CPD will become an element of pharmacists relicensing scheme by around 2018.

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9. COMPARISON OF CPD BY PROFESSION

Please find below the matrices showing key common features of CPD systems by profession.

<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
Austria	Yes	No	Law, code/regulation by professional body	Professional body with regulatory competence, higher educa- tion institu- tions, scien- tific societies	Doctor	Profession- al body with regula- tory com- petence	N/A	Yes	Doctor, em- ployer, compe- tent authority	Yes
Belgium	No	Yes	Ethical obligation	Scientific soci- eties, higher education institutions, professional organisations	Profession- al body with regula- tory com- petence	N/A	N/A	Yes	Doctor, pro- fessional body with regula- tory competence	Yes
Bulgaria	No	Yes	Ethical obliga- tion, code/regulation by professional body	Professional body with regulatory competence, professional organisations, scientific soci- eties	Profession- al body with regula- tory com- petence, doctor	N/A	N/A	Yes	Doctor, pri- vate/commerci- al sector, em- ployer	Yes
Croatia	Yes	Yes	Ethical obliga- tion, law	Scientific soci- eties, higher	Profession- al body	Profession- al body	Yes	Yes	Doctor, em- ployer, pri-	No

<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
				education institutions, pri- vate/commerci al sector	with regula- tory com- petence	with regula- tory com- petence			vate/commerci al sector	
Cyprus	No	Yes	Ethical obliga- tion, code/ regulation by professional body	Professional organisation, scientific soci- eties, profes- sional body with regulato- ry compe- tence	Profession- al body with regula- tory com- petence, profession- al organisa- tion	N/A	N/A	Yes	Ministry of Health, profes- sional organi- sations, pri- vate/commerci al sector	Yes
Czech Republic	Yes	No	Law, code/ regulation by professional body	Professional body with regulatory competence, professional organisation, scientific soci- eties	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	N/A	Yes	Professional body with regulatory competence, employer, private/ commercial sector, doctor	Yes
Denmark	No	Yes	Ethical obliga- tion, code/ regulation by professional body	Scientific soci- eties, profes- sional body with regulato- ry compe- tence, pri- vate/commerc	No moni- toring	N/A	N/A	No	Employer, private/ commercial sector, doctor	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
				ial sector						
Estonia	No	Yes	Decree/ government regulation	Professional organisation, scientific soci- eties, higher education institutions	Profession- al organisa- tions	N/A	N/A	Yes	Doctor, em- ployer	Yes
Finland	Yes	No	Ethical obliga- tion, law	Higher educa- tion institu- tions, scien- tific societies, professional organisation	Local em- ployers	N/A	N/A	Yes	Professional organisation, employer, private/ commercial sector, doctor	Yes
France	Yes	No	Law , decree/ governmental regulation, code/regulation by professional body	Scientific so- cieties, pri- vate/commerc ial sector, professional organisation	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	N/A	Yes	Ministry of Health, pri- vate/commerci al sector, state	Yes
Germany	Yes	No	Law, code/ regulation by professional body	Private/ commercial sector, higher education institutions, scientific soci- eties	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	N/A	Yes	Professional body with regulatory competence, private/ commercial sector, doctor	Yes
Greece	Yes	Yes	Law, decree/ governmental	Ministry of Education,	Profession- al organisa-	Profession- al body	N/A	Yes	Private/ commercial	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
			regulation	Ministry of Health, pri- vate/commerc ial sector	tion, pro- fessional body with regulatory compe- tence	with regula- tory com- petence, Ministry of Health			sector, doctor, employer, professional body with regulatory competence	
Hungary	Yes	No	Law, decree/ governmental regulation	Medical foun- dations, Minis- try of Educa- tion, profes- sional organi- sation	Ministry of Health, medical higher education institutions with regula- tory com- petence	Ministry of Health	Yes	Yes	Private/ commercial sector, em- ployer, profes- sional body with regula- tory competence	Yes
Iceland	No	Yes	Law	Ministry of Education, Ministry of Health, pri- vate/commerc ial sector	No moni- toring	N/A	N/A	No	Doctor	Yes
Ireland	Yes	No	Law	Higher educa- tion institu- tions, profes- sional organi- sation, scien- tific societies	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	N/A	Yes	Professional body with regulatory competence, professional organisation, employer	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
Italy	Yes	No	Law, code/ regulation by professional body	N/A	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	N/A	Yes	Professional body with regulatory competence, professional organisation, private/ commercial sector	Yes
Latvia	Yes	Yes	Law, code/ regulation by professional body	Professional body with regulatory competence, employer, professional organisation,	Ministry of Health, profession- al body with regula- tory com- petence, profession- al organisa- tion	Ministry of Health, profession- al body with regula- tory com- petence, profession- al organisa- tion	Yes	Yes	Employers, private/ commercial sector, doctor, European Social Fund	Yes
Lithuania	Yes	Yes	Law	Higher educa- tion institu- tions, scien- tific societies, professional body with regulatory competence	Ministry of Health, doctor	Ministry of Health	Yes	Yes	Ministry of Health, profes- sional body with regula- tory compe- tence, em- ployer	Yes
Luxembourg	No	Yes	Ethical obligation	Scientific soci-	No moni-	N/A	N/A	Yes	Professional	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
				eties, private sector, Minis- try of Health	toring				organisation, private/ commercial sector, doctor	
Malta	No	Yes	Ethical obligation	Online, in other Member States	No moni- toring	N/A	N/A	Yes	Ministry of Health, profes- sional organi- sation, em- ployer	Yes
Norway	Yes, for primary care spe- cialists	Yes, for all other spe- cialties	For primary care specialists: De- cree/ govern- mental regula- tion For all other specialties: De- cree/ govern- mental regula- tion, professional code	For primary care special- ists: Profes- sional organi- sation, pri- vate/commerc ial sector, scientific soci- eties For all other specialties: University hospitals, higher educa- tion institu- tions, profes- sional organi- sation	No moni- toring	No en- forcement	Yes, for primary care spe- cialists N/A for all other spe- cialties	Yes	Professional organisation, private/ commercial sector, doctor	Yes
Poland	Yes	No	Law,	Pri-	Profession-	Profession-	N/A	Yes	Ministry of	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
			code/regulation by professional body	vate/commerc ial sector, scientific soci- eties, higher education institutions	al body with regula- tory com- petence	al body with regula- tory com- petence			Health, profes- sional body with regula- tory compe- tence, doctor	
Portugal	No	Yes	Ethical obligation	Scientific soci- eties, higher education institutions, hospital ser- vices and primary care services	No moni- toring	N/A	N/A	No	Professional body with regulatory competence, employer, private/ commercial sector	Yes
Romania	Yes	Yes	Law, code/ regulation by professional body	Professional body with regulatory competence, professional organisation, Ministry of Health	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	Yes	Yes	Professional body with regulatory competence, professional organisation, doctor	No
Slovakia	Yes	No	Law, code/ regulation by professional body	Scientific soci- eties, profes- sional organi- sation, higher education, institutions	Profession- al body with regula- tory com- petence, doctor	Profession- al body with regula- tory com- petence	Yes	Yes	Employer, private/ commercial sector, doctor, health insur- ance fund,	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
									state budget, foundation	
Slovenia	Yes	No	Law, code/ regulation by professional body	Scientific soci- eties, pri- vate/commerc ial sector, professional body with regulatory competence	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	Yes	Yes	Professional organisation, private/ commercial sector, doctor	Yes
Spain	No	Yes	Ethical obliga- tions, code/ regulation by professional body	Professional organisation, scientific so- cieties, pri- vate/commerc ial sector	Profession- al organisa- tion	N/A	N/A	Yes	Professional organisation, private/ commercial sector, doctor	Yes
Sweden	No	Yes	Ethical obliga- tions, code/ regulation by professional body	Scientific soci- eties, profes- sional organi- sation, profes- sional body with regulato- ry compe- tence	No moni- toring	N/A	N/A	Yes	Employer, research grant, private/ commercial sector	Yes
Switzerland	Yes	No	Law, code/ regulation by professional body	Scientific so- cieties, pri- vate/commerc ial sector,	Cantonal health au- thority	Cantonal health authority	N/A	Yes	Doctor, pri- vate/commerci al sector	Yes

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<u>Doctors</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accred- itation	Financing	Guidelines on transparency/ independence
				professional organisation						
The Netherlands	Yes	No	Code/regulation by professional body	Pri- vate/commerc ial sector, scientific so- cieties, profes- sional organi- sation.	Profession- al body with regula- tory com- petence	Profession- al body with regula- tory com- petence	Yes	Yes	Employer, doctor	Yes
United Kingdom	Yes	Yes	Code/regulation by regulatory body Ethical obligation	N/A	Doctor, employer	Profession- al body with regula- tory com- petence	Yes	Yes	Ministry of Health, Minis- try of Educa- tion, profes- sional organi- sation, em- ployer, pri- vate/commerci al sector	Yes

N/A means non applicable because no answer was provided. In the case of the column describing CPD linked to licence review, N/A is included for cases of voluntary CPD where no data was collected on licence review, we are also indicating 'N/A' for cases where the data collected shows there is no licence review. Therefore, in this category, 'yes' will mean that there is a licence review and CPD is taken into account during this review; while 'no' will mean that there is a licence review, but CPD is not taken into account.

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Please find below the matrices showing key common features of CPD systems by profession.

<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
Austria	Yes	No	Law	N/A	Federal Minis- try of Health (not systemati- cally), employ- ers	None	N/A	Yes	Employer, nurse	No
Belgium	No	Yes	Law	Professional organisation, regulator, higher educa- tion institu- tions, Minis- try of Health	Ministry of Health, nurse	Ministry of Health	N/A	Yes	Nurse, em- ployer, pro- fessional organisation	No
Bulgaria	Yes	Yes	Law, code/ regulation by professional body	Professional body with regulatory competence, professional organisations, scientific societies	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Professional organisation	Yes
Croatia	Yes	No	Law	Ministry of Health, Min- istry of Edu-	Ministry of Health, profes- sional body	Ministry of Health, professional	Yes	Yes	N/A	N/A

<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
				cation, higher education institutions	with regulatory competence	body with regulatory competence				
Cyprus	Yes	No	Law, code/ regulation by professional body	Professional organisation, Ministry of Health, scien- tific societies, higher educa- tion institu- tions	Professional body with regulatory competence, nurse	Ministry of Health, professional body with regulatory competence	Yes	Yes	Nurse, em- ployer	Yes
Czech Repub- lic	Yes	No	Law	Professional organisation, private sec- tor, higher education institutions, scientific societies	Ministry of Health	Ministry of Health	Yes	Yes	Employer, nurse, EU funds	No
Denmark	No	Yes	Code/regulation by professional body	Higher educa- tion institu- tions, profes- sional bodies, private/ commercial sector, em-	N/A	N/A	N/A	Yes	Employer, private/ commercial sector, nurse	Yes

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Nurses	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
				ployer						
Estonia	No	Yes	Code/ regula- tion by profes- sional body	Professional organisation, Ministry of Health, Min- istry of Edu- cation	N/A	N/A	N/A	N/A	N/A	N/A
Finland	Yes	No	Law	Employers, higher educa- tion institu- tions, trade unions, pro- fessional organisation, pri- vate/commer- cial sector	Employer	None	N/A	No	Employer, nurse	Yes
France	Yes	No	Law	N/A	Employer	N/A	N/A	N/A	Employer, nurse	N/A
Germany	Yes (Bre- men, Hamburg, Saarland and Saxo- ny)	Yes	Code/regulation by professional body	Private sec- tor, higher education, professional body with regulatory competence,	Local Health Authority	None	N/A	No	Employer, nurse	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
				higher educa- tion institu- tions, scien- tific societies						
Greece	No	Yes	Ethical obliga- tion	Scientific societies, professional body with regulatory competence, higher educa- tion institu- tions, profes- sional organi- sations	Ministry of Health	None	N/A	Yes	Employer, private/ commercial sector, nurse	No
Hungary	Yes	No	Law	Higher educa- tion institu- tions, profes- sional organi- sations, sci- entific socie- ties	Nurses, Profes- sional organi- sation with regulatory competence	Professional organisation with regula- tory compe- tence	Yes	Yes	Nurse, em- ployer, com- petent au- thority	Yes
Iceland	No	Yes	Law, ethical obligation	Higher educa- tion institu- tions, em- ployers, pro-	Nurse, health institutions	None	N/A	Yes	Nurse, em- ployer, Ice- landic Nurs- es organisa-	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
				Professional organisations and profes- sional organi- sations with regulatory competence					tion, Contin- uing Educa- tional Fund	
Ireland	Yes	No	Law	Employers, professional organisation, private sec- tor, higher education institutions, professional organisation with regula- tory compe- tence	Nurse, em- ployer	Professional body with regulatory competence	Yes	Yes	Employer, nurse	Yes
Italy	Yes	No	Law, ethical obligation	Professional organisations, employers, higher educa- tion institu- tions, scien- tific societies	Health agency (Ministry of Health)	None	N/A	Yes	Nurse, pro- fessional organisa- tions	No

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Nurses	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
Latvia	Yes	Yes	Law	Professional organisation, higher education institutions, private sector	Professional organisation, professional body with regulatory competence	Professional organisation, professional body with regulatory competence	Yes	Yes	Employer, private/commercial sector, European Social Fund projects, nurse	Yes
Lithuania	Yes	No	Law	Ministry of Education, Ministry of Health, private sector, professional body with regulatory competence	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Ministry of Health, employer, nurse	No
Luxembourg	Yes	No	Law	Professional body with regulatory competence	Ministry of Health	None	N/A	No	Ministry of Health, employer, nurse	No
Malta	-	-	-	-	-	-	-	-	-	-
Norway	No	No	Ethical obligation	N/A	Nurses	None	N/A	No	Ministry of Health, Ministry of Education, em-	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
									ployer, pri- vate/comme- rcial sector, nurse	
Poland	No	Yes	Law, code/ regulation by professional body	Professional organisations, Professional body with regulatory competence, private sec- tor, higher education institutions	N/A	None	N/A	No	Ministry of Health, em- ployer, regu- lator, nurse	No
Portugal	Yes	Yes	Law	Private sec- tor, scientific societies, Ministry of Health and Ministry of Education, professional organisations	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Professional association, nurse	Yes
Romania	Yes	Yes	Law	Professional body with regulatory	Professional body with regulatory	Professional body with regulatory	Yes	Yes	Nurse, med- ical general assistants	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
				competence	competence	competence				
Slovakia	Yes	No	Law	Professional body with regulatory competence, Ministry of Education, Ministry of Health, pri- vate sector, scientific societies, higher educa- tion institu- tions	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Employer, chamber, nurse, health insur- ance fund, state budg- et, founda- tion	Yes
Slovenia	Yes	No	Law	Ministry of Health, pro- fessional organisations, professional body with regulatory competence, Ministry of Education	Ministry of Health	Ministry of Health	Yes	Yes	Employer, nurse	No
Spain	Yes	Yes	Law, code/	Professional	Nurse	None	N/A	Yes	Ministry of	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence
			regulation by professional body	body with regulatory competence, Ministry of Health					Health, pro- fessional body with regulatory competence, employer, nurse	
Sweden	No	No	Ethical obliga- tions	N/A	N/A	N/A	N/A	No	N/A	No
Switzerland	No	Yes	Ethical obliga- tions	Professional organisation, Ministry of Health	Cantonal health authori- ty (for self- employed)	Cantonal health au- thority (for self- employed)	N/A	No	Employer, nurse	No
The Nether- lands	Yes	No	Law	Professional body with regulatory competence	Ministry of Health, nurse	Ministry of Health	Yes	No	Employer, nurse	No
United King- dom	Yes	No	Code/regulation by regulatory body	Employer, professional organisations, pri- vate/commer- cial sector, higher educa- tion institu-	Nurse	Professional body with regulatory competence	Yes	No	Employer, nurse	No

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<u>Nurses</u>	Mandato- ry	Voluntary	Organisation: CPD require- ment estab- lished in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence re- view	Accredita- tion	Financing	Guidelines on trans- paren- cy/indepe- ndence

N/A means non applicable because no answer was provided. In the case of the column describing CPD linked to licence review, N/A is included for cases of voluntary CPD where no data was collected on licence review , we are also indicating 'N/A' for cases where the data collected shows there is no licence review. Therefore, in this category, 'yes' will mean that there is a licence review and CPD is taken into account during this review; while 'no' will mean that there is a licence review, but CPD is not taken into account.

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Please find below the matrices showing key common features of CPD systems by profession.

<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
Austria	Yes	Yes	Law, regulation by professional body with regula- tory compe- tence ¹⁸	Scientific societies, professional body with regulatory compe- tence, professional organisations, universi- ties, pri- vate/commercial sec- tor, Ministry of Health, Ministry of Education and others	None	None	N/A	Yes	Self- employed dentist, Salaried dentist, Employer	No
Belgium	Yes	Yes	Law	Professional organisa- tions, higher education institutions, scientific societies, private/ commercial sector, professional body with regulatory competence and the Ministries of Health and of Educa- tion	Ministry of Health ¹⁹ , Ministry of Social Affairs (RIZIV/INAM I) ²⁰	Ministry of Health ²¹ , Ministry of Social Affairs (RIZIV/INAMI) ²²	Yes	Yes	Self- employed dentist	Yes
Bulgaria	Yes	No	Law, regulation	Professional body,	Professional	None	N/A	No	Competent	Yes

¹⁸ For voluntary CPD

¹⁹ For mandatory CPD

²⁰ For voluntary CPD

²¹ For mandatory CPD

²² For voluntary CPD

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
			by professional body	medical institutes, medical universities, Red Cross, Military Higher Medical Insti- tute, private/ commercial sector (through professional body)	body				authority, pri- vate/com mercial sector	
Croatia	Yes	Yes	Regulation by professional body	Professional body, professional associa- tions, Ministry of Health, Ministry of Education, scientific societies, higher edu- cation institutions, private/commercial sector	Professional body	Professional body ²³	Yes	Yes	Self- employed dentist, salaried dentist, employer	Yes
Cyprus	No	Yes	Regulation by professional body	Professional body with regulatory compe- tence, scientific socie- ties, professional or- ganisation, higher education institutions, private/commercial sector, Ministry of Health, other, Ministry	Professional body	None	No	Yes	Dentist, employer, profes- sional organisa- tion	Yes

²³ For mandatory CPD

D.4 FINAL REPORT

<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				of Education						
Czech Republic	Yes	Yes	Law ²⁴ , govern- mental decree, professional body regulation, ethi- cal obligation	Professional body, scientific societies, private/commercial sector, higher educa- tion institutions, Minis- try of Health, Ministry of Education	Professional body	Professional body ²⁵ , judici- ary ²⁶	N/A	No	Dentist, employer	No
Denmark	No	Yes ²⁷	Regulation by professional body	Professional body, private/commercial sector	Professional body	Professional body	N/A	No	Profes- sional organisa- tion, den- tists	No
Estonia	No	Yes	Code by profes- sional body, ethi- cal obligation	Professional body, higher education insti- tutions, private/ commercial sector, professional body with regulatory compe- tence, Ministry of Health, Ministry of Education, scientific societies	Professional body	None	N/A	Yes	Dentist, employer	No

²⁴ For mandatory CPD

²⁵ For mandatory and voluntary CPD

²⁶ For mandatory CPD

²⁷ Mandatory for professional body members

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
Finland	Yes	Yes	Law ²⁸ , govern- mental regula- tion ²⁹ , ethical obligation ³⁰	Scientific societies, employers of public healthcare, pri- vate/commercial sec- tor, professional organ- isations, higher educa- tion institutions, Minis- try of Health, Ministry of Education	Dentist ³¹	National Su- pervisory authority for Welfare and Health ³²	N/A	No	Self- employed dentist, employer	Yes
France	Yes	No	Law, de- cree/government al regulation	Professional organisa- tion, scientific socie- ties, higher education institutions, profes- sional body with regu- latory competence, Ministry of Health, Ministry of Education, private/commercial sector	Professional body	Professional body	N/A	Yes	Dentist	Yes
Germany	Yes	Yes	Law ³³ , regula- tion/code by	Scientific societies, professional bodies	Professional body ³⁴ , As-	Professional body ³⁶ , Asso-	N/A	Yes	Dentist in free prac-	Yes

²⁸ For voluntary CPD

²⁹ For mandatory and voluntary CPD

³⁰ For voluntary CPD

³¹ For mandatory CPD

³² For mandatory CPD

³³ For mandatory CPD

³⁴ For mandatory and voluntary CPD

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
			professional body, ethical obligation	professional organisa- tions, pri- vate/commercial sec- tor, higher education institutions, Ministry of Health, Ministry of Education	sociations of Statutory Health In- surance Dentists ³⁵	ciations of Statutory Health Insur- ance Den- tists ³⁷			tice, em- ployer	
Greece	No	Yes	Ethical obligation	Scientific societies, the Hellenic Dental Associ- ation (professional organisation), Universi- ty Dental Schools, Ministry of Health, Ministry of Education, private/commercial sector	None	None	N/A	No	Private/ commer- cial sector, dentist	No
Hungary	Yes	No	Ministerial regu- lation	Professional body, scientific societies, Ministry of Education, professional organisa- tions, Ministry of Health, higher educa- tion institutions, pri- vate/commercial sec-	Professional body	Professional body	Yes	Yes	Dentist, employer, competent authority	Yes

³⁶ For mandatory and voluntary CPD

³⁵ For mandatory CPD

³⁷ For mandatory CPD

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				tor						
Iceland	Yes	No	Code/regulation by professional body	Professional body with regulatory compe- tence, professional organisation, Ministry of Education, scientific societies, Ministry of Health, Higher Educa- tion Institutes, pri- vate/commercial sec- tor	Professional body	Professional body	N/A	No	Dentist	No
Ireland	No	Yes	Law, code/ regulation by professional body, ethical obligation	Professional organisa- tion, scientific socie- ties, higher education institutions, pri- vate/commercial sec- tor, others, Ministry of Health, Ministry of Education, profession- al body with regulatory competence	Dentist	None	N/A	Yes	Dentist	No
Italy	Yes	No	Law	Scientific societies, professional organisa- tions, professional body with regulatory competence, private sector, Ministry of	Ministry of Health, pro- fessional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Dentist, employer, competent authority	Yes

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				Health, Ministry of Education, higher edu- cation institutions						
Latvia	Yes	Yes	Law, decree/ regulation, ethical obligation ³⁸	Professional organisa- tion, education institu- tions, pri- vate/commercial sec- tor, employer ³⁹	Professional body ⁴⁰ , den- tist ⁴¹	Health Inspec- torate ⁴²	Yes	Yes	Employer, private/ commer- cial sector, European Social Fund, den- tists	Yes
Lithuania	Yes	Yes	Law ⁴³ , code/ regulation by professional body ⁴⁴	Professional body, scientific societies, professional organisa- tion, higher education institutions, pri- vate/commercial sec- tor, Ministry of Health	Professional body with regulatory compe- tence ⁴⁵	Professional body with regulatory competence ⁴⁶	Yes	Yes	Dentist, profes- sional organisa- tion, pro- fessional body with regulatory compe-	Yes

³⁸ For voluntary CPD

³⁹ For mandatory CPD

⁴⁰ For mandatory CPD

⁴¹ For mandatory CPD

⁴² For mandatory CPD

⁴³ For mandatory CPD

⁴⁴ For mandatory CPD

⁴⁵ For mandatory CPD

⁴⁶ For mandatory CPD

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
									tence	
Luxembourg	No	Yes	Law, regulation by professional body, ethical obligation	Scientific societies, Association of dentists, higher education institutions from other countries (Luxembourg has no dental school), private/commercial sector, professional body with regulatory competence, Ministry of Health, Ministry of Education	Professional body	None	N/A	Yes	Dentist, professional organisation	Yes
Malta	No	Yes	None	Professional body, higher education institutions, private/commercial sector	None	None	N/A	Yes	Competent authority, private sector, dentist	No
Norway	No	Yes ⁴⁷	Law, code by professional body	Professional body, Public Health Authority in each of the 19 counties which are responsible for organizing the PDH services, higher education institutions, scientific societies,	Professional body, dentist	Professional body	N/A	Yes	Dentist, employer	No

⁴⁷ Mandatory for professional body members

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Dentists	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				private/commercial sector, Ministry of Health, Ministry of Education						
Poland	Yes	No	Law, decree/ governmental regulation, code/regulation by professional body	Private/commercial sector, scientific societies, higher education institutions, professional organisation, professional body with regulatory competence, Ministry of Health, Ministry of Education	Professional body with regulatory competence, professional organisation ⁴⁸	Professional body with regulatory competence, professional organisation ⁴⁹	N/A	Yes	Profes- sional body with regu- latory compe- tence, profes- sional organisa- tion, den- tist	No
Portugal	Yes	Yes	Law, regulation by professional body	Professional body, higher education institutions, private/commercial sector, scientific societies, professional organisation, Ministry of Health, Ministry of Education	Professional body ⁵⁰	Professional body ⁵¹	N/A	Yes	Competent authority, employer, private/ commer- cial sector	Yes

⁴⁸ Refers to regional chambers of physicians and dentists which act as both professional organisations representing their members and as professional bodies with regulatory competence

⁴⁹ Refers to regional chambers of physicians and dentists which act as both professional organisations representing their members and as professional bodies with regulatory competence

⁵⁰ For mandatory CPD

⁵¹ For mandatory CPD

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
Romania	Yes	Yes	Regulation by professional body	Professional organisa- tions, scientific socie- ties, professional body, higher education insti- tutions, pri- vate/commercial sec- tor, Ministry of Health, Ministry of Education	Professional body	Professional body	Yes	No	Dentist	No
Slovakia	Yes	No	Law	Professional body, higher education insti- tutions, scientific socie- ties , the private/ commercial sector, professional organisa- tions, Ministry of Health, Ministry of Education	Professional body	Professional body	N/A	Yes	Dentist, employer, competent authority, health insurance fund, state budget, foundation	Yes
Slovenia	Yes	No	Law	Scientific societies, professional body, private/commercial sector, professional organisations, higher education institutions, Ministry of Health, Ministry of Education	Professional body	Professional body	Yes	Yes	Dentist, employer	Yes
Spain	No	Yes	Ethical obligation	Professional body, scientific societies,	Professional body	None	N/A	Yes	Competent authority	No

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				private/commercial sector, professional organisation, Higher Education Institutions, Ministry of Health, Ministry of Education						
Sweden	No	Yes	Ethical obligation	General public dentistry (seen as a unit), professional body, private/commercial sector (including dental industry), higher education institutions, professional body with regulatory competence, Ministry of Health, Ministry of Education	None	None	N/A	No	Self-employed dentist, employer	No
Switzerland	Yes	No	Law, code/ regulation by professional body	Professional body with regulatory competence, professional organisation, scientific societies, private/commercial sector, higher education institutions, other (hospitals), Ministry of	Professional organisation	Professional organisation	N/A	Yes	Dentist	No

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<u>Dentists</u>	Man- datory	Volun- tary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparen- cy/independ ence
				Health, Ministry of Education						
The Nether- lands	No	Yes	Ethical obligation	Professional organisa- tion, scientific socie- ties, higher education institutions, pri- vate/commercial sec- tor	Professional body	None	N/A	No	Dentist	No
United King- dom	Yes	No	Law, regulation by regulatory body	Private/commercial sector	Regulatory body	Regulatory body	Yes	No	Self- employed dentist, employer	No

N/A means non applicable because no answer was provided. In the case of the column describing CPD linked to licence review, N/A is included for cases of voluntary CPD where no data was collected on licence review, we are also indicating 'N/A' for cases where the data collected shows there is no licence review. Therefore, in this category, 'yes' will mean that there is a licence review and CPD is taken into account during this review; while 'no' will mean that there is a licence review, but CPD is not taken into account.

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Please find below the matrices showing key common features of CPD systems by profession.

Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
Austria	Yes	No	Law, professional code	Professional body with regulatory competence, Ministry of Health, scientific societies	Professional body with regulatory competence	No	N/A	Yes	Midwife, employer, competent authority	Yes
Belgium	Yes	Yes	Law	Professional Organisation, private sector, scientific societies	Ministry of Health	Ministry of Health	Yes	Yes	Employer, professional organisation, midwife	Yes
Bulgaria	Yes	Yes	Law, professional code	Professional organisation, professional body with regulatory competence, higher education institutions	Professional body with regulatory competence Professional organisation	Professional body with regulatory competence Professional organisation	Yes	Yes	Midwife, employer, professional body with regulatory competence	Yes
Croatia	Yes	No	Professional code	Professional organisation, professional body with regulatory competence ⁵² , private/commercial sector	Professional organisation	Professional organisation	Yes	Yes	Professional body with regulatory competence, employer, midwife	Yes
Cyprus	Yes	No	Law, decree, professional	Professional organisation, Ministry of	Professional organisation,	Judiciary, Ministry of	Yes	Yes	Ministry of Health, pro-	Yes

⁵² Both organisations are in the Chamber of Croatian Midwives and cover multiple roles.

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<u>Midwives</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
			code	Health, professional body with regulatory competence	Ministry of Health, professional body with regulatory competence	Health, professional body with regulatory competence			fessional body with regulatory competence, professional organisation	
Czech Republic	Yes	No	Law	Professional organisation, employer, private/commercial sector	Ministry of Health	Ministry of Health	Yes	Yes	Midwife	No
Denmark	No	Yes	Ethical obligation	Professional organisation, Ministry of Health Employer	N/A	N/A	N/A	No	Ministry of Health, professional body with regulatory competence, professional organisation	Yes
Estonia	No	Yes	Professional code	Employer, professional body with regulatory competence, professional organisation	N/A	N/A	N/A	Yes	Midwife, employer	No
Finland	Yes	Yes	Law	Professional organisation, higher education institu-	Employer	Employer	N/A	No	Professional organisation, employer,	Yes

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Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
				tions, private/commercial sector					midwife	
France	Yes	Yes	Law, professional code	Higher education institutions, Ministry of Education, Ministry of Health	Professional body with regulatory competence	No	N/A	Yes	Ministry of Health, Ministry of Education, employer, midwife	Yes
Germany	No	Yes	Ethical obligation	Private/commercial sector, higher education institutions, scientific societies	N/A	N/A	N/A	No	Midwife, employer, professional organisation, association partial funding	Yes
Greece	No	No	N/A	N/A	N/A	N/A	N/A	No	Midwife	Yes
Hungary	Yes	No	Law, decree	Ministry of Health, higher education institutions, midwifery education institutes	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Midwife, employer, private/commercial sector	Yes
Iceland	No	No	Employment contractual agreement for CPD activi-	Employer, professional organisation, higher education institutions	N/A	N/A	N/A	No	Midwife, employer	No

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Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparency/ independence
			ties							
Ireland	No	Yes	Professional code, ethical obligation	Employer, professional organisation, professional body with regulatory competence	N/A	N/A	N/A	Yes	Employer, midwife, Health and Safety Executive	No
Italy	Yes	No	Law, decree	Professional body with regulatory competence, Ministry of Health, Ministry of Education	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Professional body with regulatory competence, professional organisation, employer	Yes
Latvia	Yes	No	Law, decree	Professional body with regulatory competence, higher education institutions, professional organisation	Professional organisation	Ministry of Health	Yes	No	Professional organisation, professional body with regulatory competence, higher education institutions	Yes
Lithuania	Yes	No	Law	Higher education institutions, scientific societies, private/commercial	State Health Ministry Accreditation Agency,	Professional body with regulatory competence	Yes	Yes	State Health Ministry Accreditation Agency,	No

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Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
				sector	professional body with regulatory competence				professional organisation, employer	
Luxembourg	No	Yes	Professional code, regulation	Ministry of Health (regulator), professional organisation, Ministry of Education	N/A	N/A	N/A	No	Ministry of Health, employer, midwife	Yes
Malta	Yes	Yes	Sectoral agreement	Professional organisation, Ministry of Health, scientific societies	Ministry of Health	Ministry of Health	N/A	Yes	Ministry of Health, Ministry of Education, professional organisation, private/commercial sector	No
Norway	No	No	N/A	N/A	N/A	N/A	N/A	No	Employer	Yes
Poland	No	Yes	Law, professional code, ethical obligation	Professional body with regulatory competence, professional organisation	N/A	N/A	N/A	No	Ministry of Health, employer, professional body with regulatory	No

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Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
									competence	
Portugal	Yes	No	Professional ethical obligation	Professional body with regulatory competence, professional organisation, scientific societies	None	None	N/A	No	Midwife	No
Romania	Yes	No	Law, professional code	Professional body with regulatory competence, higher education institutions, medical societies	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Midwife, professional body with regulatory competence	Yes
Slovakia	Yes	No	Law	Professional body with regulatory competence, professional organisation, scientific societies	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Professional organisation, employer, midwife, health insurance fund, state budget, foundation	Yes
Slovenia	Yes	No	Decree, governmental regulation	Professional organisation, scientific societies, higher education institutions	Ministry of Health, professional organisation	None	Yes	Yes	Professional organisation, employer, midwife	No

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Contract no. 2013 62 02 - Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU

Midwives	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
Spain	No	Yes	Ethical obligation by law, employment contractual agreement	Professional organisation, professional body with regulatory competence, higher education institutions	N/A	N/A	N/A	Yes	Professional body with regulatory competence, professional organisation, employer	Yes
Sweden	No	Yes	Employment contractual agreement	Employer, professional organisation	N/A	N/A	N/A	No	Employer	No
Switzerland	Yes	Yes	Regional law, professional code	Professional body with regulatory competence, professional organisation, Ministry of Education	Ministry of Education, professional organisation, professional organisation, midwife	None	N/A	Yes	Employer, midwife	No
The Netherlands	Yes	Yes	Law, professional code	Higher education institutions, professional organisation, private sector	Professional body with regulatory competence	Professional body with regulatory competence	Yes	Yes	Professional organisation, employer, private/commercial sector	Yes
United Kingdom	Yes	Yes	Law, professional code	Employer, Professional body with	Professional body with	Professional body with	Yes	No	Midwife, professional	Yes

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<u>Midwives</u>	Mandatory	Voluntary	Organisation: CPD requirement established in	Organisation: Providers	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accredita- tion	Financing	Guidelines on transparency/ independence
				regulatory compe- tence, professional organisation	regulatory competence	regulatory competence			organisation, employer	

N/A means non applicable because no answer was provided. In the case of the column describing CPD linked to licence review, N/A is included for cases of voluntary CPD where no data was collected on licence review , we are also indicating 'N/A' for cases where the data collected shows there is no licence review. Therefore, in this category, 'yes' will mean that there is a licence review and CPD is taken into account during this review; while 'no' will mean that there is a licence review, but CPD is not taken into account.

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Please find below the matrices showing key common features of CPD systems by profession.

Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
Austria	Yes	Yes	Law, code/regulation by professional body	Professional body with regulatory competence, professional organisations, private/commercial sector	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Professional, employer, competent authority	Yes
Belgium	No	Yes	Decree/governmental regulation, a code/regulation by the professional body	Professional organisations, scientific societies, international (research and professional) organisations	Ministry of Health, professional body with regulatory competence	Professional body	N/A	No	Professional organisation, employer, private/commercial sector	No
Bulgaria	Yes	No	Law, code/regulation by professional body	Professional body with regulatory competence, higher education institutions, private/commercial sector	Professional body	professional body	N/A	Yes	Professional body with regulatory competence, private/commercial sector, pharmacist	Yes
Croatia	Yes ⁵³	No	N/A	N/A	Professional	N/A	Yes	No	Professional	Yes

⁵³ The system in place is mandatory Continuous Education (CE).

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
					al body with regulatory competence				body with regulatory competence, professional organisation, private/commercial sector	
Cyprus	No	Yes	Law, decree/governmental regulation	N/A	Ministry of Health	N/A	N/A	No	Pharmacist	No
Czech Republic	Yes	No	Law	N/A	Professional association	N/A	No	Yes	Ministry of Health, professional organisation, private/commercial sector	No
Estonia	No	Yes	No particular basis	Professional organisation, higher education institutions, private/commercial sector, scientific societies	None	None	N/A	No	Pharmacist	No
Denmark	No	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Finland	Yes	No	Law, code/regulation by the	Professional organisation,	None	None	N/A	Yes	Professional organisation,	No

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
			professional body, ethical obligation	Centres for Continuing Education					employer, private/commercial sector	
France	Yes	No	Law, decree/governmental regulation	Private/commercial sector, scientific societies, higher education institutions, professional organisation	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Professional body with regulatory competence, employer	Yes
Germany	Yes	Yes	Law, code/regulation by professional body	Professional body with regulatory competency, private/commercial sector, professional organisations, scientific societies, higher education institutions	Professional body with regulatory competence	Professional body	N/A	Yes	CPD provider, pharmacist	Yes
Greece	No	Yes	N/A	N/A	N/A	N/A	N/A	No	N/A	No
Hungary	Yes	No	Decree/governmental regulation	Private sector, scientific societies, professional organisations	Ministry of Health, Office of Health Authoriza-	Ministry of Health, Office of Health Authoriza-	Yes	Yes	Ministry of Health, pharmacist, private/commercial sector	Yes

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
					tion and Administrative Procedures	tion and Administrative Procedures				
Iceland	No	Yes	N/A	N/A	None	None	N/A	No	N/A	No
Ireland	Yes	No	Decree/governmental regulation	Government funded institutions, others	Professional organisation	Professional body with regulatory competence	Yes	Yes	Ministry of Health, professional body with regulatory competence, pharmacist	Yes
Italy	Yes	No	Law, code/regulation by professional body	Professional body with regulatory competence, private/commercial sector, higher education institutions	Professional body with regulatory competence	Professional body with regulatory competence	N/A	Yes	Professional body with regulatory competence, professional organisation, private/commercial sector	Yes
Latvia	Yes	No	Decree/governmental regulation, code/regulation by the professional body	N/A	Professional organisation	Ministry and Professional organisation	Yes	Yes	Ministry of Health, professional organisations, employer	No
Lithuania	Yes	No	Law	Higher education institutions, pro-	Ministry of Health and	Ministry	Yes	Yes	Employer, private/	No

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
				Professional organisation, private/commercial sector	National Medicines Agency				commercial sector, pharmacist	
Luxembourg	No	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Malta	No	Yes	Law	N/A	Professional organisation	None	N/A	Yes	Professional organisation, private/commercial sector, pharmacist	No
Norway	No	Yes	Code/regulation by professional body	N/A	None	None	N/A	Yes	Employer, pharmacist	No
Poland	Yes	No	Decree/governmental regulation	N/A	Professional organisation	None	Yes	Yes	Ministry of Health, Ministry of Education, professional organisation	No
Portugal	Yes	No	Decree/governmental regulation, code/regulation by professional body	Private/commercial sector, professional body with regulatory competence, professional/scientific organisations,	Professional body with regulatory competence and pharmacists	Professional body with regulatory competence	Yes	Yes	Professional body with regulatory competence, employer, private/commercial sector	Yes

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
				higher education institutions						
Romania	Yes	No	Law, code/regulation by the professional body	Private/commercial sector, scientific societies, professional organisation	Professional organisation	Professional organisation	Yes	Yes	Private/commercial sector, pharmacist, sponsorships	No
Slovakia	Yes	No	Law	N/A	Professional association	Professional association	Yes	Yes	Professional organisation, private/commercial sector, pharmacist, health insurance fund, state budget, foundation	Yes
Slovenia	Yes	Yes	Law	N/A	Professional body with regulatory competence	N/A	N/A	No	Private/commercial sector, employer, pharmacist	Yes
Spain	No	Yes	Law	Professional organisations, professional body with regulatory	Professional organisations	None	N/A	Yes	Free of charge, pharmacist	No

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Pharmacists	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
				competence, scientific societies, private/commercial sector						
Sweden	No	Yes	N/A	N/A	None	None	N/A	No	N/A	No
Switzerland	Yes	Yes	Law, decree/governmental regulation, code/regulation by professional body	Multiple sources	Professional organisation and cantonal health authority	Professional organisation and cantonal health authority	N/A	Yes	Professional organisation, private/commercial sector, pharmacists	Yes
The Netherlands	Yes	No	Law for pharmacy hospitals, decree/governmental regulation, code/regulation by professional body	Higher education institutions, scientific societies, private/commercial sector	Professional body with regulatory competence (Specialist Registration Committee)	Professional body with regulatory competence (Specialist Registration Committee)	Yes	Yes	Professional organisation, employer, private/commercial sector	Yes
United Kingdom	Yes	No	Decree/ governmental regulation	Government funded institutions, others	Professional body with regulatory	Professional body with regulatory	N/A	No	Ministry of Health, professional organisation, employer	Yes

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<u>Pharmacists</u>	Mandatory	Voluntary	Document establishing CPD requirement	Providers of CPD	Monitoring	Enforcing Compliance procedures	CPD linked to licence review	Accreditation	Financing	Guidelines on transparency/independence
					compe- tence	compe- tence				

N/A means non applicable because no answer was provided. In the case of the column describing CPD linked to licence review, N/A is included for cases of voluntary CPD where no data was collected on licence review , we are also indicating 'N/A' for cases where the data collected shows there is no licence review. Therefore, in this category, 'yes' will mean that there is a licence review and CPD is taken into account during this review; while 'no' will mean that there is a licence review, but CPD is not taken into account.

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10. COUNTRY PROFILES

The country profiles comprise a detailed description of the survey responses for each profession and country. Each chapter of this section includes a matrix for the respective country, providing an overview of key findings of the five health professionals in order to aid comparison. A list of primary respondents can be found in Annex IV. In addition, following a consultation on preliminary outcomes in June 2014, the European Commission sent the country profiles to the representatives of the DG SANCO Working Group on European Workforce for Health in September 2014 with the request for comments. The country profiles of Belgium, Cyprus, Czech Republic, Germany, Spain, Finland, Hungary, Latvia, Poland, Slovenia, Slovakia and the United Kingdom contain comments sent by the respective ministries of health in response to the consultation of the Working Group.

10.1 Country profile: AUSTRIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	Yes	No	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Doctor, employer, competent authority	Employer, nurse	Self-employed dentist, salaried dentist, employer	Midwife, employer competent authority	Professional, employer, competent authority
Guidelines on transparency/independence	Yes	No	No	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Austrian Medical Chamber.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements in Austria. The licence to practise is not subject to review. The CPD requirement is established both in law and by the code of the professional body (<http://www.arztakademie.at/dfpverordnung> and <http://bit.ly/1nmDoEb>).

The individual professional is responsible for monitoring their compliance with CPD requirements. Should they fail to comply with requirements, the Austrian Medical Chamber enforces the consequences. Non-compliance with CPD requirements entails sanctions which range from an admonishment to an occupational ban in the case of firm refusal of continuing medical education. There is no regional level of this enforcement. There are no positive incentives to encourage professionals to comply with the CPD requirements.

The following bodies provide activities for mandatory CPD for doctors in Austria (ranked according to decreasing frequency of use): professional body with regulatory competence, higher education institutions, scientific societies, professional organisation, the private sector, as well as other institutions in the healthcare sector and hospitals.

Mandatory CPD requirements are formulated as a minimum number of credits according to a national system and a minimum number of hours. Doctors are required to collect 250 credits over a period of five years.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into the regulation on quality assurance in the course of ÖQMed evaluation.

Development and implementation

The professional body with regulatory competence, i.e. the Austrian Medical Chamber, initiates the development of CPD policy. CPD activities followed in another EU Member State are partially recognised: there is an agreement on mutual recognition based on the UEMS system, additionally CPD activities followed in Germany are recognised, and in the field of eLearning activities followed in the UK, Switzerland and Germany are recognised.

The completion of CPD activities is recorded both pro-actively by the individual professional and the CPD provider: CPD activities can be documented in an online CPD account to which the CPD provider transfers credits. The individual professional reports pro-actively on the completion of CPD activities.

Accreditation

There is a system of accreditation for formal CPD activities; informal CPD activities need not be accredited. The professional body with regulatory competence and professional organisations, in particular the Austrian Medical Chamber and the Austrian Academy of Physicians are in charge of accreditation. Accreditation is given both to CPD providers and individual CPD activities. There is no fee for accreditation. The accreditation takes into account the duration of an activity, its compliance with professional guidelines, its compliance with national policy, its learning outcomes (skills, knowledge, competences acquired), as well as requirements relating to transparency, sponsoring, disclosure of conflicts of interest, formal and administrative obligations, and medical didactics. Accreditation criteria do not differentiate between different providers. Also, CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the same criteria.

Content of CPD

Professional bodies and scientific societies are involved in the development of the content of formal CPD activities. There is no prescribed content which doctors must follow, however 4/5 of the CPD activities followed must relate to continuous medical education. There are no needs assessments to determine which CPD activities a professional should follow, apart from some voluntary offers which are available on the market.

The following topics are among the CPD activities offered to doctors in Austria: communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems, and intercultural communication skills. The general CPD requirements do not differ for doctors of different specialties or posts.

Delivery of CPD

CPD is delivered in the following forms: case presentations, clinical audits, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), peer-to-peer, employer-based, multi-professional, research-based, in study groups or quality circles, and through scientific research and studies, as well as supervision and lecturing.

Multi-professional CPD activities

There are multi-professional CPD activities offered by several providers, involving cross-curricular and interdisciplinary activities.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, professional organisations, employers, the private and commercial sector, as well as being self-funded by participating professionals' fees. The funding of CPD activities by the private or commercial sector is subject to a code of conduct established by the Austrian Medical Chamber. Similarly the transparency and independence of CPD is ensured by a code. Please find more details: <http://bit.ly/1koSwRG> and <http://www.arztakademie.at/dfpverordnung>.

As regards the rules according to which information on CPD activities can be communicated, CPD providers have to publicise their events in the 'DPF- calendar', the internet platform of the Austrian Academy of Physicians. Programmes, invitations and other material or publications may contain advertising. The extent of advertising has to be subordinate to the informative character of the publication. Contents of eLearning modules shall not be discontinued by banner ads, pop-up advertisements or similar applications. It is prohibited to link CPD contents to commercial websites for advertising purposes.

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As regards the cost of CPD activities, this can be covered by the professional, the employer, the competent authority or the private and commercial sector. There are no rules governing the price of CPD activities. There are also CPD activities which fulfil the mandatory CPD requirements available free of charge.

Doctors can offset the cost of CPD activities from their tax; other financial reliefs are dependent on the employer.

As regards the amount of paid working time per year doctors may spend on CPD activities, e.g. in the form of study leave, this differs according to employer.

Patient safety

Patient safety is among the topics on which CPD activities are offered for doctors in Austria, however it is not mandatory for doctors to follow CPD activities specifically addressing patient safety. Also there is no increase reported on the number of CPD activities on patient safety available to doctors in Austria.

Trends and reflections

The Austrian Medical Chamber and Austrian Academy of Physicians find the CPD offer for doctors in Austria to be satisfactory. There is no shift in the institutional competence to regulate CPD, nor is there a shift from the mandatory CPD requirements to a voluntary CPD framework to be foreseen in the near future.

In terms of criteria taken into account in the accreditation process, a shift has been observed towards a more awareness for quality assurance criteria and the continuous development process.

There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks.

CPD requirements are reviewed as required, at no regular interval. Also, there are no national studies available on the impact of CPD for professional practice.

In terms of barriers to participation in CPD activities, the most important ones were identified as time, money and the sparse offer of activities in some specialties.

New topics offered by CPD activities for doctors in Austria include mammography diagnostics, geriatrics and sports medicine.

Lastly, European cooperation and exchange of good practice on CPD is thought to provide added value with regard to the simplification of mutual recognition of professional qualifications, the homogenisation of standards for medical doctors and the promotion and enhancement of free movement of professionals.

Nurses

Structures and governance

The practice of the nursing profession in Austria is not subject to registration.

Mandatory CPD

Nurses have to fulfil 50 hours of CPD every 5 years. This request is included in the federal law (Law.No. I Nr.108/1997 - GuKG). The monitor of the compliance with CPD is done by the Federal Ministry of Health, but not systematically. Employers control whether nurses fulfil these requirements. There is no consequence if a nurse fails to comply with CPD.

Voluntary CPD

There is no voluntary CPD framework. Nurses can follow some education activities.

CPD as part of national standards and guidelines for quality of care

CPD is not included in national standards or guidelines of care.

Development and implementation

CPD policy is initiated by the Federal Ministry of Health.

Accreditation

There is a system of accreditation of CPD activities undertaken by the Federal Ministry of Health.

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Content of CPD

Content includes nursing clinical practice. Individual nurses do their own needs' assessment to select the topics they find most relevant to undertake.

Delivery of CPD

CPD activities are clinical hands on courses, conferences and seminars, formal practice based learning, international and national events, and activities organised by employers.

Multi-professional CPD activities

CPD activities are normally addressed to specific professions.

Financial issues and transparency

Costs are usually bear by employers and individual nurses.

Patient safety

CPD activities on patient safety are increasing.

Trends and reflections

N/A

Dentists

Structures and governance

The practice of the profession is subject to registration with the Austrian Dental Chamber which is a professional body with regulatory competence at national level. However, a dentist's licence to practise is not subject to review.

Mandatory CPD

CPD is mandatory for dentists in Austria; the requirement is established by law (§ 17 Austrian Dental Law – Zahnärztegesetz) and is formulated as a general duty of CPD for dentists without precise definition, for instance in terms of content or duration.

There is no monitoring of dentists to see if they comply with the mandatory CPD requirement and there are no direct consequences for those who do not comply.

Voluntary CPD

In addition to mandatory CPD, practice of the profession is also subject to a voluntary CPD framework. The basis of the voluntary CPD is a regulation by the Austrian Dental Chamber. Dentists face no direct negative consequences if they do not comply with the voluntary CPD recommendations but are encouraged to do so by the possibility to earn a special CPD diploma issued by the Austrian Dental Chamber (currently, 120 credit points equal to 85 hours are necessary for the diploma).

The following bodies provide activities for voluntary CPD for dentists in Austria (ranked according to decreasing frequency of use): scientific societies, Austrian Dental Chamber, professional organisations, universities, private sector, Ministry of Health, Ministry of Education and others.

CPD as part of national standards and guidelines for quality of care

CPD for dentists is not integrated in Austrian national standards or guidelines for quality of care.

Development and implementation

The Ministry of Health and the Austrian Dental Chamber (professional body with regulatory competence) initiate the development of policy on CPD.

Completion of CPD activities is recorded by the Austrian Dental Chamber; all CPD providers have to provide the Chamber with necessary information. Austrian Dental Chamber issues a diploma when the necessary number of credit points has been collected.

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CPD activities followed in other EU Member States are recognised in Austria if they comply with the Austrian Dental Chamber's CPD regulation.

Accreditation

The Austrian Dental Chamber provides accreditation for individual CPD activities for both voluntary and mandatory CPD, taking into account criteria such as compliance with professional guidelines and learning outcomes (skills, knowledge, competences acquired). Some CPD providers (Dental Chambers, leading scientific bodies and dental universities) are accredited in general and do not need accreditation for individual activities. CPD activities do not need to be accredited before being accessible for professionals (with the exception of activities financed by commercial bodies) and there is no fee for accreditation of CPD activities. There is no difference in accreditation for CPD activities relating to personal and professional development compared to those relating to continuous dental education.

Content of CPD

The Austrian Dental Chamber and scientific societies are involved in developing the content of formal CPD activities. Beyond the structural recommendation (120 credit points, equal to 85 hours) there is no prescribed or recommended content. No needs assessment has to take place to determine which CPD activities should be followed. However, at least 50 percent of CPD activities must relate to continuous dental education.

Some of the topics covered by CPD activities are marked with "X" in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics		Taxation	x
Ethics and jurisprudence	x		

Delivery of CPD

CPD is delivered through the following forms: clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice based learning, informal practice based learning, peer-to-peer, self-study, study groups or quality circles, web-based learning.

Multi-professional CPD activities

Dentists regularly participate in CPD activities together with dental technicians and other members of the dental team. Less often they attend multi-professional CPD activities with doctors.

Financial issues and transparency

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CPD activities are funded by the Austrian Dental Chamber and by the private (commercial) sector or are self-funded by participating dentists' fees. There are no rules governing the cost of CPD activities.

There are no formal CPD activities available free of charge. The cost of CPD activities is most commonly carried by self-employed dentists, followed by salaried dentists, employers and the competent authority. Dentists are able to benefit from financial reliefs in the form of tax offsets, but there are no direct grants.

CPD regulation of the Austrian Dental Chamber sets out criteria and guidelines for ensuring transparency and independence of CPD activities. In addition, CPD activities provided by commercial bodies have to be accredited before they are accessible to dentists.

Patient safety

It is mandatory for dentists to follow CPD on patient safety; patient safety is included in other mandatory modules. No increase in the offer of CPD activities specifically addressing patient safety has been reported.

Trends and reflections

In the opinion of the Austrian Dental Chamber, the CPD offer available to dentists in Austria is satisfactory. They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD, from voluntary to mandatory CPD, criteria for accreditation of CPD, and to requirements in relation to competency frameworks or qualifications frameworks. CPD requirements are reviewed occasionally, as required. In terms of content, new topics that are being addressed by CPD include implants, orthodontics and endodontics.

There are no national studies on the impact of CPD on dentists' practice. The most important barriers to participation in CPD activities for dentists in Austria are time, money and personal activities.

The Austrian Dental Chamber thinks that European cooperation on CPD would be useful as every country would be able to profit from the experiences of other Member States with a positive result for patient safety. In addition, EU-level cooperation on CPD could improve the mobility of dentists.

Midwives

Structures and governance

The practice of midwifery is subject to a registration with the Austrian Midwives Association which is a professional body with a regulatory competence at the national level. However, midwives' license to practice is not subject to review (relicensure, revalidation, re-registration).

Mandatory CPD

The practice of midwives is subject to mandatory CPD requirements. This is established by law (Hebammengesetz, BGBl Nr 310/1994 i.d.g.F.) and is formulated by number of hours, which are then translated to points or credits depending on evaluation of professional body, allocation being 1 to 5 points per hour; a minimum of 30 points are required annually.

More information available from:

<http://www.hebammen.at/wp-content/uploads/2013/03/Fortbildungssystem.pdf>.

The areas of CPD requirements are set out by the Austrian Midwives Association within their documented framework, code and guidelines. The professional body also monitors compliance, and if a midwife fails to comply with mandatory CPD requirements a reprimand is issued by the professional body. The first reprimand for failing to comply is normally enforced on the regional level.

Voluntary CPD

No voluntary CPD framework exists for midwives in Austria.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not integrated in Austrian national standards or guidelines for quality of care.

Development and implementation

Austrian policy on the development of CPD is initiated by the Ministry of Health in conjunction with the professional body with regulatory competence, and is influenced by EU policies. Recording the completion of CPD

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activities is done pro-actively by midwives themselves and by the CPD provider. Each midwife reports to the Austrian Midwives Association (professional body with regulatory competence) or acts at their request. The professional body's responsibility is to evaluate and check the activity and validate the points or credits.

CPD activities undertaken in another EU Member state are partially recognised if they are validated by the Austrian Midwives Association.

Accreditation

The Austrian Midwives Association provides accreditation of mandatory CPD activities, taking into account duration of the activity, compliance with professional guidelines and learning outcomes (skills, knowledge, competences acquired). This is done for each individual CPD activity. The guidelines and code of the Austrian Midwives Association does not differentiate between criteria set for activities within continuous midwifery education and activities relating to non-midwifery professional development. Formal CPD activities are accredited before they become accessible to midwives and accreditation is not subjected to a fee.

Content of CPD

Several bodies and organisations are involved in the development of the content of formal CPD activities for midwives in Austria, including: the professional body with regulatory competence (Austrian Midwives Association); the Ministry of Health, scientific societies, Higher Education Institutions, midwifery education institutions and the private sector, all of whom are providers of CPD. In addition to the structural requirement of 30 points/year, the Austrian Midwives Association regulates the content of CPD (<http://www.hebammen.at/wp-content/uploads/2013/03/Fortbildungssystem.pdf>).

The requirements are not linked to any needs assessment but there is individual choice on required annual activities.

The topics offered are marked 'x' in the table* below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice		Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management		Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: case presentations, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional and live/face-to-face events. It can also be provided through employer based, multi-professional or research-based formats.

Multi-professional CPD activities

Midwives regularly participate in multi-professional CPD activities, mostly with those professions that they work most closely with such as doctors, nurses and physiotherapists. The topics shared are clinical practice-

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based on anatomy and physiology topics related to practice. Activities may also include interventions such as pelvic floor exercises, which is a competency shared with physiotherapists.

Financial issues and transparency

Set codes and regulation by the Austrian Midwives Association ensures the transparency and independence of mandatory CPD. Many formal CPD activities are free to midwives and the cost is carried by the employer or professional body but midwives themselves also fund some activities. There are incentives in form of tax off-sets available to cover some of the cost. The time spent on CPD activities during working hours is not set but depends on the employer.

Patient safety

While patient safety is reported as a topic of CPD activities currently available to midwives in Austria, it is not mandatory for midwives to follow specific patient safety courses. In addition, no increase in the offer of CPD activities specifically addressing patient safety has been reported.

Trends and reflections

In the opinion of the Austrian Midwives Association (the professional body with regulatory competence), CPD available to midwives in Austria is satisfactory. They have not recorded nor do they anticipate any shifts in institutional competence to regulate CPD, or a shift from voluntary to mandatory CPD. However, there has been a change in moving accreditation from the provincial operational headquarters of the Austrian Midwives Association to the central operational headquarters. This has impacted on developing CPD requirements in relation to competency and qualification frameworks. New topics have been introduced; these include research, counselling skills, and professional expertise. Reviews of CPD requirements are conducted on an 'as required' basis by the Austrian Midwives Association.

There are no national studies on the impact of CPD on midwives' practice. Midwife respondents did not report on the barriers to participation in CPD activities.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Österreichische Apothekerkammer (Austrian Chamber of Pharmacists).

Mandatory CPD

There is mandatory CPD established by law and by a code/regulation by professional body.

The licence to practise is not reviewed. If professionals fail to comply with CPD there is no consequence.

The professional body with regulatory competence monitors and enforces the compliance.

The compliance is not monitored at regional level. There are additional incentives to comply with CPD: days off work, favourable fees, travel expenses are partly reimbursed etc.

The providers of CPD include the professional body with regulatory competence, professional organisations and the private sector

Mandatory CPD requirements are formulated as minimum number of hours, learning outcomes (skills, knowledge, competences acquired).

Voluntary CPD

There is voluntary CPD. The basis is the degree in pharmacy.

If professionals fail to comply with CPD there is no consequence.

The professional body with regulatory competence monitors the compliance.

There are additional incentives to comply with CPD: days off work, favourable fees, travel expenses are partly reimbursed, etc.

The providers of CPD include: the professional body with regulatory competence, professional organisations and the private sector.

CPD as part of national standards and guidelines for quality of care

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After graduating from university, pharmacists are obliged to do one year of practical training in a community pharmacy, which also comprises courses for their professional license. If the oral and written exam is passed, the candidate receives the “State diploma of Pharmacists” (Staatliches Apothekerdiplom) from the Austrian Chamber of Pharmacists. Until this point he is not permitted to work in a pharmacy, therefore he needs a license called “General professional authorisation” (= Allgemeine Berufsberechtigung) which entitles the holder to work in an Austrian pharmacy as a pharmacist and also for receiving the management authority.

Development and implementation

The professional body with regulatory competence initiates the development of policy on CPD.

CPD activities followed in another EU Member State are not recognised.

The CPD activities are recorded and reported pro-actively by the professional.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed both during and after working hours.

Accreditation

There is a system of accreditation in place.

The professional body with regulatory competence, the Austrian Chamber of Pharmacists, is in charge of the accreditation of CPD activities.

Accreditation is not a precondition to attend CPD activities.

CPD activities are accredited on Individual basis.

There is an official fee € 115.

The criteria taken into account in the accreditation of CPD activities include: compliance with professional guidelines, compliance with national policy, learning outcomes (skills, knowledge, competences acquired).

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, scientific societies.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...).

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, conferences, symposia, lectures or seminars, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audiovisual educational means, etc.) and multi-professional, research-based study groups or quality circles.

Multi-professional CPD activities

There are multi-professional CPD activities.

Financial issues and transparency

CPD funding depends on the professional body with regulatory competence and the private/commercial sector.

The funding of CPD activities by commercial bodies is not subject to rules.

There are national laws and the professional code to ensure the transparency and independence of CPD.

There are CPD activities available free of charge for mandatory and voluntary CPD requirements. CPD costs are carried by the professional, employer and competent authority.

There are financial reliefs linked to CPD activities.

There are no rules on CPD's price.

Patient safety

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It is mandatory to follow CPD activities specifically addressing patient safety and patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Austrian Chamber of Pharmacists believes that the CPD offer is satisfactory.

There will neither be a shift in the institutional competence to regulate CPD nor a change in CPD schemes.

There is no shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, not at regular intervals.

There are no national studies on the impact of CPD on professional practice.

The most important barrier to participation on CPD activities is time.

New topics on CPD activities include Medication Management. The offer of CPD activities specifically addressing patient safety is increasing.

10.2 Country profile: BELGIUM

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	No	Yes	Yes	No
Voluntary	Yes	Yes	Yes	Yes	Yes
CPD linked to licence review ⁵⁴	N/A	N/A	Yes	Yes	N/A
Accreditation	Yes	Yes	Yes	Yes	No
Financing	Doctor, professional body with regulatory competence	Nurse, employer, professional organisations	Self-employed dentist	Employer, professional organisation, midwife	Professional organisation, employer, private/commercial sector
Guidelines on transparency/independence	Yes	No	Yes	Yes	No

Doctors

Structures and governance

The practice of the medical profession in Belgium is subject to a licence from the medical chamber (Ordre des Médecins) and the Minister of Health.

Mandatory CPD

There is no mandatory CPD requirement for doctors in Belgium.

Voluntary CPD

The practice of the medical profession in Belgium is subject to a voluntary CPD framework which is based on doctors' ethical obligation to follow CPD activities. This is set in the context of the rules established in law as regards the maintenance of the licence to practise, which for general practitioners refers i.a. to continuing education (Royal Decree of 21 April 1983) and for other medical specialties refers to the need, throughout the career, to maintain and develop competences through scientific and practice-based activities (Ministerial Decree of 30 April 1999); however there are no predefined requirements set. The professional body with regulatory competences monitors professionals' compliance with the voluntary CPD framework. Should doctors not comply with the voluntary CPD framework, they may face lower reimbursement rates for their practice, i.e. there are positive incentives encouraging professionals to comply. In addition to the better reimbursement rate for services, this also includes the payment of a fixed amount sum per year to compliant professionals. Voluntary CPD activities are provided by the following (ranked according to use decreasingly): scientific societies, higher education institutions, the private sector, professional organisations, the professional body with regulatory competence, the Federal Ministry of Health and the Ministry of Education.

The recommendations for professionals to comply with the voluntary CPD framework foresee 20 credits (equal for national and international credit systems) describing a minimum of 20 hours per year. This must include at least two peer reviews within the Lokale kwaliteitskringen/Groupes Locaux d'Evaluation Médicale per year and comprise at least 3 credits which are related to economics and ethics. The INAMI/RIZIV is involved in the monitoring of compliance, together with the medical association.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care, however there are meetings to compare professional activity.

Development and implementation

⁵⁴ In Belgium it is important to differ between "professional recognition of competence" (agreement/Erkenning) and the licence to practice (Visa/Numéro d'inscription à l'ordre. CPD is linked to the professional recognition of competence, but not to the licence to practice.

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The professional body with regulatory competence initiates the development of policy on CPD. CPD activities completed in another EU Member States are recognised if they are approved under the UEMS EACCME® system of accreditation as there is a formal agreement between the authority and the UEMS EACCME®.

The completion of CPD activities can be recorded and reported pro-actively by the professional, by the professional upon request by the competent authority or by the CPD provider.

Accreditation

There is a system of accreditation in place, which is implemented by the Federal Ministry of Health in collaboration with the professional associations, the so-called 'Accrediterings Stuurgroep/Groupe de Pilotage de l'accreditation'. In addition, professional organisations are also responsible for accreditation. This covers both formal and, as feasible, informal CPD activities, which are accredited on the basis of the individual CPD activity after an application is made to the responsible body.

The duration of an activity, its compliance with professional guidelines and also learning outcomes (competences, skills and knowledge acquired) are criteria taken into account for the accreditation process. The accreditation criteria do not differ according to which provider offers the CPD activities.

Also, CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the same criteria.

Content of CPD

Professional bodies, professional organisations, scientific societies and higher education institutions as well as the Ministry for Social Security are involved in the development of the content of formal CPD activities. Beyond the structural CPD requirements (minimum of 20 credits describing a minimum of 20 hours per year or 60 credits in 3 years), doctors must attend at least two peer reviews out of four peer reviews organised on the Lokale kwaliteitskringen/Groupes Locaux d'Evaluation Médicale each year, which yields 4 credits, and must attain at least 3 credits from CPD activities relating to economics and ethics.

No official needs assessment takes place to determine which CPD activities doctors should follow, at most at the level of the individual professional.

The following topics are among the CPD activities offered to doctors in Belgium: patient safety, patient data management, and payment and reimbursement systems.

CPD requirements do not differ for doctors of different specialities or posts.

Delivery of CPD

CPD activities are delivered in the following forms: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, web-based learning (eLearning), self-study (reading scientific journals or books, audiovisual educational means, etc.), videos with case presentations, international live/face-to-face events, as well as national and regional live/face-to-face events, as well as peer-to-peer.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

There is no fee for the accreditation of CPD activities. CPD activities are self-funded by the participating professionals' fees, the professional body with regulatory competence or professional organisations. Funding of CPD activities by commercial bodies is subject to compliance rules and there may be no direct link between the funder and the activity. There are guidelines in place to ensure the transparency and independence of CPD established in law and in professional bodies' codes. One example is Mdeon (www.mdeon.be). Mdeon is the self-regulatory body granted by the Federal Ministry of Health that checks the fulfilment of compliance principles.

There are no rules on the way information on CPD activities can be communicated.

Within the voluntary CPD framework there are also CPD activities available free of charge, however where there is a charge, it is the professional who carries the cost. Doctors can however offset the cost of following CPD activities from their tax. There are no rules governing the price of CPD activities.

CPD activities must be followed outside of working time.

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Patient safety

Patient safety is among the topics on which CPD activities are offered for doctors in Belgium, however it is not mandatory for doctors to follow CPD activities specifically addressing patient safety, nor is there an increase in the number of CPD activities offered which specifically address patient safety.

Trends and reflections

The Groupement des unions professionnelles belges de médecin spécialistes/Verbond der Belgische Beroepsverenigingen van Geneesheren-Specialisten and the Association Belge des syndicats médicaux/Association Belge des syndicats médicaux agree that the CPD offer for doctors in Belgium is satisfactory.

As regards trends, either in the recent past or in the foreseeable future, there is no shift regarding the institutional competence to regulate CPD. Nor is there a shift from the voluntary CPD framework to mandatory CPD requirements to be foreseen in the near future.

In terms of criteria taken into account in the accreditation process, there is no change expected, nor have there been developments in terms of CPD requirements in relation to competency or qualification frameworks. CPD requirements are reviewed every three years.

No national studies on the impact of CPD for professional practice are available.

Time is identified as the most important barrier to the participation in CPD activities.

Improving quality was named as one of the new topics addressed in CPD activities, as were safety and ethics.

Finally it is expected that European cooperation and exchange of good practice can provide added value by increasing the offer of CPD activities and enabling collaboration.

Nurses

Structures and governance

The practice of the nursing profession in Belgium is subject to registration with the Federal Ministry of Health.

Nurses can also be registered as specialised nurse (pediatry, geriatry, psychiatry etc). Only as specialist, this registration is subject to review and specialist nurses must prove they have portfolio of CPD and education (congress, accredited continuing nursing educational activities, control of portfolio), and a minimal level of practice in this speciality.

Mandatory CPD

Specialised nurses are requested to follow mandatory CPD requirements, established by law. A nurse must follow 40-60 hours per 4 years. More information: www.health.belgium.be (Soins de sante, legislations). If a nurse fails to comply with the requirements, his/her registration as specialised nurse might be temporary suspended. The monitoring of CPD compliance is undertaken by the Federal Ministry of Health.

Mandatory CPD is provided by the professional organisations, regulator, higher education institutions, Federal Ministry of Health and scientific societies, mainly.

In hospitals, Head Nurses and Nurses Officers are requested to follow mandatory CPD required by hospitals legislation. They must follow at least 60 hours every 4 years in specified domains oriented in Clinical Leadership (there's no organisational specification in this legislation), regional authorities verify the application of this obligation.

Voluntary CPD

There is a national voluntary CPD framework for nurses in Belgium. It is based on the ethical code/regulation by the professional body. However it is not monitored or there are no consequences if nurses does not comply with the requirement. It is an ethical requirement of the profession. There are no formal requirements of voluntary CPD undertaken in hours or credits. It is in accord of nurse's personal choice or opportunities.

Professional organisation, higher education institutions, scientific societies and private sector are leading providers of the voluntary CPD activities.

CPD as part of national standards and guidelines for quality of care

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CPD is integrated in national standards and guidelines of for quality of care partially. Some of the CPD activities, depends on the area, are linked to quality guidelines in nursing care.

Development and implementation

CPD policy is initiated by the Federal Ministry of Health, employers and professional organisations.

There are some kind of incentives for those nurses following CPD as some specialised titles and CPD activities are linked to a financial annual incentive on salary (bonus).

Reporting of CPD activities is done by the professional and upon request by the competent authority.

Normally, CPD activities are done outside working time except agreements with employers.

Informal and formal CPD activities followed in another EU Member State are recognised.

Accreditation

There is an accreditation system carried out by the Federal Ministry of Health and delegated to a public accreditation agency named INAMI – National Health insurance Institute. CPD activities do not need to be necessary accredited before being accessible to nurses. The accreditation is given based on the CPD provider. There is no fee for accreditation. The criteria taken into account are duration of the activity and learning outcomes (skills, knowledge and competences acquired).

Content of CPD

The content is developed by professional bodies, Federal Ministry of Health and scientific societies. Beyond the mandatory requirements, nurses must follow CPD according to their speciality if they have it. There is a need assessment done at the level of the individual professional and at the level of the profession.

Content includes nursing clinical practice, communication, patient safety, eHealth, management, legal and professional issues and chronic disease management.

New topics are health education and nursing care quality, clinical nursing consultation and nurse prescribing.

Delivery of CPD

CPD activities are case presentations, clinical hands on courses, conferences and seminars, formal practice based learning, international and national events, employer based, and multi-professional activities.

Multi-professional CPD activities

Professional organisations often invite other health professions (physicians, midwives, physiotherapists, psychologists, etc.) to give them recycling courses or to speak in their conferences.

Financial issues and transparency

Cost of activities is carried by nurses and employers.

CPD activities are funded by the participating nurses' fees. When they are funded by commercial bodies, they are no subject to any regulation. There are no rules governing the price of CPD. Nurses that work as independent can benefit from some financial reliefs when they follow CPD activities.

Patient safety

Patient safety is included in the content of CPD activities but it is not compulsory. There is an increase of activities specifically addressing patient safety in the recent years.

Trends and reflections

Nowadays, CPD is different based on the functions of nurses on the field. In the coming years, the system will be subject to reflection and discussion as regards structure and legal control.

CPD is for the moment organised at national level, but since the new reform of the state (01/07/2014) regions will have the competency to control the mandatory CPD – this has to be implemented at the latest on January 2016.

There are discussions at the moment on the relation of CPD within competency frameworks and qualifications frameworks within the Federal Council of Nursing (Federal Federal Ministry of Health).

CPD activities should be obligatory for all nurses, not only specialised, and should be financed and free for the individual nurse. Currently many of the barriers relate to the funding and also to the lack of awareness of the importance of CPD as a professional.

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Dentists

Structures and governance

Dentists must register with the Ministry of Public Health to be able to practise in Belgium.

Mandatory CPD

CPD is mandatory for all dentists in Belgium; the requirement is established by law and compliance is taken into account in the review of professional licences (every 6 years). Specific criteria for CPD have been published for general dentists and for specialist dentists-orthodontists; publication of criteria for specialist dentists-periodontists is expected in the near future.

Dentists are required to achieve a minimum of 60 hours of CPD per 6 years. If a dentist does not comply with the CPD requirement, their licence to practise can be temporarily suspended. Compliance is monitored and consequences are enforced by the Federal Ministry of Health.

Activities for mandatory CPD are provided by professional organisations, higher education institutions, scientific societies, and the private sector, professional bodies with regulatory competence and the Ministries of Health and of Education (ranked according to decreasing frequency).

Voluntary CPD

In addition to mandatory CPD, voluntary CPD also exists. It is based on law (www.riziv.be – see tandheelkundigen/accreditering) and is regulated by the Social Security Institute (RIZIV/INAMI). Dentists are expected to earn 15 hours per year and undergo 2 sessions (90 minutes) of peer review per year.

Dentists are positively encouraged to comply with the voluntary CPD requirement through a financial incentive and receive €2.700 per year if they comply. Compliance is monitored by RIZIV/INAMI and the system itself is monitored by a RIZIV/INAMI Steering Group composed of representatives of professional bodies, the universities and mutual sickness funds.

Activities for voluntary CPD are provided by the following (ranked according to decreasing frequency): professional organisations, higher education institutions, scientific societies, the Ministries of Health and of Education, and professional bodies with regulatory competence.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Public Health.

Completion of CPD activities is recorded by the Federal Ministry of Health for mandatory CPD and by the RIZIV/INAMI Steering Group for voluntary CPD. Completion is reported proactively by the participating dentist and by the CPD provider.

Accreditation

Formal CPD activities for mandatory and voluntary CPD are accredited by RIZIV/INAMI Steering Group. Accreditation is awarded to individual CPD activities; there is no fee, and the following criteria are taken into account: duration of activity; compliance with professional guidelines; compliance with national policy; CPD provider; subject of CPD activity; CV of the lecturer; learning outcomes. Commercial CPD providers or activities containing monoreferential product information cannot be accredited.

CPD activities followed in another EU Member State can be recognised through the RIZIV/INAMI Steering Group.

Content of CPD

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Professional bodies, Federal Ministry of Health, Ministry of Education, scientific societies, higher education institutions, private sector and postgraduate education organisations are involved in the development of content of formal CPD activities.

Some of the topics covered are marked with an 'x' in the table* below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other	

For the voluntary CPD, CPD activities are recorded in one of seven categories. In a five-year cycle, a dentist must follow at least 90 minutes of activities in each category, 180 minutes for radiation protection and 450 minutes for organisational aspects.

No needs assessment takes place to determine which CPD activities should be followed.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical care discussions; clinical hands on courses; conferences, symposia, lectures or seminars; international, national and regional live/face-to-face events; Web-based learning (eLearning); self-study (reading scientific journals or books, audio-visual educational means, etc.); peer-to-peer; employer-based; multi-professional; research-based; study groups or quality circles; videos with case presentations.

Multi-professional CPD activities

Dentists participate in CPD activities with other health professionals: physicians, pharmacists and dieticians.

Financial issues and transparency

Guidelines on CPD transparency and independence are contained in accreditation regulation. Specifically, commercial CPD providers or activities containing monoreferential product information cannot be accredited. In communication on CPD activities the provider has to declare whether the activity is accredited, not accredited or is seeking accreditation.

There are no formal CPD activities available free of charge and cost is carried by the self-employed dentists. However, dentists may earn an accreditation fee if they comply with the voluntary CPD requirement. There are no rules governing the cost of CPD activities.

Patient safety

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While it is not mandatory for dentists to follow CPD activities on patient safety, patient safety is included in other mandatory modules. In addition, the offer of patient safety CPD activities is increasing.

Trends and reflections

According to the *Verbond der Vlaamse Tandartsen* (Flemish Dental Association), the CPD offer for dentists in Belgium is satisfactory. The voluntary CPD system has existed since 1998 and the mandatory one since 2002; no further shifts are expected but both systems are adapted as necessary. No structural barriers to CPD are reported and there are no national studies on the impact of CPD on dental practice.

The following new topics are being addressed by CPD activities for dentists: practice management; new techniques; relations with patients.

The Flemish Dental Association would welcome a European system of CPD course accreditation (common rules on subjects, speakers, industry involvement), similar to the one developed for medical specialists.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Federal Ministry of Health – Federal Public Service for Health. Midwives' licence to practise is subject to review (relicensure, revalidation, re-registration)

In Belgium, midwives' CPD is not linked into national standards or guidelines of care.

Mandatory CPD

There are mandatory CPD requirements in Belgium for midwives, established by national law based on number of hours; a minimum of seventy-five hours of activity must be fulfilled over five years. The Belgian Federal Ministry of Health monitors compliance with CPD requirements, and if a midwife fails to comply with the requirements, her/his registration/title as midwife may be suspended. The Belgian Midwives Association also indicated that midwives are given one year to fulfil the requirements, otherwise they are removed from the register and lose their licence to practise. However the Federal Ministry of Health verified this is not stated in law.

This is enforced by the Federal Ministry of Health. The CPD provider records and reports CPD activity to the competent authority or the midwife does at the request of competent authority.

Leading providers of mandatory CPD activities are the midwives' professional organisation, the private sector, scientific societies and the professional body with regulatory competence. Many CPD activities also take place in the hospitals.

There are no financial incentives to comply with mandatory CPD requirements.

Voluntary CPD

The Belgian Federal Ministry of Health reported that Belgian system does not differentiate between mandatory and voluntary CPD. Midwives in Belgium report on a national framework as by the definition on the survey. It is based on ethical code of the profession and is not monitored and there are no consequences if midwife does not comply with the requirement. Voluntary CPD may be undertaken in hours or in credits. Completing voluntary CPD is a midwife's choice, in addition to the mandatory requirements.

Professional organisations, Higher Education Institutions, scientific societies and the private sector are leading providers of the voluntary CPD activities.

CPD as part of national standards and guidelines for quality of care

In general CPD for midwives is not integrated in national standards or guidelines for quality of care but the Belgian Federal Ministry of Health does indicate that some CPD activities, depending on the area, are linked to quality guidelines in midwifery care.

Development and implementation

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The development of policy on CPD is executed by the Federal Ministry of Health; Federal Council of Midwives. Codes exist regarding provision of CPD by the commercial or private sector, for example the WHO code on breast milk substitutes.

The midwife records her CPD activities and reports to the competent authority on their request but the CPD provider is responsible for recording and reporting CPD activities undertaken by any midwife.

Formal CPD activities undertaken in other EU Member States are recognised in Belgium.

Accreditation

The accreditation of CPD activities is provided by the Ministry Health. Both mandatory and voluntary CPD activities are accredited prior to being accessible for midwives, and accreditation takes into account the duration of the activity, compliance with national policy, professional guidelines and learning outcomes (skills, knowledge, competences acquired) with clear relevance to the profession. There are developments towards preparing a quality assessment framework for CPD.

Though accreditation is based on the accreditation of the CPD provider, the criteria do not differ between different providers. The guidelines and code do not differentiate between criteria set for activities within continuous midwifery education and professional development beyond midwifery practice. No fee is incurred for the accreditation of activity.

Content of CPD

In Belgium, as there are varied providers, all are seen to be involved in the development of CPD content; these include the professional body with regulatory competence, the midwives' professional organisation, the Federal Ministry of Health, scientific societies, Higher Education Institutions, midwifery education institutions, and the private sector. Currently there is no regulation dictating what percentage of content must relate to continuous midwifery education or to professional development beyond midwifery practice and no needs assessment is undertaken.

The current CPD content offered includes following topics; clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies (e.g. eHealth), leadership and management, legal and professional issues, including client records, midwives' prescribing, midwifery research and ethics, obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc., electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period. Belgian midwives have access to many other topics, which are relevant to the profession and considered acceptable for CPD accreditation.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	A varied selection of other topics

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			discussed on profession level to be relevant
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Delivery of CPD

CPD is delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars and formal practice-based learning. It may also be provided through employer-based, multi-professional and research based formats, including videos with case presentations, study groups and quality circles.

Multi-professional CPD activities

In Belgium, midwives regularly participate in multi-professional CPD activities, mostly with those professions that they work most closely with, such as doctors and allied health professionals. These include clinical practice using simulation to maintain and update skills in resuscitation and obstetric emergencies.

Financial issues and transparency

There are codes and regulations to ensure the transparency and independence of both mandatory and voluntary CPD. Commercial companies have to conform to all existing ethical regulations.

Mandatory CPD activities, and some voluntary CPD activities, are free to midwives and the cost is carried by the employer or by the midwives' professional organisation. Midwives may attend other voluntary CPD activities which are self-funded by the midwife herself. There are no incentives in the form of tax offsets available to cover the costs of CPD, and provision of paid working time for CPD activities, either mandatory or voluntary, depends on the employer.

Patient safety

There is no mandatory requirement to undertake CPD activities in relation patient safety.

Trends and reflections

Belgian Midwives offer no formal opinion about whether the CPD available to midwives in Belgium is satisfactory. They have not observed any shift from voluntary to mandatory CPD. However, there are major developments in improving the legislative framework for the regulation of CPD. This will address the competences of the midwifery profession within the proposed law as well as the accreditation framework.

A new topic recently introduced is 'skills and drills', which is linked to competence in obstetric emergencies. There have been no national studies on the impact of CPD on midwives' practice but known barriers to participation in CPD activities are seen to be cost, lack of time and stress due to staff shortages.

Belgian midwives believe European level guidelines would help in harmonizing CPD.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Ordre des Pharmaciens de Belgique.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

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There is voluntary CPD established by a decree/governmental regulation, a code/regulation by the professional body:

Royal Decree 29/01/2009 Instructions to pharmacists at:

http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2009012132&table_name=loi
and Deontological (Ethical) Code – Article 7 at:
<http://www.ordredespharmaciens.be/default.aspx?ID=66&PT=2&G=0&lang=>

If professionals fail to comply with CPD they receive a reprimand issued by the professional body.

The Federal Ministry of Health and the professional body with regulatory competence monitor the compliance.

There are no additional incentives to comply with CPD.

The providers of CPD include: professional organisations, scientific societies and international (research and professional) organisations.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards or guidelines: Royal Decree 29/01/2009 instructions to pharmacists contain a guideline for Good Pharmacy Practice. CPD is one of the elements of Good Pharmacy Practice.

Development and implementation

The Federal Ministry of Health, the professional organisation, the professional body with regulatory competence, scientific societies and higher education institutions (universities) initiate the development of policy on CPD.

Voluntary CPD activities followed in another EU Member State are recognised.

The CPD activities are recorded pro-actively by the professional and by the CPD provider.

There is no reporting obligation. However they can be reported by the professional upon request by the competent authority.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed during and after working hours.

Accreditation

There is not a system of accreditation in place.

Content of CPD

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...)

The content of CPD is linked to the services provided in the pharmacy. Some courses train pharmacists in providing specific services to patients; however it is not an obligation to have followed the course in order to provide the service.

Delivery of CPD

There are multiple forms of delivery of CPD including: conferences, symposia, lectures or seminars, informal practice based learning, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) multi-professional and study groups or quality circles.

Multi-professional CPD activities

There are multi-professional CPD activities, e.g. quality circles with family doctors on various themes.

Financial issues and transparency

CPD funding depends on the professional organisation, employers, private/commercial sector and self-funding by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules.

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The code of conduct of the professional body with regulatory competence, as well as the internal guidelines of the scientific societies who organise CPD, stipulate independence of commercial influence. This helps to ensure the transparency and independence of CPD.

There are voluntary CPD frameworks available free of charge. CPD costs are sometimes free of charge and also carried by the professional and the employer. About 5 % of the offered CPD activities are government subsidised (for instance on public health issues, addiction, smoking, alcohol).

There are financial reliefs linked to CPD activities. Fees of CPD are regarded as “professional costs” and can offer tax reduction).

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place. Medication safety is a recurrent aspect in most training and courses.

Trends and reflections

Ordre des Pharmaciens de Belgique does not have a formal opinion on CPD offer.

There will be a shift in the near future (2014-2015) from voluntary to mandatory CPD: minimum requirements will be set by the competent authority with a number of study hours or credits to be gained per year. The professional will have to show that they fulfil the requirements. A new law is in preparation (publication foreseen before the summer 2014) stating that “Practising as a pharmacist in a public pharmacy is subject to mandatory CPD, aiming to guarantee the quality of pharmaceutical care. The King can fix minimum criteria for this CPD. The Drug Regulatory Agency has the authority to verify if pharmacists fulfil the criteria.” The following disciplines will be in the scope of this mandatory CPD:

Domain A: Pharmaceutical Sciences: pharmacotherapy, knowledge of medicines, products, devices and equipment in the pharmacy

Domain B: Pharmaceutical Care: basic pharmaceutical care and advanced pharmaceutical care

Domain C: health and society: other subjects that are relevant for practising as a pharmacist, such as pharmacoeconomics, social sciences, legislation and ethics.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, not at regular intervals.

There are national studies on the impact of CPD on professional practice. Most relevant: Flemish Community Pharmacists’ Motivation and Views Related to Continuing Education: http://www.researchgate.net/publication/7427944_Flemish_community_pharmacists'_motivation_an_views_related_to_continuing_education/file/79e4150d0c4f31ec2a.pdf

The most important barrier to participation in CPD activities is the time available to undertake the activities.

New topics on CPD activities include: new anticoagulant medicines, drug-drug interactions and dermatology: psoriasis.

The offer of CPD activities specifically addressing patient safety is increasing. Special attention is paid to medicines under additional monitoring. There is a specific course focusing on drug-drug interactions.

European cooperation and exchange of good practice on CPD could provide added value sharing CPD topics to inspire European colleagues.

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10.3 Country profile: BULGARIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	Yes	Yes	Yes	Yes
Voluntary	Yes	Yes	No	Yes	No
CPD linked to licence review	N/A	Yes	N/A	Yes	N/A
Accreditation	Yes	Yes	No	Yes	Yes
Financing	Doctor, private/commercial sector, employer	Professional organisation mainly	Competent authority, private sector	Midwife, employer professional body with regulatory competence	Professional body with regulatory competence, private/commercial sector, pharmacist
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession in Bulgaria is subject to a licence issued by the Bulgarian Medical Association.

The supreme CME/CPD authority at the Bulgarian Medical Association is the Accreditation Council which involves 6 representatives from the medical universities, 6 representatives from the Bulgarian Union of the Medical Specialists and 6 representatives from the Bulgarian Medical Association.

Mandatory CPD

The practice of the medical profession in Bulgaria is not subject to mandatory CPD requirements.

It is foreseen for CME/CPD to become mandatory in the near future with an amendment in the Law on the professional organisations of doctors and dentists.

Voluntary CPD

The practice of the medical profession in Bulgaria is subject to a voluntary CPD framework, which is based on professionals' ethical obligation and enshrined in a code established by the professional body (Art. 182 of the Health Act). Professionals' compliance with the CPD framework is monitored by the Bulgarian Medical Association, professional organisations and the individual professional. Failure to comply with the CPD framework however has no consequences for professionals, nor are there positive incentives for professionals to comply with the framework.

CPD activities are offered by the following providers (ranked according to frequency of use decreasingly): the professional body with regulatory competence, professional organisations, scientific societies, the Ministry of Health, the Ministry of Education, higher education institutions and the private sector.

The voluntary CPD framework recommends professionals to acquire 150 credits equalling 150 hours of CPD activities over a three year period.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards and guidelines for quality of care.

Development and implementation

The Bulgarian Medical Association and professional organisations initiate the development of policy on CPD. CPD activities followed in another EU Member State are recognised after they are transformed according to national criteria.

The completion of CPD activities is recorded and reported by the CPD provider.

Accreditation

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There is a system of accreditation of CPD activities in place, applying to both formal and, as feasible, informal CPD activities. Formal CPD activities must be accredited before being accessible for professionals; for informal CPD activities there is no such obligation.

Accreditation is given on the basis of individual CPD activities and entails a fee of 1.50 BGN per participant per credit (< 1 EUR).

Accreditation takes into account the duration of an activity and its compliance with professional guidelines. These criteria do not differentiate according to provider. There is a differentiation between accreditation criteria for CPD activities in continuous medical education and activities relating to extra-medical topics i.e. CPD activities relating to extra-medical topics are not accredited.

Content of CPD

Professional bodies, scientific societies and higher education institutions are involved in the development of content of formal CPD activities. There is no prescribed content that professionals must follow, nor is there a regulation on what percentage of CPD must relate to continuous medical education and what percentage must relate to other types of CPD.

There is no needs assessment to determine which CPD activities a doctor should follow. CPD requirements do not differ for doctors of different specialties or posts.

In addition to the strictly medical topics, the following topics are also among the CPD activities offered to doctors in Bulgaria: patient safety, and eHealth and IT systems.

Delivery of CPD

CPD activities are delivered in the following forms: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, national and regional live/face-to-face events, self-study (reading scientific journals or books, audio-visual educational means, etc.) and research-based.

Multi-professional CPD activities

There are multi-professional CPD activities, for example on eHealth, ethics, economics, and management and policy-making.

Financial issues and transparency

CPD activities are funded by the private or commercial sector, or are self-funded through participating professionals' fees. Funding of activities by commercial bodies is subject to rules, adopted by the accreditation council, according to which accreditation is granted only to activities that are professionally oriented and are not related to the advertising of pharmaceutical products. There are no rules on the way information on CPD activities can be communicated. Furthermore there are no rules on the price of CPD activities.

There are no formal CPD activities available free of charge. The cost of following CPD activities is carried by the individual professional or their employer. This cost is eligible for tax offsets.

Paid working time is allocated to CPD activities upon decision by the employer.

Patient safety

There are CPD activities on patient safety offered, however it is not mandatory for doctors to follow them. There is no increase in the offer of CPD activities specifically addressing patient safety reported.

Trends and reflections

The Bulgarian Medical Association has no formal opinion on whether the CPD offer available to doctors is satisfactory. As regards recent trends and the outlook for the foreseeable future, there are shifts relating to the institutional competence to regulate CPD, with a proposal for legislative changes in the CME/CPD area which is lodged with the Parliamentary Healthcare Commission. The proposal foresees a shift from the voluntary CPD framework to a mandatory CPD requirement. There are no developments in terms of CPD requirements in relation to competency or qualification frameworks observable.

CPD requirements are reviewed as required, at no regular interval. There are no national studies on the impact of CPD on professional practice.

The main barrier for doctors to participate in CPD activities is attributed to their work overload, with many doctors being unable to spare the time to follow CPD activities.

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New topics being addressed in CPD activities include eHealth, burn-out syndrome, and professional malpractice.

European cooperation and exchange of good practice is expected to provide added value by facilitating contacts, and illustrating best practices in order for other countries to apply them. Also, it can raise awareness for the offer of CPD activities in other EU Member States, which may be of interest to some doctors.

Nurses

Structures and governance

In Bulgaria, nurses have to register with the Bulgarian Association of Health Professionals in Nursing (BAHPN). Every 5 years, the registration is subject to review, and CPD mandatory requirements are taken into account.

Mandatory CPD

There is mandatory CPD established by law and included in the code of the professional body. Requirements are formulated by a minimum number of credits (1 credit = 1 academic hour) and nurses must comply 150 national credits every 5 years. CPD is strongly required by the employers. At the same time, according to the Law for Health, BAHPN is responsible for the organisation, implementation, control, registration and evaluation of the CPD. No compliance with the requirements can lead to a reprimand issued by the professional body. The monitoring of the requirements is done by the professional body, which has regulatory competence. There is a regional enforcement of the requirements done by the same regulatory body, BAHPN, through its regional representations. Sometimes, in those hospitals where working conditions are good, nurses receive small financial incentives to follow CPD activities.

Voluntary CPD

There is also a framework on voluntary CPD, on the same characteristics as the mandatory CPD. But every hour over the requested 150 credits per 5 years is considered under the voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

CPD policy is initiative by the professional association with regulatory competence.

The activities are recorded by the CPD division of BAHPN in the National Professional Register and it is accessible to nurses and employers. The reporting is done pro-actively by the professional and upon request of the competent authority. CPD activities can be case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences and seminars, formal and informal practice based learning, national and regional events, web-based learning (eLearning), self-study (scientific journals, etc.), peer to peer, employer based, multi-professional, offered by patients, research based, videos.

Accreditation

There is a system of accreditation of CPD, under the responsibility of the Ministry of Health and the professional organisation. Formal and informal CPD activities are accredited before being accessible to professionals. They are accredited by the National Quality Council of BAHPN. There is a fee for accreditation (1 percent of the minimal national salary, approximately 1.5€). The accreditation is done based on the duration of the activity, compliance with professional guidelines, national policy and EU policy, and learning outcomes (skills, knowledge and competences acquired).

Content of CPD

Content of the activities is developed by the professional body and higher education institutions. There is no prescribed content to follow, except content related to patient safety. A needs assessment is performed at the level of the individual professional and at the level of the profession.

Topics of the activities cover nursing clinical practice, communication and patient records, patient safety, eHealth, management, legal and professional issues, and chronic disease management.

New topics are public health, the EU Health Strategy 2020, nurses and eHealth innovation, and patient safety.

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Delivery of CPD

Professional organisation and regulator, higher education institutions, scientific societies and Ministry of Education are the main providers of CPD activities.

CPD activities must be followed outside the working time.

Multi-professional CPD activities

Some multi-professional activities are done for nurses, midwives and healthcare assistants on public health and health management, patient safety, eHealth and quality of care, and management of chronic conditions in the community.

Financial issues and transparency

CPD activities are funded by the professional organisation and individuals' fee (not always). But there are also many CPD activities free for professionals. There is no regulation for the funding of CPD activity by commercial bodies. Transparency and independence of CPD is detailed in the regulation by the professional body in the National Credit system of CPD of the BAHPN. Formal CPD activities followed in another EU Member State are recognised.

Patient safety

As part of the mandatory requirements, patient safety content is encouraged.

Trends and reflections

The CPD system for nurses in Bulgaria is satisfactory. There have not been changes in the recent years and there are not any foreseen either. One of the barriers to access CPD is that there are no paid hours out of the working time to attend CPD activities.

In terms of EU Cooperation, exchanging information and good practice is essential to provide high quality of care.

Dentists

Structures and governance

Dentists must register with the Ministry of Health and the Bulgarian Dental Association (BgDA) to be able to practise in Bulgaria. Registration of dentists is not subject to review.

Mandatory CPD

CPD is mandatory for dentists; the requirement is established in national law and in BgDA regulation. Dentists are required to earn 30 credits in a 3-year period (in line with the national system, 30 credits equal 30 academic hours of 45 minutes).

Dentists' compliance with the mandatory CPD requirement is monitored by the BgDA at regional level but there are no consequences for dentists who fail to comply with the requirement.

Activities for mandatory CPD are provided by the following bodies (ranked according to decreasing frequency): BgDA, medical institutes, medical universities, Red Cross, Military Higher Medical Institute and the private sector (through the BgDA).

CPD activities undertaken in other EU Member States are recognised.

Voluntary CPD

There is no voluntary CPD framework in Bulgaria.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health and the Bulgarian Dental Association.

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Completion of CPD activities is recorded and reported by the CPD provider.

Accreditation

There is no system for accreditation of CPD in place. The Bulgarian Dental Association approves and authorizes CPD activities.

Content of CPD

There is no prescribed or recommended content for mandatory CPD in Bulgaria. No needs assessment is carried out to determine which CPD activities should be followed.

Some of the topics covered are marked 'x' in the table* below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation		New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x		

Delivery of CPD

CPD is delivered through the following forms: Web-based learning (eLearning); national and regional live/face-to-face events; international live/face-to-face events; conferences, symposia, lectures or seminars; clinical care discussions; clinical audit; case presentations.

Multi-professional CPD activities

Dentists participate in CPD activities with dental technicians.

Financial issues and transparency

CPD activities are funded by the BgDA or by the private sector; funding by the latter is regulated by contracts with the BgDA subject to the Association's rules and regulations. Guidelines on transparency and independence of CPD as well as cost of CPD are contained in the Association's regulations.

Expenses for mandatory CPD are covered by the BgDA for its members (membership in the Association is mandatory).

Patient safety

While it is not mandatory for dentists to follow CPD activities on patient safety, patient safety is included in other mandatory CPD modules. However, an increase in activities specifically addressing patient safety has been reported.

Trends and reflections

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In the opinion of the BgDA, CPD offer for dentists in Bulgaria is satisfactory. No shift in institutional competence to regulate CPD or from/to mandatory CPD has been recorded or is foreseen. CPD requirements are reviewed as necessary, at no specific intervals. There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. No barriers to participating in CPD activities have been reported. No national studies on the impact of CPD on professional practice exist.

The following new topics are being addressed by CPD activities for dentists: implantology, laser dentistry, systemic diseases and oral health.

The BgDA would be in favour of European cooperation to agree on a harmonised system of credits and recognition of CPD.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Bulgarian Association of Health Professionals in Nursing (BAHPN), which is a professional body with a regulatory competence on the national level. Midwives' license to practice is subject to review (relicensure, revalidation, re-registration) every 60 months (5 years) and mandatory CPD requirements are taken into account in this review. BAHPN hold the record of midwife's CPD on the National Professional Register and this is accessible to employers.

Mandatory CPD

The practice of midwives is subject to mandatory CPD requirements. This is established by law and code/regulation by BAHPN and is formulated by number of credits. In the national system over 150 CPD credits must be obtained over 5 years; each academic hour equals 1 credit.

Accreditation of CPD content by the professional body with regulatory competence sets the framework for the mandatory CPD, but the midwives' professional organisation is also involved. They both monitor midwives' compliance with CPD requirements, but BAHPN has a legal requirement to oversee this, and if midwife fails to comply with mandatory CPD requirements a reprimand is issued by the professional body. This national system is replicated on the regional level.

Voluntary CPD

Bulgarian Midwives' voluntary CPD framework is set into the same framework as the mandatory CPD by law, code and regulation, but in addition to the mandatory CPD framework, voluntary CPD brings in the profession's ethical obligation. Voluntary CPD has the same credit system as mandatory system (1 hour equals 1 credit), however these credits are calculated after the mandatory 150 have been obtained. The BAHPN and midwifery professional organisation monitor compliance and if midwife fails to comply with mandatory CPD requirements a reprimand is issued by the professional body. Voluntary CPD is encouraged at the local practice level by small financial incentives, but this depends on decisions made by Individual hospital boards, and will not be funded in every case.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not integrated in Bulgaria with national standards or guidelines for quality of care.

Development and implementation

Policy on the development of CPD is initiated by BAHPN, the professional body with regulatory competence and the midwives' professional organisation. Recording the completion of CPD activities is done by BAHPN. A midwife either reports pro-actively to the professional body with regulatory competence or provides a report at their request, which the professional body then evaluates and checks for validity.

Formal CPD activities undertaken in another EU Member state are recognised by BAHPN (a professional body with a regulatory competence).

Accreditation

Accreditation of Bulgarian midwives' CPD activities is provided by Ministry of Health, the professional body and the midwives' professional organisation both for the mandatory and voluntary CPD. The accreditation process takes into account the duration of the activity, compliance with professional guidelines and learning outcomes (skills, knowledge, and competences acquired). EU policies are acknowledged to impact on the accreditation

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criteria. Both formal and informal CPD activities need to be accredited before being accessible to midwives by the national quality council of BAHPN. Although accreditation is based on the CPD provider's own accreditation, criteria do not differ between different providers. Accreditation incurs a fee, which equates to one percent of the minimal national salary, currently €1.5. BAHPN guidelines and code do not differentiate between criteria set for activities within continuous midwifery education or those undertaken for professional development beyond midwifery practice.

Content of CPD

The regulatory body and educational institutes are most involved in the development of formal CPD activities for midwives. Content is developed by the midwives' professional body with regulatory competence (BAHPN), by Higher Education Institutions (HEIs), and by midwifery education institutions. The actual content of midwifery CPD is not prescribed, but the requirements are linked to a needs assessment both on the individual and the profession level.

Current CPD content can include varied topics such as; clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures and seminars, formal practice based learning, informal practice based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc. It can also be provided through employer-based, multi-professional, and research-based formats, including videos with case presentations.

Multi-professional CPD activities

Midwives regularly participate in multi-professional CPD activities, mostly with those professions that they work most closely with, such as doctors and allied health professionals. The topics shared are public health, patient safety, inequality in access to health services, health management and administration.

Financial issues and transparency

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There are set codes and regulation by the BAHPN including the 'National Credit System of CPD' to ensure transparency and independence of mandatory CPD. Formal mandatory CPD activities are free to midwives and the cost is carried by the employer or professional body, but midwives themselves also fund activities. There are no incentives in form of tax offsets available to cover these costs, but in some hospitals a small financial incentive is given to attend mandatory CPD. It is expected that all CPD activities, mandatory or voluntary, are undertaken outside working hours.

Patient safety

While patient safety is reported as a topic of CPD activities currently available to midwives especially within the multi-professional fora in Bulgaria, it is not mandatory for midwives to undertake it as a CPD topic. However, Bulgarian midwives report that it is covered as a new topic within CPD activities and the focus on this topic is increasing.

Trends and reflections

In the opinion of the BAHPN, the CPD offer available to midwives in Bulgaria is satisfactory. They have not recorded nor do they anticipate neither shifts in connection to institutional competence to regulate CPD nor any shift from voluntary to mandatory CPD requirements. The position in relation to linking CPD to competency frameworks or qualification frameworks is thought likely to remain static. New topics have been introduced, led by EU Health Strategy 2020, including a focus on public health; advances in e-health linked to midwifery and the aforementioned patient safety agenda. The review of the CPD requirements is done on an 'as required' basis by the BAHPN.

There are no national studies on the impact of CPD on midwives' practice but known barriers to participation in CPD activities are seen to be the time factor, as all the activities have to be taken outside working hours and receiving minimal financial benefit.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Bulgarian Pharmaceutical Union.

Mandatory CPD

There is mandatory CPD established in law and in a code/regulation by the professional body. The professional body is fully responsible for organisation, accreditation, supervision and documentation of CPD for pharmacists.

The licence to practise is not linked to the revalidation.

If professionals fail to comply with CPD, they receive a reprimand issued by the professional body and a temporary suspension of the licence to practise.

The professional body with regulatory competence monitors and enforces the compliance.

The compliance is monitored at regional level through regional branches of the professional body with regulatory competence.

There are no additional incentives to comply with CPD.

The providers of CPD include the professional body with regulatory competence, higher education institutions and the private sector.

Mandatory CPD requirements are formulated in minimum number of credits (national system). Professionals must comply with 90 per 3 years period/30 per year for pharmacists

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines.

Development and implementation

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The professional body with regulatory competence initiates the development of CPD policy.
 Formal CPD activities followed in another EU Member State are recognised.
 The CPD activities are recorded and reported by the professional upon request by the competent authority.
 There are rules on the way information on CPD activities can be communicated. Information about all CPD activities is published on the official Union's web site.
 CPD activities are followed both during and after working hours.

Accreditation

There is a system of accreditation in place.
 The professional body with regulatory competence is in charge of the accreditation of CPD activities.
 CPD activities need to be accredited before being accessible for professionals but only if they are to fulfil mandatory CPD requirements.
 The accreditation is done on an individual basis.
 There is no fee for the accreditation of CPD activities.
 The criteria taken into account in the accreditation of CPD activities include: duration of activity, learning outcomes (skills, knowledge, competences acquired), lecturer/speaker competencies and academic title, final assessment, etc.
 Here is a link to frequently used quality assessment frameworks: www.bphu.bg
 The criteria for the accreditation of CPD activities are equal for all providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body and higher education institutions.
 The content of CPD activities include regulation and legislation news, review and EU perspective and recent changes, communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, etc.)

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, workshops, formal practice based learning, International live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) peer-to-peer and research-based.

Multi-professional CPD activities

There are multi-professional CPD activities.

Financial issues and transparency

CPD activities will be funded by the professional body with regulatory competence, the private/commercial sector or self-funded by participating professionals' fees.
 The funding of CPD activities by commercial bodies is subject to rules.
 There is a code of conduct by the professional body to ensure the transparency and independence of CPD.
 There are mandatory CPD activities available free of charge. CPD activities are in principle free of charge.
 There is no tax for participation and events are open for all pharmacists. If someone wants a certificate there is payment: 0.5 Euro for 1 credit.
 There are no financial reliefs linked to CPD activities.
 There are rules on CPD price: 0.5 Euro for 1 credit.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

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Trends and reflections

According to the Bulgarian Pharmaceutical Union the CPD organisation and compliance is satisfactory.

There will not be a shift in the institutional competence to regulate CPD nor a change in CPD schemes.

There is an option to improve the terms and the criteria which are taken into account in the accreditation of CPD activities for better quality and coverage.

CPD criteria are reviewed as required, not at regular intervals.

There are no national studies on the impact of CPD on professional practice.

New topics on CPD activities include pharmacovigilance, drug delivery systems, neuro-linguistic programming.

The offer of CPD activities specifically addressing patient safety is increasing.

10.4 Country profile: CROATIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	Yes	No	Yes	No	No
CPD linked to licence review	Yes	Yes	Yes	Yes	Yes
Accreditation	Yes	Yes	Yes	Yes	No
Financing	Doctor, employer, private/commercial sector	N/A	Self-employed dentist, salaried dentists, employer	Professional body with regulatory competence, employer, midwife	Professional body with regulatory competence, professional organisation, private / commercial sector
Guidelines on transparency/independence	No	N/A	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession in Croatia is subject to a licence from the Croatian Medical Chamber, which is also responsible for reviewing and revoking licences to practise.

Mandatory CPD

Doctors in Croatia are subject to mandatory requirements relating to continuous medical education, while activities relating to extra-medical professional development are voluntary. In line with the description of CPD for the purposes of this study, which identifies CME as an element of CPD, this system shall be considered to establish a mandatory CPD requirement; however the information should be read to refer to CME for the most.

The basis for this requirement is considered to lie in doctors' ethical obligation and is enshrined in the Medical Profession Act (Official Gazette 121/03).

Doctors' licences are subject to a renewal process, which takes place every six years. Complying with CPD requirements is a prerequisite for the renewal of the licence to practise. The monitoring of professionals' compliance with CPD requirements is carried out by the Croatian Medical Chamber. There are no positive incentives encouraging professionals to comply with CPD requirements.

CPD activities are provided by the following (ranked according to decreasing frequency of use): scientific societies, Higher Education Institutions, the private sector, the professional body with regulatory competence, i.e. the Croatian Medical Chamber, the State Agency for Quality and Accreditation in Healthcare, the State Agency for Medicinal Products and Medical Devices, the Ministry of Health, the Ministry of Education and professional organisations.

Doctors are required to collect 120 credits (national system) within the six years in accordance with the rules on CME as issued by the Croatian Medical Chamber.

Voluntary CPD

The mandatory requirements for doctors in Croatia relate to CME; therefore all other CPD activities are considered to be subject to a voluntary framework. For the purposes of this study and in line with the terminology established therein, the system applying to CME will be treated as the CPD system.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into national standards and guidelines for quality of care insofar as the rules on accreditation standards for hospitals as issued by the Ministry of Health relate to the Health Quality Law.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health, the Croatian Medical Chamber and EU policy.

CPD activities followed in other Member States are partially recognised, insofar as they relate to CME.

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CPD activities are recorded and reported by the professional upon request by the competent authority and by the CPD provider.

Accreditation

There is a system of accreditation in place.

CPD activities relating to CME and those relating to extra-medical professional development are accredited according to the same criteria.

Content of CPD

As described the Croatian system establishes strict separation of CPD and CME, therefore the mandatory requirements fully relate to CME, while other CPD is considered to be voluntary.

There is no needs assessment to determine which CPD activities a doctor should follow.

Outside the mandatory system, the following topics are among the CPD activities offered to doctors in Croatia: communication with patients, patient safety, eHealth and IT systems, patient data management, and payment and reimbursement systems.

CPD requirements do not differ for doctors of different specialties of posts.

Delivery of CPD

CPD activities are delivered in the following forms: conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), and multi-professional formats.

Multi-professional CPD activities

There are multi-professional CPD activities, for example in the areas of patient safety and communication with patients. Other professions involved in these activities include nurses, lawyers and psychologists.

Financial issues and transparency

CPD activities are funded by employers, the private and commercial sector or are self-funded by participating professionals' fees. There are no rules on the funding of CPD activities by commercial bodies, nor are there guidelines on the transparency and independence of CPD. Also there are no rules on how information on CPD activities can be communicated.

There are formal CPD activities relating to CME available free of charge. For payable CPD activities, the professional or employer carries the cost. In terms of financial reliefs relating to these costs, there are grants available, e.g. from employers or in the context of clinical trials.

There are no rules governing the price of CPD activities.

Doctors are granted 7 days a year of paid working time to follow CPD activities, insofar as they relate to CME.

Patient safety

There are CPD activities on patient safety offered, however it is not mandatory for doctors to follow them (this also relates to the strict differentiation between CME and extra-medical professional development activities). However, the offer of CPD activities specifically addressing patient safety is seen to be increasing by the Croatian Medical Chamber.

Trends and reflections

The Croatian Medical Chamber finds the available CPD offer, i.e. the offer relating to the mandatory requirements on CME, satisfactory and well regulated. In terms of trends in the recent past or foreseeable future, there are no shifts in institutional competence, nor with regard to changing the mandatory requirements to a voluntary framework.

There are no shifts in terms of criteria which have to be taken into account in the accreditation of CPD activities, nor are there developments as to CPD activities' relation to competency or qualifications frameworks.

CPD requirements are reviewed as required, at no regular interval. There are no national studies on the impact of CPD on professional practice. No information on new topics being addressed in CPD was provided.

In terms of barriers doctors face in participating in CPD activities to comply with the mandatory CPD requirements in Croatia, the financing of activities is identified as a hindrance, as is the lack of free time to follow CPD activities.

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As to European cooperation and exchange of good practice, the Croatian Medical Chamber believes it can enhance communication between doctors through the interaction of professional organisations and competent authorities.

Nurses

Structures and governance

The practice of the nurse profession in Croatia is subject to registration with the Croatian Nursing Council. The licence is subject to review every 6 years. The compliance with CPD mandatory requirements must be taken into account in this review.

Mandatory CPD

Nurses have mandatory CPD requirements that are established by law. A nurse needs to collect 15 credits per year (national credit system). If a nurse fails to comply with them, he/she can receive a reprimand issued by the professional body. This compliance is monitored by the Ministry of Health and the regulator. Nurses are not intentionally encouraged with positive incentives to comply with mandatory CPD requirements. More information: www.hkms.hr

Voluntary CPD

There is no voluntary CPD framework for nurses in Croatia.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

The development of CPD policies is initiated by the Ministry of Health and the professional organisation. Many of the activities of CPD are provided primarily by the Ministry of Health, Ministry of Education and higher education institutions.

Accreditation

There is a national system of CPD accreditation in which the Ministry of Health, regulator, professional organisation and higher education institutions are involved.

Content of CPD

N/A

Delivery of CPD

N/A

Multi-professional CPD activities

N/A

Financial issues and transparency

N/A

Patient safety

N/A

Trends and reflections

N/A

Dentists

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Structures and governance

Dentists must register with the Croatian Dental Chamber to be able to practise in Croatia. Registration is subject to review every 6 years and compliance with mandatory CPD is taken into account in the review.

Mandatory CPD

CPD is mandatory for dentists in Croatia, based on regulation by the Dental Chamber. Dentists must earn 10 points per year following dental medicine seminars. CPD requirements differ according to the dentist's function (general dentist, specialist dentist, academic etc.).

The Dental Chamber monitors and enforces compliance with CPD requirements. Dentists who do not fulfil CPD requirements are required to pass an exam for purposes of renewing their licence to practise. Activities for mandatory CPD are provided by (ranked by decreasing frequency): the Dental Chamber, professional associations, Ministry of Health, Ministry of Education, scientific societies, higher education institutions and the private sector.

Activities followed in Slovenia are also recognised.

Voluntary CPD

In addition to mandatory CPD, a voluntary CPD framework also exists. Compliance is monitored by the Dental Chamber but there are no consequences to non-compliance and no positive incentives to encourage dentists' participation.

Activities for voluntary CPD are provided by (ranked by decreasing frequency): the Dental Chamber, professional associations, Ministry of Health, scientific societies, higher education institutions, Ministry of Education, and the private sector.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards or guidelines for quality of care by being integrated into laws and acts of the national health system.

Development and implementation

Development of policy on CPD is initiated by Dental Chamber.

There is no recording or reporting obligation for CPD.

Accreditation

Accreditation is administered by the Dental Chamber for both mandatory and voluntary CPD activities. Accreditation is awarded to the CPD provider free of charge and criteria such as compliance with professional guidelines and learning outcomes are taken into account in accreditation. Quality assessment frameworks used in accreditation are available at www.hkdm.hr. Criteria for accreditation differ depending on whose activities are accredited: 1. University of Dental medicine (Zagreb, Rijeka or Split) and 2. Dental associations.

Content of CPD

Dental Chamber, Ministries of Health and of Education, scientific societies and postgraduate education organisations are involved in the development of content of formal CPD activities.

Some of the topics followed are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	

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Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics		Taxation	
Ethics and jurisprudence	x	Other	

A needs assessment takes place at the level of the individual dentist and at the level of the profession. There is no regulation on what percentage of CPD activities followed must relate to continuous dental education.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands-on courses; conferences, symposia, lectures or seminars; international, national and regional live/face-to-face events.

Multi-professional CPD activities

Dentists participate in CPD activities with dental technicians and dental assistants.

Financial issues and transparency

CPD activities are funded by the Dental Chamber; there are no formal CPD activities available free of charge. Funding by commercial bodies is regulated by the Rulebook of professional education of the member of the Chamber, which also ensures transparency and independence of CPD.

There is no financial relief available to offset costs of participation in CPD activities.

There are no rules on how information on CPD activities can be communicated.

Patient safety

Dentists must follow CPD activities on patient safety (see Content of CPD); there is a mandatory module on patient safety and in addition patient safety is included in other mandatory modules. Patient safety is in fact reported to be one of the main topics of every CPD activity.

Trends and reflections

The Dental Chamber estimates that the CPD offer for dentists in Croatia is satisfactory. They report that recently the competences of the Chamber have increased as it now regulates not only dentists but also dental technicians and dental assistants; this influenced regulations in all areas, including on CPD.

CPD requirements are reviewed every year by the Dental Chamber's committee for professional education.

The main barriers to participation in CPD activities exist at individual level (illness etc.).

The following new topics are being addressed by CPD: implantology, new technology, sedation.

The Dental Chamber would be in favour of European cooperation on CPD, particularly related to the development of the profession and life-long learning and specifically on new technologies and materials.

Midwives

Structures and governance

In Croatia, midwives need to register with the Croatian Chamber of Midwives, and midwives need to renew their registration every six years. In order for midwives to obtain a work permit, they need to be registered with their professional body (the Croatian Chamber of Midwives), and their employers are then obliged to register them with the Croatian Public Health Institute's (HZJZ) health professionals' register. (Note both professional body and professional organisation are within the same 'body' the Croatian Chamber of Midwives.)

Croatian midwives' practice and registration renewal is subject to mandatory CPD requirements, with a minimum of 90 points to be accrued during the previous registration period. This is established through the profes-

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sional body's code (see <http://www.komoraprialja.hr/propisi/poslovnicipravilnici/tekstovi/845-pravilnik-osadrzaju-rokovima-i-postupku-trajnog-strucnog-usavrsavanja>).

There is no requirement to regularly review CPD provision in Croatia.

Mandatory CPD

In Croatia, midwives' professional practice is subject to mandatory CPD, and this is linked to their re-registration, which takes place every six years. Midwives need to gain 90 points (using a Croatian CPD system) in order to renew their registration.

The Croatian midwives' professional organisation (Croatian Chamber of Midwives) oversees compliance with CPD and enforces any consequences for midwives; if midwives do not complete the mandatory CPD requirement, they may not receive work permits, and they are obliged to sit examinations set by the professional body. Mandatory CPD is not incentivised, and the opportunity to complete CPD in work time varies and depends on the midwives' employers.

There is also regional organisation of CPD in Croatia: The regional branch of the professional body compiles a programme of education (a list of classes to be held in the calendar year); then the central body approves the programme in accordance with the rulebook. The rulebook determines the number of required lessons for every member.

Accordingly, the midwives' professional organisation is the main provider of mandatory CPD activities in Croatia, and this organisation works with others including the professional body with regulatory competence, the private sector and the Ministry of Health.

The respondent added further information as follows: Croatia has had a CPD-based system for 5 years now, since the founding of the Croatian Chamber of Midwives. This year (2014) is the year that the first licence period expires, and hopefully the number of members having to take the re-licensing test will not be high. Many midwives already have the necessary number of points needed for relicensing and most are still attending CPD.

Voluntary CPD

There is no voluntary CPD framework for midwives in Croatia.

CPD as part of national standards and guidelines for quality of care

Mandatory CPD is not integrated into national standards or guidelines for quality of care in Croatia.

Development and implementation

In Croatia, the midwives' professional organisation is the main instigator of policy on CPD. This organisation has been assigned responsibility for overseeing CPD for midwives.

CPD activities undertaken in other EU member states are partially recognised in Croatia. If a midwife wants an activity undertaken elsewhere to be considered, she can apply retrospectively for CPD to be accredited by the Croatian Chamber of Midwives by sending a programme and a certificate of attendance on that particular CPD activity, which is then being considered for accreditation by the Chamber's Committee for Continual Professional Development.

CPD activities are recorded by individual midwives and by CPD providers. Both midwives and CPD providers may be required to report CPD activities.

Accreditation

There is a system of accreditation for midwives' mandatory (formal) CPD activities in Croatia, and this is undertaken by the midwives' professional organisation (Croatian Chamber of Midwives).

Formal CPD activities do not have to be accredited, however if a midwife is considering informal activities, their professional organisation's Committee for Continual Professional Development decides beforehand whether the activity can be accepted as part of their mandatory CPD requirement. This committee oversees all applications for accreditation of midwives' CPD activities, and to do so they use criteria which are laid out in the CPD rulebook.

The criteria for CPD accreditation varies according to the professional body which is involved in the accreditation process (suggesting that a course which goes to, for example, the medical profession's CPD committee may be subject to different criteria than one, which goes to the midwifery profession's CPD committee).

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Content of CPD

The midwives' professional organisation (Croatian Chamber of Midwives) is the main body involved in developing content of CPD in Croatia.

There are some requirements about the content of mandatory CPD for midwives. For each midwife, 45 points out of a total of 90 can be extra-midwifery but medicine related; out of those medicine-related 45 points, there must be one class on the following topics: psychology, ethics in midwifery and legislation in midwifery.

The following content is available to midwives in Croatia: courses in client safety, public health, leadership and management, midwifery research and ethics, electronic fetal heart monitoring, counselling, antenatal screening and safeguarding/child protection. This is rather less than in some EU countries, and courses in clinical midwifery practice and obstetric emergencies are notably absent.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice		Counselling	x
Client safety	x	Antenatal screening	X
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth		Clinical audit	
Leadership and Management	x	Evidence-based guidelines	
Legal and professional issues, including client records	x	High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.		Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

In Croatia, most mandatory CPD activities are delivered in the following ways: through conferences, symposia, lectures or seminars, web-based learning (eLearning) and employer-based learning. Midwives may also gain mandatory CPD points at congresses and symposiums in the country and abroad, by attending expertise conferences, courses, e-learning, study visits, writing publications, participating in workshops, through their undergraduate and post-graduate studies, via the IBCLC exam (International Board Certified Lactation Consultant), and through active participation in the professional bodies' activities, including representation of the professional body in associations and regulatory bodies abroad.

Multi-professional CPD activities

All medicine-related topics are taught in a multi-professional setting, with the doctors.

Financial issues and transparency

In Croatia, a number of organisations are involved in funding CPD; the professional body with regulatory competence (HZJZ) is the main funder, but midwives employers and midwives themselves also fund CPD. Higher Education Institutes also fund some CPD.

Generally, all mandatory CPD activities organised by the Croatian Chamber of Midwives are free of charge, and the Chamber organizes enough activities for midwives to accrue the 90 required points, including obligatory classes on psychology, ethics in midwifery and legislation in midwifery. Activities organised by other bodies include may include a participation fee.

There are guidelines in place to ensure the transparency and independence of CPD in Croatia. These are established in national law (reference not provided) and there are also CPD guidelines, and these are regulated by the Midwifery Act, the professional body's Statute and rulebooks in the midwives' professional code. If com-

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mercial bodies want to provide mandatory CPD, they need to have a contract with the professional body, and this contract must be approved by the CPD committee.

Patient safety

There is no mandatory requirement for midwives to study patient safety as part of their CPD in Croatia, although patient safety does form part of the CPD content available. Provision of CPD on patient safety is increasing.

Trends and reflections

In the opinion of the respondent, on behalf of the Croatian Chamber of Midwives, the CPD on offer in Croatia is satisfactory. The respondent does not anticipate any changes in regulation of CPD, or any shift away from mandatory CPD in Croatia.

In relation to accreditation of CPD, the rulebook which each profession's CPD committee uses is reviewed and evaluated occasionally, so in practice criteria for CPD do shift if the organisation's competent bodies decide that change is appropriate. However, CPD has not altered in response to competency frameworks or training guidelines, and there are no national studies into CPD.

The following new topics are now being addressed by CPD in Croatia: natural labour and the role of a midwife in a natural labour, breastfeeding and the promotion of breastfeeding as a healthy and natural diet and legislation and ethics in midwifery.

The respondent felt that EU co-operation and exchange of good practice was very valuable, and felt that their organisation stands to gain as much information as possible about the practice of midwifery in EU countries, and planned to use this information to benefit their members.

Pharmacists

Structures and governance

The practice of general pharmacists is subject to a registration with Croatian Chamber of Pharmacists.

Mandatory CPD

Practice of the profession is not subject to mandatory CPD requirements. At the moment, there is only mandatory CE (Continuous Education).

Voluntary CPD

There is no voluntary CPD framework established.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The professional body with regulatory competence initiates the development of policy on CPD.

Activities followed in another EU country are recognised.

CE activities are recorded (lists of participants' names and other data) by the CE provider and then delivered to the Chamber. Also, professionals can send a request to the Chamber with the documents confirming his/her active participation in a congress, course, etc.

CE activities are carried both within and outside of working hours.

Accreditation

There is no accreditation system.

Content of CPD

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The bodies involved in the development of content of CE activities include the Professional Body and Higher Education Institutions.

The content of CE activities includes communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, medicines administration, vaccinations, pharmacovigilance, biosimilars, pharmacoepidemiology, management (financial, marketing, staff training, ...) and regulations.

Delivery of CPD

There are multiple forms of delivery of CE including conferences, symposia, lectures or seminars, web-based learning (eLearning), case presentations.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CE activities are funded by the Chamber (professional body with regulatory competence), Croatian Pharmaceutical Society (professional organisation) - private / commercial sector (industry and wholesalers), employers and self-funded by participating professionals' fees. There are rules for commercial bodies that fund the CE activities.

The costs and fees of CE activities differ depending on the event and it can also be free of charge. The costs are carried by the professional, employer, competent authority or provider. Employers can benefit from tax off-sets.

There is code/regulation from the professional body to guarantee the transparency and independence of CE activities. The Chamber has an Ordinance regulating the content/topics, availability, activities (courses, e-learning, congress, study visits, etc.).

Patient safety

Patient safety components are not mandatory to follow.

Trends and reflections

In Croatia there is so far only CE, but the idea is to develop CPD in the near future. The main requirement should be that the activities can be organised (and offered) solely by professional organisations. Industry can fund such activities but without influence on what, when and how.

Croatia is developing a national competency framework and at the same time developing new models and requirements for CE according to the framework, while the final goal is to implement CPD.

The licence is renewed every 6 years.

The most important barriers to participation in CE activities are money, time and availability, lack of interest and responsibility.

New topics addressed by CE are evidence based medicine, contraception, oncology pharmacy and biosimilars.

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10.5 Country profile: CYPRUS

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	Yes	No	Yes	No
Voluntary	Yes	No	Yes	No	Yes
CPD linked to licence review	N/A	Yes	No	Yes	N/A
Accreditation	Yes	Yes	Yes	Yes	No
Financing	Ministry of Health, professional organisations, private/commercial sector	Nurse, employer	Dentist, employer, professional organisation	Ministry of Health, professional body with regulatory competence, professional organisation	Pharmacist
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	No

Doctors

Structures and governance

The practice of the medical profession in Cyprus is subject to a licence from the Cyprus Medical Council and the Cyprus Medical Association.

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is subject to a voluntary CPD framework, which is based on doctors' ethical obligation and enshrined in a code by the professional body. There are no consequences if doctors fail to comply with the voluntary CPD framework. There are no positive incentives to encourage doctors to comply.

CPD activities are provided by the following (ranked according to decreasing frequency of use): the professional organisation, scientific societies, the professional body with regulatory competence, higher education institutions, the Ministry of Health, the private sector and the Ministry of Education.

Doctors' compliance with the CPD framework is monitored by the Cyprus Medical Association and the Cyprus Medical Council. The voluntary framework recommends doctors to acquire 150 credits (national system) over a three year period.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards and guidelines for quality of care.

Development and implementation

The Ministry of Health, the Cyprus Medical Association and the Cyprus Medical Council initiate the development of policy on CPD. Formal CPD activities followed in other EU Member States are recognised. The completion of CPD activities is recorded by the CPD provider. The completion of CPD activities is reported by the professional upon request of the competent authority.

Accreditation

There is a system of accreditation of CPD activities, which the Cyprus Medical Association is in charge of. Accreditation is given in accordance with the European Union of Medical Specialists (UEMS) European Accreditation Council for Continuing Medical Education (EACCME®) system. CPD activities must comply with the minimum educational criteria of this system to be granted credits. Formal CPD activities must be accredited before being accessible for professionals. For informal CPD activities, no such obligation exists. Accreditation is given on the basis of individual CPD activities. The criteria which are taken into account for the accreditation are the duration of an activity, its compliance with professional guidelines, its compliance with national and EU policy and its learning outcomes (skills, knowledge and competence acquired). The criteria do not differ according to

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CPD provider. A CPD activity can receive up to 6 credits per day. There is no differentiation between accreditation criteria for CPD activities in continuous medical education and activities relating to extra-medical topics. There is no fee for the accreditation of CPD activities.

Content of CPD

Professional bodies, the Ministry of Health, scientific societies and higher education institutions are involved in the development of the content of formal CPD activities. There is no prescribed content that professionals must follow, nor is there a regulation on what percentage of CPD must relate to continuous medical education and what percentage must relate to other types of CPD. There is no needs assessment to determine which CPD activities a doctor should follow. CPD requirements do not differ for doctors of different specialties or posts. The topics which are offered include communication with patients, patient safety, and eHealth and IT systems.

Delivery of CPD

The following forms of delivery of CPD activities exist: case presentations, clinical audits, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, the Cyprus Medical Association, the Cyprus Medical Council, the private and commercial sector, or are self-funded through the participating professionals' fees. There are no rules on the funding of CPD activities by commercial bodies, however there is a code of conduct established by the professional body on the transparency and independence of CPD.

There are formal CPD activities available free of charge. For payable CPD activities the professional, employer or competent authority carry the cost. This cost is not eligible for any financial reliefs. There are no rules governing the price of CPD activities. CPD activities must be followed outside of working time.

Patient safety

There are no CPD activities offered addressing patient safety. The Cyprus Medical Association highlights the understanding that all CPD activities contribute to improving patient safety.

Trends and reflections

The Cyprus Medical Association has no formal opinion on whether the CPD offer available to doctors is satisfactory. As regards shifts in the terms of criteria which are taken into account in the accreditation of CPD activities, changes were recently made to reflect the revision of the UEMS EACCME® system. This is also relevant in terms of developments in CPD requirements' relations to competency and quality frameworks.

As a main barrier to doctors' participation in CPD activities, the importance of a science base for CPD activities is highlighted.

Lastly the Cyprus Medical Association expects European cooperation and exchange of good practice to provide added value by allowing for the discussion of different experiences and an exchange on innovative practices to aid the development of healthcare services.

Nurses

Structures and governance

The nursing practice in Cyprus is subject to registration with the Cyprus Nursing and Midwifery Council. The licence to practise is reviewed by this institution every 4 years and compliance with mandatory CPD is taken into account.

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Mandatory CPD

Nurses are requested to comply with mandatory CPD requirement established by law and included in the code of the professional body (32 hours/year or 20 international credits), -Cyprus Government Gazette part 3, issue 4548, February 17th 2012 page 161. If a nurse fails to comply with the requirements, he/she can be temporarily suspended from practice by the Ministry and the Council. Individual professionals and the Cyprus Nursing and Midwifery Council monitor the compliance with mandatory requirements. Nurses are incentivised with funds and free time to undertake mandatory CPD. Cyprus Nurses and Midwives Association, Ministry of Health, scientific societies and higher education institutions are the most common providers of CPD activities.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in the legislation regarding the practice of nurses and midwives in Cyprus.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health and the Cyprus Nurses and Midwives Association.

Accreditation

Accreditation of CPD is undertaken by the regulator of the profession. Cyprus Nurses and Midwives Association has formed an accreditation committee evaluating formal CPD activities and awarding International Continuous Nursing Education Credits (ICNECs) under the framework of the International Council of Nurses (ICN). The Cyprus Nursing and Midwifery Council accredits formal CPD activities only in relation to the renewal of the licence to practise. The accreditation is given based on the content of the programme. At present, informal activities are not accredited. CPD activities do not need to be necessary accredited before being accessible to professionals. There is a fee for accreditation of 150 euros for the CPD activity provider if the activity is not in collaboration with the Cyprus Nurses and Midwives Association. Formal CPD activities followed in another EU Member States are recognised.

Content of CPD

The content of CPD activities is done by the Cyprus Nurses and Midwives Association, Ministry of Health, scientific societies and higher education institutions. The CPD activity followed must have a relation to the nursing profession and must show a benefit for practice. A needs' assessment is undertaken at the level of the individual professional. The most common topics are nursing and clinical practice, communication and patient records, patient safety, eHealth, management, legal and professional issues and chronic disease management. New content relates to the impacts of the financial crisis in the healthcare services, trauma care and advances in nursing care.

Delivery of CPD

CPD activities are normally conferences and seminars, web-based learning, activities organised by employers, multi-professional courses and research-based learning.

Multi-professional CPD activities

There are multi-professional CPD activities on patient care, mass distraction, accident and emergency care, and management that nurses, midwives, doctors, physiotherapists and dieticians follow together.

Financial issues and transparency

Costs of the CPD activities are covered by the Cyprus Nurses and Midwives Association, Ministry of Health, and individual nurses. There are no guidelines in place to ensure transparency and independence of CPD. Nurses record and report CPD activities upon request of the competent authority (Nursing and Midwifery Council).

Mandatory activities to cover mandatory CPD requirements are usually free of charge. For the rest of activities, professional and employers are the ones covering the costs. There are some grants offered by the professional association to alleviate the costs for the professionals.

In the public sector, nurses can have 8 days of paid working time annually for CPD activities.

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Patient safety

There is no special requirement to follow patient safety activities.

Trends and reflections

The CPD system is satisfactory. There have been some changes in the recent years. In 2012, the CPD system changed from voluntary to mandatory with a renewal of the licence to practise.

There is not a specific interval to review the CPD requirements. The major barriers to access CPD are the financial crisis and impossibilities to attend activities due to workload.

Dentists

Structures and governance

Dentists must register with the Cyprus Dental Association to be able to practise in Cyprus. Registration is subject to renewal.

Mandatory CPD

There is no mandatory CPD for dentists in Cyprus.

Voluntary CPD

A voluntary framework for CPD is established by regulation of the Cyprus Dental Association, currently on a trial basis. After a trial period, any problems with the system are expected to be tackled and CPD is to become mandatory and tied in with the renewal of the professional license.

Dentists are encouraged to earn 45 credits per 3 years with a minimum of 10 credits per year; on average, 1 credit can be earned for 1 hour of a theoretical course and 1,5 credits for 1 hour of a practical course. Compliance with voluntary CPD is monitored by the Cyprus Dental Association but there are currently no consequences if dentists fail to comply. Dentists are positively encouraged to participate in CPD by being offered a CPD certificate upon completion.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Cyprus Dental Association.

Completion of CPD activities is recorded and reported proactively by the participating dentist and by the CPD provider.

Formal CPD activities followed by dentists in other EU Member States are recognised in Cyprus.

Accreditation

Formal CPD activities must be accredited by the Cyprus Dental Association's CPD Committee. Accreditation is awarded to individual CPD activities and there is no fee for this.

The following criteria are taken into account in accreditation: duration of activity; compliance with professional guidelines; compliance with national policy; learning outcomes.

Content of CPD

The Cyprus Dental Association, Ministry of Health, scientific societies and higher education institutions are involved in the development of content of CPD activities.

There is no prescribed or recommended content for CPD in Cyprus but CPD activities have to relate to dental health. A needs assessment is carried out at the level of the profession.

Some of the topics covered are marked 'x' in the table* below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	

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Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients		Medical emergencies	x
Conscious sedation		New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics		Taxation	
Ethics and jurisprudence			

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands on courses; conferences, symposia, lectures or seminars; national and regional live/face-to-face events; self-study (reading scientific journals or books, audio-visual educational means, etc.); multi-professional; research-based; study groups or quality circles.

Multi-professional CPD activities

Dentists participate in CPD activities with physicians.

Financial issues and transparency

CPD activities are funded by the Cyprus Dental Association and by participating professionals. Funding by the private sector is currently not allowed. In addition, guidelines to ensure transparency and independence of CPD are included in the Dental Association's regulation.

CPD activities under both mandatory and voluntary frameworks are available free of charge or costs are carried by self-employed or salaried dentists, employers or local and national dental associations (through provision of free activities).

There are no rules on cost of CPD or on communicating information about CPD activities.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety. There are no reports that offer of CPD activities on patient safety might be increasing.

Trends and reflections

Following the current trial period, CPD is expected to become mandatory for dentists in Cyprus. There are no concrete plans when this might happen. CPD requirements are reviewed by the CPD Committee of the Cyprus Dental Association every 3 years. No barriers are reported to dentists' participation in CPD activities.

The following new topics are being addressed by CPD activities for dentists: prevention; new technologies; new treatment methods.

According to the Cyprus Dental Association, European cooperation and exchange of good practice on CPD can have a positive impact on ensuring that dentists will be more up to date in terms of their professional knowledge.

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Midwives

Structures and governance

The practice of midwifery is subject to registration with the Cyprus Nursing and Midwifery Council, which is a professional body with a regulatory competence on the national level. Midwives' licence to practise is subject to review (relicensure, revalidation, re-registration), both annually and every 4 years, and mandatory CPD activity is linked to maintaining the licence to practise. There is no linking of CPD with national standards or guidelines of care.

Mandatory CPD

There are mandatory CPD requirements in Cyprus for midwives, established by national law, decree and governmental regulation as well as the code and regulations of the Cyprus Nursing and Midwifery Council. Mandatory CPD is based on a national-level system, requiring a minimum of 32 hours, or 20 international credits, over four years. On a yearly basis, the requirements are eight hours or five international credits.

The midwives' professional organisation, the Ministry of Health and the professional body are the leading providers of mandatory CPD activities, and also monitor midwives' compliance with mandatory CPD. If a midwife fails to comply, an immediate loss of licence to practise, or temporary suspension of practice, is mandated. These actions are enforced by the judiciary, by the Ministry of Health or by the Cyprus Nursing and Midwifery Council on the national level, and on the regional level by the Cyprus Nursing and Midwives Association (CYNMA).

Voluntary CPD

No Voluntary CPD framework exists for midwives in Cyprus.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not integrated into Cyprus national standards or guidelines for quality of care.

Development and implementation

The policy on development of CPD is initiated by the Ministry of Health, the Cyprus Nursing and Midwifery Council (professional body with regulatory competence) and by CYNMA, and is influenced by EU policy makers. Midwives are expected to record and report their CPD activities pro-actively, or at the request of the competent authority.

Formal CPD activities undertaken in another EU member state are recognised in Cyprus.

Accreditation

The Ministry of Health, Cyprus Nursing and Midwifery Council and CYNMA provide accreditation for mandatory CPD, taking into account the duration of the activity, compliance with professional guidelines, national policy and learning outcomes (skills, knowledge, competences acquired). These CPD activities need to be accredited before being accessible to midwives and each individual CPD activity needs to be accredited. There is a fee incurred (€35) for CPD accreditation, and accreditation criteria do not differ between providers, but the activity needs to be closely related to midwifery practice and to science.

Content of CPD

CPD content for midwives is provided by following organisations: The midwives' professional body with regulatory competence, the midwives' professional organisation and by the Ministry of Health. The actual content of the midwifery CPD is not prescribed or linked to a needs assessment at either the individual or profession level.

Current CPD content topics offered are: midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, and neonatal resuscitation), electronic fetal heart monitoring (EFM), and evidence-based guidelines.

The topics offered are marked 'x' in the table below

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CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice		Counselling	
Client safety		Antenatal screening	
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth		Clinical audit	
Leadership and Management		Evidence-based guidelines	x
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is mostly delivered through the following formats: conferences, symposia, lectures and informal practice-based learning.

Multi-professional CPD activities

In Cyprus, midwives do not participate in multi-professional CPD activities.

Financial issues and transparency

The Cyprus Nursing and Midwifery Council ensures the transparency and independence of mandatory CPD by setting professional codes and regulation. All formal CPD activities incur a fee but there is no national control over the price charged and the midwife carries the individual CPD activity cost without aid of any financial incentives (tax offsets or grants). The employer covers four study days of mandatory CPD in the form of study leave, but the remainder has to be completed outside working hours.

Patient safety

In Cyprus, there is no mandatory requirement to undertake CPD activities in relation patient safety.

Trends and reflections

The Cyprus Nursing and Midwifery Council did not offer a formal opinion in relation to whether the CPD offer available to midwives in Cyprus is satisfactory. They have not recorded nor do they anticipate any shifts related to institutional competence to regulate CPD, or a shift from voluntary to mandatory CPD. Also the position of CPD being integrated with competency frameworks or qualification frameworks is thought likely to remain static. New CPD topics have been introduced however: these include promotion of normal birth and breastfeeding, pain management, and women's as well as midwives' empowerment.

A national study on the impact of CPD on midwives' practice has been done in 2001 concluding that main barrier for midwives to participate in CPD activities was lack of motivation. Currently the midwives interest in CPD is reported to be high, however the opportunities to access midwifery topics are fewer than in nursing ones. Cypriot midwives are positive that European co-operation and exchange of good practice on European level would encourage improvement in women's care and new opportunities for smaller countries.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the ministry of health.

Mandatory CPD

There is no mandatory CPD.

The licence to practise is not linked to revalidation

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The compliance is not monitored at regional level
 There are no additional incentives to comply with CPD.
 Mandatory CPD requirements are formulated in minimum number of hours, learning outcomes (skills, knowledge, competences acquired)

Voluntary CPD

There is voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines: GPP.

Development and implementation

Ministry of Health, Professional organisation and employers initiate the development of CPD policy.

Mandatory CPD activities followed in another EU Member State are recognised.

The CPD activities do not need to be recorded and reported.

There are rules on the way information on CPD activities can be communicated. CPD activities must not advertise any products.

CPD activities are followed after working hours.

Accreditation

There is no system of accreditation in place.

Content of CPD

The body involved in the development of content of formal CPD activities is the professional body.

The content of CPD activities include: communication, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, etc.) nutrition, food supplements, homeopathy, pharmacovigilance, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...)

The content of CPD is linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including conferences, symposia, lectures or seminars, self-study (reading scientific journals or books, audio-visual educational means, etc.) and multi professional learning.

Multi-professional CPD activities

There are multi-professional CPD activities for knowledge of marketing and pharmacoeconomics.

Financial issues and transparency

CPD activities are self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules.

There is no code of conduct by the professional body to ensure the transparency and independence of CPD.

There are voluntary CPD frameworks available free of charge. CPD activities are in principle free of charge. If there is a cost this is paid by the employee.

There are no financial reliefs linked to CPD activities.

There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Cyprus Pharmaceutical Association has no formal opinion on the CPD offer.

There will not be a shift in the institutional competence to regulate CPD nor a change on CPD schemes at the moment.

There is no shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

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There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are not reviewed.

There are no national studies on the impact of CPD on professional practice.

The main barrier to completing CPD is long working hours.

New topics on CPD activities include pharmacy management and internet knowledge.

The offer of CPD activities specifically addressing patient safety is increasing.

European cooperation and exchange of good practice on CPD could provide added value exchanging experiences.

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10.6 Country profile: CZECH REPUBLIC

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	Yes	No	No
CPD linked to licence review	N/A	Yes	N/A	Yes	No
Accreditation	Yes	Yes	No	Yes	Yes
Financing	Professional body with regulatory competence, employer, private/commercial sector, doctor	Employer, nurse, EU funds	Dentists, employer	Midwife	Ministry of Health, professional organisation, private/commercial sector
Guidelines on transparency/independence	Yes	No	No	No	No

Doctors

Structures and governance

The practice of the medical profession is a subject to a licence issued by the Ministry of Health and the Czech Medical Chamber.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements, which are established in law (Law 95/2004) and in a regulation by the professional body (Professional Regulation of Czech Medical Chamber No. 16). The professional's licence to practise is not subject to review.

The professional body with regulatory competence monitors and enforces professionals' compliance with the mandatory CPD requirements, even though the professional faces no charges or consequences if he/she fails to comply with the mandatory CPD requirements. There is no regional level of enforcement of mandatory CPD requirements. Professionals are intentionally motivated with positive incentives, such as higher payments from the health insurance company in order to comply with mandatory CPD requirements.

The providers of activities for mandatory CPD include (ranked according to decreasing frequency of use): the professional body with regulatory competence, professional organisations, scientific societies, private sector, higher education institutions, the Ministry of Health, and the Ministry of Education. Other providers include non-governmental and non-profit organisations.

The mandatory CPD requirements are formulated as a minimum number of credits according to a national system i.e. 150 credits are to be collected in 5 years.

Voluntary CPD

The practice of the medical profession is not subject to a voluntary CPD framework. However, doctors may choose to follow additional CPD activities based on their ethical obligations. There are no sanctions for doctors who choose not to follow voluntary CPD activities.

CPD as part of national standards and guidelines for quality of care

Currently, CPD is not integrated in the national standards or guidelines for quality of care.

Development and implementation

The Ministry of Health, the professional organisation, and the professional body with regulatory competence (Czech Medical Chamber) initiate the development of CPD policy. CPD activities followed in another EU Member State are recognised in the Czech Republic i.e. formal CPD activities, even in the context of voluntary CPD. The completion of CPD activities is recorded and reported pro-actively by the professional.

Accreditation

There is an accreditation system for CPD in the Czech Republic and the professional body with regulatory competence (Czech Medical Chamber) is in charge of it. According to medical chamber regulations, formal CPD activities, and as feasible informal activities, must be accredited before being accessible for professionals.

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Accreditation is performed based on the individual CPD activity and according to medical chamber regulations. There is a fee charged for the accreditation of CPD activities. The criteria taken into account in the accreditation of CPD activities include the duration of the activity, compliance with professional guidelines and learning outcomes (skills, knowledge, competences acquired). For information about quality assessment frameworks used for accreditation, follow the link www.clkcr.cz.

Accreditation criteria do not differentiate between different providers. CPD activities relating to continuous medical education and those relating to extra-medical professional development are not accredited based on the same criteria but according to the Professional Regulation of Czech Medical Chamber.

Content of CPD

The professional body and scientific societies are involved in the development of content of formal CPD activities. There is no prescribed content which doctors must follow beyond the structural CPD requirements and there is no regulation on what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD. There are no needs assessments to determine which CPD activities should be followed.

Some of the topics offered in the Czech Republic include communication with patients, patient safety, eHealth and IT systems. CPD requirements criteria do not differ for doctors of different specialties or posts.

Delivery of CPD

The forms of CPD delivery include case presentations, conferences, symposia, lectures or seminars, international live/face-to-face event, National and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, research-based, videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities in the Czech Republic such as communication and ethics.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, employers, the private or commercial sector and are self-funded by participating professionals' fees. The funding of CPD activities by commercial bodies is subject to regulations based on Professional Regulation No. 16 of the Czech Medical Chamber. There are codes of conduct by the professional body to ensure the transparency and independence of CPD; these regulations are also found in Professional Regulation No. 16 of the Czech Medical Chamber. There are rules in place governing the information on CPD activities such as a restriction of advertising.

The cost of CPD activities followed is paid by the professionals and there are no formal CPD activities available free of charge. Doctors can offset the cost of following CPD activities from their taxes and receive grants. Currently, there are no rules governing the price of CPD activities. It is not regulated whether CPD activities must be followed within or outside working time. The requirement is 150 hours in 5 years.

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety and there are no increasing offers of CPD activities specifically addressing patient safety.

Trends and reflections

Based on the organisational opinion, the available CPD offered in Czech Republic is satisfactory and there is no foreseen shift in the institutional competence to regulate CPD, nor from mandatory to voluntary CPD or in the criteria for the accreditation of CPD activities. More so, there have been no developments in terms of CPD requirements in relation to competency or qualifications frameworks. The CPD requirements are reviewed as required and no regular interval is stipulated. The high prices of CPD activities are one of the most important barriers hindering participation.

The new topics being addressed by CPD activities include ethics, communication and new trends.

The European cooperation and exchange of good practice is thought to add value by improving the national CPD practice.

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Nurses

Structures and governance

In order to practice, nurses are subject to registration with the Ministry of Health of the Czech Republic, National Center of nursing and non-medical healthcare professions (The Register of Health Care Professionals). The registration is reviewed every 10 years. Mandatory CPD requirements are taken into account in this review.

This review of the registration was originally done every 6 years, but was temporarily increased to 10 years due to technical issues in the Register. The relevant Act no. 96/2004 is currently being revised and the re-registration period will be decreased.

Mandatory CPD

The practice of the nursing profession is subject to mandatory CPD requirements established by law (Act no. 96/2004 Coll.) If a nurse fails to comply with the requirements, she/he can be temporarily suspended from an independent practice. The monitoring of this compliance is done by the Ministry of Health who will remove the nurse's registration and it is up to the employer to resolve the consequences.

CPD mandatory activities are mainly provided by professional organisations, by the private sector, by higher education institutions, scientific societies and regulators.

The CPD requirements are 40 credits every 10 years (national credit system). The Decree no. 423/2004 Coll. as amended, states the number of credits assigned to different forms of CPD.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards for quality of care detailed in Decree no. 102/2012 on evaluating the quality of inpatient care.

Development and implementation

CPD policy is initiated by the Ministry of Health and the professional organisation.

Many employers offer some internal seminars every 2-3 months as paid working time to follow CPD activities.

All of the undertaken CPD is recorded by the provider, the CPD provider issues a certificate of participation to each nurse. The activities are reported to the Register pro-actively by the professional.

Accreditation

The professional organisation is in charge of a system for accrediting (approving) every single CPD activity. The accreditation is given to each individual activity that fulfils certain criteria. Learning outcomes (skills, knowledge and competences acquired) are the criteria taken into account for the accreditation. The criteria for accreditation do not differ depending on the provider of CPD. There is a fee for accrediting the CPD activities (cca 12 Euro = 300 CZK).

Content of CPD

The content of CPD activities is formed by professional bodies and organisations, by the Ministry of Health, scientific societies, higher education institutions and private sector. There is no prescribed content that a professional must follow. Our system can be improved by a systematic needs' assessment among health care professionals who provide care in different areas of nursing (e.g. palliative care, primary care, ICU). Currently, there are attempts to make the system more efficient. CPD activities often include issues of: nursing clinical practice, communication and patient records, patient safety, management, legal and professional issues and chronic-disease management.

New content of activities covers patient safety, sharp injuries and communication.

Delivery of CPD

CPD activities can be delivered as case presentations, clinical audits, clinical hands on courses, conferences and seminars, web-based learning, and employer based learning. Some activities are offered by patients' organisations.

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Multi-professional CPD activities

There are joint conferences for certain medical and nursing specialisations (e.g. critical care, traumatology, primary care).

Financial issues and transparency

CPD activities are either funded by employers or self-funded by participating nurses' fees. EU structural funds also play a major role in funding CPD activities. When commercial bodies fund CPD activities, they follow the same accrediting procedure as any other provider. Formal CPD activities followed in another EU Member State are recognised.

The available and approved CPD activities (and their price) are published in professional journals, on the website of professional organisations and providers of CPD courses.

Patient safety

Patient safety is more and more and increasing topic in CPD activities but it is not compulsory to follow.

Trends and reflections

The CPD system is partially satisfactory, the nurses are now used to their mandatory participation in CPD. A certain cultivation of the offered CPD activities is now needed, more structure can be added to the system.

There are changes in the CPD system, currently the Act no. 96/2004 Coll. is being reviewed, and some changes are planned to be included there.

There have not been suggested changes in relation to shifting from mandatory to voluntary CPD or on the criteria of accreditation. CPD requirements are reviewed by the Ministry of Health as required, without a regular interval.

Barriers are hard to judge, there are many opportunities and different CPD activities available, some free of charge or web-based and local. One barrier is certainly the fact that the majority of the nurses already collected the required amount of credits (the originally planned 6 years period is over, nurses collected the necessary credits, but the re-registration was postponed 4 years and many nurses do not feel motivated to continue their participate in CPD).

Sharing best practices and best activities in different nursing fields and adapting them to the Czech environment would update the currently offered activities and save resources instead of developing them completely from scratch.

Dentists

Structures and governance

Dentists must register with the Czech Dental Chamber and the Regional Authority to be able to practise in the Czech Republic. However, there is no review of registration.

Mandatory CPD

CPD is mandatory for dentists in the Czech Republic; the requirement is established by law.

If dentists do not comply with the CPD requirement they can be subject to a fine, followed by loss of licence to practise if the requirement is not fulfilled within a certain period. The consequences are enforced by the judiciary and the Czech Dental Chamber.

Activities for mandatory CPD are provided by the Czech Dental Chamber, scientific societies, the private sector, higher education institutions, and the Ministries of Health and of Education (ranked according to decreasing frequency).

Voluntary CPD

In addition to mandatory CPD, voluntary CPD also exists and is administered by the Czech Dental Chamber who monitors dentists' compliance. The voluntary CPD is based on law, governmental decree, professional body regulation and ethical obligation of the dentist.

Dentists are expected to earn 100 credits under a national system per 3 years and are awarded a Certificate of Proficiency upon completion (Certificate of Proficiency in Periodontology/Oral Surgery/Paediatric Dentis-

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try/Orthodontics). The Certificate is valid for 3 to 5 years and the holder can receive higher fees from the health insurance system for some treatments (no higher cost to the patient).

If a dentist is found to have committed a professional mistake, participation in voluntary CPD is also taken into account; more severe punishments are assigned to dentists who have failed to follow CPD.

Activities for voluntary CPD are provided by the following (ranked according to decreasing frequency): Czech Dental Chamber, scientific societies, professional organisations, the private sector, higher education institutions, and the Ministries of Health and of Education.

Formal CPD activities followed in other EU Member States are recognised in the Czech Republic.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Czech Dental Chamber.

Completion of CPD activities is recorded pro-actively by the dentist and by the CPD provider. It is recorded pro-actively by the dentist.

Accreditation

There is no accreditation of CPD.

Content of CPD

Czech Dental Chamber, scientific societies, higher education institutions and the private sector are involved in the development of content of formal CPD activities.

Some of the topics covered are marked 'x' in the table* below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x		

For the voluntary CPD, dentists are expected to follow courses on cardiopulmonary resuscitation (CPR).

No needs assessment takes place to determine which CPD activities should be followed.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical care discussions; clinical audit; clinical hands on courses; conferences, symposia, lectures or seminars; formal and informal practice based learning; Web-based learning (eLearning); employer-based; research-based.

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Multi-professional CPD activities

Dentists do not participate in CPD activities with other professionals.

Financial issues and transparency

CPD activities are funded by the Czech Dental Chamber, by employers, by the private sector and by participating dentists. No free CPD activities are offered and the cost is covered by the self-employed and salaried dentists or by the employer. There are no rules governing the cost of CPD activities and dentists do not benefit from any financial reliefs.

There are no rules on transparency and independence or on information about CPD activities.

Patient safety

While it is not mandatory for dentists to follow CPD activities on patient safety, patient safety is included in other mandatory modules. The offer of CPD activities on patient safety is not increasing.

Trends and reflections

According to the Czech Dental Chamber, the CPD offer for dentists in the Czech Republic is satisfactory. The Chamber reports no barriers to participation in CPD activities. There has been no shift in regulation of CPD and no shift is foreseen. CPD requirements are reviewed as required, at no regular intervals. There are no national studies on the impact of CPD on dentists' practice.

Midwives

Structures and governance

In the Czech Republic, midwives' professional practice is subject to registration with the Czech Ministry of Health. Midwives have to re-register every 10 years (120 months), completion of mandatory CPD requirement is linked to re-registration, and there is a minimum requirement of 40 credits (using a national system) for mandatory CPD. The need for mandatory CPD is established in law. Requirements for CPD are not reviewed at regular intervals in the Czech Republic.

Mandatory CPD

In the Czech Republic, midwives' practice is subject to a mandatory CPD framework, which is linked to re-registration. Midwives need to re-register every 10 years, and should provide evidence of having completed mandatory CPD equivalent to 40 credits, using a national system.

If a midwife does not complete mandatory CPD, she will not be able to renew her registration. The Ministry of Health checks compliance with this, and enforces consequences of not completing mandatory CPD but no information was provided what the consequences are; individual midwives also keep a record of their CPD. Other than this, there are no incentives to undertake mandatory CPD.

The following organisations are main providers of mandatory CPD activities: the midwives' professional organisation (Czech Confederation of Midwives), followed by employers, the private sector and then Higher Education Institutes.

Voluntary CPD

There is no framework for voluntary CPD in the Czech Republic.

CPD as part of national standards and guidelines for quality of care

In the Czech Republic, CPD is not integrated with national standards or guidelines for quality of care.

Development and implementation

In the Czech Republic, policy on CPD is instigated by the Ministry of Health, by national policy-makers and by employers.

Completion of mandatory CPD is recorded by the provision of certificates to midwives, and midwives need to give these to the Ministry of Health as evidence of their CPD activities. Formal CPD activities undertaken in other EU countries are recognised by the Czech authorities.

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Accreditation

There is a system for CPD accreditation in the Czech Republic, and accreditation is undertaken by the Ministry of Health and the Ministry of Education.

Formal CPD activities which are part of the midwives' mandatory CPD requirement must be accredited before being undertaken. Informal activities must also be accredited, if they are offering CPD credits. An accreditation fee of 150-300CZK is payable, and each individual activity is assessed separately. Accreditation takes into consideration the duration of an activity and the extent to which it complies with professional guidelines and national policy.

Accreditation criteria may vary depending on the nature of the CPD provider. Activities on continued midwifery education, or broader professional development, are accredited using the same criteria.

There are no rules or guidelines about how CPD activities communicate, or prohibitions on advertising.

Content of CPD

In the Czech Republic, the Ministry of Health is the lead organisation for developing content of CPD for midwives.

It is not known whether there is regulation as to what percentage of content must relate to continuous midwifery education or to professional development beyond midwifery, and there is no requirement for a needs assessment to take place.

Midwives' mandatory CPD content in the Czech Republic covers: clinical midwifery practice, leadership and professional issues including client records, midwifery research and ethics, obstetric emergencies, antenatal screening and high dependency/critical care.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counseling	
Client safety		Antenatal screening	x
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth		Clinical audit	
Leadership and Management		Evidence-based guidelines	
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.		Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

In the Czech Republic, the following activities are used to deliver CPD: Case presentations, conferences, symposia, lectures or seminars, formal and informal practice based learning, regional, national and international live/face-to-face events, self-study (reading scientific journals or books, audio-visual educational means, etc.). There is also employer-based CPD including some multi-professional activities.

Multi-professional CPD activities

Multi-professional CPD activities cover first aid, neonatal care, homeopathy, and midwives learn alongside aromatherapy doctors and other specialists.

Financial issues and transparency

CPD activities are funded through self-funding by midwives, and midwives are not able to benefit from financial relief such as tax relief or grants.

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There are no guidelines in place to ensure that CPD activities are independent or transparent.

Patient safety

Education on patient safety is not required as part of mandatory CPD, and there has not been a recent increase in patient safety CPD in the Czech Republic.

Trends and reflections

In the respondent's opinion, on behalf of the Czech Confederation of Midwives, CPD provision in the Czech Republic is not always satisfactory. The respondent felt that CPD was increasingly awarded for medical specialisation, and this suggests that midwives' practice and professional development is not encouraged by mandatory CPD. The respondent provided some further information about the situation in the Czech Republic:

'In the Czech republic there is a mandatory CPD but no specific content or framework. Each professional has to obtain certain number of credits without any specification which activities they should be from. So it is mandatory to continue in education but it is each midwife's responsibility to choose from the education offered with different providers and among the topics'.

The respondent does not anticipate a shift in CPD provision, or a change to the requirement for mandatory CPD, or any other changes in accreditation of CPD, or development of CPD through competency or qualification frameworks. Some possible changes in relation to length of CPD period may be underway though, and the amount of credit required is being considered, as is opening CPD up to more providers.

A key barrier to CPD in the Czech Republic is lack of motivation, as the requirement for 40 credits over 10 years is rather low, in the respondent's view.

The respondent felt that EU cooperation and sharing of good practice would provide inspiration for the Czech Republic, and help to maintain pressure for minimum mandatory CPD requirements for midwives in other EU member states.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Czech Chamber of Pharmacists.

Mandatory CPD

The practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law 95/2004.

The licence is a subject to review but the compliance with CPD requirements is not taken into account. If a pharmacist is not working in a pharmacy for more than 6 years, when he starts practising again, he must work under the direct supervision of a pharmacy manager for 60 days. The pharmacy manager documents the learning process of the pharmacist.

The professional association (the Chamber) is in charge of monitoring of CPD, even though there are no consequences if pharmacists do not comply with the CPD requirements. The names of pharmacists are online and it is also established whether they comply or not with CPD requirements.

The CPD system is organised and formulated in number of credits and professionals need to complete 90 credits within 3 years.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines. However CPD is integrated in the code of ethics.

Development and implementation

The Ministry of Health, the professional body with regulatory competence initiate the development of policy on CPD.

CPD activities followed in another EU Member State are not recognised.

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CPD is recorded (not obligatory) and reported by the CPD provider or by the professional body by issuing a certificate.

CPD activities are carried out both outside and during the working hours depending on the employer.

Accreditation

The Chamber is in charge of the accreditation of CPD activities. CPD activities need to be accredited only if they are to fulfil mandatory CPD requirements. The accreditation of CPD activities is made on an individual basis taking into account: Duration of activity, compliance with professional guidelines, compliance with national policy and learning outcomes (skills, knowledge, competences acquired), content of the activity and the amount of business communication.

The fee for the accreditation of CPD activities is following: 1-2 hours – 40€, 2-4h – 60€, 5-8h – 80€, 8-12h – 100€, 13h and more – 120€; e-learning - varies.

Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body, Ministry of Health, scientific societies, higher education institutions and the private sector.

The content of CPD activities includes communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccinations, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...) and any other activities related to pharmacy sector.

The content of CPD is also linked to the additional services provided in the pharmacy – e.g. measuring blood glucose level, smoking cessation.

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, clinical care discussions, conferences, symposia, lectures or seminars, International live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), multi-professional, research based, publishing activity and teaching activity (university and also public lectures/seminars).

Multi-professional CPD activities

There are multi-professional CPD activities. Those activities are addressed also to doctors and veterinarians.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, the professional organisation, the private/commercial sector, employers and also self-funded by participating professionals' fees. There are no further rules for commercial bodies that fund the CPD activities.

The costs and fees of CPD activities vary depending on the event, it can also be free of charge. The costs are carried by the professional, employer, competent authority or shared depending on the event. There are no rules governing the price of the CPD activities.

In order to guarantee the transparency and independence of CPD activities, rules are established in code/regulation by the professional body.

Patient safety

It is mandatory to follow CPD activities addressing patient safety.

Trends and reflections

The most important barriers to participation in CPD activities are time, money and lack of events in the place of residence of the pharmacists (e.g. rural areas).

CPD requirements are reviewed every 3 years by the Chamber.

New topics addressed by CPD activities include smoking cessation, management competencies and new law development.

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European cooperation and exchange of good practice on CPD can give inspiration on practical matters, structure and organisation of CPD activities.

10.7 Country profile: DENMARK

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	No	No	No	No
Voluntary	Yes	Yes	Yes	Yes	No
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	No	Yes	No	No	-
Financing	Employer, private/commercial sector, doctor	Employer, private sector, nurse	Professional organisation, dentist	Ministry of Health, professional body with regulatory competence, professional organisation	-
Guidelines on transparency/independence	Yes	Yes	No	Yes	-

Doctors

Structures and governance

The practice of the medical profession is subject to a license to practice in Denmark.

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is subject to a voluntary CPD framework, which is based on 1) doctors' ethical obligation to continuously develop professional skills, knowledge and competence and 2) regulation by the professional body. Speciality doctors are, based on the collective bargaining agreement with their employees (the Danish Regions), entitled to 8 days of paid working time for CPD activities, if they are working or own a private practice, and 10 days, if their work affiliation is with a hospital. Danish doctors are not sanctioned if they fail to comply with the voluntary CPD framework.

In Denmark, there is no regulation for a CPD monitoring system for medical professionals to check on their compliance with the voluntary CPD framework, which reflects the fact that a failure to comply with the voluntary CPD framework results in no consequences or sanctions. However, the common idea is that medical professionals should - through self-monitoring and discussion with peers or superiors - attend CPD activities that comply with their needs and interests within the 8-10 days of paid working time they are granted per year for participation in CPD.

Medical societies, the professional body with regulatory competence (the employers i.e. the five Danish regions), the private sector, professional organisations and higher education institutions are the major providers of CPD activities. However the Ministry of Health and especially the Danish Health and Medicine Authority organise and monitor the much regulated training in order to become a speciality doctor. In the private sector it is mainly pharmaceutical and medico companies who provide courses for CPD. There are however fewer of these due to regulations on how much and how Danish doctors can collaborate with this industry. At the local level it is mainly the five Danish regions, which provide courses mainly on interdisciplinary skills such as leadership, administration, patient safety etc.

The Danish Medical Association recommends that attending CPD should be obligatory within a systematic framework, i.e. courses, conferences and peer-to-peer training should not follow a mandatory list, but should systematically meet the needs of the individual doctor.

CPD as part of national standards and guidelines for quality of care

As for the doctors, both the Danish Health and Medicine Authority and the individual medical societies continuously provide new national guidelines within the different specialities. Furthermore, the Danish Quality Mod-

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el (www.ikas.dk) obliges employers to secure that their staff (i.e. doctors) have the proper qualifications to maintain their job and services.

Development and implementation

The development of CPD policies has so far been initiated by the professional organisations such as the Danish Medical Association and its affiliated bodies who are entitled to negotiate in collective bargaining: the Organisation of Junior Doctors, the Organisation of General Practitioners and the Organisation of Medical Specialist. However, employers are obliged to secure that their staff have the necessary qualifications to do their job and provide their services. CPD activities followed in another EU Member State are partially recognised (as CPD activities are neither regulated nor accredited in Denmark). Nevertheless, Danish doctors can also attend CPD activities in other EU Member States. For these there are no obligations on recording and reporting of CPD activities on completion.

Accreditation

Denmark does not have an official National Accreditation Authority for CPD activities. Therefore there are no uniform accreditation criteria relating to continuous medical education and extra-medical activities. It is not obligatory for formal or informal CPD activities to be accredited before being accessible for professionals. However, the individual medical societies can, if they wish, set up their own system for accreditation. And as far as providing international courses and conferences, these are accredited, so that international doctors can attend and achieve credits.

Content of CPD

The professional body, medical societies, higher education institutions and the private sector are involved in the development of content of formal CPD activities (i.e. courses and conferences). However, CPD activities can also be informal such as peer-to-peer training. There is neither any prescribed content that professionals must follow, nor any regulation on what percentage of CPD activities followed must relate to a medical content or what percentage must relate to other types of CPD such as administration and patient safety. However, most often it is the medical specialty societies, pharmaceutical industries (providing medical courses) and higher education institutions (providing CPD on leadership and management). In addition, the local regions may also provide courses - such as patient safety, shared decision making etc.

The needs assessment and systemic approach to determine which CPD activities that are relevant to the individual doctor is very dependent on where a doctor works. In a statutory agreement, hospital doctors have an annual appraisal, which is a dialogue between the doctor and her/his nearest chief consultant during which his/her daily work and interests for CPD activities and plans are discussed. However, doctors working in a private practice often do not have this possibility, but can if possible use a peer to determine which CPD content is relevant.

The criteria for CPD requirements for doctors of different specialties or posts are the same in Denmark. Topics addressed in CPD activities include on top of medical subjects, communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems and intercultural communication skills.

Delivery of CPD

As CPD is not regulated, there are a number of ways CPD can be delivered such as case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books), audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, offered by patients, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities. For example many of the courses which the five Danish regions provide include management, patient safety, shared decision making etc.

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Financial issues and transparency

CPD activities are funded by employers, the private or commercial sector or are self-funded by participating professionals' fees.

As mentioned earlier, specialty doctors have the right to 8 to 10 days of paid working time to participate in CPD activities. As for payment of fees and travel costs, it differs: if working in a private practice, doctors can request for refunds through their professional organisation. If working in a hospital, the refunding of CPD activities is dependent on the region he or she works. Some regions provide each doctor with an amount of money to pay for CPD fees while others have no financial budget for CPD.

Commercial bodies – such as the pharmaceutical and medico industry – are subject to much stricter regulation than before, and there is great focus on the relationship between the industry and the individual doctor. New regulations are underway which may also influence activities such as participation at conferences and/or courses.

There are no rules on how information on CPD activities should be communicated. The costs for CPD activities followed by doctors are paid by professionals, employers and the competent authority depending on how CPD activities are defined: peer-to-peer-activities do not cost anything, but conferences and courses do. Currently, there are no rules governing the price of CPD activities.

Patient safety

It is not mandatory for medical professionals to follow CPD activities specifically addressing patient safety. However, the five Danish regions (i.e. the employers) are providing more and more courses specifically addressing patient safety and shared decision making.

Trends and reflections

CPD is very important for doctors, and especially for specialty doctors. In general, the fact that doctors are granted 8-10 days of paid working time for CPD activities is well appreciated, as long as the doctors can decide together with a medical peer or nearest chief consultant what activities are relevant for the individual doctor. However, there is a slight tendency that doctors are not granted the time or the funding to participate in CPD activities as much as they would like. As a main concern, junior specialty doctors have fewer opportunities to participate in relevant CPD activities because their employers do not allow them to attend CPD activities outside the recommended days.

There are no shifts expected within the near future relating to the institutional competence to regulate CPD, nor is there a shift foreseen from a voluntary CPD framework to mandatory requirements. There are no changes to the criteria for CPD accreditation nor are there developments in terms of CPD in relation to competency frameworks. CPD requirements are reviewed as required, without any suggested regular interval. However, the Danish Medical Association and the 'umbrella' organisation Danish Regions share an interest in formulating some principles for securing access to a systematic CPD, in order to overcome the barriers to participation in CPD activities such as time and funding.

It is difficult to specify which new topics are addressed by CPD activities because it depends on certain factors such as doctors' specialty, nonetheless there are common interests such as shared decision making from a majority of doctors, and management. European cooperation and exchange of good practice on CPD provide an added value to Member States such as Denmark, for example by illustrating examples of good CPD practices and ideas on courses, to provide a better understanding of the integration of CPD with medical practice.

Nurses

Structures and governance

Nurses in Denmark must register with the Danish Health and Medicines Authority. A nurse cannot practice in Denmark without the appropriate nursing education and an authorization.

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Mandatory CPD

There are no mandatory CPD requirements a nurse must follow. However, the graduate nurse is responsible for keeping her education updated, and the employers have an obligation to provide CPD activities to ensure that nurses maintain the competences necessary to carry out their functions in a well-qualified way.

Voluntary CPD

There are several options open to nurses with regard to postgraduate education which are offered at both university colleges and universities. Nurses can, thus, gain access to further education at a diploma programme -, a master - and a PhD level. Furthermore, the general nurses can specialise in six separate directions: Psychiatric, Anaesthesia, Intensive care, Infection/hygiene⁵⁵, Cancer care and Children health visitor. These special educations are regulated by the Ministry of Health and developed in collaboration with the Danish Nurses' Organisation (DNO). The title "specialised nurse" is, however, not a protected title but in order to obtain employment as a nurse anaesthetist or a children's health visitor, a postgraduate education is required.

In Denmark nurses are also able to obtain degrees within other scientific disciplines such as e.g. social sciences, leadership, education and different clinical education programmes.⁵⁶

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines. To obtain the voluntary institutional accreditation which is conducted by the Danish Institute for Quality and Accreditation in Healthcare, there are CPD requirements, though.

Development and implementation

Depending on the activity and the societal level, CPD policies are initiated by e.g. the Ministry of Health, the Ministry of Higher Education, professional organisations and employers.

CPD activities followed in another EU Member State can be recognised depending on the activity. There is no national obligation to record or report the activities completed. Yet, many employers do it as part of their own policy.

Accreditation

Formal and regulated CPD activities for nurses are accredited by the Danish Accreditation Institution, which accredits higher education institutions as well as regulated CPD programmes which are partly funded by state grants (<http://en.akkr.dk/>). Furthermore, the Danish Accreditation Institution gathers and disseminates information on education quality assurance nationally as well as internationally.

Since the programme as well as institutional accreditation is performed on the basis of five statutory standards, this system contributes to strengthen quality assurance and to create a more coherent and transparent education system.

Content of CPD

Depending of the activity, professional organisations, social partners, the private sector and the higher education institutions are involved in developing the content of CPD. With regard to formal and regulated CPD, the higher education institutions develop the specific content on the basis of a legal framework set by the Ministry of Health or/and the Ministry of Higher Education. This legal framework is developed with the involvement of social partners.

The CPD activities offered cover a very broad range of topics, e.g. communication, dementia care, various clinical treatments, patient safety and chronic-disease management. New topics relate to e.g. cancer care, welfare technology and acute care.

⁵⁵ At the current moment the special education infection / hygiene is not offered in Denmark. A process is initiated which, hopefully, will secure that Danish nurses continue to have access to this education in a Nordic country.

⁵⁶ Apart from options mentioned there are also e.g. extensive postgraduate education (i.e. perioperative nursing, emergency care nursing, ophthalmic nursing, etc.). The extensive postgraduate educations are primarily offered by university hospitals.

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A needs' assessment may be conducted at the workplace in connecting with staff development interviews.

Delivery of CPD

As described, CPD is delivered by many actors, e.g., higher education institutions, professional bodies, the private sector and employers. The learning methods and the type of activity also vary and can consist of e.g. case presentations, clinical audits, clinical care discussions, bed side learning, conferences, seminars, eLearning, self-study and presentations.

Multi-professional CPD activities

In Denmark there are several multi-professional CPD activities which address both nurses and other healthcare professionals.

Financial issues and transparency

CPD activities for nurses are mainly funded by employers, the private sector, the state and sometimes the individual nurse who pays the participant fee him/herself.

The state funding is given through grants (taximeter management) to the higher educational institutions who, amongst other things, offer formal and regulated CPD. The taximeter grants are the primary source of revenue for these educational institutions. In addition, previously the individual nurse – and in practice, thus, also the employers - could apply for a subsidy (SVU) when participating to certain formal CPD. This was of great value with regard to securing access to CPD. However, due to budget cutbacks this subsidy is no longer available for nurses.

With regard to transparency, there are regulations for some CPD activities. However, as CPD is very broad and covers a broad range of learning initiatives that can in turn be delivered by many players, it is difficult to ensure that all activities are fully transparent.

Patient safety

Patient safety is among the topics of CPD activities offered and the number of activities on it is increasing.

Trends and reflections

In general, there is an overall satisfaction with the Danish CPD system for nurses which is also developed continuously. Due to trends as, i.a., demographic changes, accelerated continuity of care and the rise in chronic and mental diseases, it is, though, of utter importance that these trends are reflected in formal CPD. It is, furthermore, important that some of these programmes are offered at a master level as nurses need to be highly qualified to meet the demands of the future. On this basis, the Danish Nurses' Organisation, for instance, advocates for the need to develop a new education at a master level which focuses on chronic diseases and encompass clinical parts at workplaces⁵⁷.

The abovementioned trends and sections also highlight that the barriers with regard to offering CPD to nurses in Denmark must be scrutinised continuously as barriers both includes e.g. financial aspects and aspects related to effective learning in practice. On this basis European cooperation and exchange of good practice on CPD and advanced nursing practice provide added value to Denmark and Danish nurses.

Dentists

Structures and governance

Dentists must register with the Danish Health and Medicines Authority.

Mandatory CPD

There is no mandatory CPD for dentists in Denmark that would be linked to licensing.

⁵⁷ In Denmark education at a master level does not, traditionally, encompass such clinical parts.

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Voluntary CPD

There is a voluntary CPD framework for dentists. Practising dentists who are members of the Danish Dental Association are required to complete a minimum of 25 hours of CPD annually. Within the first three years after graduation this is reduced to 10 hours. (Dentists working in Denmark are advised to join the DDA and although membership is not mandatory, 81 percent of dentists are reported to be members.) Compliance with the DDA's CPD requirement is monitored by the DDA; there are no direct consequences for non-compliance but dentists could eventually be expelled from the DDA. To encourage dentists to comply, a diploma certifying completed CPD is issued by the DDA.

CPD activities are provided by the DDA and the private sector.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The DDA has initiated the development of policy on CPD.

Completion of CPD activities is reported by dentists electronically to the DDA. The Association issues a diploma upon the dentist's request.

Accreditation

There is no system of accreditation of CPD.

Content of CPD

The DDA, higher education institutions and the private sector are involved in the development of content of formal CPD activities.

There is no required or recommended content and no needs assessment generally takes place.

Some of the topics covered are marked 'x' in the table* below

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia		Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)		Infection control	
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients		Patient safety	
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	
eHealth and IT systems	x	Smoking cessation	
Ergonomics		Taxation	
Ethics and jurisprudence	x		

Delivery of CPD

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CPD is delivered through the following forms: clinical hands-on courses, conferences, symposia, lectures or seminars, international, national and regional live/face-to-face events, Web-based learning (eLearning), mobile learning (mLearning), multi-professional.

Multi-professional CPD activities

The DDA offers courses for the entire dental team (dental assistants and dental hygienists).

Financial issues and transparency

CPD activities are funded by participating dentists' fees. There are no rules on funding by commercial bodies and no guidelines to ensure transparency and independence of CPD. Some formal CPD activities are offered free of charge.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety; patient safety is included in other modules.

Trends and reflections

In the opinion of the DDA, the CPD offer in Denmark is satisfactory. Following the decision by the DDA to make CPD mandatory for its members from 1 January 2009, no further changes are expected. The most important barrier to participation in CPD is the perception of some dentists that they do not need CPD. The DDA has not expressed a position on the possible value of European cooperation in CPD.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Danish Health and Medicines Authority, a competent authority. The midwives' licence to practise is not subject to review (relicensure, revalidation, re-registration).

In Denmark the laws governing midwifery practice are undergoing a review at the time of the survey. The guidelines and 'Circular for Midwives' (an official regulator disseminated document) states that midwife must keep updated on professional matters, but does not build on a comprehensive framework. It is based on ethical professional responsibility.

Mandatory CPD

There is no national mandatory CPD framework in Denmark.

Voluntary CPD

Though there is no national voluntary CPD framework, voluntary CPD activities do exist, and are provided by the Ministry of Health, the midwives' professional organisation and by employers. These CPD activities are driven by the midwife's own voluntary CPD needs or the employer's requirements, and are not seen as a robust national framework. The Danish Midwives Association considers for example a formal course provided by Ministry of Research and Higher Education; 'an interprofessional diploma in health care' at 60 ECTS (4-5 modules), with three modules specifically related to midwives, as an opportunity for voluntary CPD. However, they state that only few midwives have participated.

CPD as part of national standards and guidelines for quality of care

CPD has not been integrated into national standards and guidelines for quality of care in Denmark. There is increasing awareness of this and discussion centre of it to be included under the auspices of the patient safety.

Development and implementation

Development of voluntary, informal CPD is initiated by professional organisation, as well as by the Ministry of Health and by employers. In Denmark, due to the lack of a CPD framework, there is no needs assessment on

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either the personal or profession level for CPD requirements, except for the above mentioned Diploma, which is based on shared interprofessional development needs. Accordingly, there is no regulatory need to record or report any CPD activities.

Formal CPD activities undertaken in another EU Member state may be recognised as part of an individual midwife's CV, where these relate to further professional education, or indicate completion of a recognised diploma, or give evidence of clinical speciality.

Accreditation

As there is no national framework of mandatory or voluntary CPD, no accreditation framework exists.

Content of CPD

The CPD content that exists is developed by the midwives' professional organisation, by midwifery education institutions and by the Ministries of Health and Education. Current development is influenced by the EU Directive on Professional Qualifications, potentially making the CPD structure more formalised. It is clear that midwifery education institutes are involved in advancing midwifery practice through formal post-registration courses, which relate to midwives' academic CPD. There is no needs assessment on either a personal or profession level for CPD requirements, in general the midwives choose relevant topics for their CPD on their own accord, or if required by an employer for competence in their role.

Current CPD topics offered are: client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues including client records, midwifery research and ethics, Acute Lifesaving Skills in Obstetrics (ALSO) (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation), electronic fetal heart monitoring (EFM), counselling, antenatal screening, clinical audit, evidence-based guidelines, high dependency and critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period. In addition some other topics are available as midwives choose, for example, acupuncture, medical anthropology and 'rebozo'.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) Acupuncture, Medical anthropology, Rebozo	x

Delivery of CPD

CPD is mostly delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning,

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informal practice-based learning, peer-to-peer, international, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational resources). CPD can also be provided through employer-based, multi-professional and research-based formats, including videos with case presentation and study groups or quality circles.

Multi-professional CPD activities

In Denmark midwives attend different conferences, seminars and congresses, which are multi-professional and seen as personal CPD activity. They also undertake some multi-disciplinary training within the working environment with allied health professionals with whom they work most closely; obstetricians, neonatologists, nurses and health visitors.

Financial issues and transparency

Due to the lack of national CPD framework structures, there are no written rules/guidelines or regulation for CPD. CPD activities provided by the employer are usually free and during paid working time.

The private sector may offer some CPD activities, usually commercially funded (for example, smoking cessation courses by a nicotine replacement pharmaceutical company). However, there is national overreaching guidance and scrutiny over post-graduate courses provided by pharmaceutical companies.

CPD offered by the midwives' professional organisation is covered by the professional's own fees.

Patient safety

There is no mandatory requirement to undertake CPD activities in relation to patient safety. However, patient safety is a topic offered to midwives and is seen as emerging trend and shift in multi-professional CPD activities.

Trends and reflections

Danish midwives believe the current CPD offer is not satisfactory due to lack of a national CPD framework. They would like stronger regulation, which would place the accountability on employers to provide CPD to keep midwives updated on evidence-based and best practice. They believe that this would underpin the delivery of safe, quality, health care.

In Denmark the patient safety agenda has been given focused attention and attempts to bring multi-professional training in areas of clinical interventions that have impact for both midwives and obstetricians and ultimately for the women they care for: this includes training in induction/augmentation of labour, vacuum extraction and interpretation of electronic fetal heart monitoring tracing. Academic post-graduate education has also been reviewed by the Ministry of Higher Education and Science, who have accredited a Master of Science in Midwifery and the Danish midwives hope to have this support the development of CPD throughout the profession.

There are no national studies on the impact of CPD on midwives' practice. An acknowledged barrier to participation in CPD activities is lack of financial resources. A midwife undertaking further education is not supported financially and on return to practice she/he is only entitled to remuneration provided the workplace expressly puts the new abilities to use. Sharing good practice on the EU level would lead to learning by example and would support innovation in Denmark.

Pharmacists

Structures and governance

The practice of the profession is not a subject to a licence or registration.

Mandatory CPD

There is no mandatory CPD framework that the professionals have to follow.

Voluntary CPD

There is no voluntary CPD framework.

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CPD as part of national standards and guidelines for quality of care
N/A

Development and implementation
N/A

Accreditation
N/A

Content of CPD
N/A

Delivery of CPD
N/A

Multi-professional CPD activities
N/A

Financial issues and transparency
N/A

Patient safety
N/A

Trends and reflections
N/A

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10.8 Country profile: ESTONIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	No	No	No	No
Voluntary	Yes	Yes	Yes	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	N/A	Yes	Yes	No
Financing	Doctor, employer	N/A	Dentists, employer	Midwife, employer	Pharmacist
Guidelines on transparency/independence	Yes	N/A	No	No	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence to practise.

Mandatory CPD

The medical professional is not subject to mandatory CPD requirements in Estonia.

Voluntary CPD

The practice of the professional is subject to a voluntary CPD framework based on a decree/government regulation. If professionals fail to comply with the voluntary CPD framework, they face no charges i.e. no sanctions. The professional organisations (specialist societies) monitor compliance with the voluntary CPD framework. Professionals are not intentionally encouraged with positive incentives, e.g. financial incentives, to comply with the voluntary CPD framework. Based on the ranking (ranked according to decreasing frequency of use) the providers of CPD activities include: professional organisations, scientific societies, higher education institutions, the private sector, the Ministry of Education, the Ministry of Health the professional body with regulatory competence and larger hospitals. Doctors are obliged to complete 300 hours of CPD over a period of 5 years.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in the national standards or guidelines for quality of care as set by the governmental regulation, but this is not enforced by any other system.

Development and implementation

It is the responsibility of the professional organisation to initiate the development of CPD policy.

CPD activities followed by doctors in other Member States are recognised in Estonia. The completion of CPD activities is recorded and reported pro-actively by the professional.

Accreditation

In Estonia, there is no national accreditation system for CPD. However, there is a credit system based on 1 credit being awarded for 1 hour of activity which is managed by the professional organisation. CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited using the same criteria. Not all CPD activities are accredited before being accessible for professionals.

Content of CPD

The development of content for formal CPD activities is carried out by the scientific bodies. Doctors must follow CPD content depending on their specialty. CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according same to the criteria. There is no needs assessment performed to determine which CPD activities should be followed. Patient data management, eHealth and IT systems are among the topics being offered to Estonian doctors. CPD requirements do not differ for doctors of different posts.

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Delivery of CPD

The CPD delivery forms that exist in Estonia include conferences, symposia, lectures or seminars, formal practice based learning and research-based activities.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are self-funded by the participating professionals, (i.e., paid by the doctors who attend the CPD activities/events) and the employer. Commercial bodies involved in funding of CPD activities are not subject to any rules or agreement. However, since CPD is on a voluntary basis, there are codes set by specialist societies to ensure transparency and CPD. There are no rules stipulated on the way information on CPD activities is communicated. There are formal CPD activities based on the Estonian voluntary CPD frameworks provided for free of charge. Doctors do not benefit from any financial reliefs such as tax offsets or grants. Currently, there are no rules governing the price of CPD activities.

Patient safety

CPD activities addressing specifically patient safety are not mandatory for doctors and there is no increase of CPD activities specifically addressing patient safety.

Trends and reflections

There are no intentions to shift from voluntary CPD to mandatory CPD within the near future, nor are changes foreseen in the accreditation system or the institutional competence to regulate CPD. There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks. The CPD requirements are reviewed as required but without any regular intervals. The most important barriers to professionals following CPD are financing of CPD and good quality content. The new topics addressed by CPD activities vary from one specialty to another. Finally, the exchange of information on CPD good practice, ideas and experiences are thought to be an added value of European cooperation.

Nurses

Structures and governance

The Health Care Board has to issue a certificate of registration to the nurses in Estonia in order to be able to practice. This is determined in the Health Care Services Organisation Act (passed 09.05.2001). The registration is necessary just once; periodic re-registration is not required.

Mandatory CPD

There is no mandatory CPD framework for nurses.

Voluntary CPD

There is a voluntary framework. Employers are required to provide 300 hours of training for all personnel in a five-year period according to the regulation Health Care Services Quality Control Requirements of the Minister of Social Affairs. Until 2002 national evaluation of nurses' and doctors' competence was used, based on the Ministry of Health and Ministry of Social Affairs regulations. Since then, vocational unions have the right to conduct periodic evaluations.

CPD as part of national standards and guidelines for quality of care

N/A

Development and implementation

N/A

Accreditation

N/A

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Content of CPD

N/A

Delivery of CPD

CPD activities for nurses are carried out in educational and health care settings licensed by the Ministry of Education and Ministry of Social Affairs or other institutions accepted by the Estonian Nurses Union.

Multi-professional CPD activities

N/A

Financial issues and transparency

N/A

Patient safety

N/A

Trends and reflections

N/A

Dentists

Structures and governance

Dentists must register with the Health Board to be able to practise in Estonia.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

A voluntary CPD framework exists, based on ethical obligation of dentists to participate in CPD and enshrined in the dentists' ethical code. It is administered by the Estonian Dental Association. Under the voluntary CPD framework dentists are expected to complete 150 hours of CPD within 5 years. CPD requirements are reviewed every 5 years by the Dental Association's Committee of Competence.

The Estonian Dental Association monitors dentists' participation in the voluntary CPD framework and issues competence certificates. There are no negative consequences if dentists fail to comply but there are positive incentives. For instance, when concluding contracts with insurance companies it can be good for dentists to present competence certificates.

Activities for voluntary CPD are provided (ranked by decreasing frequency of use) by the Estonian Dental Association, higher education institutions, the private sector, professional body with regulatory competence, the Ministry of Health and the Ministry of Education and scientific societies.

Formal and informal CPD activities followed in another EU Member State are recognised to count towards the voluntary CPD goal.

CPD as part of national standards and guidelines for quality of care

A recommendation for dentists to participate in CPD is integrated in national guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Estonian Dental Association.

Completion of CPD activities is recorded pro-actively by the participating dentist and by the CPD provider. It is reported by the Estonian Dental Association.

Accreditation

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A system of accreditation of CPD by the Estonian Dental Association exists but CPD activities do not need to be accredited before being made available to dentists. Accreditation is based on compliance with national policy.

Content of CPD

The Estonian Dental Association is mainly involved in the development of content of formal CPD activities. Some of the topics offered are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia		Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation		New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients		Patient safety	
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems	x	Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence		Other	

Beyond the structural CPD requirement for voluntary CPD (150 hours over 5 years), it is also prescribed that no more than 30 percent of CPD should be from disciplines other than dentistry.

No needs assessment is carried out to determine which CPD requirements a dentist should follow.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands on courses; conferences, symposia, lectures or seminars; formal and informal practice based learning; national and regional live/face-to-face events; multi-professional; study groups or quality circles.

Multi-professional CPD activities

Dentists participate in CPD activities with other professionals, specifically with psychologists and other medical professions.

Financial issues and transparency

CPD activities are funded by employers and the private sector or are self-funded by the participating dentists'. The costs of participating in CPD activities are carried by self-employed or salaried dentists and by employers. There are no financial reliefs available to dentists.

There are no rules on the cost of CPD or on funding of CPD by commercial bodies and no specific guidelines to ensure the transparency and independence of CPD. There are no rules on the way information about CPD activities is communicated.

Patient safety

While not mandatory it is recommended for dentists to follow CPD activities on patient safety. The offer of CPD activities on patient safety is reported to be increasing.

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Trends and reflections

According to the Estonian Dental Association, CPD offer for dentists in Estonia is satisfactory. The most important barrier to participation in CPD activities is cost.

New topics being addressed by CPD include eHealth and psychology.

No major changes to the CPD framework have been recorded or are expected.

In the opinion of the Estonian Dental Association, European cooperation can provide value through exchange of experience.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Estonian Health Board (this is the competent authority).

Midwives' licence to practise is subject to review, and the process is controlled by the Estonian Health Board (<http://www.terviseamet.ee/en>). Linking of CPD into national standards or guidelines of care is not apparent.

Mandatory CPD

There are no national mandatory CPD requirements in Estonia. However, larger hospitals (as employers) have mandatory assessment criteria related to CPD, which have to be fulfilled by a midwife, and this is reported to the hospital nurses and midwives' board. The period for reporting is usually five years.

Every midwife records and collates CPD credits/points/hours for themselves. The employer will examine how many hours a midwife may have undertaken in activities such as lectures, lessons or training. Some required skills are also provided in the hospital (e.g. adult resuscitation and resuscitation of new-borns).

Voluntary CPD

There is a national Voluntary CPD framework for midwives, set by the Estonian Qualifications Authority, which has a qualifications framework for midwives.

There is an occupational qualifications system which is also a state register, containing information on sector-skills councils, competence-based occupational qualification standards, occupational qualifications and their levels, occupational qualification certificates, the procedures for awarding occupational qualifications, and awarding bodies.

Creation of the Estonian Qualifications Framework (EstQF) started in 2005, when the Ministry of Education and Research established a multi-stakeholder working group which was tasked with analysing the first draft proposal of the European Qualification Framework for Lifelong Learning (EQF), and to explore the possibilities of linking the Estonian five-level occupational qualifications framework to the EQF, and also formulate suggestions about the development of the EstQF.

The working group put forward a proposal of creating a comprehensive eight level national qualifications framework, which was established in 2008, with the Occupational Qualifications Act. There are professional standards related to midwives and the level 6-7 EU qualification. The competencies that midwives should maintain are not mandatory but are assessed and based on specific job analysis. These competencies should be re-validated every five years. Revalidation could be with an employer or with the Estonian Midwives Association. The register is within the occupational qualifications system <http://www.kutsekoda.ee/en/index>.

There is a credit system for the activities undertaken which is explained under the accreditation heading.

CPD as part of national standards and guidelines for quality of care

The CPD for midwives is not transparently integrated in Estonian national standards or guidelines for quality of care but it is given that all graduates who have completed midwifery training have to maintain and meet all requirements of maternity care.

Development and implementation

CPD policy is developed by the Estonian Qualifications Authority. Proposals regarding the need for developing or updating of OQS are made by the sector skills council (SSC), and these in turn are based on the proposals of appropriate organisations or persons. A decision regarding development of OQS is passed by the Body of

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Chairmen of Sector Skills Councils. The OQS is prepared by the working group established by the SSC. The working group includes the specialist employers and trainers in the respective field. The Estonian Qualifications Authority organises the work of these working groups.

The midwife is responsible in recording and reporting any CPD activities undertaken.

Accreditation

The Estonian Qualifications Authority has organised a public process to find the most suitable professional organisation to evaluate Midwifery Qualifications for the next five year period. This organisation has been Estonian Midwives Association for the last five years.

In reports the CPD activities are divided as follows:

Passive credit points

- a) attending different courses, seminars etc.
- b) practical training in different areas of midwifery, except working on probation.

Estimated value 1 hour = 1 point

Active credit points

- a) Being a trainer/lecturer at the professional training/seminar/discussion
- b) Being a trainer/lecturer at the courses oriented to target group needs etc.
- c) Supervising students during practical training
- d) Mentoring young colleagues

Estimated value 1 hour = 3 points

e) Supervising a diploma paper 10 points

f) Supervising a master's thesis 15 points

g) Reviewing, marking or critiquing a diploma paper (2 points) or master's thesis (4 points).

h) Conducting research: diploma paper (100 points)

Bachelor's thesis (150 points)

Master's thesis (200 points)

PhD thesis (300 points)

i) Participation at national or international conferences, seminars etc. as a lecturer.

j) Publishing the article in different national or international peer reviewed scientific journals

k) Participation in workgroups developing standards, legislation, national guidelines etc.

Content of CPD

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x

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Electronic fetal heart monitoring (EFM)	x	Other (please specify) Antenatal care Psychology Ultrasound Homevisits Homebirth Complex pregnancies	
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Delivery of CPD

CPD activities are provided by the CPD professional body with regulatory responsibility and by the midwives' professional organisation. The employer is a key provider usually through internal training courses in hospitals. Midwives report multiple formats of delivery of the CPD activities. These include: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means etc.). It may also be provided through employer-based, multi-professional, or research based formats including videos with case presentations.

Multi-professional CPD activities

Midwives commonly access training with other professions through lectures and clinical practice.

Financial issues and transparency

Midwives self-fund any external activities outside the employers' provided CPD. They also have to pay for re-validation (first time €40, subsequent re-validation or repeated one costs €20 for members of Estonian Midwives Association and €40 for non-members).

Patient safety

Mandatory regular training in adult and neonatal resuscitation, immunisation, and health and safety in the workplace are employer requirements linked to patient safety.

Midwives highlighted that patient involvement in health care debates has become more significant in recent years. For example, the Society for Disabled People is represented on the Estonian Health Insurance Supervisory Board, which consults patient organisations on key legal issues.

Trends and reflections

There is acknowledgement that the voluntary employer-based CPD system is satisfactory but could be broader in topic approach, however under the current economical restrictions it is seen as being adequate.

There has been national level discussion about a shift from voluntary to mandatory CPD but the system needs strengthening and no decisions have been made as yet. Midwives would support mandatory CPD.

The earlier described 'Occupational qualifications system' is seen as the latest development within CPD and sets the criteria for accreditation.

CPD requirements are reviewed every 5 years.

There are no national studies on the impact of CPD on professional practice as to date in Estonia.

Midwives are aware that economical restrictions have impacted on the provision of training courses or attending lectures. As the CPD framework is voluntary there is variation in how much employers sign up to the system and being a small country, bigger organisations and hospitals are more likely to support CPD.

Clinical supervision and midwifery practice rotation to gain experience are new topics which have been recently introduced.

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European level cooperation and exchange of good practice had potential to explore building similar frameworks on CPD and midwives exchange as currently there are active student exchange opportunities.

Pharmacists

Structures and governance

The practice of the profession is not subject to a licence or registration.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

There is voluntary CPD. There is not a particular basis for CPD programmes.

There is no consequence if CPD is not followed. No one monitors the compliance.

The employers may incentivise CPD compliance.

The providers of CPD include the professional organisation, institutions of higher education, the private sector and scientific societies.

The recommendation for professionals is to follow a number of seminars, (at least 3-5 seminars).

CPD as part of national standards and guidelines for quality of care

There are no guidelines or standards.

Development and implementation

The professional association and the State Agency of Medicines initiate the development of CPD policy.

CPD activities followed in another EU Member State are not recognised. The CPD activities are neither recorded nor reported.

There are no rules on the way information on CPD activities can be communicated.

Accreditation

There is not any system of CPD accreditation in place.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, Ministry of Health, higher education institutions, private sector and pharmacists themselves.

The content of CPD activities includes: disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, phytotherapy, veterinary medicine, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review and pharmacoepidemiology.

The content of CPD is not linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: conferences, symposia, lectures or seminars, web-based learning (eLearning)

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD is self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules.

There is no code of conduct by the professional body to ensure the transparency and independence of CPD.

CPD activities are carried out after working hours.

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Patient safety

There are specific components on patient safety on CPD activities.

Trends and reflections

There could be a shift in the institutional competence to regulate CPD as the Medicinal Act is being revised. Pharmacists have been recognised as a healthcare provider, and due to this, CPD regulation is needed. CPD could become mandatory as consequence. There are currently discussions as regards to CPD criteria. CPD requirements are not reviewed.

The most important barriers to participation in CPD activities are: time and costs.

Discussions on CPD activities relate to making it mandatory, to create a body that is responsible for it and also as to who bears the cost.

European cooperation and exchange of good practice on CPD ensures better results and better outcomes. It is important to learn from each other, so we can avoid unnecessary costs and time loss.

10.9 Country profile: FINLAND

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	Yes	Yes	No
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	No	No	No	Yes
Financing	Professional organisation, employer, private/commercial sector, doctor	Employer, nurse	Self-employed dentist, employer	Professional organisation, employer, midwife	Professional organisation, employer, private/commercial sector
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	No

CPD regarding all health care professional groups (doctors, nurses, midwives, dentists and pharmacists) are regulated by the same laws under the Health Care Professional Act 559/994, section 18 and Health Care Act 1326/2010, section 5).

Doctors

Structures and governance

The practice of the medical profession is subject to a license issued by the National Supervisory Authority for Welfare and Health.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements. These requirements are based on law (Act on Healthcare Professionals (559/1994), section 18 (<http://www.finlex.fi/fi/laki/ajantasa/1994/19940559>); Act on Health Care (1326/2010), section 5 (<http://www.finlex.fi/fi/laki/ajantasa/2010/20101326>)) and ethical obligations (Finnish Medical Association: Ethical Guidelines and CPD recommendation (<http://www.laakariliitto.fi/edunvalvontatyelama/liitonohjeet/>); Ministry of Social Affairs and Health: Recommendation for CPD in Healthcare, 2004). Medical professionals are liable to consequences if they fail to comply with the mandatory CPD requirements. Healthcare units, i.e. local government employers responsible for organising healthcare, have a legal responsibility to monitor whether CPD requirements are fulfilled and act accordingly. The National Supervisory Authority for Welfare and Health and the Regional Administrative Authorities follow-up on CPD requirements mainly through retrospective supervision of healthcare professionals. In case of errors in a professional's work (e.g. due to lack of CPD), the National Supervisory Authority for Welfare and Health can decide on consequences (Act on Healthcare Professionals, section 26). Medical professionals are motivated to participate in CPD activities by their employers through positive incentives such as financial incentives, as a way to facilitate their compliance with requirements. In Finland, the providers of CPD activities include (ranked according to decreasing frequency of use): scientific societies, professional organisations, and the private sector. Other CPD providers include hospital districts.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in some national standards for quality of care; there is a reference to CPD in the recommendations on safe pharmacotherapy and elderly care for example.

Development and implementation

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The development of CPD policy is initiated by the ministry of health, the professional organisation and national policy-makers. CPD activities professionals have followed in other EU Member States are recognised in Finland. There is no recording or reporting obligation on completion of CPD activities. However, there is a voluntary portfolio for doctors to record their CPD, including a CME-calendar.

Accreditation

Finland has a voluntary CPD accreditation system for non-commercial providers. The Association for Medical Continuous Professional Development in Finland (Pro Medico, founded by three medical organisations: the Finnish Medical Association, the Finnish Medical Society Duodecim and Finska Läkaresällskapet) 'accredits' CME provider organisations and not individual educational events. The accredited providers have applied for entitlement to use a specific label for quality CME. If they fulfil the criteria and commit to CME recommendations and guidelines, they are accepted. The accreditation aims to ensure the quality of CPD. CPD activities are accredited free of charge. 'Accreditation' is not a requirement for informal and formal CPD activities before they are accessible to professionals, but it shows compliance with the established criteria. The most important criteria taken into account when accrediting CPD activities is compliance with professional recommendations and guidelines, which are in line with UEMS live event guidelines. The criteria for accreditation of CPD activities is the same for all CPD providers, including CPD activities relating to continuous medical education and those relating to extra-medical professional development. Information on quality assessment frameworks used in accreditation can be found at www.promedico.fi.

Content of CPD

The professional bodies, the ministry of health, scientific societies, higher education institutions, the private sector, education companies, healthcare provider companies and pharmaceutical companies are all involved in the development of formal CPD activities' content. There is a prescribed content that doctors must follow according to specialty; in addition doctors doing clinical work must follow radiation safety courses. There is no regulation regarding what percentage of CPD activities followed must relate to continuous medical education and other types of CPD. The needs assessment is done at individual professional level to determine which CPD activities should be followed. However, healthcare units (employers) may also assess CPD needs. The topics offered for CPD include communication with patients, patient safety, eHealth and IT systems, patient data management, intercultural communication skills, and payment and reimbursement systems. The general CPD requirements do not differ for doctors of different specialties or posts but the content of CPD differs according to specialty.

Delivery of CPD

CPD activities are delivered via various means, including case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and videos with case presentations. There is also an evidence-based decision-support system in the national health portal for professionals.

Multi-professional CPD activities

There are multi-professional CPD activities in Finland e.g. on patient safety and palliative care, where other health care professionals and multi-professional scientific organisations are addressed.

Financial issues and transparency

CPD activities in Finland are funded by the professional organisations, employers, the private or commercial sector, or are self-funded by participating professionals' fees. However CPD activities funded by commercial bodies are subject to rules as stated in the ProMedico recommendations (<http://www.promedico.fi/suosituksset/>).

There is also a code of conduct provided by the professional body to ensure the transparency and independence of CPD (<http://www.promedico.fi/sidonnaisuudet/>).

Rules exist on the way how information on CPD activities is to be communicated. A national online CME calendar (<http://koulutuskalenteri.promedico.fi/>) publishes CME activities and uses the same type of professional criteria as medical journals. Specialist organisations can provide information about their own CME events.

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There are formal CPD activities available free of charge which are suitable to fulfil the CPD requirements. While formal CPD activities can be free of charge, there mainly is a charge for CME as these are organised by professional bodies such as specialist organisations. The cost can be covered by employers and if not, then doctors can deduct the costs from their taxation. There are no rules governing the price of CPD activities.

The Finnish Medical Association recommends that medical professionals are granted at least 10 working days per year to dedicate to activities outside the workplace in fulfilment of the CPD requirement. However, the average granted to doctors according to the Finnish Medical Association's surveys is 8 days per year (http://www.laakariliitto.fi/site/assets/files/1267/II_vt13_kuvio_figure15.pdf).

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety. However, there is an ongoing national action programme specifically addressing patient safety (http://www.thl.fi/fi_FI/web/potilasturvallisuusfi/potilasturvallisuutta-aidolla-ohjelma).

Trends and reflections

According to the respondent's opinion, CPD offered in Finland is satisfactory. There are no intentions within the near future; to shift from mandatory CPD to voluntary CPD neither are changes expected for the accreditation system or for the institutional competence to regulate CPD. There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks. CPD requirements are reviewed as required, at no regular interval. The most important barriers hindering CPD participation include time constraints at doctors' work and a lack of resources in (public) healthcare units. Management and leadership, patient safety and eHealth are some of the new topics addressed by CPD activities.

European cooperation and exchange of good practice on CPD are seen to provide added value to national CPD practice. For example, Finland has adopted the live event and eLearning criteria established by medical specialist organisation UEMS EACCME®.

Nurses

Structures and governance

In Finland nurses are obligated to register with the National Licensing Authority for Social Welfare and Health (Valvira) in order to be allowed to practice.

Mandatory CPD

There is a mandatory CPD framework established in the Act and Degree on Healthcare Professionals (<http://www.finlex.fi/en/laki/kaannokset/1994/>). The compliance with CPD is monitored by employers. Collective agreements include responsibility to employer to follow up employees CPD days. According to Act and Degree and Healthcare Act, the employee is responsible to update his/her professional knowledge and practicing. The employer is addressed to arrange facilities. The recommendations are 3-10 CPD days per year. CPD is compulsory in Finland in the sense that nurses are obliged to maintain and develop their professional skills.

The Finnish Nurses Association has also published recommendation for quality requirements of CPD. The association recommends at least 6 days/year for each nurse for CPD.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in some national standards for quality of care, example in the recommendations on safe medication and elderly care. Quality recommendations to guarantee a good quality of life and improved services for older persons can be found here: <http://www.stm.fi/en/publications/publication/-/julkaisu/1860580#en>

Development and implementation

Most nurses have annual development discussions with their employers. Usually discussions include task complexity evaluation and needs assessment of CPD.

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CPD activities are provided mainly by employers, different education Institutions, trade unions, professional organisations, scientific societies and the private sector.

Employers are required to have statistics and records of CPD activities. However, the overall statistics are collected only in municipal sector by employers' central organisation. In addition to Finnish Nurses Association offers for its members an electronic portfolio of online CPD to keep the information updated.

Accreditation

There is no system of accreditation of CPD activities in Finland.

Content of CPD

There are no national guidelines as regards the content of CPD. CPD is offered, for example, on following topics: nursing clinical practice, communication skills, patient records and patient data management, eHealth and IT systems, patient safety, management, legal and professional issues, and chronic-disease management.

Delivery of CPD

Some CPD activities are case presentations, clinical audit, clinical care discussions, clinical hands on course, conferences and seminars, formal and informal practice based learning, international and national events, web-based learning (eLearning), mobile learning (mLearning), self-study (scientific journals, etc.), peer to peer, employer based, research based, study groups and videos cases.

Multi-professional CPD activities

There are multi-professional CPD activities in Finland such as, patient safety and palliative care where other health care professionals and multi-professional scientific organisations are addressed.

Financial issues and transparency

CPD is funded by different actors, e.g. by the employer or the nurse. It is also possible to apply for allowances from different professional organisations and foundations.

Patient safety

There are no mandatory patient safety CPD activities but there is a Finnish National Programme on Patient Safety which influences the content of CPD.

Trends and reflections

The nursing regulator does not require nurses to provide evidence that they are professionally up to date. At the moment the updated Directive on the recognition of professional qualifications (2005/36/EC with amendments in 2013/55/EU) stimulates the discussions on the requirements of CPD. The possibilities to have CPD vary within the different fields of specialisation. For some nurses the possibilities are good, but for some others it is more challenging. We know that especially for nurses that have not permanent employment, it is sometimes very difficult to have the employer's support for CPD.

Based on the results from the study by the Finnish Nurses Association, the Quality Criteria for Professional Community (results published on October 2nd 2012), the lack of CPD is one of the remarkable facts creating dissatisfaction among nurses. Even though CPD is mandatory, 13 percent of the respondents had not attended a day at CPD during the last 12 months, and 24 percent had attended only 1-2 days. We had as respondents over 2400 working nurses and the results can be generalized to the whole nursing staff in Finland. Based on statistics, it could be estimated that in 2011 76,8 percent of nurses in Finland attended some CPD. In average nurses had 4,3 CPD-days/year. 23 percent did not attend at all, 7 percent could not tell, 73 percent had 1-2 days, 24 percent 3-4 days, and 6 percent 6-10 days.

The CPD system needs to be further developed because the current system allows too much variation; it does not produce consistent professional knowledge and does not treat professionals equally. Current barriers on CPD are the costs of the activities and limited recourses (it's not always easy to get permission to attend CPD activities).

It would be better to have a system that is state subsidised and that follows a national curricula.

Dentists

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Structures and governance

Dentists must register with Valvira, National Supervisory Authority for Welfare and Health. Their licence is not subject to review.

Mandatory CPD

CPD is mandatory for dentists in Finland, based on the governmental regulation ([http://www.finlex.fi/fi/viranomaiset/normi/2012/17536?search\[type\]=pika&search\[pika\]=423%2F2000](http://www.finlex.fi/fi/viranomaiset/normi/2012/17536?search[type]=pika&search[pika]=423%2F2000)). Dentists are expected to complete 20 hours in 5 years (only CPD on radiation protection is mandatory).

The individual dentist monitors compliance with the CPD requirement. Dentists who do not fulfil the CPD requirement face notification by Valvira, National Supervisory Authority for Welfare and Health.

Activities for mandatory CPD are provided by (ranked by decreasing frequency): employers of public healthcare, the private sector, scientific societies, higher education institutions, professional organisations.

Voluntary CPD

In addition to mandatory requirement, a voluntary CPD framework is also in place, based on law, governmental regulation and on ethical obligations of dentists (<http://www.finlex.fi/fi/laki/smur/1994/19940559> <http://www.finlex.fi/fi/laki/alkup/1994/19940564> <http://www.hammaslaakariliitto.fi/hammaslaeaeakaeriliitto/eettiset-ohjeet>).

General opinion in Finland is that dentists need about 9 days of CPD per year but most dentists receive less. Dentists face no consequences for not complying with the voluntary CPD requirement but the Finnish Dental Society and the Finnish Dental Association encourage dentists to participate in voluntary CPD by offering subsidised CPD and reminding dentists of its importance.

Activities for voluntary CPD are provided by (ranked by decreasing frequency): scientific societies, employers of public healthcare, the private sector, professional organisations, higher education institutions, Ministry of Health, Ministry of Education.

Both formal and informal activities followed in other EU Member States are recognised.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

Development of policy on CPD is initiated by the professional organisation and by national and EU policy makers.

CPD activities are recorded and reported by the dentist upon a request made by the competent authority.

Accreditation

There is no system for accreditation of CPD. CPD accreditation has been discussed by the Finnish Dental Society and the Finnish Dental Association.

Content of CPD

Professional society, Ministry of Health, scientific societies, higher education institution, the private sector and postgraduate education organisations are involved in the development of content of formal CPD activities.

A needs assessment takes place at the level of the professional and the level of the individual dentist but only radiation protection is mandatory for all dentists. The topics listed in the table are also considered to be recommended for all dentists by the Finnish Dental Society.

Some of the topics followed are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x

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Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other:	

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical care discussions; clinical hands-on courses; conferences, symposia, lectures or seminars; international, national and regional live/face-to-face events; Web-based learning (eLearning); self-study; peer-to-peer; employer-based; multi-professional; research-based; study groups or quality circles.

Multi-professional CPD activities

Dentists participate in CPD activities on radiation protection with physicians, dental assistants and dental hygienists.

Financial issues and transparency

CPD activities are funded by professional organisation, employers, the private sector and by the participating dentists.

There are no rules on funding of CPD by commercial bodies. The CPD lecturers are required to declare any connections to the industry at the beginning of their presentation (second slide). This is intended to help to ensure transparency and independence of CPD.

There are no rules governing the cost of CPD activities. There are no formal CPD activities available free of charge. Costs are carried by self-employed dentists and by employers.

There are no rules on how information on CPD activities can be communicated.

Patient safety

Dentists do not have to follow CPD activities on patient safety; patient safety is included in other mandatory modules. The offer of activities on patient safety is increasing.

Trends and reflections

In the opinion of the Finnish Dental Society Apollonia, the offer of CPD activities in Finland is satisfactory. The Finnish Dental Society and the Finnish Dental Association are publishing a recommendation on the number of days of CPD per year and are expecting changes to the CPD system in the near future.

The main barriers to participation in CPD activities include lack of interest, not being willing to invest in CPD, lack of time and long distances to CPD venues.

The following CPD topics are particularly in demand among dentists: general health and oral health, nutrition and geriatric dentistry.

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In the opinion of the Finnish Dental Society Apollonia, cooperation at European level would be useful as it would allow learning from each other about successes and mistakes in CPD.

Midwives

Structures and governance

In Finland, midwives' practice is subject to registration with Valvira, the National Supervisory Authority for Welfare and Health (competent authority). Practice is also subject to mandatory CPD requirements, and this is established in law (Finlex 1194/2003, Health Care Professionals Act 559/1994, 1015/2005, ISBN 952-00-1478-0 and Health Care Act 1326/2010 section 5). However, midwives are not required to re-register, and so completion of mandatory CPD is not linked to registration.

CPD requirements are reviewed annually by employers, with respect to individual midwives, and midwives also complete personal CVs which record their CPD activities.

Mandatory CPD

Midwives in Finland are subject to mandatory CPD requirements, however this is not linked to their registration, and there are no automatic consequences for midwives if they do not complete mandatory CPD. Employers record midwives' CPD activities, and would enforce any consequences for a failure to complete CPD. Midwives are expected to complete a minimum number of hours of mandatory CPD each year; this may range from 24-80 hours.

There is no regional enforcement of mandatory CPD, and CPD is not incentivised. The following organisations are leading providers of CPD content in Finland: Federation of Finnish Midwives (midwives' professional organisation), Higher Education Institutions, the private sector and the Ministry of Health.

Voluntary CPD

Midwives in Finland are also subject to a voluntary CPD requirement. This is seen as being an ethical obligation, and is also considered to be in midwives' own interests (see ISBN 978-952-213-801-9). There are no consequences for failing to complete voluntary CPD, and also no incentives to do so, beyond midwives' own professional development.

Main providers for voluntary CPD in Finland are the midwives' professional organisation, higher education institutions, the private sector and the Ministry of Health. There are no minimum requirements for voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into Finland's national standards and guidelines for quality of care (see www.thl.fi www.hotus.fi www.kaypahoito.fi).

Development and implementation

Finnish policy on CPD is instigated by three main organisations. These are the Ministry of Health, the midwives' professional organisation and the professional body with regulatory competence.

Voluntary CPD activities undertaken in other EU member states are recognised in Finland, but not mandatory CPD activities.

Responsibility for recording CPD lies with the individual professional and the employer will also keep a record of this.

Accreditation

There is no system of CPD accreditation in Finland, and there are no prohibitions on advertising or recommendations about communication for CPD provision.

Content of CPD

In Finland, three bodies are involved in developing content of CPD. These are the Ministry of Health, the midwives' professional organisation and the professional body with regulatory competence. There are currently no recommendations about the proportion of CPD which should relate to continuing midwifery education or professional development beyond midwifery. Needs assessments take place at the level of the individual midwife.

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The following content is provided in CPD courses in Finland: Clinical midwifery practice, client safety, public health, communication (including the use of new and emerging technologies e.g. eHealth), leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research and ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, evidence based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and postnatal period.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) As required by authorities.	

Delivery of CPD

CPD is delivered through the following activities in Finland: case presentations, conferences, symposia, lectures and seminars, international, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer based learning, peer to peer approaches, patient led, multi-professional learning, and research-based formats including videos with case presentations.

Multi-professional CPD activities

There is multi-professional CPD in Finland in the following subjects: Obstetrics, gynecology, public health, ethics and patient safety. Midwives learn alongside medical physicians, nurses, public health nurses and physiotherapists.

Financial issues and transparency

In Finland, CPD is funded by the midwives' professional organisation, by employers and self-funded by midwives. There are no rules or guidelines in place to govern CPD by commercial bodies.

The independency and transparency of CPD is governed by a professional code, and also through a separate agreement known as the General Collective Agreement for municipalities (KVTES2012–2013).

Most western world international organisational codes are adopted by Finland including the WHO International Code on Marketing of Breast Milk Substitutes.

Patient safety

Midwives are expected to undertake education in patient safety as part of the mandatory CPD requirement.

Trends and reflections

In the view of the respondent (on behalf of the Federation of Finnish Midwives), the CPD on offer for midwives in Finland is satisfactory. In recent years, the deteriorating economic situation has put pressures on midwives' access to CPD; most mandatory CPD is provided by employers in the workplace, and employers are required to

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provide 3-10 days of mandatory CPD, but opportunity to access external events such as international conferences has been compromised.

The Federation of Finnish Midwives does not foresee a shift away from a minimum mandatory CPD requirement plus voluntary CPD for midwives. As there is no accreditation system for CPD in Finland, there have been no recent changes in accreditation and none are foreseen. CPD requirements have not altered in response to any competency or qualification frameworks.

The respondents are aware of national studies on this topic and provided details of references to these, but have not supplied any information about findings. The studies mentioned are as follows:

- Harju, A. & Risikko, P. 2003. Sosiaali- ja terveydenhuollon täydennys koulutuksen nykytila ja parhaat käytännöt. Työryhmämuistioita 2002: 23. Sosiaali- ja terveysministeriö. Helsinki.
- Sairaanhoidajan, terveydenhoitajan ja kättilönsaamisvaatimukset terveydenhuollossa. Terveydenhuollon ammattienharjoittamisen kannalta keskeisiä näkökohtia. 2000. Monisteita 2000:15. Sosiaali- ja terveysministeriö.
- Terveydenhuollon ammattien neuvottelukunta. Helsinki.
- Kauttonen Juha, 2000, Sosiaali- ja terveysjohtamisen täydennyskoulutus (PD) työyhteisön kannalta <http://www.julkari.fi/handle/10024/114103>
- Mustajoki Marianne, 2003, Terveydenhuoltohenkilöstön täydennyskoulutus
- Suomessa ja eräissä muissa maissa: kansallinen projekti terveydenhuollon tulevaisuuden turvaamiseksi:terveydenhuollon täydennyskoulutusosahanke
- <http://www.julkari.fi/handle/10024/111173>

Key barriers to CPD participation are financial constraints and lack of staffing.

Recent topics introduced into Finnish CPD include midwife prescribing, post-partum care and patient safety and records. Overall, provision of CPD in patient safety is increasing.

The respondents thought that EU cooperation and exchange of good practice could help support informed choice for women, and also address multicultural questions in midwifery care.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with Valvira.

Mandatory CPD

The practice of the profession is subject to mandatory CPD requirements. These requirements are based on law (Act on Healthcare Professionals (559/1994), section 18 (<http://www.finlex.fi/fi/laki/ajantasa/1994/19940559>); Act on Health Care (1326/2010), section 5 (<http://www.finlex.fi/fi/laki/ajantasa/2010/20101326>)). The National Supervisory Authority for Welfare and Health and the Regional Administrative Authorities follow-up on CPD requirements. The providers of CPD include the professional organisation and Centres for Continuing Education. There are no additional incentives to comply with CPD.

Voluntary CPD

There is no voluntary CPD established by law,

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

Professional organisations initiate the development of policy on CPD.

Formal and informal CPD activities followed in another EU Member State are recognised. Voluntary CPD frameworks are also recognised.

The CPD activities are recorded by the CPD provider and by the Board of Specialisation (The Association of Finnish Pharmacies and The Pharmacists' Association)

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The CPD activities are reported by the CPD provider and by the Board of Specialisation (The Association of Finnish Pharmacies and The Pharmacists' Association) and its subgroup (AATE).

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed during and after working hours.

Accreditation

There is a system of accreditation in place.

Professional organisations are in charge of the accreditation of CPD activities. Informal CPD activities: specialisation in asthma, diabetes, medication review, and hospital ward pharmacy.

The board of specialisation accredits the informal CPD activities.

CPD activities are accredited on an individual basis.

There is a fee for CPD: 35 euros incl. VAT per accredited specialisation / 5 years

The criteria taken into account in the accreditation of CPD activities include: Duration of activity, compliance with national policy, learning outcomes (skills, knowledge, competences, acquired) compliance with the area of specialisation.

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include scientific societies, higher education institutions, and professional organisations: The Association of Finnish Pharmacies and the Pharmacists' Association. Universities of Kuopio, Helsinki and Turku, Continuing Education Centres in Helsinki and Kuopio build a group that plan, develop and arrange specialisation programmes. The Centres of Continuing Education arrange a full programme of CPD in various themes and methods.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, veterinary medicine, travel medicine, pharmacovigilance, innovations, biosimilars, medicines use review, management (financial, marketing, staff training, ...), specialization programmes for asthma, diabetes, medication reviews, hospital ward pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) peer-to-peer, employer-based, multi-professional, offered by patients, research-based, study groups or quality circles and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities: medication review, local CPD together with other health care providers.

Financial issues and transparency

CPD funding depends on professional organisation, employers, the private/commercial sector and it is also self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules.

There are CPD activities available free of charge for voluntary CPD requirements. CPD costs are sometimes free of charge and also carried by the professional and the employer.

There is financial relief linked to CPD activity. Employers may have a tax reduction if the education is part of the education plan.

There are no rules on CPD's price.

Patient safety

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It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Association of Finnish Pharmacies believes that the CPD offer is satisfactory.

There will neither be a shift in the institutional competence to regulate CPD nor a change of CPD schemes.

There is no shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

CPD criteria are reviewed as required, not at regular intervals.

There are no national studies on the impact of CPD on professional practice.

The most important barrier to participation in CPD activities is the lack of interest.

New topics on CPD activities include: drug abuse and misuse, medication review and new tools and technologies.

The offer of CPD activities specifically addressing patient safety is increasing.

European cooperation and exchange of good practice on CPD could add value proposing good models of action.

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10.10 Country profile: FRANCE

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	No	Yes	No
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	N/A	Yes	Yes	Yes
Financing	Ministry of Health, private/commercial sector, state	Employer, nurse	Dentist	Ministry of Health, Ministry of Education, employer, mid-wife	Depends on the pharmacist's employment status
Guidelines on transparency/independence	Yes	N/A	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession is subject to a licence from the French Medical Council

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements set out in a code (Articles L. 4133-1 et suivants du Code de la santé publique; Décret no 2011-2116 du 30 décembre 2011 relatif au développement professionnel continu des médecins) which establishes the requirement of mandatory CPD. The medical professional's licence to practise is not subject to review. In case doctors fail to comply with the mandatory CPD requirements, their licence to practise may be temporarily suspended or they are issued a reprimand by the professional body.

The professional body with regulatory competence (French Medical Council) monitors and enforces professionals' compliance with the mandatory CPD requirements. The regional level of enforcement of mandatory CPD requirements is carried out by the local medical councils. There are no positive incentives to encourage medical professionals to comply with mandatory CPD requirements.

The providers of mandatory CPD activities in France include (ranked according to estimated frequency of use): scientific societies, the private sector, professional organisations, higher education institutions, the Ministry of Health, the professional body with regulatory competence and the Ministry of Education.

The mandatory CPD requirements are formulated based on a minimum number of CPD activities, which are agreed on according to specialty.

Voluntary CPD

The practice of the medical profession is not subject to a voluntary CPD framework

CPD as part of national standards and guidelines for quality of care

CPD is integrated in the national standards for quality of care determined by the Ministry of Health and the High Authority of Health (HAS) (http://www.hassante.fr/portail/jcms/c_1288606/fr/dpc-mode-d-emploi?xtmc=&xtr=5).

Development and implementation

The Ministry of Health, the professional body with regulatory competence and the Organisme gestionnaire du DPC (<https://www.ogdpc.fr/>) initiate the development of CPD policy. CPD activities followed in another EU Member State are recognised partially, if agreed with the competent authority in France.

The completion of CPD activities is reported by the CPD provider and medical professional upon request by the competent authority while recording is performed by the French Medical Council.

Accreditation

There is a system of accreditation for CPD activities in France put in place by the Ministry of Health, the professional body with regulatory competence, the public accreditation agency, OGDPC and HAS. Formal CPD activities must be accredited before being accessible for professionals but only if they are to fulfil mandatory CPD

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requirements. However, informal CPD activities need not be accredited before medical professionals gain access to them.

The accreditation of CPD activities is dependent on the CPD provider's accreditation and no fees are involved. The criteria taken into account during the process of CPD accreditation of activities include compliance with professional guidelines, compliance with national policy, learning outcomes (skills, knowledge, competences acquired). A frequently used framework for accreditation quality assessment can be found at https://www.ogdpc.fr/public/medias/organisme/pdf/TEXTESpercent20FONDATEURS/ARRETE_criteres_evaluation.pdf

The criteria for the accreditation of CPD activities are the same for all CPD providers. The CPD activities relating to continuous medical education and those relating to extra-medical professional developments are also accredited using the same criteria

Content of CPD

The Ministry of Health and scientific societies are responsible for the development of content of formal CPD activities.

There is a prescribed content beyond the structural CPD requirements that a doctor must follow and which, differs according to specialty. There is no regulation on what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD.

Needs assessment to determine which CPD activities should be followed is performed at individual professional level and at profession level. Some of the topics offered by the CPD providers in France include communication with patients, patient safety, and eHealth and IT systems. General CPD requirements do not differ for doctors of different specialties or posts.

Delivery of CPD

CPD is delivered through the following forms: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face event, National and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), peer-to-peer, multi-professional, research-based, study groups or quality circles and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities i.e. with other specialties and other medical profession such as nurses.

Financial issues and transparency

The Ministry of Health and the private/commercial sector are major sources of funding, as is a tax on the private sector in relation with health.

The funding of CPD activities by commercial bodies subject to regulations (https://www.ogdpc.fr/public/medias/organisme/pdf/TEXTESpercent20FONDATEURS/ARRETE_criteres_evaluation.pdf)

There are codes of conduct in place to ensure the transparency and independence of CPD. Currently, there are no rules as regards the way information on CPD activities is communicated.

There are formal CPD activities provided for free of charge however they must relate to the mandatory CPD requirements.

The cost incurred from CPD activities in particular are shared by the employer (there is a special tax on CPD with maximum limit of charge established each year, for example for self-employed doctors the maximum limit is 2990€), and the rest of the cost is paid by the state based on the regulation. On the side of the medical professionals, CPD is for free of charge. Therefore, CPD activities payers do benefit from the financial reliefs i.e. taxes. There are no rules so far governing the price of CPD activities. For mandatory CPD, there are a minimum of 3 days of paid working time each year which doctors might spend on CPD activities however, no specific rules for voluntary CPD beyond the mandatory requirements.

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety and also there is no increase reported for the number of CPD activities on patient safety available to doctors.

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Trends and reflections

According to the respondent, there is no formal organisational opinion to whether the CPD offer available in France is satisfactory. As regards trends, a shift in the institutional competence to regulate CPD is foreseen whereby CPD will be dependent on the specialty council/college for compliance with the professional needs, for better practical analysis, appropriate training and to improve CPD's impact on practice. There is no shift from the mandatory CPD requirements to a voluntary CPD framework foreseen in the near future. However, there has been a shift in the criteria for accreditation and developments in competency and qualifications frameworks of CPD activities for each speciality and practice reference.

CPD requirements are reviewed as required. The most important barriers to participation in CPD activities include the complexity of the organisation and the lack of efficacy. The new topics being addressed by CPD activities include the choice of treatment plan by specialty, the choice of investments by specialty and how to organise healthcare team.

European cooperation and exchange of good practice on CPD is thought to provide added value with regard to the assessment of the impact of CPD on the quality of care. The review of CPD based on each specialty could be proposed at the EU level.

Nurses

Structures and governance

In July 1971, the legislator made it compulsory for every employer to pay a tax on the payroll that allows financing continuous professional education in France. Since then, several amendments have been introduced into this law and the latest one (in 2004) foresees a training 'savings account' that each employer of the private sector has to keep up to date.

Mandatory CPD

It is mandatory system for employers to finance CPD professional activities. Employers need to offer nurses 20 hours/per year to follow CPD activities and nurses have to follow it. The mandatory requirements are included in the Decree N° 2011-2114, of 30 December 2011.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

N/A

Development and implementation

The employees have the possibility to follow 20 hours of training every year or cumulate these hours up to 6 years.

Self-employed nurse's status working in independent practice is starting to follow CPD courses on a regular basis. The average time is around 2 days per year.

Accreditation

N/A

Content of CPD

N/A

Delivery of CPD

Courses.

Multi-professional CPD activities

N/A

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Financial issues and transparency

As it depends on the employer, in many cases French nurses self-finance their own CPD, which represents a heavy investment in terms of timing and money.

Patient safety

N/A

Trends and reflections

Overall, France wishes that the CPD is developed further but there is not always adequacy between needs and resources. Nursing requests a regular update of nurses' knowledge and the public authorities will have to increase the budget to allow that.

Dentists

Structures and governance

Dentists must register with Ordre National des Chirurgiens-Dentistes.

Mandatory CPD

CPD is mandatory for dentists in France. The mandatory CPD framework is based on law and decree/governmental regulation:

Loi 2009-879 of 21/07/2009

Décret 2011-2115 of 03/12/2011

Dentists' registration or license to practise is not subject to review by the national or regional competent authority. If dentists fail to comply with CPD requirements they face a reprimand from their professional body. Dentists' compliance with mandatory CPD requirements is monitored and consequences of non-compliance are enforced by their professional organisation. There is no regional level of enforcement of CPD requirements.

Dentists are encouraged with positive incentives to comply with CPD requirements.

Activities for mandatory CPD are provided by the following bodies: professional organisation, scientific societies, higher education institutions, professional body with regulatory competence, Ministry of Health, Ministry of Education, private sector.

Mandatory CPD requirements are formulated in minimum number of CPD activities (1,5 days = 7 hours).

Voluntary CPD

There is no voluntary CPD framework in France.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care. These are the recommendations from Haute Autorité de Santé (HAS) and the themes defined by the scientific committee for CPD.

Development and implementation

The development of policy on CPD is initiated by Ministry of Health and the professional organisation.

The transparency and independence of CPD are ensured by national law.

Formal and mandatory CPD activities followed in another EU Member State are not recognised in France. The completion of CPD activities is recorded by the dentist and the CPD provider.

There is no reporting obligation and there are no rules on the way CPD activities can be communicated. CPD requirements by the regulatory body do not differ depending on the CPD provider.

Accreditation

There is a system of accreditation in place. A professional body with regulatory competence is in charge of the accreditation. Formal CPD activities must be accredited before being accessible for dentists only if they are to fulfil mandatory CPD requirements.

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The accreditation is given on basis of accreditation of the CPD provider. There is no fee for the accreditation of CPD activities. The criteria for the accreditation of CPD activities do not differ according to which provider offers them but CPD activities funded by commercial bodies are not subject to accreditation.

The following criteria are taken into account in the accreditation of CPD activities: duration of activity, compliance with national policy, prices and learning outcomes (skills, knowledge, competences acquired).

Frameworks used in accreditation for quality assessment are: self-evaluation based on a quality referential and peer groups.

In France, it is not clear whether CPD activities relating to continuous dental education and to personal and professional development are accredited according to the same criteria.

Content of CPD

The professional body, Ministry of Health, scientific societies and higher education institutions are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients		Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials		Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x	Other	

Beyond the structural CPD requirements, there is no other recommended content a dentist should follow.

A needs assessment to determine which CPD activities should be followed takes place at professional level and according to public health needs.

There is no regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development.

Delivery of CPD

The following forms of delivery of CPD exist: clinical care discussions, clinical hands-on courses, conferences, symposia, lectures or seminars, web-based e-learning, peer-to-peer, study groups or circles.

Multi-professional CPD activities

Dentists participate in multi-professional CPD activities with doctors.

Financial issues and transparency

CPD activities are self-funded by participating professionals' fees. There are no formal CPD activities available free of charge. The costs of CPD activities are carried by self-employed professionals.

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There are financial reliefs dentists can benefit from for the cost of participating in CPD activities. There is an annual grant for compulsory CPD of 472, 50€ per dentist.

The cost of CPD activities is governed by a global grant (professional CPD provider) of 1015€ per year.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety. Every dentist can choose the topics they want to follow.

Trends and reflections

In the opinion of Confédération Nationale des Syndicats Dentaires (CNSD), the CPD offer available in France is satisfactory. No shift in the institutional competence to regulate CPD is foreseen. No shift from voluntary to mandatory CPD or vice-versa is foreseen. A shift in terms of the criteria which are taken into account in the accreditation of CPD activities has not been foreseen either.

Since 2012, there is a requirement for practice assessment (evaluation of learning outcomes).

Priority topics are reviewed annually by an independent scientific committee.

There are no national studies on the impact of CPD on professional practice.

The biggest barrier to participation in CPD activities is the administrative red tape.

One of the new topics being addressed by CPD activities is infection control.

The offer of CPD activities specifically addressing patient safety is increasing, particularly in connection to infection control.

According to CNSD, European cooperation and exchange of good practice on CPD on the European level are indispensable due to the movement of patients in the EU.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Conseil National de l'ordre des Sages-femmes de France (CNOSF), which is a professional body with regulatory competence on the national level. The midwives' license to practise is not subject to review (relicensure, revalidation, re-registration), therefore mandatory CPD activity is not linked to maintaining license. In addition, there is no linking of CPD into national standards or guidelines of care.

Mandatory CPD

There are mandatory CPD requirements in France for midwives, established by national law and the code/regulation by CNOSF, based on the number of hours of CPD undertaken; a minimum of 20 hours of activity must be fulfilled over one year. The covering law is the 'loi santé publique – code de déontologie'.

Higher Education Institutions, the Ministry of Education and the Ministry of Health are the leading providers of mandatory CPD activities. Accreditation of the provider is the main principle in setting the content framework, and CNOSF (professional body with regulatory competence) monitors compliance with this. If a midwife fails to comply with mandatory CPD requirements there is no set consequence on either the national or regional level.

Voluntary CPD

France has a voluntary CPD framework for midwives but has no set criteria or monitoring of this requirement. It is not formally encouraged or incentivised and the leading providers are 'other' (no further information given), CNOSF and professional organisations.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not integrated in French national standards or guidelines for quality of care.

Development and implementation

Policy on the development of CPD is initiated by the Ministry of Health, CNOSF, (professional body with regulatory competence) and by the midwives' professional organization, and is influenced by EU policy makers. Midwives are expected to record and report their CPD activities pro-actively but it is not clear to whom. The CPD provider also has a role in recording and reporting on the CPD activities undertaken by the midwife.

Formal CPD activities undertaken in another EU Member state are not recognised in France.

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Accreditation

The Ministry of Health, CNOF, the midwives' professional organisation and the public accreditation agency all provide accreditation for mandatory CPD, taking into account the duration of the activity, compliance with professional guidelines, national policy, EU policy and learning outcomes (skills, knowledge, competences acquired). These CPD activities need to be accredited before being accessible to midwives and there is a quality assessment framework associated with the accreditation process, accessible via <https://www.mondpc.fr>

The accreditation is based on the accreditation of the CPD provider and the criteria set do not differ for different providers. No fee is incurred, and there is no differentiation between criteria set for activities within continuous midwifery education or development beyond midwifery practice.

Content of CPD

CPD content for midwives is provided by following bodies and organisations: the midwives' professional body with regulatory competence (CNOF), the midwives professional organisation, the Ministry of Health, the Ministry of Education, scientific societies, Higher Education Institutions (HEIs), midwifery education institutions and the private sector. The actual content of midwifery CPD is not prescribed but the requirements are linked to needs assessment on the individual level.

Current CPD content includes varied topics such as clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, international, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It can also be provided through employer-based, multi-professional, or research-based formats including videos with case presentation or attending study groups or quality circles. In France, university courses also feature in the delivery of midwives' CPD.

Multi-professional CPD activities

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Midwives regularly participate in multi-professional CPD activities, mostly with those professions that they work most closely with; obstetricians, paediatricians and anaesthetists. The topics shared are clinical, for example, neonatal resuscitation and echography.

Financial issues and transparency

There are national laws and set codes and regulation by the CNOSF to ensure transparency and independence of mandatory CPD (<https://www.mondpc.fr>). Formal and informal CPD are either free of charge, the cost being borne by the employer or CNOSF, or may incur charges to the midwife. There are some financial incentives in form of tax offsets or grants, mostly for the voluntary CPD, which has to be taken outside the working hours. Mandatory CPD is covered, the employer allowing 20 hours of CPD activity within working hours.

Patient safety

While patient safety is reported as a topic of CPD activities currently available to midwives, it is not compulsory for midwives to undertake it as a topic within mandatory CPD.

Trends and reflections

Midwives did not offer a formal opinion about whether the CPD offer available to midwives in France is satisfactory. They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD, or any shift from voluntary to mandatory CPD. CPD related to competency frameworks or qualification frameworks is also thought likely to remain static. New topics have been introduced, such as e-learning in fetal heart monitoring, echography and gynaecology.

Review of CPD requirements is done on an 'as required' basis on the national level.

There are no national studies on the impact of CPD on midwives' practice but known barriers to participation in CPD are the time factor, and organisational problems in health facilities. French midwives are positive that European co-operation and exchange of good practice on European level will encourage sharing experiences.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Ordre national des pharmaciens (National Chamber of Pharmacists).

Mandatory CPD

There is mandatory CPD established by law and decree/governmental regulation.

1) Loi n°2009-879 du 21 juillet 2009, article 59 - 2) Décret n°2011-2118 du 30 décembre 2011 (for Pharmacists) :

(<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000025062477&fastPos=5&fastReqId=1644246977&categorieLien=id&oldAction=rechTexte>)

The licence to practise is not reviewed. Every registered pharmacist has to pay a fee to the Chamber every year, but there is no proper "review".

Any pharmacist who does not comply with mandatory CPD requirements is asked for the reason for this behaviour. The Chamber appreciates the need for an individualised annual programme which is notified to the concerned party. If the programme is not carried out, it can be held as a case of professional incompetence. To date, the decree specifying the consequences of such a case of professional incompetence has not been published.

The professional body with regulatory competence (National Chamber of Pharmacists) monitors and enforces the compliance.

The compliance is not monitored at regional level.

There are no additional incentives to comply with CPD.

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The providers of CPD include: The private sector, scientific societies, higher education institutions and the professional organisation

Mandatory CPD requirements are formulated as a minimum number of CPD activities and Learning outcomes (skills, knowledge, competences acquired). The professional must follow a CPD programme per calendar year - 3 conditions: 1) must comply with national and/or regional orientations - 2) must involve a method validated by the Higher Health Authority (Haute autorité de santé - HAS) - 3) must be carried out by a CPD body registered with the CPD management body.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines.

Development and implementation

The Ministry of Health, the national policy-makers, initiate the development of policy on CPD.

CPD activities followed in another EU Member State are not recognised.

The CPD activities are recorded and reported by the provider.

There are rules on the way information on CPD activities can be communicated. Pursuing to Décret n°2011-2118 du 30 décembre 2011, the promotion of CPD programmes intended for community, hospital and medical biology pharmacists is performed by the Chamber health facilities and other competent DPC bodies for other categories of employed pharmacies, as well as regional unions of health professionals (URPS) representing community pharmacists.

CPD activities are followed both in and after working hours

Accreditation

There is a system of accreditation (or more accurately evaluation) in place.

Five independent scientific commissions are in charge of evaluating CPD activities for each of the five professions involved, including pharmacists. They are linked to a public agency, OGDPC. OGDPC is a "public interest group" (GIP), created and mandated by the State and the National Health Insurance, with the following missions:

1. To promote the CPD system and inform health professionals and their employers,
2. To register CPD providers (administrative registration),
3. To serve as the secretariat for the 5 independent scientific commissions in charge of evaluation for accreditation,
4. To finance CPD programmes,
5. To set the package funding for DPC programmes for those of health professionals which qualify for funding,
6. To control CPD providers,
7. To contract with accredited fund collecting and distributing agencies (which are collectively called Actalians),
8. To publish an annual report assessing CPD fulfilment for all health professionals,
9. To measure the performance of the CPD system and to put forward any proposal deemed necessary.

CPD activities need to be accredited before being accessible for professionals if they are to fulfil mandatory CPD requirements. Informal CPD must not be accredited. The provider must be accredited.

There is no official fee.

The criteria taken into account in the accreditation of CPD activities include: The DPC provider must meet 4 criteria: - Scientific ability, -Educational ability, - Quality and references of staff, - and Financial independence.

A link or references to frequently used quality assessment frameworks used in accreditation: Arrêté du 19 juillet 2013

(<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000027751507&dateTexte=&categorieLien=id>)

The criteria for the accreditation of CPD activities are equal for all the providers.

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Content of CPD

The bodies involved in the development of content of formal CPD activities include: professional body, scientific societies, higher education institutions and private sector.

The content of CPD activities include: patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma,), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, pharmacovigilance, innovations, biosimilars, medicines use review and pharmacoepidemiology.

The content of CPD is linked to the services provided in the pharmacy. Examples of services: accompanying patients under oral anticoagulants (VKA), accompanying patients with asthma, therapeutic education programmes (e.g. patients with diabetes).

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) peer-to-peer, employer-based, multi-professional, offered by patients, research-based, study groups or quality circles and videos with case presentations.

Note that a CPD programme must involve two sections, in which the above-mentioned activities will be distributed: one so called "educational/cognitive" section and another section centred on assessment of professional practice.

Multi-professional CPD activities

It is difficult to verify the existence of multi-professionals activities.

Financial issues and transparency

There is no official fee.

CPD funding depends on the pharmacist's work status: - CPD for liberal professionals, as well as professionals employed in contracted health centres is funded by OGDPC (up to a certain individual ceiling), - CPD for pharmacists employed in public health facilities is funded by the employer (minimum funds are 0,50% remuneration in teaching hospitals and 0,75% in other public facilities), - CPD for pharmacists employed by the State or local authorities is funded by the employer, - CPD for pharmacists employed in the private sector is funded by the private employer.

The funding of CPD activities by commercial bodies is subject to rules. As mentioned above, one of the criteria for accreditation is financial independence pursuant to Arrêté du 19 juillet 2013

(<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000027751507&dateTexte=&categorieLien=id>).

The relevant Scientific Commission in OGDPC assesses the following:

- Procedures and means used by the provider in order to safeguard independent programme contents (especially, thorough presentation of financing means for the CPD provider, of sub-contractors if applicable, and of declarations of financial interests from every member of the decision-making body as well as the scientific body if applicable) when the percentage of funds from medicines manufacturers or distributors in the last annual revenue has a percentage greater than 0,
- In case of indirect prestations (provision of premises, staff, equipment, etc.) the relevant Scientific Commission in OGDPC assesses procedures and means used by the provider in order to safeguard independent programme contents.

The national law ensures the transparency and independence of CPD.

There are CPD activities available free of charge for mandatory CPD requirements. CPD costs are carried by professionals and the employer.

There is no financial relief linked to CPD activities.

There are no rules on the price of CPD activities.

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Patient safety

It is mandatory to follow CPD activities specifically addressing patient safety and patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Ordre national des pharmaciens (National Chamber of Pharmacists) has no formal opinion on the CPD system's status.

There will neither be shift in the institutional competence to regulate CPD nor a change on CPD schemes.

There is no shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed every year, by the Health Ministry.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are financing and lack of programmes dedicated to some special qualifications within the profession.

New topics on CPD activities include: accompanying patients under VKA, accompanying patients with asthma therapeutic education.

The offer of CPD activities specifically addressing patient safety is not increasing.

General comments: Please note that mandatory CPD has been on-going since 2012 only, hence there is a lack of perspective.

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10.11 Country profile: GERMANY

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes (Bremen, Hamburg, Saarland and Saxony)	Yes	No	Yes
Voluntary	No	Yes	Yes	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	No	Yes	No	Yes
Financing	Professional body with regulatory competence, private/ commercial sector, doctor	Employer, nurse	Dentist in free practice, employer	Midwife, employer, professional association partial funding	CPD provider, pharmacist
Guidelines on transparency/independence	Yes	No	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the profession is subject to a licence from the state health authorities of the individual federal states (*Oberste Landesgesundheitsbehörden*).

Mandatory CPD

According to various regulations at the federal and state level, the practice of the profession in Germany is subject to mandatory CPD requirements:

- For all physicians, according to the State Health Professions and Chamber Regulations of the individual States (*Länder*), as well as Art. 4 of the Professional Code of each state chamber of physicians. This is legally binding upon all doctors in accordance with the self-regulatory competences of the profession. For the Model Professional Code (*Musterberufsordnung*) see: <http://www.bundesaerztekammer.de/page.asp?his=1.100.1143>
For the Model Regulations on Continuing Medical Education (*Musterfortbildungsordnung*) see: <http://www.bundesaerztekammer.de/page.asp?his=1.102.103.160>

Please note that all references to the Model Professional Code refer to the version as adopted by the 100th German Medical Assembly and amended by the 103rd, 105th, 106th, 107th and 114th German Medical Assemblies. The Professional Code becomes legally effective when adopted into the statutes of the chambers of physicians by their general assemblies and approved by the supervisory authorities. In Germany, mandatory CPD requirements are enforced at the regional level because the state chambers of physicians, as self-regulatory bodies of the profession, are organised at state level in the '*Länder*'. According to Art. 4, para. 2 of the corresponding professional code, all physicians must, upon request by the state chamber of physicians, furnish proof of their continuing medical education by means of a CME Certificate. This is intended to ensure that physicians actually comply with mandatory CME requirements and are up-to-date with the most recent scientific findings and medical procedures relevant to their field of practice. The CME Certificate must be issued by a (not necessarily their own) state chamber of physicians. Further details on the CME Certificate are contained within the relevant Regulations on Continuing Medical Education (see: <http://www.bundesaerztekammer.de/page.asp?his=1.102.103.160> for the model regulations). If physicians do not comply with their duties according to Art. 4 of the Professional Code which applies to them, their chamber may take up proceedings against them.

- For statutory health insurance contracted physicians, according to Section 95d of the Fifth Book of Social Code (http://www.gesetze-im-internet.de/sgb_5/_95d.html). The professional's registration or licence to practice is not subject to a review; however physicians' affiliation to the statutory health insurance is regularly reviewed by the regional Association of Statutory Health Insurance Physicians, a professional body with regulatory competence. Affiliated physicians are required to collect a minimum of 250 credits within 5 years. Their compliance with mandatory CPD requirements is taken into account and there are consequences if they fail to comply after an extended deadline. If physicians are non-compliant with the

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CME requirements they face financial sanctions (remuneration reductions) and may lose their statutory health insurance affiliation.

3. For specialists in hospitals, according to 137 para. 3, number 1 of the Fifth Book of Social Code ("guidelines and decisions regarding quality assurance"). This states that hospital physicians must provide evidence of CME activities (http://www.gesetze-im-internet.de/sgb_5/___137.html).

The state chambers of physicians promote the importance of CPD, however no incentives, financial or otherwise, are provided to encourage professionals to comply with the CPD requirements. The following bodies provide activities for mandatory CPD for doctors in Germany (ranked according to decreasing frequency of use): the private sector, higher education institutions, scientific societies, professional bodies with regulatory competence, the professional organisation, Ministry of Health, Ministry of Education. Mandatory CPD requirements are formulated as a minimum number of credits according to the national system.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

CPD for physicians is not integrated in national standards or guidelines for quality of care.

Development and implementation

The state chambers of physicians, as the professional bodies with regulatory competences, initiate the development of policy on CPD. Formal CPD activities carried out in another EU Member State are recognised. The completion of CPD activities is recorded pro-actively by the individual professional, by the professional upon request by the state chamber of physicians and by the CPD provider. The individual professional and the CPD provider report pro-actively on the completion of CPD activities.

Accreditation

There is a system of accreditation only for formal CPD activities. The state chambers of physicians (*Landesärztekammer*), as the professional bodies with regulatory competences, provide accreditation for formal CPD activities. Formal CPD activities, which fulfil the requirements according to the Regulations on Continuing Medical Education, must be accredited before being accessible for professionals. Informal CPD activities do not need to be accredited before being accessible for professionals. The accreditation is restricted to each individual CPD activity.

Some state chambers of physicians do not charge a fee for accreditation, while others charge a fee depending on the doctors' cost for attendance and the extent of the activity. The accreditation takes into account the duration of an activity, its compliance with professional guidelines, as well as its learning outcomes (skills, knowledge, competences acquired). References to frequently used quality assessment frameworks used in accreditation can be found here: <http://www.bundesaerztekammer.de/page.asp?his=1.102.104>

Accreditation criteria do not differ for different providers. CPD activities relating to continuing medical education and those relating to professional development are accredited according to the same criteria.

Content of CPD

Professional bodies, scientific societies, higher education institutions and the private sector are involved in the development of the content of formal CPD activities. There is no prescribed content which doctors must follow, however there are recommendations (See: <http://www.bundesaerztekammer.de/downloads/RecCME.pdf>). The actual percentage of continuing medical education or other types of CPD required is not regulated. There are no needs assessments to determine which CPD activities a professional should follow. The following topics are among the CPD activities offered to doctors in Germany: communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems, and intercultural communication skills. CPD requirements do not differ for doctors of different specialties or positions.

Delivery of CPD

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CPD is delivered in the following forms: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, offered by patients, research-based, study groups or quality circles and videos with case presentations. See: http://www.bundesaerztekammer.de/downloads/_Muster-_Fortbildungsordnung_29052013.pdf

Multi-professional CPD activities

Multi-professional CPD activities are accepted (dentists, psychologists, other health professionals), and they don't have to be on any specific topic.

Financial issues and transparency

Events for mandatory CPD can be free of charge. CPD activities may be funded by the state chambers of physicians as professional bodies with regulatory competence, the private and commercial sector, as well as self-funded by participating professionals' fees. The funding of CPD activities by the private or commercial sector is subject to rules established by the Model Regulations on Continuing Medical Education. As regards transparency and independence of CPD, the state chambers of physicians, as professional bodies with regulatory competence, have a code/regulation. As regards the rules according to which information on CPD activities can be communicated, CPD providers have no rules to follow. As regards the cost of CPD activities, this can be covered by professionals or their employers. However, there are also CPD activities for mandatory CPD requirements available free of charge, e.g. the state chambers of physicians, as professional bodies with regulatory competence, may offer CPD/CME events free of charge.

Doctors can offset the cost of taking part in CPD activities from their tax. There is no rule governing the price of CPD activities. The amount of paid working time per year doctors may spend on CPD activities, e.g. in the form of study leave, is subject to the employer for hospital doctors; for the rest, CPD must be attended outside of the working time declared by self-employed physicians in private practice.

Patient safety

Patient safety is among the main reasons for undertaking CPD/CME. Therefore patient safety is among the topics on which CPD activities are offered for doctors in Germany, however it is not mandatory for doctors to carry out CPD activities specifically addressing patient safety. Also there is no reported increase in the number of CPD activities on patient safety available to doctors.

Trends and reflections

The German Medical Association finds the CPD on offer for doctors in Germany to be satisfactory. Moreover, no shift in institutional competence to regulate CPD is foreseen. There is no shift from the mandatory CPD requirements to a voluntary CPD framework to be foreseen in the near future. In terms of criteria taken into account in the accreditation process, no shift has been observed.

There have been no developments in terms of CPD requirements in relation to competency framework or qualification frameworks.

There is no required interval for the review of CPD requirements. Also, there are no national studies available on the impact of CPD on professional practice.

In terms of barriers to participation in CPD activities, the most important one is that doctors need to procure leisure time and private money to attend CPD activities.

Peer review is a new topic that is being addressed by CPD activities.

Nurses

Structures and governance

The practice of nursing in Germany is subject to a registration with the Regional Health Authorities.

CPD requirements differ from state to state (Laender). There are four of the German Lander where Codes of Professional Conduct for Nurses (Berufsordnung) with mandatory requirements of CPD exist. These Laender are: Bremen, Hamburg, Saarland and Saxony. The professional registration is not reviewed. Professionals are not intentionally encouraged to follow CPD.

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Mandatory CPD

In four of the German Laender, Codes of Professional Conduct for Nurses (Berufsordnung) with mandatory requirements of CPD exist. These Laender are: Bremen, Hamburg, Saarland and Saxony. These requirements are mandatory, however, there is no need to give proof of compliance on a regular basis. Authorities may/will act only if there is a suspicion of misconduct.

Bremen

<https://ssl.bremen.de/soziales/sixcms/media.php/13/2011+06+08+Brosch%FCre+Berufsordnung+Endfassung+f%FCr+Hr++Lorenz+2.pdf>

§ 5, No. 2e: a nurse must have a minimum of 20 CPD-points per year (thumb rule: 1 point equals 1 hour); the health authority may, in case of a reasonable suspicion, require proof of fulfillment of the CPD requirements; violation may constitute a regulatory offence (Ordnungswidrigkeit im Sinne des §38 Absatz 1 Nummer 9 des Gesundheitsdienstgesetzes) – penalty up to 15,000 EURO; in severe cases the Ministry of Health may examine if demands for using the protected title ‘nurse’ are still met.

Hamburg

<http://www.hamburg.de/contentblob/2083354/data/broschuere-pflegefachkraefte-berufsordnung.pdf>

§ 6 (2): a nurse must have a minimum of 20 CPD-points per year (details see Annex; thumb rule: 1 point equals 1 hour); § 10: in case of violation of this regulations the relevant (health) authority may examine if demands for using the protected title ‘nurse’ are still met.

Saarland

http://sl.juris.de/sl/gesamt/PflegekrBerufsO_SL.htm#PflegekrBerufsO_SL_rahmen

§ 6: a nurse shall have a minimum of 10 hours CPD per year; relevant authority to review: Landesamt für Gesundheit und Verbraucherschutz;

§ 11 (1) No.6 and (2): if a nurse does not comply with the requirements she might have to pay a penalty of up to 5,000 EURO.

Saxony

Saxony requirements similar to the one in Bremen; no authority mentioned which examines; no penalties
<http://www.deutscher-pflegerat.de/Downloads/Berufsordnungen/LPR-Sachsen-Berufsordnung2012-.pdf>

Voluntary CPD

There is a voluntary CPD framework under the law and ethical obligation. More information: Federal Law, ICN-Code of Ethics <http://www.dbfk.de/download/download/10091DBfK-ICN-Ethik-E04kl-web.pdf>

There is no monitoring of the requirements under the voluntary framework. The recommended requirements are of 20 teaching hours of 45 minutes each, per year.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards for quality of care included in the DNQP (German Network for Quality Development in Nursing) that has developed expert standards for many years. Their standards always include the “current state of art”.

Development and implementation

Policy on CPD is initiated by the Ministry of Health, professional organisation and employers. The providers of CPD activities are mainly private sector, regulators, higher education institutions, scientific societies and professional organisations.

Accreditation

There is no system of accreditation of CPD.

Content of CPD

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Content is prepared by the professional body, scientific societies and the private sector. Among the most common topics there are nursing clinical practice, communication and patient records, patient safety, eHealth, management, legal and professional issues and chronic disease management.

New content on CPD focuses on patient safety, long-term care for chronic diseases and eHealth.

Delivery of CPD

CPD activities cover case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences and seminars, informal practice based learning, international and national events, web-based learning (eLearning), mobile learning (mLearning), self-study (scientific journals, etc.), peer to peer, employer based, multi-professional, research based, study groups and video presentations.

Multi-professional CPD activities

There are multi-professional activities (physicians, nurses and sometimes other health professionals) in the areas of quality improvement and communication.

Financial issues and transparency

CPD activities are funded by employers and self-funded by participating nurses' fees. There are no specific agreements when CPD activities are funded by commercial bodies. There are no guidelines to ensure transparency and independence of CPD. CPD activities followed in another EU Member State are not recognised.

The costs of the activities are carried out by the professionals and employers. Costs can be addressed in annual tax declaration. There are no rules governing the price of CPD activities.

Patient safety

It is recommended to follow CPD activities that specifically address patient safety.

Trends and reflections

The professional organisation is not satisfied with the CPD system in Germany. There is a request to have mandatory CPD requirements at national level as part of self-regulation of the profession. In several states, the introduction of self-regulation for nurses is being discussed. In relation to the weak enforcement of mandatory requirements, it is expected that the situation will change in the future once self-regulation is established. There are discussions to have self-regulation in Rhineland-Palatine starting from 2015 (law is due in November 2014); Lower Saxony and Schleswig-Holstein might follow soon. All draft laws in this Laender grant power to the regulatory body to pass regulations on CPD requirements.

The most common barriers on CPD are lack of time because staffing levels are low and there is a nurse shortage, and the cost of activities.

EU Cooperation can enhance the exchange of best practice and mutual learning.

Dentists

Structures and governance

Dentists must register with Approbationsbehörden of the Laender (State Offices of Health and Social Affairs of the regional states) and with Regional Dental Chambers.

Mandatory CPD

CPD is mandatory for dentists practising in the statutory health insurance system (SHI) as established by the Social Code V (§95d; http://www.gesetze-iminternet.de/bundesrecht/sgb_5/gesamt.pdf) and the dentists' Professional Code Of Conduct (<http://www.bzaek.de/fileadmin/PDFs/recht/mbo.pdf>). Mandatory CPD of 125 credit points under a national/European system (1 hour equals 45 minutes equals 1 credit point) and regular monitoring have to be completed every 5 years. In addition a dentist must undergo mandatory training in ionizing radiation protection every 5 years. For dentists practicing outside of the statutory health insurance system, there is no formal regulation on the extent of CPD.

Regional Dental Chambers and the regional Associations of Statutory Health Insurance Dentists (the Kassen-zahnärztliche Vereinigungen or KZV) monitor compliance with the CPD requirement and enforce consequences

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if a dentist fails to comply. Consequences include a reprimand and gradual reduction of income from the statutory health insurance system up to loss of access to the statutory health insurance system.

Dentists are also positively encouraged to comply with the CPD requirement and can receive certificates after passing CPD courses.

Activities for mandatory CPD are provided by (ranked according to decreasing estimated frequency of use): scientific societies, Dental Chambers, professional organisations, the private sector, higher education institutions and Ministries of Health and of Education.

Voluntary CPD

In addition to mandatory CPD, dentists in Germany are also subject to a voluntary CPD requirement by the dental chambers. Voluntary CPD is based on an ethical obligation and on the Professional Code of Conduct (<http://www.bzaek.de/fileadmin/PDFs/recht/mbo.pdf>). Compliance of professionals is monitored by the regional dental chambers and dentists are positively encouraged to participate by being offered certificates after successfully passing CPD courses.

Dentists are expected to earn 150 credit points over a 3-year period or 250 credit points over a 5-year period under a national/European system (1 hour equals 45 minutes equals 1 credit point).

Activities for voluntary CPD are provided by (ranked according to decreasing estimated frequency of use): Dental Chambers, scientific societies, professional organisations, the private sector, higher education institutions and regional Ministries of Health and of Education.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national guidelines for quality of care – see CE-Headnotes of German Dental Association (BZÄK), German Society of Dento-Maxillo-Facial Science (DGZMK) and Federal Association of Statutory Health Insurance Dentists (KZBV) (valid from 01/2006; http://www.bzaek.de/fileadmin/PDFs/bfortb/fortbildung_leitsaetze.pdf).

Development and implementation

The development of policy on CPD is initiated by scientific societies, the professional organisations and by the Dental Chamber as well as by higher education institutions.

Completion of CPD activities is recorded and reported by the participating dentist, pro-actively and upon request by the Dental Chamber. Specifically, certificates of CPD activities are collected by dentists and checked by the regional Dental Chambers every 5 years.

Formal CPD activities followed in another Member State are sometimes recognised under the voluntary CPD framework.

Accreditation

A system for accreditation of CPD exists and is administered by a public accreditation agency but is valid only for formal CPD activities and only for postgraduate Masters programmes (a fee needs to be paid). Accreditation is not obligatory for CPD activities overall or for CPD providers, but every provider must indicate his activities to the regional Dental Chamber (no fee). Criteria such as duration of activity, compliance with professional guidelines and national policy, learning outcomes are taken into account when indicating CPD activities to the Dental Chambers.

Quality assessment frameworks used in accreditation are available here: www.akkreditierungsrat.de; www.bzaek.de/berufsstand/fortund-weiterbildung.html; www.fibaa.org.

Content of CPD

Dental Chambers, scientific societies, higher education institutions, the private sector and postgraduate education organisations are involved in the development of content of formal CPD activities.

Some of the topics offered are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x

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Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x		

Beyond the structural CPD requirements, dentists must undergo mandatory training in ionizing radiation protection every 5 years. In addition, courses on dental care of children and other courses in specific advanced clinical and technical skills and competences within the field of oral health are recommended. Finally, regulation on the proportion of activities which must relate to continuous dental education is determined in CE-Headnotes of the German Dental Association, the German Society of Dento-Maxillo-Facial Science and the National Association of Statutory Health Insurance Dentists (valid from 01/2006; http://www.bzaek.de/fileadmin/PDFs/bfortb/fortbildung_leitsaetze.pdf).

No needs assessment takes place to determine which CPD activities should be followed.

Delivery of CPD

CPD is delivered through a great variety of forms: case presentations; clinical care discussions; clinical audit; clinical hands on courses; conferences, symposia, lectures or seminars; formal practice based learning; national and regional live/face-to-face events; Web-based learning (eLearning); self-study; peer-to-peer; multi-professional; research-based; study groups or quality circles; videos with case presentations.

Multi-professional CPD activities

Dentists participate in CPD activities with other health professionals (doctors, nurses, midwives) on the following topics: Psychosomatic issues in Dentistry, Oral care for older and disabled people, Emergency care, Diabetes and oral health, Nursing care, Early Childhood Caries and midwifery, Paediatrics etc.

Financial issues and transparency

CPD activities are funded by the federal and regional Ministries of Health and of Education, the regional Dental Chambers, professional organisations, employers, the private sector and by participating dentists' fees.

Funding of CPD activities by commercial bodies is subject to regulation in the Professional Code of Conducts and by the CE-Headnotes of the German Dental Association, the German Society of Dento-Maxillo-Facial Science and the Federal Association of Statutory Health Insurance Dentists (valid from 01/2006; http://www.bzaek.de/fileadmin/PDFs/bfortb/fortbildung_leitsaetze.pdf). These also serve to ensure transparency and independence of CPD activities and provide rules on how information about CPD activities can be communicated. In addition, voluntary ethical rules regarding private sponsorship also exist.

CPD activities for both mandatory and voluntary activities are available free of charge or costs are carried by self-employed or salaried dentists, employers and the Dental Chambers. Dentists can also take advantage of tax offsets for participation in CPD activities.

Patient safety

It is mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules. The offer of CPD activities on patient safety is increasing in line with new legislation.

Trends and reflections

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According to the German Dental Association, the CPD offer for dentists in Germany is satisfactory. No barriers to participation in CPD activities have been reported.

A shift from voluntary to mandatory CPD under the Social Code occurred in January 2004; CPD requirements are reviewed as required, at no regular interval. In some cases, approximation of CPD credits to ECTS has been reported.

New topics being addressed by CPD include integrated and interdisciplinary dentistry, shared decision making and learning from treatment failure.

In the German Dental Chamber's opinion, European cooperation might be useful to exchange experience of good clinical practice, share different views and discussion about different ways and approaches to good dental care.

Midwives

Structures and governance

The practice of midwifery in Germany is subject to a registration with the Regional Health Authorities. Once a midwife has passed her diploma/graduated, the administrative district government (Regierungspraesidium) issues her certificate ("Zeugnis") and the permission to use the professional title "midwife" (= license to practice) ("Erlaubnis zur Fuehrung der Berufsbezeichnung Hebamme").

There is no re-registration procedure in place as there is no mandatory membership in a chamber or council. This is why there are no reliable figures available as to how many midwives (in which settings/with which scope of practice) are currently in practice.

Independent midwives and employed midwives with independent activities have to register with the local health authority (Gesundheitsamt) that supervises their obligation to CPD (where required; some federal states require CPD, some not).

There is no mandatory CPD, although a voluntary CPD framework exists. CPD arrangements are governed on a regional basis.

Mandatory CPD

There is no mandatory CPD requirement in Germany.

Voluntary CPD

Midwives' practice is subject to a voluntary CPD framework in Germany. The CPD framework is established through the law and through ethical guidance, and administered by federal professional regulation for midwives⁵⁸ in Germany (Berufsordnung für Hebammen und Entbindungspfleger). The uptake on CPD activities is verified occasionally. It is expected that midwives undertake CPD as their own responsibility. However, failure to comply with CPD activities may reflect adversely within any criminal proceedings and may have significant consequences for the midwife.

The number of voluntary CPD hours or activities required is not standardized, but is set out in federal professional regulation for midwives (Berufsordnung für Hebammen und Entbindungspfleger)⁵⁹. Providers of activities are required to make available certificates of attendance as evidence of participation.

The following bodies provide voluntary CPD activities in Germany: Private Sector, Higher Education Institutions, Scientific Societies, Professional Organisation (Deutscher Hebammenverband e.V – German Association of Midwives), Ministry of Health and Ministry of Education within the individual federal states.

CPD as part of national standards and guidelines for quality of care

⁵⁸ presented by the example of Federal State North-Rhine Westphalia regulation:

Federal Midwifery Act: Gesetz über die Berufsausübung der Hebammen und Entbindungspfleger (Landeshebammen-gesetz - LHebG NRW) vom 5. März 2002, § 1 sentence (1)

https://recht.nrw.de/lmi/owa/br_vbl_detail_text?anw_nr=6&vd_id=3397&ver=8&val=3397&sg=0&menu=1&vd_back=N accessed 01.10.2014

Federal Rules of Professional Conduct: Berufsordnung für Hebammen und Entbindungspfleger (HebBO NRW) vom 4. Mai 2002; § 7 – Fortbildung (CPD)

https://recht.nrw.de/lmi/owa/br_bes_text?anw_nr=2&gld_nr=2&ugl_nr=2124&bes_id=5053&aufgehoben=N&menu=1&sg=0 accessed 01.10.2014

⁵⁹ Due to the federal structure of the German education system, federal states are autonomous in education policies

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As CPD is governed on a regional basis in Germany, CPD requirements are not mentioned in national standards or guidelines for quality of care.

Development and implementation

In Germany, EU policy-makers have initiated CPD policy. There is no uniform prescribed content for midwives to follow due to federal structures, no regulation of the proportion of CPD on midwifery practice or professional development beyond midwifery, and no needs assessment takes place. Midwives do not have an obligation to report their voluntary CPD activities as it is requested by federal regulation as example given above. CPD undertaken in other EU member states is partially recognized, but this depends on the CPD activity.

Accreditation

There is no system by which CPD activities are accredited in Germany. It is the responsibility of the Higher Education Institutions of the federal states whether CPD activities can be credited after individual examination.

Content of CPD

As several providers develop content of voluntary CPD in Germany, they are each seen as being involved in this process. The following bodies are involved in developing content of CPD: Professional Organization (Deutscher Hebammenverband e.V – German Association of Midwives), scientific societies, Higher Education Institutions (HEIs). Currently there is no regulation as to what percentage of content must relate to continuous midwifery education or development of skills and competencies beyond midwifery professional development, and no requirement for a needs assessment to take place.

Current courses on offer include: clinical midwifery practice, client safety, public health, communication (including the use of new and emerging technologies e.g. eHealth), leadership and management, legal and professional issues, including client records, midwifery research & ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice/diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and postnatal period.

The topics offered are marked 'x' in the table below

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

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CPD is delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures and seminars, formal practice based learning, peer-to-peer, regional, national and international live/face-to-face events, web-based learning (e-learning), self-study (reading scientific journals or books, audio-visual education), employer-based, multi-professional learning, research-based learning, study groups or quality circles

Multi-professional CPD activities

There are multi-professional CPD activities in Germany, involving other health professionals such as doctors, nurses, psychologists and solicitors.

Financial issues and transparency

Voluntary CPD is usually not available free of charge. Midwives may be able to negotiate study time for voluntary CPD, but this depends on the midwifery model of work and on individual CPD management (i.e. whether midwives are employed or independent).

Voluntary CPD is funded through the following sources: Professional Organisation (Deutscher Hebammenverband e.V), private/commercial sector, employers and self-funding through midwives' participation fees. The costs of following a CPD activity is eligible for tax offsets. One region in Germany has subsidised voluntary CPD activities for midwives. Commercial bodies which provide midwifery CPD must comply with the WHO International Code of marketing of breast milk substitutes.

The transparency and independence of CPD activities in Germany is established through the Midwifery Act (Hebammengesetz), EU regulations (Annex V 2005/36/EC) and by the federal professional regulation of midwives (Berufsordnung für Hebammen und Entbindungspfleger). There are no advertising restrictions in place.

Patient safety

CPD activities in relation to patient safety are not increasing in Germany – see 'trends and reflections'

Trends and reflections

In the respondents' opinions, on behalf of the Deutscher Hebammenverband e.V, (German Association of Midwives) the voluntary CPD framework in Germany is efficient where in place but could be harmonised.

The respondents encourage the implementation of needs assessments and anticipate a shift for institutional competencies to assess CPD, through the implementation of EU regulations. However, they do not anticipate a shift towards mandatory CPD requirements for German midwives, nor in accreditation systems (there are currently none in Germany for midwives' CPD). CPD requirements have not changed in response to competency or qualification frameworks.

There is no regular review of CPD requirements, and there are no national studies on this topic. The German Association of Midwives is confident that with the implementation of the academic midwifery framework the intrinsic motivation towards CPD activities will become visionary and be shifted towards a more academic level.

New topics in CPD in Germany include: Simulation of obstetric emergencies, scientific work, and antenatal care by midwives.

The respondents think that European cooperation and exchange of good practice on CPD can bring benefits by increasing intercultural competencies in the context of mobility within the internal market.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the responsible authorities of the federal states.

Mandatory CPD

Pharmacists in Germany have the legal obligation to retain and expand their knowledge through continuous pharmacy education. This obligation derives from the Health Professions' Chambers Act of each federal state.

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The State Chambers of Pharmacists who are professional bodies with regulatory competence adopt this obligation in their professional code for pharmacists. If professionals fail to comply with CPD, they receive a reprimand issued by the professional body.

Voluntary CPD

The State Chambers of Pharmacists have developed CPE-guidelines and a framework for voluntary CPD. Professionals who successfully comply with the guidelines will be given a certificate. This implies gaining at least 150 CPE-Points in a three year period (1 CPE-Point = 45 minutes) for attending CPE activities.

The costs for attending CPD are tax deductible. Besides that, there are no further additional incentives to comply with CPD.

The providers of CPD include: professional body with regulatory competency, private sector, professional organisations, scientific societies and higher education institutions.

CPD as part of national standards and guidelines for quality of care

There is a code/regulation by the professional body to help to ensure CPD transparency.

Development and implementation

The professional body with regulatory competence initiates the development of CPD policy.

CPD activities followed in another EU Member State are partially recognised. It is a case by case assessment.

The CPD activities are recorded and reported pro-actively by the professional and by the professional upon request by the competent authority.

There are rules on the way information on CPD activities can be communicated. The communication must be serious and stick to the facts.

Accreditation

Within the CPE-guidelines and framework formal activities have to be accredited. Informal activities do not need to be accredited. The State Chambers of Pharmacists are in charge of the accreditation.

The accreditation is given for every individual CPE activity.

The criteria taken into account in the accreditation of CPD activities include: duration of activity, compliance with professional guidelines and price. Activities with purely commercial and promotional purposes may not be granted accreditation.

Link to frequently used quality assessment frameworks used in accreditation:

http://www.abda.de/rl-empfehlungen_bak.html

The criteria for the accreditation of CPD activities are equal for all providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: professional body, scientific societies, higher education institutions and the private sector. The content for CPD activities provided by the private sector is being developed by the provider itself (or someone who they engage for that purpose). Examples are professional CPD providers, professional journals, scientific journals, pharmaceutical industry, wholesalers, pharmacy cooperatives, software provider, etc.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...), medical devices, blood sample analysis, dermocosmetics, etc.

The content of CPD is linked to the services provided in the pharmacy or some other field of work. Some curricula meet the criteria to fulfil the precondition for certain contracts between community pharmacies and the statutory health insurance / health insurances. The courses have to be completed before billing the service that is specified in the contract.

Delivery of CPD

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There are multiple forms of delivery of CPD including case presentations, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), employer-based, multi-professional, research-based, study groups or quality circles, videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities on several topics involving physicians, pharmacy technicians etc.

Financial issues and transparency

There are some CPD activities available that are free of charge. The cost for CPD activities with attendance fees are carried either by the professional or her/his employer.

The fees for the accreditation of CPD activities may vary between each State Chamber of Pharmacists. The average fee is about 50-100 € per accreditation.

The funding model varies greatly. The costs for some activities are completely borne by the fees paid by the attendants. In other cases the costs are fully covered by the CPD provider.

The funding of CPD activities by commercial bodies is subject to rules. People attending the CPD activity may not receive further benefits than free access to the CPD activity (or reduced fees) (i.e. no presents, no refund for travel costs or accommodation, no prize competitions, etc.).

There are no rules governing the price of CPD activities.

There are guidelines by the professional body to ensure the transparency and independence of CPD.

CPD activities followed in another EU Member State may be recognised upon request. It is a case by case assessment.

CPD activities are carried out during and after working hours.

Patient safety

It is not mandatory for CPD activities to specifically address patient safety but it will be envisaged wherever it is meaningful.

Trends and reflections

According to ABDA (Federal Union of German Associations of Pharmacists) the CPD offer is satisfactory.

ABDA does not foresee a shift in the CPD scheme.

The criteria for the CPD accreditation may be adapted each time the guidelines are being reviewed. CPD is constantly improving and changing. Thus the criteria and guidelines are being improved continuously as well.

CPD requirements are reviewed as required. There is not a regular interval.

No national studies on the impact of CPD on professional practice have been reported.

The most important barriers to participation in CPD activities are most likely time and costs.

Current topics on CPD activities include medication management, new drugs and innovations.

Pharmacists already cooperate and exchange their experiences and improvements in the meetings of the Professional Issues Working Group of the PGEU.

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10.12 Country profile: GREECE

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	No	No	No	No
Voluntary	Yes	Yes	Yes	No	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	Yes	No	No	No
Financing	Private/commercial sector, doctor, employer, professional body with regulatory competence	Employer, private sector, nurse	Private sector, dentist	Midwife	N/A
Guidelines on transparency/independence	Yes	No	No	Yes	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Ministry of Health.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements in Greece. The licence to practise is not subject to review. The CPD requirement is established both by law and by decree/governmental regulation. Non-compliance with CPD requirements can cause the loss of licence to practise if the requirement is not fulfilled within certain delay, temporary suspension of the licence to practise, or even the immediate loss of licence to practise. Professional organisations and the professional body with regulatory competence have to monitor professionals' compliance with the mandatory CPD requirements. Should they fail to comply with requirements, the professional body with regulatory competences and the Ministry of Health enforce the consequences. The regional prefectures of the Ministry of Health are the regional levels of enforcement of mandatory CPD requirements. There are no positive incentives to encourage professionals to comply with the CPD requirements.

The following bodies provide activities for mandatory CPD for doctors in Greece (ranked according to decreasing frequency of use): the Ministry of Education, the Ministry of Health, the private sector, the professional body with regulatory competence, higher education institutions, scientific societies, and professional organisations.

The mandatory CPD requirements are formulated as a minimum number of credits according to the European system (UEMS EACCME®). Doctors are required to collect 150 credits over a period of 3 years.

Voluntary CPD

The practice of the medical profession is also subject to a voluntary CPD framework. The basis of this voluntary CPD framework is the ethical obligation. However, there are no consequences that professionals face if they fail to comply with voluntary CPD framework. Moreover, there is no need for a monitoring system and doctors are not encouraged with positive incentives to comply with the voluntary CPD framework. The following bodies provide activities for voluntary CPD for doctors in Greece (ranked according to decreasing frequency of use): the private sector, the Ministry of Education, the Ministry of Health, professional organisations, higher education institutions, scientific societies, the professional body with regulatory competence and the European scientific societies. The recommendations for professionals in voluntary CPD frameworks are based on European and national credits.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in the context of law.

Development and implementation

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The Ministry of Health, professional organisations, the professional body with regulatory competence, and EU policy-makers initiate the development of CPD policy. Formal CPD activities followed in another EU Member State are partially recognised. The completion of CPD activities is recorded by the CPD provider and the professional upon request by the competent authority. The CPD provider reports on the completion of CPD activities.

Accreditation

There is a system of accreditation for formal CPD activities. The professional body with regulatory competence, professional organisations and the Ministry of Health are in charge of accreditation. Voluntary and mandatory CPD activities must be accredited before being accessible for professionals. Informal activities are not accredited before being accessible for professionals. Accreditation is given to CPD providers. The fee for accreditation is equivalent to the UEMS EACCME®. Accreditation takes into account the compliance with EU policy and the Document 2012/030 UEMS EACCME®. Accreditation criteria do not differentiate between different providers.

All CPD activities are accredited according to the same criteria.

Content of CPD

Higher education institutions, scientific societies and the professional body are involved in the development of the content of formal CPD activities. Beyond the structural CPD requirements there is a prescribed content according to speciality that a doctor must follow, in particular with regard to the feedback mechanism. There is no regulation on what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD. There are needs assessments at the level of the profession and at the level of the individual professional that take place to determine which CPD activities should be followed.

The following topics are among the CPD activities offered to doctors in Greece: patient data management, eHealth and IT systems and patient safety. According to length of professional experience and to speciality CPD requirements differ according to given criteria.

Delivery of CPD

CPD is delivered through the following forms: web-based learning (eLearning), national and regional live/face-to-face events, international live/face-to-face event, formal practice based learning, conferences, symposia, lectures or seminars, clinical hands on courses, and case presentations.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the private and commercial sector, as well as being self-funded by participating professionals' fees. The funding of CPD activities by the private or commercial sector is subject to the Regulation of UEMS EACCME® Doc. 2012/030. Similarly the transparency and independence of CPD is ensured by the national law and the UEMS EACCME® Doc. 2012/030. For both voluntary CPD frameworks and mandatory CPD requirements, there are formal CPD activities available free of charge. As regards the cost of CPD activities, this can be covered by the professional, the employer, the competent authority or the private and commercial sector. There are no rules governing the price of CPD activities. Doctors or other payers cannot benefit from any financial reliefs.

As regards the amount of paid working time per year doctors may spend on CPD activities, e.g. in the form of study leave, they have 50 hours per year for both mandatory and voluntary CPD.

Patient safety

Patient safety is among the topics on which CPD activities are offered for doctors in Greece and it is mandatory. There is also an increase reported on the number of CPD activities on patient safety available to doctors.

Trends and reflections

The Panhellenic Medical Association finds the CPD offer for doctors in Greece to be satisfactory. Moreover, no shift in institutional competence to regulate CPD is foreseen. There is however a shift from voluntary CPD to

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mandatory CPD by law. In terms of criteria taken into account in the accreditation process, a shift has been observed according to the UEMS EACCME® Doc 2012/030. There have been no developments in terms of CPD requirements in relation to competency framework or qualification frameworks.

CPD requirements are reviewed as required at no regular interval. Also, there are no national studies available on the impact of CPD for professional practice.

In terms of barriers to participation in CPD activities, the most important one regards the costs of CPD participation. New topics offered in CPD activities for doctors in Greece include: e-learning, patient safety and topics that may change according to needs assessment.

Lastly, European cooperation and exchange of good practice on CPD is thought to provide added value if the UEMS EACCME® Doc 2012/030 will be followed.

Nurses

Structures and governance

Nurses in Greece have to register with their regional prefectures to get a licence to practise.

Mandatory CPD

There is no mandatory framework on CPD.

Voluntary CPD

There is a voluntary framework determined by the ethical obligation of the profession. The completion of voluntary CPD give nurses the possibility of career promotion. The monitoring of that compliance is done by the Ministry of Health.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines on quality of care.

Development and implementation

CPD policy is initiated by Ministries of Health and Education, professional organisations and regulator. There is no obligation for recording CPD activities. Activities are reported by the CPD provider.

Accreditation

There are different systems of accreditation of CPD activities. The professional organisation, the regulator and higher education institutions can provide accreditation to the activities. Formal CPD activities must be accredited before being accessible to professionals. There is a fee for accreditation that depends on the institution that provides the accreditation. Accreditation is given in relation to the duration of activity, compliance with professional guidelines and EU law, and learning outcomes (skills, knowledge, competences acquired).

Content of CPD

The content is developed by professional bodies, scientific societies and higher education institutions. Among the most common topics are nursing clinical practice, communication and patient records, patient safety, eHealth, management, and legal and professional issues.

Delivery of CPD

The CPD activities are mainly provided by scientific societies, professional bodies with regulatory competence, higher education institutions and professional organisations.

CPD activities cover case presentations, conferences and seminars, self -study (scientific journals, etc.), and employer based courses.

Multi-professional CPD activities

Activities are offered to all health care professionals.

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Financial issues and transparency

CPD activities are funded by employers, private and commercial sector, and self-funded by participating nurses' fees. When the activities have been funded by a commercial body, an electronic proof of the hours attended is delivered to the nurses.

Formal CPD activities followed in another EU Member State are recognised.

Patient safety

There is no obligation to follow activities that specifically address patient safety, but it is a new topic very promoted by the Ministry of Health.

Trends and reflections

Overall CPD system is satisfactory. There have not been changes in the recent years. Most important barriers are economic issues, especially during the last 3 years because of the economic crisis and the nurse shortage.

Dentists

Structures and governance

The practice of the profession is subject to a license from or a registration with the Hellenic Dental Association which is a professional organisation at national level.

Mandatory CPD

The practice of the profession is not subject to mandatory CPD.

Voluntary CPD

The practice of the profession is subject to voluntary CPD. The basis of the voluntary CPD is an ethical obligation. Dentists face no direct negative consequences if they do not comply with voluntary CPD recommendations. Professionals' compliance with the voluntary CPD is not monitored and they are not intentionally encouraged with positive incentives to comply with voluntary CPD.

The following bodies provide activities for voluntary CPD for dentists in Greece (ranked according to decreasing frequency of use): scientific societies, the Hellenic Dental Association (professional organisation), University Dental Schools, Ministry of Health, Ministry of Education and the private sector.

CPD as part of national standards and guidelines for quality of care

CPD for dentists is not integrated in Greek national standards or guidelines for quality of care.

Development and implementation

The Ministry of Health initiates the development of policy on CPD.

CPD activities followed in other EU Member States are not recognised in Greece. There is no recording or reporting obligation of the completion of CPD activities. There are no rules on the way information on CPD can be communicated.

CPD requirements by the regulatory body differ for dentists according to function (specialty).

Accreditation

There is no accreditation system for CPD activities in Greece.

Content of CPD

The bodies involved in the development of content of formal CPD are: professional body, scientific societies, private sector and postgraduate education organisations.

There is no prescribed or recommended content that a dentist must/should follow, but a needs assessment at the level of the individual professional and of the profession takes place to determine which CPD activities should be followed.

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There is no regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development.

Some of the topics covered are marked 'x' in the table below.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; clinical care discussions; clinical hands on courses; conferences, symposia, lectures and seminars; national and regional live/face-to-face events; and videos with case presentations.

Multi-professional CPD activities

Dentists regularly participate in CPD activities together with oral or maxillofacial surgeons and other medical specialties connected with the oral cavity, e.g. oncologists, haematologists, nephrologists, diabetes specialists, etc.

Financial issues and transparency

CPD activities are funded by the private/commercial sector and self-funded by participating professionals' fees. The funding of CPD activities by commercial bodies is not subject to any rules. However, there are rules governing the cost of CPD activities depending on the type of CPD activities (theoretical, hands-on, e-learning,

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients		Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence			

duration). There are no guidelines or codes of conduct in place to ensure the transparency and independence of CPD.

The cost of CPD activities is mostly carried by dentists. Dentists are able to benefit from financial reliefs in the form of tax deduction for self-employed or salaried dentists.

Patient Safety

It is not mandatory for dentists to follow CPD activities on patient safety; patient safety is included in other mandatory modules.

Trends and reflections

In the opinion of the Hellenic Dental Association, since CPD is not regulated and it is voluntary, the current *status quo* in Greece is not satisfactory. CPD must be regulated, centrally controlled and monitored by an agent or controlling body. They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD, shift from voluntary to mandatory CPD, criteria for accreditation of CPD, requirements in relation to competency frameworks or qualifications frameworks. CPD requirements have never been reviewed.

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In terms of content, new topics that are being addressed by CPD include ergonomics, practice management, patient safety, implants and aesthetic dentistry.

There is no national study on the impact of CPD on professional practice. Most important barriers to participation in CPD activities for dentists in Greece are course registration fees.

The Hellenic Dental Association thinks that European cooperation and exchange of good practice on CPD could provide added value by developing an educational framework in terms of content, i.e. forms of training and assessment of delivering CPD.

Midwives

Structures and governance

The practice of midwifery is subject to registration with each district region's prefectural, competent authority. A midwife's licence to practise is not subject to review (relicensure, revalidation, re-registration). There is no linking of CPD into the national standards or guidelines of care.

Mandatory CPD

There are no national mandatory CPD requirements in Greece for midwives.

Voluntary CPD

In Greece in spite of national framework there are a range of voluntary CPD activities available. Midwives may be motivated to undertake CPD activities of their own accord, or may be professionally encouraged to participate in formal academic post-graduate studies (for example, by taking a Master's degree in Public Health). A midwife is paid an extra €50 monthly if she holds a Master's degree. However, attending these courses or activities is not supported by any financial grants or paid study leave as no mandate to participate in CPD is in place.

CPD as part of national standards and guidelines for quality of care

The CPD for midwives is not integrated in Greek national standards or guidelines for quality of care.

Development and implementation

In Greece, the Greek Midwives Association (professional organization) undertakes the responsibility for the development of policy on CPD. Currently, there is a concerted effort to develop and pilot a structured CPD programme for midwives. There is no national CPD framework/regulation or accreditation system in place, neither is there any obligation for recording or reporting CPD activities.

Only formal education CPD activities such as Masters Degrees are recognised if these are undertaken in another EU Member state.

Accreditation

As there is no national framework of mandatory or voluntary CPD for midwives, no accreditation framework currently exists. However, some conferences are externally accredited and follow an EU level accreditation system of points (hours). Acquiring CPD points through conference attendances, for example, reflects the practices encouraged as part of the pilot on structured CPD.

Content of CPD

CPD content for midwives is provided by the midwives' professional organisation, through HEIs, (which provide formal academic courses) and by the private sector. The actual content of midwifery CPD is not prescribed or linked to a needs assessment on individual or profession level.

The current CPD content topics offered are: clinical midwifery practice, public health, communication, including the use of new and emerging technologies e.g. eHealth, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation), evidence-based guidelines, mental health in pregnancy and during the postnatal period. There is a specific focus upon e-prescribing amongst midwives.

The topics offered are marked 'x' in the table below.

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CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety		Antenatal screening	
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management		Evidence-based guidelines	x
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing	x	Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)		Other (please specify)	e-prescribing

Delivery of CPD

CPD is mostly delivered through the following formats: conferences, symposia, peer-to-peer and e-Learning.

Multi-professional CPD activities

In Greece midwives do not attend any multi-professional CPD activities.

Financial issues and transparency

Any CPD activity undertaken by a midwife has to be self-funded and completed outside paid working time. A professional ethical code, adopted by the profession, advises that a midwife should not accept support from non-ethical commercial companies, for example artificial milk companies who break the WHO International Code on the Marketing of Breast Milk Substitutes.

Patient safety

There is no mandatory requirement to undertake CPD activities in relation to patient safety.

Trends and reflections

Midwives in Greece are not satisfied with the current non-existent CPD systems and the lack of mandatory CPD. They are striving to improve the primary legislation to support development and accountability of CPD practices. Therefore, they have developed a pilot study project to assess and evaluate structured CPD for midwives linking it with EU level accreditation system.

The current barriers to CPD are lack of access, cost and lack of time.

New topics discussed within midwifery CPD are In-Vitro-fertilisation (IVF), e-Prescribing and mental health. EU co-operation and sharing good practice within CPD is seen as positive driver to improve and strengthen national level CPD activities.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Ministry.

Mandatory CPD

There is no mandatory CPD.

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Voluntary CPD

There is voluntary CPD

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

The CPD system is in the process of being developed.

Accreditation

There is no system of accreditation in place.

Content of CPD

There some programmes on innovative medicines.

Delivery of CPD

The CPD system is in the process of being developed.

Multi-professional CPD activities

The CPD system is in the process of being developed.

Financial issues and transparency

The CPD system is in the process of being developed.

Patient safety

The CPD system is in the process of being developed.

Trends and reflections

There are several programmes to develop further voluntary CPD.

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10.13 Country profile: HUNGARY

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	No	No	No
CPD linked to licence review	Yes	Yes	Yes	Yes	Yes
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Private/commercial sector, employer, professional body with regulatory competence, Ministry of Health	Nurse, employer, competent authority, Ministry of Health	Dentist, employer, competent authority, Ministry of Health	Midwife, employer, Private/commercial sector, Ministry of Health	Ministry of Health, pharmacist, private/commercial sector
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	Yes

In this country profile the term, 'Ministry of Health' shall be understood as referring to the State Secretariat for Health of the Ministry of Human Capacities.

According to the Ministry of Health, two regulations provide a standardised unified structure based on legislation to govern CPD in the health sector: Decree 64/2011 (XI.29) NEMFI for doctors, dentists, pharmacists and those health professionals who have completed a postgraduate specialist training course in health and Decree 63/2011 (XI.29) NEMFI for the allied health professionals. The only difference between the two systems is in some details (number of points which have to be collected, the institutions organising the training etc.). The employer has to provide a minimum of 3 days and a maximum of 10 days of paid working time for CPD per year. The exact amount of time provided depends on the agreement between the employer and the employee.

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Office of Health Authorisation and Administrative Procedures.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements in Hungary. The licence to practise is subject to review every 5 years and the compliance with mandatory CPD requirements is taken into account in the review. The CPD requirement is established by regulation (Act 154 of 1997 on Health, Section 116/B) and by decree (Decree 64/2011 (XI.29.) NEMFI of the Ministry of National Resources). Non-compliance with CPD requirements entails a temporary suspension of licence to practise but the doctor may continue practising under supervision. The Ministry of Health and the medical higher educational institutions with regulatory competence are entitled to monitor professionals' compliance with mandatory CPD requirements. Should doctors fail to comply with requirements, the Ministry of Health enforces the consequences. There is no regional level of enforcement. There are positive incentives to encourage professionals to comply with the CPD requirements. In particular, 1/3 of the mandatory 150 credits by each specialty must be collected in publicly financed CPD activities. Tuition fees for activities outside the scope of the publicly financed ones can also be sponsored for successful candidates through Hungarian Medical Chamber's tenders.

The following bodies provide CPD activities for doctors in Hungary (ranked according to decreasing frequency of incidence): medical foundations, the Ministry of Health, professional organisations, the professional body with regulatory competence, higher education institutions, scientific societies and the private sector.

Mandatory CPD requirements are formulated as a minimum number of credits calculated according to a national system, which relate to a minimum number of hours and learning outcomes (skills, knowledge, competences acquired). Doctors are required to follow a 25-hour course, which is free of charge to the professional, financed by the state budget and paid directly to the organisers of the activity, which is completed with an exam specific to each specialty (50 credits) and in addition collect 250 credits over a period of 5 years of which

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150 credits are collected in theoretical CPD activities and a further 20 credits a year are awarded for the continuous practice of the profession.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

According to the Act on Health, Section 110. para.5, registration in the operational register is compulsory to work in Hungary independently as a health professional. One of the conditions for the registration is to fulfil mandatory CPD requirements.

Development and implementation

The Ministry of Health initiates the development of CPD policy.

Accreditation

There is a system of accreditation for formal CPD activities; informal CPD activities need not be accredited. The Ministry of Health and higher education institutions are in charge of accreditation. Accreditation to CPD providers is awarded by the Office of Health Authorisation and Administrative Procedures. Accreditation of the individual CPD activity is a competence of higher education institutions. The CPD provider has to go through prior validation procedures managed by the universities.

There is a fee for CPD providers, which is 30 000 HUF per course. There are no costs for the individuals.

Accreditation criteria do not differentiate between different providers. However, CPD activities relating to continuous medical education and those relating to extra-medical professional development are not accredited according to the same criteria.

Content of CPD

The Ministry of Health and higher education institutions are involved in the development of the content of formal CPD activities. According to speciality, a doctor must follow prescribed content, i.e. 2/5 of the CPD followed must related to continuous medical education, but at least 24% is achievable with practice of speciality. Also 100 credits can be collected through practicing the profession, while 150 credits must be obtained in CPD activities. There are no needs assessments to determine which CPD activities a professional should follow.

Patient safety is among the topics of CPD activities offered to doctors in Hungary. The general CPD requirements do not differ for doctors of different specialities or posts.

Delivery of CPD

CPD is delivered through the following forms: conferences, symposia, lectures or seminars, formal practice based learning, web-based learning (eLearning) and research-based activities. CPD activities followed in another EU Member State are recognised. The completion of CPD activities is recorded by the CPD provider and the medical higher education institutions. The CPD provider reports on the completion of CPD activities.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the private or commercial sector, employers, the professional body with regulatory competence, as well as by the Ministry of Health. The funding of CPD activities by the pharmaceutical industry is controlled; e.g. it is prohibited for publicly financed courses (64/2011. (XI.29) NEFMI 3. § (6)). However, the support of individuals is allowed with no restrictions. The transparency and independence of CPD is also ensured by rules, in which medical higher education institutions are in key roles, since the autonomy of universities is the guarantee for the independence of CPD. Regulations enshrined in the Medical Law provide transparency.

As regards the rules according to which information on CPD activities can be communicated, CPD providers have to comply with the decree of Ministry of Health (64/2011. (XI.29) NEFMI).

As regards the cost of CPD activities, there are no formal CPD activities available for free of charge, notwithstanding the above. The costs of CPD activities are carried by professionals, employers and the public finance.

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The costs of CPD activities are not governed by any rule. However, doctors or other payers can benefit from some financial reliefs, e.g. tax offsets and grants.

As regards the amount of paid working time per year, this is not regulated and it depends on the employer. The Ministry of Health reports that regulation foresees that professionals have 3 to 10 days of paid working time which can be spent on CPD activities. As regards informal CPD activities, they must be followed outside of working time.

Patient safety

Patient safety is among the topics on which CPD activities are offered for doctors in Hungary, however it is not mandatory for doctors to follow CPD activities specifically addressing patient safety. Also there is no increase reported on the number of CPD activities on patient safety available to doctors.

Trends and reflections

The Hungarian Medical Chamber finds the CPD offer for doctors in Hungary to be satisfactory. As regards trends, there has not been and it is not foreseen for there to be any shift in the institutional competence to regulate CPD. There is no shift from the mandatory CPD requirements to a voluntary CPD framework to be foreseen in the near future. In terms of criteria taken into account in the accreditation process, no shift has been observed. There have been no developments in terms of CPD requirements in relation to competency framework or qualification frameworks.

CPD requirements are reviewed as required at no regular interval. Also, there are no national studies available on the impact of CPD for professional practice.

Nurses

Structures and governance

The practice of the nursing profession in Hungary is subject to registration with Office for the Health Authorisation and Administrative Procedures.

Mandatory CPD

Nurses are required to fulfil mandatory CPD requirements established by law, formulated by minimum number of credits in the national system (150 credits). Nurses need to fulfil 150 credits: 100 from clinical practice, 30 from mandatory activities and 20 from free choice activities. If a nurse fails to comply with the requirements, he/she must be supervised and cannot work independently. The monitoring of the compliance with CPD requirements is undertaken by the regulator and employers.

Nurses are not incentivised to comply with the mandatory CPD requirements.

Higher education institutions, professional organisations and scientific societies are the most common providers of CPD activities, followed by Ministry of Health.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

According to Section 110. (2) of the Act on Health registration in the operational registry is compulsory to work in Hungary independently as a health professional. One of the conditions for the registration is to fulfil mandatory CPD requirements.

Development and implementation

The development of policy on CPD takes place in the Ministry of Health, involving professional organisations and regulators.

The recording and reporting of CPD activities is done by the nurses upon request of the competent authority.

Accreditation

There is an accreditation system for CPD activities coordinated by the Office of Health Authorisation and Administrative Procedures. Formal activities must be accredited before being accessible to professionals. The

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accreditation is given according to the providers. The following criteria are also taken into account: duration of activity, compliance with professional guidelines and national policy, and learning outcomes.

Content of CPD

The development of the content of CPD activities is taken care by the professional organisation, Ministry of Health, scientific societies and higher education institutions. There is prescribed content on reanimation. There is no needs assessment determining the CPD activities a professional should follow. Among the most common topics are nursing clinical practice, communication and patient records, patient safety, management, and legal and professional issues.

Delivery of CPD

CPD activities cover case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences and seminars, formal and informal practice based learning, international and national events, web-based learning, employer-based courses, research based courses, and video cases.

Multi-professional CPD activities

There are multi-professional CPD activities. According to Decree 63/2011 NEFMI from 2013 allied health professionals can take part at courses offered for doctors. The acceptance of these courses for them is made on a case by case basis.

Financial issues and transparency

CPD activities are funded by regulators, employers and individual nurses. There are guidelines to ensure transparency and independence of CPD established in the national law.

Activities followed in another EU Member State are recognised.

Costs of CPD activities are covered by nurses and employers. The Ministry of Health funds one mandatory theoretical CPD activity, which is free of charge to the professional, financed by the state budget and paid directly to the organisers of the activity. There are no rules governing the price of CPD activities. The Ministry of Health reports that nurses can benefit of 3-10 X 8 hours per year of paid working time, based on an agreement with the employer, to follow mandatory CPD activities.

Patient safety

Nurses are requested to follow CPD activities that address specifically patient safety.

Trends and reflections

There is an overall satisfaction with the CPD system for nurses in Hungary. There is a shift in content due to the new technology in healthcare, environmental protection and the new demands: lack of doctors and nurses must undertake new tasks and competences. The requirements have increased since 2011, from 100 to 150 credits. Patient safety is becoming more important.

Dentists

Structures and governance

Dentists must register with the Office of Health Authorisation and Administrative Procedures. In addition, membership in the Dental Section of the Hungarian Medical Chamber is compulsory for dentists wishing to practise in Hungary. Compliance with a mandatory CPD requirement is taken into account in the review of the professional licence.

Mandatory CPD

CPD is mandatory for dentists in Hungary, based on regulation, Section 116/B of the Act 154 of 1997 on Health and Decree 64/2011 (XI.29.) NEFMI of the Minister of National Resources. According to the law, registration is compulsory to work in Hungary as a medical professional. One of the conditions for the registration is to fulfil mandatory CPD requirements

Dentists have to collect 250 credit points every 5 years under a national system.

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The Dental Section of the Hungarian Medical Chamber monitors and enforces compliance with the CPD requirement. Dentists who do not fulfil the CPD requirement face an immediate, temporary suspension of licence to practise, but may continue practicing under supervision.

Activities for mandatory CPD are provided by (ranked by decreasing frequency): the Medical Chamber, scientific societies, Ministry of Health, professional organisations, higher education institutions and the private sector.

Activities followed in other EU Member States for mandatory CPD and confirmed by the competent authority certificate are recognised.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards or guidelines for quality of care through the integration of the Dental Section of the Hungarian Medical Chamber.

Development and implementation

Development of policy on CPD is initiated by the Ministry of Health and the Medical Chamber.

CPD activities are recorded and reported by the dentist upon the request by the competent authority.

Accreditation

There is a system of accreditation for formal CPD activities; informal CPD activities need not to be accredited. Ministry of Health and higher education institutions are in charge of accreditation. Accreditation of the CPD provider is in the competence of the Office of Health Authorisation and Administrative Procedures. The organiser has to go through prior validation procedures managed by the universities. After being accredited as a CPD provider, individual CPD courses have to be accredited by the universities. Compliance with professional guidelines by recommendation of universities is taken into account in accreditation of CPD activities.

There is an evaluation fee for CPD providers, 30 000 HUF/course. There are no costs for the individuals.

Accreditation criteria do not differentiate between different providers.

Content of CPD

The Ministry of Health, scientific societies, universities and the Office of Health Authorisation and Administrative Procedures are involved in the development of content of formal CPD activities.

Some of the topics followed are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	X
Communication with patients	x	Medical emergencies	X
Conscious sedation	x	New technologies	X
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	X
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x

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Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	X
eHealth and IT systems	x	Smoking cessation	X
Ergonomics	x	Taxation	
Ethics and jurisprudence	x	Other: Burn-out syndrome	X

A needs assessment takes place at the level of the profession and at the level of the individual dentist but in principle the topics listed in the table are also considered to be recommended for all dentists.

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; clinical care discussions; clinical hands-on courses; conferences, symposia, lectures or seminars; formal practice-based learning; national and regional live/face-to-face events; web-based learning (eLearning); multi-professional; research-based.

Multi-professional CPD activities

Dentists participate in CPD activities with physicians on anaesthesiology, radiology, multisystemic diseases and burn-out syndrome.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, professional organisations and the private sector. Funding of CPD activities by the private sector is regulated by the Training law, Hungarian general rules on CPD and professional guidelines. Guidelines by the Office of Health Authorisation and Administrative Procedures and by the Ministry of Health are intended to ensure the transparency and independence of CPD.

There are no rules governing cost of CPD activities. Some formal CPD activities are available free of charge (a mandatory theoretical CPD course up to 50 credit points is financed from the state budget and paid directly to the organiser of the course) but generally costs are carried by self-employed and salaried dentists, employers and the competent authority. Cost of CPD activities is not tax-deductible but it is deductible from the income of self-employed dentists as an operating cost. The Ministry of Health reports that regulation foresees that professionals have 3 to 10 days of paid working time which can be spent on CPD activities.

Communication on CPD activities by mail and registration system is regulated by the competent authority.

Patient safety

Dentists must follow CPD activities on patient safety (see Content of CPD); patient safety is included in other mandatory modules. The offer of CPD activities on issues directly related to patient safety (documentation, ethics, hygiene) is increasing.

Trends and reflections

The Dental Section of the Hungarian Medical Chamber estimates that the CPD offer for dentists in Hungary is satisfactory. They do not report or foresee any shifts connected to CPD policy. CPD requirements are reviewed as required, at no regular interval.

The main barriers to participation in CPD activities exist at individual level.

The following new topics are being addressed by CPD: burn-out syndrome, smile makeover, eLearning.

The Dental Section would be in favour of European cooperation on CPD, particularly if it were aimed at integration of post-graduate training and qualifications.

Midwives

Structures and governance

Membership in the professional chambers is a requirement for healthcare activity; valid registration in the Hungarian Operational Registry led by the Office for the Health Authorisation and Administrative Procedures is required for independent healthcare practice. Registration is subject to review: registration in the Operational Registry is valid for 5 years (60 months) and can be renewed, and CPD is taken into consideration at re-registration. There is no requirement to regularly review CPD provision in Hungary.

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Mandatory CPD

Renewal of registration to practise with the Operational Registry (every 5 years) is subject to completion of mandatory CPD requirements. Midwives need a minimum of 150 credits, which are allocated within a national system; 100 from clinical practice, 30 from mandatory activities and 20 from free choice activities. They may be gained through individual activities or continuing professional development courses. There is no requirement to establish a number of hours a midwife has practised during the period prior to re-registration, although midwives are asked to state the number of years they have been in practice.

Midwives' compliance with CPD is monitored by the competent regulatory authority. Compliance is not enforced, but midwives' will not be able to re-register with the Operational Registry if they have not completed the required minimum CPD. However, registration is only required for independent practice.

The Hungarian Midwives Association indicated that in practice CPD is not formally encouraged or incentivised, and midwives are required to attend courses in their own time, outside work hours. There is no set content for the CPD but credits can be gained by presentation of case studies, conference attendance, and by attending courses in a range of topics including clinical skills, clinical developments, legal and professional issues, public health. The CPD activities provided by Ministry of Health are not customarily midwifery specific and the midwives' professional organisation encourages other providers especially HEIs to develop midwifery activities. These are not widely distributed as have to be accredited and credits allocated can vary.

The Ministry of Health provided further information on this to clarify the national legislation for all health professionals related to CPD. These are Decree 63/2011 (XI.29.) NEMFI on the rules of continuous professional education of allied health personnel and Decree 64/2011 (XI. 29.) NEMFI on the rules of continuous professional education of medical doctors, dentist, pharmacists and those who have completed a postgraduate specialist training course in health.

These two regulations provide a standardised structure, constructed from the same elements for all health professionals, differences between the two systems are only in some details (e.g. the number of points which have to be collected, the institutions organising the trainings, etc.). According to decree Section 3(1) 63/2011 NEFMI, the Ministry of Health, the National Institute of Quality and Organizational Development in Healthcare and Medicines, the professional organisation, the Chamber of Allied Health Personnel determine the topics of mandatory CPD. The Section 15. (1)-(2) of the Act 84 of 2003 includes an unified rule for employed health professionals which states 'that based on an agreement with the employer 3 to 10 days of CPD have to be taken into working time. It means that in a period of 5 years (which is the CPD period) at least 15 have to be provided by the employer from the working time for CPD courses, which is enough in most cases to fulfil the requirements.

Voluntary CPD

Hungary has no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not integrated in Hungarian national standards or guidelines for quality of care.

Development and implementation

Under the section 13 (2) Decree 63/2011, it is the Chamber of Allied Health Personnel who monitors and evaluates the courses and the providers. Development of CPD is in the competence of the Ministry of Health with the involvement of the Chamber. Midwives need to keep a record of their CPD activities themselves. Formal and informal activities undertaken in other EU member states are recognised in Hungary.

CPD activities are recorded and reported proactively by the professional.

Accreditation

Formal and informal CPD activities must be accredited before being undertaken by midwives and Ministry of Health are responsible for this role. Accreditation of CPD providers is awarded by the Health Authorisation and Administrative Procedures. The duration of activities and learning outcomes (skills, competencies, knowledge acquired) are considered during accreditation. CPD related to continuing midwifery practice and to development beyond midwifery practice are accredited using the same criteria.

There are no rules or guidelines about how CPD activities are communicated, and no prohibitions on advertising.

Content of CPD

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CPD content is provided by the following organisations: TMinistry of Health, Higher Education Institutes (HEI) and midwifery education institutes.

There are no regulations about the proportion of CPD, which has to be related to continuing midwifery education, or the proportion which may be related to professional development beyond midwifery practice. A needs assessment of CPD is undertaken at the level of the profession.

CPD activities available in Hungary cover the following topics: Clinical midwifery practice, public health, communication (including the use of new and emerging technologies e.g. eHealth), legal and professional issues, including client records, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, clinical audit, safeguarding/child protection, inequalities in health, mental health in pregnancy and postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety		Antenatal screening	x
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management		Evidence-based guidelines	
Legal and professional issues, including client records	x	High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) Antenatal care Psychology	x

Delivery of CPD

CPD is delivered through conferences, symposia, lectures, seminars, case presentations, clinical audit, clinical care discussions, clinical 'hands on' courses or may be research-based.

Multi-professional CPD activities

Some courses are provided to midwives with other professionals such as health visitors.

Financial issues and transparency

The independence and transparency of CPD activities is governed by legislative framework. For all health professionals one mandatory theoretical CPD course is provided free of charge. This is financed from the state budget and paid directly to the organisers of the course. The cost of other CPD courses is carried by the health professional or his/her employer or the professional organisations may provide support in certain cases by setting lower fee. The private or commercial sector providing study days can carry the cost of the course.

The Ministry of Health was clear that there is strong legislation on having paid working time to undertake CPD activities, mandatory and voluntary for midwives on par with other health professional (see mandatory CPD section). However, midwifery respondents did not appear to be aware of this (their survey answers) and indicated that all CPD activities had to be undertaken outside of their working time.

Patient safety

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There is no mandatory requirement to undertake CPD activities in relation to patient safety, and there has not been an increase in CPD in relation to patient safety in Hungary.

Trends and reflections

The respondents did not offer an opinion about whether CPD for midwives is satisfactory. A shift in the authority considered competent to oversee CPD is not foreseen, nor is any shift from mandatory to voluntary CPD. Criteria for CPD accreditation have not recently changed, and there have not been any developments towards linking CPD with either competency or qualifications frameworks. CPD requirements are not regularly or formally reviewed, and no national studies of CPD have taken place.

The main barrier to midwives accessing CPD is travelling to the site of the training.

New topics recently introduced into CPD include antenatal care, psychology and birth emergencies.

The respondents did not offer an opinion about the added value of EU co-operation and exchange of good practice on CPD.

Pharmacists

Structures and governance

The practice of general pharmacists is subject to a registration with the Office of Health Authorisation and Administration Procedures.

Mandatory CPD

Practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by decree 64/2011 (IX.29) NEFMI of the Minister for National Resources (http://www.gyoftex.hu/project_o/system/launch.php?pg=oftex/BOOK_Jogszabaly.php)

The licence is a subject to review every 60 months. Compliance to CPD requirements are taken into account in this review. If the professional fails to comply with CPD, there is a temporary suspension of their licence to practise.

The Ministry of Health and the Office of Health Authorization and Administrative Procedures are in charge of monitoring CPD and enforcing the consequences if the professional fails to comply with CPD requirements. The Chamber monitors, sends report to Office for Health Authorisation and Administrative Procedures.

CPD courses are provided by the private sector, scientific societies, professional organisations and higher education institutions.

The CPD system is organised and formulated by a minimum number of credits (national system).

Mandatory CPD requirements for professionals are 250 credits.

Voluntary CPD

There is no voluntary CPD framework established.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines.

Development and implementation

The Ministry of Health, the professional organisation and Office of Health Authorization and Administrative Procedures initiate the development of policy on CPD.

CPD is recorded upon request by the competent authority (www.gyoftex.hu). CPD is reported by the CPD provider.

CPD activities are carried both outside and during the working hours.

Accreditation

The Ministry of Health is in charge of the accreditation of formal CPD activities. The formal CPD activities do not need to be accredited before being accessible to professionals. Accreditation is given to each CPD provider. There is a fee for accreditation (around 60€).

The criteria taken into account while giving the accreditation are compliance with professional guidelines, compliance with national policy and compliance with EU policy. (www.gyoftex.hu)

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Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body, Scientific Societies and Ministry of Health.

The content of CPD activities includes patient counselling, disease management (obesity, smoking, cardiovascular, diabetes, asthma, etc.), pharmacotherapy, evidence based medicine, self-medication, pharmacovigilance, medicines use review. Some of them are linked to additional services in the pharmacies (pharmaceutical care – advanced level).

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, informal practice based learning, national and international live/face to face events, web-based learning (eLearning), research based, study groups or quality circles.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by Ministry of Health or self-funded by the professionals' fees. One mandatory theoretical CPD course is provided free of charge (it is financed from the state budget and paid directly to the organisers of the course) There are regulations for commercial bodies that fund the CPD activities - agreements, and regulations listed by the GYEMSZ-OGYI.

The cost and fees of CPD activities are shared, 50 out of 250 mandatory credits are covered by Ministry of Health. The Ministry of Health reports that regulation foresees that based on an agreement with the employer 3 to 10 days of paid working time have to be granted by the employer for CPD activities.

To ensure the transparency and independence of CPD there is a code/regulation from the professional body.

Patient safety

Patient safety components are envisaged in CPD activities but it is not mandatory to follow patient safety activities in CPD.

Trends and reflections

The most important barrier to participation in CPD activities is accessibility.

New topics addressed by CPD are pharmaceutical care, therapy management and communication.

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10.14 Country profile: ICELAND

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	No	Yes	No	No
Voluntary	Yes	Yes	No	No	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	No	Yes	No	No	No
Financing	Doctor	Nurse, employer, Icelandic Nurses Association Continuing Educational Fund	Dentist	Midwife, employer	N/A
Guidelines on transparency/independence	Yes	No	No	No	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Directorate of Health.

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is subject to a voluntary CPD framework in Iceland. The voluntary CPD framework is based in law (<http://www.althingi.is/lagas/143a/2012034.html>). There are no consequences that professionals face if they fail to comply with the voluntary CPD framework and, as a consequence, there is no need to monitor professionals' compliance. There are positive incentives to encourage professionals to comply with the voluntary CPD requirements. The collective agreement between the Icelandic treasury and the Icelandic Medical Association includes a clause allowing physicians to take 15 days of paid leave every year to attend courses, seminars, etc. Travel cost and course fees are also paid up to a certain limit.

The following bodies provide activities for voluntary CPD for doctors in Iceland (ranked according to decreasing frequency of use): the Ministry of Education, the Ministry of Health, the private sector, higher education institutions, scientific societies, the professional body with regulatory competence, and professional organisations. As to recommendations for professionals in voluntary CPD frameworks, the Icelandic Medical Association holds annual seminars that have for the last few years carried a CME credits according to the international/European system.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

Professional organisations initiate the development of policy on CPD. CPD activities followed in another EU Member State are not recognised. The completion of CPD activities is recorded by the CPD provider, however there is no obligation to report the completion of CPD activities.

Accreditation

Notwithstanding the above, there is no system of accreditation in place for CPD activities.

Content of CPD

Professional bodies, scientific societies, higher education institutions and the private sector are involved in the development of the content of formal CPD activities. There is no prescribed content which doctors must follow. There is no regulation on what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD.

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There are no needs assessments to determine which CPD activities a professional should follow, apart from some voluntary offers which are available on the market.

The following topics are among the CPD activities offered to doctors in Iceland include communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems, and intercultural communication skills.

CPD requirements do not differ for doctors of different specialities or posts.

Delivery of CPD

CPD is delivered through the following forms: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based activities, and videos with case presentations.

Multi-professional CPD activities

The Annual Seminar held by the Icelandic Medical Association is open for other health professions and speakers are often from other health professions.

Financial issues and transparency

CPD activities are self-funded by participating professionals' fees and by commercial activities. The funding of CPD activities by commercial bodies is subject to rules set by the provider. Also the transparency and independence of CPD are subject to rules set by the provider. However, there are no rules on the way information on CPD activities can be communicated. There are no formal CPD activities available free of charge. The cost of CPD activities is carried by professionals. Doctors or other payers cannot benefit from any financial reliefs or grant. There is no rule governing the price of CPD activities. As stated earlier, doctors are granted 15 days of fully paid leave within the voluntary CPD framework.

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety. However, there is an increase in the offer of CPD activities specifically addressing patient safety.

Trends and reflections

The Icelandic Medical Association finds the CPD offer for doctors in Iceland to be satisfactory. As regards trends, there has not been and it is not foreseen for there to be any shift in the institutional competence to regulate CPD. There is no shift from the voluntary CPD framework to mandatory CPD requirements foreseen in the near future. In terms of criteria taken into account in the accreditation process, no shift has been observed. There have been no developments in terms of CPD requirements in relation to competency framework or qualification frameworks.

CPD requirements are never reviewed. Also, there are no national studies available on the impact of CPD for professional practice.

The most important barrier to participate in CPD is the lack of time. Lastly, European cooperation and exchange of good practice on CPD provides added value by increasing opportunities for CPD.

Nurses

Structures and governance

The practice of the nursing profession in Iceland is subject to registration with the Directorate of Health on behalf of the Ministry of Welfare.

Mandatory CPD

There is no mandatory CPD for nurses in Iceland. In Iceland there are no regulations that require nurses to participate in Continuing Professional Development (CPD).

Voluntary CPD

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There is a voluntary CPD framework for nurses. It is in the ethical code of the Icelandic nurses' association where an emphasis on the importance of CPD, as a part of developing knowledge in nursing, is placed. But there is no consequence if nurses do not comply with the voluntary framework. The compliance with voluntary CPD is undertaken by some health institutions which monitor the professionals undertaking voluntary CPD as a part of the individuals professional's career.

Nurses are incentivised to undertake CPD by offering them possibilities of a paid study leave of 3 months for every 5 years of working. There are also possibilities of funding from the Icelandic Nurses Associations Continuing Educational fund.

More information is available here: <http://www.althingi.is/lagas/nuna/2012034.html>
<http://stjornartidindi.is/Advert.aspx?ID=29899c3a-a592-4b46-9091-5207990b74c0>
<http://hjukrun.is/sidareglur/>

There are no specific recommendations for voluntary CPD. There are no obligations to record CPD activities. Activities are recorded by the professional.

In formal CPD activities, the use of European Credit Transfer and Accumulation System (ECTS) is in place.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

Higher education institutions, employers, professional organisations and regulators are the bodies providing more frequently CPD activities.

Ministry of Health, professional organisation, national and EU policy makers, and employer participate in the development of CPD policies.

Accreditation

There is a system of accreditation. In the case of formal CPD, the higher educational institutes are in charge of accreditation. In case of informal activities there may or may not be any accreditation. CPD formal activities must be accredited before being accessible to professionals. Accreditation is given to individual activities. There is no fee for the accreditation of activities. The duration of the activity and its compliance with professional guidelines are the main criteria taken into account in the accreditation process. The criteria for accreditation do not differ according to providers.

Content of CPD

The development of content is done by professional bodies and higher education institutions. There is no prescribed content a nurse must follow. Activities vary from nursing clinical practice to health management, passing by communication, patient safety, eHealth, legal and professional issues and chronic disease management. New topics addressed Cognitive behaviour therapy, Complimentary therapy and eHealth.

Delivery of CPD

CPD activities are delivered through clinical audit, clinical hands on courses, conferences and seminars, formal and informal practice based learning, international and national events, web-based learning, employers' courses, multi-professional activities and research based.

Multi-professional CPD activities

There are multi-professional activities (nurses, doctors and other health professionals), especially in areas such as cognitive behavioural therapy, Acupuncture, Management, Advanced clinical courses.

Financial issues and transparency

CPD activities are funded by professional organisations, employers and individual nurses. When commercial bodies fund CPD activities, there are no special regulations or arrangements. No guidelines or codes of conduct are in place to ensure transparency and independence of CPD.

Formal CPD activities followed in another EU MS are recognised.

Activities are not free of charge, costs are covered by nurses, employers or/and the Icelandic Nurses Association Continuing Educational Fund. Nurses can benefit from some benefits, following the Icelandic Nurses Association Fund for continuing education, the employer pays 0.22 percent of gross monthly wage into the fund.

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Grants are paid four times a year. There are two grants: The lower grant is ISK. 50 000 for informal CPD. The higher grant is ISK. 100 000 for formal CPD. Members of the professional organisation (Icelandic Nurses Association) can apply for a grant one year after they joined the Nurses' Association.

There are no rules governing the price of activities.

Nurses can benefit of maximum 520 hrs (3 months) every five years of paid working time to spend on CPD activities.

Patient safety

There is no obligation for nurses to follow any activity that specifically addresses patient safety.

Trends and reflections

There have not been any special changes in the past years. CPD requirements are reviewed as required, without a regular interval. The most important barrier to follow CPD activities is workload. There is no specific increase on activities on patient safety. Good or best practice will not evolve without sharing experiences. It is of utmost importance to spread good practice to avoid repeating bad practices.

Dentists

Structures and governance

Dentists must register with the Ministry of Health and Welfare. The professional's registration is not subject to review by the competent authority at regular intervals.

Mandatory CPD

CPD is mandatory for dentists in Iceland; the requirement is established not by law but by a code/regulation by the professional body.

Dentists are required to complete a minimum of 75 hours of CPD per 3-year cycle. The professional organisation monitors compliance with the CPD requirement and enforces consequences in case of non-compliance (there is no regional level of enforcement). Dentists who fail to comply with the CPD requirements face a reprimand issued by the professional body. There are no specific positive incentives to encourage professionals to comply with the CPD requirement.

Activities for mandatory CPD are provided by the following entities (ranked according to decreasing frequency of use): professional body with regulatory competence, professional organisation, Ministry of Education, scientific societies, Ministry of Health, Higher Education Institutes and the private sector.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD for dentists is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the professional organisation.

Completion of CPD activities is pro-actively recorded and reported by the professional and by the CPD provider.

Formal CPD activities followed in EU Member States are recognised in Iceland.

Accreditation

There is no system for accreditation of CPD.

Content of CPD

The professional body, scientific societies, higher education institutions, and postgraduate education organisations are involved in the development of content of formal CPD activities.

The topics offered are marked 'x' in the table below.

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CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia		Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation		New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence		Other	

Beyond the structural CPD requirements, there is no prescribing or recommended content that a dentist must/should follow.

A needs assessment takes place to determine which CPD activities should be followed.

Delivery of CPD

CPD is delivered through a great variety of forms: case presentations; clinical care discussions; clinical hands on courses; conferences, symposia, lectures or seminars; and formal and informal practice based learning.

Financial issues and transparency

CPD activities are self-funded by participating dentists' fees.

There are no rules on funding of CPD by commercial bodies and no specific guidelines to ensure the transparency and independence of CPD. There are no rules on the way information about CPD activities is communicated.

Trends and reflections

According to the Icelandic Dental Association, the CPD offer for dentists in the Iceland is satisfactory.

They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD, from mandatory to voluntary CPD, criteria for accreditation of CPD, or to requirements in relation to competency frameworks or qualifications frameworks. CPD requirements are reviewed as required with no regular intervals.

New topics being addressed by CPD include dental practice administration, implantology, endodontics and new techniques.

Midwives

Structures and governance

In Iceland, the practice of midwifery is subject to registration with the Directorate of Health, which is the competent authority.

The midwives' licence to practise is not subject to review (relicensure, revalidation, re-registration). There is no linking of CPD into national standards or guidelines of care.

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Mandatory CPD

There are no national mandatory CPD requirements in Iceland for midwives.

Voluntary CPD

In Iceland there is no national voluntary CPD framework, however some voluntary CPD activities do exist. These are based on employer-level CPD requirements or on the professional organisation offering activities related to midwifery profession.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into Icelandic national standards or guidelines for quality of care.

Development and implementation

Non-regulated informal CPD is initiated by the midwives' professional organisation or employer; this is seen as part of the contractual terms and conditions of employment.

Midwives are expected to record their CPD activities pro-actively. There is no national obligation to report them to any official authority but they can be used as part of their professional CV.

Formal CPD activities undertaken in another EU Member state are recognised as part of an individual midwife's CV.

Accreditation

As there is no national framework of mandatory or voluntary CPD, no accreditation framework exists.

Content of CPD

CPD content is commonly determined by the employer's requirements for mandatory professional courses for their staff in order to maintain competence in their role (e.g. Advanced Life Support in Obstetrics courses (ALSO) or Practical Obstetric Multi-Professional Training (PROMPT)). These CPD activities are provided in the main national university hospital and midwives from birth clinics can attend, and employers cover the cost and time of attendance.

The midwives' professional organisation may provide specific content targeting midwives and the Higher Education University of Iceland, the Faculty of Nursing, and the departments of midwifery education provide academic courses. Attendance to these is therefore based on a midwife's individual-level needs.

Current CPD content topics offered are: Obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation, adult resuscitation etc.), clinical midwifery practice and electronic fetal heart monitoring, all of which are provided at the National University hospital.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety		Antenatal screening	
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth		Clinical audit	
Leadership and Management		Evidence-based guidelines	
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

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Delivery of CPD

CPD is mostly delivered through the following formats: conferences, symposia, lectures, self-study (reading scientific journals and books, audio-visual educational means etc.), clinical hands-on courses and case presentations.

Multi-professional CPD activities

In Iceland, midwives attend different conferences, seminars and congresses, which are multi-professional with primary health care professionals, secondary/tertiary health care (obstetricians, gynaecologists), international, and Nordic Midwifery Association congresses.

Financial issues and transparency

Due to the absence of any national CPD framework, there are no specific rules, guidelines or regulation for CPD. The employer or midwife herself carries the cost of CPD and there is some support available in form of a grant from the midwives' professional organisation. One can apply for the grant annually or bi-annually but it is not certain that the application will be funded. It is in midwives' contractual agreements with their employers that midwives have paid study leave to attend CPD activities. Iceland may recognize some formal CPD activities followed in other EU Member states within an individual midwife's CV.

Patient safety

There is no mandatory requirement to undertake CPD activities in relation patient safety.

Trends and reflections

Respondents believe the current CPD offer in Iceland is not satisfactory due to variation between employers' practice, and lack of reimbursement for external CPD activities.

In spite of the absence of a national framework, midwives do not anticipate changes in the current status quo. Midwives themselves, on the profession level, are looking at new areas of midwifery practice, and therefore introducing these as new topics: these include hypno-birthing, acupuncture in pregnancy and labour, and brief motivational interviews.

There is no requirement for regular review of the CPD requirements in Iceland.

There are no known national studies on the impact of CPD on midwives' practice, however, acknowledged barriers to participation in CPD activities are the lack of a formal framework or contract for provision. Employers, by default, are seen to be the providers of CPD and they believe there is lack of resources to support the cost and expense of having to deliver any programme.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Icelandic Medicines Agency.

Mandatory CPD

There is no mandatory CPD

Voluntary CPD

There is voluntary CPD.

If professionals fail to comply with CPD there is no consequence.

The compliance is not monitored.

There are financial incentives to comply with CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

CPD activities followed in another EU Member State are not recognised.

The CPD activities are not recorded or reported but they appear in the CV of the pharmacists.

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There are no rules on the way information on CPD activities can be communicated.
CPD activities are followed both during and after working hours.

Accreditation

There is not a system of accreditation in place

Content of CPD

The bodies involved in the development of content of formal CPD activities are the Higher Education Institutions.

The content of CPD activities include: Management (financial, marketing, staff training, etc.)

The content of CPD is not linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including conferences, symposia, lectures or seminars, Self-study (reading scientific journals or books, audio-visual educational means, etc.) and employer-based CPD.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD funding depends on Employers.

The funding of CPD activities by commercial bodies is not subject to rules.

There are no guidelines/code of conduct on the transparency and independence of CPD.

There are no CPD activities available free of charge. CPD costs are carried by the professional and the employer.

There are no financial reliefs linked to CPD activities

There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety and patient safety components are not envisaged in the CPD activities in place.

Trends and reflections

The respondent expresses no formal opinion on the CPD offer.

There will neither be a shift in the institutional competence to regulate CPD nor a change on CPD schemes.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There have not been developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are not reviewed.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are funding and lack of available/suitable CPD.

The offer of CPD activities specifically addressing patient safety is not increasing

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10.15 Country profile: IRELAND

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	No	No	Yes
Voluntary	No	No	Yes	Yes	No
CPD linked to licence review	N/A	Yes	N/A	N/A	Yes
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Professional body with regulatory competence, professional organisation, employer	Employer, nurse	Dentist	Employer, midwife, Health Service Executive (HSE)	Ministry of Health, professional body with regulatory competence, pharmacist
Guidelines on transparency/independence	Yes	Yes	No	No	Yes

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Irish Medical Council.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements in Ireland. The CPD requirement is established by law. The licence to practise is not subject to review, but all doctors who apply to retain their registration with the Irish Medical Council and pay the annual retention fee will be asked to complete an Annual Retention Application form. Doctors are asked to make a declaration as regards the maintenance of professional competence, which is subject to an audit but at no specific interval. In the rare situation where a doctor fails, refuses or ceases to co-operate with requirements to maintain competence, then the doctor will be the subject of follow-up action by the Irish Medical Council, which may include disciplinary action through fitness to practise injury. The professional body with regulatory competence monitors professionals' compliance with mandatory CPD requirements and enforces, where applicable, the consequence if a professional fails in the compliance. There is no regional level of this enforcement. There are no positive incentives to encourage professionals to comply with the CPD requirements. The following bodies provide activities for mandatory CPD for doctors in Ireland: higher education institutions, professional organisations, scientific societies, private sector and the Health Service Executive. Doctors are required to enrol in a professional competence scheme which is administered by the post-graduate training body on behalf of the Irish Medical Council. Mandatory CPD requirements are formulated as a minimum number of credits according to the national system. In general 1 hour of activity accrues 1 CPD credit; according to the national credit system professionals must collect 50 credits per year, as well as participating in 1 audit and collecting 250 credits within 5 year cycle. The maximum number of credits which can be collected per day is 6.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

CPD is referenced in the Health Information and Quality Authority's Guidance on National Standards for Safe Better Healthcare Standard 6.3.3.

Development and implementation

The professional body with regulatory competence, i.e. the Irish Medical Council, initiates the development of CPD policy. CPD activities followed in another EU Member State are partially recognised. It is recognised that the pursuit of a structured maintenance of professional competence programmes outside the Member State may be more practical for doctors practicing medicine overseas and it is also recognised that some doctors practice in health systems where they cannot pursue a structured maintenance of professional competence programme. Doctors practicing medicine in countries where structured maintenance of professional competence type programmes are already in place (e.g. Australia, Canada, New Zealand, South Africa, the United Kingdom, USA) can pursue requirements to maintain competence in the jurisdiction in which they are

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practicing medicine using such an established local structured maintenance of professional competence type programmes.

Doctors are required to register with a professional competence scheme but the onus is on the doctor to retain documentation relating to participation in CPD activities. Medical professionals are required to declare maintenance of CPD on an annual basis. The Irish Medical Council may request documentation to support the declaration.

Accreditation

There is a system of accreditation for formal CPD activities. The post-graduate training bodies are in charge of accreditation. Formal CPD activities must be accredited before being accessible for professionals, but only if they are to fulfil mandatory CPD requirements. As regards the accreditation for informal CPD activities, hospitals, hospital departments or units, surgical practices and other surgical organisations hold regular educational activities such as 'Grand Rounds' for their staff. Many doctors attend journal clubs or similar activities. Occasionally there are small group meetings involving doctors from more than one hospital. Such activities are deemed to be "internal" for the purposes of CPD and in these cases it is not necessary for an institution to seek CPD approval for example. Accreditation is given to each individual CPD activity. There are different fees for the accreditation of the CPD activities: (a) events organised and/or hosted by a single/multiple commercial organisation/s: 1,000 euro (b) events organised and/or hosted by a commercial education provider: 1,000 euro (c) events supported by single/multiple sponsors: 250 euro (d) events supported by an unrestricted educational grant: 150 euro (e) unsponsored events with registration fee: 100 euro (f) unsponsored events/medical organisation with registration fee: No charge.

The accreditation takes into account both the duration of an activity and its learning outcomes (skills, knowledge, competences acquired). Accreditation criteria differentiate between external and internal CPD activities.

Content of CPD

The professional body is involved in the development of the content of formal CPD activities. According to specialty, a doctor must follow prescribed content. 20 credits at minimum must relate to continuous medical education. There are no needs assessments to determine which CPD activities a professional should follow. The following topics are among the CPD activities offered to doctors in Ireland: e-Health and IT systems, patient safety, communication with patients, intercultural communication skills, and patient data management.

Delivery of CPD

CPD is delivered in the following forms: videos with case presentations, study groups or quality circles, peer-to-peer, self-study (regarding scientific journals or books, audio-visual educational means, etc.), mobile learning (mLearning), national and regional level/face-to-face events, web-based learning (eLearning), international live/face-to-face events, conferences, symposia, lectures or seminars, clinical hands on courses, clinical care discussions, clinical audit and case presentations.

Multi-professional CPD activities

Multi-disciplinary team meetings are held.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, professional organisations, employers, as well as being self-funded by participating professionals' fees. The funding of CPD activities by the private or commercial sector is subject to some rules: in general, educational sponsorship or funding from commercial companies should go through unrestricted education and development funds. The funding should be managed without influence from the commercial company. Similarly the transparency and independence of CPD is ensured in a code. The Irish Medical Council ensures that doctors' maintenance of professional competence is transparent and accountable in order to promote public confidence in the medical profession. Quality control is achieved through a double set of checks operated by the professional competence scheme and the Irish Medical Council. There are no rules on the way information on CPD activities can be communicated. CPD activities for mandatory CPD requirements are available free of charge. There are no rules governing the price of CPD activities. The costs of CPD activities followed are carried by the competent authority, employer and professional. Consultants and public health doctors do get a public health grant.

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However, there are no automatic grants. Doctors have study leave. A consultant has 7 hours study leave per year. A general physician has 10 hours study leave per year.

Patient safety

Patient safety is among the topics on which CPD activities are offered for doctors in Ireland, and there is an increase reported for the number of CPD activities on patient safety available to doctors.

Trends and reflections

According to the Irish Medical Organisation, CPD requirements should be more flexible. With regard to the requirements for maintenance of professional competence greater flexibility and clarity are needed for doctors in atypical working arrangements. For example, part-time workers, those on maternity leave, doctors taking a year out, non-consultant hospital doctors not in a training scheme, or retired doctors. As regards trends, mandatory CPD was introduced from the 1 May 2011. Prior to 2011 CPD was voluntary. In terms of barriers to participation in CPD activities, the most important one is the cost. The most important added value that could be provided through European cooperation is the recognition of CME across borders, but within particular specialties. A secondary added value would be the uptake of things such as new topics which may have been piloted in another country or within a different specialty.

Nurses

Structures and governance

Nurses in Ireland need to register in the Nursing and Midwifery Board of Ireland. Nursing in Ireland is governed by a statutory body entitled the Nursing and Midwifery Board of Ireland (An Bord Altranais) which was established by the Nurses Act of 1950 and amended under the 1985 Act with responsibility for the regulation of nurses, education and training, maintenance of standards, competence, registration and fitness to practice.

Mandatory CPD

The nursing profession is subject to mandatory CPD requirements established by a decree/governmental regulation (Nurses and Midwives Act 2011- the schedule in the legislation has yet to be commenced). Once it is enacted, nurse registration will be subject to review and CPD mandatory requirements will be taken into account. It is expected that when the Nursing and Midwifery Board of Ireland articulates the requirements, there will be consequences from reprimand upwards. There is a mixed system at the moment but the requirements are based on minimum number of hours and learning outcomes. The minimum is yet to be established.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

In many standards and guidelines, CPD is an underpinning principle.

Development and implementation

The compliance with the requirements is done by the individual professional and employer as well. In the future, the regulatory body will introduce some form of monitoring. Currently, there is no obligation for recording activities, but professionals do it upon request of the competent authority.

CPD activities are mainly provided by employers, professional organisation, private sector, higher education institutions and the regulator.

CPD policy is initiated by the Ministry of Health and the nursing regulator.

Activities followed in another EU Member State are recognised.

Some employers allow time for mandatory CPD, however, many nurses do it on their own time. Voluntary activities must be followed outside the working time.

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Accreditation

The regulator is in charge of the accreditation system. CPD activities do not need to be accredited before being accessible to professionals. The accreditation is given to individual education programmes by the regulatory body. There is no fee for accreditation. The criteria followed takes into account the duration of the activity, the compliance with professional guidelines and national policy and learning outcomes (skills, knowledge and competences acquired).

Content of CPD

The development of the content of CPD activities is mainly done by scientific societies and higher education institutions. The public employer also plays a major role in that. The Irish Nurses and Midwives Organisation (union and professional body) develops and delivers extensive CPD programmes. The Nursing and Midwifery Board of Ireland does not deliver CPD but provided Continuous Education Units.

A needs' assessment is done at the level of the profession.

The topics most commonly addressed are nursing clinical practice, communication and patient records, patient safety, eHealth, management, legal and professional issues, nurse prescribing and chronic disease management. New topics address national standards for quality and safety, social media and IT networks, non-communicable diseases and obesity.

Delivery of CPD

CPD activities cover case presentations, clinical care discussions, clinical hands on courses, conferences and seminars, formal and informal based learning, peer to peer, self-study (scientific journals, etc.), employer based courses, multi-professional courses, research based, study groups and videos.

Multi-professional CPD activities

It is not standardised, however there are multi-professional conferences, seminars, workshops, etc.

Financial issues and transparency

Activities are funded by the professional organisation, employers, and participating nurses' fees.

Some courses are 100 percent financed by the Department of Health and some are co-financed by employers and individuals.

The Nursing and Midwifery Board of Ireland applies the same criteria regardless if the provider is commercial or non-for profit.

There are guidelines in the code/regulation by the professional body that ensure the transparency and independence of CPD.

Patient safety

It is not compulsory to follow activities on patient safety. However, the amount of activities addressing this topic is increasing.

Trends and reflections

A standard national approach with clear requirements would assist. Providing study time to undertake CPD is essential. Funding to make CPD accessible and available to all is required. It would be important that this is not a commercial venture as access, quality and innovation will be limited. The intuitional competence will be firmly under regulation once the Nurses and Midwives Act 2011 is fully implemented.

Dentists

Structures and governance

Dentists must register with the Dental Council of Ireland.

Mandatory CPD

Practice of the profession is not subject to mandatory CPD requirements.

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Voluntary CPD

The practice of the profession is subject to a voluntary CPD framework. The Irish Dental Council (regulator) has stated that CPD is a compulsory requirement but not yet a legal one. The basis of the voluntary CPD framework is established by law, by a code-regulation by the professional body and it is also an ethical obligation.

Dentists face no direct negative consequences if they do not comply with the voluntary CPD recommendations but are encouraged to comply by the possibility of following nationwide CPD events free of charge. Professionals' compliance with CPD requirements is monitored by the individual professional (there are no official monitoring requirements).

The following bodies provide activities for voluntary CPD for dentists (ranked according to decreasing frequency of use): professional organisation; scientific societies; Higher Education Institutions; private sector; others; Ministry of Health; Ministry of Education and professional body with regulatory competence.

Dentists are recommended to complete 50 hours of CPD per year, out of which 20 hours must be verifiable and 30 hours can be non-verifiable (e.g. web, journal articles, demonstrations, etc.)

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care through three core areas of competencies: i) medical emergencies; ii) oral radiology; and iii) infection control.

Development and implementation

The Ministry of Health initiates the development of policy on CPD, as well as the professional body with regulatory competence and the regulator (Irish Dental Council).

Completion of CPD activities are recorded and reported by the professional upon request by the competent authority (there is no reporting obligation).

Formal CPD activities followed in other EU Member States are recognised in Ireland.

Accreditation

The professional body with regulatory competence and the Irish Dental Council provide accreditation for CPD activities. Formal CPD activities must be accredited before being accessible for professionals but only if they are to fulfil mandatory CPD requirements. Informal CPD activities do not need to be accredited.

Accreditation is given according to the CPD provider and the criteria taken into account are the duration of the activity, compliance with professional guidelines and learning outcomes (skills, knowledge and competences acquired). The criteria might differ according to which provider offers them. No fee is charged for the accreditation of CPD activities.

CPD activities relating to professional development are not accredited with the same criteria to those relating to continuous dental education (personal development is not included).

Content of CPD

The bodies involved in the development of content of formal CPD are: professional body, scientific societies, Higher Education Institutions, private sector and postgraduate education organisations.

Beyond the structural CPD requirements, there is no prescribed or recommended content that a dentist must/should follow. No needs assessment has to take place to determine which CPD activities should be followed. CPD requirements by the regulatory body are the same for all dentists. There is no regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development.

Some of the topics covered by CPD activities are marked with "X" in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x

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Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x		

Delivery of CPD

CPD is delivered through the following forms: case presentation, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice based learning, informal practice based learning, international live/face-to-face events, web-based learning, mobile learning (mLearning), self-study, peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and video with case presentations.

Multi-professional CPD activities

Dentists regularly participate in CPD activities together with dental nurses, hygienists, dental technicians and practice managers.

Financial issues and transparency

CPD activities are self-funded by participating dentists' fees. There are no rules on funding of CPD by commercial bodies, no rules governing the cost of CPD activities and no specific guidelines/codes of conduct to ensure the transparency and independence of CPD. There are no rules on the way information about CPD activities can be communicated.

Formal CPD activities (both voluntary CPD frameworks and mandatory CPD requirements) are available free of charge. The cost of CPD activities is most commonly carried by self-employed dentists, followed by salaried dentists. Dentists are able to benefit from financial reliefs; in particular some courses are tax deductible for self-employed dentists.

In addition, CPD activities provided by commercial body have to be accredited before they are accessible to dentists.

Patient safety

It is not mandatory for dentists to follow CPD on patient safety; patient safety is included in other mandatory modules. No increase in the offer of CPD activities specifically addressing patient safety has been reported.

Trends and reflections

In the opinion of the Irish Dental Association, the CPD offer available to dentists in Ireland could be improved. They foresee a shift in the institutional competence to regulate CPD as well as a shift from voluntary to mandatory CPD. CPD will become a legal requirement in the next few years. They have not recorded nor do they anticipate any shifts in connection to criteria for accreditation of CPD and requirements in relation to competency frameworks or qualifications frameworks. CPD requirements have never been reviewed. In terms of content, new topics that are being addressed by CPD include practice management issues (marketing a dental practice, tax, customer service), smoking cessation and dealing with nervous patients.

There are no national studies on the impact of CPD on dentists' practice. Most important barriers to participation in CPD activities for dentists in Ireland are location and cost.

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The Irish Dental Association thinks that sharing best practices and e-Learning modules are the added value for European cooperation on CPD.

Midwives

Structures and governance

In Ireland, midwives need to register with the Nursing and Midwifery Board of Ireland (formally An Bord Altranais (ABA)). There is no mandatory CPD, but midwives do undertake voluntary CPD. Their registration status is not linked to any ongoing CPD requirement, but midwives are likely to find it harder to be employed if they have not undertaken voluntary CPD.

At present, CPD requirements are not regularly reviewed in Ireland.

Mandatory CPD

There is no national mandatory CPD requirement in Ireland, other than that which employers may ask midwives to do as part of mandatory training. CPD is then mainly provided by maternity hospitals or units, but is also provided by the midwives' professional organisation, by the professional body with regulatory competence (NMBI), and by the HEI (for courses leading to a professional qualification and an academic award).

Voluntary CPD

Midwives in Ireland are expected to undertake voluntary CPD; this is part of the professional code of practice and is also considered an ethical obligation.

Although CPD is not mandatory, in some cases, midwives may have to undertake mandatory training, especially when their employer identifies training which they need to have as part of their employment status (e.g. CPR, moving and handling, safety, obstetric emergency skills).

If midwives do not undertake voluntary CPD, they may find it difficult to get work, and rarely, they may be suspended by their employer.

Compliance with voluntary CPD is monitored by individual midwives and by their director of midwifery (when they are employed).

If the midwife is employed in an environment which provides placement for student midwives, then voluntary CPD will be audited by the education provider. It would also be audited during the regulatory body's (NMBI) inspection every 5 years to ensure that it meets the Requirements and Standards for Midwife Registration Education Programmes.

The main providers of voluntary CPD are centres for midwifery education (providers of CPD), Maternity Hospitals / Units, the midwives' professional organisation and the professional body with regulatory competence (NMBI).

CPD as part of national standards and guidelines for quality of care

CPD as the individual professional's responsibility is promoted in national standards and guidelines (See: The Code of Professional Conduct for each Nurse and Midwife (An Bord Altranais, 2000a) Scope of Nursing and Midwifery Practice Framework (2000) Practice Standards for Midwives (An Bord Altranais 2010) Guidance for New Nurses and Midwives (An Bord Altranais 2010) http://www.nursingboard.ie/en/publications_current.aspx

Health Service Executive (HSE)). The HSE is responsible for the delivery of all health services in Ireland including children's services, and requires health professionals to remain highly competent and motivated to continually improve their knowledge and clinical skills.

Development and implementation

In Ireland, the following bodies lead policy development on CPD: Ministry of Health, Professional Body with regulatory competence, national and EU policy-makers and employers.

CPD undertaken in other EU member states is partially recognised. (See NMBI (http://www.nursingboard.ie/en/educategory_2.aspx) An Bord Altranais Policy on Category 11 Equivalence/Recognition).

An Bord Altranais approved a policy based on its current systems to:

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1. Recognise valid credentials acquired by registered nurses and midwives from institutions outside the Republic of Ireland.
 2. The standards and criteria shall be applied to determine the equivalence of programmes undertaken outside Ireland and for the period January 2002 to September 2011 where programmes not approved by An Bord Altranais have been undertaken within the Republic of Ireland.
- Midwives are not obliged to keep a record of CPD but may do so pro-actively. Employers record CPD which they consider mandatory for their organisation, and may also record other CPD undertaken by midwives.

Accreditation

There is a system for accreditation in Ireland, overseen by the professional body with regulatory competence. Quality assessment takes place using the following framework - http://www.nursingboard.ie/en/edu-category_1.aspx
http://www.nursingboard.ie/en/edu-category_2.aspx (see additional information below).

The Nursing and Midwifery Board of Ireland (NMBI) has a process for the accreditation of 'informal' CPD activities awarding either as Category 1 or 2 Approval.

Category 1 approval applies to programmes developed to support continued professional and practice development, including study days, in-service education, seminars, conferences and continued professional development (CPD) programmes that are not accredited by an academic awarding body, university or college. These programmes are considered central to the continued development and maintenance of knowledge, skills and competencies for practice within a rapidly changing health care environment.

They support the concepts of critical thinking, reflective practice, problem solving and lifelong learning in professional practice. Programmes should demonstrate: Service driven clinical/patient focussed care; Equity; Flexibility; Evidence from current practice; Quality; Consistency; Partnership; Sustainability; and Value for Money (see http://www.nursingboard.ie/en/edu-category_1.aspx)

Category 2 Approval:

An Bord Altranais awards Post-Registration Category 2 approval to a broad range of specialist courses excluding those leading to registration with An Bord Altranais. Specialist courses are post-basic courses designed, developed and conducted with reference to specific body of knowledge and experience in an area of nursing. Such courses must satisfy the criteria of An Bord Altranais in relation to specialist education courses. (see http://www.nursingboard.ie/en/edu-category_2.aspx)

There are no restrictions on how CPD activities are communicated or advertised. Formal CPD activities do not have to be accredited, but informal CPD activities should be. The advantages of having courses with NMBI Category 1 or 2 approval is that employers and the HSE will only support, financially and/or with time to attend, courses that are accredited (further information requested as earlier text suggests formal rather than informal CPD is accredited).

Content of CPD

In Ireland, main providers of voluntary CPD are the centres for midwifery education, which were set up when midwifery education moved to the university.

There is no regulation on the amount of CPD that should be related to midwifery practice, and how much might be related to professional development beyond midwifery.

No formal needs assessment takes place, but individual hospitals or wards might have arrangements for midwives to assess their learning needs.

In Ireland, content of voluntary CPD includes the following: Clinical midwifery practice, client safety, public health, communication (including the use of new and emerging technologies e.g. eHealth), leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research and ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x

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Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) See below	x

Additional courses available in Ireland:

Infectious diseases & substance misuse in pregnancy, Sexually transmitted Infections, Local genitourinary medicine & sexual assault treatment service, Midwifery skills & knowledge update for practice nurses, Recognising pregnancy complications, I-MEWS train the trainer programme, Breastfeeding education & support (3 day), Midwife in primary care, Effects of pregnancy & childbirth on the pelvic floor, Perineal suturing following childbirth, Sexual health awareness, Acute pain: Epidural & spinal analgesia in acute & obstetric care: Advancing science, Gestational Diabetes Mellitus (GDM), Sepsis in pregnancy & childbirth, Preceptorship for midwives, Obstetric ultrasound in the third trimester, Perinatal mental health, Administration of prostin by registered midwives, Theory and practice of perineal repair, Diabetes in pregnancy

NATIONAL PROGRAMME: Supporting parents of babies with Downs Syndrome, Best practice in women and children, Protection in the context of domestic violence, Clinical assessment of women with pelvic floor dysfunction, Risks of street drug use in pregnancy, Fundamentals of postnatal care, Best practice for weaning & growth monitoring training (0-5 years), Fetal Alcohol Syndrome awareness programme, Venepuncture and peripheral IV cannulation workshop, Breast feeding programme, Homebirth, The impact of stillbirth, Perinatal mortality, Preventing and managing LSCS wound complications, Managing and promoting continence, Postnatal depression screening, Anaphylaxis for healthcare professionals.

Delivery of CPD

CPD is delivered through the following activities in Ireland: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures and seminars, formal practice based learning, informal practice based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer based learning, multi-professional learning, and research-based formats including videos with case presentations.

Multi-professional CPD activities

There are a range of multi-professional CPD activities in Ireland, and multi-professional activities take place in the following areas: Obstetric emergencies (with obstetricians), Neonatal resuscitation (with Obstetricians and Paediatricians), Early Warning Scores (with Obstetricians), Case conferences (with Obstetricians and Paediatricians).

Financial issues and transparency

In Ireland, CPD activities are funded by employers, by professionals (self-funding) and through the HSE. There are currently no guidelines or codes of conduct to ensure transparency or independence of CPD activities in Ireland.

Patient safety

It is not obligatory for midwives to undertake CPD in patient safety, but patient safety is covered in CPD activities, and in multi-professional training.

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Trends and reflections

In the view of the respondent (on behalf of the Irish Nurses and Midwives Organisation), the CPD on offer in Ireland is not satisfactory. This is because CPD is not mandatory, and as a result, funding for CPD is ad-hoc, and reliant on employers. However the respondent anticipates that this will change, with the full implementation of the new Nurses and Midwives Act, 2011 and that a competency framework with a requirement for CPD will be developed.

As this Act is transposed into practice, it is also likely that the regulatory system for CPD will change. The respondent believes that the same act will lead to a shift towards mandatory CPD, which will be linked to annual re-registration for midwives.

There has been a shift in the criteria used for accreditation; as the respondent explains: for the accreditation of 'voluntary / informal' CPD, the criteria (i.e. NMBI category 1 and 2) have become more stringent. Also employers and HSE are reluctant to fund CPD activities unless they have this approval.

There is no regular review of CPD requirements at present, and no national studies are underway to research this. Key barriers to uptake of voluntary CPD are that midwives need to do this in their own time, and have difficulty accessing funding for ongoing CPD.

Recent topics introduced into CPD in Ireland include I-MEWS, Sepsis in pregnancy and high dependency care in maternity. CPD on patient safety is also increasing, with recent courses in maternal deaths due to sepsis; I-MEWS; infection and critical incidents analysis becoming available.

The respondent considers that EU co-operation and exchange of good practice is valuable as this can help prevent 'reinvention of the wheel' in member countries.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Pharmaceutical Society of Ireland.

Mandatory CPD

There is mandatory CPD established in law and in a code/regulation by the professional body (SI No.488 of 2008, Regulation 5(h)).

The licence to practise is linked to revalidation every 12 months.

If professionals fail to comply with CPD, they receive a reprimand issued by the professional body. Regulations are still being drafted so the penalty is unclear at this time.

The professional organisation monitors CPD. The professional body with regulatory competence enforces the compliance.

The compliance is not monitored at regional level

There are no additional incentives to comply with CPD.

The providers of CPD include: representative bodies, the professional organisation, higher education institutions, scientific societies and patient organisations.

Mandatory CPD requirements are formulated in learning outcomes (skills, knowledge, competences acquired). It is not clear yet how professionals must comply. Regulations are being drafted so there is no detail yet, but it will be outcomes based.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines. The Regulation of Retail Pharmacy Businesses Regulations 2008 [SI No. 488 of 2008] states that pharmacists must have the requisite knowledge, skills and fitness to perform their work.

Development and implementation

The professional organisation and the professional body with regulatory competence initiate the development of CPD policy.

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Formal and informal CPD activities followed in another EU Member State are recognised.
 The CPD activities are recorded pro-actively by the professional and by the CPD provider.
 The CPD activities are reported by the professional upon request by the competent authority.
 There are no rules on the way information on CPD activities can be communicated.
 CPD activities are followed both during and after working hours.

Accreditation

There is a system of accreditation in place.

The professional body with regulatory competence, the professional organisation and higher education institutions are in charge of the accreditation of CPD activities. The Pharmaceutical Society of Ireland (regulator) accredits Schools of Pharmacy who then accredit their own courses and other courses. The Pharmaceutical Society of Ireland has set up the Irish Institute of Pharmacy to monitor, commission and accredit CPD.

CPD activities do not need to be accredited before being accessible for professionals.

The Institute of Pharmacy is not yet operational so it is unclear how accreditation will work. However, as CPD will be outcomes based, it is unlikely that the continuing education undertaken as part of the CPD cycle would always have to be accredited.

It is anticipated that there will be a fee to be a member of the Institute of Pharmacy but it is not known how much or if it will be compulsory.

The criteria taken into account in the accreditation of CPD activities include: learning outcomes (skills, knowledge, competences acquired).

A link on quality assessment frameworks has not yet been drafted.

The criteria for the accreditation of CPD activities are equal for all providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, scientific societies, higher education institutions and the private sector.

The content of CPD activities includes: communication, patient counselling, disease management (obesity, smoking, cardiovascular, diabetes, asthma,...) pharmacotherapy, evidence based medicine, self-medication, nutrition, food supplements, veterinary medicine, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology and management (financial, marketing, staff training,...).

The content of CPD is linked to the services provided in the pharmacy. E.g. pharmacist must complete vaccination training before being allowed to vaccinate. Annual refresher vaccination training is also required.

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) peer-to-peer, employer-based, multi-professional and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities: antibiotic awareness (pharmacists, GPs, surgeons), medicines management (nurses, pharmacists).

Financial issues and transparency

Some CPD activities will be funded by the Ministry of Health, the professional body with regulatory competence or are self-funded by participating professionals' fees and by sponsorship by pharma companies.

The funding of CPD activities by commercial bodies is subject to rules by the Code of ethics for pharmaceutical companies.

There is a code of conduct by the professional body to ensure the transparency and independence of CPD: IPHA Code.

The costs are carried as follows: some CPD activities are free of charge whilst others carry a charge/fee, Professional, Employer, if costs are shared, subsidised by Pharma sponsorship.

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There are financial reliefs linked to CPD activities. The Health Service Executive allows pharmacies to claim up to €1270 per year for pharmacy training. Pharmacy owners can also claim for conferences as a company expense.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components envisaged in the CPD activities in place.

Trends and reflections

According to the Irish Pharmacy Union the CPD offer is satisfactory.

There will be a shift in the institutional competence to regulate CPD. The new Institute of Pharmacy, set up by the Pharmaceutical Society will monitor CPD from 2015 on behalf of the regulator.

Mandatory CPD is in the process of being introduced. Until now, pharmacists just made a statutory declaration, as part of their annual re-registration, that they had completed sufficient CPD to retain competence and skills.

There will be a development in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. The new mandatory CPD will be outcomes based as opposed to hours based. The Pharmaceutical Society of Ireland has produced a Competency Framework for Pharmacists and CPD will be developed to meet this Framework.

It is expected that the Irish Institute of Pharmacy will require pharmacists to present their CPD portfolio for inspection every 5 years. A percentage of pharmacists will be selected to undergo the OSCE examination.

There are no national studies on the impact of CPD on professional practice.

The main barriers to CPD are time and money.

New topics on CPD activities include monoclonal antibody-based therapy, new insulin therapies and oral chemotherapy agents.

The offer of CPD activities specifically addressing patient safety is increasing.

European cooperation and exchange of good practice on CPD can provide added value providing consistency in CPD standards.

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10.16 Country profile: ITALY

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	No	No	No
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Professional body with regulatory competence, professional organisations, private/commercial sector	Nurse, professional organisation	Dentist, employer, competent authority	Professional body with regulatory competence, professional organisations, employer	Professional body with regulatory competence, professional organisation, private/commercial sector
Guidelines on transparency/independence	Yes	No	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession is subject to a registration to the competent Provincial Order of Doctors and Dentists (OMCeO).

Mandatory CPD

There are mandatory CPD requirements for doctors in Italy, established both by law and by the deontological code of the professional body. Non-compliance with CPD requirements may entail a reprimand issued by the competent professional order. However, currently the professional licence to practise is not subject to revalidation and under no circumstances does a professional lose his/her practise if he/she fails to comply with the mandatory CPD requirements. The position in this respect is that a sanction against a professional who fails to comply with mandatory CPD requirements can be applied only when the provision of training will be sufficient for all healthcare professionals (1,066,000 healthcare professionals; please note that in Italy the CPD is compulsory not only for doctors, but for all healthcare professionals).

The professional body with regulatory competence (provincial OMCeO) is responsible for the monitoring of professionals compliance with the CPD requirements. The certification of CPD credits is issued by the competent provincial order, on request of the professional, through Co.Ge.A.P.S. (Data Management Consortium for Health Professions).

Currently, there are no positive incentives to encourage professionals to comply with the CPD requirements. Mandatory CPD requirements are formulated as a minimum number of credits according to a national system corresponding to a minimum number of hours. Doctors are required to collect 150 credits over a period of 3 years, with a minimum of 25 and maximum of 75 credits per year.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

The CPD is integrated in the LEA (Livelli essenziali di assistenza - basic levels of care).

Development and implementation

The Ministry of Health, the regions, the professional body with regulatory competence and the CME national commission initiate the development of CPD policy. Approximately half of the CPD activities followed in another EU Member State are partially recognised. The completion of CPD activities is recorded and reported by the CPD provider.

Accreditation

Formal CPD activities must be accredited only if they are to fulfil mandatory CPD requirements; informal CPD activities need not be accredited.

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2,500 euro is the amount to pay for the accreditation of CPD activities. The fee for accreditation envisages a minimum of € 258 for on-site events; for eLearning events ('formazione a distanza') the cost is variable, depending on the number of credits and participants. The accreditation takes into account the duration of an activity, its compliance with professional guidelines, its compliance with national policy, its learning outcomes (skills, knowledge, competences acquired) as well as the teaching methodology, composition of participants (uniform or mixed) and the number of participants. Accreditation criteria do not differentiate between different providers. Also, CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the same criteria.

Content of CPD

The professional body, the Ministry of Health, scientific societies, higher education institutions and the private sector (in accordance with the rules defined by the guidelines for the accreditation of providers) are involved in the development of the content of formal CPD activities.

CPD requirements currently do not differ for doctors of different specialities or posts. In the near future there will be prescribed content defined by the 'professional training dossier'. There is no regulation as to what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD.

From 2014 onwards, the professional training dossier' will be related to the training needs of the professional. The following topics are among the CPD activities offered to doctors in Italy: communication with patients, patient safety, eHealth and IT systems, patient data management, and intercultural communication skills.

Delivery of CPD

CPD is delivered in the following forms: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities e.g. addressing risk management; communication, and clinical governance.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, professional organisations, employers, the private or commercial sector, as well as being self-funded by participating professionals' fees.

The funding of CPD activities by the private or commercial sector is subject to rules established by sponsorship contracts. The transparency and independence of CPD is ensured by the state-regions agreement of 19 April 2012 'Guidelines for the Manuals of accreditation of national and regional / autonomous provinces providers: minimum requirements and standards'. As regards the rules according to which information on CPD activities can be communicated, in the guidelines for the accreditation of providers there is a specific section (section 3) on 'Advertising, Sponsorship and conflict of interest'.

As regards the cost of CPD activities, this can be covered by the professional, the employer, the competent authority and the professional organisations (Italian National Federation of Medical Doctors and Dentists (FNOMCeO) and provincial OMCeO) are CPD providers, however CPD activities organised by FNOMCeO and OMCeO are free of charge. There are no rules governing the price of CPD activities.

Doctors can offset the cost of following CPD activities from their tax.

As regards the amount of paid working time per year doctors may spend on CPD activities, e.g. in the form of study leave, it corresponds to 100 hours.

Patient safety

Patient safety is among the topics for which CPD activities are offered for doctors in Italy, however it is not mandatory for doctors to follow CPD activities specifically addressing patient safety. It is reported that the offer of CPD activities on patient safety is increasing.

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Trends and reflections

The Italian National Federation of Medical Doctors and Dentists does not find the CPD offer for doctors in Italy to be satisfactory. In particular, it is believed that providers should increase the provision of training and public authorities should increase the funds for CME events.

As regards trends, there is no shift in progress regarding the institutional competence to regulate CPD. Neither there is a shift from the mandatory CPD requirements to a voluntary CPD framework to be foreseen in the near future.

In terms of criteria taken into account in the accreditation process, a shift has been observed from the accreditation of CME events to the accreditation of providers.

There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks. CPD requirements are reviewed as required at no regular interval. Also, there are no national studies available on the impact of CPD for professional practice.

In terms of barriers to participation in CPD activities, the most important ones were identified as reduced public funding and reduced time to dedicate to CME, also because of staff shortages in the healthcare structures.

New topics offered in CPD activities for doctors in Italy include technical skills development, clinical risk management and humanization of care.

Lastly, European cooperation and exchange of good practice on CPD is thought to provide added value by sharing the method of events' evaluation and providers' accreditation and by setting common guidelines.

Nurses

Structures and governance

Nurses in Italy have to register with the competent authority in order to practice, National Federation IPASVI. There is no renewal of the registration.

Mandatory CPD

Nurses in Italy have to comply with CPD requirements. They have to gain 150 credits every 3 years. This means gaining 50 credits each year, with a minimum of 25 and a maximum of 75 credits. In theory, AGENAS has the responsibility to check the formal process of CPD. But in practice this is not done systematically. Normally, employers can fulfil it. The provider gives the information to AGENAS. At the moment, there is no consequence if a nurse doesn't fulfil the requirements.

Voluntary CPD

Nurses can also attend educational activities at their own responsibility. They don't receive credits. They sometimes receive a certificate. But there is no systematic framework.

CPD as part of national standards and guidelines for quality of care

CPD is not formally included in standards and guidelines for quality of care, but the Ministry of Health publishes regularly a programme with the priorities and objectives on CPD for health professionals.

Development and implementation

The development of CPD is undertaken by the Ministry of health and AGENAS, in cooperation with the professional organisations. CPD is organised through the National Programme of Continuous Education in Medicine (ECM) for Health Professionals, established by law (a National Commission established in 1992 (art. 16-ter, comma 2, DL 30.12. 1992, n. 502) and that was integrated by legislative Decree n. 229 (June 1992)).

The following bodies are providers of CPD activities: Professional organisation, hospitals, employers, some higher education institutions and scientific societies.

CPD activities followed in another EU Member State are not recognised yet.

Nurses can have 6 days a year of paid working time to follow CPD activities. However, if there is a request to stay at work due to workload issues, they cannot benefit from these days.

Accreditation

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Mandated by the Ministry of Health, there is an accreditation system done by AGENAS. All activities have to be accredited. The process of becoming an accredited provider is quite strict and follows some principles according to a Permanent Commission State and Regions deliberation (5 November 2009). Annual educational programmes of each Provider have to refer to a national set of objectives.

Content of CPD

The Ministry of Health publishes regularly on the website the general aims and objectives on CPD for health professionals.

Topics covered are nursing clinical practice, communication, legal and professional issues, chronic disease management, evidence-based nurse practice, and the specific topics covered in the programme published by the Ministry of Health.

Delivery of CPD

Conferences, seminars, clinical practice, web-based (eLearning), employer-based activities. Nurses have different percentages to fulfil the requirements, a percentage can be done through eLearning activities, another percentage must be face to face activities and another one in clinical practice.

Multi-professional CPD activities

Some courses are offered multi-professionally. That depends on the provider of the activity.

Financial issues and transparency

Costs are carried out by professional organisations and individual nurses.

Patient safety

This is included and recommended in the Ministry of Health programme.

Trends and reflections

Currently, there is too much bureaucracy on CPD, on the accreditation system and on its development. This situation leads to a risk of having a monopoly of CPD of those providers that can bear paying and following all the administrative procedures. More attention should go to the content of the activities and nurses should be involved in content assessment. Some review processes of activities are not transparent enough.

The most common barriers to CPD are costs and workload.

Dentists

Structures and governance

Dentists must register with the Provincial Orders of Doctors and Dentists (Ordine dei Medici Chirurghi e Odontoiatri - OMCeO) to be able to practise in Italy. A dentist's license is not subject to review.

Mandatory CPD

CPD is mandatory for dentists; the requirement is established in Law 204 – 22.12.2011 – Dpcm 206.07.2010 – DLgs 229/1999 (<http://www.parlamento.it/parlam/leggi/deleghe/99229dl.htm>). Dentists must earn 150 credits in 3 years (minimum 25 and maximum 75 credits per year under the national system).

Dentists' compliance with the mandatory CPD requirement is monitored by Ministry of Health and the Co.Ge.A.P.S. (professional body with regulatory competence) which also enforces consequences of non-compliance (theoretically a reprimand could be issued but there are no specific rules on this). At a regional level compliance is monitored by AGENAS.

Activities for mandatory CPD are provided by the following bodies (ranked according to decreasing frequency): scientific societies, professional organisations, professional body with regulatory competence, private sector, Ministry of Health, Ministry of Education and higher education institutions.

Voluntary CPD

There is no voluntary CPD framework in Italy.

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CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health, the National Agency for Regional Health Services (AGENAS), the professional body with regulatory competence and the CME National Commission (Comitato Nazionale Formazione Continua).

Completion of CPD activities is recorded and reported by the CPD provider.

Accreditation

Activities that fulfil the mandatory CPD requirement must be accredited before being offered to dentists.

Accreditation is the responsibility of the CME National Commission at national level/AGENAS at regional level which accredit the CPD provider. The fee is between €258 and €1.498 for residential events, up to €2.582 for eLearning activities and €2.500 for annual accreditation of providers. For eLearning the cost is variable, depending on the number of credits and participants.

The following criteria are taken into account for the accreditation of CPD activities: duration of activity; compliance with professional guidelines; compliance with national policy; learning outcomes; other (teaching methodology, composition of participants (uniform or mixed), number of participants)).

The quality assessment framework used in accreditation by AGENAS is available at <http://ape.agenas.it/provider/documenti-provider.aspx>.

Content of CPD

Professional bodies, Ministry of Health, scientific societies, higher education institutions, private sector bodies, and the CME National Commission are involved in the development of CPD content.

There is no prescribed content for mandatory CPD in Italy.

No needs assessment is carried out to determine which CPD activities should be followed.

Some of the topics covered are marked 'x' in the table* below

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x		

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Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; clinical care discussions; conferences, symposia, lectures or seminars; formal practice based learning; informal practice based learning; international live/face-to-face events; Web-based learning (eLearning); mobile learning (mLearning); self-study (reading scientific journals or books, audio-visual educational means, etc.); peer-to-peer; employer-based; multi-professional; research-based; study groups or quality circles, videos with case presentations.

Multi-professional CPD activities

Dentists participate in CPD activities with physicians on ethics, general health and other topics.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, the professional body with regulatory competence, professional organisations, employers, private sector and self-funded by participating dentists' fees. Formal CPD activities for mandatory CPD are also available free of charge when carried out by Chambers and dental associations; otherwise, costs are paid by self-employed dentists, salaried dentists, employers and the competent authority. Tax offsets are also offered to dentists.

Rules on transparency and independence of CPD are contained in the State-Regions Agreement of April, 19, 2012: Guidelines for the Manuals of accreditation of national and regional / autonomous provinces providers: minimum requirements and standards (Rules) http://ape.agenas.it/documenti/ACC._19_APRILE_2012_regolamento.pdf.

Rules on information about CPD are contained in the Guidelines for the accreditation of providers. There is a specific section (section 3) on "Advertising, Sponsorship and conflict of interest": http://ape.agenas.it/documenti/ACC._19_APRILE_2012_regolamento.pdf.

Patient safety

Patient safety is generally included in other mandatory CPD modules. An increase in activities specifically addressing patient safety has been reported.

Trends and reflections

In the opinion of the professional associations (ANDI and AIO), CPD offer for dentists in Italy is satisfactory. FNOMCeO however notes that providers should increase the provision of training and that public authorities should increase funding.

No shift in institutional competence to regulate CPD has been recorded or is foreseen since the shift from voluntary to mandatory CPD for salaried dentists in 2011. There has been a shift from accreditation of CPD events to accreditation of CPD providers.

CPD requirements are reviewed as necessary, at no specific intervals. There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. No national studies on the impact of CPD on professional practice exist.

The following barriers to participate in CPD activities have been reported: cost; reduced public funding; reduced time to dedicate to CPD.

The following new topics are being addressed by CPD activities for dentists: dental materials, biomaterials; communication in dentistry.

According to the FNOMCeO, European cooperation and exchange of good practice on CPD can have a positive impact by sharing the method of events evaluation and provider accreditation and by setting common guidelines. ANDI would welcome mutual recognition of CPD credits while AIO would prefer exchange of experiences.

Midwives

Structures and governance

The practice of Italian midwives is subject to registration with the Provincial/Inter-provincial Colleges of Midwives' professional bodies with a regulatory competence on the regional level. Once registered, midwives' license to practice is not subject to review (relicensure, revalidation, re-registration).

In Italy, the legislated National Agency for Regional Health Services (AGENAS) plays a strong role in continuing development of health professionals by accrediting all providers of CPD. The requirements for CPD are re-

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viewed on an 'as required' basis, at no regular interval. CPD is integrated into national standards for quality of care (LEA Livelli Essenziali di Assistenza - basic levels of care).

Mandatory CPD

The practice of midwives is subject to mandatory CPD requirements. This is established by law (Legislative Decree June 19, 1999, n. 229, art. 16 quater:

<http://www.parlamento.it/parlam/leggi/deleghe/99229dl.htm>)

and also features in the professional body's code of practice (Code of Midwives Ethic, art. 2.5: <http://www.fnco.it/codicedeontologico.htm>) mandating the CPD requirements for the profession.

In the national system framework, 150 CPD credits must be obtained over 5 years, a caveat that a minimum of 25 credits or maximum of 75 credits should be obtained annually. CPD providers enter the data on a common web platform of CPD credits of health professionals, which is open to the competent authority. The competent authority has a duty to verify and certify the completion of CPD activities.

Midwives' compliance is monitored by the professional body with regulatory competence and if midwife fails to comply with mandatory CPD requirements, a reprimand is issued by the professional body. Mandatory CPD is not linked to any financial incentives, but is mandated by law and professional code.

The leading providers of mandatory CPD are the professional body with regulatory competence, the midwives' professional organisation, and the Ministries of Health and Education.

Voluntary CPD

Italy has no national framework for Voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into national standards for quality of care, through the LEA (livelli essenziali di assistenza - basic levels of care).

Development and implementation

Policy on the development of CPD is initiated by the Ministry of Health, the midwives' professional body with regulatory competence, and the national commissioning body for continuing education. Recording the completion of CPD activities is conducted by the CPD provider as is the reporting to the competent authority.

Formal CPD activities undertaken in another EU Member state are partially recognised by the professional body with a regulatory competence.

Accreditation

The accreditation of Italian midwives' CPD activities is provided by a legislated public accreditation agency; AGENAS, the National Agency for Regional Health Services. The agency is established in law, having a role in liaison and decision-making support to public Ministry of Health and Regions on the development strategies for the National Health services. AGENAS has clear rules, guidelines and codes for CPD accreditation.

Mandatory CPD activities are accredited by AGENAS prior being accessible to midwives, and accreditation takes into account the duration of the activity and compliance with national policy, professional guidelines and learning outcomes (skills, knowledge, competences acquired). Italy's robust CPD framework also takes into account the teaching methodology, numbers and composition of participants (single profession or mixed). The quality assurance framework is set by AGENAS (<http://ape.agenas.it/provider/documenti-provider.aspx>)

Though the accreditation is based on the accreditation of the CPD provider, the criteria does not differ for different providers. The guidelines and code do not differentiate between criteria set for activities within continuous midwifery education or those in professional development beyond midwifery practice.

Accreditation incurs a fee; this amounts to €2500 annually to the CPD providers with minimum €258 for residential events. For others, for example Formazione a Distanza (FAD), who provide on-line CPD courses, the fee varies depending on number of participants and credits applied for.

Content of CPD

In Italy, as there are varied providers, all are seen to be involved in the development of CPD content; these include the professional body with regulatory competence, the Ministries of Health and Education, Higher Education Institutions, midwifery education institutions, the private sector (mainly pharmaceutical companies) and employers. In the future, CPD content will be further defined by the required content set in the 'professional training dossier', the implementation of which is planned for 2014. Currently there is no regulation as to

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what percentage of content must relate to continuous midwifery education or to development beyond midwifery; a needs assessment is undertaken on an individual professional level. This will be strengthened in the 'professional training dossier', becoming compulsory in 2014.

Current CPD content includes varied topics such as: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwives prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period, midwifery care in gynaecology and breastfeeding.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	Midwifery care in gynaecology, Breastfeeding

Delivery of CPD

CPD is delivered through the following formats: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means etc.). It may also be provided through employer-based, multi-professional, and research-based formats including videos with case presentation and study groups or quality circles.

Multi-professional CPD activities

In Italy, midwives regularly participate in multi-professional CPD activities, mostly with those professions that they work most closely with, doctors and allied health professionals. Shared topics include public health, patient safety, humanisation of care, and several clinical topics including clinical risk management, obstetric emergencies and neonatal resuscitation.

Financial issues and transparency

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There are set codes and regulation by AGENAS to ensure transparency and independence of mandatory CPD (State-Regions Agreement of April, 19, 2012: Guidelines for the Manuals of accreditation of national and regional/autonomous provinces providers: minimum requirements and standards (Rules) http://ape.agenas.it/documenti/ACC._19_APRILE_2012_regolamento.pdf).

Commercial companies have to conform to rules on sponsorship contracts and guidelines on advertising the CPD activities (Sponsorship: <http://ape.agenas.it/provider/documenti-provider.aspx> ; Guidelines for the accreditation of providers (section 3) on “Advertising, Sponsorship and conflict of interest” http://ape.agenas.it/documenti/ACC._19_APRILE_2012_regolamento.pdf).

Some formal mandatory CPD activities are free to midwives and the cost is carried by the employer, the midwives’ professional body, the midwives’ professional organisation (through professionals’ fees), or by the private/commercial sector, but midwives themselves also fund activities. There are incentives in form of tax offsets available to cover the cost and any paid working time allowed for CPD activities (mandatory or voluntary) will depend on employer.

Patient safety

Whilst patient safety is reported as a topic of CPD activities currently it is not mandatory for midwives to undertake it as a CPD topic. However, Italian National Federation of Midwifery Colleges (FNCO) report that the national focus on patient safety CPD is increasing.

Trends and reflections

In the opinion of the FNCO, the CPD offer available to midwives in Italy is not satisfactory, as seen not to provide adequate clinical training CPD courses, similarly the funding by Public Authorities to deliver CME events is not seen sufficient.

They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD or shift from voluntary to mandatory CPD and the CPD related to competency frameworks or qualification frameworks is thought to stay static. However there has been a shift in the accreditation framework shifting accreditation of CME events to accrediting providers.

New topics have been introduced, including focus on technical skills management, clinical risk management and humanisation of care. The review of the CPD requirements is done on an ‘as required’ basis.

There are no national studies on the impact of CPD on midwives’ practice but known barriers to participation in CPD activities include reduced public funding and the time factor due to staff shortages.

Pharmacists

Structures and governance

The practice of general pharmacists is subject to a registration with a local chamber of pharmacists.

Mandatory CPD

Practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law and code/regulation by professional body (DPR 137/2012 DLgs. 299/1999).

The licence to practise is not subject to review. The consequences after failing to comply with CPD requirements are reprimand issued by professional body and disciplinary sanctions.

The professional body with regulatory competence is in charge of monitoring of CPD and enforcing the consequences if the professional fails to comply with CPD requirements. There are also Regional Commissions enforcing mandatory CPD requirements. Professionals are encouraged by the contribution to the amount of paid leave (Contratto Federfarma).

This is not entirely correct. Regional commissions are responsible for accreditation of the providers and have some influence on the guidelines. But they are not competent for the single health professional.

CPD courses are provided by the professional body with regulatory competence, private sector and higher education institutions. The CPD system is organised and formulated by a minimum number of credits (national system).

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Mandatory CPD requirements for professionals are 150 credits per 3 years.

Voluntary CPD

There is no voluntary CPD framework developed.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national guidelines for quality of care. The guidelines are approved by national commission of continuing education and national agency for health Services - AGENAS).

Development and implementation

The ministry of health initiates the development of policy on CPD.

Formal CPD activities done in foreign countries can be recognised and accredited for CPD.

CPD activities are recorded pro-actively by the professional or upon request by the competent authority and reported by the professional upon request by the competent authority or by the CPD provider.

CPD activities are recorded by the provider. AGENAS has created a national database. All credits have to be registered there by the provider; the professional registers only foreign CPD activities, or self-study, etc.

All CPD activities are carried both outside and during the working hours.

Accreditation

National and regional commissions are in charge of the accreditation of formal CPD activities. The formal CPD activities must be accredited before being accessible to professionals if they are to fulfil mandatory requirements. Accreditation is given to CPD providers. The fee for accreditation on a national basis is from 250-2500€. The criteria taken into account while giving the accreditation are duration of activity, compliance with professional guidelines, compliance with national guidelines and learning outcomes (skills, knowledge, competences acquired).

Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body, Ministry of Health, scientific societies, higher education institutions and AGENAS (National Agency for Health Services).

The content of CPD activities includes communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccinations, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology. Some of them are linked to additional services in the pharmacy. A study on medicines Use Review is ongoing.

Delivery of CPD

There are multiple forms of delivery of CPD including clinical care discussions, conferences, symposia, lectures or seminars, formal and informal practice based learning, international and national live/face-to-face event, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), multi-professional, research based, study groups or quality circles.

Multi-professional CPD activities

There are multi-professional CPD activities between all health professions.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, professional organisation, private/commercial sector and self-funded by participating professional's fees. Commercial bodies sponsoring the CPD activities are subject to transparency regulations and must be always stated as sponsors.

CPD can be free of charge for mandatory CPD requirements, or paid by the professional or employer, by the professional body or by sponsors.

Transparency and independence of CPD is ensured by national law.

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Patient safety

It is not mandatory to follow CPD activities addressing patient safety. Patient safety components are envisaged in CPD activities.

Trends and reflections

There has been one shift from accreditation of each event to accreditation of provider.

Soon an individual file with personal formative objectives will come into force.

The CPD requirements are reviewed when required.

The biggest barriers to participation in CPD activities are money and time.

New topics that are addressed by CPD are vaccinations, pharmacy services, innovative medicines and Patient safety.

European cooperation and exchange of good practice on CPD can provide new ideas and experience and help to raise the quality of CPD and find common goals.

10.17 Country profile: LATVIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	Yes	Yes	Yes	No	No
CPD linked to licence review	Yes	Yes	Yes	Yes	Yes
Accreditation	Yes	Yes	Yes	No	Yes
Financing	Employer, private/commercial sector, doctor, European Social Fund	Employer, private/commercial sector, European Social Fund projects, nurse	Employer, private/commercial sector, European Social Fund, dentist	Professional body with regulatory competence, professional organisation, higher education institutes	Ministry of Health, professional organisations, employer
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	No

Doctors

Structures and governance

The practice of the medical profession in Latvia is subject to a licence issued by the Latvian Medical Association. The licenses are reviewed every 5 years and compliance with CPD requirements is taken into account in these reviews.

Mandatory CPD

The practice of the medical profession in Latvia is subject to mandatory CPD requirements, which are established in law (Law on regulated professions and recognition of professional qualifications/Medical Treatment Law), and in the professional body's code (Procedures for the certification of medical practitioners). Failure to comply with the requirements entails a temporary suspension of the licence to practise, due to which a doctor is no longer allowed to practice independently, but only under supervision, which impacts remuneration. Compliance with requirements is monitored by the health inspectorate, the professional body with regulatory competence, professional organisations and the employer. Consequences are enforced by the ministry and professional organisations. There are no positive incentives for professionals to comply with requirements. CPD activities are offered by the following providers (ranked according to decreasing frequency of use): the professional body with regulatory competence (Latvian Medical Association), employers, professional organisations, the Ministry of Health, the Ministry of Education, scientific societies, higher education institutions and the private sector. CPD requirements are formulated in a national system of credits, of which doctors must obtain 250 in the 60 month period.

Voluntary CPD

There is an additional voluntary CPD framework which is based on the individual doctor's ethical obligation. This is enshrined in the professional code (Procedures for the certification of medical practitioners, Regulation no. 943 and Regulation on medical practitioner and student, Regulation no. 268) and also driven by professionals' motivation to comply with workplace education plans. There are no consequences to non-compliance, however the Latvian Medical Association and other professional organisations as well as workplace authorities are engaged in promoting professionals' CPD. CPD activities which are of voluntary nature engage (ranked according to decreasing frequency of use) the Latvian Medical Association, professional organisations, higher education institutions, workplace authorities, the individual professional, the Ministry of Health, the Ministry of Education, scientific societies and the private sector. Within the voluntary CPD framework it is highly recommended for professionals to participate in conferences and meetings on specific topics on a weekly or monthly basis.

CPD as part of national standards and guidelines for quality of care

CPD is referenced in the Law on regulated professions and recognition of professional qualifications and the Procedures for the certification of medical practitioners no 943 amendment 5.

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Development and implementation

The development of policy on CPD involves the Ministry of Health, professional organisations, the Latvian Medical Association and employers. Formal CPD activities followed in another EU Member State are recognised. CPD activities are recorded by the CPD provider and the professional. Where there is a reporting obligation, professionals report both pro-actively and upon request of the competent authority.

Accreditation

The Latvian Medical Association (LMA) under supervision of the Ministry of Health is responsible for a system of accreditation for CPD activities in Latvia. Formal, and where feasible, informal CPD activities must be accredited before being accessible for professionals. The accreditation is given following the Cabinet's rule Nr 943. There is no fee for the accreditation of CPD activities. Criteria taken into account in the accreditation of CPD activities include the lecturer's qualification as well as the need for activities to be based on principles of evidence based medicine. A frequently used quality assessment frameworks used in accreditation can be found at <http://www.arstubiedriba.lv/index.php/kreditpunktu-tabula>. Criteria for the accreditation of CPD activities do not differ according to which provider offers them.

Content of CPD

The content of formal CPD activities is developed with the involvement of professional bodies and higher education institutions. There is a prescribed content of CPD activities which doctors have to follow relating to their medical specialty (Regulation no. 268 of the Cabinet of ministers). 60% of all credits obtained to comply with mandatory CPD requirements must relate to continuous medical education in their specialty. There is no needs assessment to determine which specific CPD activities a doctor should follow. Topics which are addressed in CPD include communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems, and intercultural communication skills.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical audits, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional activities, in particular conferences addressing several disciplines.

Financial issues and transparency

CPD activities are funded by employers, the private or commercial sector, or are self-funded through participating professionals' fees, as well as being supported by European Social Fund projects. There are no rules on the funding of CPD activities by commercial bodies, but there are guidelines on the transparency and independence of CPD. There are no rules on the way in which information on CPD activities is communicated. There are no rules on the price of CPD activities. There are no CPD activities available free of charge. The cost of following CPD activities is carried by employers or individual professionals. There are no financial reliefs for these costs. The Ministry of Health also points cases in which the cost of following CPD activities is covered by the European Social Funds and other projects. The Ministry of Health states, that according to legislation, doctors are not granted hours of paid working time for CPD activities and doctors must manage their mandatory and voluntary CPD activities outside working hours. However there are cases in which employers allow doctors to participate in CPD activities during working hours, depending on their work agreement. The Latvian Medical Association states that doctors are granted 250 hours of paid working time which they can spend on following CPD activities over the 5 year period to comply with the mandatory CPD requirements. For the voluntary CPD framework, activities must be followed outside working time.

Patient safety

There are CPD activities on patient safety and it is mandatory for professionals to follow them.

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Trends and reflections

The Latvian Medical Association is satisfied with the offer of CPD for doctors in Latvia. As regards recent trends and the outlook for the foreseeable future, there are no shifts relating to the institutional competence to regulate CPD. Nor is there a shift from the mandatory CPD requirement to a voluntary CPD framework expected. No changes as regards the criteria taken into account for accreditation are reported. Also, there are no observable developments in terms of CPD requirements in relation to competency frameworks or qualification frameworks reported.

CPD requirements are reviewed as required, at no regular interval. There are no national studies on the impact of CPD on professional practice. The lack of time to follow CPD activities has been identified as the main barrier to participation in CPD activities. As regards the future outlook, the topics which are newly addressed in CPD activities include new aspects of mental health and in emergency medicine, as well as the relationship between veterinary and human healthcare. The Latvian Medical Association believes European cooperation and exchange of good practice could help improve the quality and productivity of CPD activities.

Nurses

Structures and governance

The Register of Nurses was established in 1994. This register operates as a regulatory mechanism. Those who meet the national requirements (for example, people who have acquired nursing training comparable to higher professional education) are entitled to work in the capacity of nurses.

Re-registration takes place every five years. Re-registration is based on a certain amount of CPD requirements. In cases where nurses are not able to achieve certain amount of CPD requirements in the period of five years, the practice rights have to be re-established by passing a Register Examination.

The certification function was delegated to the Latvian Nurses Association in 1998. Now, they certify nurses in 19 nursing specialities. A computer programme was developed for an effective information management in the Register. With the assistance of this programme it is possible to maintain, update, analyse, and compare data about registered health care professionals and those professionals who have rights to practice.

The practice of the nursing profession in Latvia is subject to a license issued by the professional body with regulatory competence (Latvian Nurses Association). The licenses are reviewed every 5 years and compliance with CPD requirements is taken into account in these reviews.

Mandatory CPD

Nurses are subject to mandatory CPD requirements established by law and a governmental regulation. If a nurse does not complain with the requirement, he/she can immediate loss the licence to practise. The compliance with CPD is monitored by the professional organisation and the regulator. The amount of CPD is 150 hours (not less than 60 % have to be in activities in the specific specialty).

Voluntary CPD

There is also voluntary CPD.

CPD as part of national standards and guidelines for quality of care

National standards and guidelines for quality of care are referenced in the Medical Treatment Law, in the Law on the Rights of Patients and other regulations.

Development and implementation

The development of policy on CPD involves the Ministry of Health, professional organisations and employers. Mandatory CPD activities followed in another EU Member State are recognised.

All information about educational activities, including titles of the programmes, time of the courses and information about educators is provided by the professional organisations.

Accreditation

There is a system of accreditation in which the professional organisation assesses CPD activities. CPD activities include conferences and lectures, formal and informal practice based learning, eLearning activities, employer-based activities and multi-professional courses.

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Content of CPD

Content of the activities is developed by the professional organisation, the private sector and the employer. There is prescribed content according to specialties. The topics most commonly addressed are nursing clinical practice, communication and patient records, and patient safety.

Delivery of CPD

CPD activities are provided by the professional organisation, education institutions, employers and the private sector.

Multi-professional CPD activities

Available

Financial issues and transparency

Some CPD activities like courses, seminars or conferences are free for nurses and funded by the professional organisation. CPD activities are funded by employers, the private or commercial sector, or are self-funded through participating professionals' fees as well funded through European Social Fund projects.

Patient safety

It is mandatory for nurses to follow activities that specifically address patient safety.

Trends and reflections

N/A

Dentists

Structures and governance

Dentists (and in fact all medical professionals) must register with the Health Inspectorate to be able to practice in Latvia. Re-registration is necessary every 5 years. The practice of the Dentists in Latvia is subject to a license issued by the professional body with regulatory competence (for dentists – Latvian Medical Association). The licenses are reviewed every 5 years and compliance with CPD requirements is taken into account in these reviews.

Mandatory CPD

CPD is mandatory for dentists in Latvia. The mandatory CPD framework is based on law (Medical Treatment Law), and the professional body's code (Procedures for the certification of medical practitioners Regulation No.943). During a 5-year period dentists have to collect 250 credit points. After submission of all documents, the Latvian Medical Association decides on recertification of the dentist. The compliance with mandatory CPD requirements is taken into account in this review.

If dentists fail to comply with mandatory CPD requirements they face a fine followed by loss of license to practise if requirements are not fulfilled by a certain deadline (enforced by the Health Inspectorate). Dentists' compliance with mandatory CPD requirements is monitored by a professional organisation (Latvian Dental Association) and by the individual dentist. There is no regional level of enforcement of mandatory CPD requirements.

There are no positive incentives to comply with CPD requirements.

Activities for mandatory CPD are provided by the following bodies: professional organisation, education institutions, private sector and employers.

Voluntary CPD

There is also a voluntary CPD framework in Latvia. The basis for voluntary CPD requirements is an ethical obligation. However, there are no consequences if dentists fail to comply with the voluntary CPD framework. There is also no monitoring of compliance with requirements. In addition, there are no other positive incentives to participate in voluntary CPD.

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Activities for voluntary CPD are provided by the following bodies: professional organisation, private sector, education institutions and employers.

There are no further recommendations for dentists in voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by professional organisation.

CPD activities followed in another EU Member State are recognised in Latvia.

The completion of CPD activities is recorded and reported by the dentist upon request from the competent authority. The development of policy on CPD involves the Ministry of Health, professional organizations, the Latvian Medical Association and employers.

CPD requirements by the regulatory body do not differ for dentists according to any criteria.

Accreditation

In Latvia, there is a system of accreditation in place. The Latvian Medical Association is in charge of the accreditation. Formal CPD activities (both for mandatory and voluntary CPD) must be accredited before being accessible to dentists. However, this is not the case for informal CPD activities. Accreditation is given on the basis of individual CPD activity.

The following criteria are taken into account in the accreditation of CPD activities: duration of activity and learning outcomes (skills, knowledge, competences acquired). The criteria for the accreditation of CPD activities do not differ according to which provider offers them.

CPD activities relating to continuous dental education and to personal and professional development are accredited according to the same criteria.

Content of CPD

The professional organization, the private sector and employers are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	x
Ergonomics		Taxation	
Ethics and jurisprudence	x	Other	

Beyond the structural CPD requirements, there is no other recommended content a dentist should follow.

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There is no needs assessment to determine which CPD activities should be followed.

There is a regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development. 60% of CPD must relate to professional development and 40% relates to personal development.

Delivery of CPD

The following forms of delivery of CPD exist: case presentations, clinical hands-on courses, conferences, symposia, lectures or seminars, formal practice based learning, international/national/regional live/F2F event, web-based e-learning, multi-professional, research-based, study groups or circles, videos with case presentations.

Multi-professional CPD activities

In Latvia, dentists participate in multi-professional CPD activities with general doctors, maxillofacial surgeons, infectologists, etc.

Financial issues and transparency

CPD activities are funded by the professional organisation and employers and are self-funded by participating professionals' fees. The funding by commercial bodies is not subject to any rules or regulations.

There is no code/regulation of conduct in place to ensure the transparency and independence of CPD.

The costs of CPD activities are generally carried by self-employed professionals, salaried professionals and employers. The Latvian Dental Association organises lectures which are free of charge for dentists. There are no financial reliefs dentists can benefit from for the cost of participating in CPD activities. There are no rules governing the cost of CPD activities.

There are no rules on the way information on CPD activities can be communicated.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules. The offer of CPD activities specifically addressing patient safety is not increasing.

Trends and reflections

According to the Latvian Dental Association, the CPD offer available in Latvia is satisfactory. No shift in the institutional competence to regulate CPD is foreseen. No shift from voluntary to mandatory CPD or vice-versa is foreseen. A shift in terms of the criteria which are taken into account in the accreditation of CPD activities is not foreseen either.

There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

CPD requirements are reviewed when necessary; there is no regular interval.

There are no national studies on the impact of CPD on professional practice.

The biggest barrier to participation in CPD activities are the fees.

Infection control, medical emergencies and prevention of oral diseases are the new (voluntary) subjects of CPD.

The Latvian Dental Association provided no position on European cooperation and exchange of good practice on CPD.

Midwives

Structures and governance

The practice of midwifery is subject to registration with the Health Inspectorate within Ministry of Health, which is a professional body with a regulatory competence on the national level. The midwives' licence to practise is subject to review (relicensure, revalidation, re-registration), every 5 years and the mandatory CPD activity requirement is linked to maintaining the licence and re-registration. In cases where midwives are not able to provide certain amount of CPD requirements in the period of five years, the practice rights have to be re-established by passing a Register Examination. The practice of the medical profession in Latvia is subject to a license issued by the professional body with regulatory competence (for midwives – Latvian Nurses Association).

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There is no linking of CPD into the national standards or guidelines of care.

Mandatory CPD

There are mandatory CPD requirements in Latvia for midwives, established by national law, decree and governmental regulation, and based on a national level system which requires a minimum of 150 hours CPD over 5 years.

The midwives' professional organisation, Higher Education Institutions, employers and the private sector are the leading providers of mandatory CPD activities. The professional organisation monitors midwives' compliance with mandatory CPD. If a midwife fails to comply, an immediate loss of licence to practise is mandated by Health Inspectorate (the professional body with regulatory competence). CPD is not linked to any financial incentives.

Voluntary CPD

From the survey initial answer was that no voluntary CPD framework exists for midwives in Latvia. However on further verification with the Ministry of Health it was indicated that voluntary CPD framework does exist but no further information in what format was provided.

CPD as part of national standards and guidelines for quality of care

CPD for midwives is not transparently integrated with Latvian national standards or guidelines for quality of care. The Ministry of Health stated that national standards and guidelines for quality of care are referenced in the Medical Treatment Law and in the Law On the Rights of Patients and other regulations.

Development and implementation

Policy on the development of CPD is initiated by the midwives' professional organization, as is the funding of CPD. The CPD provider is expected to record and report CPD activities to the professional organisation.

CPD activities undertaken in another EU Member state may be are partially recognised in Latvia.

Accreditation

There is no national system in place for accreditation of the CPD activities. However, the professional organisation has a role in assessing formal CPD activities when monitoring compliance.

Content of CPD

CPD content for midwives is developed by the professional body with regulatory competence, the midwives' professional organisation, Higher Education Institutes, employer and by the private sector. The actual content of the midwifery CPD is prescribed according to specialty and linked to a needs assessment on the profession level.

The required 150 hours of CPD must consist of minimum 60% in medical activities in speciality.

Current CPD topics include: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwives prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client rec-	x	High dependency/critical care	x

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ords			
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is mostly delivered through the following formats: conferences, symposia, lectures, formal and informal practice-based learning, web-based learning (eLearning). It can also be delivered in multi-professional or employer-based formats.

Multi-professional CPD activities

In Latvia midwives do participate in multi-professional CPD activities but no further information with whom.

Financial issues and transparency

Midwives have received some funds from the European Social Fund. CPD activities are funded by employers, the private or commercial sector, or are self-funded through participating professionals' fees and can be funded through European Social Fund projects. The amount of paid study leave within working time is dependent on the employer.

Patient safety

There is a mandatory requirement to undertake CPD activities in relation patient safety for midwives in Latvia.

Trends and reflections

Latvian response did not offer a formal opinion about whether the CPD offer available to midwives in Latvia is satisfactory. There was no further information available on the trends or reflections.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Latvian Pharmacists' Society.

Mandatory CPD

There is mandatory CPD established by a decree/governmental regulation and a code/regulation by the professional body. The link/reference to the relevant documents is:

http://www.vvc.gov.lv/export/sites/default/docs/LRTA/Likumi/Pharmaceutical_Law.doc;
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_290_Issuingx_Reregistering_and_Revoking_of_Professional_Qualification_Certificates_of_Pharmacists.doc

The licence to practise is linked to the registration and it is reviewed every 5 years.

The compliance with mandatory CPD requirements is taken into account in this review.

If professionals fail to comply with CPD, the professional receives a temporary suspension of licence to practise or a reprimand issued by the professional body and limited practice under the supervision of a licensed professional.

The professional organisation monitors the compliance.

The Ministry and the professional organisation enforce the compliance.

The compliance is not monitored at regional level.

There are no additional incentives to comply with CPD.

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Mandatory CPD requirements are formulated as a minimum number of credits (national system). Learning outcomes (skills, knowledge, competencies acquired). At least 75% of credits have to be acquired form of courses or modules (at least 6 hours). Only approved CPD competencies are counted: pharmaceutical competencies, public health, management, personal competencies.

Professionals must obtain: certified pharmacist: 200 credits/5 y; pharmacist: 150 credits/5 y; pharmacy technician: 100 credits/5 y.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

The Ministry of Health and professional organisations initiate the development of policy on CPD.

CPD activities followed in another EU Member States are not recognised.

The CPD activities are recorded and reported pro-actively by the professional and by the CPD provider.

There are rules on the way information on CPD activities can be communicated. There is a prohibition on advertising.

Mandatory CPD activities are followed both during and after working hours.

Accreditation

There is a system of accreditation in place.

A professional organisation is in charge of the accreditation of formal CPD activities.

CPD activities must be accredited before being accessible for professionals provided that they fulfil mandatory CPD requirements.

Informal CPD must not be accredited.

CPD activities are accredited on an individual basis

There is a fee 35 euro for organisations; 3 euro for individual request to accredit participation in activities.

The criteria taken into account in the accreditation of CPD activities include: Compliance with professional guidelines, Compliance with national policy, learning outcomes (skills, knowledge, competences acquired).

Below is a link to a page with frequently used quality assessment frameworks used in accreditation:

<https://www.farmaceutubiedriba.lv/lv/darbiba-unfunkcijas/pasakumu-pieteiksana-sertifikācijas-komisijai>

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The bodies involved in the development of the content of formal CPD activities include: Higher Education Institutions and the professional society.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma,) Pharmacotherapy, Evidence based medicine, self-medication, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, pharmacovigilance, innovations, biosimilars, management (financial, marketing, staff training, ...), personal competencies: time management, stress management etc.

The content of CPD is linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, clinical care discussions, conferences, symposia, lectures or seminars, formal practice based learning, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) employer-based, multi-professional.

Multi-professional CPD activities

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There are multi-professional CPD activities. Formal activities: mostly in form of shared conferences and seminars.

Financial issues and transparency

There is a fee of 35 euro for organisations and 3 euro for individual requests to accredit participation in activities.

CPD funding is from the Ministry of Health, professional organisations, employers, private/commercial sectors and self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is subject to rules. Relevant documents can be found at:

http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_378_-_Advertising_Medicinal_Products.doc

A code/regulation by the professional body ensures the transparency and independence of CPD. The code establishes several obligations: Demand to differentiate educational content and marketing content clearly; Demand to reveal financial basis of CPD activity; Demand for lecturers to reveal their affiliation and relation to industry etc.

There are CPD activities available free of charge for mandatory and voluntary CPD requirements. CPD costs are carried by the professional, employer or they could be shared with industry.

There are no financial reliefs linked to CPD activities

There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Latvian Pharmacists' Society believes that CPD could be improved with more public health organised activities and more active participation and involving activities.

It will not be a shift in the institutional competence to regulate CPD.

Mandatory CPD for pharmacists and pharmacy technicians has been set since 2013. Mandatory CPD for certified pharmacists has been in place since 1995.

In terms of the criteria, Mandatory CPD system was set in place in 2013.

In relation to competency frameworks or qualifications frameworks: Competency framework for pharmacists and pharmacy technicians was elaborated in 2013.

CPD criteria are reviewed as required, not at regular interval.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are: difficulties for professionals to get free time for activities; difficulties to pay participation fees and unwillingness of specialists to participate.

New topics on CPD activities include: biopharmaceuticals and biosimilars, change management in pharmacy practice and decision making in healthcare.

The offer of CPD activities specifically addressing patient safety is not increasing.

European cooperation and exchange of good practice on CPD could add value finding the best ways to instruct professionals to get knowledge into practice and promotion of CPD among professionals to increase compliance.

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10.18 Country profile: LITHUANIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	Yes	No	Yes	No	No
CPD linked to licence review	Yes	Yes	Yes	Yes	Yes
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Ministry of Health, professional body with regulatory competence, employer	Ministry of Health, employer, nurse	Dentist, professional organisation, professional body with regulatory competence	Lithuanian State Health Care Accreditation Agency, professional organisations, employer	Employer, private/commercial sector, pharmacist
Guidelines on transparency/independence	Yes	No	Yes	No	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence from the State Health Care Accreditation Agency under the Ministry of Health.

Mandatory CPD

The practice of the medical profession is subject to mandatory CPD requirements and the law establishes the requirement of mandatory CPD:"

http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=437778

Article 10. Professional Duties of a Physician

A physician must: Improve his/her professional qualification following the order established by the minister of health; following the order established by the Rules on licencing of Medical Practices, no less than every 5 year notify the licencing authority on the improvement of professional qualification and medical practices.

This law provides regulations on development and its financing
http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=236612

Doctors professional development requirements specifications are approved by this law
http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=241433

The compliance with mandatory CPD requirement is taken into account during the review of the medical professional's licence to practise which takes place every 60 months (5 years). Professionals who do not comply with mandatory CPD requirements may face a temporary suspension of the licence to practise or even the immediate loss of their licence to practise.

The professional body with regulatory competence and the individual professional monitor professionals' compliance with mandatory CPD requirements. If the professional fails to comply with mandatory CPD requirements, the Ministry of Health enforces the consequences. In Lithuania, there is no regional level of enforcement for mandatory CPD requirements.

Medical professionals are not motivated with positive incentives comply with mandatory CPD requirements.

The mandatory CPD activities are provided by (ranked according to frequency of use): higher education institutions, scientific societies, the professional body with regulatory competence, the Ministry of Health, the private sector, professional organisations, the Ministry of Education and pharmaceutical companies.

The mandatory CPD requirements are formulated based on a minimum number of hours i.e. 120 hours which must be completed over the period of 5 years.

Voluntary CPD

The practice of the medical profession is also subject to a voluntary CPD framework and the basis of this voluntary CPD framework is the personal will of the individual professional. There are no sanctions given to the doctors in case of non-compliance with the voluntary CPD framework and no organisation monitors professionals' compliance. Professionals are not motivated or encouraged with positive incentives to comply with the

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voluntary CPD framework. Based on ranking, the major providers of voluntary CPD activities include: higher education institutions, scientific societies, the professional body with regulatory competence, the Ministry of Health, the private sector, professional organisations, the Ministry of Education and pharmaceutical companies.

There are no regulations governing professionals' participation in the voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Physicians, when following CPD, follow training programmes that are tailored and prepared by graduation residency programmes, as well as being impacted by the nature of work granted by the license. According to the laws, Lithuanian services can be provided only by licensed institutions and professionals working there must also have a valid license. The system is created so that it guarantees the quality of the services of licensed professionals and the permanent control of the qualification requirements.

Development and implementation

The State Health Care Accreditation Agency under the Ministry of Health and the employers initiates the development of CPD policy.

CPD activities followed in another EU Member State are recognised partially because each country's competent authority establishes its own requirements for the recognition of the certificates of foreign conferences and events a professional has participated in. In Lithuania, the competent authority for this task is the Ministry of Health. The CPD provider records and reports to the competent authority on the completion of CPD activities.

Accreditation

Lithuania has an accreditation system for CPD activities and the Ministry of Health and the public accreditation agency are in charge of the accreditation. Formal CPD activities must be accredited before being accessible to the professionals but only if they are to fulfil mandatory CPD requirements. However for informal activities professionals can have access without any accreditation.

There is fee for the accreditation of CPD activities. A percentage of CPD activities is paid by the professionals and the remaining percentage is funded by the Ministry of Health. However, the financing differs yearly.

The criteria taken into account in the accreditation of CPD activities include the duration of the CPD activity, compliance with professional guidelines and learning outcomes (skills, knowledge, competences acquired).

The links indicated below are frequently used accreditation quality assessment frameworks;

http://www.3.lrs.lt/pls/inter3/dokpaieska.show_doc?p_id=259520&p_query=&p_tr2= - ARTICLE 51 (Healthcare and pharmaceutical professionals' professional development and its financing);

<http://www.3.lrs.lt/pls/inter3/oldsearch.preps2?Condition1=232039&Condition2=> - ARTICLE 10 (Doctors' professional responsibilities);

http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=236612 - (law providing regulations on CPD development and its financing);

http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=241433 - (Doctors' professional development requirements specifications).

The criterion for the accreditation of CPD activities is the same for all CPD providers.

Also, the CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the different criteria.

Content of CPD

The professional body, Ministry of Health, scientific societies, higher education institutions, the private sector and pharmaceutical companies are the main bodies involved in the development of content of formal CPD activities.

There is prescribed content a doctor must follow beyond the structural CPD requirements however, it is a combination of formal and informal CPD and varies between specialties.

There is a regulation based on the respective specialty regarding what percentage of CPD activities followed must relate to continuous medical education and to other types of CPD

(http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=236612).

The regulation states that 60% of CPD should pertain to the professional qualifications listed in the licence to practise. The remaining percentage can be designated to improving doctors' other professional qualifications,

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while CPD in the field of the professional activity may consist of only 20%. A third of the hours indicated in the certificate shall be registered.

There are no needs assessments done to determine which CPD activities a professional should follow. Communication with patients is one of the topics offered in CPD activities. Notwithstanding the above, CPD requirements do not differ for doctors of different specialties or posts.

Delivery of CPD

CPD is delivered in the following forms: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), multi-professional, offered by patients, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities which are determined in universities' development programmes and confirmed by the senate.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, the professional body with regulatory competence, employers, the private/commercial sector, and self-funded by participating professionals' fees. The funding of CPD activities by commercial bodies is subject to rules/regulations or agreements (http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=437778):

Article 51. Professional Improvement of Health Care and Pharmaceutical Specialists and its Financing

Professional improvement of health care and pharmaceutical specialists shall be taken care of by health care and pharmaceutical institutions, companies, their founders and professional organisations of health care and pharmaceutical activities' specialists. The clients ordering the training and professional improvement of these specialists are the Ministry of Health and the Ministry of Education and science.

The order of improvement of qualification of health care and pharmaceutical specialists shall be established by the Ministry of Health by coordinating with professional organisations of health care and pharmaceutical activities' specialists.

The costs of improvement of qualification and requalification of the specialists of state and municipal health care institutions shall be covered from the funds of the state or municipal budget following the order and conditions established by the Ministry of Health, if other funds of coverage of the mentioned costs are not established by other laws.

The costs of improvement of qualification and requalification of the specialists of other health care institutions and companies shall be covered from the funds of such institutions and companies or specialists themselves."

There is a national law of conduct to ensure the transparency and independence of CPD (

http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=236612). - Paragraph 18 provides that "educational institutions need to ensure the quality of development programmes and the professionalism of the executors, corresponding to the requirements of the professionals' qualification. Development programmes must be coordinated by the Ministry." (<http://www.sam.lt/go.php/lit/Medicinosspecialybiu-organizaciju-informacija/1233>) - Paragraph 54 provides conditions under which the development programme is coordinated and declared in Medical Electronic Development Administrative System (coordinated by the Ministry of Health) without evaluation.

There are no rules on the way information on CPD activities can be communicated. There are formal CPD activities available for both voluntary CPD frameworks and mandatory CPD requirements free of charge. The cost of payable CPD activities followed is paid by the professionals, employers, and competent authority. Doctors and other payers do not benefit from any financial reliefs.

There are rules governing the price of CPD activities and the prices are determined by the Lithuanian government.

There is no paid working time granted to doctors to spend on CPD activities, all CPD activities must be followed outside of working time.

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Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety and it is not reported that the offer of CPD activities addressing patient safety is increasing.

Trends and reflections

CPD offered in Lithuania is not satisfactory; CPD needs to be improved and the Lithuanian Medical Association would like the funding for the CPD activities to be higher in order to achieve the highest standards of health care and patients' safety. There has been a shift in the institutional competence to regulate CPD, through a signed collective agreement which foresees a few points on the regulation of the institutional competence regarding CPD. However, there are no intentions of shifting between voluntary and mandatory CPD systems within the near future.

There has been a shift in the criteria of accreditation of CPD activities in regards to hours as stated in the Law of the Minister of Health of the Republic of Lithuania, March 28, 2001 No 204, Vilnius, regulates that (http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=24248)

The primary and specialised medical practice licence shall be re-registered and updated according to a certificate provided by the doctor showing that he/ she in the last five years (from the date of issue or re-registration specified in the licence till the other re-registration date) accomplished 200 hours of professional training.

After assessment of funding possibilities and the employment of doctors, the Lithuanian Medical Association recommended reducing the number of hours and installing a requirement of 70 percent of hours strictly pertaining to the speciality licence obtained.

The Law of the Minister of Health of the Republic of Lithuania „Regarding medical practice licensing regulations confirmation“, has been amended, December 9, 2008 No V-1243, Vilnius, regulates that:

(http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=241433)

“Doctor’s professional qualifications mandatory improvement period is no less than 120 hours every five years or development time must be proportional to the number of years, i.e. average of 24 hours annually calculating from the medical practice licence (hereinafter referred to as license) issue day, if a doctor has a license, and from the day of acquiring a professional qualification when the doctor does not have a license, but applies to get one.”

There have been developments in CPD requirements relating to competency frameworks for both formal and informal CPD.

CPD requirements are reviewed as required and without any regular interval. The most important barriers to participation in CPD activities is that CPD activities cannot be followed during working time and not enough funding is provided for CPD programmes. The new topics are being addressed by CPD activities include patient safety requirements in Lithuania and foreign countries, the application of new treatment methods and application of new technologies.

European cooperation and the exchange of good practice on CPD are thought to add value to Lithuanian CPD in assisting to regulate CPD activities as well as needs and quality assessment analysis.

Nurses

Structures and governance

Lithuanian nurses are required to register with the State Health Care Accreditation Agency, under the Ministry of Health, in order to practise nursing. This agency operates as a regulatory institution for the nursing profession. Licensing of the health professionals (mandatory) is one of the main activities of the agency. Nurses do not have annual appraisal. The appraisal of professional qualification and renewal of the licence takes place every 5 years.

Mandatory CPD

The practice of the nursing profession is subject to CPD requirements that are established in a decree. The license to practice is subject to review every 5 years and nurses are requested to fulfil CPD requirements. If in that review, the nurse fails to comply with the CPD requirements, she will be subject to a temporary suspension of his/her licence. The compliance with the CPD requirements is monitored and enforced by the professional body with regulatory competence. The monitoring of CPD is done at national level. There are no mechanisms in place to incentivise the completion of CPD requirements.

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In cases where a nurse has not worked in nursing practice for more than three years during the previous 5 year period, she must undertake 100 extra hours of CPD activities during a 5 year period (160 hours at all).

It depends on the internal policy of each healthcare institution, but in accordance to internal regulations of each healthcare institution nurses and their manager could agree on their professional development needs each year. Every nurse must take 60 hours of study courses per 5 year period (or 160 hours as explained above). The Nursing regulator requires nurses to provide evidence about the professional practice (confirmation for health institution about not less than 3 year of professional practice during past 5 year period) and the documents / certificates, which confirm certain number of hours of continuous professional development (60 hours per 5 year period).

More information about the requirements: <http://www.vaspvt.gov.lt/en/node/205>

Voluntary CPD

There is no voluntary CPD framework for Lithuanian nurses.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards.

Development and implementation

The development of CPD policy is initiated by the Ministry of Health and the regulator of the profession. The following bodies provide CPD activities: Ministry of Education, Ministry of Health, private sector, regulators, scientific societies and professional organisations. CPD mandatory requirements are formulated following a national system of minimum number of hours (60 hours every 5 years).

Accreditation

The Ministry of Health and the regulator are in charge of the accreditation of CPD activities.

The Ministry of Health adopts all the programmes of CPD activities and confirms the validity of the certificates issued for the participants. It is possible to have formal or informal activities with no limitations. CPD activities are accredited individually before being accessible to nurses, being the programme of the activity first adopted by the Ministry of Health. There is a fee for accreditation. The duration of the activity and its compliance with professional guidelines are the two criteria that are taken into account in the accreditation process.

Content of CPD

The development of content on the CPD activities is taken care by the professional body, Ministry of Health, scientific societies, higher education institutions and private sector. There is prescribed content for the CPD activities according to nursing specialities. Content includes nursing clinical practice, communication management, patient safety, eHealth, legal and professional issues and chronic disease management. Patient safety is mandatory content.

New topics included in CPD are social dialogue and collective bargaining, professional autonomy and job satisfaction of nurses, and first aid, patient safety culture.

Delivery of CPD

CPD activities cover case presentations, clinical care discussions, conferences and lectures, eLearning activities, research and publication of scientific articles.

Multi-professional CPD activities

There are multi-professionals CPD activities in Lithuania, for example infection control activities are organised for all health professionals together.

Financial issues and transparency

CPD activities are funded by the Ministry of Health (in some cases up to 75 percent of total cost), employers and the nurses through participation fees. If the activity is funded by commercial bodies, these are subject to certain agreements and regulations. However, there is no code of conduct to ensure transparency and independence of CPD.

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In terms of recognition, formal CPD activities followed in another EU Member State are recognised. The only requirement is to present a certificate of the courses undertaken, translated (by the official translation authority) into the national language.

The completion of the CPD activities is recorded by the CPD provider. There are no formal CPD activities completely free of charge. Only the Lithuanian Nurses Organisation organises courses of qualification improvement for the member nurses free of charge. Depending on the agreements with the employer, nurses can have hours of paid working time to undertake CPD activities.

Patient safety

Patient safety is mandatory content and activities related to it are increasing over time.

Trends and reflections

The professional organisation is satisfied with the CPD in Lithuania, they lobbied for a mandatory requirement as part of self-regulation of the nurse profession. But there are a number of problems associated with workload in healthcare institutions. When a nurse enrolls in CPD courses, the workload increases for the other staff at the workplace. Furthermore, courses are expensive in the case nurses have to pay on their own. Also there is a lack of compromises between nurses and the administration representatives which makes leaving of nurses to the courses problematic (e.g. in the case the workload at job place is high and the shortage of nurses limits the opportunity to go to the courses).

There are no particular changes foreseen in the current structure of CPD. There have not been developments towards competency frameworks. CPD requirements are reviewed as needed. Some identified barriers to access CPD are: costs and limited availability of CPD courses at the workplace.

European cooperation can provide added value by exchanging programmes and good practices on CPD, and making use of EU structural funds for CPD activities.

Dentists

Structures and governance

Dentists must register with the Lithuanian Dental Chamber.

Mandatory CPD

CPD is mandatory for dentists in Lithuania. The mandatory CPD framework is based on law and code/regulation by the professional body.

http://www.odontologurumai.lt/index.php/istatymai_ir_vyriausybes_nutarimai/1248

Dentists have to present a declaration of CPD hours every 5 years for revalidation of their license. During this review the compliance with mandatory CPD requirements is taken into account. If dentists fail to comply with mandatory CPD requirements they face temporary suspension of license to practise. If CPD hours remain undeclared, the license can be lost.

Dentists' compliance with mandatory CPD requirements is monitored by a professional body with regulatory competence. If dentists fail to comply with requirements, the consequences are enforced by the professional body with regulatory competence (Lithuanian Dental Chamber).

There are no positive incentives to comply with CPD requirements.

Activities for mandatory CPD are provided by the following bodies: professional body, scientific societies, professional organisation, higher education institutions, private sector, and the Ministry of Health.

Mandatory CPD requirements are formulated in minimum number of hours (120).

Voluntary CPD

There is no basis for voluntary CPD requirements and dentists face no consequences for non-compliance. There is no monitoring of compliance with requirements either. In addition, there are no other positive incentives to participate in voluntary CPD.

Activities for voluntary CPD are provided by the following bodies: private sector, professional body with regulatory competence, professional organisation, Ministry of Health, scientific societies, and higher education institutions.

There are no further recommendations for dentists in voluntary CPD.

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CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care.

http://www.odontologurumai.lt/index.php/istatymai_ir_vyriausybes_nutarimai/1248

Development and implementation

The development of policy on CPD is initiated by the professional organisation and professional body with regulatory competence (Lithuanian Dental Chamber).

There is a commission of the Lithuanian Dental Chamber which evaluates CPD activities by the rules of provision of CPD.

Formal and mandatory CPD activities followed in another EU Member State are recognised. The completion of CPD activities is recorded by the CPD provider. Certificates of attendance are given to participants. All CPD activities are on an e-register of the Lithuanian Dental Chamber. The completion of CPD activities is reported by the CPD provider.

CPD requirements by the regulatory body do not differ for dentists according to any criteria.

Accreditation

There is a system of accreditation in place. The professional body with regulatory competence is in charge of the accreditation. Activities with the objective of improving knowledge, skills and competences are planned, verified and certified. This includes learning activities such as attending courses, seminars, conferences, workshops, teaching and preparing lectures. There is a list of requirements which the lecturer, the content of courses, seminars and workshops have to fulfil.

Formal CPD activities must be accredited before being accessible to professionals only in case of mandatory CPD. The accreditation is given on basis of accreditation of the CPD provider. The fee for the accreditation is about €15.

The following criteria are taken into account in the accreditation of CPD activities: compliance with professional guidelines, national policy, EU policy; learning outcomes (skills, knowledge, competences acquired).

Reference to frequently used quality assessment frameworks used in accreditation:
<http://www.odontologurumai.lt/index.php/veikla/tobulinimasis/973>

The criteria for the accreditation of CPD activities do not differ according to which provider offers them.

CPD activities relating to continuous dental education and to personal and professional development are accredited according to the same criteria.

Content of CPD

Professional body (Lithuanian Dental Chamber), scientific societies and higher education institutions are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	X	Patient data protection	x
Dental care of the medically compromised patients	X	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x

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eHealth and IT systems		Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other	

Beyond the structural CPD requirements, there is no other recommended content a dentist should follow. A needs assessment to determine which CPD activities should be followed takes place at the level of the individual dentist and at the level of the profession.

There is a regulation on what percentage of CPD activities must relate to continuous dental education and what percentage must relate to personal and professional development. At least 80% of CPD must relate to professional development and less than 20% to personal development related to dentistry.

Delivery of CPD

The following forms of delivery of CPD exist: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, multi-professional, research-based, videos with case presentations.

Multi-professional CPD activities

Dentists participate in multi-professional CPD activities with oncologists, anaesthesiologists, family doctors, psychotherapists, psychologists, allergists and oral-maxillofacial surgeons.

Financial issues and transparency

CPD activities are self-funded by participating professionals' fees or funded by the Lithuanian Dental Chamber and professional organisations. The funding by commercial bodies is subject to no rules or regulations.

There is a code/regulation of conduct in place to ensure the transparency and independence of CPD.

There are no formal CPD activities available free of charge. The costs of CPD activities are carried by self-employed professional, salaried professional and employer. Some parts of the costs can be covered by the professional organisation or body.

There are no financial reliefs dentists can benefit from for the cost of participating in CPD activities. There are no rules governing the cost of CPD activities.

There are no rules on the way information on CPD activities can be communicated.

Patient safety

It is mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules.

Trends and reflections

According to the Lithuanian Dental Chamber, the CPD offer available in Lithuania is satisfactory. No shift in the institutional competence to regulate CPD is foreseen. No shift from voluntary to mandatory CPD or vice-versa is foreseen. A shift in terms of the criteria which are taken into account in the accreditation of CPD activities is not foreseen either.

Since 2013, there is a requirement to follow courses based on competence that the dentist has to acquire in case they want to do implants and several other procedures.

CPD requirements are reviewed when necessary; there is no regular interval.

There are no national studies on the impact of CPD on professional practice.

There are no barriers to participation in CPD activities.

The new topics being addressed by CPD activities are: ergonomics, early detection of oral diseases and cancer and also ethics.

The offer of CPD activities specifically addressing patient safety is increasing; infection control, medical emergencies, prevention of oral diseases are the mandatory subjects of CPD.

In the Lithuanian Dental Chamber's opinion, European cooperation and exchange of good practice on CPD can positively provide added value.

Midwives

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Structures and governance

The practice of Lithuanian midwives is subject to registration with the Lithuanian State Health Ministry Accreditation Agency, a professional body with a regulatory competence on the national level (Ministry of Health of the Republic of Lithuania (2001) Lietuvos Respublikos Slaugos praktikos ir akušerijos praktikos įstatymas [The Law on Nursing Practice and Midwifery of the Republic of Lithuania], Official Gazette, 62-2224; 89-3801).

Registration has to be renewed every 5 years and compliance with mandatory CPD is taken into account within this review.

Formal CPD activities in other EU country are recognised in Lithuania.

Mandatory CPD

The practice of midwives is subject to mandatory CPD requirements. This is established by law mandating the CPD requirements for the profession (Ministry of Health of the Republic of Lithuania (2002). 2002 m. kovo 18 d. Lietuvos Respublikos sveikatos apsaugos ministro įsakymas Nr.132 "Dėl sveikatos priežiūros ir farmacijos specialistų profesinės kvalifikacijos tobulinimo ir jo finansavimo tvarkos" [Order No.132 of the Minister of Health of the Republic of Lithuania of 18 March 2002 "On the order of professional qualification improvement and funding for health care professionals and pharmacists"]. Official Gazette, 31-1180).

In the national system framework, 60 hours mandatory CPD has to be completed over 5 years, with the caveat that if a midwife has not worked for 2 years during those 5 years the requirement raises to a minimum of 100 hours.

Midwives' compliance is monitored by the State Health Ministry Accreditation Agency, the professional body with regulatory competence, and if a midwife fails to comply with mandatory CPD requirements, a temporary suspension of her licence is applied by the regulator. There is no regional governance of the requirements.

Mandatory CPD is not linked to any financial incentives except the ability to be employed.

The leading providers of mandatory CPD are: Higher Education Institutions (universities and colleges), scientific and professional societies, and the private sector.

Voluntary CPD

Lithuania has no national framework for voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is in general integrated with national standards for quality of care.

Development and implementation

Policy on the development of CPD is initiated by Ministry of Health, by the professional body with regulatory competence, and by employers. Recording of CPD activity completion is undertaken by the CPD provider, as is the reporting to the competent authority.

Formal CPD activities undertaken in another EU Member state are recognised by the professional body with a regulatory competence.

Accreditation

The accreditation of Lithuanian midwives' CPD activities is provided by the Ministry of Health, which sets the requirements for accreditation. The activities have to be accredited prior being accessible to midwives and accreditation criteria are based on compliance with national policy, professional guidelines, EU policy and the cost of the activity.

Though, the system is based on the accreditation of the CPD provider, the criteria do not vary for different providers. Criteria also do not differentiate between activities within continuous midwifery education or those related to professional development beyond midwifery. It is not clear whether there is a fee for accreditation.

Content of CPD

In Lithuania, professional body with regulatory competence is involved with the policy on content development and the content is then developed by the providers. It is based on a needs assessment on the professional level, in compliance with 'Standard for Midwifery', and varies according to specialty. Currently, there is no regulation as to what percentage of content must relate to continuous midwifery education or to professional development beyond midwifery.

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Current CPD content includes the following; Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, evidence-based guidelines and safeguarding/child protection.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: conferences, symposia, lectures and seminars, formal practice-based learning, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means etc.), It may also be provided through employer-based, multi-professional and research-based formats including videos with case presentation and study groups or quality circles.

Multi-professional CPD activities

In Lithuania midwives regularly participate in multi-professional CPD activities, and may be taught shared topics with nurses or attend multi-professional conferences and seminars with obstetricians and gynaecologists.

Financial issues and transparency

It is not clear whether there are any codes or regulations to ensure transparency and independence of mandatory CPD by the Lithuanian State Health Ministry Accreditation Agency, or whether private sector/commercial companies have to conform to rules on sponsorship contracts and guidelines on advertising the CPD activities. In Lithuania, the Lithuanian State Health Ministry Accreditation Agency, the midwives' professional organisation, employers and professionals themselves fund CPD activities and these can incur a cost to the midwife. The price of the activity will depend on the location, length of time and provider. The Lithuanian Midwives Union is pro-active in organising professional conferences which are free to attend.

There are no incentives in form of tax offsets available to cover the cost and any paid working time allowed for the mandatory CPD activities mandatory will depend on the employer.

Patient safety

CPD activities addressing patient safety are increasing and it is compulsory for midwives to include this in their mandatory CPD content.

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Trends and reflections

In the opinion of the Lithuanian Midwives Union, the CPD available to midwives in Lithuania is not satisfactory, as it is costly to the individual midwife and burdened with tax. For those reasons midwives find it difficult to attend mandatory activities.

The respondents have not noted, nor do they anticipate, any shifts in connection to institutional competence to regulate CPD or shift away from voluntary to mandatory CPD and the position of CPD in relation to competency or qualification frameworks is thought likely to remain statics.

Reviews of CPD requirements are done on an 'as required' basis, and no new topics have been introduced. There are no national studies on the impact of CPD on midwives' practice.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Valstybinė vaistų kontrolės tarnyba (National Medicines Agency).

Mandatory CPD

There is mandatory CPD established by law. You can find it at:

<http://www.vvkt.lt/Farmacine-licencijuojama-veikla>

The licence to practise is reviewed every 5 years. The compliance with mandatory CPD requirements is taken into account in this review.

If professionals fail to comply with CPD, they can face immediate loss of licence to practise or receive a temporary suspension of licence to practise. Therefore the license is withdrawn and in order to renew it, one has to face revalidation commission.

The Ministry of Health and National Medicines Agency monitor the compliance. The enforcement is carried by the Ministry. The compliance is not monitored at regional level.

There are no additional incentives to comply with CPD.

The providers of CPD include higher education institutions, the professional organisation and the private sector. There is a specific law that describes who can provide CPD. In principle it could be anyone, including employer. But in practice it is mainly the postgraduate education centre, which is part of Pharmacy Faculty and pharma companies in collaboration with this centre.

In principle, there are two ways to accredit CPD activities, one via university and other via the Ministry of Health. Only the first route has been employed so far.

Mandatory CPD requirements are formulated as minimum number of hours. Professionals need to follow a number of hours: 120 hours.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines. It is part of Good Pharmacy Practice requirements.

Development and implementation

Ministry of Health and employers initiate the development of policy on CPD.

CPD activities followed in another EU Member State are recognised. Formal and informal CPD activities are recognised, each individual case is assessed and usually the applicant receives additional hours for CPD activities abroad.

The CPD activities do not need to be recorded. They are reported pro-actively by the professional.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed both in and after working hours.

Accreditation

There is a system of accreditation in place.

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The Ministry of Health and higher education institutions are in charge of the accreditation of CPD activities. CPD activities need to be accredited before being accessible for professionals if they are to fulfil mandatory CPD requirements. Informal CPD must not be accredited. Both provider and activity must be accredited. There is no official fee. But in fact you need to work with the university and a fee applies indirectly. The criteria taken into account in the accreditation of CPD activities include: duration of activity, compliance with professional guidelines, compliance with national policy, learning outcomes (skills, knowledge, competences acquired) and quality. The criteria for the accreditation of CPD activities differ depending on the providers. The criteria for the University are different to that for a private entity.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, the Ministry of Health, higher education institutions and the private sector including employers. The content of CPD activities include: disease management (obesity, smoking, cardiovascular, diabetes, asthma), pharmacotherapy, evidence based medicine, self-medication, homeopathy, innovations, biosimilars and management (financial, marketing, staff training, ...). The content of CPD is not linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: conferences, symposia, lectures or seminars, international live/face-to-face events, national and regional live/face-to-face events and web-based learning (eLearning).

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

There is no official fee, but in fact you need to work with the university and fee applies indirectly. CPD activities are funded by employers, the private/commercial sector, self-funded by participating professionals' fees and paid by pharma companies. The funding of CPD activities by commercial bodies is not subject to rules. There is not a code of conduct by the professional body to ensure the transparency and independence of CPD. There are CPD activities available free of charge for mandatory CPD requirements. CPD costs are carried by professionals and the employer. There are no financial reliefs linked to CPD activities. There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety and patient safety components are not envisaged in the CPD activities in place.

Trends and reflections

The respondent who works for a pharmacy chain explains that the CPD offer is not satisfactory. Current formal CPD activities have no link to practice and are generally useless and promotional. They organise regular learning activities themselves. It will neither be a shift in the institutional competence to regulate CPD nor a change on CPD schemes. There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities. There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, not at regular intervals. There are no national studies on the impact of CPD on professional practice. The most important barriers to participation in CPD activities are time and relevance of content. New topics on CPD activities include minor ailments in our pharmacy chain. The offer of CPD activities specifically addressing patient safety is not increasing.

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10.19 Country profile: LUXEMBOURG

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	Yes	No	No	No
Voluntary	Yes	No	Yes	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	No	Yes	No	-
Financing	Professional organisations, private/ commercial sector, doctor	Ministry of Health, employer, nurse	Dentist, professional organisation	Ministry of Health, employer, midwife	-
Guidelines on transparency/independence	Yes	No	Yes	Yes	-

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Collège Médical (Medical Chamber).

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is subject to a voluntary CPD framework in Luxembourg. The CPD requirement is established by ethical obligation. There are no consequences that professionals face if they fail to comply with the voluntary CPD frameworks and, as a consequence, there is no need to monitor professionals' compliance. There are no positive incentives to encourage professionals to comply with the CPD framework. The following bodies provide activities for voluntary CPD for doctors in Luxembourg (ranked according to decreasing frequency of use): scientific societies, the private sector, the Ministry of Health, professional organisations, higher education institutions, the Ministry of Education, the professional body with regulatory competence and international congresses and events. There are no recommendations for professionals in the voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in the national standards or guidelines for quality of care.

Development and implementation

The Ministry of Health, the Ministry of Education and professional organisations initiate the development of CPD policy.

Formal CPD activities followed in another EU Member State are recognised. There is no recording and no reporting obligation of CPD activities.

Accreditation

There is a system of accreditation for formal of CPD activities; informal CPD activities need not be accredited. Formal CPD activities must be accredited before being accessible for professionals. The professional organisation is in charge of accreditation. Accreditation is given to CPD providers. There is no fee for accreditation. The accreditation takes into account compliance with professional guidelines, compliance with EU policy and learning outcomes (skills, knowledge, competences acquired). to the UEMS guidelines are used as a quality assessment frameworks in accreditation. Accreditation criteria do not differentiate between different providers. No guidelines on the accreditation of extra-medical professional development have been set out.

Content of CPD

The professional body, the Ministry of Health and scientific societies are involved in the development of the content of formal CPD activities. There is no prescribed content which doctors must follow.

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There is no regulation on what percentage of CPD activities must relate to continuous medical education and what percentage must relate to other types of CPD.

There are no needs assessments to determine which CPD activities a professional should follow, apart from some voluntary offers which are available.

Communication with patients, patient safety, eHealth and IT systems are among the topics are among the CPD activities offered to doctors in Luxembourg.

CPD requirements do not differ for doctors of different specialities or posts.

Delivery of CPD

CPD is delivered in the following forms: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, international live/face-to-face event, national and regional live/face-to-face events and self-study (reading scientific journals or books, audio-visual educational means, etc.).

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by professional organisations, the private and commercial sector, as well as being self-funded by participating professionals' fees. The funding of CPD activities by commercial bodies is subject to some rules. Part of the Luxembourgish internal accreditation procedure of providers insures the handling of conflicts of interest. Transparency and independence of CPD are ensured by a code by the professional body. There is no rule on the way information on CPD activities can be communicated. There are voluntary CPD activities available for free of charge. The costs of payable CPD activities are carried by professionals and sponsors (often commercial).

Doctors can offset the cost of fees paid for CPD activities, as well as related travel and accommodation costs, from their tax. There is no rule governing the price of CPD activities. CPD activities must be followed outside of working time.

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety. There is an increase reported on the number of CPD activities on patient safety available to doctors which may be related to a new law project which is to inverse the obligation of proof in case of damages acquired during health care.

Trends and reflections

The Association Médecins et Médecins Dentistes finds the CPD offer for doctors in Luxembourg not to be satisfactory: it would need more support in terms of structuring, needs assessment, monitoring and rewarding of CPD followed. As regards trends, there has not been and it is not foreseen for there to be any shift in the institutional competence to regulate CPD. As regards a possible shift from voluntary to mandatory CPD, it seems that the new government has announced changes to the present situation. In terms of criteria taken into account in the accreditation process, no shift has been observed. There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks.

CPD requirements are never reviewed. Also, there are no national studies available on the impact of CPD for professional practice.

The absence of incentives is one of the main barriers to participation in CPD activities. New topics offered in CPD activities for doctors in Luxembourg include patient safety, e-health and patient communication.

Lastly, European cooperation and exchange of good practice on CPD is thought to provide added value by requiring minimal standards everywhere.

Nurses

Structures and governance

Nurses in Luxembourg have to register in the Ministry of Health in order to be able to practice the profession. The licence to practise is not subject to review.

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Mandatory CPD

There is a mandatory CPD framework which requirements (detailed in number of hours -40hours/year- and learning outcomes) are detailed in the Law of 26 March 1992 on the performance and revaluation of certain health professions - Articles 12, 13 and 14.

Available here: <http://www.legilux.public.lu/leg/a/archives/1992/0020/a020.pdf#page=2>

Officially, the Ministry of Health monitors nurses' compliance with CPD, but there is no consequence if a nurse fails to comply with the mandatory CPD requirements.

CPD requirements are managed at national level. To fulfil mandatory CPD requirements, nurses are given 40 hours a year of paid working time to spend on CPD activities.

Voluntary CPD

There is no voluntary CPD framework for nurses in Luxembourg.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards. There are no guidelines to ensure transparency and independence of CPD.

Development and implementation

CPD policies are initiated by the professional organisations and employers.

There is no obligation to record CPD activities. The activities are proactively reported by nurses. CPD activities are primarily provided by the regulator of the nursing profession followed by the Ministry of Education and higher education institutions and scientific societies as well as by the national nurses association.

Accreditation

There is no accreditation system in place.

Content of CPD

The Ministry of Health is the body involved in the development of content of CPD for nurses. But there is no mandatory content to be followed. A needs' assessment takes place in the institutions and make recommendations on the CPD activities to follow. The following topics are the most common: communication and patient records, patient safety, health management, legal and professional issues, chronic disease management, palliative care, and in the next years a main issue will be the care of patients with dementia. The two last mentioned items concern mainly nurses working in nursing care homes for elderly people and in home care services.

Delivery of CPD

CPD activities include case presentations, clinical care discussions, clinical hands on courses, conferences and seminars, employer based courses, multi-professional courses, study groups and videos.

Multi-professional CPD activities

There are multi-professional activities, especially with healthcare assistants.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, employers, private or commercial sector and by the individual nurse. When CPD activities are funded by commercial bodies, they are not subject to any rules or regulations. Formal CPD activities that have been followed in another EU Member State are recognised.

There are no rules as to how CPD activities can be communicated.

The CPD activities to fulfil the mandatory requirements are free of charge and costs are covered by the employer. For the rest of activities that are covered by the nurses, they can benefit from some financial reliefs. There are no rules governing the price of CPD activities.

Patient safety

As part of the mandatory requirements, nurses have to follow CPD activities on patient safety.

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Trends and reflections

No specific trends have been reported.

From 2009 to 2014, the Ministry of Family imposed some requirements to all elderly homes and homecare services. This implies that the 40 percent of all health personnel working in these units has to follow 40 hours of education and training in palliative care. A certain number of this health personnel is requested to follow 160 hours of education and training in palliative care in order to in order to fulfil the requirements of the Ministry. A similar requirement to the institutions that look after people with Alzheimer and Dementia will apply by 2015-2016.

Dentists

Structures and governance

Dentists must register with the Ministry of Health to be able to practise in Luxembourg.

Mandatory CPD

CPD is not mandatory for dentists in Luxembourg.

Voluntary CPD

A voluntary CPD framework exists, based on the Law on the exercise of the profession of dentist as well as on regulation by the professional body and an ethical obligation of dentists. A dentist's compliance with the voluntary CPD is monitored by the dental association (Association des médecins et médecins-dentistes - Association des médecins-dentistes) but there are no consequences in case of non-compliance.

Activities for voluntary CPD are provided by (ranked by decreasing frequency): scientific societies, the dental association, higher education institutions from other countries (Luxembourg has no dental school), the private sector, professional body with regulatory competence and the Ministries of Health and of Education.

Activities followed on other EU Member States are recognised.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national guidelines for quality of care (guidelines from the « conseil scientifique de Luxembourg »).

Development and implementation

Development of policy on CPD is initiated by the Ministry of Health and the dental association.

There is no obligation to record and report completion of CPD activities but this is undertaken by the CPD provider.

Accreditation

Accreditation is administered by the Institut luxembourgeois pour la formation médicale continue (ILFMC): the scientific organisation (Alformedec: association luxembourgeoise pour la formation médico-dentaire continue) needs an accreditation from the 'Institut' (must be renewed every 2 years), respecting rules (statuts ILFMC) and can only then organise CPD activities with or without cooperation of the professional organisation.

Content of CPD

The Association of dentists, scientific societies and higher education institutions (from other countries) are involved in the development of content of formal CPD activities.

No CPD topics are required or recommended and needs assessments take place at the level of the individual dentist to determine which CPD activities should be followed. In addition, every two years, Alformedec, a scientific society, asks all dentists who practise in Luxembourg which CPD topics they wish to follow.

Some of the topics followed are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	

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Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients		Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients		Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x	Other	

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands on courses; conferences, symposia, lectures or seminars; formal practice based learning; Web-based learning (eLearning); self-study; employer-based; multi-professional; research-based; study groups or quality circles; videos with case presentations.

Multi-professional CPD activities

Dentists participate in CPD activities with physicians on topics such as first aid, CPR, anaesthesia and sedation, practice management, health management, medical law, radiation, accounting, taxation, social medicine etc.

Financial issues and transparency

CPD activities are funded by the dental association and by dentists' fees. They can also be funded by the commercial sector, but the Association has the responsibility for organisation and content of CPD activities.

Funding by commercial bodies is subject to ILFMC rules.

CPD activities are either available free of charge or the cost is carried by the self-employed dentist and can be subsidised by a professional or scientific organisation. Cost of CPD activities can be offset against taxes (like other professional costs). There are no specific rules on CPD costs.

There are no rules on how information on CPD activities can be communicated.

Patient safety

It is not necessary for dentists to follow CPD activities on patient safety; patient safety is included in other modules and is becoming an inherent part of all CPD activities.

Trends and reflections

According to the Association of dentists, the offer of CPD activities in Luxembourg is good but the country is also well situated so that dentists have easy access to large offer of CPD in other countries (Germany, Switzerland, France, Belgium etc.). There are no barriers to participation in CPD activities.

New topics addressed by CPD activities include patient safety, data protection and cone beam.

The Association of dentists would be in favour of European cooperation on CPD, specifically to compare good practices on criteria for organisation and content of CPD.

Midwives

Structures and governance

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In Luxembourg, midwives' practice is subject to registration with the Ministry of Health. The license to practice is not subject to review (relicensure, revalidation, re-registration). The principle of voluntary professional CPD is included within national standards and guidelines of care. Formal CPD activities undertaken in another EU Member state are recognised in Luxembourg.

Mandatory CPD

There are no mandatory CPD requirements in Luxembourg for midwives, though the regulatory body does set the principle of 40 hours of voluntary CPD. This is not linked to midwives' license to practice and is not subject to review (relicensure, revalidation, re-registration).

Voluntary CPD

Luxembourg has a voluntary CPD framework for midwives that is prescribed by the Ministry of Health (the professional body with regulatory competence), through a professional code and regulation. This requires 40 hours of voluntary CPD activities, but these are not based on any set criteria. Compliance is monitored by the Ministry of Health and the midwives' professional organization, but it is not clear how this is managed, as midwives records their own CPD activities, but without obligation to report these to the regulator. There are no consequences for not complying with the voluntary CPD. The leading providers of CPD are the midwives' professional organisation, and the Ministries of Health and Education. There are no rules on the percentage of CPD that has to relate to midwifery education or to professional development activities beyond midwifery.

CPD as part of national standards and guidelines for quality of care

Voluntary CPD is acknowledged as an ethical professional principle in the Luxembourgian national standards and guidelines for quality of care.

Development and implementation

Policy on the development of CPD is initiated by the Ministries of Health and Education. Midwives are expected to record their own voluntary CPD activities at the request of the competent authority but there is no obligation to report back to the competent authority.

Formal CPD activities undertaken in another EU Member state are recognised in Luxembourg.

Accreditation

In Luxembourg no system of accreditation exists for voluntary CPD.

Content of CPD

CPD content for midwives is provided by following organisations: the Ministry of Health (which is also the competent authority), the midwives' professional organization and the Ministry of Education, who are the leading providers of CPD. The actual content of midwifery CPD is not prescribed but the requirements are linked to needs assessment on professional level.

Current CPD courses include the following; Clinical midwifery practice, communication, including the use of new and emerging technologies e.g. eHealth, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety		Antenatal screening	
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management		Evidence-based guidelines	
Legal and professional issues, including client records		High dependency/critical care	

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Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)		Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: conferences, symposia, lectures and seminars, formal practice-based learning and self-study (reading scientific journals or books).

Multi-professional CPD activities

In Luxembourg, midwives do not participate in multi-professional CPD activities.

Financial issues and transparency

The framework for transparency and independence of CPD is described within the professional code and regulations from the Ministry of Health. Some CPD activities are free of charge, with the cost being borne by the employer or the competent authority; otherwise, the courses are funded by the midwife. There are no financial incentives in form of tax offsets for the midwives self-funded CPD. The mandatory CPD required by employers is covered by allowing 40 hours of study leave per year for CPD activity. However, any study leave allowed within paid working time for informal CPD depends on the employer.

Patient safety

Patient safety does not feature as mandatory topic for CPD in Luxembourg.

Trends and reflections

Luxembourgian midwives have no formal opinion about whether the CPD available to midwives is satisfactory. They have not noted, nor do they anticipate, any shift in connection to institutional competence to regulate CPD or shift from voluntary to mandatory CPD.

The situation regarding CPD requirement in relation to competency or qualification frameworks is thought likely to stay static and no new CPD topics have been introduced.

Review of CPD requirement is done on an 'as required' basis, at the national level.

There are no national studies on the impact of CPD on midwives' practice but known barriers to participation in CPD activities include the number of participants and language. Luxembourgian midwives are positive that European co-operation and exchange of good practice on the European level will encourage a more robust mandatory CPD framework.

Pharmacists

Structures and governance

The practice of general pharmacists is subject to a registration with the Ministère de la Santé (Licence) / Collège médical (registration).

Mandatory CPD

Practice of the profession is not subject to mandatory CPD requirements.

Voluntary CPD

Practice of the profession is subject to voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

N/A

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Development and implementation
N/A

Accreditation
N/A

Content of CPD
N/A

Delivery of CPD
N/A

Multi-professional CPD activities
N/A

Financial issues and transparency
N/A

Patient safety
N/A

Trends and reflections
N/A

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10.20 Country profile: MALTA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	-	No	Yes	No
Voluntary	Yes	-	Yes	Yes	Yes
CPD linked to licence review	N/A	-	N/A	N/A	N/A
Accreditation	Yes	-	Yes	Yes	Yes
Financing	Ministry of Health, professional organisation, employer	-	Competent authority, private/commercial sector, dentist	Ministry of Health, Ministry of Education, professional organisation, private/commercial sector	Professional organisation, private/commercial sector, pharmacist
Guidelines on transparency/independence	Yes	-	No	No	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Medical Council of Malta

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is not subject to specific voluntary CPD frameworks. Even if at present there is no clear voluntary framework, CME and CPD are nearly all self-directed from doctors.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

The professional organisation initiates the development of CPD policy. Formal CPD activities followed in another EU Member State are recognised. The completion of CPD activities is pro-actively recorded by the professional. However, there is no reporting obligation.

Accreditation

There is a system of accreditation for formal of CPD activities; however, formal and informal CPD activities need not be accredited before being accessible for professionals. Professional organisations are in charge of accreditation: Medical Association of Malta for hospital specialities and Malta College of General Practitioners for GPs. Moreover, as Malta is a small island, most CME for hospital specialists is carried out overseas or online. Accreditation is given to individual CPD activities. There is no fee for the accreditation of CPD activities. Following the EACCME[®] rules, accreditation takes into account learning outcomes (skills, knowledge, competences acquired), compliance with EU policy, compliance with professional guidelines, as well as duration of activity (refer to EACCME[®] for reference). Accreditation criteria do not differentiate between different providers. Also, CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the same criteria.

Content of CPD

The professional body, the Ministry of Health, scientific societies and higher education institutions are involved in the development of the content of formal CPD activities. There is no prescribed content which doctors must follow, neither is there a regulation on what percentage of CPD activities must be related to continuous medical education. : Patient safety and communication with patients are among the CPD activities offered to doctors in Malta. CPD requirements do not differ for doctors of different specialities or posts.

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Delivery of CPD

CPD is delivered in the following forms: web-based learning (eLearning), national and regional live/face-to-face events, international live/face-to-face event, conferences, symposia, lectures or seminars, clinical hands on courses, clinical care discussions, clinical audit and case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities offered by several providers; most local conferences target a broad range of health professionals by including parts which would address that particular target audience.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, professional organisations, employers, private or commercial sector, as well as by the pharmaceutical sector. The funding of CPD activities by commercial bodies is subject to EACCME® rules. The UEMS EACCME® rules ensure transparency and independence of CPD framework. There is no other rule about the way information on CPD activities can be communicated. There are voluntary CPD activities available for free of charge. The costs of CPD activities followed are carried by the employer, professional and, for hospital consultants, the pharma industry supports travel expenses. Doctors can offset the cost of following CPD activities from their tax; other financial reliefs are dependent on the employer. Moreover, government employed doctors receive 1150 euro per year for CME/CPD as an incentive. CPD activities should be carried out outside of working time.

Patient safety

It is not mandatory for doctors to follow CPD activities specifically addressing patient safety. However, there is an increasing offer of CPD activities specifically addressing patient safety, relating to more awareness on this topic and pressure on hospitals.

Trends and reflections

The Medical association of Malta does not find the CPD offer for doctors in Malta to be satisfactory. Malta is very dependent on online and overseas CME provision. Malta needs to open a debate on the introduction of a more structure framework. As regards trends, there has not been and it is not foreseen any shift in the institutional competence to regulate CPD. There may be a shift in the future towards mandatory CPD activities. Following the changes in the UEMS EACCME® criteria, there has been a shift in terms of criteria taken into consideration in the accreditation of CPD activities. There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks.

CPD requirements are never reviewed. Also, there are no national studies available on the impact of CPD for professional practice.

The most important barrier to participate in CPD is insularity – Malta is an island and therefore expenses are incurred to travel abroad. New topics include inter-professional links, and leadership.

Lastly, European cooperation and exchange of good practice on CPD is providing added value since the higher the common criteria coverage, the easier it is to have mutual recognition.

Nurses

N/A

Dentists

Structures and governance

Dentists must register with the Medical Council of Malta to be able to practise.

Mandatory CPD

CPD is not mandatory for dentists in Malta.

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Voluntary CPD

There is a voluntary CPD framework under which it is recommended that dentists carry out 50 hours of CPD per year. There is no monitoring of dentists' participation in CPD activities and no consequences for dentists who do not participate. Dentists are not positively encouraged to follow CPD.

Activities for voluntary CPD are provided by (ranked by decreasing frequency): Dental Association of Malta, University of Malta and the private sector (private dental companies and pharmaceutical companies).

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD was initiated by the Dental Association of Malta.

Completion of CPD activities is recorded and reported pro-actively by the dentist.

Formal CPD activities followed in another Member State are recognised.

Accreditation

Accreditation of CPD is the responsibility of the Medical Council of Malta but activities do not have to be accredited before being made available to dentists. Accreditation is awarded to CPD providers free of charge and the decision is based on the duration of activity and on learning outcomes.

Content of CPD

The Dental Association of Malta is involved in the development of content of formal CPD activities.

No needs assessment is generally carried out. Cardiopulmonary resuscitation (CPR) and radiation protection are recommended topics to be followed by all dentists. Apart from that, some of the topics covered are marked "x" in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	x
Anaesthesia		Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children		Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly		Patient data protection	
Dental care of the medically compromised patients		Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics		Taxation	
Ethics and jurisprudence		Other	

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical care discussions; clinical hands on courses; conferences, symposia, lectures or seminars; formal and informal practice based learning; international, national and regional live/face-to-face events; self-study; multi-professional; research-based; study groups or quality circles; videos with case presentations.

Multi-professional CPD activities

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Dentists participate in CPD activities with medical specialists (paediatricians and ENT).

Financial issues and transparency

CPD activities are funded by the Medical Council, the private sector and the participating dentists' fees. Some CPD activities are free to participating dentists.

There are no rules on cost of CPD or on funding by the commercial sector, no guidelines to ensure transparency and independence of CPD and no rules on the way information about CPD is to be communicated.

Patient safety

It is mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules. The offer of CPD courses related to patient safety (medical emergencies) is increasing.

Trends and reflections

According to the Dental Association of Malta, CPD offer for dentists in Malta is satisfactory. The Association anticipates the introduction of mandatory CPD within the next two years and is ready to regulate it when necessary.

The main barrier to better CPD in the opinion of the Dental Association is insufficient cooperation with teaching institutions.

New topics being addressed by CPD include radiation, eHealth and infection control.

In the Dental Association's opinion, European cooperation would be useful as it would allow dentists to learn from one another and pool resources.

Midwives

Structures and governance

In Malta, midwives must be registered with the Maltese Nursing and Midwifery Council and with the President of Malta. The profession is subject to mandatory CPD, established through a 'sectoral agreement' between the government and the MUMN' (Malta Union of Midwives and Nurses). The Ministry of Health in Malta is responsible for overseeing compliance with mandatory CPD, and also for enforcing consequences of non-completion; this occurs through the competency framework which governs career progression. CPD is not linked to re-registration or relicensure, and there is no requirement for regular review.

In Malta, CPD is incentivised; midwives can have 14 paid study days each year (for mandatory and voluntary CPD) and can be reimbursed 700 Euros per year for CPD activity costs.

Mandatory CPD

The profession is subject to mandatory CPD, outlined in an agreement between the Maltese government and the MUMN (Maltese Union of Nurses and Midwives). It is mandatory in the sense that midwives must complete ongoing study and education, but there is no minimum mandatory level of CPD credits or hours and CPD is not linked to re-registration (midwives in Malta do not need to re-register). Instead, CPD is mandatory for career progression and midwives who complete CPD will progress more quickly and earn more.

The leading providers of mandatory CPD in Malta are: the midwives' professional organisation (MUNM), the Ministry of Health, scientific societies and the midwives' professional body with regulatory competence (Maltese Nursing and Midwifery Council). Hospital providers also deliver mandatory CPD in Malta.

Mandatory CPD requirements are made up of minimum credits (EU and National systems), minimum hours, minimum number of CPD activities, learning outcomes. There is no minimum requirement however.

Voluntary CPD

Maltese midwives are subject to voluntary CPD requirements, in the sense that their careers progress more quickly if they voluntarily complete more CPD, or complete it more quickly than they are given funding and study leave to attain.

There are no consequences for midwives who do not complete voluntary CPD.

Voluntary CPD is incentivised as midwives can access paid study leave and also reimbursement of fees (700 Euros per year).

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Voluntary CPD is mainly provided by the following bodies in Malta: the midwives' professional organisation (MUNM), the Ministry of Health, Higher Education Institutes and scientific societies. The private sector is a minor provider.

There is a recommendation that professionals should achieve credits, hours and learning outcomes in voluntary CPD (amounts are not specified, but there is likely to be no minimum as for mandatory CPD).

CPD as part of national standards and guidelines for quality of care

Professional development is encouraged in Malta, to support high standards and good quality care.

Development and implementation

In Malta, the following bodies are involved in CPD policy development: the Ministry of Health, the midwives' professional organisation (MUNM), EU policy makers and employers.

Accreditation

The following organisations are involved in CPD accreditation in Malta: the Ministry of Health, the Ministry of Education, and Higher Education Institutes. There is also a public accreditation committee.

There is no requirement for CPD activities, formal or informal, to be accredited before they are undertaken. Credits are awarded to activities based on the provider, the duration of the activity and the level at which the activity is undertaken. Accreditation criteria may differ by providers, some of whom use a quality assessment framework.

CPD activities undertaken in other EU member states are recognised, but only if they are also accredited by a professional body in Malta (NARIC).

Content of CPD

The following bodies are key to development of CPD content in Malta: the professional body with regulatory competence, the midwives' professional organisation, the Ministry of Health, and the Ministry of Education. Again, the private sector has a minor role.

In Malta, there is a mandatory requirement that midwives should update in breastfeeding management. Other than that, there is no mandatory content, no needs assessment and no expectations about how much mandatory CPD should build on midwives' education, and how much be professional development beyond midwifery practice.

Current CPD courses in Malta include: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines and mental health during pregnancy and the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resusci-	x	Mental health in pregnancy and postnatal	x

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tation etc.		
Electronic fetal heart monitoring (EFM)	x	Other (please specify)

Delivery of CPD

In Malta, this occurs through numerous activities: Case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures, seminars, formal and informal practice-based learning, international live/face-to-face events, national and regional live/face to face events, web-based learning (e-learning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual education, etc.), peer-to-peer learning, employer-based learning, multi-professional learning, learning provided by patients, research-based learning, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

In Malta, multi-professional CPD activities take place for the following subjects: EFM, management courses, audit and research, infection control.

Financial issues and transparency

In Malta, CPD is funded through the following sources: the Ministry of Health, the Ministry of Education, the midwives' professional organisation, private/commercial sector and self-funding by midwives. Midwives can be reimbursed up to €700 for cost of CPD activities.

There are no guidelines or codes of conduct governing the provision of CPD in Malta, although CPD activities provided through commercial bodies must adhere to a policy to support breastfeeding.

Patient safety

CPD in patient safety is not a mandatory requirement in Malta. However, the provision of courses on evidence-based medicine means that patient safety is being addressed.

Trends and reflections

The respondent, from MUNM, considers that CPD in Malta is satisfactory. In their view, it is likely that there will be a shift in institutional competence to regulate CPD, because of the competency framework system. There is also likely to be a shift from voluntary and mandatory CPD for the same reason, although the respondent did not suggest which way this shift might occur.

There has been no shift in the way CPD is accredited, and there is no requirement that CPD be reviewed at regular intervals. There are no known national studies addressing re CPD.

Barriers to CPD include staffing shortages and difficulties in being released from the workplace. A further problem is that what is taught is not implemented into practice.

New topics in CPD include: Management and leadership, perinatal mental health and clinical audit.

The respondent thought that European co-operation and exchange of good practice on CPD would benefit from further research.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Pharmacy Council.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

There is voluntary CPD, however it is not established in legislation

If professionals fail to comply with CPD there is no consequence.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

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Development and implementation

The professional organisation initiates the development of policy on CPD.

CPD activities followed in another EU Member State are recognised by the College of pharmacy but since there is no national body it is not recognised nationally.

The CPD activities are recorded by the CPD provider. There is no recording obligation. The Malta College of Pharmacy Practice (MCP) records and provides a certificate for an attendance of 75% attendance and above.

The CPD activities are reported by the CPD provider.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed after working hours.

Accreditation

There is a system of accreditation in place.

The professional organisation is in charge of the accreditation of CPD activities. The Malta College of Pharmacy Practice (www.mcppnet.org) which is a voluntary professional organisation organises structured courses and a peer reviewed CE journal which is circulated to all pharmacists and doctors in Malta and is available open access through MCP website. All info available is on the website. The College accredits its own courses and others which member attend such as conferences. There is no national/regulatory body to date that accredits.

CPD activities do not need to be accredited before being accessible for professionals.

CPD activities are accredited on an individual basis.

There is no fee for CPD accreditation.

The criteria are taken into account in the accreditation of CPD activities include: compliance with professional guidelines, learning outcomes (skills, knowledge, competences acquired).

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional Body and Higher Education Institutions.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, nutrition, food supplements, medicines administration, vaccination, pharmacovigilance, management (financial, marketing, staff training, ...)

The content of CPD is not linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, national and regional live/face-to-face events, self-study (reading scientific journals or books, audio-visual educational means, etc.) and Peer-to-peer.

Multi-professional CPD activities

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There are multi-professional CPD activities: events organised with doctors. The last one was about antibiotic use and resistance.

Financial issues and transparency

CPD funding depends on the professional organisation, private/commercial sector and they could be also self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules. However pharmaceutical companies sponsoring events request that the Malta College of Pharmacy Practice sign a contract ensuring transparency.

There are CPD activities available free of charge for voluntary CPD requirements. The CPD itself is free; members of the college are entitled to attend. Membership is a nominal €23 or €25 yearly.

There are no rules on the price of CPD activities.

Patient safety

it is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The Malta College of Pharmacy Practice believes that the CPD offer is satisfactory.

A shift in the institutional competence to regulate CPD is not expected

A change to mandatory CPD has being discussed but there is resistance to put this scheme in place.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

CPD criteria are not reviewed.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are time availability and the lack of interest, since it's not mandatory there is a lack of motivation to follow the courses

New topics on CPD activities include: pharmacogenetics, gender and health/medicines use, medicines use in the elderly

The offer of CPD activities specifically addressing patient safety is increasing.

European cooperation and exchange of good practice on CPD could add value by providing increased support and possibly have a network in place for the exchange of ideas

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10.21 Country profile: NORWAY

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes, for primary care specialists	No	No	No	No
Voluntary	Yes, for all other specialties	No	Yes	No	Yes
CPD linked to licence review	Yes, for primary care specialists N/A for all other specialties	N/A	N/A	N/A	N/A
Accreditation	Yes	No	Yes	No	Yes
Financing	Professional organisation, private/commercial sector, doctor	Ministry of Health, Ministry of Education, employer, private/commercial sector, nurse	Dentist, employer	Employer	Employer, pharmacist
Guidelines on transparency/independence	Yes	No	No	Yes	No

Doctors

Structures and governance

The practice of the medical profession in Norway is subject to registration with the Norwegian Registration Authority for Health Personnel.

Mandatory CPD

In Norway, there are mandatory CPD requirements for doctors who are specialists in primary care. These are enshrined in a governmental regulation

(<http://www.helsedirektoratet.no/helsepersonell/spesialistgodkjenning/lege/Sider/allmenmedisin.aspx>)

approved by the Directorate of Health. The specialist licences in primary care are reviewed every 5 years and compliance with CPD requirements is taken into account in this review. If CPD requirements are not fulfilled, professionals lose the title of specialist in primary care. If specialists in primary care fail to comply with CPD requirements they also face economic consequences, as they are not eligible to apply specialist fees. There is no monitoring of compliance as the individual primary care specialist is responsible for the compliance with CPD requirements and to undergo the consequences of non-compliance. There are no additional positive incentives to encourage compliance.

The providers of mandatory CPD activities are as follows (ranked according to decreasing frequency of use): professional organisations, the private sector, scientific societies, higher education institutions, the professional body with regulatory competence, the Ministry of Health, and the Ministry of Education. The minimum requirements to comply with are formulated as 300 points, with each point being granted for a 45-minute course, as well as minimum practice requirements and achieving specific learning outcomes (skills, knowledge and competences acquired).

Voluntary CPD

Only doctors who are specialists in primary care are subject to mandatory CPD requirements. All other doctors are subject to a voluntary CPD framework, which is established in a governmental regulation and professional code. There are no consequences for non-compliance and no monitoring mechanisms. Also there are no positive incentives for doctors to comply with the voluntary CPD framework.

For voluntary CPD, activities are offered by the following providers (ranked according to decreasing frequency of use): university hospitals, higher education institutions, the professional organisation, the private sector, scientific societies, the professional body with regulatory competence, the Ministry of Health and the Ministry of Education. The minimum requirements to comply with are formulated as a minimum number of credits.

CPD as part of national standards and guidelines for quality of care

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CPD is not integrated into national standards and guidelines for quality of care.

Development and implementation

Policy on CPD is initiated by the Norwegian Medical Association, as well as national and EU policy-making. CPD activities followed in another EU Member State are recognised if this is applied for in advance. The completion of CPD activities is recorded both by the CPD provider and the professional, however it is only the individual doctor who is in charge of pro-actively reporting the completion of activities.

Accreditation

There is a system of accreditation for which the Norwegian Medical Association is responsible.

Content of CPD

The development of content for formal CPD activities draws on the involvement of the Norwegian Medical Association, scientific societies, higher education institutions and the private sector. According to medical specialty, there is a prescribed content which doctors should follow. There are however no regulations on what percentage of CPD activities must relate to continuous medical education and what percentage relates to other types of CPD.

There is no needs assessment to determine which CPD activities should be followed. There is also no differentiation between accreditation criteria for CPD activities in continuous medical education and activities relating to extra-medical topics. As described, however, CPD requirements differ according to medical specialty, as specialists in primary care are subject to mandatory CPD requirements, while other specialties are not.

Among the topics offered to doctors are communication with patients, eHealth and IT systems, patient data management and intercultural communication skills.

Delivery of CPD

CPD is delivered in the following formats: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the Norwegian Medical Association, the private or commercial sector or self-funded through the participating professionals' fees. The funding of CPD activities by commercial bodies is subject to rules concluded by the Association of the Pharmaceutical Industry in Norway (<http://www.lmi.no/lover-og-forskrifter>). In addition, there are guidelines on the transparency and independence of CPD activities enshrined in law (Health Personnel Act; http://www.regjeringen.no/en/dep/hod/dok/lover_regler/reglement/2002/act-of-2-july-1999-no-64-relating-to-hea.html?id=107079) and in the professional body's code by the Board of Medical Ethics. There are no rules on the way information on CPD activities can be communicated.

There are no formal CPD activities available free of charge. The cost of following CPD activities is carried by the professional or their employer, however there are also grants by the professional organisation available. The price of CPD activities is subject to guidelines by the professional organisation.

For primary care specialists who are subject to mandatory CPD requirements there are no rules in relation to following CPD in or outside of working time, the only stipulation being that the minimum number of credits is acquired within 5 years. For other specialists there is no allocation of working time for following CPD activities.

Patient safety

There are no CPD activities specifically addressing patient safety.

Trends and reflections

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The Norwegian Medical Association believes that the offer of CPD for doctors could be improved by shifting from a voluntary framework to mandatory requirements for all specialties. This change is also foreseen by the Directorate of Health and will also involve a shift in institutional competence to regulate CPD. There is no change foreseen for either the criteria taken into account in the accreditation of CPD activities, nor in terms of CPD requirements' relation to competency or qualifications frameworks.

CPD requirements are reviewed as required at no regular intervals.

In terms of national studies on the impact of CPD on professional practice, there is a publication from 2007 by Magne Nylenna and Olaf G Aasland entitled 'CME activities among Norwegian physicians over the last decade' (BMC medical Education 2007;7:10). It concludes that "Over the last decade Norwegian doctors spend less time on attending courses/congresses and more time on medical reading, while the level of self-perceived coping with information has been unchanged. The changing pattern of professional updating may reflect a more general individualistic trend in society. The consistent finding of a correlation between reading and attending courses, subjective coping and job satisfaction gives good reasons for recommending a high level of CME-activities among doctors."

As regards European cooperation and exchange of good practice, the Norwegian Medical Association agrees that the mutual recognition of CPD between EU Member States can provide added value.

Nurses

Structures and governance

Nurses in Norway have to register with the Norwegian Registry Authority for Health Personnel in order to practice.

Mandatory CPD

There are no mandatory CPD requirements.

Voluntary CPD

Nurses can follow educational activities but there are no obligations or recommendations to follow.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines of quality of care.

Development and implementation

There is no recording obligation. The individual nurse has the responsibility to keep the information.

CPD activities followed in other EU Member State are not recognised.

Accreditation

There is no system of accreditation.

Content of CPD

Content includes nursing clinical practice and patient safety.

Delivery of CPD

Activities include case presentations, clinical care discussions, conferences and seminars, formal and informal practice based learning, international and national events, eLearning and mLearning, self-study, peer-to-peer, employer based, multi-professional, research based, study groups and video cases. CPD activities are, for the most part, considered to be part of the working time.

Multi-professional CPD activities

N/A

Financial issues and transparency

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Full-time and part-time studies are usually free, whereas fees are charged for customized courses. Costs are carried out by Ministries of Health and Education, professional organisation, employers, private and commercial sector and nurses.

Patient safety

It is not mandatory to follow any specific content.

Trends and reflections

The current system could be improved by defining frameworks and regulating mandatory CPD and re-licensure to practice according to some agreed national requirements.

Dentists

Structures and governance

Dentists must register with the Norwegian Registration Authority for Health Personnel (SAK).

Mandatory CPD

CPD is not mandatory in the sense that dentists may potentially practise in Norway without completing CPD; however, since 1 January 2012 it is mandatory for members of the Norwegian Dental Association (see Voluntary CPD).

Voluntary CPD

The Norwegian Dental Association (NDA) administers a CPD framework under which each member is required to complete 150 hours of CPD over 5 years. The obligation to complete CPD is based on law (Act of Health Personnel) and is also noted in the NDA Code of Ethics. According to the Act of Health Personnel, healthcare professionals "must perform their work in accordance with the requirements of professional responsibility and caring that can be expected based on their qualifications, the nature of work and the situation in general". The NDA Code of Ethics also contains regulations of this: "A dentist shall perform his profession as desired according to science and experience. The dentist shall maintain and renew his/her knowledge and commits to comply with NDA rules for mandatory continuing education."

NDA and individual dentists monitor compliance with CPD requirements. The consequences of non-compliance have not yet been decided. The experience from the first period (2012-2017) is expected to be used for evaluating the system and developing follow-up regulations. Not complying with the CPD requirement can also be interpreted as not complying with the NDA Code of Ethics so non-compliance could be handled according to the regulations relating to the Code.

CPD activities are provided by (ranked according to decreasing frequency): NDA; the Public Health Authority in each of the 19 counties which are responsible for organising the PDH services; higher education institutions; scientific societies; the private sector; Ministry of Health; Ministry of Education.

Formal and informal CPD activities followed in EU Member States are recognised.

CPD as part of national standards and guidelines for quality of care

CPD is indirectly integrated in national standards and guidelines for quality of care through the Act of Personnel which states that healthcare professionals "must perform their work in accordance with the requirements of professional responsibility and caring that can be expected based on their qualifications, the nature of work and the situation in general". This is generally interpreted as a requirement for CPD. However, no national standards or guidelines for quality of care in the area of dentistry directly contain a specific CPD requirement.

Development and implementation

Development of policy on CPD was initiated by the NDA.

There is no reporting obligation for CPD activities. Activities arranged by the NDA Continuing Education Committee/Head Office will be registered automatically as part of the 100 hour formal CPD quota (see Accreditation). The NDA Local Association CPD activities are automatically registered in the same way if the Local Association uses the available web-based NDA Course Conducting System. Other activities must be registered by the dentist him- or herself on the NDA website.

Accreditation

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The NDA accredits CPD activities that are to be included in the "formal" part of the MCPD registration system. These activities are listed in the "100 hour" section on the NDA's website. For this purpose, an NDA approval body with representatives from the dental educational institutions, specialist associations, NDA Continuing Education Committee and secretariat is established. This group is responsible for monitoring the appropriateness of the criteria and their use, and can be consulted in matters concerning accreditation of specific CPD activities when necessary.

There is no accreditation of informal CPD activities. However, in addition to the 100-hour formal part, the NDA MCPD registration system consists of a "50 hours informal" part. Here, the individual member him/herself can register informal CPD activities, such as participation in not-accredited courses, reading of articles and books, quality circle participation etc.

Accreditation is awarded to individual CPD activities for a fee of approximately €365. The following criteria are taken into account in accreditation: duration of activity, compliance with professional guidelines and learning outcomes. The activity must be open to all interested dentists. There must be a formal and detailed course programme. As a general principle, for activities given by commercial bodies the number of hours awarded is reduced by 30 percent. Activities arranged by a single dentist or a specialist clinic not open to all dentists may be registered in the "50 hour" quota. The NDA reserves the right to consult specialist associations concerning lecturers or course contents.

Content of CPD

Scientific societies, higher education institutions and the private sector are involved in the development of content of formal CPD activities. The NDA Continuing Education Committee makes up the "order" for a certain issue and what content to be highlighted. The programme is developed in collaboration with the lecturer(s). The lecturer(s) have the final say on how the actual CPD course is presented to the dentists. Also, some commercial providers, dental trade firms etc. are engaged in development of their own courses.

Currently, patient data protection and radiation protection courses are highlighted by the NDA as required for all dentists. In addition, clinic owners and employers (in both public and private sector) are required to conduct a course of Internal Control systems for in-office health, environment and safety problems.

No needs assessment takes place to determine which CPD activities should be followed.

Some of the topics offered are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x		

Delivery of CPD

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CPD is delivered through the following forms: case presentations; clinical care discussions; clinical hands on courses; conferences, symposia, lectures or seminars; Web-based learning (eLearning); self-study; employer-based; multi-professional; research-based; study groups or quality circles.

Multi-professional CPD activities

Dentists participate in CPD courses on clinical topics and management with dental technicians, dental hygienists and dental nurses.

Financial issues and transparency

CPD activities are funded by the NDA, employers, the private sector and the participating dentists' fees. The cost of CPD activities is carried by self-employed or salaried dentists or by the employer. There are no rules on the cost of CPD activities or specific rules to ensure transparency and independence of CPD. There are no formal CPD activities available free of charge but expenses for CPD activities are tax-deductible. There are no rules on how information on CPD activities can be communicated.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety; patient safety is included in voluntary modules. The offer of CPD activities on patient safety is increasing.

Trends and reflections

The NDA has no formal opinion whether the CPD offer for dentists in Norway is satisfactory. Main barriers to participation in CPD activities include time spent out of dental practice (which includes loss of income for dentists in private practice) and lack of employers' willingness to pay (for dentists in public practice).

New topics being addressed by CPD include radiation protection, patient safety and infection control (all online courses).

In the opinion of the NDA, European cooperation on CPD can bring added value, for instance by agreeing on common rules and regulations concerning organisation, accreditation and registration of CPD which would make it easier to participate in and get credit for CPD in any European country. It would also make it easier to enforce the system nationally. And of course, more cross-border cooperation also increases the possibility of finding new ways of developing courses, by exchanging ideas and names of lecturers.

Midwives

Structures and governance

In Norway the midwives' practice is subject to registration with the Norwegian Registry Authority for Health Personnel, which is the competent authority.

The midwives' licence to practise is not subject to review (relicensure, revalidation, re-registration).

There is no mandatory or voluntary framework for CPD on the national level, although some CPD activities take place on an ad-hoc basis and regional hospitals will have their own CPD requirements. There is a national law associated with the transparency and independency of CPD, for course providers.

Mandatory CPD

There is no national mandatory CPD framework in Norway.

Voluntary CPD

There is no national voluntary CPD framework in Norway.

CPD as part of national standards and guidelines for quality of care

CPD for midwifery is not integrated into Norwegian national standards or guidelines for quality of care.

Development and implementation

The Norwegian Ministry of Health is responsible initiating the development of CPD policy in Norway. As there are no national requirements, there is no accreditation system to validate any CPD activities, neither is there an agreed protocol for recording or reporting CPD activities to the competent authority. Therefore, there is no monitoring or consequences for non-compliance.

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Formal CPD activities undertaken in another EU Member state are not recognised.

Accreditation

As there is no national framework of mandatory or voluntary CPD, no accreditation framework exists in Norway.

Content of CPD

In Norway, midwives undertaking any 'voluntary' CPD have a needs assessment on a personal and employer-level. Therefore, in general, midwives comply with what it is required by an employer for competence in their authorization to practice as a midwife. As most of the CPD is driven by employers requirements, these may differ depending on the practice environment (e.g. hospital, midwife-led units or home births), but otherwise there is no set criteria for content.

Current CPD content topics include: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is mostly delivered through the following formats: case presentations, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, international, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mlearning), self-study (reading scientific journals or books, audio-visual educational means etc.). CPD delivery may also be provided through employer-based, multi-professional, or research-based formats, including videos with case presentations, study groups and quality circles.

Multi-professional CPD activities

Norwegian midwives share clinical CPD activities mainly with neonatologists.

Financial issues and transparency

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Whilst there are no national frameworks addressing mandatory or voluntary CPD, legislation exists regarding the transparency and independence of CPD, however the scope of this legislation is unclear. CPD activities provided by employers are usually free and midwives are able to do these in their paid working time, as employers require midwives to do this form of CPD. Otherwise, other providers include the Ministries of Health and Education, the midwives' professional organization and private/commercial sector funded CPD. If a midwife undertakes any CPD activity of her own volition, there are tax offsets or grants available to cover some of the costs.

Patient safety

Patient safety is not explicitly a mandatory topic for midwives in Norway, and patient safety CPD is not enforced by employers.

Trends and reflections

Norwegian midwives do not believe the CPD offer available is satisfactory, mainly due to the lack of a national CPD framework, and to non-harmonised CPD requirements. However, they do not foresee any changes to this situation. One new topic, prescribing, has been introduced within the midwives' role, and this has triggered new CPD courses.

There are no national studies on the impact of CPD on midwives' practice, but lack of time and poor funding are seen as barriers to current formal or informal CPD, and there may also be minimal understanding about the concept of CPD. Norwegian midwives anticipate that European level co-operation and exchange of good practice on CPD will increase awareness, improve care quality and help develop national mandatory CPD standards.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Norwegian Registration Authority for Health Personnel.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

There is voluntary CPD established in a code/regulation by professional body.

If professionals fail to comply with CPD there is no consequence.

The compliance is not monitored

There are no additional incentives to comply with CPD.

Mandatory CPD requirements are formulated in number of credits (national system):

www.farmaceutene.no

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

The professional organisation initiates the development of policy CPD.

Mandatory CPD activities followed in another EU Member State are recognised in a case by case basis.

The CPD activities do not need to be recorded and reported.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed during and after working hours.

Accreditation

There is a system of accreditation in place.

Professional organisations are in charge of the accreditation of CPD activities.

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CPD activities must not be accredited before being accessible for professionals.

Informal CPD must not be accredited.

CPD activities are accredited on an individual basis.

There is not a fee for accreditation.

The criteria taken into account in the accreditation of CPD activities include: duration of activity, and learning outcomes (skills, knowledge, competences acquired).

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The body involved in the development of content of formal CPD activities is the professional body.

The content of CPD activities include: pharmacotherapy and evidence based medicine.

The content of CPD is linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: conferences, symposia, lectures or seminars, national and regional live/face-to-face events and web-based learning (eLearning).

Multi-professional CPD activities

There are multi-professional CPD activities

Financial issues and transparency

CPD activities are funded by employers, self-funded by participating professionals' fees.

There is not a code of conduct by professional body to ensure the transparency and independence of CPD.

There are voluntary CPD frameworks available free of charge.

The costs are carried by the employer and the professional.

There are no financial reliefs linked to CPD activities.

There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components envisaged in the CPD activities are in place.

Trends and reflections

The Norwegian Pharmacy Association has no formal opinion on the CPD offer.

It will neither be a shift in the institutional competence to regulate CPD nor a change on CPD schemes.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, not at regular intervals.

There are no national studies on the impact of CPD on professional practice.

The offer of CPD activities specifically addressing patient safety is not increasing.

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10.22 Country profile: POLAND

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	No	Yes	No	Yes
Voluntary	No	Yes	No	Yes	No
CPD linked to licence review	N/A	N/A	N/A	N/A	Yes
Accreditation	Yes	No	Yes	No	Yes
Financing	Ministry of Health, professional body with regulatory competence, doctor	Ministry of Health, employer, regulator, nurse	Professional body with regulatory competence, professional organisation, dentist	Ministry of Health, employer, professional body with regulatory competence	Ministry of Health, Ministry of Education, professional organisation
Guidelines on transparency/independence	Yes	No	No	No	No

Doctors

Structures and governance

The practice of the medical profession in Poland requires an application for the right to practise the profession awarded by the regional medical council and registration with the regional chamber of physicians and dentists. The chambers of physicians and dentists are bodies of professional self-government of physicians and dentists, and as such they are both acting as professional organisations representing their members and as professional bodies with regulatory competence. Doctors' licences to practise are not subject to a review, since no systematic system of relicensure, revalidation or reregistration takes place. In case of justified doubts as to a doctor's fitness to practice, the regional medical council may set up a committee of qualified doctors to evaluate it. Based on the committee's opinion the council may require the doctor to complete a complimentary training. The council determines its duration and content.

Mandatory CPD

The practice of the profession is subject to mandatory CPD requirements, which are established both in law and by the professional body's code (the law of 5 December 1996 on the professions of a physician and a dentist (art. 18 - 19e); the regulation of the Minister of Health of 6 October 2004 on the methods of fulfilling the requirement of continuing professional development by physicians and dentists; the Medical Code of Ethics adopted by the General Medical Assembly (art. 56)). In terms of consequences, there is the possibility of a prosecution for breach of law within the framework of the disciplinary proceedings carried out by the chamber. This does not take the form of an automatic sanction; proceedings are rather commenced on case-by-case basis and based on an analysis of each situation. However, failure to comply with mandatory CPD requirement is recorded in the register. It may result in disciplinary sanctions (e.g. warning, reprimand, fine, suspension imposed by the medical court that acts within the chamber). It may also have negative consequences in doctors' relationship with potential employers.

The monitoring and enforcement of compliance with CPD requirements is carried out by the chambers of physicians and dentists as bodies of professional self-government of physicians and dentists. The regional chamber with which the respective doctor is registered is responsible for these tasks. There are no positive incentives with which professionals are encouraged to comply with requirements.

The following providers offer CPD activities (ranked by decreasing frequency of use): the private sector, scientific societies, higher education institutions and the chambers of physicians and dentists. The CPD requirements are formulated in terms of credits according to a national system, with doctors being obliged to acquire a minimum of 200 credits over a 48 month period.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD frameworks.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards and guidelines for quality of care.

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Development and implementation

The development of policy on CPD is initiated by the Ministry of Health and the professional organisation. Formal CPD activities relating to mandatory CPD requirements followed in another EU Member State are recognised. The completion of CPD activities is recorded pro-actively by the professional and also by the CPD provider. CPD activities are reported by the professional, both pro-actively and upon request of the competent authority.

Accreditation

There is a system of accreditation in place. The chambers of physicians and dentists (regional and supreme chambers) are generally in charge of accreditation, however there are institutions that are entitled to provide CPD without the need for separate accreditation (e.g. higher education institutions). Formal CPD activities must be accredited before being accessible for doctors; for informal CPD activities there is no such obligation. Accreditation is given both for providers and individual CPD activities. The regional medical council competent for the region where the CPD activity is to take place verifies and confirms that the conditions of organising the CPD activity are met by the given provider. In cases in which the CPD provider intends to organise CPD activities countrywide, this process is taken care of by the Supreme Medical Council. The CPD provider is then registered with the regional chamber competent for the region where the provider has its registered seat (it may be the same chamber that confirmed the fulfilment of conditions or another chamber).

The criteria which the accreditation takes into account are the duration of the activity, its compliance with professional guidelines, its price, and its learning outcomes (skills, knowledge and competence acquired). In addition, the indication of the field of medical knowledge and skills covered by the CPD activity, the indication of the specialty to which the activity is addressed, the qualifications of the lecturers, the available technical equipment and premises of the provider, the methods of testing the results of the training and the methods of evaluating the activity are taken into consideration for accreditation. These criteria do not differentiate according to provider, however some providers do not require additional accreditation, e.g. higher education institutions. There is also no differentiation in the accreditation criteria for CPD activities in continuous medical education and activities relating to extra-medical topics.

Content of CPD

The content of formal CPD activities is developed by the professional body, scientific societies, higher education institutions or the private sector. There is no prescribed content that professionals must follow, nor is there a regulation on what percentage of CPD must relate to continuous medical education and what percentage must relate to other types of CPD.

There is no needs assessment to determine which CPD activities a doctor should follow. CPD requirements do not differ for doctors of different specialties or posts.

The topics offered to doctors include communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems and intercultural communication skills.

Delivery of CPD

The following forms of delivery of CPD activities exist: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, research-based, study groups or quality circles, videos with case presentations, scientific activities, such as publishing or lecturing, and teaching activities, e.g. training medical specialists.

Multi-professional CPD activities

There are multi-professional CPD activities, for example in the area of family medicine or palliative care, which are also attended by nurses.

Financial issues and transparency

There is a fee for the accreditation of CPD activities, which amounts to 500 PLN (approx. 120 EUR) for a CPD provider's access to the register and an additional 250 PLN (approx. 60 EUR) for each additional CPD activity which that provider carries out.

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CPD activities are funded by the Ministry of Health, the chambers of physicians and dentists, employers or are self-funded through the participating professionals' fees. There is also industry funding for many CPD events, however it is prohibited for industry to finance the participation of individual doctors. This rule is enshrined in regulations on the funding of CPD activities by commercial bodies in the Polish Pharmaceutical Law. There is also a provision in Art. 51 of the Medical Code of Ethics by the professional body on the transparency and independence of CPD activities. There are no rules on the way in which information on CPD activities can be communicated.

There are formal CPD activities available free of charge. For payable CPD activities the professional, their employer or the competent authority carry the costs. In terms of financial reliefs relating to the costs of following CPD activities, self-employed doctors who are treated equivalent to pursuing a commercial activity as entrepreneurs for tax purposes, may treat the costs of CPD as costs on income and deduct them when calculating taxable profit.

There are no rules governing the price of CPD activities.

In relation to following CPD activities to fulfil the mandatory CPD requirements, doctors are mostly granted paid leave of 1 or 2 weeks to follow CPD activities, however this is regulated by healthcare facilities' internal rules and not subject to a general regulation. CPD activities beyond the mandatory CPD requirements must be followed outside of working time.

Patient safety

There are CPD activities on patient safety however it is not mandatory for doctors to follow them.

Trends and reflections

The Polish Supreme Chamber of Physicians and Dentists considers the offer of CPD for doctors as satisfactory. As regards recent trends and the outlook for the foreseeable future, there are no shifts relating to the institutional competence to regulate CPD. Nor is there a shift from the mandatory CPD requirement to a voluntary CPD framework expected. Also, there are no observable developments in terms of CPD requirements in relation to competency or qualification frameworks reported.

CPD requirements are reviewed as required, at no regular interval. There are no national studies on the impact of CPD on professional practice, however in the evaluation of individual CPD activities doctors are requested to indicate how they expect the activity to influence their professional practice.

As main barriers to doctors' participation in CPD activities, the Polish Supreme Chamber of Physicians and Dentists identifies doctors' lack of time to follow activities and the cost of CPD activities, in particular for especially interesting events such as renowned international congresses, as obstacles.

As regards the future outlook, the topics which are newly addressed in CPD activities include doctors' 'soft' competences, IT skills and medical law.

Nurses

Structures and governance

Nurses in Poland must register with the competent authority to be allowed to practice (The Polish Chamber of Nurses and Midwives). There are 45 regional chambers of nurses and midwives.

Mandatory CPD

There are no mandatory CPD requirements.

Voluntary CPD

There is voluntary CPD whose recommendations are established by law, the code/regulation by the professional body and included in the nursing ethical obligations.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

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There is no consequence if nurses do not follow CPD. Sometimes, but rarely, nurses can follow CPD activities during working time. This depends on the employer.

Reporting and recording of activities are not compulsory.

Accreditation

There is no system of accreditation. However, there is a register of CPD organisers in Poland. The register is held by regional chambers of nurses and midwives and Polish Chamber of Nurses and Midwives which are entitled to supervise and control CPD/training organisers and their CPD/training activity. Training organisers may be: higher education institutions, schools conducting teaching and research activity in the field of medical sciences, and healthcare facilities, as well as other entities upon entering the relevant register of entities conducting postgraduate training, which is a regulated activity register. There are certain requirements which must be met once entering the register, such as: adopting a training programme; ensuring a professional teaching staff with the qualifications appropriate for a given type of training, in compliance with the provisions of the training programme; ensuring an appropriate set of teaching tools to implement the training programme, including practical training, in compliance with the provisions of the training programme; establishing an internal educational quality assessment system, comprising the educational quality assessment tools and methods.

Content of CPD

Professional organisation initiates the development on CPD policy. Most common topic is management. New topics include Information and technology.

Delivery of CPD

CPD is provided mainly by professional organisation, regulator, private sector, higher education institutions, and scientific societies. The content is mainly developed by the professional organisation.

Activities include case presentations, clinical care discussions, conferences and seminars, international and national events, self-study, peer-to-peer, employer based, multi-professional, study groups and video cases.

Multi-professional CPD activities

N/A

Financial issues and transparency

Activities are funded by the Ministry of Health, the regulator, employers, and participating nurses' fees. There are different agreements when CPD activities are funded by commercial bodies, most agreements depend on subsidies from the EU and the Ministry of Health.

There are no specific guidelines ensuring transparency and independence of CPD.

Patient safety

There is no obligation to follow activities specifically addressing patient safety. However, this depends on internal regulations of the healthcare provider organisation. There is obligatory training on occupational health safety which should also include patient safety issues.

Trends and reflections

There is no satisfaction with the system. Nurses would prefer a credit system that helps them in advancing in CPD and prepares them for a safe daily practice. There are no incentives at work that motivate nurses to undertake CPD. Nurses do not see the benefits in undertaking CPD, and many of them have to use their own holiday period (annual leave) on CPD. CPD cannot be left only to professionals' individual responsibility, and employers must understand the benefits of having well educated personnel for having quality and safety at work.

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Dentists

Structures and governance

Dentists must register with the regional chamber of physicians and dentists. In order to exercise the profession of a dentist in Poland one has to apply for the right to practice the profession which is awarded by the regional medical council.

Mandatory CPD

The CPD is mandatory for dentists in Poland.

The mandatory CPD framework is based on law, decree/ governmental regulation and code/regulation by professional body:

Law of 05/12/1996 on the professions of a physician and of a dentist (articles 18 – 19e);

Regulation of Minister of Health of 06/10/2004 on the methods of fulfilling the requirement of continuing professional development by physicians and dentists;

Medical Code of Ethics adopted by the General Assembly (article 56)

There is no review of registration or license to practice. No systematic system of relicensure, revalidation or re-registration of dentists exists in Poland. In case of justified doubts as to a dentist's fitness to practise the regional medical council may set up a committee of qualified professionals to evaluate it. Based on the committee's opinion, the council may require the dentist to complete a complementary training. The council determines its duration and content.

If dentists fail to comply with mandatory CPD requirements they face prosecution for breach of law and a reprimand issued by professional body. However, no direct sanctions are imposed. Failure to comply with mandatory CPD is recorded in the register. It may result in disciplinary sanctions (warning, reprimand, fine or suspension imposed by the medical court that acts within the chamber). It may also have negative consequences in relationships with potential employers.

Dentists' compliance with mandatory CPD requirements is monitored by professional body with regulatory competence and by professional organisation. The fulfilment of the obligation is verified and confirmed by the regional chamber of physicians and dentists with which the dentist is registered. The chambers are bodies of professional self-government of physicians and dentists, and as such they are both acting as professional organisations representing their members and as professional bodies with regulatory competence.

If dentists fail to comply with requirements the consequences are enforced by professional body with regulatory competence and professional organisation.

There is a regional level of enforcement of mandatory CPD requirements. The fulfilment of the obligation is verified and confirmed by the regional chamber of physicians and dentists with which the dentist is registered.

There are no other positive incentives to comply with CPD requirements.

Activities for mandatory CPD are provided by the following bodies: private sector, scientific societies, higher education institutions, professional organisation, professional body with regulatory competence, Ministry of Health, Ministry of Education.

Mandatory CPD requirements are formulated in minimum number of credits (200 credits in a period of 48 months).

Voluntary CPD

There is no voluntary CPD framework in Poland.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health, professional organisation and professional body with regulatory competence.

Formal CPD activities followed in another EU Member State are recognised in Poland.

The completion of CPD activities is recorded pro-actively by the dentist and by the CPD provider.

The completion of CPD activities is reported proactively by the dentist and by the dentist upon request by the competent authority.

CPD requirements by the regulatory body do not differ for dentists according to any criteria.

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Accreditation

In Poland, there is a system of accreditation in place. Professional body with regulatory competence is in charge of the accreditation. Chambers of physicians and dentists (regional and Supreme) are generally in charge of accreditation, except in regard to those institutions that are entitled to provide CPD without the need for separate accreditation (e.g. higher education institutions).

Formal CPD activities must be accredited before being accessible for dentists only if they are to fulfil mandatory CPD requirements. This is not the case for informal CPD activities.

The accreditation is given on the following basis: the regional chamber competent for the place where the CPD activity is to take place verifies and confirms that conditions of organising the activity are met by the given provider (in case when the CPD provider intends to organise CPD activities countrywide it is done by the Supreme Chamber). The CPD provider is then registered with the regional chamber competent for the place where the provider has its registered seat (it may be the same chamber that confirmed the fulfilment of conditions or another chamber).

There is a fee for the accreditation of CPD activities: 500 PLN (ca. 120€) for entry of CPD provider in the register and 250 PLN (ca. 60€) for each additional CPD activity (if more activities than one are registered for the given provider).

The following criteria are taken into account in the accreditation of CPD activities: duration of activity, compliance with professional guidelines, learning outcomes, field of dentistry covered by the activity, to which dentists the activity is addressed, qualification of teaching staff, available equipment and premises of the provider methods of testing. CPD activities relating to continuous dental education and to personal and professional development are accredited according to the same criteria. The criteria for the accreditation of CPD activities do not differ according to which provider offers them.

Content of CPD

Professional body, scientific societies, higher education institutions and post graduate education organisations are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other: generally all fields of dentistry (incl. all 7 specialties in Poland) are offered)	

Beyond the structural CPD requirements, no other content is prescribed nor recommended.

A needs assessment does not take place to determine which CPD activities should be followed.

There is no regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development.

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Delivery of CPD

The following forms of delivery of CPD exist: case presentations, clinical care discussions, conferences, symposia, lectures or seminars, international/national/regional live/F2F event, web-based e-learning, self-study (reading scientific journals or books, audio-visual education means, etc), peer-to-peer, multi-professional, research-based, study groups and circles, videos with case presentations.

Multi-professional CPD activities

In Poland, there are multi-professional CPD activities with: cardiologists, internal medicine specialists, surgeons, paediatricians, dermatologists, psychologists and psychiatrists.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, by the professional organisation, and are self-funded by participating professionals' fees. Funding by commercial bodies is prohibited for individual dentists (some events only).

CPD activities for mandatory CPD requirements are available free of charge. The costs of CPD activities are carried by self-employed professional, salaried professional and the competent authority.

There are financial reliefs dentists can benefit from for the cost of participating in CPD activities. Self-employed dentists can treat the costs of CPD as costs of income and deduct them when calculating taxable profit.

There are no rules governing the cost of CPD activities.

There is no code/regulation of conduct in place to ensure the transparency and independence of CPD.

There are no rules on the way information on CPD activities can be communicated.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety.

Trends and reflections

According to the Polish Chamber of Physicians and Dentists, the CPD offer available in Poland is satisfactory. No shift in the institutional competence to regulate CPD is foreseen. No shift from voluntary to mandatory CPD or vice-versa is foreseen. A shift in terms of the criteria which are taken into account in the accreditation of CPD activities is not foreseen either.

There have been no developments in terms of CPD requirements in relation to competency frameworks of qualifications frameworks.

CPD requirements are reviewed when necessary; there is no regular interval.

There are no national systematic studies on the impact of CPD on professional practice. However, when evaluating the completed CPD activities dentists are asked to indicate how training will or may influence their professional practice.

The biggest barriers to participation in CPD activities are time and costs.

New topics being addressed by CPD activities are: update of medical law, soft skills and IT skills.

The offer of CPD activities specifically addressing patient safety is not increasing.

The Polish Chamber of Physicians and Dentists believes that exchange of experience at international level is always beneficial.

Midwives

Structures and governance

The practice of midwives is subject to registration with the competent authority. There are 45 regional chambers and 1 supreme chamber (Polish Chamber of Nurses and Midwives) in Poland. The midwife will register with the regional chamber as the Polish Chamber of Nurses and Midwives have delegated this responsibility to the regions. The licence to practise is not subject to review (relicensure, revalidation, re-registration), but there is a continuing expectation of professional development. The law sets clear requirement for registering anything linked to post-graduate training and the formal certificate has to be supplied to the chamber.

“Nurse and midwife entered in the register referred to in Art. 43 paragraph. 1 (date and place of commencement and completion of post-graduate internship - if applicable; the date and type of completed post-

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graduate training, the name of the organizer of education issuing the certificate and in the case of specialized training - diploma number and its date of issue; degree, date of acquisition and the name of an authority level; academic title, date of acquisition and the name of the authority to the title;) shall be obliged to immediately notify the appropriate district council of nurses and midwives of any changes to the data referred to in art. 44 paragraph.1, but no later than within 14 days from the date of their creation”.

There is no integration of CPD into the national standards or guidelines of care.

Mandatory CPD

There are no mandatory CPD requirements in Poland for midwives.

Voluntary CPD

Voluntary CPD exists in Poland and is established by law, decree/governmental regulation, which sets an obligation for continuous professional development. This is reflected in the professional body's code/regulation which covers the profession's ethical obligation (see the Code of Ethics http://www.izbapiel.wloclawek.pl/strona/prawo/2012/kodeks_etyki.pdf).

However, it is not monitored or there are no consequences if midwife does not comply with the requirement. As it is an ethical requirement of the profession, there are no formal requirements of voluntary CPD undertaken in hours or credits. In Poland, the midwives' professional body, the professional organisation, the private sector and higher education institutions are leading providers of voluntary CPD activities. The CPD activities undertaken within post-graduate development require the above mentioned information to be supplied to the regional chamber.

CPD as part of national standards and guidelines for quality of care

The CPD for midwives is not integrated in national standards or guidelines for quality of care.

Development and implementation

The development of policy on CPD is by professional organisation.

Accreditation

There is no national accreditation framework for voluntary CPD. The accreditation framework is commonly linked to academic post-graduate studies and specialisation courses. Therefore, it sits within the academic framework accreditation curricula, which takes into consideration the length of the course and teachers' qualifications.

Further information given by Ministry of Health clarified that there is a regional register of CPD organisers in Poland. Register is held by regional chambers (nurses and midwives) and the Polish Chamber of Nurses and Midwives. These organisations are entitled to supervise and control CPD/training organisers and their CPD/training activity. Training organisers may be: higher education institutions, schools conducting teaching and research activity in the field of medical sciences, and healthcare facilities, as well as other entities upon entering the relevant register of entities conducting postgraduate training, which is a regulated activity register. There are certain requirements which must be met once entering the register, such as: adopting a training programme; ensuring a professional teaching staff with the qualifications appropriate for a given type of training, in compliance with the provisions of the training programme; ensuring an appropriate set of teaching tools to implement the training programme, including practical training, in compliance with the provisions of the training programme; establishing an internal educational quality assessment system, comprising the educational quality assessment tools and methods. To resume it should be said that even if there is no accreditation as such, there is a quasi-accreditation procedure before entering the register and starting CPD training activity.

Content of CPD

In Poland, professional body is involved in developing the content of formal CPD (academic) in addition Ministry of Health (nursing and midwifery consultants), Centre for Postgraduate Education of Nurses and Midwives. A needs assessment is linked to the courses' curricula and if the person requires or wishes to undertake a specialisation in their role.

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The current CPD content offered includes following; Clinical Midwifery practice, Communication, including the use of new and emerging technologies e.g. eHealth, neonatal resuscitation etc., Electronic fetal heart monitoring (EFM), Antenatal screening, Polish midwives cover other topics, which are relevant to professional role see table below.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety		Antenatal screening	x
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other Waterbirth, education and support of women in lactation, diabetes in pregnancy, ultrasound in obstetrics and gynaecology, family planning, ECG, adult resuscitation	

Delivery of CPD

CPD is delivered through the following forms: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures and seminars, national and regional live/face-to-face events and self-study (reading scientific journals or books, audio-visual educational means, etc. It can also fit the employer based, multi-professional, peer-to-peer based forms.

Multi-professional CPD activities

Polish midwives do not participate in any multi-professional CPD activities.

Financial issues and transparency

CPD activities are free of charge or funded by employer, professional or competent authority. There are no set codes and regulation to ensure transparency and independence of voluntary CPD. There are rare incentives in form a small payment or time off for undertaking CPD.

Patient safety

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There is no mandatory requirement to undertake CPD activities in relation patient safety. There are mandatory training activities which cover occupational health safety, content set by the healthcare provider organisation. These are seen interrelated in addressing patient safety.

Trends and reflections

Midwives express dissatisfaction with system as would like more formal credit system that helps them in advancing in CPD and prepares them for a safe daily practice. There are no incentives at work that motivate midwives to undertake the voluntary CPD. Midwives like nurses in Poland do not see the benefits in following CPD, and many of them have to use their own holiday period (annual leave) on CPD. CPD cannot be left only to professionals' individual responsibility, and employers must understand the benefits of having well educated personnel for having quality and safety at work. There have been some new topics for midwives to expand their role; ultrasound for midwives and IT.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Polish Pharmaceutical Chamber.

Mandatory CPD

There is mandatory CPD established by decree/governmental regulation.

The licence to practise is reviewed every 4 years.

The compliance with mandatory CPD requirements is taken into account in this review.

If professionals fail to comply with CPD there is no consequence. Such a person can't be a provider of the pharmacy.

The professional organisation monitors and enforces the compliance.

The compliance is not monitored at regional level.

There are no additional incentives to comply with CPD.

Mandatory CPD requirements are formulated as minimum number of credits (national system). Professionals must obtain a minimum number of collected Points; 100 points per 4 years.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines

Development and implementation

The Ministry of Health, Ministry of Education and professional organisations initiate the development of policy on CPD.

Formal CPD activities followed in another EU Member State are recognised.

The CPD activities are recorded pro-actively by the professional, by the professional upon request by the competent authority and by professional organisations.

They are reported pro-actively by the professional and by the professional upon request by the competent authority.

There are no rules on the way information on CPD activities can be communicated.

CPD activities are followed both during and after working hours.

Accreditation

There is a system of accreditation in place.

Ministry of Health, Ministry of Education, the professional organisation and higher education institutions are in charge of the accreditation of CPD activities.

If they are to fulfil mandatory CPD requirements, CPD activities must be accredited before being accessible for professionals.

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Informal CPD must not be accredited.

Providers of CPD need to be accredited.

There is not a fee for CPD accreditation.

The criteria taken into account in the accreditation of CPD activities include: duration of activity, compliance with professional guidelines, compliance with national policy, compliance with EU policy and learning outcomes (skills, knowledge, competences acquired).

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, Ministry of Health, Ministry of Education, scientific societies and higher education institutions.

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, travel medicine, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...).

The content of CPD is not linked to the services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including: case presentations, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) multi-professional, research-based, study groups or quality circles.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD funding depends on the Ministry of Health, Ministry of Education and the professional organisation.

The funding of CPD activities by commercial bodies is not subject to rules.

A code/regulation by the professional body ensures the transparency and independence of CPD.

Mandatory CPD activities are available free of charge. CPD costs are carried by the professional.

There is no financial relief linked to CPD activities.

There are rules on CPD price. The Ministry of Health establish a minimal price for one hour.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety. Patient safety components are not envisaged in the CPD activities in place.

Trends and reflections

The Polish Pharmaceutical Chamber expresses no formal opinion on the CPD offer.

It will neither be a shift in the institutional competence to regulate CPD nor a change on CPD schemes.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, not at regular intervals.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are costs, time and matter.

New topics on CPD activities include: new formulation, pharmaceutical law and new drugs.

The offer of CPD activities specifically addressing patient safety is not increasing.

European cooperation and exchange of good practice on CPD could provide add value proposing the same rules in all European countries.

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10.23 Country profile: PORTUGAL

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	Yes	Yes	Yes	Yes
Voluntary	Yes	Yes	Yes	No	No
CPD linked to licence review	N/A	N/A	N/A	N/A	Yes
Accreditation	No	Yes	Yes	No	Yes
Financing	Professional body with regulatory competence, employer, private/commercial sector	Professional association, nurse	Competent authority, employer, private/commercial sector	Midwife	Professional body with regulatory competence, employer, private/commercial sector
Guidelines on transparency/independence	Yes	Yes	Yes	No	Yes

Doctors

Structures and governance

The practice of the medical profession is subject to a licence issued by the Ordem dos Médicos, the Portuguese Medical Chamber.

Mandatory CPD

The practice of the medical profession is not subject to mandatory CPD requirements.

Voluntary CPD

The practice of the medical profession is subject to voluntary CPD requirements in Portugal. There are no consequences if professionals fail to comply with the voluntary CPD framework and nobody monitors professionals' compliance. Professionals are not encouraged to comply with the voluntary framework with any positive incentives.

The following bodies provide activities for voluntary CPD for doctors in Portugal (ranked according to decreasing frequency of use): scientific societies, higher education institutions, hospital services and primary care services, the professional body with regulatory competence, the private sector, professional organisations, the Ministry of Health, and the Ministry of Education.

Doctors are recommended to dedicate 15 days per year to CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

The Ministry of Health, the professional body with regulatory competences and employers initiate the development of policy on CPD. CPD activities followed in another EU Member State are recognised. Since there is no recording obligation, the completion of CPD activities is recorded pro-actively by the individual professional. Also the reporting on CPD activities is not mandatory, and it is reported pro-actively by the individual professional only if the CPD activities are conducted under a contract of employment for which there is a reporting obligation.

Accreditation

There is no system of accreditation for CPD activities, but Portugal participates in UEMS EACCME® system. For CPD activities which take place in Portugal, a national committee of the Portuguese Medical Chamber evaluates the content and quality of the activity and advises the EACCME® if the activity should be given European accreditation.

Content of CPD

The professional body, the Ministry of Health and scientific societies are involved in the development of the content of formal CPD activities. There is no prescribed content that a doctor must follow beyond the structure.

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al CPD requirements. There is no regulation on what percentage of CPD activities followed must relate to continuous medical education and what percentage must relate to other types of CPD. There is no needs assessment that determine which CPD activities should be followed. Communication with patients, patient safety, eHealth and IT systems and patient management are among the topics offered. CPD requirements do not differ for doctors of different specialties.

Delivery of CPD

CPD is delivered through the following forms: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

The main topics addressed in multi-professional CPD are patient safety, patient data management, eHealth and IT systems, infection control and medical emergencies. CPD activities are addressed to doctors, nurses and paramedics.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence, employers, the private or commercial sector, as well as being self-funded by participating professionals' fees. The funding of CPD activities by the private or commercial sector is subject by rules: when CPD activities are funded by the pharmaceutical industry there are rules established by a decree law (dl 176/2006), by a deontological code and by a protocol established between Ordem dos Médicos and the pharmaceutical companies association. The national law ensures the transparency and independence of CPD. In particular, the national law requires that physicians who receive funding for CPD must publicly declare the amounts received and identify the lender. Also, companies in the pharmaceutical industry have an obligation to declare publicly the amounts dedicated to financing training activities and to identify who received them. There is no rule on the way information on CPD activities can be communicated. There are voluntary CPD activities available for free of charge. The costs of payable CPD activities are carried by employers, professionals; moreover, the pharmaceutical and the medical devices industry and other private companies subsidise the costs of CPD activities. Doctors can offset the cost of following CPD activities from their tax and they can benefit from grants. There is no rule governing the price of CPD activities. Doctors can have 15 paid working days for participating in voluntary CPD activities.

Patient safety

Even if patient safety is a key theme for doctors' CPD activities and there is also an increasing offer of this topic, there is no obligation for doctors to follow CPD activities addressing patient safety.

Trends and reflections

The Portuguese Medical Association has no formal opinion as to whether the CPD framework available is satisfactory. As regards trends, there is an ongoing change in the statutes of Ordem dos médicos (professional body with regulatory competence) under which competences are provided for activities of CPD/CME. There is however no shift from the voluntary CPD framework to mandatory CPD requirements to be foreseen in the near future. In terms of criteria taken into account in the accreditation process, no shift has been observed towards more awareness for quality assurance criteria. There have been no developments in terms of CPD requirements in relation to competency or qualification frameworks.

CPD requirements are reviewed as required at no regular interval. Also, there are no national studies available on the impact of CPD for professional practice.

In terms of barriers to participation in CPD activities, the most important one is the cost of CPD activities.

New topics offered in CPD activities for doctors in Portugal include patient data protection, legal framework for medical activities, medical liability.

Lastly, a consensus on CPD at European level may provide added value to establish minimum standards of qualifications and doctors' performances.

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Nurses

Structures and governance

Nurses in Portugal have to register with the competent authority, Ordem dos Enfermeiros, in order to be able to practice. This registration is not subject to review.

Mandatory CPD

There are mandatory CPD requirements established by law. Consequences of non-compliance are temporary suspension of the licence and reprimand by the professional body. There is a regional enforcement of the mandatory requirements carried out by the Regional Section of the Portuguese Order of Nurses. Mandatory requirements are formulated in credits of international/European system and they specify learning outcomes.

Voluntary CPD

There are also voluntary activities established by an ethical obligation of the nurse profession.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards or guidelines for quality of care.

Development and implementation

CPD policy is initiated by the professional body with regulatory competence.

Formal CPD activities followed in another EU Member States are recognised.

Activities are recorded by the professional and the CPD provider. They are reported by the professional upon request of the competent authority.

In some cases, for formal CPD activities, nurses can benefit of 2 free days for exams or work discussion.

Accreditation

There is a system of accreditation, the professional body with regulatory competence and higher education institutions are in charge of it. Accreditation of activities is compulsory if they are to fulfil mandatory CPD requirements. The accreditation is done per activity. The criterion for accreditation is the compliance with professional guidelines.

Content of CPD

Content is developed by higher education institutions, Ministry of Education and professional body. Content depends on specialty. Topics include nursing clinical practice, patient safety, eHealth and communication, management, legal and professional issues, nurse prescribing and chronic disease management. New topics include quality management and nursing based practice.

Delivery of CPD

CPD activities are mainly provided by the private sector, scientific societies, Ministries of Education and Health, and professional organisations.

Activities include clinical audit, conferences and seminars, formal practice based learning, eLearning and mLearning, self-study, research-based, and study groups.

Multi-professional CPD activities

Not available.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence and the professional. Some activities are free of charge. When the funding of the activity comes from a commercial body and it takes place in a higher education institution, there is an agency that controls the quality of these CPD activities. The code of the professional body includes rules to ensure transparency and independence of CPD.

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Patient safety

Nurses must follow CPD activities addressing specifically patient safety, and the amount of activities on the topic is increasing.

Trends and reflections

The CPD system is satisfactory. Currently, there are advancements in a new professional development model that would validate voluntary CPD as well.

Dentists

Structures and governance

Dentists must register with the Ordem dos Médicos Dentistas (professional body with regulatory competence). Dentists' licenses are not subject to review.

Mandatory CPD

CPD is mandatory for dentists; the requirement is established in national law and in Ordem regulation. Dentists are required to earn 24 credits per 2 years (in line with the national system, 24 credits equal 24 hours).

Dentists' compliance with the mandatory CPD requirement is monitored by the Ordem which also enforces consequences if the requirement is not satisfied (possible disciplinary procedure when malpractice due to inadequate knowledge is verified). In addition to the threat of sanction, dentists are positively encouraged to participate in CPD by tax deduction.

Activities for mandatory CPD are provided by the following bodies (ranked according to decreasing frequency): Ordem, higher education institutions, private sector, scientific societies, professional organisation, Ministry of Health and Ministry of Education.

Voluntary CPD

In addition to mandatory CPD, a voluntary CPD framework also exists in Portugal, based on Ordem regulation and monitored by Ordem. As for mandatory CPD, voluntary CPD activities are provided by the following bodies (ranked according to decreasing frequency): Ordem, higher education institutions, private sector, scientific societies, professional organisation, Ministry of Health and Ministry of Education.

CPD as part of national standards and guidelines for quality of care

Different CPD areas are included in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by the Ordem and EU policy makers.

Completion of CPD activities is recorded and reported proactively by the dentist.

Both formal and informal CPD activities followed in another EU Member State are recognised within voluntary CPD framework.

Accreditation

The Ordem is responsible for accreditation of formal CPD activities that fulfil mandatory CPD requirements by awarding accreditation to CPD providers and CPD activities. A fee of €200 is charged for accreditation.

The following criteria are taken into account in accreditation: duration of activity; compliance with professional guidelines; compliance with national policy; compliance with EU policy; price; learning outcomes; other (curricula of the participants). Criteria for accreditation do not differ according to the provider.

Quality assessment frameworks used in accreditation are available at <http://www.ond.pt/formacao/acreditacao>.

Content of CPD

The Ordem, scientific societies, universities, the private sector and postgraduate education organisations are involved in the development of content of CPD activities.

There is no prescribed or recommended content for mandatory CPD in Portugal. No needs assessment is carried out to determine which CPD activities should be followed.

Some of the topics covered are marked 'x' in the table* below:

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CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x		

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; clinical care discussions; conferences, symposia, lectures or seminars; formal practice based learning; international live/face-to-face events; national and regional live/face-to-face events; Web-based learning (eLearning); mobile learning (mLearning); employer-based; multi-professional.

Multi-professional CPD

Dentists participate in CPD activities with other health professionals.

Financial issues and transparency

CPD activities are funded by the Ordem, by employers, by the private sector and by the participating dentists' fees. Funding by the private sector is regulated by Ordem regulation meant to ensure transparency and independence of CPD and available at <http://www.ordem.pt/formacao/acreditacao/regulamento>.

Cost of CPD activities is covered by self-employed and salaried dentists, by the employer and by competent authority. Formal CPD activities for both mandatory and voluntary CPD are also provided free of charge. There are no rules regarding the cost of CPD activities.

There are no rules on how information on CPD can be communicated.

Patient safety

The Ordem considers that it is mandatory for dentists to follow CPD activities on patient safety since all CPD activities include patient safety.

Trends and reflections

In the opinion of the Ordem, CPD offer for dentists in Portugal is satisfactory. Since the introduction of mandatory CPD, no further changes in institutional competence to regulate CPD are foreseen. CPD requirements are reviewed as necessary, at no specific intervals. There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. No barriers to participate in CPD activities have been reported. No national studies on the impact of CPD on professional practice exist.

The following new topics are being addressed by CPD activities for dentists: non-communicable diseases, hands-on-courses and eHealth and IT systems. In addition, offer of CPD activities specifically addressing patient safety is reported to be increasing.

According to the Ordem, European cooperation and exchange of good practice on CPD can provide added value through exchange of information.

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Midwives

Structures and governance

In Portugal, midwives are qualified nurses, having completed a four year certificate in nursing and an additional two years of practice. As midwives they complete a further two years education to become specialised in maternal health and obstetric care in Polytechnic Nursing Schools. In order to practice, midwives must be registered with their professional council, known as the 'Ordem dos Enfermeiros', which have Specialty Professional College in Maternal Health and Obstetric Nursing (midwifery).

Mandatory CPD

Midwives must be licensed by the Portuguese Nursing Council. Whilst there is no national requirement to do mandatory CPD, and midwives do not need to renew their licences, the regulations of the midwives' professional body include an ethical obligation to undertake continuous professional development. However, there is no CPD monitoring system and there are no consequences if midwives do not undertake CPD. There is no requirement for regular review of CPD in Portugal.

Whilst some organisations provide CPD courses to midwives, it is also the case that midwives are expected to fund this themselves and to complete these activities outside their working hours. In organisations who are under programmes of quality accreditation there are mandatory CPD activities available during working hours (obstetric emergencies, adult and neonatal resuscitation)

Voluntary CPD

There is no national framework for midwives to undertake voluntary CPD in Portugal. However many do so as an ethical professional obligation.

CPD as part of national standards and guidelines for quality of care

In Portugal, CPD is not integrated into national standards or guidelines for quality of care.

Development and implementation

Portugal does not have a policy on CPD, although some organisations (e.g. the professional body with regulatory competence (the Portuguese Nursing Council), the midwives' professional organisation (Associação Portuguesa dos Enfermeiros Obstetras (APEO)), scientific societies and Higher Education Institutions) have started to promote professional development.

CPD activities undertaken in another EU member state are not recognised in Portugal. There is no obligation to record CPD activities, although midwives need to keep records in case they should need to report their CPD activities to the competent authority (Portuguese Nursing Council).

Accreditation

There is no system for CPD accreditation in Portugal, and there are no rules on how CPD content should be communicated, or prohibitions about advertising.

Content of CPD

Bodies involved in the content of formal CPD are the professional body with regulatory competence (Portuguese Nursing Council), the midwives' professional organisation (APEO), scientific societies and Higher Education Institutions and departments of continuing education in health organisations.

There is no regulation about the proportion of CPD which should relate to continuing midwifery education and professional development in addition to midwifery. A needs assessment is undertaken at the level of individual midwives, and the midwifery profession.

CPD content in Portugal includes activities on clinical midwifery practice, client safety, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwifery research and ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, clinical audit, evidence-based guidelines, high-dependency/critical care, safeguarding/child protection and mental

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health in pregnancy and the postnatal period. New CPD activities are available for promoting normal care and prenatal care.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) (new) promoting normal birth (new) Prenatal care	

Delivery of CPD

CPD is delivered through the following activities: Case presentations, clinical care discussions, conferences, symposia, lectures, seminars, formal and informal practice-based learning, web-based learning (e-learning), self-study (reading scientific books or journals, audio-visual education means, etc.), research-based learning, study groups or quality circles and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities in Portugal in breastfeeding and obstetric emergencies.

Financial issues and transparency

There are no guidelines or codes of conduct in place to ensure the transparency and independence of CPD in Portugal.

Funding is provided through professional organisations or by self-study, and midwives are expected to complete CPD outside their normal working hours. There is no requirement for providers to adhere to a code of ethics or to avoid promotion of drugs or health products.

Patient safety

Although it is possible to do CPD in patient safety, there is no mandatory or voluntary requirement to undertake CPD in patient safety. There has been a recent increase in provision of CPD in relation to patient safety in Portugal.

Trends and reflections

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The respondents do not offer an opinion (on behalf of APEO) about whether the provision of CPD in Portugal is satisfactory. They do not foresee a change in the regulation of CPD, or a change to a framework of either voluntary or mandatory CPD requirements.

CPD requirements are never reviewed in Portugal, and there are no current published national studies on this topic.

The respondents consider that the most important barrier to CPD participation are that the costs of any courses are borne by midwives themselves, and that midwives are expected to complete any formal CPD activities outside their usual working hours.

There are new courses in relation to normal birth and prenatal care in Portugal. Health care providers increasingly provide courses on patient safety.

The respondents value EU co-operation and exchange of good practice on CPD, and would welcome guidelines to create a framework for professional updating.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with Ordem dos Farmacêuticos - Portuguese Pharmaceutical Society.

Mandatory CPD

There is mandatory CPD established by a decree/governmental regulation and a code/regulation by professional body.

The licence to practise is reviewed every 5 years = 60 months.

The compliance with mandatory CPD requirements is taken into account in this review.

If professionals fail to comply with CPD there is no consequence.

The professional body with regulatory competence monitors and enforces the compliance. The professional also monitors the compliance.

The compliance is not monitored at regional level.

There are no additional incentives to comply with CPD.

The providers of CPD include (ranked by number of CPD activities): (1) Private sector, (2) Professional body with regulatory competence, (3) Professional/scientific organisations and (4) Higher Education Institutions.

Mandatory CPD requirements are formulated as a minimum number of credits (national system). Professionals must obtain 15 credits (10 of these can be obtained through proof of professional practice - up to a maximum of 2 credits per year in 5 years)

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care. However there is a law: Lei 20/2013, of February 14th. This law states that all support or benefit above 25€ given to health professionals, patient or professional organisations, is subject to public declaration on the National Authority for Medicines and Health Products.

Development and implementation

The professional body with regulatory competence initiates the development of policy on CPD.

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The professional body with regulatory competence is in charge of the awarding CPD points to CPD activities. CPD activities must not be awarded CPD points before being accessible to professionals. However, credit points can be given before the activity is made public by the CPD provider. From the moment the CPD points are given, a publicly accessible register is created in the CPD online platform. CPD activities are awarded CPD points on an individual-activity basis.

The criteria taken into account in the awarding of CPD points to CPD activities include, among others: Duration of activity, presence of final exam, compliance with professional guidelines (Internal Regulation for Qualifications).

The criteria for the accreditation of CPD activities are equal for all the providers.

Formal and mandatory CPD activities followed in another EU Member State are recognised on an individual-activity basis.

The CPD activities can be recorded by the professional, by the CPD provider and by the professional body with regulatory competence.

The professional body with regulatory competence keeps a record of all CPD activities on an internet-based platform.

This record can be updated by the CPD providers or by the professional body with regulatory competence. The CPD points for each individual are automatically updated as the CPD provider uploads the list of participants on the online platform.

Corrections to individual CPD points can be done only by the professional body with regulatory competence.

A professional can upload himself his CPD points corresponding to the professional practice (2 points per year). All record of CPD activities are subject to the monitoring, supervision and approval by the professional body with regulatory competence to ensure compliance with the Internal Regulation on Qualifications.

They are reported pro-actively by the professional and by the CPD provider.

CPD activities that are not awarded points by the professional body with regulatory competence, prior to their occurrence can still be recorded by the CPD provider or by the professional himself. These activities will then be attributed CPD points and updated retroactively.

There are rules on the way information on CPD activities can be communicated. A CPD logo with number of credits and number of registry of accredited activity must be on the list of accredited activities of the Portuguese Pharmaceutical Society online platform.

CPD activities are followed both during and after working hours. According to Portuguese Law (Lei 7/2009, 12th February) employers must provide an average of 35 hours of training per year, counted every 3 years, to all employees. It is up to the professional to have CPD activities outside of his working time.

Accreditation

There is no system of accreditation in place

Content of CPD

The bodies involved in the development of content of formal CPD activities include Professional body, Scientific societies, Higher Education Institutions and Private Sector. In the private sector the main providers are: National Association of Pharmacies (through their School for Post-Graduations in Health and Management), the Pharmaceutical Industry and private education organisations.

The content of CPD activities include: Communication, Patient counselling, Dispensing, Disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), Pharmacotherapy, Evidence Based Medicine, Self-medication, Compounding, Nutrition, Food supplements, Phytotherapy, Homeopathy, Veterinary medicine, Travel medicine, Medicines administration, Vaccination, Pharmacovigilance, Innovations, Biosimilars, Medicines use review, Pharmacoepidemiology, Management (financial, marketing, staff training, ...). All activities are eligible to be awarded CPD points if they are deemed to be in the scope of the pharmaceutical practice according to the Internal Regulation for Qualifications.

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The content of CPD is not directly linked to the services provided in the pharmacy. Services that can be provided by a pharmacy are defined by law and all fall under the scope of pharmaceutical practice. Health services provided in the pharmacy usually comprise phases of educational learning followed by practical training that are subject to accreditation (e.g. Vaccination and administration of injectable drugs).

Delivery of CPD

There are multiple forms of delivery of CPD including Case presentations, Clinical care discussions, Clinical hands on courses, Conferences, symposia, lectures or seminars, International live/face-to-face event, National and regional live/face-to-face events, Web-based learning (eLearning), Employer-based, Research-based and Higher Education Institution degree - Proof of pharmaceutical practice validated by the employer.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

There is a fee for CPD provider only – 100€ per registration of each activity (repetitions of the same activity are exempt of further payment).

CPD funding depends on Professional body with regulatory competence, Employers, Private/commercial sector, Self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is not subject to rules.

The Internal Regulation for Qualifications ensures the transparency and independence of CPD.

There are CPD activities available free of charge for mandatory and voluntary CPD requirements. CPD costs can be (and are traditionally) carried by the Professional or the Employer.

There are no financial reliefs linked to CPD activities. Expenses with CPD education and training activities can only be declared as education expenses in the yearly revenue tax declaration.

There are no rules regarding CPD price.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

Ordem dos Farmacêuticos - Portuguese Pharmaceutical Society expresses no formal opinion on the CPD offer.

There will not be a shift in the institutional competence to regulate CPD not a change on CPD schemes

There is not a shift in the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks. CPD criteria are reviewed as required, at no regular interval.

There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are the cost of the CPD activity and time available to undertake CPD activity.

New topics on CPD activities include Quality Systems Management applied to the pharmaceutical sector, Vaccination and administration of injectable drugs and Scientific Congresses and Meetings.

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The offer of CPD activities specifically addressing patient safety is not increasing despite being a leitmotiv in several education and training activities.

European cooperation and exchange of good practice on CPD provide could add value proposing Homogenous criteria for the attribution of CPD credits/points to the activities and the same CPD credit/points attribution system.

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10.24 Country profile: ROMANIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	Yes	Yes	Yes	No	No
CPD linked to licence review	Yes	Yes	Yes	Yes	Yes
Accreditation	Yes	Yes	No	Yes	Yes
Financing	Professional body with regulatory competence, professional organisations, doctor	Nurse, medical general assistant	Dentist	Midwife, professional body with regulatory competence	Private/commercial sector, pharmacist, sponsorships
Guidelines on transparency/independence	No	No	No	Yes	No

Doctors

Structures and governance

The practice of the medical profession is subject to a licence from the Romanian College of Physicians. The Romanian College of Physicians has autonomous branches in each administrative county. In total, there are 42 county colleges which are coordinated by the Romanian College of Physicians.

Mandatory CPD

The practice of the medical profession in Romania is subject to mandatory CPD requirements, which are enshrined both in law and the professional body's code. Doctors' licences to practise are reviewed every 5 years (in the case of retired physicians every year) and compliance with CPD requirements is taken into account in this review. The consequence of failing to comply with CPD requirements according to the law is that the physician is suspended from practicing the profession, until the minimal number of credits is reached. Professionals' compliance is monitored by the Romanian College of Physicians, through the special departments of the territorial colleges. It is enforced by the Romanian College of Physicians through the relevant county college. There are no positive incentives for professionals to comply with CPD requirements. CPD activities are offered by the following providers (ranked according to decreasing frequency of use): Romanian College of Physicians, professional organisations, the Ministry of Health, the Ministry of Education, scientific societies, higher education institutions, the private sector and medical institutions with an educational role. The mandatory CPD requirements are formulated in a national system of credits stipulating that doctors must attain a minimum of 200 credits over the 5 year period for which their licences are valid.

Voluntary CPD

Beyond the mandatory CPD requirements, the Romanian College of Physicians also understands CPD as being driven by doctors' ethical obligation. Professionals' compliance is monitored by the Romanian College of Physicians, through the special departments of the territorial colleges. There are no positive incentives for professionals to comply with the voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD requirements are not integrated into national standards or guidelines for quality of care.

Development and implementation

Policy on CPD is initiated by the Romanian College of Physicians. Both formal and informal CPD activities followed in another EU Member State are partially recognised.

Accreditation

There is a system of accreditation of CPD activities for which the Romanian College of Physicians is responsible (Statutes of the Romanian College of Physicians, Article 14, <http://www.cmr.ro/statute-of-the-romanian-college-of-physicians/>). CPD activities on continuous medical education and extra-medical topics are accredited according to the same criteria. The accreditation criteria do not differ according to which provider

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offers the CPD activities; the only limitation is that the manufacturers of medicines or medical equipment cannot be organisers within the national CME programme.

Content of CPD

The completion of CPD activities is recorded by the professional and the provider. It is reported by the professional, both pro-actively and upon request of the competent authority as well as being reported by the CPD provider. The way information on CPD activities can be communicated is set out in the Decision regarding the determination of the procedural evaluation system of the activities of physicians continuing medical education, in which Article 16 provides that the programme will clearly specify the organisers and sponsors and specificities all details of the agenda: time, place, name and scientific or professional. The content of formal CPD activities is developed by the professional body and others. Doctors are obliged to follow a certain prescribed content according to their specialty. At least one third of the credits should be obtained from continuous medical education according to specialty. There are also requirements relating to the combination of formal and informal CPD activities, i.e. at least a third of the necessary credits should be obtained by attendance of courses. A needs assessment takes place at the level of the individual professional, at the level of the profession and at CPD provider level. Topics addressed in the CPD activities include communication with patients, patient safety, eHealth and IT systems, patient data management, and intercultural communication skills.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical audits, clinical case discussions, clinical hands-on courses, conferences, symposia, lectures or seminars, formal practice based-learning, informal practices-based learning, international live/face-to-face events, web-based learning, self-study (reading scientific journals or books, audio-visual educational means, employer-based, study groups or quality circles.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the Romanian College of Physicians and professional organisations. As regards funding by commercial bodies, this is regulated in Article 16 of the Decision referred to above which provides that the programme will clearly specify the organisers and sponsors and specificities all details of the agenda: time, place, name and scientific or professional. There are no other guidelines on the transparency and independence of CPD activities. There are no formal CPD activities available free of charge. The cost of following CPD activities is carried by the professional. There are no financial reliefs available in relation to this cost. Also, there are no rules governing the price of CPD. Doctors are allowed to spend 2 weeks of paid working time per year to follow CPD activities to fulfil the mandatory CPD requirements. Any other CPD activities must be followed outside of working time.

Patient safety

There are CPD activities addressing patient safety, however it is not mandatory for doctors to follow them. The Romanian College of Physicians reports an increase in the number of CPD activities specifically addressing patient safety.

Trends and reflections

The Romanian College of Physicians finds the offer of CPD activities available to doctors in Romania to be satisfactory. As regards recent trends and developments in the foreseeable future, there are no shifts in relation to the institutional competence to regulate CPD. Nor is there a shift from mandatory CPD requirements to a voluntary CPD framework expected. Also, no shifts in terms of criteria which are taken into account for accreditation of CPD activities were reported, nor are there developments as regards CPD requirements' relation to competency or qualification frameworks. CPD requirements are reviewed as required at no regular interval. There are no national studies on the impact of CPD on professional practice. The main barriers to doctors' participation in CPD activities are the lack of time and the cost of following CPD activities. With a view to the future, new topics to be addressed by CPD activities include malpractice, patient safety and new therapies. The Romanian College of Physicians believes that European cooperation and exchange of good practice on CPD could provide added value by working towards a common ground as regards medical specialties, standards and guidelines, equipment and funding.

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Nurses

Structures and governance

The Continuing Professional Development issues are regulated by the Act 307 – 2004, and from 28 October 2008 by the Emergency Ordinary 144, concerning the practice of the nursing profession and the organisation and functioning of Regulatory Body (Order of Medical General Assistants and Midwives, and Medical Assistants from Romania - OAMGMAMR). Romanian medical general assistants (title of qualification) renew their registration every five years - see <http://www.oamr.ro>

Mandatory CPD

There is mandatory CPD (CME – Continue Medical Education). There are legal requirement of a minimum number of credits per year to continue to practice as a nurse⁶⁰ and as medical general assistant in Romania⁶¹ (30 credits per year). The regulatory body require nurses and medical general assistants to provide evidence that they are professionally up to date. If a nurse or medical general assistant fails to comply the requirements it can be temporary suspended from practice. OAMGMAMR is involved in developing content of CPD, professional body with regulatory competence, but with a few mandatory courses. In Romania, there is no needs assessment for CPD.

Voluntary CPD

There is a voluntary CPD system where nurses and medical general assistants can attend educational activities at their own responsibility. They don't receive credits. They receive a certificate.

CPD as part of national standards and guidelines for quality of care

No.

Development and implementation

CPD policy is initiated by the Romanian Medical General Assistants, Midwives and Medical Assistants (OAMGMAMR), established by their decisions. CPD activities are mainly provided by OAMGMAMR, but these are not enough for all, and not satisfactory. In some counties, nurses only pay, and obtain credits without attend courses (courses are only on paper, not in reality).

The regulatory body organises courses but there is no need assessment at the level of the profession and the courses seem not relevant to the nurse profession.

Accreditation

There is a fee for the accreditation of CPD activities. As a member of OAMGMAMR every nurse and midwife pay fee to the OAMGMAMR one percent from the salary monthly. But even if nurses pay fees monthly, they pay fees for the courses.

There are this links below about OAMGMAMR decision related to accreditation procedures:

www.oamr.ro/hotarare-nr-23-din-27-09-2013-pentru-aprobarea-taxei-de-acreditare-si-reacreditare-a-furnizorilor-de-educatie-medicala-continua-persoane-juridice

<http://www.oamr.ro/hotarare-nr-222013-pentru-aprobarea-normelor-de-acreditare-a-furnizorilor-de-educatie-medicala-continua/>

Content of CPD

The content of formal CPD activities in developed by the professional body.

Delivery of CPD

⁶⁰ Nurse: definition in compliance with Directive 2005/36/EC amended by Directive 2013/55/EU.

⁶¹ Medical general assistant: NOT in compliance with Directive 2005/36/EC amended by Directive 2013/55/EU.

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It is done by OAMGMAMR. CPD (CME - Continuing Medical Education) activities are delivered in the following formats: conferences, symposia, lectures, seminars and web-based learning (e-learning). Their number is not enough for all medical general assistants. They are few and of poor quality.

Multi-professional CPD activities

There are no multi-professional CPD activities in Romania.

Financial issues and transparency

CPD is funded by each nurse. There are no guidelines of transparency and independence of CPD.

Patient safety

Mandatory CPD activities include information on patient safety.

Trends and reflections

The professionals are not satisfied with the level of CPD available to nurses and medical general assistants in Romania. The regulatory body does not understand their role. Also the regulatory body does not agree with all the providers of education. For this reason, in Romania, all other professional associations (which were established along years) of Medical General Assistants stopped their activities.

The profession states that they need to strengthen CPD that focuses on nursing. Nurses complain that they have colleagues who had the opportunity to learn or work outside their country, and they obviously want to learn new things.

The profession complains that the OAMGMAMR has a monopoly on the profession. The President of the Order is the chief medical general assistant in the Ministry of Health; the President of Trade Union is Vice-president to the OAMGMAMR, and many others leaders from Trade Union are function to the OAMGMAMR. Power is in few hands.

Dentists

Structures and governance

Dentists must register with the College of Dentists of Romania (CMDR) to be able to practise. Registration can be done through any of the 42 local (county) branches of CMDR. Registration is reviewed every 12 months and compliance with the mandatory CPD requirement is taken into account in the review.

Mandatory CPD

CPD is mandatory for dentists in Romania, based on regulation by the College of Dentists (<http://cmdr.ro/emc.php?id=4>). Dentists are required to earn 200 credits in a 5 year period or minimum 40 credits per year under a national system.

Compliance is monitored by CMDR and failure to comply can lead to a temporary suspension of licence to practise.

Activities for mandatory CPD are provided by professional organisations, scientific societies, CMDR, higher education institutions, the private sector and the Ministries of Health and of Education.

Formal CPD activities followed in another Member State are recognised.

Voluntary CPD

In addition to mandatory CPD there is also a voluntary CPD framework, based on regulation by CMDR. There are no positive incentives for dentists to participate in voluntary CPD but they may receive a reprimand by CMDR if they fail to do so.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by CMDR.

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Completion of CPD activities is recorded and reported pro-actively by the dentist.

Accreditation

There is no system for accreditation of CPD.

Content of CPD

CMDR and scientific societies are involved in the development of content of formal CPD activities.

There is no prescribed or recommended content dentists must follow. No needs assessment generally takes place. Some of the topics followed are marked "x" in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia		Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)		Infection control	
Communication with patients		Medical emergencies	
Conscious sedation		New technologies	x
Dental care of children		Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly		Patient data protection	
Dental care of the medically compromised patients		Patient safety	
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x	Other	

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands on courses; conferences, symposia, lectures or seminars.

Multi-professional CPD activities

Dentists do not participate in CPD activities with other health professions.

Financial issues and transparency

CPD activities are self-funded by participating dentists' fees; some activities are available free of charge.

CMDR regulation on CPD states that CMDR can organise any kind of CPD activity and specifies the fee that the CMDR branch (organiser) should pay to the regulator of CPD (the same CMDR branch) (<http://www.cmdb.ro/decizie-nr-582011>).

There are no specific guidelines to ensure transparency and independence of CPD and no rules on how information on CPD can be communicated. There are no rules governing the cost of CPD.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules. The offer of CPD activities on patient safety is not reported to be increasing.

Trends and reflections

In the opinion of a former CMDR Secretary General, the offer of CPD for dentists in Romania is satisfactory. No shifts in policy on CPD are reported or expected.

The main barriers to participation in CPD are distance and costs.

New topics being addressed by CPD include endodontics, aesthetics, CAD/CAM and implantology.

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In the opinion of the former CMDR Secretary General, European cooperation would be useful to ensure EU-wide recognition of CPD.

Midwives

Structures and governance

Midwives are required to register with the Romanian Order of Nurses, Midwives and Medical Assistants (OAMGMAMR) and with the Ministry of Health. Midwives' professional practice is linked to mandatory CPD (CME), and this is established in law (Emergency Ordinance 144/2008), incorporated into the professional code, and regulated by the professional body.

Mandatory CPD

In Romania, midwives must re-register every three years, and to do this, they must be able to provide evidence that they have completed the mandatory CPD (CME) requirement of 30 credits (based on a national system). This process is regulated by the professional body (OAMGMAMR/Ministry of Health). If a midwife has not completed the required mandatory CPD she faces temporary suspension of her licence to practise. The OAMGMAMR is responsible for monitoring compliance with the mandatory CPD requirement, and for enforcing a licence suspension if a midwife has not met the CPD requirement.

Voluntary CPD

There is no voluntary CPD framework in Romania.

CPD as part of national standards and guidelines for quality of care

In Romania, CPD is integrated into guidelines for quality of care through a National Programme of Continuing Medical Education.

Development and implementation

In Romania, CPD policy is initiated by OAMGMAMR (the professional body with regulatory competence). The following bodies provide mandatory CPD activities: The professional body with regulatory competence (OAMGMAMR) accredited and approved universities and faculties of medicine and pharmacy, institutions with an educational role, medical societies, university clinics and hospitals, county subsidiaries of OAMGMAMR and their trainers.

Evidence of credits obtained by OAMGMAMR members is monitored by OAMGMAMR subsidiaries and reported to the Department of Continuing Medical Education of OAMGMAMR. The number of credits obtained is counted at the end of each year, when general nurses / midwives / medical nurses must prove they have accumulated the required number of credits established by the National Council OAMGMAMR. Midwives must obtain a minimum of 30 credits/year. Of these, 15 mandatory credits must be gained by attending courses and another 15 can be obtained through self-study and journals.

Formal CPD undertaken in other EU member states is recognised in Romania.

Midwives are responsible for maintaining a record of their CPD; this is completed by using a password-protected computer database. A record is also maintained by the CPD provider.

Accreditation

CPD activities in Romania are subject to accreditation; this is the responsibility of the OAMGMAMR (professional body with regulatory competence).

If CPD activities are to be used to fulfil the mandatory CPD requirements, they must be accredited before being undertaken; informal CPD activities are not accredited. Providers are charged a fee for accreditation, but this varies according to the duration of the activity and its compliance with national policy (see <http://www.oamr.ro> for the quality assessment framework used in accreditation).

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Content of CPD

The following bodies are involved in developing content of CPD: the professional body with regulatory competence (OAMGMAMR), the midwives' professional organisation (Independent Midwives Association), the Ministry of Health, the Ministry of Education and Midwifery Education Institutes.

In Romania, there is currently no needs assessment for CPD. However, CPD in midwifery and in professional development are accredited using the same criteria.

CPD in Romania covers the following content: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), high dependency/critical care, and mental health in pregnancy and during the postnatal period. Recent additions to CPD include care of women with HIV, communication and contact with patients and parasitic diseases in public health.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety	x	Antenatal screening	
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics		Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal period	x
Electronic fetal heart monitoring (EFM)		Other (please specify) HIV Parasitic diseases in public health	

Delivery of CPD

In Romania, CPD (CME) is delivered through the following activities: conferences, symposia, lectures, seminars, congress, self-study (reading scientific journals), formal practice-based learning, case presentations, clinical care discussion, clinical hands-on courses and employer-based learning.

Multi-professional CPD activities

There are some multi-professional CPD activities in Romania.

Financial issues and transparency

In Romania CPD is funded through the following sources: the professional body with regulatory competence, self-funding by midwives, the Ministry of Health, the Ministry of Education and the midwives' professional organisation.

The transparency and independence of CPD activities is managed through a code produced by the professional body.

The costs of CPD activities are related to duration, place, lecturer and institution, and CPD must be completed outside working hours. The tax for courses undertaken and supported within projects financed from EU structural funds or other sources of funding is determined by the National Committee for Continuing Medical Education, according to the funding of the project.

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Patient safety

Mandatory CPD activities include information on patient safety, so CPD on patient safety is part of mandatory requirement in Romania.

Trends and reflections

In the respondent's opinion (on behalf of the Romanian Independent Midwives' Association), CPD in Romania is not satisfactory. CPD is only available to midwives via existing continuing medical education (CME) activities, and are therefore not profession-specific and does not build on midwives' education and training. The respondent also notes that there is no distinction made between midwives with an academic background, and those with a technical college background; midwifery has only been available as an academic course since 2007, but the future of midwifery in Romania remains uncertain. Midwifery is not recognised in legislation, midwifery bachelor degree courses are facing closure and nurses are utilized to undertake midwifery roles without midwifery qualifications. The respondent believes it would be better if CPD in Romania included new developments in research or similar or built more on midwives training.

The respondent does not foresee any changes in the regulatory governance of CPD, or a shift away from mandatory CPD (or towards voluntary CPD, which does not currently exist in Romania). Accreditation frameworks have not changed, and there have not been developments in relation to competency frameworks or national guidelines. CPD requirements are not regularly reviewed and no national studies on this topic are underway.

In the respondent's view, key barriers to midwives' CPD in Romania are that CPD activities do not provide new information or education, and that the more interesting courses are too expensive for midwives to undertake. New areas being covered by CPD include counselling, communication with pregnant women/patients, parasitic diseases in public health and care of pregnant women with HIV.

Patient safety is not a component of every activity, but many CPD activities do include patient safety.

The respondent considers EU cooperation and exchange of good practice in CPD to be valuable, and would like to see EU-wide standards for CPD established.

Currently, midwives in Romania do not have profession specific CPD and must gain their mandatory credits through Continuing Medical Education activities.

Pharmacists

Structures and governance

The practice of general pharmacists is subject to a registration with the Romanian College of Pharmacists.

Mandatory CPD

Practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law (95/2006) and code/regulation by the professional body.

The licence is a subject to review every year. Compliance to CPD requirements is taken into account in this review. If the professional fails to comply with CPD, he/she is temporarily suspended of their licence to practise. The professional organisation is in charge of monitoring CPD and enforcing the consequences if the professional fails to comply with CPD requirements.

CPD courses are provided by the private sector, scientific societies and the professional organisation. The CPD system is organised and formulated by a minimum number of credits (national system).

The mandatory CPD requirements for professionals are 40 credits per year.

Voluntary CPD

There is no voluntary CPD framework established.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines in the National Accreditation Programme standards - EFC.

Development and implementation

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The professional organisation and the professional body with regulatory competence initiate the development of policy on CPD.

Activities followed in other EU countries are not recognised.

CPD is recorded and reported upon request by the competent authority (professional body in charge of accreditation).

Advertising activities can be done at the OTC level (regulated by the ANMDM).

CPD activities are carried both outside and during the working hours.

Accreditation

The professional organisation is in charge of the accreditation of formal CPD activities. The formal CPD activities must be accredited before being accessible to professionals. Accreditation is given on individual CPD activity. There is no fee for accreditation.

The criteria taken into account while giving the accreditation are duration of activity, compliance with professional guidelines, compliance with national policy, compliance with EU policy, learning outcomes (skills, knowledge, competences acquired).

Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body, scientific societies and the private sector.

The content of CPD activities include communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, medicines administration, vaccinations, pharmacovigilance, biosimilars, pharmacoepidemiology, management (financial, marketing, staff training, ...), some of them are linked to the additional services in the pharmacies.

Delivery of CPD

There are multiple forms of delivery of CPD including conferences, symposia, lectures or seminars, formal and informal practice based learning, international, national and regional live/face-to-face event, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), multi-professional.

Multi-professional CPD activities

There are multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the private/commercial sector and self-funded by participating professionals' fees and sponsorships. There is no regulation for commercial bodies that fund the CPD activities.

The costs and fees of CPD activities differ depending on the event, it can also be free of charge. The costs are carried by the professional, employer and private pharmaceutical sector.

There are no specific guidelines to ensure the transparency and independence of CPD.

Patient safety

Patient safety components are envisaged in CPD activities.

Trends and reflections

The most important barriers to participation in CPD activities are medical situations, time and distance.

New topics addressed by CPD are national health policy, new medicines on the market and harmonisation with EU.

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10.25 Country profile: SLOVAKIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	No	No	No
CPD linked to licence review	Yes	N/A	N/A	Yes	Yes
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Employer, private/commercial sector, doctor, health insurance fund, state budget, foundation	Employer, chamber, nurse, health insurance fund, state budget, foundation	Dentist, employer, competent authority, health insurance fund, state budget, foundation	Professional organisation, employer, health insurance fund, midwife, state budget, foundation	Professional organisation, employer, health insurance fund, private/commercial sector, pharmacist, state budget, foundation
Guidelines on transparency/independence	Yes	Yes	Yes	Yes	Yes

Doctors

Structures and governance

The practice of the medical profession in Slovakia is subject to a licence issued by the Slovak Medical Chamber.

Mandatory CPD

Medical practice is subject to mandatory CPD requirements, which are established in law and by the professional body's code (<http://www.lekom.sk/index.php?ID=111>). There is a review of the licence to practise and compliance with CPD requirements is taken into account during this review. Failure to comply with CPD requirements will entail a reprimand by the Slovak Medical Chamber and a fine, which is paid to the national budget. Compliance with CPD requirements is monitored by the Slovak Medical Chamber and the individual professional. It is enforced by the Slovak Medical Chamber. There is no regulation on positive incentives for professionals to comply with CPD requirements. The Ministry of Health states that it is in the responsibility of the employer to establish incentives and that it can be made subject of collective bargaining.

CPD activities are offered by the following providers (ranked according to decreasing frequency of use): scientific societies, professional organisation, higher education institutions, the Slovak Medical Chamber, the private sector, the Ministry of Health, the Healthcare Surveillance Authority and the Ministry of Education.

CPD requirements are formulated according to a national system of credits; international credits are also taken into account. Doctors are required to obtain a minimum of 250 credits over a 5 year period.

Voluntary CPD

Medical practice is not subject to a voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards or guidelines for quality of care. To ensure patient safety and a uniform approach to providing healthcare services, in particular for medical specialisations, the Ministry of Health issues targeted recommendations.

Development and implementation

Policy on CPD is initiated by the Ministry of Health, the Slovak Medical Chamber, professional organisations, national policy-makers and employees. Formal CPD activities followed in other EU Member States are recognised. The completion of CPD activities is recorded by the CPD provider. It is recorded and reported by the professional upon request of the competent authority as well as being reported by the CPD provider. The information is entered into doctors' registration files, either manually or electronically.

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Accreditation

There is a system of accreditation of CPD activities. According to the law, credits should be allocated by those who organise CPD activities, namely employers, scientific societies from the Slovak Medical Association and the Slovak Medical Chamber.

Formal CPD activities must be accredited before being accessible to doctors, for informal activities no such obligation exists. Accreditation is given on the basis of individual activities.

Content of CPD

The professional body, the Ministry of Health, scientific societies, higher education institutions and emergency services are involved in the development of content of formal CPD activities.

In addition to the structural requirements (250 credits in 5 years), doctors are required to follow CPD activities with a specific content according to their specialties. There is no other regulation what percentage of CPD must relate to continuous medical education and what percentage can relate to other topics.

There is a needs assessment to determine which CPD activities a doctor should follow both at individual level and at the level of the profession.

Topics which are addressed by CPD activities include communication with patients, eHealth and IT systems and payment and reimbursement systems.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical care discussions, conferences, symposia, lectures or seminars, formal practice-based learning, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means etc.), employer-based, research-based and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities, for example in the areas of Ear, Nose and Throat and paediatrics, and intensive care medicine.

Financial issues and transparency

The Ministry of Health states that CPD for health professionals may be funded by employers, municipalities, health insurance fund budgets, the state budget, foundations and other legal entities, natural persons or other sources or be self-funded by participating professionals' fees.

State budgetary organisations and state contributory organisations plan financial resources for further education of its own employees directly in their budget per calendar year and employ them in accordance with the plan of education of employees. If these organisations receive additional sources of financing, they finance further education from these sources.

The amount of payment for health workers (i.e. participants in continuing education), is subject of binding legal regulation issued by the Ministry of Health (Act No 578/2004 on health-care providers, health professionals and professional organizations in the health service, as amended - § 39a Funding of further education of health professionals).

The amount of payment for health workers (participants in continuing education) lays regulation No 31/2006 Z. z. of Ministry of Health of the Slovak Republic about the amount of payment for a health care professional continuing education.

Health professionals can obtain 5 days a year of paid working time to follow CPD activities (Labour Code).

Patient safety

There are no CPD activities on patient safety, nor is any change on this reported. To ensure patient safety and a uniform approach to providing healthcare services, in particular for medical specialisations, the Ministry of Health issues targeted recommendations.

Trends and reflections

The Slovak Medical Chamber believes the offer of CPD activities could be improved by adopting legislation which addresses not only continuous medical education but also extra-medical CPD. As regards recent trends

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and developments in the foreseeable future, there are no shifts in relation to the institutional competence to regulate CPD. Nor is there a shift from mandatory CPD requirements to a voluntary CPD framework expected. Also, no shifts in terms of criteria which are taken into account for accreditation of CPD activities were reported, nor are there developments as regards CPD requirements' relation to competency or qualification frameworks.

CPD requirements are reviewed as required at no regular interval. There are no national studies on the impact of CPD on professional practice.

The Slovak Medical Chamber sees an important barrier to professionals' participation in CPD in the divergent positions of the Ministry of Health and the Slovak Medical Chamber on this issue and the lack of clarity or agreement on division of competences between ministry and non-governmental organisations. As regards new topics which are addressed in CPD, the need for more guidelines by scientific societies is underlined. The Ministry of Health states that in the context of the implementation of Directive 2013/55/EU amending Directive 2005/36/EC on the mutual recognition of professional qualifications it plans to prepare a new approach to CPD in line with the necessary professional skills requirements.

Lastly, the Slovak Medical Chamber believes European cooperation and exchange of good practice can provide added value by providing a platform for Member States to realise the importance of the medical profession's autonomy on this topic.

Nurses

Structures and governance

Nurses in Slovakia have to register with the competent authority, Slovak Chamber of nurses and Midwives in order to practice.

Mandatory CPD

The practice of the nurse profession is subject to mandatory CPD requirements, established by law and governmental regulation (Law No 578/2004, Decree No 366/2005 Z.z 296/2010). Failure to comply with CPD requirements will lead to establishing a deadline for fulfilment of CPD requirements by the Slovak Chamber of Nurses and Midwives, then followed by a fine paid to the national budget. The requirements are 100 credits/5 years = 50 credits on clinical practice and self-study, and the other 50, on CPD activities. The monitoring of CPD is done by the professional organisation.

Voluntary CPD

There is no voluntary framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

CPD policy is initiated by Ministry of Health, professional organisation (Slovak Chamber of Nurses and Midwives), national and EU policy makers and employers.

CPD activities followed in another EU Member States are recognised.

Activities are reported and recorded by CPD provider (issuance of certificates).

Nurses can obtain 5 days a year of paid working time to follow CPD activities.

Accreditation

There is a system of accreditation. The accreditation can be given by the Ministry of Health to professional organisations and higher education institutions. The applicants for accreditation must satisfy certain criteria (technical, material, personnel) and must develop an accreditation project. The Accreditation Commission of the Ministry of Health assess the application. Other criteria are the duration of the activity, compliance with professional guidelines and national policy, and learning outcomes. There is a fee for accreditation, depending on who provides the activity.

In Slovakia, they distinguish between accredited and non-accredited CPD activities. Accredited CPD activities – Organisers receive accreditation from the Ministry of Health of the Slovak Republic. Non Accredited activities are organised by eligible entities in compliance with the Law.

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There are also non accredited activities in CPD, formal CPD activities, when credits should be allocated by those who organise CPD activities. Organisers must be eligible entities for organising CPD activities. It is defined by Law No 578/2004. The non - accreditation procedure takes into account the duration of an activity, its compliance with professional guidelines, compliance with national and EU policy as well as its lecturers and the number of presentations. Criteria do not differ between CPD providers.

Content of CPD

CPD activities are mainly provided by professional body, Ministry of Education, Ministry of Health, private sector, scientific societies, and higher education institutions.

Content has to relate to the nursing practice or to the specialty, if appropriate. Topics most commonly included are nursing clinical practice, communication, management, legal and professional issues, and chronic disease management.

Delivery of CPD

Activities include case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences and seminars, formal practice based learning, eLearning and mLearning, self-study, research based, study groups, employer based, and multi-professional.

Multi-professional CPD activities

Yes, for doctors and nurses.

Financial issues and transparency

CPD may be funded from the means of employers, the budget of municipalities, health insurance funds budgets, nurses, the state budget, foundations and other legal entities and natural persons.

State budgetary organisations and state contributory organisations plan financial resources for further education of its own employees on the calendar year directly in the budget and use in accordance with the plan of education of employees. If these organisations receive additional sources of financing, they finance further education.

The amount of payment for health professionals (participants in CPD), is subject to binding legal regulation issued by the Ministry of Health.

(Act No 578/2004 on health-care providers, health professionals and professional organizations in the health service, as amended - § 39a Funding of further education of health professionals, and No 31/2006 Z. z. of Ministry of Health of the Slovak Republic).

Health professionals, including nurses, can obtain 5 days a year of paid working time to follow CPD activities (Labour Code).

Patient safety

There are activities on patient safety but not compulsory. The number of activities is increasing.

Trends and reflections

CPD system is satisfactory. There have not been many changes in the recent years and requirements have not been reviewed. Most common barriers are working time, difficulties in leaving work for CPD in daily practice and lack of motivation.

Dentists

Structures and governance

Dentists must register with the Slovak Chamber of Dentists; registration is not subject to review.

Mandatory CPD

CPD is mandatory for dentists in Slovakia as based on Law on further education of medical professionals. Dentists must earn 250 credits per 5 years under a national system (150 credits are earned for participation in CPD and 100 credits for actively practising as a dentist and for self-study; 1 credit equals 1 hour).

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Slovak Chamber of Dentists monitors compliance with CPD requirements and enforces consequences in case of non-compliance. These range from a fine to the loss of licence to practise if requirement is not fulfilled within a certain timeframe.

Activities for mandatory CPD are provided by (ranked according to decreasing frequency): Slovak Chamber of Dentists, higher education institutions, scientific societies, the private sector, professional organisations and the Ministries of Health and of Education.

CPD activities followed in another EU Member State such as European and international congresses and CPD courses accredited in another EU Member State are recognised in Slovakia.

Voluntary CPD

There is no voluntary CPD framework for dentists in Slovakia.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards for quality of care.

Development and implementation

Development of policy on CPD is initiated by the Ministry of Health, the Slovak Chamber of Dentists and national policy-makers.

Completion of CPD activities is recorded by the CPD provider and is reported pro-actively by the participating dentist and by the CPD provider.

Accreditation

The Slovak Chamber of Dentists administers a system of accreditation of CPD activities for both formal and informal CPD activities. Accreditation is awarded to individual CPD activities at no charge. Duration of activity, compliance with professional guidelines and learning outcomes are taken into account in accreditation.

Content of CPD

The Slovak Chamber of Dentists, scientific societies, higher education institutions, the private sector and postgraduate education organisations are involved in the development of content of formal CPD activities.

Beyond the structural requirements, dentists are also required to follow courses on cardiopulmonary resuscitation (CPR), infection control, medical emergencies, patient safety, radiation protection and safety at work. In addition, a needs assessment is carried out at the level of the individual dentist and at the level of the profession to determine which CPD activities should be followed.

Criteria for CPD to be followed differ according to the dentist's specialty: for specialist dentists 70 percent of CPD must be in the area of their specialty and academics are able to earn CPD credits for lectures, teaching, participation in scientific programmes and projects, publications etc. Dentists in full-time postgraduate specialisation programmes can have their specialisation training validated as CPD.

Some of the topics covered are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients		Patient safety	x

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Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence		Other	

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical hands on courses; conferences, symposia, lectures or seminars; formal practice based learning; international, national and regional live/face-to-face events; self-study; employer-based; multi-professional; research-based.

Multi-professional CPD activities

Dentists participate in CPD activities with physicians on topics such as first aid, CPR, anaesthesia and sedation, practice management, health management, medical law, radiation, accounting, taxation, social medicine etc.

Financial issues and transparency

CPD activities are funded by the Slovak Chamber of Dentists, the private sector and participating dentists. Funding by the private sector is governed by the Code of ethics for organisation of CPD activities by the Slovak Dental Chamber and by individual agreements between the CPD organiser and the supporting commercial company.

The cost of CPD activities is carried by the self-employed or salaried dentist, the employer and the Dental Chamber or scientific organisation for their members. The organiser of the CPD activity is not allowed to gain any profit from the activity. A small percentage of CPD activities for both mandatory and voluntary CPD are available for free.

The Code of Ethics for organising CPD activities also includes rules on the way information on CPD activities can be communicated.

Continuing education of health professionals may be funded from the means of employers, the budget of municipalities, health insurance funds budgets, payments of health workers who are participants in continuing education, the state budget, means of foundations and other legal entities and natural persons, other sources. State budgetary organizations and state contributory organizations plan financial resources for further education of its own employees on the calendar year directly in the budget and use in accordance with the plan of education of employees. If these organizations receive additional sources of financing, they finance further education from these sources.

The amount of payment for health workers (participants in continuing education), is subject of binding legal regulation issued by the Ministry of Health.

(Act No 578/2004 on health-care providers, health professionals and professional organizations in the health service, as amended - § 39a Funding of further education of health professionals)

The amount of payment for health workers (participants in continuing education) lays regulation No 31/2006 Z. z. of Ministry of Health of the Slovak Republic about the amount of payment for a health care professional continuing education.

Health professional can obtain 5 days a year of paid working time to follow CPD activities (Labour Code).

Patient safety

Dentists must follow CPD activities on patient safety; they are required to participate in a mandatory patient safety module and patient safety is included in other mandatory modules. The offer of activities specifically addressing patient safety is increasing.

Trends and reflections

According to the Slovak Chamber of Dentists, the offer of CPD in Slovakia is satisfactory. The Chamber notes that less commercial CPD has been awarded accreditation in recent years and that CPD is now more often organised by professional organisations, scientific societies and universities rather than the private sector.

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The main barrier to participation in CPD activities for dentists in Slovakia is time: this includes time necessary to travel to the venue of the CPD activity and requires the dentist to be either absent from the workplace or to use the time meant for rest and relaxation – usually weekends – to participate.

The following new topics are being addressed by CPD activities: new technologies and materials, infection control and patient safety, patient data protection.

In the opinion of the Slovak Chamber of Dentists European cooperation on CPD can provide added value by bringing new ideas, evaluating effectiveness of various types and systems of CPD, and enhancing eLearning, for instance by developing a common database on eLearning materials and lessons.

Midwives

Structures and governance

The practice of Slovakian midwives is subject to registration with the Slovenska Komora Sestier a Pôrodých Asistenitek (SKSaPA), a professional body with regulatory competence (Chamber of Nurses and Midwives). Midwives' license to practice is subject to review (relicensure, revalidation, re-registration) every 5 years and CPD compliance is taken into account within this review.

In Slovakia, SKSaPA plays a leading role in the continuing development of health professionals by accrediting all providers of CPD. The national requirements for CPD are reviewed as required with no set regular interval. CPD is integrated in national standards for quality of care.

Mandatory CPD

The practice of midwives is subject to mandatory CPD requirements. This is established by law (Komora v zmysle zákona NR SR č. 578/2004 Z.z) mandating the CPD requirements for the profession.

For midwives 150 CPD credits must be obtained over 5 years; 100 credits for practice and 50 credits for education. These criteria are further explained within the accreditation of CPD.

Midwives' compliance is monitored by SKSaPA, the professional body with regulatory competence, and if a midwife fails to comply with mandatory CPD requirements, a temporary suspension of practice occurs and midwife is given 6 months to fulfil the requirement. Mandatory CPD is not linked to any financial incentives except that non-compliance can result on loss of earnings while suspended.

The leading providers of mandatory CPD are SKSaPA (professional body with regulatory competence), the midwives' professional organisation, scientific societies and higher education institutes.

Voluntary CPD

The Ministry of Health stated there is no national voluntary CPD framework for midwives in Slovakia.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into national standards for quality of care.

Development and implementation

Policy on the development of CPD is initiated by SKSaPA (the professional body with regulatory competence), the midwives' professional organisation and by employers.

Recording of the completion of CPD activities is undertaken by the CPD provider and reporting to the competent authority is done pro-actively by the midwife or following a request from SKSaPA. CPD activities are funded by the midwives' professional organisation, by employers, by the private/commercial sector and by the midwife.

Formal CPD activities undertaken in another EU Member state are recognised by the professional body with a regulatory competence.

Accreditation

Accreditation of Slovakian midwives' CPD activities is provided by SKSaPA. Mandatory CPD activities are accredited prior being accessible to midwives, taking into account the duration of the activity on the basis of individual CPD activity. On the national level: for active participation 10 credits are allocated, co-authoring publications is set at 5 credits and passive activity at 1 credit. Under the international/European system, a multi-day activity is equal to 15 credits, co-authoring publication achieves 10 credits, a multi-day event in a

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foreign language achieves 1 credit per 60 minutes for each passive activity (e.g. non-presenting delegate attending a European conference).

Though accreditation is based on the accreditation of the CPD provider, the criteria do not differ for different providers. The guidelines and code do not differentiate between the criteria set for activities within continuous midwifery education or for professional development beyond midwifery practice. The accreditation activity incurs a fee.

Content of CPD

In Slovakia there are varied CPD providers and most are seen to be involved in the development of CPD content. These include the professional body with regulatory competence, the midwives' professional organisation, the Ministry of Health, the Ministry of Education, scientific societies, Higher Education Institutions, midwifery education institutions and the private sector. Currently there is no regulation as to what percentage of content must relate to continuous midwifery education or to professional development beyond midwifery practice, however there are requirements in according to specialty and a combination of informal and formal CPD may be needed. CPD content is based on needs assessment at the profession level.

Current CPD content includes following; Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwives prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection and mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is delivered through the following formats: clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, International/national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means etc.). It may also be provided through employer based, multi-professional and research-based formats, including videos with case presentation and study groups /circles. In addition, Slovakian midwives attend patient-provided activities.

Multi-professional CPD activities

In Slovakia midwives do not participate in multi-professional CPD activities.

Financial issues and transparency

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There are set codes and regulation by law to ensure the transparency and independence of mandatory CPD. Commercial companies funding CPD have to conform to the national law which sets the code and regulation framework.

Some of the mandatory and voluntary CPD activities are free to midwives and the cost is carried by the employer, competent authority or private/commercial sector but midwives themselves also fund activities. There are no incentives in form of tax offsets available to cover the cost and any paid working time allowed for the CPD activities will depend on employer but there is a maximum of 5 employer-supported activities per year. In general, the time spent on non-educational CPD activities is outside paid working time. There are no national rules on the cost of any activity.

The Ministry of Health clarified later that the continuing education of health professionals may be funded from the means of employers, the budget of municipalities, health insurance funds budgets, payments of health workers who are participants in continuing education, the state budget, means of foundations and other legal entities and natural persons, other sources.

State budgetary organizations and state contributory organizations plan financial resources for further education of its own employees on the calendar year directly in the budget and use in accordance with the plan of education of employees. If these organizations receive additional sources of financing, they finance further education from these sources.

The amount of payment for health workers (participants in continuing education), is subject of binding legal regulation issued by the Ministry of Health.

(Act No 578/2004 on health-care providers, health professionals and professional organizations in the health service, as amended - § 39a Funding of further education of health professionals)

The amount of payment for health workers (participants in continuing education) lays regulation No 31/2006 Z. z. of Ministry of Health of the Slovak Republic about the amount of payment for a health care professional continuing education.

Health professional can obtain 5 days a year of paid working time to follow CPD activities (Labour Code).

Patient safety

Patient safety is a mandatory topic within CPD activities. Slovakian midwives report that the national focus on Patient Safety CPD is increasing.

Trends and reflections

In the opinion of the Slovakian Midwives, the CPD offer available to midwives in Slovakia is satisfactory. They have not observed, nor do they anticipate, any shifts in connection to institutional competence to regulate CPD or shift from voluntary to mandatory CPD and CPD related to competency frameworks or qualification frameworks is thought likely to remain static. A new CPD topic of 'home birth' has been introduced recently as experience of this is not gained during training and Slovakian midwives seek a more autonomous practice/role. There have been no national studies on the impact of CPD on midwives' practice and the review of the CPD requirements is done on an 'as required' basis.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Slovak Chamber of Pharmacy.

Mandatory CPD

The practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law: Health Care Providers 578/2004 and government regulation no. 296/2010 of competency to perform the medical profession, further education of health professionals, system training courses and certified system of activities, as amended.

The licence is not subject to review but pharmacists who do not complete the CPD cycle may lose their licence. In addition pharmacists may be fined if they do not comply with CPD obligations.

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The professional association (Chamber) is in charge of monitoring and enforcing CPD requirements. Professionals are not encouraged with positive incentives to follow CPD. The CPD system is organised in number of credits and professionals need to complete 100 credits every 5 years.

Voluntary CPD

There is no voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD follows national standards. In addition the chamber has issued internal standards.

Development and implementation

The Ministry of Health and the professional organisation initiate the development of policy CPD.

Accreditation

A professional organisation is in charge of the accreditation of CPD activities. CPD needs to be accredited only if they are to fulfil mandatory CPD requirements. The accreditation of CPD activities is made on an individual basis taking into account: duration of activity, compliance with professional guidelines, compliance with national policy and learning outcomes (skills, knowledge, competences acquired).

There is no fee for the accreditation of CPD activities.

Content of CPD

The bodies involved in the development of content of formal CPD activities include: the professional body, scientific societies, higher education institutions, the private sector and specialised educational companies for CPD.

The content of CPD activities includes: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma,) self-medication, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, innovations, biosimilars, management (financial, marketing, staff training,).

The content of CPD is linked to the services provided in the pharmacy.

CPD activities followed in another EU Member State are recognised if foreign organiser (or individual participant) asks for accreditation.

CPD is recorded and reported either by the provider as by the professional body.

CPD activities are carried both during and after working hours.

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, clinical care discussions, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.) and employer-based

Multi-professional CPD activities

There are multi-professional CPD activities. Those activities are addressed also to doctors and technical pharmacy staff.

Financial issues and transparency

Continuing education of health professionals may be funded from the means of employers, the budget of municipalities, health insurance funds budgets, payments of health workers who are participants in continuing education, the state budget, means of foundations and other legal entities and natural persons, other sources. State budgetary organizations and state contributory organizations plan financial resources for further education of its own employees on the calendar year directly in the budget and use in accordance with the plan of education of employees. If these organizations receive additional sources of financing, they finance further education from these sources.

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The amount of payment for health workers (participants in continuing education), is subject of binding legal regulation issued by the Ministry of Health.

(Act No 578/2004 on health-care providers, health professionals and professional organizations in the health service, as amended - § 39a Funding of further education of health professionals)

The amount of payment for health workers (participants in continuing education) lays regulation No 31/2006 Z. z. of Ministry of Health of the Slovak Republic about the amount of payment for a health care professional continuing education.

Health professional can obtain 5 days a year of paid working time to follow CPD activities (Labour Code).

When commercial bodies fund the CPD activities there are some rules that need to be followed. In particular there are limits for marketing activities and some bans.

CPD activities are free of charge.

In order to guarantee the transparency and independence of CPD activities rules are established in code/regulation by professional body: Internal Directive of Chamber on CPD.

Patient safety

There are no specific components on patient safety on CPD activities.

Trends and reflections

In the opinion of the Slovak Chamber of Pharmacists, the CPD offer is not satisfactory as it could be improved. The legal situation is not clear, CPD is formal and passive. The Ministry does not provide any support. The weak law on CPD is the biggest barrier to have a full development of CPD activities.

The Ministry plans deregulation. Therefore it could be a shift in the institutional competence to regulate CPD.

CPD requirements are reviewed every 5 years by the Chamber.

New topics addresses by CPD activities include vaccination and medical reviews. Patient safety is also a topic that will be soon considered.

European cooperation and exchange of good practice on CPD could be useful to exchange best practices.

With the implementation of the EU directive on the recognition of professional qualifications the Ministry of Health of the SR prepares new approach in the field of CPD in line with the necessary professional skills requirements.

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10.26 Country profile: SLOVENIA

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	No	No	No	No	Yes
CPD linked to licence review	Yes	Yes	Yes	Yes	N/A
Accreditation	Yes	Yes	Yes	Yes	No
Financing	Professional organisations, private/commercial sector, doctor	Employer, nurse	Dentist, employer	Professional organisation, employer, midwife	Private/commercial sector, employer, pharmacist
Guidelines on transparency/independence	Yes	No	Yes	No	Yes

Doctors

Structures and governance

The practice of the medical profession in Slovenia is subject to a licence issued by the Medical Chamber of Slovenia.

Mandatory CPD

There are mandatory CPD requirements for doctors in Slovenia. These requirements are enshrined in law (Medical Services Act; http://zakonodaja.gov.si/rpsi/r02/predpis_ZAKO4902.html) and in the bylaw (Rules on Medical Licences; http://zakonodaja.gov.si/rpsi/r05/predpis_PRAV2225.html). Doctors' licences to practise are subject to a review every 7 years. Their compliance with CPD requirements is taken into account in this review. Failure to comply with the mandatory CPD requirements entails a temporary suspension of the licence to practise which can eventually result in a loss. Doctors are notified 6 months ahead of the expiration date of their current licence if they have not yet fulfilled the CPD requirements and are obliged to provide proof of having attained the minimum number of credits to have their licence renewed. If they fail to do so, they are given the option of taking an exam. If doctors fail the exam, their licence is revoked. Compliance with the mandatory CPD requirements is monitored and enforced by the Medical Chamber of Slovenia. There are no additional positive incentives encouraging professionals to comply with CPD requirements.

CPD activities are offered by the following providers (ranked by decreasing frequency of use): scientific societies, the private sector, the Medical Chamber of Slovenia, professional organisations, higher education institutions, the Ministry of Education and the Ministry of Health.

CPD requirements are formulated in a national system of credits in which doctors are required to obtain a minimum of 75 credits in the 7 year period in which their licence is valid. It is reported that doctors on average obtain 215 credits within the 7 year period, which is estimated based on the number of credits recorded. The Medical Chamber of Slovenia estimates that a further 20 hours per year are dedicated to CPD activities which are not recorded.

Voluntary CPD

There is no voluntary CPD framework for doctors in Slovenia.

CPD as part of national standards and guidelines for quality of care

CPD is not directly, i.e. in legislation, integrated into national standards or guidelines for quality of care, but is seen to be of high relevance in this context nonetheless.

Development and implementation

The development of policy on CPD is initiated by the Medical Chamber of Slovenia and by professional bodies. Formal CPD activities followed in another EU Member State are recognised. The completion of CPD activities is recorded by the Medical Chamber of Slovenia. It is reported pro-actively by the professional and the CPD provider.

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Accreditation

For the accreditation of CPD activities, there is a fee of 5.04 EUR per person attending the activity, however this only applies for the accreditation of activities for which the participating professionals pay a fee to take part. For the accreditation of an activity, its duration and its compliance with professional guidelines is taken into account. There are no further quality assessment frameworks. The accreditation criteria do not differ between providers. CPD activities relating to continuous medical education and to activities on extra-medical topics are accredited according to the same criteria.

Content of CPD

Scientific societies are involved in the development of content of formal CPD activities. At the moment there is no regulation on the content of CPD and percentages of CPD activities which doctors have to fulfil in different fields of CPD, e.g. relating to continuous medical education and activities on extra-medical topics. In the process of coordination between the Ministry of Health and the Medical Chamber of Slovenia, there is a change in the bylaw (Rules on Medical Licences) forthcoming, which will also set up the content of the CPD requirements which doctors will be obliged to obtain at least 50 credits in the field of their respective medical specialty and at least 5 credits from activities relating to medical ethics, communication skills and patient safety. There is a needs assessment to determine which CPD activities a professional should follow at the level of the individual doctor.

Topics which are addressed in CPD activities include patient safety and communication with patients. The above notwithstanding, CPD requirements do not differ according to specialties or posts.

Delivery of CPD

The following formats of delivery of CPD activities are available to doctors in Slovenia: case presentations, clinical audits, conferences, symposia, lectures or seminars, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means etc.), employer-based.

Multi-professional CPD activities

There are multi-professional CPD activities attended by doctors and nurses, e.g. on the topics of patient safety, medical emergencies, long-term care and intensive care units.

Financial issues and transparency

CPD activities can be funded by professional organisations, employers, the private or commercial sector, or be self-funded through the participating professionals' fees. The funding of activities by commercial bodies is subject to the Code on the information and communication on prescription-only medicines, cooperation with healthcare professionals and the Code on the disclosure of transfers of value from the pharmaceutical companies to healthcare professionals and healthcare organisations. Both codes will be in force by the end of 2014. There are also national laws relevant to financing. These regulatory frameworks also enshrine guidelines on the transparency and independence of CPD. There are no rules on the way in which information on CPD can be communicated.

In relation to the mandatory CPD requirements, there are formal CPD activities available free of charge. For payable activities, the cost is carried by the doctor or the employer. There are no financial reliefs available for this cost. Also, there are no rules on the prices of CPD activities.

Doctors are granted up to 8 hours per day for a total of 15 days per year of paid working time in which to follow CPD activities. It is reported that doctors would require fewer days than this allowance, which is granted on the basis of a collective agreement. An estimate of 5 days per year is reported.

Patient safety

There are CPD activities on patient safety and, following the adoption of the new bylaw, it will become mandatory for doctors in Slovenia to follow these activities. Doctors will have to collect at least 5 credits of the total of a minimum of 75 credits patient safety, on medical ethics, and communication skills. Also it is reported that the offer of CPD activities specifically addressing patient safety is increasing in number.

Trends and reflections

The Medical Chamber of Slovenia has no formal opinion on whether the CPD offer for doctors is satisfactory. As regards recent trends and developments in the foreseeable future, there are no shifts in relation to the

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institutional competence to regulate CPD. Nor is there a shift from mandatory CPD requirements to a voluntary CPD framework expected. Also, no shifts in terms of criteria which are taken into account for accreditation of CPD activities were reported, nor are there developments as regards CPD requirements' relation to competency or qualification frameworks.

CPD requirements are reviewed as required at no regular interval. There are no national studies on the impact of CPD on professional practices.

Topics which are newly addressed by CPD activities include medical ethics, patient safety and communication skills.

In terms of barriers to doctors' participation in CPD activities, the Medical Chamber of Slovenia identifies a lack of available time, in particular in the primary care sector, and a lack of financial means, as the most important obstacles. It is believed that European cooperation and exchange of good practice can offer added value by possibly having a positive effect on the quality of services.

Nurses

Structures and governance

The practice of the nurse profession in Slovenia is subject to a registration and license issued by the Ministry of Health. Relicensing is subject to review every 7 years and compliance with mandatory CPD is taken into account in the review.

Mandatory CPD

The CPD framework in Slovenia is mandatory and is established by governmental regulation. The registration licence of a professional is reviewed every seven years, taking into account the mandatory CPD requirements. The Ministry of Health is in charge of monitoring professionals' compliance with mandatory CPD requirements. Until the start of the economic crisis the professionals were encouraged to undertake CPD activities through regular promotion every two years in the higher salary group. CPD requirements are formulated in a national system of credits. Nurses are required to obtain a minimum of 70 credits in the 7 year period during which their license is valid. If they fail to do so, they are given the option of taking an exam. In addition, each professional has 10 days per year of paid working time to spend in CPD activities. A needs assessment takes place at the level of the profession to determine which CPD activities to follow.

Voluntary CPD

There is no voluntary CPD in Slovenia.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care, but it is seen to be of high relevance in this context nonetheless.

Development and implementation

The CPD policy development is initiated by the Ministry of Health. Several bodies deliver CPD activities: Ministry of Health, professional organisations, professional body with regulatory competence, Ministry of Education, scientific societies, higher education institutions and the private sector. Formal CPD activities followed in another EU Member State will be recognised with the adoption of a new bylaw at the beginning of October 2014. The completion of CPD activities is recorded by the Ministry of Health.

Accreditation

There is a system for CPD accreditation in Slovenia that is undertaken by the Ministry of Health.

Content of CPD

In the framework of the structural requirements (70 credits in 7 years) there is a prescribed content which nurses are obliged to follow: Cardiopulmonar reanimation, professional ethics, legislation on health care, and guidelines in nursing or midwifery care. It is also required that each nurse has to get 80% of credits in her field of expertise.

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The topics included in the CPD offer are: nursing clinical practice, communication and patient records, patient safety, management, legal and professional issues, and chronic disease management. New topics include: eLearning and the multidisciplinary approach. In the framework of the mandatory CPD requirements, there is prescribed content which nurses are obliged to follow: cardiopulmonary resuscitation, professional ethics, legislation on healthcare and guidelines in nursing.

Delivery of CPD

The CPD activities are: case presentations, clinical audit, conferences, seminars, lectures or seminars, formal practice based learning.

Multi-professional CPD activities

There are activities addressed to different health professions, for example, diabetes, emergency, chronic wound, mental health and long term care.

Financial issues and transparency

The CPD activities are funded by both employers and professional organisations or self-funded by individual nurses through the participating professionals' fees. There are no guidelines in place to ensure the transparency or independence of CPD activities in Slovenia. New proposed "Rules on the register and the licensing of the performers in the field of nursing or midwifery care" stipulates very strict transparency rules between organiser of CPD and sponsors, but is not yet accepted.

In relation to the mandatory CPD requirements, there are some formal CPD activities available free of charge. But for the rest of non-funded activities, there are no financial reliefs available for this cost. There are no rules on the prices of CPD activities.

Patient safety

The new proposed "Rules on the register and the licensing of the performers in the field of nursing or midwifery care" determines also content of quality and safety in healthcare as mandatory. Patient safety content is increasing.

Trends and reflections

This area has begun to develop in 2007, when the first licenses were awarded and the accreditation of CPD started. Licenses are awarded for a period of seven years. During 2014, the first evaluation should be performed together with upgrades. There is a possibility that hospitals and primary health centres start to work into the accreditation process.

In terms of barriers to participation in CPD activities, the Ministry of Health identifies the lack of available time and financial means as the most important obstacles.

The added value of European cooperation in this field could be the definition of a common and transferable framework with number of hours of CPD.

Dentists

Structures and governance

The practice of the dental profession in Slovenia is subject to a license issued by the Medical Chamber of Slovenia. Relicensing is subject to review every 7 years and compliance with mandatory CPD is taken into account in the review.

Mandatory CPD

CPD is mandatory for dentists in Slovenia, based on the Medical Services Law (http://zakonodaja.gov.si/rpsi/r02/predpis_ZAKO4902.html) and the Bylaw on Medical Licences (http://zakonodaja.gov.si/rpsi/r05/predpis_PRAV2225.html). A dentist must earn 75 credits per 7 years under a national system. In fact, the average number of credits earned is 150 (recorded credits); non-recorded credits (for non-accredited activities) are estimated at another 10 hours per year.

The Medical Chamber monitors compliance with the CPD requirement. Dentists who do not fulfil the CPD requirements are notified 6 months in advance of their licence expiration and asked to provide proof of addi-

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tional CPD. If they fail to do so they are given the option of passing an exam. If they fail the exam their licence to practise is revoked.

Activities for mandatory CPD are provided by (ranked by decreasing frequency): scientific societies, the Medical Chamber, the private sector, professional organisations, higher education institutions and Ministries of Education and of Health.

Activities followed in another EU Member State are recognised.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

Development of policy on CPD is initiated by the Medical Chamber of Slovenia.

Completion of CPD activities is recorded by the Medical Chamber in the official registry of doctors and dentists.

It is reported pro-actively by the dentist and by the CPD provider.

Accreditation

Accreditation is administered by the Medical Chamber of Slovenia and is required for CPD activities if they are to fulfil the mandatory CPD requirement. Accreditation is awarded to the CPD provider for a fee (€5,05 per person attending CPD activity; fees apply only to seminars and courses for which attendants are charged a fee). Duration of activity and compliance with professional guidelines are taken into account in accreditation.

Content of CPD

Scientific societies are involved in the development of content of formal CPD activities.

No needs assessment takes place. Under the new bylaw on medical licenses that is expected to be adopted in the near future, dentists will be required to obtain at least 50 credits (out of 75) from their area of specialty and at least 5 credits from medical ethics, communications skills and patient safety skills.

Some of the topics followed are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia		Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)		Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	
eHealth and IT systems		Smoking cessation	
Ergonomics		Taxation	
Ethics and jurisprudence	x	Other	

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Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; conferences, symposia, lectures or seminars; Web-based learning (eLearning); self-study; employer-based.

Multi-professional CPD activities

Dentists do not participate in multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the Medical Chamber of Slovenia, employers, the private sector and participating dentists.

Funding by commercial bodies is subject to the following codes which are expected to be implemented by the end of 2014 under national financial legislation: "Code on the informing and communication of prescription-only medicines to, and cooperation with, healthcare professionals" and "Code on disclosure of transfers of value from pharmaceutical companies to healthcare professionals and healthcare organizations".

CPD activities for mandatory CPD are either available free of charge or the cost is carried by self-employed or salaried dentists or by the employer.

There are no rules on how information on CPD activities can be communicated.

Patient safety

CPD activities on patient safety are offered to dentists and patient safety is included in other mandatory modules. Patient safety content will be mandatory for dentists in Slovenia when the changes to the bylaw on medical licenses are adopted (see Content of CPD).

Trends and reflections

The Medical Chamber of Slovenia has no formal opinion whether the CPD offer for dentists in Slovenia is satisfactory. They have not recorded and do not anticipate any shifts in CPD. CPD requirements are reviewed as required, at no regular interval.

The main barriers to participation in CPD activities include workload and lack of financial resources.

The following new topics are being addressed by CPD: medical ethics, patient safety and communication skills.

The Medical Chamber of Slovenia would be in favour of European cooperation on CPD, particularly of sharing of knowledge and good practice.

Midwives

Structures and governance

The practice of the midwives professions is subject to registration and license issued by the Ministry of Health. Relicensing is subject to review every 7 years and compliance with mandatory CPD is taken into account in the review. This is established by a decree and governmental regulation.

Mandatory CPD

The CPD framework in Slovenia is mandatory and is established by governmental regulation. The licence of a professional is reviewed every seven years, taking into account the mandatory CPD requirements. The Ministry of Health is in charge of monitoring professionals' compliance with mandatory CPD requirements. CPD requirements are formulated in a national system of credits of which midwives are required to obtain a minimum of 70 credits in the 7 year period in which their licence is valid. If they fail to do so, they are given the option of taking an exam.

A recent change in Slovenia means that regional enforcement of compliance with CPD no longer occurs. In 2012, the Ministry of Health cancelled the Regulation Act (which existed during 2007-2012), resulting in the Nurses and Midwives Association of Slovenia losing its regulatory function.

Until the financial crisis of 2012, midwives were incentivised to complete mandatory CPD, as this allowed them to increase their pay grade. Lead providers of mandatory CPD in Slovenia are the midwives' professional organisation, scientific societies, higher education institutes and the private sector.

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Voluntary CPD

The profession is not subject to a voluntary CPD framework in Slovenia. However, any voluntary CPD activity needs to be accredited.

CPD as part of national standards and guidelines for quality of care

In Slovenia, CPD is not integrated into national standards or guidelines for quality of care.

Development and implementation

The CPD policy development is initiated by the Ministry of Health. Several bodies deliver CPD activities: Ministry of Health, professional organisations, professional body with regulatory competence, Ministry of Education, scientific societies, Higher Education Institutions and the private sector.

CPD activities undertaken in other EU member states are not currently recognised in Slovenia but formal CPD activities followed in another EU Member State will be recognized, with the adoption of new bylaw in the beginning of October 2014. CPD providers are responsible for recording midwives' mandatory CPD activities, and midwives are responsible for reporting these to the Ministry of Health.

Accreditation

There is a system for CPD accreditation in Slovenia, this is undertaken by the Ministry of Health and by the midwives' professional organisation. Mandatory CPD activities must be accredited before being undertaken by midwives. Until 2012, the Nurses and Midwives Association of Slovenia was able to undertake accreditation, but this is no longer part of their role.

Accreditation of CPD is linked to duration of the activity, compliance with national guidelines and to the activity's learning outcomes. There are no quality assessment frameworks in use for accreditation, but accreditation does not vary by provider. CPD for continuing midwifery education and for professional development external to midwifery are both accredited using the same criteria.

Content of CPD

In Slovenia the Ministry of Health is involved in developing the content of CPD. In the framework of the structural requirements (70 credits in 7 years) there is a prescribed content which midwives are obliged to follow: Cardiopulmonary resuscitation, professional ethics, legislation on health care, guidelines in nursing or midwifery care. There is also required that each midwife has to get 80% of credits in her field of expertise.

There is no indication if a needs assessment takes place on individual or profession level.

CPD activity content in Slovenia covers the following areas: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. e-Health, leadership and management, midwifery research and ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), clinical audit and inequalities in health.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	
Client safety	x	Antenatal screening	
Public Health	x	Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	
Legal and professional issues, including client records		High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dysto-	x	Mental health in pregnancy and postnatal	

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cia, postpartum haemorrhage, neonatal resuscitation etc.			
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

In Slovenia, delivery of CPD takes place through the following activities: case presentations, clinical audit, conferences, symposia, lectures and seminars, formal practice-based learning, national and regional live/face-to-face events. It may also be provided through research based learning and multi-professional learning.

Multi-professional CPD activities

Midwives attend multi-professional CPD activities with obstetricians, neonatologists and nurses.

Financial issues and transparency

In Slovenia, CPD is funded by the midwives' professional organisation, by employers and is also self-funded by participating professionals' fees. In relation to the mandatory CPD requirements, there are some formal CPD activities available free of charge. For payable activities, the cost is carried by the midwife or the employer. There are no benefits or tax reliefs for CPD costs available to midwives. However, midwives are eligible for 10 study days per year paid working time.

There are no guidelines in place to ensure the transparency or independence of CPD activities in Slovenia, and CPD provision by commercial bodies is not subject to rules or regulations.

Patient safety

There is no mandatory requirement for midwives to undertake CPD in patient safety, but there has been recent increase in the provision of CPD activities in relation to patient safety. Some topics such as cardiopulmonary resuscitation, quality and safety in health care are seen as examples of this.

Trends and reflections

The respondents do not offer an opinion (on behalf of the Association of Nurses and Midwives of Slovenia) about whether the CPD on offer in Slovenia is satisfactory. However, new 'Rules on the register and the licensing of the performers in the field of nursing or midwife care' which will stipulate very strict transparency rules between organiser of CPD and sponsors are being developed, but not yet accepted. In addition these 'Rules' will determine the content of quality and safety in health care as mandatory CPD activity. Patient safety is part of this content, even though topics on patient safety are increasing.

In Slovenia, new topics addressed in CPD activities include multi-disciplinary working, e-learning and new guidelines. In the respondent's view, the value of EU co-operation and sharing of good practice is that this will increase opportunities for unified content for CPD and also allow member states to consider a framework specifying the minimum number of training hours for midwives.

The respondent provided the following information about the current situation in Slovenia:

'NMO was a regulatory body, within the regulation act, provided licensing and registration for nurses and midwives. The Ministry of Health cancelled the regulation act and removed the NMO's responsibility/role in national regulation in 2012. The field of registration, licensing and CPD of midwives was not regulated and many measures were taken by the government and Ministry to resolve this.'

Pharmacists

Structures and governance

The practice of the profession is not subject to a licence or registration.

Mandatory CPD

Practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law, Health Services Act:

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<http://www.uradni-list.si/1/objava.jsp?urlid=200692&stevilka=3968>

The CPD system is organised and formulated in minimum number of days per year. The professionals have to complete 10 CPD days per year or 30 days in 3 years.

Voluntary CPD

There is a voluntary CPD framework based on ethical obligation. There are no consequences if the professional fails to comply with voluntary CPD.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in the rules of Good Pharmacy Practice.

Development and implementation

The Ministry of Health and professional body with regulatory competence initiate the development of policy on CPD.

CPD activities followed in another EU Member State are not recognised (not officially, but employers can accept such CPD activities as valid ones).

CPD is recorded and reported pro-actively by the professional or upon request by the competent authority.

CPD is financed by the employer and is recorded by the employer.

CPD activities are carried both outside and during the working hours.

Accreditation

There is no system of accreditation of CPD activities.

Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body and Ministry of Health.

The content of CPD activities includes communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccinations, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...). The content of CPD is also linked to the additional services provided in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including conferences, symposia, lectures or seminars, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), peer-to-Peer, employer-based and multi-professional.

Multi-professional CPD activities

There are multi-professional CPD activities addressing e.g. nutrition, management, law, economical issues.

Financial issues and transparency

CPD activities are funded by the private/commercial sector, employers and also self-funded by participating professionals' fees.

There are no rules for commercial bodies that fund the CPD activities. Slovene Chamber of Pharmacy, who is a professional body with regulatory competence providing many CPD activities, has guidelines to ensure transparency and independence of CPD.

The costs and fees of CPD activities differ depending on the event, it can also be free of charge. The costs are carried by the professional, employer or competent authority. There are no rules governing the price of the CPD activities.

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Patient safety

It is no mandatory requirement to follow CPD activities addressing patient safety as a part of CPD requirements.

Trends and reflections

There is a law in preparation that will require registration and will settle the conditions for registration and licencing. According to this law the completion of CPD activities will be recorded by the Ministry of Health in the official registry. An accreditation system will be set with the adoption of new law. Accreditation will be undertaken by the Ministry of Health with cooperation of professional organisation. Accreditation of CPD will be linked to duration of the activity, compliance with national guidelines and to the activity's learning outcomes. There will be changes in institutional competence to regulate CPD, preparation for licensing is in process.

A competency framework has been introduced which applies CPD requirements in practice.

The most important barriers to participation in CPD activities are money and understaffing.

New topics addresses by CPD activities include case reports, eLearning and vigilance reports.

European cooperation and exchange of good practice on CPD can bring higher quality of education

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10.27 Country profile: SPAIN

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	Yes	No	No	No
Voluntary	Yes	Yes	Yes	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	Yes	Yes	Yes	Yes
Financing	Professional organisation, private/commercial sector, doctor	Ministry of Health, regulator, professional organisations, employer, nurse	Competent authority	Professional body, professional organisation, employer	Free of charge, pharmacist
Guidelines on transparency/independence	Yes	No	No	Yes	No

According to the Ministry of Health, Social Services and Equality, a working group is currently reviewing the current legislation, by order of the Council of Interregional NHS, to develop CPD in both the Health Professions Act (Act 44/2003 of 21 November) and Law 16/2003 on the quality and cohesion of the NHS.

Doctors

Structures and governance

The practice of the medical profession is subject to a licence from the General Council of Medical Colleges of Spain. The General Council comprises regional colleges which are established in the provinces.

Mandatory CPD

There are no mandatory CPD requirements for doctors in Spain.

Voluntary CPD

Doctors are subject to a voluntary CPD framework, which is seen to build on doctors ethical obligations and is enshrined in a code of the professional body. Failure to comply with the framework does not entail any consequences, however doctors' participation is monitored by the professional body. There are no positive incentives for doctors to follow CPD activities.

The following providers offer CPD activities (ranked according to decreasing frequency of use): professional organisation, scientific societies, private sector, General Council of Medical Colleges of Spain, the Ministry of Health, the Ministry of Education, and higher education institutions.

The voluntary CPD framework is formulated in national credits received for continuous medical education, records of clinical activity and evaluated competencies.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards and guidelines of quality of care.

Development and implementation

The development of CPD is initiated by the Ministry of Health and professional organisations. CPD activities followed in another EU Member State are not recognised. There is no recording or reporting obligation.

Accreditation

There is a system of accreditation for CPD activities, insofar as they relate to continuous medical development. These activities are accredited by professional organisations and the public accreditation agency. There is no obligation for formal CPD activities to be accredited before being accessible to doctors, informal CPD activities are treated similarly. There is a fee for accreditation. Criteria which are taken into account to accredit a CPD

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activity are its duration and its learning outcomes (knowledge, skill and competences acquired). These criteria are applied equally to all CPD providers.

Content of CPD

In terms of developing the content of formal CPD activities, this can involve professional organisations, higher education institutions, scientific societies or the Ministry of Health. There is no prescribed content for doctors to follow within the voluntary CPD framework, nor are there any rules as to what percentage of CPD activities followed must relate to continuous medical education and what percentage to extra-medical activities. There is no needs assessment to determine which activities a professional should follow, nor do the recommendations differ according to post or specialty.

Topics which are addressed by CPD activities include communication with patients and patient safety.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical audits, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), and mobile learning (mLearning).

Multi-professional CPD activities

There are multi-professional activities.

Financial issues and transparency

CPD activities are funded by professional organisations, the private and commercial sector or are self-funded through participating professionals' fees. There are guidelines establishing rules on the funding of CPD activities through commercial bodies and ensuring transparency and independence. There are no rules on the way information on CPD activities may be communicated.

There are formal CPD activities suited to fulfilling the recommendations of the voluntary CPD framework available free of charge. For payable CPD activities, the cost is carried by the professional or the employer. There are no financial reliefs available in relation to this cost. Also, there are no rules on the pricing of CPD activities. There is no regulation on paid working hours which can be spent on CPD.

Patient safety

There are CPD activities on patient safety, however it is not obligatory for doctors to follow them. There is no increase of activities relating specifically to patient safety reported.

Trends and reflections

The General Council of Medical Colleges of Spain does not find the offer of CPD activities available to doctors to be satisfactory.

According to the Ministry of Health, it is foreseen to carry out a review of the regulatory framework, in particular the Health Professions Act 44/2003 of 21 November 2003 and Law 16/2003 of 28 May 2003 on the quality and cohesion of the national health system. To this end, a Working Group was established by order of the Interterritorial Board of the National Health System in 2012, which brings together the Autonomous Communities of Spain. In the view of the Ministry of Health, the on-going nature of the evaluation precludes a classification of the Spanish CPD system as establishing a mandatory CPD requirement or a voluntary CPD framework at this point in time, regardless of moral or ethical considerations according to which a healthcare professional must maintain knowledge and skills relating to professional competence permanently up-dated. The Ministry of Health anticipates that the outcomes of the evaluation will point towards a voluntary CPD system.

CPD is currently reviewed as required at no regular intervals, however this will in future take place every 6 years. There are no national studies on the impact of CPD. There are no reported barriers to the uptake of CPD.

Among the new topics which are addressed by CPD activities are clinical management, communication skills and professional values.

The General Council of Medical Colleges of Spain believes that European cooperation and exchange of good practice could add value by convincing all national and regional authorities to use the same criteria to evaluate

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activities and professionals, based on the ECMEC credit framework developed within the UEMS EACCME® system.

Nurses

Structures and governance

Spanish nurses have to register with the Spanish General Council of Nursing in order to be able to practice. The professional registration is not subject to review. While already contemplated in the law, the reality is that it has not been implemented. The CPD polices are initiated by Ministry of Health, the regulator and national policy makers.

Mandatory CPD

Their practice is subject to mandatory CPD requirements that are established by law and by regulation by the professional body. The requirements are specified in number of credits (national system). More information can be found here:

<http://www.ee.lafe.san.gva.es/pdfs/icncodesp.pdf>

<http://www.coegi.org/Contenidos/Ficha.aspx?IdMenu=a2b7a503-9320-48ac-9063-07f32c7a84d5>

In daily practice, there is no consequence if a nurse fails to comply with the mandatory CPD requirements. The monitoring of CPD requirements is taken care of by the individual professional and although it is requested in the law, the institutions are not following the monitoring.

Spanish nurses are positively encouraged to undertake CPD activities through economic recognition that depends on the level achieved and the total of completed CPD activities.

The regulator, the professional organisations and the Ministry of Health are the main institutions providing CPD activities.

Voluntary CPD

There is a voluntary CPD framework established by law and ethical obligations. Not fulfilling any CPD implies that the nurses cannot advanced in their professional career and do not have access to certain conditions. This is monitored by the regulator of the profession and the regional health services. These activities are mainly provided by the regulator, higher education institutions, private sector and scientific societies. Professional organisations and Ministry of Health are less involved in these activities. Each region establishes its own recommendations for nurses.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards through the law and the code of ethics that state that continuing professional development is a key element for quality of care and patient safety.

Accreditation

There is a system of accreditation in place and Ministry of Health and education and regulators are the institutions providing accreditation to CPD activities. Formal CPD activities are compulsory accredited once they are meant to fulfil CPD mandatory requirements. Accreditation is given by individual CPD activity and by provider. There is no fee for accreditation. The following criteria are taken into account: duration, compliance with professional guidelines and national policy, and learning outcomes. The criteria do not differ according to providers.

Content of CPD

In Spain the Universities Council, a political body, defines educational concepts and strategies, and through the General Universities Secretariat carries out the academic coordination and formulation of academic proposals. This political body depends organically and functionally of the Ministry of Education.

The Technical Secretariat, in order to make national recommendations for educational programmes including professional competencies, contents, and curriculum organisation of programmes for nursing, and other disciplines. For this purpose it establishes Specialized Commissions represented by professors and technical per-

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sonnel from universities (i.e. Nursing Colleges/Schools); it also includes representatives of professional bodies such as the Spanish General Council of Nursing. It is mandatory by law without fail to referral the curricula, the final approved project proposed by the Specialised Commission to the Universities Technical Secretary, to the Spanish General Council of Nursing.

Nurses who are working outside Spain always ask from the General Council information on recognition of their practice and CPD processes for their foreign professional practice experience. Nevertheless, current regional regulation does not account for these practices.

The professional body, Ministry of health and education, scientific societies and higher education institutions guide the content of the CPD activities.

A needs' assessment takes place at the level of the individual professional and of the profession determining the CPD activities to follow.

Nursing clinical practice, patient safety, eHealth and communication, management, legal and professional issues, nurse prescribing and chronic disease management.

Delivery of CPD

Activities include case presentations, clinical care discussions, conferences and seminars, informal practice based learning, eLearning and mLearning, self-study, employer based, multi-professional, research based, study groups. Very often, CPD activities have to be followed outside the working time.

Multi-professional CPD activities

There are multi-disciplinary activities for the development set of clinical pathways, protocols and procedures where both physicians and nurses participate. There are also multidisciplinary educational units classified into different nursing specialties whose requirements are regulated by law.

Financial issues and transparency

CPD activities are funded by the Ministry of Health, regulator, professional organisations, employer and individual nurses. Those activities funded by commercial bodies are not subject to rules or regulations. There are no guidelines or codes of conduct to ensure the transparency and independence of CPD.

Recognition of CPD activities followed in another EU Member State is not yet possible.

CPD activities are recorded and reported pro-actively by the professional and upon request of the competent authority. The cost of CPD activities is taken care by the professional, employer and then competent authority.

Patient safety

It is mandatory that professionals follow patient safety activities.

Trends and reflections

There is an overall satisfaction, but in the recent years there is a tendency towards excessive governmental intervention. In Spain there is already an agreement with the government to formally establish the system of continuing professional development and evaluation mechanisms of competition. There have not been shifts in terms of the criteria for accreditation. In terms of new content, there have been developments directly related to new nurses' competences such as those relating to the prescription of medicines and health products. Nurse prescribing, new communication technologies and patient safety. And the offer of CPD activities specifically addressing patient safety is increasing.

The most important barriers are related to availability of time and financial costs.

CPD requirements are reviewed as required, but without a specific interval.

There are no national studies on the impact of CPD on professional practice.

It is essential to incorporate in CPD elements of evidence-based practice. Free movement of patients requires a global exchange of good practices that ensure care quality, safety and continuity of care.

Dentists

Structures and governance

The practice of the profession is subject to a license from or a registration with the "*Consejo General de Odontólogos y Estomatólogos de España*" which is a professional body with regulatory competence at national level.

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Mandatory CPD

The practice of the profession is not subject to mandatory CPD.

Voluntary CPD

The practice of the profession is subject to voluntary CPD. The basis of the voluntary CPD is an ethical obligation. Dentists face no direct negative consequences if they do not comply with voluntary CPD recommendations. The professional body with regulatory competence monitors professionals' compliance with voluntary CPD (currently the national system foresees 20 credits).

The following bodies provide activities for voluntary CPD for dentists in Spain (ranked according to decreasing frequency of use): the "*Consejo General de Odontólogos y Estomatólogos de España*" (professional body with regulatory competence), scientific societies, private sector, professional organisation, Higher Education Institutions, Ministry of Health and Ministry of Education.

CPD as part of national standards and guidelines for quality of care

CPD for dentists is not integrated in Spanish national standards or guidelines for quality of care.

Development and implementation

The professional body with regulatory competence initiates the development of policy on CPD and there is a system of accreditation for CPD activities in Spain.

Formal CPD activities as well as mandatory CPD requirements followed in other EU Member States are recognised in Spain.

The completion of CPD activities can be pro-actively recorded by the professional but there is no recording obligation. The completion of CPD activities can be pro-actively reported by the professional but there is no reporting obligation. There are no rules on the way information on CPD can be communicated.

Accreditation

The "*Consejo General de Odontólogos y Estomatólogos de España*" (professional body with regulatory competence) is in charge of the accreditation of formal CPD activities and the criterion taken into account is the duration of the activity. However, the criteria for CPD activities differ according to which provider offers them: it can be based more on quality or only on the duration of the activity. The accreditation is given for individual CPD activity.

CPD activities do not need to be accredited before being accessible for professionals (but they can be accredited for formal CPD) and there is no fee for the accreditation of CPD activities. There is no difference in accreditation for CPD activities relating to personal and professional development compared to those relating to continuous dental education.

Content of CPD

The bodies involved in the development of content of formal CPD are: professional body, scientific societies and postgraduate education organisations. There is no regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development.

Some of the topics covered are marked 'x' in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x

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Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)		Radiation protection	x
eHealth and IT systems		Smoking cessation	
Ergonomics	x	Taxation	
Ethics and jurisprudence	x		

Beyond the structural CPD recommendation of 20 credits, dentists are also recommended to undergo courses on medical emergencies and radiation protection.

In addition, a needs assessment at the level of the individual professional takes place to determine which CPD activities should be followed.

Delivery of CPD

CPD is delivered through the following forms: case presentations; conferences, symposia, lectures and seminars; formal practice based learning; national and regional live/face-to-face events; web-based learning; self-study; study groups or quality circles; and videos with case presentations.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are funded by the professional body with regulatory competence and by the private/commercial sector. There are rules governing the cost of CPD activities. Voluntary CPD frameworks under a formal CPD activity are available free of charge. The funding of CPD activities by commercial bodies is subject to ethical rules and recommendations for clinical use.

The cost of CPD activities is most commonly carried by the self-employed professional and the competent authority, and dentists are able to benefit from financial reliefs (in some cases part of the training costs are tax deductible).

There are no guidelines or codes of conduct in place to ensure the transparency and independence of CPD.

Patient Safety

It is not mandatory for dentists to follow CPD activities on patient safety; patient safety is included in other mandatory modules.

Trends and reflections

In the opinion of the *"Consejo General de Odontólogos y Estomatólogos de España"*, the CPD offer available to dentists in Spain is satisfactory. They have not recorded nor do they anticipate any shifts in connection to institutional competence to regulate CPD, shift from voluntary to mandatory CPD, criteria for accreditation of CPD, requirements in relation to competency frameworks or qualifications frameworks. CPD requirements have never been reviewed.

In terms of content, new topics that are being addressed by CPD include oral cancer and tobacco cessation. The offer of CPD activity addressing patient safety is not increasing.

There is a national study on the impact of formal CPD on early diagnosis of oral cancer. Most important barriers to participation in CPD activities for dentists in Spain are cost and time.

The *"Consejo General de Odontólogos y Estomatólogos de España"* thinks that European cooperation and exchange of good practice on CPD would be useful to harmonise knowledge.

Midwives

Structures and governance

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Midwives in Spain must be licensed by the Colegio Oficial de Enfermería in order to practice, and they need to pay annual fees. This is the case in most areas, but some regions do not require this (e.g. Andalucía). There is no requirement to do mandatory CPD in order to register. Midwives also do not need to do a set number of hours to maintain their registration, although this can be discontinued if a case of professional malpractice is brought.

Mandatory CPD

Spain has no national mandatory CPD requirement, but in practice, employers expect midwives to undergo CPD as a condition of employment.

Voluntary CPD

There is a requirement for Spanish Midwives to undertake voluntary CPD; this requirement is supported in Spanish law and is also considered to be an ethical requirement for practitioners. (See Health Providers LOPS <http://www.boe.es/boe/dias/2003/11/22/pdfs/A41442-41458.pdf> ICM Code of Ethics http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2008_001%20ENG%20Code%20of%20Ethics%20for%20Midwives.pdf)

The voluntary CPD framework therefore has elements of mandatory requirement and might be considered mandatory, although there are no consequences for professionals who do not complete voluntary CPD. In Spain, most employers use an approach called 'The Professional Career', which links midwives' salary increases and promotions to the successful completion of voluntary CPD, so midwives who do not complete voluntary CPD are paid less by their employers, and their careers are static. However, some employers do not use this approach.

Midwives are expected to complete 200 hours of voluntary CPD every five years (40 hours per year). Individual professionals are responsible for maintaining a record of their voluntary CPD, and voluntary CPD is financially incentivised in Spain through the 'professional career' framework, with different levels of acquisition. There are numerous providers of voluntary CPD, principle amongst which are: The midwives' professional organisation (FAME), the Colegio Oficial de Enfermería (the competent authority), then Higher Education Institutions, scientific societies, the Ministry of Health, the private sector and the Ministry of Education. There is no requirement to regularly review CPD provision in Spain.

CPD as part of national standards and guidelines for quality of care

CPD is normally integrated into guidelines for safety and quality and care; this is the case for some providers of health care, but not all.

Development and implementation

CPD policy in Spain is instigated by a number of organisations: The midwives' professional organisation (FAME), The Colegio Oficial de Enfermería (Competent authority), and also national policy-makers and employers.

Formal and informal CPD activities undertaken in other EU states are recognised in Spain, within the voluntary CPD framework. Midwives are responsible for recording their CPD activities, and should be able to report these to the competent authority if requested to do so. The CPD provider also records midwives' CPD activities.

Accreditation

Formal CPD activities must be subject to accreditation, however there is no requirement for informal CPD to be accredited. Accreditation is undertaken by different official bodies recognised by the Ministry of Health, at national and regional level. The CPD course requests accreditation from these bodies before starting the activity, and on average it costs 170 Euros to have a course accredited. Accreditation is based on course duration, compliance with professional guidelines and the learning outcomes (skills, knowledge, competencies acquired). The same accreditation criteria are applied to all providers, and the accreditation system includes rules about communication and advertisement during CPD activities.

Content of CPD

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A number of bodies are involved in the development of CPD content. Main providers are: the Professional Body with regulatory competence (Colegio Oficial de Enfermería), Professional Organisation (FAME), Ministry of Health, Scientific Societies and Midwifery Education Institutes.

The private sector also delivers CPD through different education companies. When private or commercial companies are involved, they need to adhere to strict guidelines, ensuring that drugs and products are not promoted, and that ethical guidelines are adhered to.

CPD activities in Spain cover the following areas: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwives prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, evidence-based guidelines, safeguarding/child protection, and mental health in the pregnancy and postnatal periods. Recently introduced courses cover women's sexual and reproductive health.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) Sexual and reproductive women's health	x

Delivery of CPD

CPD is provided through multiple approaches including conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, regional, national and international live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer-based learning, study groups or quality circles, multi-professional learning, and research-based formats including videos with case presentations.

Multi-professional CPD activities

Courses in obstetrics, sexual and reproductive women's health and public health are provided as multi-professional CPD activities.

Financial issues and transparency

CPD is funded through the following sources: Colegio Oficial de Enfermería (the professional body with regulatory competence), FAME (midwives' professional organisation), employers, the private/commercial sector and self-funding by midwives.

In Spain, national law ensures that CPD provision is transparent and independent (Comisión de formación continuada de las profesiones Sanitarias <https://www.msssi.gob.es/profesionales/formacion/formacionContinuada/comision.htm>). There are different accreditation bodies at the national and regional levels.

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Patient safety

In Spain, it is not mandatory to complete CPD in patient safety, but CPD courses on patient safety are available.

Trends and reflections

In the opinion of the Spanish midwives' professional organisation (FAME), the CPD on offer in Spain is satisfactory. The respondents do not foresee a change in the regulation of CPD, or a change from voluntary to mandatory CPD requirements. According to the Ministry of Health, it is foreseen to carry out a review of the regulatory framework, in particular the Health Professions Act 44/2003 of 21 November 2003 and Law 16/2003 of 28 May 2003 on the quality and cohesion of the national health system. To this end, a Working Group was established by order of the Interterritorial Board of the National Health System in 2012, which brings together the Autonomous Communities of Spain. In the view of the Ministry of Health, the on-going nature of the evaluation precludes a classification of the Spanish CPD system as establishing a mandatory CPD requirement or a voluntary CPD framework at this point in time, regardless of moral or ethical considerations according to which a healthcare professional must maintain knowledge and skills relating to professional competence permanently up-dated. The Ministry of Health anticipates that the outcomes of the evaluation will point towards a voluntary CPD system.

The 'professional career' approach has meant that CPD is usually, but not always, linked to competency frameworks within midwifery. Exceptions exist where the health provider does not require employees to undertake voluntary CPD.

CPD requirements are not regularly reviewed in Spain, and there are no current published national studies on this topic.

The respondents consider that staff cuts are the most important barrier to CPD participation.

New courses in relation to normal birth, STD and contraception and e-health have recently been introduced. Health care providers increasingly provide courses on patient safety.

The respondents value EU co-operation and exchange of good practice on CPD, but note that fluency in English is required to benefit from this.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Regional Pharmacy Chambers.

Mandatory CPD

There is no mandatory CPD.

Voluntary CPD

There is voluntary CPD established by law: Law 44/2003, 21st November, on the planning of health professions - Chapter IV. Available at:

<https://www.boe.es/buscar/doc.php?id=BOE-A-2003-21340>

If professionals fail to comply with CPD there is no consequence.

Professional organisations monitor the compliance with CPD.

There are additional incentives to comply with CPD. There is official recognition of the credits obtained through the voluntary CPD courses. These credits can be used in public tenders for the award of community pharmacies.

The providers of CPD include: professional organisations, the professional body with regulatory competence, scientific societies and the private sector.

There are no recommendations in voluntary CPD.

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CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines.

Development and implementation

The professional organisations initiate the development of policies on CPD.

CPD activities followed in another EU Member State are not recognised.

The CPD activities are recorded and reported by the CPD provider.

There are rules on the way information on CPD activities can be communicated. Internal advertising (included in the materials of a certain course) is prohibited as established in the Law 44/2003, of 21st November, of planning of the health professions.

CPD activities are followed after working hours.

Accreditation

There is a system of accreditation in place.

The public accreditation agency is in charge of the accreditation of CPD activities. There are accreditation Agencies in each of Autonomous Regions. The accreditation granted by a regional accreditation agency has mutual recognition from the rest of Autonomous Regions in the country.

Formal CPD activities (both voluntary CPD and mandatory CPD) can be accredited before being accessible for professionals.

Informal CPD is not accredited.

CPD activities are accredited on an individual basis.

There is a fee for CPD accreditation. Each Autonomous Region establishes the fee. For example, in the Autonomous Region of Madrid, rates are: - For the 1st Edition of in-class activities: 102.01€ - For the 1st Edition of partial in-class activities or distance-learning activities: 153.01€ - For subsequent editions: 30.60€

The criteria taken into account in the accreditation of CPD activities include: duration of activity, compliance with professional guidelines, learning outcomes (skills, knowledge, competences acquired) teachers, quality of contents, etc.

The links or references to frequently used quality assessment frameworks used in accreditation can be found in:

<http://www.boe.es/buscar/doc.php?id=BOE-A-2007-16340>

The criteria for the accreditation of CPD activities are equal for all the providers.

Content of CPD

The bodies involved in the development of contents for formal CPD activities include: the professional body, scientific societies and the private sector (mainly pharmaceutical industry).

The content of CPD activities include: communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma,...) pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicines, travel medicine, medicines administration, vaccination, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training).

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CPD is not linked to the provision of services in the community pharmacy, meaning that it is not compulsory to take part in any compulsory CPD activity in order to provide any kind of pharmacy services.

Delivery of CPD

There are multiple forms of delivery of CPD including: clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face events, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, offered by patients, research-based, study groups or quality circles, videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities. Pharmacology courses are both for pharmacists and physicians

Financial issues and transparency

CPD funding depends on the private/commercial sector and they are also self-funded by participating professionals' fees.

The funding of CPD activities by commercial bodies is subject to rules. Providers must sign a declaration of independence (no conflict of interests).

The code/regulation by professional body ensures the transparency and independence of CPD.

There are CPD activities available free of charge for voluntary CPD requirements. CPD costs are sometimes free of charge and also carried by the professional.

There are financial reliefs linked to CPD activities through the Tripartita Foundation (EU Funds).

There are no rules on the price of CPD activities.

Patient safety

It is not mandatory to follow CPD activities specifically addressing patient safety but patient safety components are envisaged in the CPD activities in place.

Trends and reflections

The General Pharmaceutical Council of Spain believes that the CPD offer is satisfactory.

It is not envisaged for there to be neither a shift in the institutional competence to regulate CPD nor a change on CPD schemes.

There is not a shift in terms of the criteria which are taken into account in the accreditation of CPD activities.

There were no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

According to the Ministry of Health, it is foreseen to carry out a review of the regulatory framework, in particular the Health Professions Act 44/2003 of 21 November 2003 and Law 16/2003 of 28 May 2003 on the quality and cohesion of the national health system. To this end, a Working Group was established by order of the Interterritorial Board of the National Health System in 2012, which brings together the Autonomous Communities of Spain. In the view of the Ministry of Health, the on-going nature of the evaluation precludes a classification of the Spanish CPD system as establishing a mandatory CPD requirement or a voluntary CPD framework at this point in time, regardless of moral or ethical considerations according to which a healthcare professional must maintain knowledge and skills relating to professional competence permanently up-dated. The Ministry of Health anticipates that the outcomes of the evaluation will point towards a voluntary CPD system.

CPD criteria are reviewed, as required, with no regular intervals.

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There are no national studies on the impact of CPD on professional practice.

The most important barriers to participation in CPD activities are time availability and the cost of certain courses.

New topics on CPD activities include: biotechnology, new drugs and new professional perspectives.

The offer of CPD activities specifically addressing patient safety is increasing.

European cooperation and the exchange of good practices on CPD could add value. The harmonization of CPD requirements in Europe can also be an added value.

10.28 Country profile: SWEDEN

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	No	No	No	No	No
Voluntary	Yes	No	Yes	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	No	No	No	No
Financing	Employer, re- search grant, private/ com- mercial sector	N/A	Self-employed dentist, employ- er	Employer	N/A
Guidelines on transparen- cy/independence	Yes	No	No	No	No

Doctors

Structures and governance

In Sweden, the practice of the medical profession is subject to a licence issued by the National Board of Health and Welfare.

Mandatory CPD

There are no mandatory CPD requirements for doctors in Sweden.

Voluntary CPD

There is a voluntary CPD framework for doctors in Sweden. This is based on doctors' ethical obligation and enshrined in the professional code. There are no consequences to a failure to comply with the voluntary CPD framework nor is compliance monitored. There are no positive incentives for doctors to comply with the framework.

The following providers offer CPD activities (ranked according to frequency of use): scientific societies, professional organisations, professional body with regulatory competence, higher education institutions, the Ministry of Health, the Ministry of Education and the private sector. Doctors are recommended to follow activities based on their relevance to professional practice.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards and guidelines on quality of care.

Development and implementation

The Ministry of Health initiates policy on CPD; the professional organisation, professional body with regulatory competence, national policy makers and employer may also be involved. CPD activities followed in another EU Member State are partially recognised on an individual basis. There is no recording or reporting obligation, but information can be recorded and reported by both the professional and the CPD provider.

Accreditation

There is an accreditation system in place, for which IPULS, a company owned by the Swedish Medical Association is responsible. The accreditation criteria are broadly in agreement with the recently updated criteria for live educational events used in the UEMS EACCME® system. There is however no obligation for either formal or informal CPD activities to be accredited before being accessible for professionals. Accreditation is given on the basis of the individual CPD activity at a fee of 750 EUR. The criteria which are taken into account for accreditation include needs assessment, relevance for the target audience with a focus on learning outcomes (knowledge, skills and competences acquired), duration of the activity, transparency and compliance with regulatory codes concerning sponsoring. These criteria do not differ according to CPD provider. CPD activities relating to continuous medical education and those relating to extra-medical professional development are accredited according to the same criteria, which have been in use for more than ten years.

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Content of CPD

The content of formal CPD activities can be developed by the professional body, the Ministry of Health, scientific societies, higher education institutions or the private sector. There is no prescribed content which doctors are obliged to follow. Nor are there rules relating to the percentage of CPD activities which must relate to continuous professional development and which to extra-medical topics. There is a needs assessment at the level of the individual professional as well as the profession as a whole to determine which CPD activities a professional should follow.

Topics which are addressed in the CPD activities followed include intercultural communication skills, eHealth and IT systems, patient data management, patient safety and communication with patients, as well as payment and reimbursement systems. CPD requirements do not differ on the basis of specialty or post.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face, events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities involving various healthcare professions.

Financial issues and transparency

CPD activities are funded by the employers, the private or commercial sector and research grants. They can also be self-funded by participating professionals' fees. The funding of CPD activities by commercial bodies is regulated in a code, as is the transparency and independence of CPD, which takes the form of a cooperation agreement between public employers and the pharmaceutical industry (www.lif.se). This also regulates the way in which information on CPD activities may be communicated.

There are formal CPD activities available free of charge. The cost of payable CPD activities is carried by the employer, the professional or the competent authority, others are carried out on a voluntary basis. There is no financial relief for costs of following CPD activities, nor are there rules relating to the pricing of activities.

Doctors are granted an average of 7 days per year of paid working time to follow CPD activities.

Patient safety

There are CPD activities on patient safety, but it is not obligatory for doctors to follow them. It is reported that there may be an increase in the number of CPD activities addressing patient safety.

Trends and reflections

The Swedish Medical Association is not satisfied with the offer of CPD activities available to doctors and hopes the implementation of the new Professional Qualifications Directive will lead to better regulation. It wishes to see a clarification by the National Board of Health and Welfare as regards the roles of employers and employees. This may entail a shift in the competences to regulate CPD and the evolution of the voluntary CPD framework towards mandatory CPD requirements. This is also seen to be the main benefit of European cooperation and exchange of good practice.

There have been no changes in the criteria which are taken into account in accreditation. Nor have there been changes as regards CPD's relation to competency and qualification frameworks. CPD requirements are not reviewed. The Swedish Medical Association is in the early stages of carrying out a survey on the impact of CPD on professional practice. In terms of barriers to professionals' participating in CPD, the Swedish Medical Association identifies the lack of funding and the lack of time in daily working routines as main obstacles.

As regards new topics addressed in CPD, these include digitalised records, quality records and patient safety.

As regards European cooperation it is believed that exchange of good practice and evidence can create added value.

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Nurses

Structures and governance

Nurses in Sweden need to be registered at the National Board of Health and Welfare.

Mandatory CPD

CPD is not mandatory in Sweden.

Voluntary CPD

There is no voluntary CPD framework, but some activities that nurses undertake in Sweden.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

There are currently no national organisations/associations handling with CPD.

Accreditation

There is no system of accreditation for CPD.

Content of CPD

Even if there is no specific direction of the CPD activities, patient safety is a common topic on educational activities.

Delivery of CPD

N/A

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

N/A

Patient safety

Patient safety is a key topic addressed in educational activities.

Trends and reflections

CPD in Sweden is not satisfactory and it would be desirable to have CPD activities during working time. One of the biggest obstacles is the shortage of human resources in the organisations, not allowing nurses to participate in CPD activities. The CPD is mandatory for some health professionals and should be for all.

Dentists

Structures and governance

To practise in Sweden, dentists must register with the National Board of Health and Welfare.

Mandatory CPD

There is no mandatory CPD for dentists in Sweden.

Voluntary CPD

The voluntary CPD framework is based on an ethical obligation and to some extent on the Patient Safety Act. There is no monitoring of compliance with voluntary CPD but members of the Swedish Dental Association

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(SDA) are encouraged to attend by being charged lower fees for SDA's courses; in addition, SDA's courses are tax exempt.

Activities for voluntary CPD are provided by (ranked in order of frequency) the Public Dental Service, the SDA, the private sector (including dental industry), higher education institutions, the professional body with regulatory competence and Ministries of Health and of Education.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards for quality of care.

Development and implementation

Development of policy on CPD is initiated by EU policy-makers or potentially by the National Board of Health and Welfare or domestic policy-makers through the issuing of new regulations.

While there is no recording or reporting obligation for voluntary CPD, it is optional how participation in CPD activities is recorded and reported by the participating dentist and by the CPD provider.

Recognition of CPD activities followed in another EU Member State depends on the employer; in the opinion of the SDA, most employers do recognise such CPD.

Accreditation

There is no system of accreditation for CPD activities.

Content of CPD

The SDA, scientific societies, higher education institutions, the private sector (including dental industry) and general dentistry are all involved in the development of content of formal CPD activities.

There is no prescribed or recommended content of CPD. Needs assessments take place at different levels: the level of the individual dentist, the level of the profession, and based on a demand by the employer.

Some of the topics covered are marked « x » in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other	x

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical care discussions; clinical audit; clinical hands on courses; conferences, symposia, lectures or seminars; formal and informal practice based learning; international, national and regional live/face-to-face events; Web-based learning (eLearning); mobile learning (mLearning); self-study; peer-to-peer; employer-based; offered by patients; multi-professional; research-based; study groups or quality circles; videos with case presentations.

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Multi-professional CPD activities

Dentists follow multi-professional CPD with other members of the dental team as well as with, on occasion, veterinarians, psychologists and so on.

Financial issues and transparency

CPD activities are funded by employers and by participating dentists' fees. While there are no guidelines or codes of conduct in place to ensure transparency and independence of CPD, limitations to funding by commercial bodies are applied when it comes to SDA courses, aimed at maintaining independence. There are no formal CPD activities available free of charge, and costs are carried by the participating dentist and by the employer. SDA courses are tax exempt.

There are no rules on the cost of CPD activities or on the way information on CPD activities can be communicated.

Patient safety

It is not mandatory for dentists to follow CPD on patient safety; patient safety is covered in other CPD courses. The offer of CPD courses on patient safety is increasing.

Trends and reflections

According to the SDA, the offer of CPD for dentists in Sweden is satisfactory but more dentists need to follow CPD on a regular basis. The main barriers to participation in CPD are cost and time and potentially also the individual's and employers' lack of interest.

The SDA anticipates that due to the Professional Qualifications Directive and decisions of other EU Member States to make CPD mandatory, such changes might also take place in Sweden in the future and it might be of interest for the Board of Health and Welfare and the Social Ministry to regulate CPD.

In the opinion of the SDA, European cooperation on CPD might provide added value but they note it would be difficult to agree on best practice at EU level since differences of opinion exist even among Swedish dentists.

Midwives

Structures and governance

In Sweden the practice of midwifery is subject to registration with the Ministry of Health and Welfare, which is the competent authority. The midwives' licence to practise is not subject to review (relicensure, revalidation, re-registration).

Mandatory CPD

There is no national mandatory CPD framework in Sweden. CPD activities are related to employers' requirements for maintaining competence in the role or practice within the organisation. The midwives' professional association recommends regular CPD on specific clinical practice topics e.g. neonatal resuscitation and interpretation of cardiocotograph.

Voluntary CPD

Voluntary CPD is not governed nationally within a set framework, but voluntary CPD activities do exist and are mostly driven by the needs of employing organisations. There are two specific midwifery profession-level CPD activities: these provide learning on neonatal resuscitation and interpretation of the cardiocotograph.

CPD as part of national standards and guidelines for quality of care

CPD for midwifery is not integrated in Swedish national standards or guidelines for quality of care.

Development and implementation

As there is no recognised CPD framework in Sweden, there is no policy on CPD development or implementation. Therefore, each midwife records her own CPD activities pro-actively, but without any obligation to report these to the competent authority or to any other organisation. Formal CPD activities undertaken in another EU Member state may be recognised as part of individual midwife's CV, where these relate to further professional education, or to clinical skills updating.

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Accreditation

As there is no national framework of mandatory or voluntary CPD, no accreditation framework exists in Sweden.

Content of CPD

There is no needs assessment on the personal or professional level for CPD requirements in Sweden. Therefore in general midwives comply with what it is required by an employer for competence in their role.

Current CPD content includes; Client safety, leadership and management, legal and professional issues, including client records, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM) and evidence-based guidelines.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice		Counselling	
Client safety	x	Antenatal screening	
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth		Clinical audit	
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	
Midwife Prescribing		Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

CPD is mostly delivered through the following formats: clinical hands-on courses, web-based learning (eLearning) and peer-to-peer learning. It can also be provided through employer-based, multi-professional and research-based formats.

Multi-professional CPD activities

The Swedish midwives share clinical CPD activities with obstetricians (e.g. interpretation of cardiotocograph and neonatal heart and lung resuscitation (HLR)).

Financial issues and transparency

Due to the lack of national CPD framework structures, there are no written rules or guidelines or regulations for CPD. With regards to CPD activities provided by the employer, these are usually free and occur during paid working time due to the employers' own requirements.

Patient safety

There is no mandatory requirement to undertake CPD activities in relation to patient safety. However patient safety is a topic offered to midwives and is seen as an emerging trend and shift in multi-professional CPD activities.

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Trends and reflections

Swedish midwives do not offer any formal opinion on the CPD offer available, based on the lack of a national framework. In Sweden the patient safety agenda has increased as a focus influencing multi-professional training in areas of clinical interventions such as interpretation of cardiocograph/electronic fetal heart monitoring and neonatal HLR.

There are no national studies on the impact of CPD on midwives' practice. Due to the absence of CPD structures in their profession, Swedish Midwives are not clear how good practice on CPD at the EU level might benefit them.

Pharmacists

Structures and governance

The practice of the profession is subject to a licence from or registration with the Socialstyrelsen (the National Board of Health and Welfare). However, the licence to practise is not subject to review (re-licensure, revalidation, re-registration) at regular intervals.

Mandatory CPD

Practice of the profession is not subject to mandatory CPD requirements.

Voluntary CPD

For this field the requirement to operate a pharmacy (so more for employer rather than employee) is established by prescript (LVFS 2013:14 (previously LVFS 2009:9) and is formulated (freely translated into English) as: "Community pharmacies shall have staff numbers and competences in order to ensure a good quality and safety for the pharmacy." and "during opening hours, the number of pharmacists shall be enough and they shall have the skills necessary in relation to the nature and scope of the pharmacy." Employees do different self-education programmes agreed upon with the pharmacy manager.

There is no monitoring of pharmacists to see if they have undergone any CPD.

One of the unions has developed a voluntary CPD framework but it is currently not widespread and used by professionals.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

CPD programmes do not have a defined structure.

Accreditation

As there is no current requirement of CPD for the professions required for pharmacy, the answer is not applicable

Content of CPD

CPD programmes do not have a defined structure.

Delivery of CPD

CPD programmes do not have a defined structure.

Multi-professional CPD activities

CPD programmes do not have a defined structure.

Financial issues and transparency

No answer was provided.

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Patient safety

CPD programmes do not have a defined structure.

Trends and reflections

No immediate expectation on changes on CPD.

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10.29 Country profile: SWITZERLAND

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	No	Yes	Yes	Yes
Voluntary	No	Yes	No	Yes	Yes
CPD linked to licence review	N/A	N/A	N/A	N/A	N/A
Accreditation	Yes	No	Yes	Yes	Yes
Financing	Doctor, private/ commercial sector	Employer, nurse	Dentist	Employer, mid- wife	Professional orga- nisation, pri- vate/commercial sector, pharmacist
Guidelines on transparen- cy/independence	Yes	No	No	No	Yes

Doctors

Structures and governance

In Switzerland, the practice of the medical profession is subject to registration with a cantonal health authority. The licence to practise is not subject to review.

Mandatory CPD

There are mandatory CPD requirements for doctors which are enshrined in both law and the professional body's code (http://www.fmh.ch/fr/formation-isfm/formation_continue.html; <http://www.admin.ch/opc/fr/classified-compilation/20040265/index.html>). Failure to comply with these requirements can entail a warning, a reprimand or a fine of up to 20000 CHF (approx. 16500 EUR). Compliance is monitored and enforced by the cantonal health authority. There is no other regional level of enforcement. There are no positive incentives for doctors to comply with the requirements.

CPD activities are offered by the following providers (ranked according to decreasing use of frequency): scientific societies, professional organisations, the private sector, the professional body with regulatory competence, the Ministry of Health, the Ministry of Education and higher education institutions.

The minimum requirements with which doctors must comply with are formulated as a national system of credits (1 credit per hour, with a maximum of 8 credits per day), of which doctors must obtain 150 for formal CPD activities in 3 years.

Voluntary CPD

The practice of the medical profession is not subject to voluntary CPD requirements.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national guidelines or standards for quality of care.

Development and implementation

The development of CPD policy is initiated by the Swiss Institute of Medical Education, which is an autonomous body of the Swiss Medical Association. CPD activities followed in another EU Member State are not recognised. Completion of formal CPD activities is recorded and reported pro-actively by the doctor. This information is saved in an online 'CPD diploma' which is also accessible to insurance and health authorities.

Accreditation

There is a system of accreditation which for which the specialist societies of the Swiss Medical Association are responsible. Formal CPD activities must be accredited before being accessible for professionals, for informal activities there is no such obligation. Accreditation is given on the basis of individual activities. As regards criteria which are taken into account for accreditation, the duration of activities is a main factor for calculating credits (1 credit per hour), while activities are evaluated as to their relevance and compliance with professional guidelines, their learning outcomes (skill, knowledge and competences acquired) and their compliance with quality management indicators, such as evaluation of process (http://www.fmh.ch/files/pdf14/fb_kriterien_d.pdf). These criteria do not differ between CPD providers. The

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fee for accreditation of CPD activities ranges from 350 CHF to 500 CHF for first time accreditation (approx. 290 EUR to 410 EUR) which decreases for repeat events.

Content of CPD

Scientific societies are the main actors in developing formal CPD activities. According to medical specialty, there is a prescribed content which doctors must follow. Half of the credits must be obtained in formal CPD activities which are indicated by the relevant specialist society. The other half of the credits may be obtained in other formal CPD activities. Additionally, 30 credits are awarded to doctors for following informal CPD activities, however there is no recording or reporting obligation attached. There is no additional needs assessment. The topics which are addressed by CPD activities include patient safety.

Delivery of CPD

CPD is delivered through general or specific CPD events, such as congresses, seminars, practice groups, courses symposia, super/intervision, quality circles), clinical CPD (lectures, clinical visits and case studies, surgery assistance for new skills, eLearning with interactive and audio-visual teaching and study material (web-based programmes, blended learning podcasts), quality management projects (medical audit, monitoring, peer review, structured self- and peer assessment or individual needs assessment, teaching activities in specialist medical training and CPD, and the study of academic literature.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are self-funded through participating professionals' fees. Any involvement of commercial bodies as well as the rules on transparency and independence of CPD must comply with the guidelines by the Swiss Academy for Medical Sciences on cooperation with pharmaceutical industry (http://www.samw.ch/dms/de/Ethik/RL/AG/d_RL_ZAel_2013.pdf). There are no rules on the way information on CPD activities is communicated.

There are no formal CPD activities available free of charge. The cost of CPD activities is carried by the professional, however these costs can be offset against tax. There are no rules on the prices of CPD activities. Rules as to whether doctors are allowed to follow CPD activities in their paid working time are not established.

Patient safety

There are activities on patient safety offered to doctors in Switzerland, however it is not necessary for doctors to follow them. It is not reported that the offer of CPD activities specifically addressing patient safety is increasing.

Trends and reflections

The Swiss Medical Association finds the offer of CPD to be satisfactory. As regards recent trends and the outlook for the foreseeable future, there are no shifts relating to the institutional competence to regulate CPD. Nor is there a shift from the mandatory CPD requirements to a voluntary CPD framework expected. Also, there are no developments in terms of criteria to accredit activities nor is there any change reported regarding CPD requirements' relation to competency or qualification frameworks.

CPD requirements are reviewed as required, at no regular interval. There are no national studies on the impact of CPD on professional practice.

The Swiss Medical Association does not see any barriers to professionals participating in CPD. There is no opinion on the added value of European cooperation and exchange of good practice.

Nurses

Structures and governance

Nurses in Switzerland have to register with the Red Cross of Switzerland.

Mandatory CPD

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CPD is not mandatory for nurses in Switzerland.

Voluntary CPD

There is a voluntary CPD that consists of some activities that nurses undertake in Switzerland.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

The existing educational activities are usually initiated by the professional organisation and the Ministry of Health. In some cantons the health insurance companies develop CPD policies, although they affect only those nurses who are self-employed (that are the minority). Each of the 26 cantons regulates CPD requirement for self-employed nurses differently. There is a needs assessment done by individual professionals to determine which CPD activities to follow.

Accreditation

There is no system of CPD accreditation

Content of CPD

The main topics are: nursing clinical practice, communication and patient records, patient safety, eHealth and the use of new communication technologies, management, legal and professional issues, and chronic disease management. Among new topics there are: palliative care, geriatric medicine and care and case management.

Delivery of CPD

There are different activities: case presentation, clinical audit, clinical care discussion, clinical hands on courses, conferences, symposia, lectures or seminars, formal practices based learning, informal practice based learning, international live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.),

Multi-professional CPD activities

Multi-professional CPD activities are sometimes organised by universities of applied sciences and professional education and training (PET) colleges. The following professions are addressed: nurses, midwives, physical therapists and nutritionists.

Financial issues and transparency

The educational activities are sometimes funded by the employers or are equally shared between the employer and the employee. There are no financial rules or codes.

Patient safety

Some activities focus on patient safety.

Trends and reflections

The offer is satisfactory but the activities should be mandatory. The hours of paid working time professionals may spend on CPD activities depend on the contract of the professional has signed with the employer. Normally the employee has the right to spend three to five days a year for CPD activities. But there is no legal obligation for the employer to actually grant the whole amount of time for CPD activities. At the moment a new law is in consultation in Switzerland. It will regulate the healthcare professions which are trained at a university of applied sciences or professional education and training (PET) Colleges (nurses are trained at this mentioned institutions). One element of the law could be mandatory registration in a national register for all healthcare professionals, and the requirement of mandatory CPD activities (a certain amount of CPD activities that have to be fulfilled in a specific period of time and that are enrolled in the national register as well). But since the law is in consultation, it is questionable if the mandatory registration and the mandatory CPD activities will be a part of the law. SBK-ASI is trying hard to integrate the mandatory register and CPD activities in the law.

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Dentists

Structures and governance

Dentists must register with the health department of the canton (regional authority).

Mandatory CPD

CPD is mandatory for dentists in Switzerland. The mandatory CPD framework is based on law and code/regulation by professional body:

<http://www.admin.ch/opc/de/classified-compilation/20040265/201309010000/811.11.pdf>

There is no review of registration or license to practice. If dentists fail to comply with mandatory CPD requirements, they face a reduction of what they can charge for insurance patients.

Dentists' compliance with mandatory CPD requirements is monitored by the professional organisation. If dentists fail to comply with requirements the consequences are enforced by the professional organisation. There is no regional level of enforcement of mandatory CPD requirements.

There are no other positive incentives to comply with CPD requirements.

Activities for mandatory CPD are provided by the following bodies: professional body with regulatory competence, professional organisation, scientific societies, private sector, higher education institutions, other (hospitals), Ministry of Health, Ministry of Education.

Mandatory CPD requirements are formulated in minimum number of credits (80 hours).

Voluntary CPD

There is no voluntary CPD framework in Switzerland.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The development of policy on CPD is initiated by professional organisation.

Formal CPD activities followed in another EU Member State are recognised in Switzerland.

The completion of CPD activities is recorded and reported by the CPD provider.

CPD requirements by the regulatory body do not differ for dentists according to any criteria.

Accreditation

In Switzerland, there is a system of accreditation in place. The professional organisation is in charge of the accreditation. Both formal and informal CPD activities do not have to be accredited before being accessible to dentists. CPD activities relating to continuous dental education and to personal and professional development are not accredited according to the same criteria.

Accreditation is awarded to the CPD provider. There is no fee for the accreditation of CPD activities.

The following criteria are taken into account in the accreditation of CPD activities: compliance with professional guidelines. Criteria for the accreditation of CPD activities do not differ according to the provider.

Content of CPD

The professional body, Ministry of Health, scientific societies, higher education institutions and post-graduate education organisations are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x

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Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	x
Ergonomics	x	Taxation	
Ethics and jurisprudence	x	Other	

Beyond the structural CPD requirements, dentists should follow cardiopulmonary resuscitation and radiation protection.

A needs assessment takes place at the level of the profession to determine which CPD activities should be followed.

There is a regulation on what percentage of CPD activities followed must relate to continuous dental education and what percentage must relate to personal and professional development. CPD activities must all relate to continuous dental education.

Delivery of CPD

The following forms of delivery of CPD exist: case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, international/national/regional live/F2F event, web-based e-learning, self-study (reading scientific journals or books, audio-visual education means, etc).

Multi-professional CPD activities

In Switzerland, there are multi-professional CPD activities with: maxillofacial surgeons, medical doctors, radiologists, etc.

Financial issues and transparency

CPD activities are self-funded by participating professionals' fees. The funding by commercial bodies is not subject to rules or regulations. There are no formal CPD activities available free of charge. There are no rules governing the cost of CPD activities.

There is no code/regulation of conduct in place to ensure the transparency and independence of CPD.

There are tax offsets dentists can benefit from for the cost of participating in CPD activities.

There are no rules on the way information on CPD activities can be communicated.

Patient safety

It is not mandatory for dentists to follow CPD activities on patient safety. Patient safety is included in other mandatory modules. The offer of CPD activities specifically addressing patient safety is not increasing.

Trends and reflections

According to the Swiss Dental Society, the CPD offer available in Switzerland is satisfactory and CPD is of quite high quality. No shift in the institutional competence to regulate CPD is foreseen. No shift from voluntary to mandatory CPD or vice-versa is foreseen. A shift in terms of the criteria which are taken into account in the accreditation of CPD activities is not foreseen either.

There have been no developments in terms of CPD requirements in relation to competency frameworks or qualifications frameworks.

CPD requirements are reviewed when necessary; there is no regular interval.

There are no national studies on the impact of CPD on professional practice.

The biggest barriers to participation in CPD activities are time and costs.

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The new topics being addressed by CPD activities are: treatment in older patients, ethics, and the link between general and dental medicine.

Midwives

Structures and governance

Switzerland is divided into 26 cantons, each of which is responsible for its own healthcare policy and legislation. Midwives need to be registered with the Cantons, and these award independent midwives the "right to practice". The title of 'midwife' is recognised at the federal (national) level.

There is currently no national requirement for midwives to fulfil mandatory CPD, but this may soon change, as new federal legislation is currently being considered, and the consultation for this includes discussion about registration and CPD (Loi sur les professions de la santé - LPSan). The qualification of 'BSc Midwife' has recently been introduced in Switzerland (in 2000). Midwives who had already qualified under the earlier system are able to gain the title of BSc midwife, but in order to do so, must gain 10 ECTS (European Credit Transfer and Accumulation System), where 1 ECTS point is equivalent to 30 hours of study. (See also http://www.paediatrica.ch/wysiwyg_media/Documents_Fr/New_s/Info-Praxisaenderung_f.pdf).

Mandatory CPD

All midwives in Switzerland are expected to complete two days per year mandatory CPD, and this is established by Canton law in each Canton (e.g. REPS art 10, http://www.vd.ch/fileadmin/user_upload/themes/sante_social/services_soins/fichiers_pdf/QUAL/REPS.pdf).

This mandatory CPD is not formally regulated, but the Swiss Federation of Midwives is responsible for providing this for independent midwives.

Re-licensure as a BSc midwife is an option open to midwives, but in most cases this is not a requirement, and midwives are able to continue practicing without doing so. An exception is Zurich hospital, which requires its midwives to gain the BSc title. The BSc qualification is however a pre-requisite for doing further academic study. To achieve the BSc, midwives must complete the OPT, which is equivalent to 10 ECTS points (30 hours of study each).

The main providers of mandatory CPD are the midwives' professional body with regulatory competence, the midwives' professional organisation, the Ministry of Education and scientific societies.

If midwives do not complete CPD and re-license, there are no automatic consequences, but they may not be able to gain employment or to do further study. The Ministry of Education, the midwives' professional organisation, and individual professionals all monitor midwives' compliance with mandatory CPD requirement.

CPD activities are not usually incentivised, but occasionally some hospitals give financial incentives to encourage midwives to do additional learning. Employers may also fund CPD, or provide time off work to complete CPD, but this varies and there is no right to time off work in order to complete further study.

CPD policy is not regularly reviewed in Switzerland, but individual midwives' requirement for CPD will be reviewed on a variable basis, depending on their self-assessment of need.

Voluntary CPD

In Switzerland, there is also a voluntary framework, and an expectation that midwives will complete voluntary CPD is established in Law, in the midwives' code and through regulation by the midwives' professional body (see recommendations from the SFM for independent midwives, point 12 www.hebamme.ch/fr/heb/cu/index.cfm?DataGrp=12, see also catalogue of CPD from the SFM <http://www.sage-femme.ch/fr/heb/bild/>).

The midwives' professional organisation (Swiss Federation of Midwives) and the individual professional themselves oversee compliance with voluntary CPD activities. There are no consequences for non-completion, however voluntary CPD is in effect incentivised, because after increasing their competences, for example by acquiring a diploma in IBCLC or urogynaecology, the midwife can occupy special functions in a hospital, and as independent midwife, she can be paid through health insurance.

Main providers of voluntary CPD are the midwives' professional organisation, Higher Education Institutions and scientific societies, and providers of complementary therapies also provide voluntary CPD activities. Rec-

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ommended voluntary CPD activities include M.Sc. in Midwifery (120 ECTS), MAs in public health (60 ECTS), CAS (certificate) in sexual health (12 ECTS) or in teaching (15 ECTS).

CPD as part of national standards and guidelines for quality of care

In Switzerland, CPD is integrated with national standards and guidelines for quality of care, via the University and Higher Education System ETCS.

Development and implementation

Swiss CPD policy is initiated by the midwives' professional organisation, national policy-makers and by employers. CPD activities undertaken in other EU member states are partially recognized; some certificate level courses (CAS) recognise prior learning, but the OPT (conversion to BSc midwife) course does not. At present, there is no obligation to report CPD activities, but a new law may change this in the near future. Currently, individual midwives record their own CPD activity and report this if required to the competent regulatory body.

Accreditation

There is a system of accreditation for CPD in Switzerland. This involves the midwives' professional organisation and also higher education institutes, each of whom contributes to accreditation of CPD activities. There is also a public accreditation agency which ensures that CPD accreditation follows rules set out by the KFH (Bologna System) <http://www.kfh.ch/>. (The KFH (Konferenz der Fachhochschulen) is the *Rectors' Conference of the Swiss Universities of Applied Sciences*, a body established to represent the Universities' interests in the broader political context.)

Content of CPD

Bodies involved in developing content of CPD include the midwives' professional organisation, scientific societies, higher education institutions and midwifery education institutes. Needs assessment for CPD occurs on a variable basis. An employer may undertake routine needs assessment with an employed midwife, or may undertake a more specific CPD assessment in response to creation of a new specialized role (for example, one requiring leadership and management skills, or specialist practice in sexual health). In such cases, CPD is often linked with institutional funding, but otherwise, midwives self-assess their own learning needs, and address these without funding.

There is no regulation about the proportion of CPD which should relate to continuing education in midwifery and the proportion which may relate to development beyond midwifery. An unusual exception to this is that professors of midwifery may be required by their universities to ensure that 10% of their CPD relates to professional development in teaching, and this is intended to ensure good quality in teaching practice. In general, CPD is expensive in Switzerland, and economic constraints limit widespread provision of CPD.

Swiss CPD covers the following subject areas: Clinical midwifery practice, communication (including the use of new and emerging technologies e.g. eHealth), leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research and ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health and mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety		Antenatal screening	
Public Health		Reflective practice\diary	
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client rec-		High dependency/critical care	

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ords			
Midwife Prescribing	x	Safeguarding/child protection	
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	

Delivery of CPD

In Switzerland, CPD is provided through the following activities: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer based learning, multi-professional learning and research-based formats including videos with case presentations.

Multi-professional CPD activities

There are some multi-professional CPD activities in Switzerland. Inter-professional teaching modules have been implemented into the regular BSc midwifery programme for the past three years. At CPD level, there has also been recent progress in providing multi-professional learning. Neonatologists provide 'START4NEO' with mixed instructors, including qualified midwife instructors, and this course is used to train neonatal resuscitation to professionals involved with the care of new-borns at birth. Another example is the PAPRICA multidisciplinary programme (physical activity promotion in primary care), which is taught for various populations, and also for children aged 0-6 years (<http://rms.medhyg.ch/numero-412-413-p-112.htm>).

Financial issues and transparency

In Switzerland, CPD is funded either by employers, or through self-funding by midwives. Midwives may be able to negotiate time off to complete mandatory or voluntary CPD, but there is no right to study time. There are no guidelines or codes in place to ensure the transparency and independence of CPD in Switzerland.

Patient safety

Midwives are expected to learn about patient safety as part of mandatory CPD; the respondent has not observed an increase in CPD provision in relation to patient safety.

Trends and reflections

In the respondent's opinion (on behalf of the Swiss Federation of Midwives), CPD for midwives in Switzerland is not satisfactory. The respondent felt that employers have too much power to decide whether or not to provide CPD, and noted that the costs of CPD are too high for independent midwives. The main barriers to CPD in Switzerland are therefore cost of activities and the sustainability of these. It is possible that there will be a shift towards mandatory registration in Switzerland as new legislation is currently being considered (see Structures and Governance).

The respondents felt that there has been a shift between ECTS CPD activities and non-ECTS CPD, but did not comment on the direction of this change. In relation to developments of CPD to meet competency frameworks or training guidelines, the respondent noted an increased expectation of reflexive practice for certificate level (CAS) activities. There are no national studies on CPD in Switzerland, and the regularity with which midwives' CPD needs are assessed is variable. A recent change has been the introduction of CPD activities on inter-professional learning.

The respondent felt that EU cooperation and sharing of good practice on CPD is beneficial because it will provide research recommendations on this subject to the community.

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Pharmacists

Mandatory CPD

The practice of the profession is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law, decree/governmental regulation, code/regulation by professional body.

The licence to practise is not subject to review. The consequences after failing to comply with CPD requirements depend on the cantonal laws.

The professional organisation and cantonal health authorities are in charge of monitoring of CPD and enforcing the consequences if the professional fails to comply with CPD requirements.

The CPD system is organised and formulated by minimum number of credits (national system) and hours.

Mandatory CPD requirements for professionals are 500 credits (including 300 credits for self-study), 80 academic hours (45min) – 32 hours face to face learning, 48 hours self-study.

Voluntary CPD

The practice of the profession is also subject to a voluntary CPD framework by the professional body's code/regulation.

Regulation for specialists titles (Foederatio Pharmaceutica Helvetiae) –

www.pharmaSuisse.org,

Community pharmacy:

<http://www.pharmasuisse.org/fr/Bildung/Apotheker%20Weiterbildung/Pages/Offizinpharmazie.aspx>

Hospital pharmacy:

<http://www.pharmasuisse.org/fr/Bildung/Apotheker%20Weiterbildung/Pages/Spitalpharmazie.aspx>).

If the professionals fail to comply with voluntary CPD, they can get reprimanded from the professional organisation that monitors the compliance with CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards and guidelines for quality of care.

Development and implementation

The Ministry of Health and the professional organisation initiate the development of policy on CPD.

All CPD activities done in a foreign country can be recognised and accredited for CPD.

CPD activities are recorded pro-actively by the professional or upon request by the competent authority or professional organisation and reported by the professional upon request by the competent authority or by the CPD provider.

All CPD activities are carried both outside and during the working hours.

Accreditation

Professional organisation is in charge of the accreditation of formal CPD activities. The formal CPD activities must be accredited before being accessible to professionals if they are to fulfil mandatory requirements. Accreditation is given on individual CPD activity. Standard fee for accreditation is 110 Swiss Francs per activity and 700 Swiss Francs per annual programme of activities.

The criteria taken into account while giving the accreditation are duration of activity, compliance with professional guidelines, learning outcomes (skills, knowledge, competences acquired), FIP sponsoring policy and accessibility.

Content of CPD

The bodies involved in the development of content of formal CPD activities include the professional body, scientific societies, higher education institutions and the private sector.

The content of CPD activities include communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy,

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veterinary medicine, travel medicine, medicines administration, vaccinations, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...). Some of them are linked to additional services in the pharmacy.

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal and informal practice based learning, international, national and regional live/face-to-face events, web-based and mobile learning (eLearning and mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer to peer, employer based, multi-professional, study groups or quality circles.

Multi-professional CPD activities

There are multi-professional CPD activities, specifically doctor's quality circles.

Financial issues and transparency

CPD activities are funded by the professional organisation, the private/commercial sector and self-funded by participating professionals' fees. There is an FIP Sponsoring regulation for commercial bodies funding CPD activities.

CPD can be free of charge for mandatory CPD requirements, or paid by the professional or employer. There is a possibility of tax offsets.

To ensure the transparency and independence of CPD there is the FIP Sponsoring regulation.

Patient safety

It is not mandatory to follow CPD activities addressing patient safety. Patient safety components are envisaged in CPD activities.

Trends and reflections

There have been developments in terms of CPD requirements in relation to competency and qualifications framework in a way that accreditation by the Swiss federal government was developed.

The CPD requirements are reviewed every 7 years by the Swiss Ministry of Health.

The biggest barriers to participation in CPD activities are money and time.

New topics that are addressed by CPD are vaccinations and pharmacists as gatekeepers.

European cooperation and exchange of good practice on CPD can provide new ideas and experience of the implementation of a framework/regulation in CPD

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10.30 Country profile: THE NETHERLANDS

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	No	Yes	Yes
Voluntary	No	No	Yes	Yes	No
CPD linked to licence review	Yes	Yes	N/A	Yes	Yes
Accreditation	Yes	No	No	Yes	Yes
Financing	Employer, doctor	Employer, nurse	Dentist	Professional organisation, employer, private/commercial sector	Professional organisation, employer, private/commercial sector
Guidelines on transparency/independence	Yes	No	No	Yes	Yes

Doctors

Structures and governance

In the Netherlands, the practice of the medical profession is subject to a licence. When it concerns doctors without a regulated specialty the licence is issued by the CIBG (www.cibg.nl), which is affiliated to the Ministry of Health. When it concerns medical specialist it is issued by the Royal Dutch Medical Association (www.knmg.nl), which is by law appointed by the Ministry. Doctors are re-registered every 5 years and compliance with CPD activities is taken into account in that review (<http://knmg.artsennet.nl/Opleiding-en-herregistratie/CGS-1/Regelgeving.htm>).

Mandatory CPD

The practice of the medical profession in the Netherlands is subject to compliance with mandatory CPD requirements. Failure to comply with these requirements results in an immediate loss of licence to practise; doctors are given only one opportunity to correct their non-compliance within a fixed timeframe to avert the loss of licence. The Royal Dutch Medical Association is responsible for the monitoring and enforcement of compliance with CPD activities. There is a positive incentive for professionals to comply with requirements in the form of reimbursements by their employers. CPD activities are offered by the following providers (ranked according to decreasing frequency of use): the private sector, scientific societies, and professional organisations. CPD requirements are formulated as a minimum number of hours per year: doctors must follow 40 hours of CPD activities which are accredited by the relevant scientific society as a per year average over the 5 year period.

Voluntary CPD

The practice of the medical profession is not subject to a voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD forms part of the general quality framework of the Royal Dutch Medical Association.

Development and implementation

The development of policy on CPD is initiated by the Ministry of Health, the Royal Dutch Medical Association, national policy-makers and scientific societies. CPD activities followed in other EU Member States are recognised within the mandatory CPD requirements.

Accreditation

There is a system of accreditation in place, for which the scientific societies are responsible. Formal CPD activities must be accredited before being accessible for doctors; for informal CPD activities there is no such obligation, however they must comply with the guidelines on the pharmaceutical industry's involvement in CPD (<http://www.cgr.nl/Gedragscode-Geneesmiddelenreclame>). Accreditation is given on the basis of individual CPD activities and is subject to a fee which can vary from 0 to 1000 EUR, depending on accreditation committee. Accreditation takes into account the duration of an activity, its compliance with professional guidelines, its overall quality, its objectivity and the balance of duration of individual subjects addressed, its didactic quality and its relevance for professional practice. There is a quality assessment framework which is used in this context (<http://knmg.artsennet.nl/Opleiding-en-herregistratie/GAIAccreditatie/Aanbieders->

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[nascholing.htm](#)). These criteria are applied to all CPD providers. The completion of CPD activities is recorded by the CPD provider, using a web-based registration system (<http://knmg.artsenet.nl/Opleiding-en-herregistratie/GAIAccreditatie/Aanbieders-nascholing.htm>). CPD activities relating to continuous medical education and those relating to extra-medical topics are accredited on the basis of the same criteria.

Content of CPD

The content of formal CPD activities is developed by professional bodies, scientific societies, and the private sector, in particular pharmaceutical companies. Beyond the requirements as to following a minimum of 40 hours of CPD activities accredited by the scientific societies, there is no prescribed content a doctor must comply with, nor is there any regulation of the relative percentage of continuous medical education and other topics which must be followed to comply with requirements. However there is a differentiation between requirements applying to general practitioners and those applying to other specialists, however this will be levelled out in future. There is currently no needs assessment to determine which CPD activities a professional should follow, however this is being discussed for potential future implementation. Topics which are addressed in CPD include communication with patients, patient safety, eHealth and IT systems, patient data management, payment and reimbursement systems, and intercultural communication skills.

Delivery of CPD

CPD activities are provided in the following formats: case presentations, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), peer-to-peer, employer-based, multi-professional, research-based, and by supervision in groups.

Multi-professional CPD activities

There are various multi-professional CPD activities on a broad range of topics, most frequently addressed at joint groups of doctors and nurses.

Financial issues and transparency

CPD activities are free of charge or are funded by employers or are self-funded through the participating professionals' fees. The funding of CPD activities by commercial bodies is subject to the professional body's guidelines on the pharmaceutical industry (<http://www.cgr.nl/Gedragcode-Geneesmiddelenreclame>). In terms of transparency and independence of CPD activities, accreditation requirements are made publicly available. In addition to the other requirements of the guidelines on the pharmaceutical industry's involvement in CPD, speakers' relations to the pharmaceutical industry must also be disclosed in a disclosure-slide as being the first slide of any presentation. The guidelines also regulate the way in which information on CPD activities may be communicated, as well as the price of CPD activities. There are formal CPD activities available free of charge. For payable activities, the professional or the employer carries the cost. These costs are subject to financial reliefs in form of tax offsets and reimbursements by the employer. Doctors are granted 10 paid working days a year to follow CPD activities, which equates to 90 hours a year.

Patient safety

There are CPD activities specifically addressing patient safety. Also the offer of CPD activities in this area is seen to be increasing in number.

Trends and reflections

The Ministry of Health, Welfare and Sports and the Royal Dutch Medical Association are very satisfied with the available offer of CPD activities, but is committed to continuously improving the offer. While a shift in terms of competences to regulate CPD is not expected, it is reported that a shift between voluntary and mandatory requirements may be occurring in relation to general competences and personal developments plans. There has not been a shift relating to criteria taken into account in accreditation, however, in relation to competency and qualification frameworks, it is foreseen to put greater emphasis on CPD activities relating to general competences. CPD requirements are reviewed as required at no regular intervals. There are no studies on the impact of CPD on professional practice of Dutch doctors. The main barrier for professionals to participate in CPD is seen in the lack of time which doctors can dedicate to participating in activities. Topics which are being newly addressed by CPD activities include eLearning, the accreditation of CPD activities outside of a doctors' own specialty, which is currently being implemented in a pilot scheme due to end in May 2014, and general competences. The Ministry of Health, Welfare and Sports and the Royal Dutch Medical Association believe European cooperation and exchange of good practice can provide added value by creating a platform to generate moti-

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vation for action and resolve questions. In particular on eLearning, the Royal Dutch Medical Association believes its experiences could be of interest to other EU Member States.

Nurses

Structures and governance

Nurses have to register with the competent authority in order to practice the profession. There is a review of this registration every 5 years.

Mandatory CPD

CPD is mandatory and is established in clinical practice and working hours (2080 hours every 5 years). If a nurse fails to comply, his/her licence to practise is lost. The compliance with the requirement is monitored by the Ministry of Health.

Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated in national standards or guidelines for quality of care.

Development and implementation

Activities are reported and recorded proactively by the professional.

Accreditation

There is a national system of accreditation but not used for general care nurses. There are some professional groups (some nurse specialties) who have their own accreditation system. Some are mandatory and some are not.

Content of CPD

CPD activities are provided mainly by the professional body with regulatory competence, professional organisation, and Ministries of Health and Education. Higher Education Institutions also participate in content development.

CPD policy is initiated by Ministry of Health, professional organisation and national policy makers.

Delivery of CPD

Employer based, clinical practice.

Multi-professional CPD activities

N/A

Financial issues and transparency

Costs are covered by employers and participating nurses' fees.

Patient safety

There is no obligation to follow activities on patient safety.

Trends and reflections

There is overall satisfaction with the CPD system. No changes are foreseen.

Dentists

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Structures and governance

Dentists must register with the Ministry of Health.

Mandatory CPD

CPD is not mandatory for dentists in the Netherlands.

Voluntary CPD

The voluntary CPD framework is based on an ethical obligation by dentists but there are no immediate consequences for dentists who do not participate in CPD activities.

With the objective of creating transparency in dental quality care, the Dutch Dental Association (NMT) established the Institute for a Quality Register for Dentists. The Institute maintains a register of dentists who meet its registration standards; among others, CPD standards. Registration is on a voluntary basis. Compliance with its requirements is monitored by the Institute only for dentists registered in the Quality Register.

In addition to registration in the Quality Register there are no other positive incentives for dentists to participate in CPD.

Activities for voluntary CPD are provided by the following bodies (ranked in order of frequency): professional organisation, scientific societies, higher education institutions and the private sector.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care by being part of the dentists' ethical code.

Development and implementation

The development of policy on CPD is initiated by the Dutch Dental Association (NMT).

There is no obligation on recording or reporting CPD.

Accreditation

There is no system for accreditation of CPD in place.

Content of CPD

Postgraduate education organisations are involved in the development of content of formal CPD activities.

No needs assessment takes place to determine which CPD activities should be followed.

To be taken into account for registration in the Quality Register for Dentists, only content relevant to dentistry is counted.

Some of the topics covered are marked 'x' in the table below:

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting		EU health politics and legislation	
Anaesthesia		Four handed sitting dentistry	
Cardiopulmonary resuscitation (CPR)	x	Infection control	
Communication with patients	x	Medical emergencies	
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	
Dental care of the elderly	x	Patient data protection	
Dental care of the medically compromised patients	x	Patient safety	
Dental materials		Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x
eHealth and IT systems		Smoking cessation	

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Ergonomics		Taxation	
Ethics and jurisprudence			

Delivery of CPD

CPD is delivered through the following forms: case presentations; clinical audit; clinical care discussions; conferences, symposia, lectures or seminars; informal practice based learning; Web-based learning (eLearning); self-study (reading scientific journals or books, audio-visual educational means, etc.); peer-to-peer; study groups or quality circles.

Multi-professional CPD activities

There are no multi-professional CPD activities.

Financial issues and transparency

CPD activities are self-funded by the participating dentists' fees. There are no formal CPD activities available free of charge and no financial reliefs are offered to participating dentists.

There are no rules on funding or cost, guidelines on transparency and independence or rules on information about CPD.

Patient safety

It is not mandatory for dentists to follow CPD on patient safety. Patient safety is included in other CPD modules.

Trends and reflections

In the opinion of the NMT, CPD offer for dentists in the Netherlands is satisfactory. No shift in institutional competence to regulate CPD or from/to mandatory CPD or on CPD accreditation has been recorded or is foreseen. No system or procedure for review of CPD requirements is reported. There are no national studies on the impact of CPD on professional practice. NMT reports no barriers to participation in CPD activities.

NMT has provided no position on European cooperation and exchange of good practice on CPD.

Midwives

Structures and governance

In Netherlands, midwives must register with the Ministry of Health Inspection (Wet BIG). Midwives must re-register every five years with the Ministry of Health, and also every year at the Royal Dutch Organisation of Midwives (KNOV) registry. The situation is somewhat complicated as there are different levels of registration for Dutch midwives (registration with Wet BIG, which is mandatory, established in law, and renewed every five years) and an annual registration with KNOV, which is voluntary, but 80percent of midwives have this and it is likely to be required for health insurance.

Compliance with mandatory CPD requirements is taken into account in re-registering, and midwives are expected to have a portfolio of 200 hours of CPD and training over 5 years for their compulsory (WetBIG) registration. If they are unable to provide evidence of this, midwives are subject to temporary suspension of their licence to practise, and a reprimand may be issued by their professional body (Royal Dutch Organisation of Midwives).

For voluntary registration, 200 hours of schooling is necessary. The CPD for the one registration also counts for the other, meaning that midwives must complete 200 hours CPD in total, not 400. The voluntary registration system is much more specific than the legal one, and for the voluntary system midwives have to upload their professional portfolio. Voluntary and compulsory registration is separate from each other, although the 'hands on' practice hours are necessary for both.

Mandatory CPD

The mandatory CPD requirement for midwives is established in law (<https://www.bigregister.nl/http://www.knov.nl/scholing-enregistratie/tekstpagina/443/registers/>) and the details are published within a code/set of regulations from the midwives' professional organisation (KNOV). Compliance is monitored by the professional body (Wet BIG), and through health inspection.

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Midwives in the Netherlands must work 2080 hours in five years and complete training and education activities equivalent to 200 hours every five years in order to re-register with the Wet BIG (competent authority). This requirement is not incentivised for midwives.

The following bodies provide activities for mandatory CPD in Netherlands (in order): Higher Education Institutions, Scientific Societies, Professional Organisation (Royal Dutch Organisation of Midwives), Private Sector, Professional body with regulatory competence (Wet BIG), Ministry of Health and Ministry of Education.

Voluntary CPD

Midwives are expected to undertake voluntary CPD, and this is regulated by the professional body (KNOV). If midwives do not undertake voluntary CPD, they are unable to remain on the register. Midwives should undertake 200 hours of voluntary CPD (training and education) every 5 years, comprised of: Theoretical Education (80 hours), Practical training emergency skills (20 hours), Peer review (40 hours), other activities (60 hours).

The following bodies provide activities for voluntary CPD in the Netherlands (in order): Higher Education Institutions, professional organisation (KNOV), private sector, scientific societies, professional body with regulatory competence (Wet BIG), Ministries of Health and Education.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into most national standards and guidelines for quality of care.

Development and implementation

CPD policy in the Netherlands is administered by the following bodies: the Ministries of Health and Education, KNOV and Wet BIG. National policy-makers and employers also contribute to this.

Formal CPD activities undertaken in other EU member states are recognised in the Netherlands. Individual midwives are responsible for recording their own CPD activity, and this may be requested by the registration authority (Wet BIG). Midwives can keep an online record of this with KNOV.

Accreditation

There is a system for CPD accreditation in the Netherlands, and the following bodies are involved in accreditation: KNOV (Professional Organisation) and Higher Education Institutions.

Formal and informal CPD activities must be accredited before being undertaken, if they are going to be part of the mandatory CPD portfolio. The accreditation is undertaken by a commission in the Netherlands. Providers need to pay an accreditation fee of up to 150 Euros (2014). Accreditation takes into account duration of the activity, compliance with professional guidelines and national policy, and learning outcomes for midwives. There is a national framework for accreditation (link provided) and accreditation does not vary by provider.

Content of CPD

Bodies involved in developing content of CPD in the Netherlands are: the midwives' professional organisation, scientific societies, Higher Education Institutes, and midwifery education institutes.

Currently there is regulation as to what percentage of content must relate to continuous midwifery education or professional development beyond midwifery; this depends on the level of registration that a midwife holds in the KNOV (there are three possible levels of registration for midwives). A needs assessment is undertaken on an individual professional level.

CPD content is provided in the following areas: Clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwives prescribing, midwifery research and ethics, obstetric emergencies (including shoulder dystocia, post-partum haemorrhage, neonatal resuscitation etc.), electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection and mental health in pregnancy and during the postnatal period.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x

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Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify)	None

Delivery of CPD

In the Netherlands delivery of CPD occurs through the following activities: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning), self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer-based learning, multi-professional learning, and research-based formats including videos with case presentations.

Multi-professional CPD activities

In the Netherlands, multi-professional CPD activities take place for many subjects: audit and obstetric emergencies are examples.

Financial issues and transparency

CPD is funded through the following sources: the midwives' professional organisation (KNOV), employers, private/commercial sector or self-funding through participating midwives' fees.

The provision of CPD by commercial bodies is subject to rules and regulations such as following ethical codes or the WHO breast feeding code of practice. The KNOV website publishes guidelines to ensure transparency and independence within CPD activities.

Patient safety

Patient safety is covered in mandatory CPD activities within the Netherlands.

Trends and reflections

The respondent, from the Royal Dutch Organisation of Midwives, considers that CPD in the Netherlands is satisfactory. In their view, it is likely that there will be a shift in institutional competence to regulate CPD. A shift from mandatory to voluntary CPD was also thought unlikely to occur.

There has been no change in the way CPD is accredited, and CPD requirement is likely to continue being reviewed as required.

The respondent thought that there are national studies about CPD in the Netherlands, but was unable to provide examples within the survey.

Barriers to CPD include time and cost for the midwives.

New topics in CPD include: Ethical issues, clinical audit and evidence-based midwifery.

The respondent thought that European co-operation and exchange of good practice on CPD would provide extra value if multinational guidelines on CPD could be produced.

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Pharmacists

Structures and governance

After graduation from university, masters in pharmacy have to apply for registration in the so called BIG register, where BIG stands for Professions in Individual Health Care. The BIG Register is supervised by CIBG, which is part of the Ministry of Health. BIG registration permits the MPharm to use the title Pharmacist. This title is protected by BIG legislation.

BIG legislation also recognises hospital pharmacist as specialization of pharmacist, and protects the use of this title. In the Netherlands it takes an additional 4 years of education and training on the job to register as hospital pharmacist.

Community pharmacist is another specialization, taking 2 years of additional education and training after graduation. However this specialization and title are not (yet) recognised and protected by BIG legislation, only by KNMP as the professional association of all pharmacists recognises this.

Rules and policies regarding specializations are established by the “Centraal College”, of which the members are appointed by KNMP. Decisions of this body are subject to confirmation by the Minister of Health, and have legal force.

Registration of pharmacists in the Register of Hospital Pharmacists or Community Pharmacists is decided by the Specialists Registration Committee, also appointed by KNMP. For specializations protected by the BIG legislation, this Committee acts as a so called “independent governmental body”, which means that they act on behalf of the Minister.

Mandatory CPD

The BIG registration of graduated pharmacists is not subject to mandatory CPD requirements. Only a minimum of 2080 hours of relevant working experience in 60 months (5 years) is required. This equals one workday a week (www.bigregister.nl). If the professional fails to comply with this, he/she immediately loses his/her registration, which means losing the license to practice as a pharmacist and to use the title of pharmacist.

The registration of hospital pharmacists and community pharmacists is subject to mandatory CPD requirements. The requirement of mandatory CPD is established by law (only hospital pharmacists, because of recognition in BIG legislation), decree/governmental regulation, code/regulation by professional body (www.knmp.nl/opleiding-registratie).

The specialist registrations are subject to review every 5 years. Compliance to CPD requirements is taken into account in this review. If the professional fails to comply with CPD, he/she immediately loses his/her registration as specialist, this doesn't mean losing the license to practice as a pharmacist.

The professional body with regulatory competence (Specialist Registration Committee) is in charge of monitoring of CPD and enforcing the consequences if the professional fails to comply with CPD requirements. CPD is promoted as a necessary part of the profession. Insurance companies pay a higher fee to community pharmacies that employ registered community pharmacy specialists or even refuse to conclude to agree to a contract.

CPD courses are provided by higher education institutions, scientific societies and private sector. The CPD system is organised and formulated by minimum number of hours.

Mandatory CPD requirements for professionals are 200 hours in 5 years (40 hours per year).

Voluntary CPD

There is no voluntary CPD framework established.

CPD as part of national standards and guidelines for quality of care

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CPD is integrated in national standards and guidelines in The Dutch Pharmacy Standard: Nederlandse Apotheek Norm, the pharmacist guidelines and The Charter 'Professionalism of the Pharmacist' (Handvest van de apotheker).

Development and implementation

Ministry of health, professional organisation KNMP and the professional body with regulatory competence initiate the development of policy on CPD.

Some conferences in a foreign country can be recognised and accredited for CPD.

CPD is recorded and reported by the CPD provider.

CPD activities are carried both outside and during the working hours.

Accreditation

The scientific organisation for hospital pharmacists (NVZA) is in charge of the accreditation of formal CPD activities for hospital pharmacists. The scientific section for community pharmacists (WSO) is in charge of the accreditation of formal CPD activities for community pharmacists. The formal CPD activities must be accredited before being accessible to professionals. Accreditation is given on individual CPD activity. Standard fee for accreditation is 450€, e-learning 650€. There is 50% discount for non-commercial organisations.

The criteria taken into account while giving the accreditation are: duration of activity, compliance with professional guidelines, compliance with national policy, learning outcomes (skills, knowledge, competences acquired) and type of learning activity (e.g. e-learning). (<http://www.knmp.nl/opleiding-registratie/>)

Content of CPD

The bodies involved in the development of content of formal CPD activities for hospital and community pharmacists include the professional body, scientific societies, higher education institutions and private sector.

The content of CPD activities include communication, patient counselling, dispensing, disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), pharmacotherapy, evidence based medicine, self-medication, compounding, nutrition, food supplements, phytotherapy, homeopathy, veterinary medicine, travel medicine, medicines administration, vaccinations, pharmacovigilance, innovations, biosimilars, medicines use review, pharmacoepidemiology, management (financial, marketing, staff training, ...).

There is no direct link between the above mentioned courses and additional services in the pharmacy although momentarily some insurance companies demand a medication review training to deliver medication review services.

Delivery of CPD

There are multiple forms of delivery of CPD including case presentations, clinical audit, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal and informal practice based learning, international, national and regional live/face-to-face event, web-based and mobile learning (eLearning and mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer to peer, employer based, multi-professional, offered by patients, research based, study groups or quality circles, videos with case presentations, pharmaceutical helpdesk activities, teaching activities, publishing activities.

Multi-professional CPD activities

There are multi-professional CPD activities, specifically pharmacotherapeutical discussions with general practitioners (FTO).

Financial issues and transparency

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CPD activities are funded by the professional organisation, employers, private/commercial sector and self-funded by participating professional's fees.

There is a self-regulation code for medicines advertisement and sponsorship (www.cgr.nl) and a self-regulatory code on transparency:

<http://www.transparantieregister.nl/> and <http://www.transparantieregister.nl/en-GB/Home>

The Transparantieregister Zorg offers insight to certain financial relationships between pharmaceutical companies and healthcare providers, partnerships of healthcare professionals and institutions which employ healthcare professionals. Financial relationships imply payments, in money or kind, done by pharmaceutical companies to, for example, a physician or other healthcare provider or hospital. You can search the Transparantieregister Zorg to find out if and for what a physician or institution has received such sponsorship.

CPD can be free of charge for mandatory CPD requirements, or paid by the professional or employer. There is a possibility of tax offsets or grants.

Patient safety

It is mandatory to follow CPD activities addressing patient safety. Community pharmacy specialists need to develop all these competencies. These are described in the education plan for the advanced community pharmacist education programme.

See <http://www.knmp.nl/opleiding-registratie/openbaar-apothekers/regelingen-en-besluiten-1> for the English version of the education plan.

Trends and reflections

In 2015 the CPD rules will be changed for community pharmacy specialists. Besides following accredited learning activities, they will need to undergo formative assessment of their competencies.

Dutch community pharmacists will be using the CanMEDS competency framework in 2015.

There has been a shift in terms of the criteria which are taken into account in the accreditation of CPD activities, for example for e-learning special criteria has been developed.

There are no strong barriers to participation in CPD activities, CPD is very well accepted.

New topics that are addressed by CPD are for example kidney failure, patient self-management, adherence and professional ethics.

European cooperation and exchange of good practice on CPD provide new ideas and reflection for the Dutch CPD system.

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10.31 Country profile: UNITED KINGDOM

	Doctors	Nurses	Dentists	Midwives	Pharmacists
Mandatory	Yes	Yes	Yes	Yes	Yes
Voluntary	Yes	No	No	Yes	No
CPD linked to licence review	Yes	Yes	Yes	Yes	N/A
Accreditation	Yes	No	No	No	No
Financing	Department of Health, Health Education England, professional organisations, employer, private/commercial sector	Employer, nurse	Self-employed dentist, employer	Midwife, employer, professional organisation	Department of Health, professional organisation, employer
Guidelines on transparency/independence	Yes	No	No	Yes	Yes

Doctors

Structures and governance

In the UK, the practice of the medical profession is subject to a licence issued by the General Medical Council. This licence is subject to revalidation which takes place every 5 years. Compliance with CPD requirements is taken into account during this review.

Mandatory CPD

CPD is a mandatory requirement for doctors insofar as it forms a key element of the information taken into account during the annual appraisal of doctors as carried out by their employer and by a senior doctor on their behalf. This appraisal in turn is the pre-condition for the revalidation of doctors' licences. While the provisions on the revalidation of doctors' licences are established in law, the rules relating to the supporting information which must be provided as evidence to the revalidation process are established in the regulatory body's code (http://www.gmc-uk.org/RT___Supporting_information_for_appraisal_and_revalidation___DC5485.pdf_55024594.pdf). Failure to comply with the requirement entails a variety of consequences including the doctor's loss of good standing, which affects professional reputation, a reprimand issued by the professional body, a temporary suspension of the licence to practise and ultimately the loss of licence to practise, should revalidation not be granted. Compliance with CPD requirements is monitored by the individual professional and the direct employer, via the appraiser. Consequences of failing appraisal or revalidation are enforced by the General Medical Council. CPD requirements are formulated as learning outcomes which in turn feed into the appraisal and revalidation process, however there is no stipulation in terms of minimum number of hours or credits which this should reflect. Guidance is offered by the royal college for each specialty. In some cases there are positive incentives to comply with requirements through study leave budgets.

Voluntary CPD

The British CPD system sees the individual doctor's responsibility to maintain competences and determine own learning and development needs as central to CPD. Doctors are expected to assess the requirements of their professional practice and patient care to identify specific areas which would benefit from CPD.

CPD as part of national standards and guidelines for quality of care

CPD is not integrated into national standards or guidelines on quality of care however the Good Medical Practice guidance issued by the General Medical Council enshrines the need to maintain up-to-date competences for professional practice. Quality of care is formally assessed by the Care Quality Commission and care providers (institutions) have to satisfy it

Development and implementation

Policy on CPD is initiated by the General Medical Council, professional organisations including the British Medical Association and employers. CPD activities followed in other EU Member States are taken into account if the provider has secured approval by a British body. Completion of CPD activities is recorded by the

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professional, to be presented in the context of the annual appraisals. The information is recorded in the personal development log. It is reported by the professional on these occasions.

Accreditation

There is a system of accreditation, however there is no obligation for either formal or informal CPD activities to be accredited before they are accessible to professionals. Accreditation is carried out by professional organisations and higher education institutions, such as medical colleges and faculties, however this is not harmonised at national level. Accreditation is given on the basis of individual CPD activities, taking into account the duration of an activity, its compliance with professional guidelines and its learning outcomes (skill, knowledge, competences acquired). These criteria do not differ according to CPD provider. There is no fee for the accreditation of CPD activities. Activities relating to continuous medical education and those relating to extra-medical topics are accredited on the basis of the same criteria.

Content of CPD

The content of formal CPD activities can be developed by professional bodies, the Department of Health, scientific societies, higher education institutions, the private sector, and employers. Professionals are recommended to follow specific content according to specialty. CPD requirements can also differ on the grounds of a doctor's employment position, i.e. full or part time, as well as to the phase of their career. There is no rule on what percentage must relate to continuous medical education and what percentage of CPD should relate to extra-medical topics. There is a needs assessment on the basis of the individual professional. Topics which are addressed in CPD include communication with patients, patient safety, eHealth and IT systems, patient data management and intercultural communication skills.

Delivery of CPD

CPD activities are delivered in the following formats: case presentations, clinical audits, clinical care discussions, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, international live/face-to-face event, national and regional live/face-to-face events, web-based learning (eLearning), mobile learning (mLearning), self-study (reading scientific journals or books, audio-visual educational means, etc.), peer-to-peer, employer-based, multi-professional, research-based, study groups or quality circles, and through videos with case presentations. For self-study and eLearning activities, doctors are encouraged to complete the self-assessment elements and use those as evidence of learning within their portfolios.

Multi-professional CPD activities

There is a wide variety of multi-professional CPD activities.

Financial issues and transparency

CPD activities can be funded by the Department of Health, professional organisations, employers, the private or commercial sector, or be self-funded by participating professionals' fees. There are no rules relating to the funding of CPD activities by commercial bodies, however the ABPI Code of Practice for the Pharmaceutical Industry (<http://www.abpi.org.uk/layouts/download.aspx?sourceurl=/our-work/library/guidelines/Documents/Code%20of%20Practice%202014.pdf>) sets out guidelines on the transparency and independence of CPD. There are no rules on the way in which information on CPD activities can be communicated. There are formal CPD activities available free of charge. For payable CPD activities, professionals or employers carry the cost. For self-employed doctors, these costs can be offset against tax. There are no rules governing the price of CPD activities. There is study leave available for doctors, however the number of days granted varies.

Patient safety

There are CPD activities on patient safety, but it is not mandatory for doctors to follow them. However, there is a reported increase in the number of activities specifically addressing patient safety, in particular as a reaction to recent high-profile scandals in certain hospitals.

Trends and reflections

The British Medical Association believe the CPD offer for doctors in UK could be improved by harmonising standards on funding and time available to doctors as study leave across the UK. There is no shift foreseen in terms of the institutional competence to regulate CPD, however in relation to competency and qualifications

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frameworks, medical specialties now have a specific revalidation process carried out by the General Medical Council. The current system of a mandatory general requirement with strong elements of individual responsibility is not expected to change. Also, there is no change in the criteria for the accreditation of activities expected. There are no national studies on the impact of CPD. The main barriers for professionals to participate in CPD are reported to be the lack of time to follow CPD activities and the lack of funding to participate. The British Medical Association and General Medical Council believe that for European cooperation and exchange of good practice to bring added value it is vital to respect the division of competences between EU and Member States and ensure all action is voluntary in nature.

Nurses

Structures and governance

Nurses in the UK are legally required to register with the Nursing and Midwifery Council (NMC) in order to practise. This applies for both public and private nurses. The NMC is the professional regulator for nurses and midwives in the UK. It is not a professional association or lobbying body.

Mandatory CPD

There is a mandatory CPD framework operated by the NMC, called the Post-Registration Education and Practice (PREP) standards. CPD activities are not regulated by the NMC and there are no restrictions on who can provide CPD and no oversight of learning content. The role of the professional regulator is to: a) review and accredit the pre-registration (university-level) education for nurses and midwives, and b) to promote the integrity of the nursing profession by requiring that nurses undertake at least 35 hours of CPD every three years in order to maintain an updated skills-set. This forms part of the re-registration process for nurses.

The regulator is not responsible for ensuring that nurses comply with the CPD requirements. Nurses must self-declare to the regulator every three years that they have met the minimum requirement of 35 hours of CPD. They must also be able to demonstrate that all CPD undertaken relates to their area of specialty, and that this has been undertaken within the correct three year period. If this is not the case, then that nurse's registration with the NMC will be stopped. If this happens then a nurse cannot legally practise in the UK.

Formal CPD activities in the UK are provided by a variety of sources, including: employers, the professional association/trade union (the Royal College of Nursing), the private sector, institutions of higher education and various professional societies, among others. Nurses can also undertake self-directed activities to meet the CPD requirement as long as these relate to their area of practice. The UK does not have legally accredited (PREP) CPD learning activities, although the NMC provides a list of suggested activities. The NMC also provides a recommended template for professionals to use in order to record their activities undertaken. However, it is up to the individual nurse to choose how to record their activities.

When renewing their registration, the nurses must complete a form confirming the following three statements:

- That they have met the CPD activity requirements (at least 35 hours of relevant training in the last three years. Nurses must also maintain a written record of all CPD they have undertaken, in case they are requested to submit evidence of learning to the NMC);
- That they have met the additional PREP standard for hours of practise (typically 450 hours every three years, but the number of hours increases for more specialist roles) and;
- That they are of good character, are in good health and have not received a police charge, caution or conviction since previously re-registering.

A nurse must self-declare to the regulator that he/she has met these requirements in order to remain on the NMC register and to maintain their right to practise.

Voluntary CPD

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There is no voluntary CPD framework for registered nurses in the UK - it is a mandatory requirement in order to practise. However, the NMC's Professional Code implicitly requires that each nurse undertake personal responsibility for maintaining an updated skills-set. In order to do this, they are entrusted to determine their own learning and development needs and how these are met.

Pay progression for nurses within the National Health Service (NHS) is also tightly linked to the acquiring of skills and new knowledge, either as part of CPD or through voluntary training. This is integrated within the Agenda for Change (AfC) pay reform programme which was launched in 2004. The way the programme works is that within each pay band there are two points or 'gateways'. When a nurse reaches a gateway, his/her knowledge and skills are assessed using the Knowledge and Skills Framework (KSF). Pay progression at these gateways is linked to the demonstration of applied knowledge and skills in areas including:

1. Communication;
2. Personal and people development;
3. Health, safety and security;
4. Service improvement;
5. Quality; and
6. Equality and diversity.

The KSF is integrated into the annual development reviews of all NHS staff and personal development plans. All nursing staff should have a personal development plan and their development will be checked against the two gateways on the pay scale.

CPD as part of national standards and guidelines for quality of care

CPD is integrated into the NMC's PREP standards and as such is also implicitly required within the Professional Code – which all nurses in the UK must abide by. Nurses confirm adherence to this code every three years via the re-registration process (see description above).

Development and implementation

The development of policy on CPD is largely driven by the professional regulator, who needs to have strong relationships with most other bodies, as government, policy-makers, the professional body, etc.

Accreditation

There is no legal requirement for providers of CPD to seek accreditation. The NMC only accredits pre-registration educational content and the universities which provide this. CPD providers can, if they choose, seek accreditation from the Royal College of Nursing for their learning materials. However, this is not a mandatory requirement.

Content of CPD

There is a very large and diverse range of CPD topics available. There is no prescription for what can and cannot be included within CPD along as any activities undertaken relate to a nurse's area of practice. Some examples of specific CPD subject areas include: nursing clinical practice, communication and patient records, patient safety, eHealth and the use of new communication technologies, management legal and professional issues, nurse prescribing, and chronic diseases management.

Delivery of CPD

Although there are no restrictions on CPD content or providers, the NMC does state that CPD will only be recognised if a nurse can evidence learning outcomes which are directly relevant to their area of practise. As long as this requirement is met then the form of CPD can be whatever suits the individual's practice, own learning styles and needs. This could include for instance a combination of study days, coaching, reading and experiential learning. There are different activities: case presentations, clinical audit, clinical care discussion, clinical hands on courses, conferences, symposia, lectures or seminars, formal practice based learning, informal practice based learning, regional, national or international live/face-to-face events, eLearning, mLearning, self-study.

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Multi-professional CPD activities

There are no regulatory accredited CPD activities for nursing in the UK.

Financial issues and transparency

There is a broad range of activities that can count towards CPD. These may be funded by employers, employees or a combination of both. A common practice is for a nurse and their employer to agree a range of CPD activities for the coming year. Some of these may take place at a nurse's place of work or at institutions of higher education for example. In the latter case, this training can potentially result in the acquisition of a formal qualification (such as a Master's degree). These are frequently funded by the employer (within the public sector). It is rarer for employers to fully fund a PhD-level qualification however. Nurses are also able to select specific university modules, rather than an entire course. It is considered best practice for an employer to provide as much financial support as possible for CPD, but there are no formal guidelines or rules on this. Nurses use a mix of work and their own individual time for CPD. However, employers may give time linked to their own developmental frameworks.

Patient safety

There are mandatory CPD activities addressing patient safety and these are almost always included as part of mandatory employer training. Ensuring patient safety is a key purpose behind CPD and in this respect it is a major driver behind the re-registration requirement. Although there are currently no standards arrangements, this might possibly change in the future. In 2012, a new body called Health Education England was set up to consult on developing a series of frameworks for training and education in a range of nursing specialties.

Trends and reflections

Nurses often struggle to meet the NMC's CPD requirement due to time and financial constraints. The RCN has campaigned for all nurses to be given a minimum of 35 hours protected time for CPD activities every three years, and has signed up to a joint statement with other health practitioner organisations in the UK

http://www.rcn.org.uk/_data/assets/pdf_file/0003/78708/003percent20064.pdf

The RCN has also raised concerns that employer budgets for CPD have been negatively impacted by the government's austerity programme and need to be protected. The key findings from RCN's 2013 employment survey showed that:

- Participation in mandatory training has dropped slightly since 2011;
- Most mandatory training is completed in work time, but a significant proportion (34 per cent) of respondents report completing their training either in their own time or split between work and their own time;
- Over a third (38 per cent) received no CPD either funded or provided by their employer, compared to 28 per cent in 2011
- Older nurses (aged 55 and over) were less likely to receive CPD than their younger colleagues; and
- 60 per cent have a personal CPD training and development plan.

The RCN is campaigning for a 'professional lifetime guarantee' of access to lifelong learning throughout the careers of all nursing staff as part of its 2014 European election manifesto.

The RCN is also concerned about weaker routes for CPD access and financial support for nurses working in the private sector. The private health market is growing in the UK and about a third of the RCN's membership is located in this sector. The RCN is concerned that private employers place insufficient value in CPD for their nursing staff which increases the risk of poorer patient outcomes.

The professional regulator (the NMC), is currently consulting on introducing a system of revalidation for all nurses in the UK. This will build on the current re-registration model, maintaining the PREP standards for CPD and hours of practice whilst adding a new element. This element will require that nurses secure some form of third-party feedback (such as an employer appraisal) which confirms their fitness to practise. The RCN believes that CPD and the principle of revalidation can help to support the professional reputation of nurses and help deliver good patient care and to promote public confidence in the nursing profession.

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There is limited research which assesses the effectiveness of CPD. However, there are a few useful pieces that have been carried out for the General Medical Council and the General Dental Council in the UK. In addition, the Centre for Practice Development is scoping a programme of work to develop a CPD measurement tool across international settings.

The most important barriers for CPD in the UK are: lack of protected time; lack of funding; lack of understanding by employers about the benefits of CPD; lack of career progression incentives and recognition for those undertaking CPD.

As regards the added value of EU co-operation in CPD, the RCN firmly supports the view that all health workers should have access to appropriate CPD throughout their careers, both to ensure that they are fit to practise, but also to ensure that the nursing workforce is equipped to meet the changing needs of patients in each EU country. The RCN also supports the adoption at EU level of a strong CPD framework and supports a “professional lifetime guarantee” for access to CPD throughout a nurse’s professional career. The RCN also believes that the exchange of good practice across Europe is valuable in comparing how different countries address the barriers to providing CPD.

The RCN does not consider that harmonisation of CPD content for nursing professionals across the EU is either practicable or desirable. The RCN recognises that the EU contains a very broad range of CPD standards and divergent patient needs. As such, the RCN believes that individual countries should be supported in developing CPD structures and content which match the specific needs of their patient populations and the roles of their health professionals. Mutual sharing of best practice between member states is one key way that this can be achieved.

Dentists

Structures and governance

Dentists must register with the General Dental Council (GDC) and must re-register on an annual basis. Compliance with the mandatory CPD requirement is taken into account in re-registration. Currently, CPD is only noted annually, not formally checked. A full declaration is required at the end of the five-year cycle. This is expected to change as part of the current CPD review (please see Trends and reflections for further details).

Mandatory CPD

CPD is mandatory for dentists in the United Kingdom; the requirement is established by law and by rules made by the GDC under the provisions of the Dentists Act 1984 (as amended).

Dentists are required to complete 250 hours of CPD per 5-year cycle, out of which a minimum 75 must be verifiable and up to 175 can be general, i.e. non-verifiable. Any activity that complies with the GDC's definition of continuing professional development may be counted towards the CPD requirement. If the activity is to count as verifiable, it must have concise aims, learning outcomes, a feedback option and documentary evidence of participation. If non-verifiable, it can be anything that the professional believed was valuable to their learning and improved their practice.

GDC monitors compliance with the CPD requirement and enforce consequences in case of non-compliance after the dentist’s five-year cycle. Dentists who fail to comply with the CPD requirement may face an immediate loss of licence to practise. Currently the GDC will contact practitioners and remind them of the need to declare their CPD. If they cannot comply will they be 'administratively removed' from the register and will have to go through a restoration process. The GDC also has the power to approve a 'period of grace' during which the practitioner can make up the missing hours. The timescales for this are proposed to be reduced in the new CPD system.

CPD compliance is also required as part of the regulations governing National Health Service (NHS) provision of dentistry, and, regionally, through requirements for registration with entity regulators such as the Care Quality Commission (CQC) in England. These bodies would not directly enforce mandatory CPD requirements, but if they were concerned that a professional's CPD was not sufficiently up-to-date, they could take steps to affect the professional's ability to practise within their (the bodies') area of responsibility through other means, such as suspending them from an NHS list or putting conditions on practice registration.

Activities for mandatory CPD are provided by the private sector.

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Voluntary CPD

There is no voluntary CPD framework.

CPD as part of national standards and guidelines for quality of care

CPD is integrated in national standards and guidelines for quality of care through requirements by entity regulators such as the Care Quality Commission (CQC) to comply with professional requirements set by GDC (please see Content of CPD for further details).

Development and implementation

The development of policy on CPD is initiated by the GDC and Department of Health; professional organisations do not initiate the development of the CPD but have input into the development throughout.

Completion of CPD activities is recorded and reported by the dentist, either pro-actively through the GDC's online system or upon request by the GDC after the end of the cycle. CPD providers are not obliged to record completion, but they will often have an attendance list and record of a certificate being issued. Registrants cannot rely on this, however, and must ensure that they keep their own records safe.

Formal and informal CPD activities followed in another Member State can be recognised to count towards the mandatory CPD requirement if they mirror the legal requirements in the United Kingdom. All CPD undertaken abroad must be presented in line with the GDC's requirements, for example, a certificate obtained must show real-time hours to be counted.

Accreditation

There is no system for accreditation of CPD.

Content of CPD

British Dental Association, Department of Health, scientific societies, higher education institutions, the private sector and postgraduate education organisations are involved in the development of content of formal CPD activities.

Many topics are covered by CPD activities and some are indicated in the table below. Not all of these subjects will be relevant to all individual professionals at all times. Anaesthesia, for example, can only be provided in a hospital setting, and therefore will only be relevant to dentists working in this environment. However, in theory, any dentist could attend CPD activities on any subject listed if it was relevant to their professional circumstances.

CPD Topics offered	Yes	CPD Topics offered	Yes
Accounting	x	EU health politics and legislation	x
Anaesthesia	x	Four handed sitting dentistry	x
Cardiopulmonary resuscitation (CPR)	x	Infection control	x
Communication with patients	x	Medical emergencies	x
Conscious sedation	x	New technologies	x
Dental care of children	x	Other training courses in specific advanced clinical and technical skills and competences within the field of oral health	x
Dental care of the elderly	x	Patient data protection	x
Dental care of the medically compromised patients	x	Patient safety	x
Dental materials	x	Practice management	x
Early detection of systemic diseases (cancers, cardiovascular diseases, diabetes, etc.)	x	Radiation protection	x

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eHealth and IT systems	x	Smoking cessation	x
Ergonomics	x	Taxation	x
Ethics and jurisprudence	x	Other	x

Beyond the structural CPD requirements, there are also recommended core subjects by the GDC with assigned number of hours in medical emergencies (CPR aspects are set by the Resuscitation Council), disinfection/decontamination, and radiological protection (national regulations). Also recommended, but with no specific number of hours assigned, are updates in legal and ethical issues, complaints handling and early detection of oral cancer.

The subjects are deemed to be 'recommended core subjects' rather than legally mandatory for GDC purposes, but not undertaking them would raise serious questions. They are therefore understood to be mandatory for those in clinical practice even though they are not enshrined in law. Beyond these recommended core subjects, dentists are free to choose CPD that is relevant to their own professional circumstances.

The Government, as well as other advisory bodies, can require professionals to carry out CPD in specific aspects, for example in Safeguarding vulnerable children and adults.

A review of the current scheme is likely to stop the formal recommendation of subjects for GDC purposes. Nevertheless, certain areas, such as CPR and radiation protection, are enshrined in other areas of the law which will mean that they will continue to be required.

No needs assessment currently takes place to determine which CPD activities should be followed. In salaried services (hospital/community/employed work) there is regular appraisal, but not in general dental practice, where the majority of dentists work. A few local areas are piloting appraisal schemes for general dental practitioners. It is expected that appraisal will play a part in future revalidation of dentists.

At the moment, having a personal development plan is recommended and desirable, but not mandatory for all registrants. Personal development plans are not controlled by the GDC as they are intended to be self-directed. In cases of performance concerns of an individual, deaneries will work with practitioners to form and follow such a plan. As part of the current CPD review, personal development plans are likely to become a formal requirement in the new system.

Delivery of CPD

CPD is delivered through a great variety of forms: case presentations; clinical care discussions; clinical audit; clinical hands on courses; conferences, symposia, lectures or seminars; formal and informal practice based learning; international, national and regional live/face-to-face events; Web-based learning (eLearning); mobile learning (mLearning); self-study; peer-to-peer; employer-based; multi-professional; research-based; study groups or quality circles; videos with case presentations. The British Dental Association noted that potentially, CPD provided by patients could also be counted towards the CPD requirement, but they are not aware that much such provision exists.

Multi-professional CPD activities

Dentists do not participate in CPD activities with other non-dental professionals to any great or organised extent. In addition to dentists, dental care professionals in the United Kingdom are also registered with the GDC and have their own specific CPD requirements, some of which will be undertaken together with dentists.

Financial issues and transparency

CPD activities are funded by the Department of Health and by participating dentists' fees. Participation in CPD activities provided by professional organisations is often subsidised by the organisation on account of the membership fee paid by the professional. In other words, the professional, if a member, will receive preferential rates or possibly free access to the CPD activity.

There are not many formal CPD activities available free of charge and the cost of CPD activities is generally carried by the self-employed dentist or the employer. CPD activities provided by the postgraduate dental deaneries are subsidised by the government, but very few will be completely free. The BDA might provide some CPD free of charge to its members, such as participation in its journal CPD. Members of the BDA will also have access to regular local CPD meetings which have been paid for by their membership and usually incur no or just a nominal extra charge.

Dentists can benefit from tax offsets for participating in paid CPD activities. Dentists in NHS general dental practice can receive partial reimbursements, such as for travel and subsistence when attending NHS-

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accredited courses. This is subject to certain limits. Dentists in employed positions in the NHS have access to some funded CPD provision.

There are no rules on the cost of CPD or on funding of CPD by commercial bodies and no specific guidelines to ensure the transparency and independence of CPD. There are no rules on the way information about CPD activities is communicated.

Patient safety

It is mandatory for dentists to follow CPD activities on patient safety and patient safety is included in other mandatory modules. Patient safety is the overarching philosophy behind having regulation and a CPD system, therefore most CPD activities are inherently about patient safety. Current mandatory core subjects include infection control, radiological protection, medical emergencies. The offer of CPD activities specifically addressing patient safety is reported to be increasing.

Trends and reflections

According to the British Dental Association, CPD offer for dentists in the United Kingdom is satisfactory but there is an issue with the quality of some provision which is difficult to estimate. The most important barriers to participation in CPD activities include time, cost and geographical reasons.

The Law Commission is currently reviewing the regulation of health care professionals. Proposals for change are expected for the spring of 2014, followed by public consultation. It is expected that the new legislative framework will include a stronger role for the GDC to develop its CPD scheme and, eventually, bring in a system of revalidation.

A stricter scheme of mandatory CPD is being consulted upon. Currently, dentists are required to do 250 hours of CPD in a five-year cycle. A minimum of 75 hours will need to be verifiable CPD, the rest can be general, non-verifiable CPD. The new system envisages a shift from this to a requirement of 100 verifiable hours for dentists in a five-year cycle and no requirement to declare general CPD any longer. Declarations will take place annually and the requirements are likely to include a mandatory personal development plan.

Changes in relation to competency frameworks or qualifications frameworks might also be proposed as part of the CPD review.

The GDC commissioned a literature review as part of its CPD review which includes studies on impact of CPD on dentists' practice. The review can be seen here: <http://www.gdc-uk.org/Newsandpublications/research/Pages/researchitem.aspx?AspXPage=g%5F87ABE1FB415648AEAA531FA5A647B256:%2540Title%3DThe%2520Impact%2520of%2520Continuing%2520Professional%2520Development%2520in%2520Dentistry%253A%2520A%2520Literature%2520Review>

New topics being addressed by CPD include oral cancer (early detection is the latest addition to formal requirements), communication issues and safeguarding children and vulnerable adults.

In the BDA's opinion, European cooperation might be useful to address the main concern in the UK, which is that EU dentists can register with the GDC and it might not be clear how up-to-date they are in terms of CPD. European cooperation can help to highlight the need for all health professionals to ensure that they undertake CPD throughout their practising life so that they ensure their skills and knowledge are up to date for the benefit of their patients. This is particularly important for reasons of mutual recognition of qualifications and freedom of movement.

Midwives

Structures and governance

In the UK, midwives are required to register with the Nursing and Midwifery Council (NMC), the midwives professional regulatory body in UK. This requirement is established in law and subject to regulation by the NMC; Article 19 of the 2001 Nurses and Midwives Order <http://www.legislation.gov.uk/ukSI/2002/253/> and <http://www.nmcuk.org/Publications/Standards/> (see the NMC PREP Handbook).

In the UK, midwives must to renew their registration every three years in order to practise; a periodic renewal. They also have to pay an annual retention fee, currently £100. In addition, midwives must have one-to-one meetings with a named Supervisor of Midwives (SoM)⁶² and submit Notification of 'Intention to Practice (ItP)

⁶² Every midwife in UK has to have a named Supervisor of Midwives. The purpose of supervision of midwives is to protect women and babies by actively promoting safe standards of midwifery practice. Supervision is a statutory responsibility that provides a mechanism for support and guidance to every midwife practising in the UK. This role is carried out by Local Supervising Authorities. [The Nursing and](#)

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Form' on a yearly basis to the local supervising authority (see Midwives Rules and Standards 2012 <http://www.nmc-uk.org/Documents/NMC-Publications/Midwives%20Rules%20and%20Standards%202012.pdf>)

When renewing their registration, midwives must comply with CPD activity requirements of at least 35 hours in the last three years, having kept a personal portfolio record of the evidence (reflective practice). They complete 'Notification of Practice Form (NoP)' confirming their CPD activities, that they have worked minimum of 450 hours every three years in midwifery practice and that they are of good character, are in good health and have not received a police charge, caution or conviction within the last 10 years.

Compliance with mandatory CPD requirements is taken into consideration in re-registration, and failure means that midwives immediately lose their right to practise. Midwives' CPD is reviewed every year by the SoM as well as the employer. Additionally the NMC can request a summary of CPD activities at time of re-registration.

Mandatory CPD

In the UK, midwives are required to complete a minimum of 35 hours of CPD every three years. The consequence of failing to complete mandatory CPD is that midwives immediately lose their right to practise. Monitoring of compliance with CPD requirements is undertaken by the professional body with regulatory competence (NMC) and by individual midwives (self-regulation). CPD requirements are also enforced on a regional basis: following a meeting between a midwife and their Supervisor of Midwives (SOM), if the CPD requirement has not been met, the SOM will inform the Local Supervising Authority Midwifery Officer (LSAMO) who will suspend the midwife from practice.

Mandatory CPD is not incentivised, and in the UK, the following organisations are lead providers of mandatory CPD: employers, Higher Education Institutions, governmental Health Education bodies (4 UK countries⁶³) the midwives' professional organisation (Royal College of Midwives – RCM), scientific societies and the private sector.

Voluntary CPD

In the UK, there is a voluntary CPD framework in addition to the mandatory requirement. This framework is established by both legal decree and by the professional code set by the statutory body (see <http://www.nmcuk.org/Publications/Standards/Thecode/Introduction/>). There are no consequences for failing to undertake voluntary CPD, and these activities are not incentivised. Midwives are responsible for recording any voluntary CPD activities. Lead providers of voluntary CPD include Higher Education Institutions, the midwives' professional organisation, scientific societies and the private sector. In addition, arm's length's bodies such as Northern Ireland Practice and Education Council (NIPEC), Health Education England are involved in developing health professionals education and training programmes and others like UK Blood Transfusion may have e-learning on topics which are relevant to midwives. There is no recommendation about the amount of voluntary CPD midwives should undertake, but there is an expectation that they will be guided by their professional ethic to undertake voluntary CPD activities.

CPD as part of national standards and guidelines for quality of care

In the UK, CPD is closely integrated with national policies, standards and guidelines. Health professional CPD requirements are considered integral to patient safety and effective care. These are also included in National Institute for Health and Care Excellence (NICE) guidelines and joint policies/guidelines with other professional associations such as Royal College of Obstetricians and Gynaecologists (RCOG).

Development and implementation

In the UK, policy on CPD is instigated by the NMC, the UK's professional body with regulatory competence. CPD activities undertaken in other EU member states are recognised; this is the case for formal and informal CPD activities, and for mandatory CPD as well as voluntary CPD.

CPD activities are recorded pro-actively by the professional and reported by the professional to the competent authority on request.

[Midwifery Council \(NMC\)](#) sets the rules and standards for the functions of the Local Supervising Authorities. Each Local Supervising Authority appoints a practising midwife known as the Local Supervising Authority Midwifery Officer (LSAMO) who has responsibility for carrying out the statutory authority functions in all midwifery services, whether NHS or independent.

⁶³ Each UK country has a government organisation responsible for the education, training, and personal development of all NHS Health Professionals; Health Education England, NHS Education Scotland, NIPEC, NHS Wales Education, Workforce and Development Services.

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Accreditation

There is no overarching national system of accreditation for CPD activities in the UK. However, there are some local and national schemes which contribute to accreditation of CPD for midwives in the UK; for example, the professional organisation (Royal College of Midwives) provides accreditation on a case-by-case basis for some CPD activities, and higher education institutes use university quality standards in relation to duration of courses and learning outcomes, and for provision of ECT points. NMC

Content of CPD

The following bodies are involved in developing content of midwives' CPD in the UK: the midwives' professional organisation (RCM), the Department of Health Education Body (in 4 UK counties), scientific societies, Higher Education Institutions, midwifery education institutions and the private sector. There are no regulations about the proportion of CPD which should be related to continuing education in midwifery or the proportion which is related to professional development beyond midwifery.

A needs assessment for CPD takes place at the level of the individual midwife, and also within the profession. CPD topics covered in the UK are as follows: clinical midwifery practice, client safety, public health, communication, including the use of new and emerging technologies e.g. eHealth, leadership and management, legal and professional issues, including client records, midwife prescribing, midwifery research & ethics, obstetric emergencies, electronic fetal heart monitoring (EFM), counselling, antenatal screening, reflective practice\diary, clinical audit, evidence-based guidelines, high dependency/critical care, safeguarding/child protection, inequalities in health, mental health in pregnancy and during the postnatal period. In addition, there are a wide range of courses not mentioned here, but these are too many to list in detail. Midwives can also access masters and doctoral level continuing education through higher education institutes in the UK.

The topics offered are marked 'x' in the table below.

CPD Topics offered	Yes	CPD Topics offered	Yes
Clinical midwifery practice	x	Counselling	x
Client safety	x	Antenatal screening	x
Public Health	x	Reflective practice\diary	x
Communication, including the use of new and emerging technologies e.g. eHealth	x	Clinical audit	x
Leadership and Management	x	Evidence-based guidelines	x
Legal and professional issues, including client records	x	High dependency/critical care	x
Midwife Prescribing	x	Safeguarding/child protection	x
Midwifery Research & Ethics	x	Inequalities in health	x
Obstetric emergencies including shoulder dystocia, postpartum haemorrhage, neonatal resuscitation etc.	x	Mental health in pregnancy and postnatal	x
Electronic fetal heart monitoring (EFM)	x	Other (please specify) There are a wide range of courses available, too many to list.	x

Delivery of CPD

CPD is delivered in the following activities in the UK: case presentations, clinical audit, clinical care discussions, clinical hands-on courses, conferences, symposia, lectures and seminars, formal practice-based learning, informal practice-based learning, peer-to-peer, national and regional live/face-to-face events, web-based learning (eLearning) and self-study (reading scientific journals or books, audio-visual educational means). It may also be provided through employer based learning, multi-professional learning, and research-based formats including videos with case presentations.

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Multi-professional CPD activities

Midwives learn alongside other professionals such as obstetricians and neonatologists/paediatricians in life-saving skills and obstetric emergency courses such as ALSO (Advanced Life Support in Obstetrics) or MOET (Managing Obstetric Emergencies and Trauma).

Financial issues and transparency

CPD is funded through the following sources: the 4 countries governmental health education bodies, the midwives' professional organisation (RCM), by employers, and by the private/commercial sector. CPD activities are often funded by individual midwives; occasionally individual midwives may make applications for scholarships or funding to attend conferences or other CPD activities. Some CPD activity is funded through commissioning (purchase) of education programmes and modules.

Some CPD activities may be free of charge to midwives, and this includes both voluntary and mandatory CPD activity; formal CPD provided by employers for mandatory updating is usually free, and midwives attend during their working hours. However, there is no formal requirement for employers to allow midwives to complete CPD in their working time, and midwives may need to negotiate this, especially if the CPD is voluntary. Midwives may also gain other benefits from CPD such as tax relief on journal subscriptions.

In relation to transparency, there are no formal guidelines in place to ensure that CPD content is independent or transparent, and no rules governing the way information on CPD is communicated such as prohibitions on advertising. However, if individual midwives attend CPD activities provided by the commercial sector, they are expected to ensure that they are not unduly influenced by commercial organisations or that these are ethically sound (see <http://www.nmcuk.org/documents/standards/the-code-A4-20100406.pdf>). In addition, the UK supports the WHO International Code of Marketing of Breast milk Substitutes and most of the provisions of the code are reflected in UK law.

Patient safety

Patient safety is incorporated into mandatory CPD activities, including the use of Early Warning Systems (and Midwifery and Obstetric Early Warning Scores MEWS/MEOWS). The provision of patient safety CPD is increasing and in UK the focus is on safe, effective person-centred care and being able to demonstrate that a high level of care has been provided through clinical audit, research and development activity.

Trends and reflections

In the opinion of the respondent, on behalf of the Royal College of Midwives, CPD provision in the UK is satisfactory. However, the respondent also anticipates a likely shift in CPD requirement, and a likely strengthening of the mandatory component, as a result of the introduction of revalidation from 2015 (a new system whereby midwives will need to provide evidence that they continue to meet the NMC's professional code's requirement, have completed their required hours of practice and CPD, have sought feedback on their clinical practice and had their continuing fitness to practice confirmed by someone well placed to do so). Also, depending on the result of a current Law Commission review of health professionals' regulation, the NMC will be able to set and change its requirements. For example, it is not known whether 35 hours CPD is sufficient. This was included in legislation as it was the minimum requirement for midwives as set down in the 1936 Midwives' Act. It is likely that the guidance will become more specific as to what is acceptable.

There have been no recent changes in CPD accreditation, or in the use of competency frameworks or training requirements and none are foreseen by the respondent. The respondent cited the following national studies of CPD in UK:

- Gould et al (2007) Nurses' experiences of continuing professional development Nurse Education Today 27,(6), 602-9. In this study, the demands of coursework were seen to impact negatively on time outside of work. Managers were perceived as 'gatekeepers' for admission to programmes of study.
- Griscti and Jacono (2006) Effectiveness of continuing education programmes in nursing: literature review Journal of Advanced Nursing 55(4), 449-456. To make CPD more effective, nurses should be encouraged to participate more fully in their learning and to make learning more realistic.
- Hughes, (2005) Nurses' Perceptions of Continuing Professional Development Nursing Standard 19 (43), 41-49 <http://rcnpublishing.com/doi/abs/10.7748/ns2005.07.19.43.41.c3904> A largely positive

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perception of CPD; Managers' leadership styles were found to affect the value placed on CPD by nurses.

- Glasgow & Robbins (2004) An evidence-based approach to informing continuing professional development for nurses, midwives and health visitors in Grampian http://iws.rgu.ac.uk/files/GR_CPDreport_FINAL.pdf. A need to have a multidisciplinary approach to CPD in order to build a 'critical mass' which will help with the implementation of change
- Lawton (2003) Continuing professional development: a review Nursing Standard. 17, 24, 41-44. <http://dx.doi.org/10.7748/ns2003.02.17.24.41.c3351> CPD is seen as a way of enhancing governance in organisations
- Burchell et al (2002) Making a difference: a study of the impact of continuing professional development on professional practice Journal of In-Service Education 28 (2), 219-230 Engagement of teachers in CPD courses - High quality courses have a positive impact on teaching practice

The respondent identified the following barriers to CPD for midwives: time and work/life balance, finance and the professional's motivation to access CPD. New topics recently introduced include current professional research, new technologies and audit of practice and feeding the findings back into practice.

The respondent felt that EU co-operation and sharing of good practice will help ensure that the same level and standard of education and competencies are available across Europe, and that this supports cross-border health care and harmonises care provision.

The respondent provided the following additional information: In the UK, CPD is ingrained in midwifery education and practice, from the student midwife to the Head of Midwifery. Research, education and practice work hand in hand.

Pharmacists

Structures and governance

Pharmacists are registered and regulated by the General Pharmaceutical Council (GPhC) in England, Scotland and Wales and by the Pharmaceutical Society of NI. Registration is dependent on meeting the regulators requirements for CPD.

In England (Scotland and Wales) CPD records are reviewed every five years by the GPhC. The requirements for CPD are set out in the CPD Standards and the relevant rules of the GPhC.

Mandatory CPD

CPD is a mandatory requirement for all registered pharmacists. The GPhC standards for CPD set out the requirements to met by registered pharmacists in order to retain registration including the amount of CPD, how to record and submit for assessment, A CPD Framework sets out guidance on the types of CPD and the content of records. All pharmacists are asked to confirm that they are meeting the standards as part of the annual registration renewal process and records are called in for review every five years.

The content of CPD is a matter for the individual pharmacist but records must demonstrate relevance to the individuals' scope of practice. Training is provided from a range of sources including the government funded Centre for Pharmacy Postgraduate Education (CPPE) in England, NHS Education Scotland and the Welsh CPPE and the Royal Pharmaceutical Society (RPS). Employers and other specialist societies and membership groups provide advice and guidance on content of CPD portfolios and training to be undertaken. There is no formal accreditation of training provided but pharmacists need to record learning outcomes and impact of the learning on practice.

Voluntary CPD

Whilst CPD is a requirement of registration and therefore mandatory the content of CPD is a matter for the pharmacist to decide what is most relevant to their scope of practice. The RPS provides voluntary career development frameworks to guide its members and sets out requirements for its voluntary faculty membership for advanced practitioners. Learning and development can be recorded in CPD records

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CPD as part of national standards and guidelines for quality of care

National standards mandate CPD, but the professional has the discretion to determine how best to undertake their own CPD.

Development and implementation

Health Education England has responsibility for development and delivery of CPD in England. CPD activities, both formal and informal, followed in another EU Member State are recognised as far as it fulfils the requirements.

CPD is recorded and reported by the professional according to the demands of the competent authority.

CPD activities are carried both outside and during the working hours.

Accreditation

There is no system of accreditation of CPD activities. However, some courses which professionals may choose to undertake as part of their CPD have received formal continuing education accreditation

Content of CPD

The bodies involved in the development of content of formal CPD activities include Professional body, Scientific Societies, Higher Education Institutions, Private sector and government funded training organisations.

The content of CPD activities include Communication, Patient counselling, Dispensing, Disease management (obesity, smoking, cardiovascular, diabetes, asthma, ...), Pharmacotherapy, Evidence Based Medicine, Self-medication, Compounding, Nutrition, Food supplements, Phytotherapy, Homeopathy, Veterinary medicine, Travel medicine, Medicines Administration, Vaccinations, Pharmacovigilance, Innovations, Biosimilars, Medicines Use Review, Pharmacoepidemiology, Management (financial, marketing, staff training, ...). These courses are also linked to additional services in the pharmacy. The health care professional can undertake CPD in any area they choose, as long as they can justify its relevance to their professional practice.

Delivery of CPD

There are multiple forms of delivery of CPD including Case presentations, Clinical Audit, Clinical care discussions, Clinical hands on courses, Conferences, symposia, lectures or seminars, Formal and informal practice based learning, International, national and regional live/face-to-face event, Web-based and mobile learning (eLearning and mLearning), Self-study (reading scientific journals or books, audio-visual educational means, etc.), Peer to peer, employer based, multi-professional, offered by patients, research based, study groups or quality circles, videos with case presentations.

Multi-professional CPD activities

There are multi-professional CPD activities, any topic can be addressed multi-professionally.

Financial issues and transparency

CPD courses are funded by the Department of Health, professional organisation, employers and self-funded by participating professional's fees. There are regulations for commercial bodies that fund the CPD activities but only to the extent that there is a code of practice covering pharmaceutical manufacturer sponsorship of education.

The costs and fees of CPD activities varies, it can be free of charge or paid by the professional or employer. There is no fixed pattern. There is technically possibility to gain a financial relief from taxes/grants for CPD activities.

There are no guidelines or codes that would guarantee the transparency and independence of CPD activities specifically. However, the standards of the regulator require pharmacists to consider potential conflicts of interest.

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Patient safety

Patient safety components are envisaged in CPD activities.

Trends and reflections

It is anticipated that CPD will become an element of a relicensing scheme, by around 2018.

The scope of CPD is broad, and it is feasible to incorporate CPD activities into normal working patterns and relatively brief periods outside work. The main challenge that most pharmacists face is recording their on-going CPD in the format required by the regulator.

Pharmacists registered with the General Pharmaceutical Council must submit their CPD records for review once every 5 years. The regulator issues a notice to the pharmacist and they must submit their full CPD record within 6 weeks. The Pharmaceutical Society of Northern Ireland requires every pharmacist to submit a portfolio each year by 31st May. A minimum of 10% of CPD portfolios will be marked by assessors. The portfolio will have met the standard if 40% or more of cycles are acceptable.

There may be an opportunity for regulators to provide a statement on a pharmacist's current CPD status if they are moving to a different jurisdiction

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11. WORKSHOP CONCLUSIONS - SUMMARY

To validate and elaborate on the CPD mapping study's findings, a technical workshop took place in Brussels on 20 June 2014. This workshop brought together 60 invited experts from across Europe, including representatives of national health ministries and competent authorities, representatives of European-level professional bodies, projects and networks, accreditation bodies, and academia, as well as international organisations. A more detailed report on the workshop and its breakout sessions, as well as the discussion paper on which the sessions were based can be found in Annex VI. . A variety of approaches and expectations which were presented in the course of the workshop showing the great diversity of CPD systems at individual, professional and national level. The diversity should be reflected in the study's recommendations, while emphasising that European cooperation fostering the exchange of good practice seemed very useful.

The workshop's discussions were reviewed and considered in the context of the study's findings. On this basis the recommendations and conclusions were developed.

Summary of four breakout sessions:

- Patient safety: CPD and impact on daily clinical practice and quality of care: context and conditions
- Trends: changing structures and competences
- Barriers and incentives: how to overcome barriers to CPD at individual/profession/regulatory level
- Accreditation: national and European systems

Patient Safety: CPD and impact on daily clinical practice and quality of care

It was clarified that patient safety is already a natural outcome of CPD activities. It was also suggested that European support is needed to better share national experiences in the field, for instance having an EU level discussion on the matter would help advocating for the consequent policy decisions at national level

Accreditation: National and European Systems

The call for closer cooperation and reconciliation of accreditation systems did not suggest harmonisation. Also in relation to conflicts of interest in the accreditation process, it was emphasised that there must be no bias in CPD activities due to industry influence. Lastly, it was clarified that while the principles of lifelong learning apply, approaches to undergraduate and postgraduate education and training must be distinguished from CPD, due to their regulatory framework and their top-down nature.

Barriers and incentives

It was clarified that shortages are often used as an excuse by the employers not to grant time for CPD, while CPD activities should be taken into account into the general planning and time and resources should be accommodated for them.

Trends: Changing Structures and Competences

It was clarified that there is a need for a profession-specific approach towards modelling and implementing CPD and it is important to compel professionals to participate in high quality CPD activities. It was concluded that further research in terms of the CPD impact towards patient safety outcomes is needed. The cross-border dimension should be considered when discussing the future of the CPD. This might be achieved, taking an example from programmes as ERASMUS +, which are based on exchange of ideas and knowledge. Using innovative methods for CPD such as eLearning were also mentioned as a potential success factor.

European cooperation and the cross-border dimension of CPD

A panel of experts who discussed CPD from the perspectives of education, regulation and the nursing profession on European cooperation on CPD, discussing how European cooperation on CPD is relevant and which examples of CPD/LLL activities in their own experience may already reflect a European dimension.

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Ms Jolanta Zalite from the Latvian Nurses Association shared her experience as a health professional of the post-Soviet transition of the Latvian healthcare system, during which the Latvian professional bodies had benefited from European cooperation to develop national policy, i.e. on CPD. To highlight the relevance the European dimension even today, she reported of recent projects in which financial support from the European Social Fund had enabled professionals to follow CPD activities. She also welcomed the multi-professional approach of the study's discussions as an innovative and fruitful format for advancing policy.

Representing the European Network of Medical Competent Authorities, Dr Alexander Jaekel described the regulators' view on European cooperation. He reported that the network, which was set up in the context of the revision of the Professional Qualifications Directive, found that competent authorities face common questions as regards professionals' CPD activities and the recognition of qualifications. On this basis information on CPD systems was collected. He suggested that while information on CPD was useful for the recognition process, it was not feasible to integrate it into the requirements for recognition, much less by giving it an 'automatic recognition' status. Similarly he saw problems for accreditation of CPD to be taken out of the national to the European level.

Dr Howard Davies, participating on behalf of the European University Association, presented the educators' perspective. He related that despite the interest and degree of involvement of faculties in CPD, the topic was rarely addressed by universities' executive bodies, which consequently entailed a weaker degree of cooperation. For example, there are no 'Bologna' type initiatives on CPD. Nonetheless, the European University Association adopted the 'European Universities' Charter on Lifelong Learning' in 2008 which sets out the commitment to improve structures and learning cultures to take the LLL agenda forward. Dr Davies also referred to other European frameworks on qualifications as well as education and training, which were gaining attention, such as the reference to the European Credit Transfer System in the Professional Qualifications Directive. Lastly he shared some impressions on quality assurance, where increasing emphasis is on learning outcomes. This is also reflected in the revision of the European Credit Transfer System.

The plenary was invited to comment on possible forms of European cooperation and discuss what added value it can provide. Participants considered how European cooperation relates to national policies. Participants felt that the diversity of approaches to CPD excluded harmonisation at European level, therefore cooperation should focus on exchanging good practices to strengthen national systems, in particular as most professionals spent their entire careers in their home Member State. On the other hand it was suggested that small countries in particular stood to benefit from enhanced cross-border cooperation, given the opportunities this opened if the national-level profession is numerically small in size. Experiences with existing frameworks, e.g. on accreditation, were shared.

At the same time, it was stated that CPD was not a qualification, but rather a professional responsibility, based around the individual professional and driven by the individual professional's reflection on the limits of current skills and knowledge. It should therefore not be viewed in terms of frameworks, which are qualifications-based, e.g. automatic recognition or curricula. However, other participants also felt the need to encourage and support health professionals to tackle that responsibility, above all in terms of available time and resources, and employers play a key role in this regards. It was noted that requirements and structures are put in place this can contribute to allowing health professionals to follow CPD and therefore be useful.

The relevance of EU instruments for CPD in the health sector was also addressed. Participants welcomed the idea of using EU funds for research into or the implementation of CPD. The need for more research on the impact of CPD on quality of care and patient safety was mentioned as a potential focus for research, as was additional research on CPD systems across Europe. Applying EU frameworks on skills and qualifications to CPD was viewed as a more complex question. The large number of tools and the lack of clarity on their interrelation were seen as a barrier to a better use of these mechanisms in the health sector.

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12. CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The following conclusions and recommendations are based on the present study, comprising a survey carried out by the five health professions in 31 countries, the analysis of the literature review on CPD and a technical workshop that brought together 60 experts and stakeholders in the area of CPD for the five health professions.

This exercise shows that CPD helps to ensure that professional practice is up to date, contributes to improving patient outcomes and increases public confidence in the professions.

In addition, health professionals throughout the EU have a professional and ethical responsibility to ensure that the level of their knowledge and practical skills is up to date by undertaking CPD, where relevant and practicable.

The conclusions and recommendations aim to facilitate a discussion with policy-makers, regulatory and professional bodies to share information and practices on CPD of health professionals and to reflect on the benefits of European cooperation in this area.

The conclusions and recommendations are grouped into the 5 areas that have been subjected to analysis and discussion in the study, namely: CPD structures and trends in the EU, patient safety, barriers and incentives, accreditation systems on CPD and European cooperation.

1. CPD STRUCTURES AND TRENDS IN THE EU

Conclusions

- There is no evidence that one CPD structure is preferable to another, as illustrated by the co-existence of mandatory and voluntary systems for a specific profession in several countries. Different systems serve different purposes and must be viewed in the context of professional regulation and cultures at national level.
- Time and/ or resources available to leave the workplace, cost, practicability, overall effectiveness and impact on the profession and on service provision, are crucial factors determining professionals' access to and engagement in CPD.
- The study shows no significant trends in the governance and provision of CPD applicable to all professions. However if the professions are taken on an individual basis, we could conclude that the most actively reported area of change for doctors and midwives was on CPD accreditation criteria, for nurses the most reported change was institutional changes (from voluntary to mandatory CPD) and in the case of pharmacists developments in relation to competency frameworks or qualifications frameworks. In the case of dentists a significant number of countries reported or anticipated a change from voluntary to mandatory CPD.

Recommendations

- The importance of CPD for health professionals should be recognised by competent authorities, employers, patients and by any actor involved in health care provision.
- All health professionals should have the opportunity to undertake CPD, supported by appropriate structures.
- Competent authorities and, as appropriate, employers need to consider time and/ or resources available for health professionals to leave the workplace, cost, practicability, overall effectiveness and impact on

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the profession and on service provision when establishing or reviewing CPD systems, including appropriate means of supporting health professionals to undertake CPD.

- Any decision to implement CPD or develop an existing CPD system should be made with the involvement of all stakeholders: professional organisations, regulators, government bodies, patients, educators, employers and trade unions.
- CPD systems should be sufficiently flexible to ensure that content and form of delivery of CPD also satisfy the needs and interests of the individual health professional. CPD that is relevant to daily professional practice is likely to strengthen the motivation of the professional to undertake CPD and enhance the impact of CPD on healthcare provision. The choice of CPD activities should be based on learning plans at the level of the profession and of the individual professional, as well as the organisational level if applicable.
- Taking into account the increasing collaboration between health professionals and need for integrated care, CPD activities for multidisciplinary health teams should be encouraged, and exchange of information at EU level may contribute to best practice models in this respect.
- In order to properly evaluate possible trends in CPD for health professionals in Europe, the European Commission should invest and allocate resources in the future to revisit the snapshot of CPD systems as mapped in the current study.

2. BARRIERS AND INCENTIVES

Conclusions

- The implementation of CPD, including cost and acceptance, is a shared responsibility of the professional, the payer/employer, the professional organisation and the relevant ministry/department of health.
- The lack of working time specifically allocated to CPD is a significant barrier for health professionals in many circumstances. This lack of allocated time is often related to workforce shortages, lack of appropriate workforce planning at systemic and organisational level and could have an impact on health and motivation.

Recommendations

- The provision of CPD should be flexible and make use of online tools (eLearning) and blended learning where appropriate. This will also help reduce cost and improve accessibility.
- CPD within working hours should be encouraged and facilitated by adequate agreements at systemic, sectoral and organisational level, work organisation and workforce planning and forecasting within healthcare organisations.
- Financial incentives should be made available to professionals and employers to reduce the cost of CPD.
- CPD should be closely related to core activities and professional needs, covering clinical and non-clinical aspects and transversal skills such as e-skills, ICT and communication. It should not be unnecessarily complex and it should take into account the fact that CPD needs to focus on daily practice.

3. PATIENT SAFETY

Conclusions

- CPD activities which aim to improve professional knowledge or practice are generally considered to improve healthcare quality and will help to promote and safeguard patient safety and reduce adverse events. But so far there is not enough evidence to define the impact of CPD activities on patient outcomes and patient safety, as different activities and approaches influence the extent to which professional knowledge is increased.
- General patient safety content in CPD activities is not enough for improving patient safety as this requires a broader approach where patient safety is embedded in health professionals' practice and culture.

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- In a majority of countries CPD activities specifically addressing patient safety are not mandatory.
- The exchange of practices on CPD on patient safety is perceived to be highly beneficial. This is an area where EU level cooperation can make a significant contribution.

Recommendations

- Attempts should be made to prioritise areas in CPD training where a clear patient safety issue has been identified such as the use of new technologies or recorded incidents of patient harm.
- In addition to CPD, patient safety has to be both embedded within the basic education of health professionals and be part of the working culture and environment. Employers have an important role to play on this regard.
- The exchange of practices on CPD on patient safety should be further supported, and European level cooperation should facilitate this.
- Further research at European level on the impact of CPD activities on patient outcomes and patient safety should be undertaken.

4. ACCREDITATION SYSTEMS

Conclusions

- Duration-based accreditation is, for the time being, the most widely accepted criterion for accreditation of CPD activities, however other approaches, including those focusing on learning outcomes are being discussed.
- -Overall, professional associations and professional bodies are most often responsible for accreditation for all five health professions.

Recommendations

- Accreditation of CPD activities must be carried out in full consultation with the relevant profession, regardless of whether it is undertaken by competent authorities, educational institutions or professional organisations or the profession itself.
- Accreditation systems should envisage the possibility of being outcome-based, e.g. focusing on the reflective cycle the professional completes and on learning outcomes.

5. EUROPEAN COOPERATION

Conclusions

- While harmonisation of CPD at EU level is neither realistic nor necessary, there can be no doubt that European level cooperation has much to contribute to the development and strengthening of national CPD systems for health professionals across Europe. In relation to the majority of the study's Recommendations and Conclusions, it is evident that further initiatives and cooperation at EU level can bring significant added value.
- European countries and stakeholders can benefit from the opportunity to learn from different approaches to most aspects of CPD including content, structure and accreditation. In the course of the study, significant interest in further exchange of information has been demonstrated by all policy, regulatory and professional actors.
- Cross-border recognition of formal CPD activities appears to be relatively well established, particularly in smaller countries with limited offer of CPD activities or between countries or regions sharing a language or similar approaches to CPD. Cross-border recognition is reported to be based on various mechanisms such as bilateral agreements or on a case-by-case basis.

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- Questions remain however over the exact form European cooperation should take. It is important therefore that future policy discussions and research projects address the modalities of European cooperation, and how best to ensure that available resources and competencies at European level are employed to facilitate the exchange of information and best practice.
- EU instruments such as the European Credit system for Vocational Education and Training (ECVET) and projects implemented in areas of lifelong learning are not easily transferable to the CPD context. However, they contain elements that support the learning outcomes approach, and the experiences of these initiatives and projects could also inform the future CPD research agenda.

Recommendations

- Exchange of information and best practices between all stakeholders but particularly governments and health professionals should be encouraged. This should be done using available resources and competencies at European level. In particular exchange of information should be explored in areas such as CPD content, organisation and accreditation. Existing EU networks, such as the Commission Working Group on EU Health Workforce and/or the Group of Coordinators under the Professional Qualifications Directive should be used for this purpose.
- Cross-border recognition of CPD should remain voluntary. Further research on the use of EU-level transparency frameworks and instruments, following the example of the Europass, EQF and ECTS and other initiatives, and their potential value for CPD in the health sector could contribute to facilitating cross-border recognition of CPD.
- Professional organisations should be encouraged to exchange information on CPD practices in their countries. European programmes, such as the Erasmus + in the field of education and the Health Programme should facilitate these exchanges.
- Funding under Horizon 2020 should be made available to research projects focusing on CPD for health professionals.
- Reporting on CPD as required in the Directive on the recognition of professional qualifications should serve to strengthen trust between Member States in the context of mobility of health professionals; in addition, making this information public might be considered in order to strengthen public trust.

KEY ACTIONS

- Efforts must be made to ensure that health professionals in all Member States are able to undertake CPD activities in accordance with Member States' obligation under the revised Directive on the recognition of professional qualifications.
- Member States should adopt measures to address the main obstacles to undertaking CPD: time, human resources and cost.
- Further research should be done on the impact and systems of health professional CPD, in particular as regards the relation between CPD and patient safety, quality of care and patient outcomes.
- Any EU recommendations on health workforce planning and forecasting should take CPD into account to avoid workforce shortages preventing professionals from undertaking CPD.
- The European Commission should make the information on health professionals' CPD collected in the context of the Directive on the recognition of professional qualifications available to the public. The European Commission should utilise existing platforms for the exchange of best practice on CPD, i.e. the Group of Coordinators and the European Commission Working Group on EU Health Workforce. Professional organisations should be involved.

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13.ANNEXES

13.1 ANNEX I - THE CONSORTIUM

The consortium is composed of the following partners:

- Council of European Dentists (CED)
- Standing Committee of European Doctors (CPME) – consortium leader
- European Federation of Nurses Associations (EFN)
- European Midwives Association (EMA)
- European Public Health Alliance (EPHA)
- Pharmaceutical Group of the European Union (PGEU)

These partners bring together long-standing expertise on the national and EU/European level context of professional practice of the sectoral healthcare professions. In addition to their work on CPD and LLL, their parallel activities in related areas such as professional ethics, education and training, professional autonomy, health work force, patient safety and quality of care provide a comprehensive policy framework for the implementation of the study. This is also reflected in all consortium partners' representation in the EU Health Policy Forum. Other involvement includes the participation in the European Network for Patient Safety (EUNetPaS) project, the Joint Action on Patient Safety and Quality of Care (JA PaSQ) and the Joint Action on Health Workforce Planning and Forecasting (JA HWforce).

The consortium's pan-European membership provides an established network for communication across Europe and offers direct access to some of the key actors in CPD development and implementation both within the professions, including regulators and providers of CPD, and among other key stakeholders in the health community.

THE CONSORTIUM LEADER

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. CPME is committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues. CPD and CME have long-since been focus of CPME activities. In 2006 CPME organised the conference 'CPD-Improving Healthcare' which was supported by the European Commission and the Finnish presidency of the Council of the EU. The consensus statement 'Continuous Professional Development: Improving Healthcare Quality, Ensuring Patient Safety' was adopted at this event. In a collaboration with the European Commission and the Luxembourg presidency of the Council of the EU on the conference 'Patient Safety – Making it Happen!', CPME previously highlighted the link between quality of care and patient safety and CPD as reflected in the resulting 'Luxembourg Declaration on Patient Safety' which recommends that "patient safety in the standard training of health professionals combined with integrated methods and procedures that are embedded in a culture of continuous learning and improvement". CPME has since continuously underlined the vital link between professionals' education and training and patient safety be it through the Commission-led Patient Safety and Quality of Care WG or the revision of the Professional Qualifications Directive 2005/36/EC, as well as actively contributing to the policy dialogue, e.g. in the context of the work of the Belgian Presidency of the Council of the EU in 2010.

THE PARTNERS

The **Council of European Dentists (CED)** is the representative organisation of the dental profession in the European Union, representing over 340,000 practicing dentists from 32 national dental associations and dental chambers in 30 European countries. Established in 1961, the CED promotes high standards of oral healthcare and effective patient-safety centered professional practice across Europe and contributes to the safeguarding and the protection of public health. In May 2013, CED General Meeting unanimously adopted a resolution on

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continuing professional development of dentists. CED has also done a significant amount of work in the area of patient safety over the last few years. In 2008, a resolution on patient safety was adopted unanimously. In May 2010, CED General Meeting further adopted a reflection paper on Quality of Healthcare: Policy Actions at EU Level. CED also participates in the Joint Action on Patient Safety and Quality of Care (PaSQ), the Commission-led Patient Safety and Quality of Care Working Group, as well as in the Joint Action on EU Health Workforce Planning and Forecasting.

The **European Federation of Nurses Associations (EFN)** was established in 1971 to represent the nursing profession and its interests to the European Commission, Council and Parliament based on the nursing education and free movement Directives being drafted by the European Commission then. Representing more than three million nurses over 34 National Nurses Associations at European Level, the EFN is the independent voice of the nursing profession. EFN priorities relate to education workforce and quality and safety, including e-health. EFN is in the position to provide with the necessary information on current developments on Continuing Professional Development from 34 European countries. Through EFN connections, EFN knowledge brokers, that knowledge will be brought up to the EU sphere to enrich the assessment process on CPD and to further orient policy developments. Additionally, the EFN took part in the European Network for Patient Safety (EUNetPaS) and is currently a partner of the Joint Action on Patient Quality and Safety and on the Joint Action on EU Health Workforce.

The **European Midwives Association (EMA)** aims to represent the voice of all midwives in the EU and the wider European area. Autonomous midwifery practice is founded on providing up-to-date, evidence-based, high quality and ethical care for childbearing women and their families. Professional autonomy, therefore, implies that midwives determine and control the standards for midwifery education, regulation and practice. It requires having a unique body of knowledge, processes for decision-making, and having acquired the knowledge and skills for competency to carry out those actions as part of a recognised professional education programme. EMA realises these objectives by having annual surveys re midwifery practice and education, disseminating results, providing fora for discussion during annual meeting and triennial Education conferences in addition to influencing national and European level policies. As a member of the consortium, EMA can provide direct access to the existing knowledge regarding CPD in midwifery and build on the quality of the final report.

The **European Public Health Alliance (EPHA)** is an international non-profit organisation registered in Belgium. Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together towards better health in Europe. Since its creation 20 years ago, EPHA has developed a unique expertise in most fields concerning health. Its team is composed of 15 persons, all educated to degree level including medical professionals, public health experts, social scientists, lawyers, linguists and communication experts. Furthermore EPHA can deploy an additional important asset in its Europe wide network of members. Altogether that is almost 90 organisations and as many fields of expertise available to face health challenge and issues. The link between work and health has always been a privileged topic of research for EPHA. But more particularly EPHA has been working from the beginning on the issue of continuous professional development. This is visible through its early work on the directive 2005/36/EC, on the Recognition of Professional Qualifications (RPQ), but also when raising awareness in 2006 while a resolution was being discussed at the EU level and until today with its 2012 policy tracker called "modernising the professional qualifications directive". Moreover, EPHA currently concentrates its activity specifically on CDP issues through its dedicated Working Group on Health Professionals, in the context of the implementation of the EU Action Plan on Health Workforce and by advocating for ethical recruitment practices in the context of the WHO Global Code of Practice for the Recruitment of International Health Professionals, which includes the adoption of sustainable policies for health professionals' training and CPD.

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The **Pharmaceutical Group of the European Union (PGEU)** is the European association representing community pharmacists. PGEU's members are the national associations and professional bodies of community pharmacists in 32 European countries including EU Member States, EU candidate countries and EEA/EFTA countries. PGEU represents the community pharmacy perspective in relation to legislative and policy initiatives at EU level which affect our profession and/or public health. The organisation maintains regular contacts with the European Commission, the European Parliament, the Committee of Permanent Representatives and the Economic and Social Committee. PGEU is part of a network of over 10 European healthcare professionals' organisations via which European Medicine Agency engages with healthcare professionals. PGEU is a member of DG SANCO High level Working Group on Patient Safety and Quality of Care and Health Workforce. PGEU has worked in number of EU funded projects, including EUNetPas and is currently involved in the Joint Actions on Patient Safety and Quality of Care and Health Workforce. PGEU takes a keen interest in the co-ordinated development of the education and training of pharmacists to meet needs of patients and society and to facilitate the mobility of professionals. Continuing Professional Development for practising pharmacists is recognised by the PGEU and its members to be vitally important. It is one of the horizontal topics discussed during trimestral meetings of Professional Issues Working Group.

13.2 ANNEX II – REFERENCE NETWORK

A reference network of opinion leaders and knowledge brokers in the field of CPD and LLL supported the consortium in implementation of the study. They acted as an advisory body for the study and contributed expertise beyond the constituencies represented by the consortium, in particular through consultation on various deliverables and participation in the workshop.

The reference network consisted of:

Dr Rita Borg Xuereb – expertise in academia

Dr Rita Borg Xuereb PhD. MSc. RN, RM, Dip Ed. Adult, PQDip.Mid.Ed. is the Head of the Department of Midwifery and senior lecturer, University of Malta (UOM). She is also a visiting lecturer with Newcastle University, UK. She has over 38 years' experience as a health professional, 13 years in nursing and 25 years in the midwifery profession and academia. She was the first Maltese midwife to obtain a PhD in 2008; founded the Midwifery Department, which was approved by Senate and Council, UOM in 2009. She was the Coordinator of CPD, Nursing and Midwifery Division between January 2003 and July 2009. In 2008 she was awarded an honorary Membership in recognition of her excellence in Nursing leadership of Midwifery and Women's Health in Malta, by Pi Mu Chapter-At-Large of Sigma Theta Tau International. She was invited to speak in several international and national conferences. She has given papers and published peer-reviewed articles as well as books, both locally and overseas. She is a peer-reviewer of international journals. She was a member of the Council for Nurses and Midwives (1990-2013), representing midwives, former President of the Malta Midwives Association (2001-2006). She is also on the management committee to EU COST Action IS0907. She actively participated at NEMIR committee meetings with regards to the proposed changes to EU Directives 2005/36 concerning midwives.

Prof. Jonathan Cowpe – expertise in CPD programme development/patient safety

Jonathan Cowpe has been Director of Dental Postgraduate Education in Wales since July 2009. Previously he was involved in undergraduate dental education for 30 years. He was senior lecturer in the Dundee and Cardiff Dental Schools in the specialty of Oral Surgery between 1985-96. He took up the post of Professor of Oral Surgery at Bristol Dental School in 1996 and was Head of the Dental School between 2001 & 2004. During this time he led the school through a series of reviews of teaching provision. He was elected Dean of the Dental Faculty and Convenor of Dental Council at the Royal College of Surgeons of Edinburgh for the period 2005-08. Thus over the last 11 years he has been very much involved in issues relating to undergraduate/postgraduate and the continuum of education for dental healthcare professionals at national and international levels. He

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was elected Chair of the Joint Committee for Postgraduate Training in Dentistry (JCPTD) for the period 2010-13. His qualifications include BDS (with honours), FDSRCS(Ed), PhD, FDSRCS(Eng), FHEA, FCDS(HK), FFGDP(UK), FRCPS(Glas). Jonathan's major scientific research interest up until 2003 related to oral malignancy. He developed and refined quantitative cytopathological techniques applied to oral mucosal smears for use in the early detection of oral malignancy. Recently, in view of his senior academic positions he has become increasingly involved in issues related to education of dental healthcare professionals at all levels, and in particular with his work with the Association of Dental Education in Europe (ADEE), in particular, centering on competence development and the promotion of a seamless transition of continuing professional development underpinning the ethos of life-long learning. He recently led the EU consortium DentCPD project which culminated in a Dental CPD Reference Manual, published as a Supplement to the European Journal of Dental Education, May 2013.

Dr Howard Davies – expertise in CPD programme provision

Howard Davies is an independent higher education consultant based in UK. As senior adviser to the European University Association (EUA), he authored the Survey of Master Degrees in Europe in 2009. He follows the legislation on the recognition of professional qualifications and maintains the EUA web page at <http://www.eua.be/eua-work-and-policy-area/building-the-european-higher-education-area/bologna-and-professional-qualifications.aspx>. He is interested in the links between Directive 2005/36/EC and the Bologna Process. He has made presentations to medical doctors, general care nurses, midwives, veterinary surgeons, pharmacists and architects.

He is a member of: the Europe Forum of the Nursing and Midwifery Council (UK regulatory body), the Europe Community of Practice of Universities UK (the rectors' conference), the Bologna ad hoc working group on the revision of the ECTS Users' Guide, chaired by DG EAC, the NUFFIC project to adapt the European Area of Recognition Manual for use by higher education institutions, the conselho geral of the University of Minho, Portugal

Prof. Anders Foldspang – expertise in public health workforce development

Anders Foldspang is a professor for public health and health services research at Aarhus University, currently on leave. He is active for the Association of Schools of Public Health (ASPHER), where he holds the position of Member of the Honours Committee, and has a consultancy firm. He currently also holds positions in advisory bodies in the context of the Health 2020 strategy to the World Health Organisation. Prof. Foldspang holds MD, Ph.D. and DMSc degrees from Aarhus University. He has extensive experience in teaching, supervision and educational and training programme planning at bachelor (medicine), masters (public health) and PhD level (medicine, public health). He has published extensively on public health, medicine, medical sociology, epidemiology, professionalisation in public health, education and public health educational policy, competences for public health professionals and for the master of public health education.

Prof. Dr Maximo Gonzalez Jurado – expertise in education & training development and regulation

Prof. Dr Máximo A. González Jurado is regarded as one of most influential health professionals in the Spanish political health care milieu; his influence has also impacted nursing in Europe and internationally. He is a nurse scholar with two doctoral "cum laude" works, a large teaching experience in higher education, several doctoral thesis orientations and publications of books, articles and monographs, including statements about the importance of CPD for the safety and quality of nursing care. He has received the Christiane Reimann award, the most important nursing international prize, in recognition to all these accomplishments and leadership. As an expert in CPD, he has made an enormous and remarkable contribution to the development of nursing in Spain. The scope of his contribution in this field since 1998 has been very broad; he has been mentoring, developing and implementing national CPD programmes with the most advanced certification strategies at the national and international level, emphasizing the use of new communications technologies to warrant coverage and quality of all national territory.

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Dr Martin Henman – expertise in competency frameworks

Martin Henman is Associate Professor of the Practice of Pharmacy and Co-ordinator of the Centre for the Practice of Pharmacy in Trinity College Dublin. After completing his Pharmacy degree in the UK, Dr Henman practised as a hospital pharmacist before undertaking a PhD in Pharmacology. He then started in University practice where he has remained ever since. His main research interests are Pharmaceutical Care, Evidence-Based Practice and Competency frameworks. Dr Henman has been a member of Pharmaceutical Care Network Europe (PCNE) since its formation and in September 2003 and he became its Chairman. Dr Henman worked on the Pharmaceutical Care Task Force of the European Association of Faculties of Pharmacy in order to introduce Pharmaceutical Care in the undergraduate syllabus. He has acted as Conference Chairman and head of the Scientific committee of a number of conferences including PCNE, the European Society of Clinical Pharmacy and the International Pharmacy Federation. He is also Medical Editor of 'The Over-the-Counter Directory', a guide to non-prescription medicines in Ireland and of a web publication 'yourmedicines.ie'.

Dr Dorota Kilanska – expertise in CPD programme development

Dr Dorota Kilanska is the Former Director of the European Nursing Research Foundation and currently Scientific Advisor. She was Professor at the College of Social Service Workers in Lodz. She is lecturer at the Division of Nursing and Midwifery at the Medical University of Lodz. From 1987 to 1994 she practiced the profession in the Health Care Specialist Group of Tuberculosis and Lung Disease in Tuszyn. From 2005 to 2012 she was President of the Polish Nurses Association and, at the same time, she concluded her PhD. She had a paramount role in designing education programmes for the nursing profession in Poland, particularly as regards postgraduate education and CPD, and in the successful development of bridging courses.

Dr Basia Kutryba – expertise in patient safety

Basia Kutryba is President of the European Society for Quality in Healthcare (ESQH). She is the co-founder of the first quality institute in Eastern Europe and a Senior Adviser at National Centre for Quality Assessment in Health Care (NCQA) in Krakow, Poland. She has played the major role in the development of Polish national, JCAHO based accreditation system and in quality improvement initiatives in other ECC countries as well as in the Middle East. A co – chair of the Patient Safety and Quality of Healthcare EU Working Group and a Director of the WHO Collaborating Centre for Developing Quality and Safety in Health Systems in Krakow. She is the founding member of the Polish Society for Quality Promotion in Health Care (TPJ -1993) and its Honorary Secretary of the Board.

Dr Bernard Maillet – expertise in accreditation mechanisms

Bernard Maillet graduated from the Antwerp University as an MD and did his postgraduate training in Surgical Pathology at the Academic Hospital of the Free University of Brussels (VUB). During his training, his research topic was the pathology of the gastro-enterologic tract and more precisely the pancreas. Soon he was involved in the Professional Organisation of Pathology in Belgium, first as a member of the Board and then as one of the Secretaries. This was the introduction for involvement in the Belgian Medical Specialist Organisation GBS-VBS, first as a delegate for the Pathologists in the General Assembly, then as a Deputy Secretary-General and now he is the Treasurer of the VBS-GBS. This organisation proposed Dr Bernard Maillet as candidate Secretary-General for the UEMS in 2002. He has been reelected since then by the UEMS Council until October 2011. Since then he has been proposed as Head of Delegation representing Belgium in the Standing Committee of European Doctors (CPME), the World Medical Association (WMA) as well as the European Forum of Medical Associations (EFMA) for the ABSyM-BVAS and the CNOM-NROG. Dr Maillet is Vice-Chair of the e-Health Working Group of CPME.

Ms Marianne J. Nieuwenhuijze – expertise in research/LLL

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Marianne Nieuwenhuijze graduated as a midwife in 1980 and obtained a Master in Public Health. She has worked as a midwife both in the hospital and community. Since 1999, she is involved in midwifery education and research. At present she works as head of the research centre for Midwifery Science, senior researcher and lecturer in Midwifery at Zuyd University, faculty Midwifery Education and Studies (2007-present). Additionally, she chairs the Joint Programme Committee for the European Master Sc in Midwifery (2010-present) and participates in EU COST Action IS0907 "Childbirth Cultures, Concerns and Consequences" as the Dutch representative (2010-present). Her work experience includes midwifery research, curriculum development (bachelor, master and lifelong learning programmes), project leader for education and research projects, organisation of national and international conferences. Her fields of interest are: physiologic process of childbirth, decision-making in maternity care, mental health in pregnancy and childbirth, public health, evidence-based and interprofessional education.

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