



## **Ticking the Boxes or Improving Health Care: Optimising CPD of health professionals in Europe – 11 February 2016, Brussels**

### **WORKSHOP REPORT**

#### **Introduction**

This workshop brought together up to 60 experts in the area of continuous professional development, including representatives of regulatory, professional and educational bodies and the European Commission. Its aim was to discuss ways to optimise CPD of health professionals and whether CPD of health professionals helps improve quality of care and patient safety. The first session was dedicated to the impact of CPD from the research, educational and clinical perspective followed by a session to present and discuss different national approaches to organise the CPD of health professionals. The workshop concluded with a summing up of lessons learned.

This workshop is a contribution to the exchange of best practice under the EU Directive on the recognition of professional qualifications.

#### **The European Context**

Continuous professional development and lifelong learning help to ensure that professional practice is up to date, contributes to improving healthcare outcomes and patient safety as well as increasing public confidence in the professions. The increasing cross-border mobility of health professionals has led to significant interest to better understand and learn from the rich variety of CPD approaches in Europe to improve the quality of care and patient safety across the EU. A number of EU initiatives and legislation underline the importance of regularly updating and improving the skills of health professionals through lifelong learning and continuous professional development<sup>1</sup> and to improve quality of care and patient safety<sup>2</sup>. The EU Directive on the recognition of Professional Qualifications<sup>3</sup> introduces an exchange of information and best practice for optimising CPD in the Member States.

To help improve understanding of the diverse CPD approaches in Europe, a European Commission study, published in January 2015, provides a unique and comprehensive account of the CPD systems for doctors, nurses, dentists,

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<sup>1</sup> Action Plan for EU Health Workforce, April 2012

<sup>2</sup> Council Recommendation of 9 June 2009 on patient safety, including the prevention and control of healthcare association infections

<sup>3</sup> Directive 2005/36/EC on the recognition of Professional qualifications as amended by 2013/55/EU

midwives and pharmacists in 31 European countries. Drawing on findings from a literature review, a Europe-wide survey and an expert workshop, the study concludes that CPD aiming to improve professional knowledge or practice are generally considered to improve healthcare quality and ensure patient safety, however further research and discussion in this area is recommended. European cooperation has much to contribute to the development and strengthening of national CPD systems for health professions.

In response to the study recommendations<sup>4</sup>, the expert group on European health workforce<sup>5</sup> invited the European Commission to organise a workshop to share and discuss national experiences on CPD systems and approaches to improve quality of care and patient safety.

### **What can we learn from research evidence, education and clinical practice?**

Continuing education of health professions takes many different forms – lectures, small group meetings, skills trainings, on-line distant learning, multidisciplinary team working, educational outreach visits. The term “continuing” is preferred to ‘continuous’ as it signals that learning of the health professional never stops.

The effectiveness of continuing education depends not only on the educational programme, but also its context. There is no evidence that the collection of credits is effective, however they do demonstrate that CPD is important and valued. Learning comes from immersion in practice and integrating CPD into daily clinical practice.

Measuring the effectiveness of CPD is difficult to capture given the many differing and intervening variables between learning and outcomes. Nonetheless, scientific reviews<sup>6</sup> of different learning activities and their impact on learning outcomes show that a minimum number of observations are required for a reliable assessment taking into account the contextual variables. To be of value, evaluation of learning outcomes must focus on professional performance in real clinical practice (as opposed to attitude, skills, knowledge tests). Audit and feedback are part of many CPD programmes and can lead to a performance improvement, yet to what extent performance improves remains an imprecise science.

It was also argued that some CPD activities need to be prescribed to ensure that health professionals improve knowledge in areas where there is no interest or motivation yet are important for quality of care and patient safety. While informal discussions are part of daily clinical practice, it was agreed that structured peer-to-peer dialogue or coaching can improve performance and can help ensure a “safer” health professional. The challenge for regulators is to put a

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<sup>4</sup> [http://ec.europa.eu/health/workforce/key\\_documents/continuous\\_professional\\_development/index\\_en.htm](http://ec.europa.eu/health/workforce/key_documents/continuous_professional_development/index_en.htm)

<sup>5</sup> [http://ec.europa.eu/health/workforce/docs/ev\\_20150617\\_mi\\_en.pdf](http://ec.europa.eu/health/workforce/docs/ev_20150617_mi_en.pdf)

<sup>6</sup> Cochrane/EPOCH

CPD system in place 'at the appropriate level' and balance prescriptive CPD and CPD identified by the professionals themselves according to their needs.

Looking to the future, patient organizations could envisage current moves towards towards patient-centred care bringing about co-learning between professionals and patients with long-term chronic conditions.

Communication errors between different professions are a major source of risks in healthcare. **Inter-professional education** aims to change multidisciplinary cooperation between health professions to bring about interdisciplinary collaboration, i.e. working together as a medical team with shared common goals. It requires a system change to breakdown the barriers to IPE learning, overcome strong professional resistance and fears over loss of professional identity. Increasing specialization of professionals may impede their openness to other disciplines .

A coordinated care plan is central to delivering good quality care. The Interprofessional Practice and Education Quality Scales is a self-assessment tool which can be used to assess the quality of interprofessional teamwork in practice. A short-term intervention study in a Flemish intensive care unit showed that high staff satisfaction and better communication through interprofessional collaborative practice led to a higher quality outcome, reducing the risk of errors and improving patient safety. There needs to be more collaboration between hospitals and higher education institutions to provide learning opportunities to stimulate IP training.

Two interventions provided the **clinical practice perspective** on CPD 's role to ensure patient safety and quality of care.

**In the Netherlands**, the new nursing leadership programme for continuous education for nurses at the Jeroen Bosch Hospital aims to improve clinical outcomes by empowering bachelor-trained nurses to become leaders through CPD to change their behaviour. The programme met with some resistance from doctor. A shared organizational vision is a key factor to have an effect on outcome of care. The transformational process will take time and depend on a multifocal approach. The evidence on the effect of CPE has to be correlated with the outcome of care in order to be robust. Multiprofessional learning is more effective when it is placed in a multiprofessional working context and is based on research.

**In Spain**, the Spanish "Zero project" to reduce hospital infections in intensive care units through an ICU network to implement safe practices. The project was set up after a multicentre trial showing 1.22 safety incidents per patient admitted in ICU (more common were medication errors and artificial airway problems) and targeted three areas: central line acquired bloodstream infections - CLABSI ("bactermia zero"), ventilator-associated pneumonia – VAP ("neumonia zero") and the incidence of multidrug-resistant bacteria – MRB ("resistencia zero"). A training module was put in place using an on-line system and videos explaining the clinical recommendations and patient safety guidelines. The

project involved around 200 ICU and more than 10.000 professionals, both doctors and nurses, with important targets: CLABSI rates decreased from 5.05 infections per 1.000 days of central venous catheter to 2,42; VAP rates have decreased from 14,9 per 1.000 days of mechanic ventilation to 4,23; the rate of patients with MRB decreased from 10,25 patients with multidrug-resistant bacteria per 1000 days of stay to 6,17 patients.

So far the training only targets ICUs and not other hospital departments.

### **What can we learn from national CPD models?**

**New systems to revalidate health professional licences** have been introduced in a number of countries. It is too early to assess the effectiveness of the new systems, however they serve as models of CPD systems which allow the professionals themselves to decide the relevant CPD learning activities within a framework established and monitored by the regulator. The success of these systems depends on a shared vision whereby the regulators work in partnership with the health professionals.

In **England**, a new system of revalidation of the nurses' licences will start in April 2016. The system aims to promote the integrity of nurses: nurses and midwives need to demonstrate that they are abiding by the Professional Code of Practice and Behaviour and that they undertake at least 35 hours of CPD every three years in order to re-register. CPD is self-directed and not prescribed by the regulator. Participation is on an on-going basis rather than a point in time assessment. Revalidation is about promoting good practice and not about assessing "fitness to practice". The key to an effective revalidation process is the regulator working with the nurses and midwives in their mutual interest.

In **Ireland**, a new revalidation system for pharmacists was introduced in January 2016 adapted from a Canadian model of a self-directed portfolio linked to a core competency framework (no hours, no credits). A new body, the Irish Institute of Pharmacy, requires pharmacists to present their CPD portfolio for inspection every 5 years. The system recognises the different forms of learning happens in a practice environment – formal, informal and non-formal. The benefits of this CPD system is that it is a peer led, peer supported and peer assessed system which establishes an evidence basis of competence for pharmacists. The dynamic between the regulated and regulator is a changing partnership.

In **Sweden**, where voluntary CPD framework is in place, the Swedish Associations of Local Authorities and Regions provide guidance and support to the various actors, employers, professionals and education provider to improve patient safety and quality of care. A systematic approach is underway to create a learning environment in Sweden which links better professional development to better system performance and better patient outcomes. To achieve this depends on the collaboration of different actors, including patient organizations, in a "development dialogue" and to develop core competencies for professions to achieve quality improvement and patient safety.

In **France**, the current CPD system has recently been reformed with a new legal act in 2016. The key changes are the introduction of a CPD obligation over a three year period that combines updating knowledge, evaluation of professional practice and risk management. The priorities of the CPD activities are prescribed by the Ministry of health and national professional councils and the quality of the CPD programmes and providers is reinforced laid down by a “high council of CPD” supported by an ethics committee. CPD activities to raise awareness on reducing hospital related infections, reporting medical errors are among the national priorities. The new French system has launched a debate over public funding, the role of the professional organizations as providers of CPD activities and parties in the CPD management.

#### **Workshop Conclusions: Lessons Learned**

- **Learning comes from the practice itself** and there is no single best method of learning to ensure better patient safety and quality of care.
- Measuring the impact of CPD should **focus on real clinical performance** not on only attitude and skills. The quality of the CPD programme is not the only factor for success.
- **Difficult to find long-term indicators** on improved patient outcomes through CPD due to the many dependent variables.
- CPD credits do not reflect what professionals really learn and there is no evidence that the collection of CPD is effective, however **credits do recognise that the learning process is valued**. Performance improves with use of learnt skills and knowledge in daily practice.
- Improving the patient safety culture depends on a range of factors, most importantly **behavioural change and the working environment** (communication, interdisciplinary collaboration in teams based on a shared care action plan). Interprofessional education can stimulate system change.
- More hard evidence required from research on collaborative practice to bring about system change.
- Lessons from **recently introduced revalidation schemes for health professional licence** link a minimum number of CPD hours practiced with peer support, practice-related feedback and a reflective process.
- Structured peer dialogue important for learning process and as “isolated” health professionals give rise to concern.
- Collaboration and a **shared organizational vision**, involving all actors – regulator, employer, CPD provider and professional – is key for effective CPD combined with (collective) codes of professional conduct and ethics.
- **European** cooperation through the exchange of good practice and research can contribute to a better understanding of relations between better care, better results and better professional development. European cooperation and dialogue can raise awareness and help strengthen the evidence for investing in continuing professional development for better clinical performance and quality of care for the patient.

**Session 1: CPD and Patient Safety: Research, education and clinical practice perspectives**

- Could you share insights from research to measure the impact of CPD activities on the competences or performance of health professionals? What indicators are or could be used that would allow such an assessment? Is there added value in investing in research to measure the effectiveness and quality of CPD to improve patient outcomes?
- Is mandating health professional participation in CPD on patient safety an effective way to improve patient safety and quality of care in practice? How important is specific patient-safety content of CPD activities and to what extent do training programmes address patient safety?
- Most CPD activities take a profession-specific approach. How can interprofessional education and collaborative practice improve patient outcomes? What are the barriers and incentives?

**Session 2: What can we learn from national CPD approaches?**

- How does your CPD system help ensure that CPD of health professionals leads to best possible learning outcomes to meet the needs of healthcare systems and the patient?
- Based on your experience, what advice can you provide on ways to optimise CPD activities of health professionals to ensure quality of care and patient safety?
- What has been the experience of CPD-linked revalidation schemes (where relevant)?
- How successful are personal development plans and feedback to enhance the positive impact of CPD?
- Do your national standards and guidelines on quality of care address CPD and, if yes, has there been any impact?
- What lessons can you share from the national system? What are the challenges? Are there new developments in terms of governance and CPD content?
- In your view, is European cooperation beneficial to help countries optimise their national systems? Do you have any proposals for future areas of cooperation?