



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



Standing Committee of European Doctors





Introducing CPME

- CPME represents the National Medical Associations of 28 countries in Europe and works closely with the Observers and the National Medical Associations of countries that have applied for EU membership as well as specialised European medical organisations.
- We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.



CPME Mission

- We believe the best possible quality of health and access to healthcare should be a reality for everyone.
- We see the patient-doctor relationship as fundamental in achieving these objectives.
- We are committed to interdisciplinary cooperation among doctors and with other health professions.
- We strongly advocate a ‘health in all policies’ approach to encourage cross-sectorial awareness for and action on the determinants of health.



EU legal framework on CPD

- Professional Qualifications Directive 2005/36/EC
- Article 22 (b): *“Member States shall, in accordance with the procedures specific to each Member State, ensure, by encouraging continuous professional development, that professionals whose professional qualification is covered by Chapter III of this Title are able to update their knowledge, skills and competences in order to maintain a safe and effective practice and keep abreast of professional developments.”*



Recent CPME activities on CPD

- Mapping study on CPD for health professionals in Europe, commissioned by DG SANTE, 2013-2014
- Joint conference of the European Medical Organisations ‘Continuing Professional Development for Doctors – Improving Healthcare’, Luxembourg, 18 December 2015



EUROPEAN MIDWIVES
ASSOCIATION



EAHC/2013/Health/07

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



Funded by the European Union
in the frame of the EU Health Programme 2008-2013

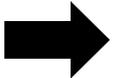
CONSORTIUM

- Council of European Dentists (CED)
- European Federation of Nurses Associations (EFN)
- European Midwives Association (EMA)
- European Public Health Alliance (EPHA)
- Pharmaceutical Group of the European Union (PGEU)
- Standing Committee of European Doctors (CPME)

OBJECTIVES OF THE STUDY

- **Provide an accurate, comprehensive and comparative account of CPD models**, approaches and practices for health professionals (doctors, nurses, midwives, dentists, pharmacists) and how these are structured and financed in the EU-28 and the EFTA/EEA countries
- Facilitate a discussion between organisations representing health professionals and health policy-makers, regulatory and professional bodies to **share information about structures and practices** on the CPD of health professionals and to **reflect on the benefits of European cooperation** in this area for the good of European patients
- Duration: October 2013 to October 2014

STUDY METHODOLOGY

- Literature review on CPD in Europe
 - Research on European-level initiatives on CPD
 - Survey among national professional organisation + comments from member of Expert Group on EU Health Workforce on country profiles
 - Technical workshop with multi-disciplinary experts
-  **Final report including Conclusions, Recommendations and Key Actions**

FINDINGS

- CPD systems: mandatory/voluntary, monitoring, compliance, enforcement
- Accreditation of CPD
- Financing and transparency
- Barriers and incentives
- Patient safety and quality of care
- CPD and standards and guidelines on quality of care
- Trends in CPD practices
- European cooperation

FINDINGS: CPD SYSTEMS

Description of CPD for purposes of study:

- “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.”

FINDINGS: CPD SYSTEMS

Description of mandatory CPD for purposes of study:

- “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.”

FINDINGS: CPD SYSTEMS

Description of voluntary CPD for purposes of study:

- “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.”

FINDINGS: CPD SYSTEMS FOR DOCTORS



FINDINGS: CPD SYSTEMS FOR DOCTORS

Primary actors involved

- providing CPD: professional bodies with a regulatory competence, scientific societies, professional organisations, private/commercial sector
- monitoring CPD: professional bodies with a regulatory competence, professional organisations, Ministry of Health, doctor
- enforcing compliance: professional bodies with a regulatory competence, Ministry of Health

FINDINGS: CPD SYSTEMS FOR DOCTORS

‘Enforcement’ of CPD

- Where doctors’ licences to practise are subject to review and there is a mandatory system of CPD, CPD is always taken into account for the review.
- Beyond suspensions or restrictions on licences to practise, non-compliance especially with mandatory CPD requirements may also result in a reprimand, or a reduction of remuneration, e.g. linked to specialist fees. In 40 % of Member States there are no sanctions on non-compliance.

Conclusions: CPD SYSTEMS

- **There is no evidence that one CPD structure is preferable to another**
- Time and resources available to leave the workplace, cost, practicability, overall effectiveness and impact on the medical profession and on service provision, are crucial factors determining doctors' access to and engagement in CPD

Recommendations: CPD SYSTEMS

- **The importance of CPD for doctors should be recognised by competent authorities, employers, patients and by any actor involved in health care provision.**
- **All doctors 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 doctors to leave the workplace, cost, practicability, overall effectiveness and impact on the profession and on service provision when establishing or reviewing CPD systems, including appropriate means of supporting doctors to undertake CPD.**

Recommendations: CPD SYSTEMS

- Any **decision to implement CPD** or develop an existing CPD system should be made with the involvement of all **stakeholders**
- **CPD systems should be sufficiently flexible** to ensure that content and form of delivery of it also satisfy the needs and interests of the individual doctor. **CPD that is relevant to daily professional practice** is likely to strengthen the **motivation** of the doctor to undertake CPD and enhance its impact on healthcare provision. The choice of **CPD activities** should be **based on learning plans** at the level of the medical profession/specialty and of the individual doctor.

Recommendations: CPD SYSTEMS

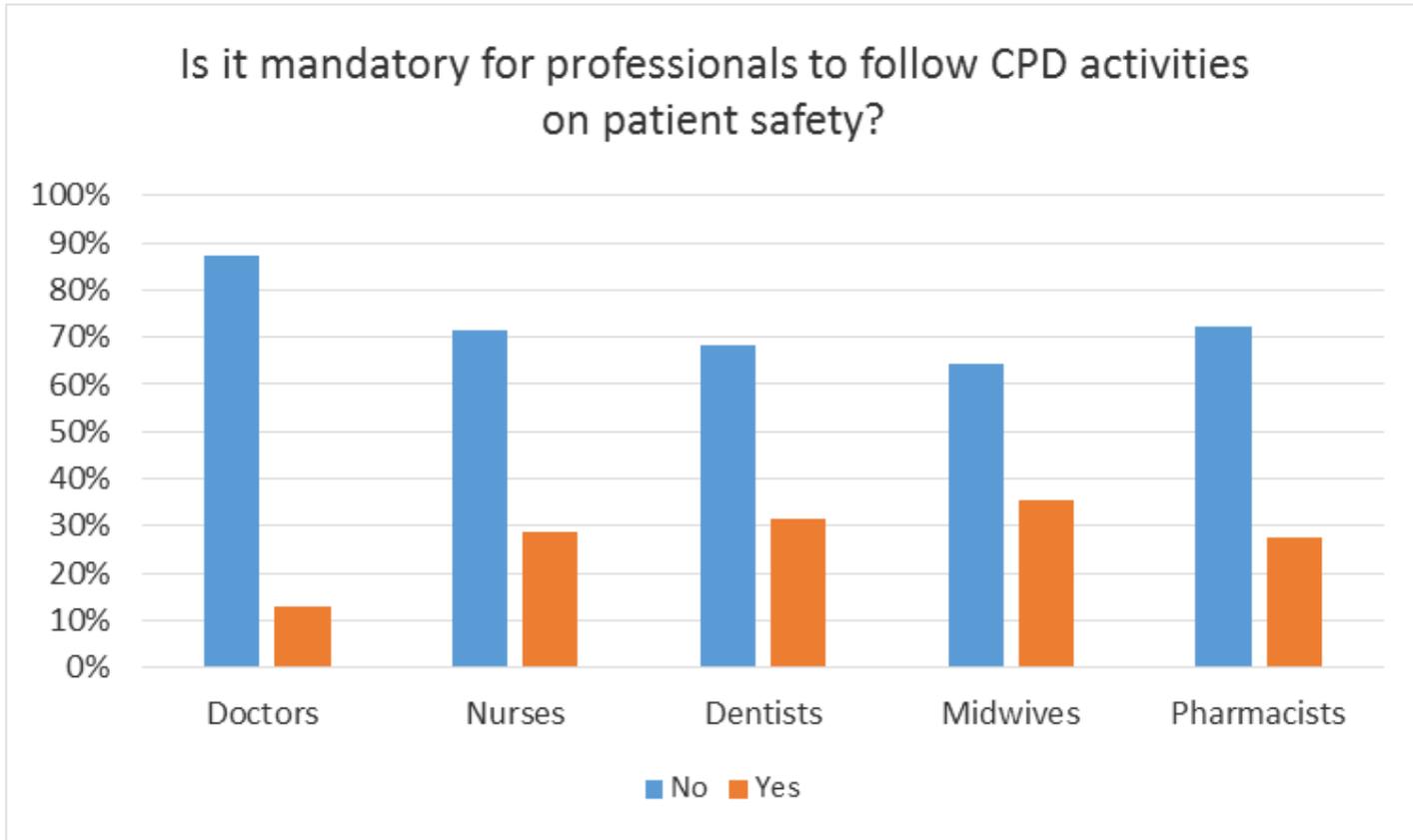
- Taking into account the increasing collaboration between health professionals and need for integrated care, **CPD activities for multidisciplinary health teams should be encouraged**, and exchange of information at EU level may contribute to best practice models in this respect.

RESEARCH: PATIENT SAFETY

- How is patient safety addressed in CPD activities?
- Is it mandatory for professionals to follow CPD activities specifically addressing patient safety?
- Is the offer of CPD activities specifically addressing patient safety increasing?

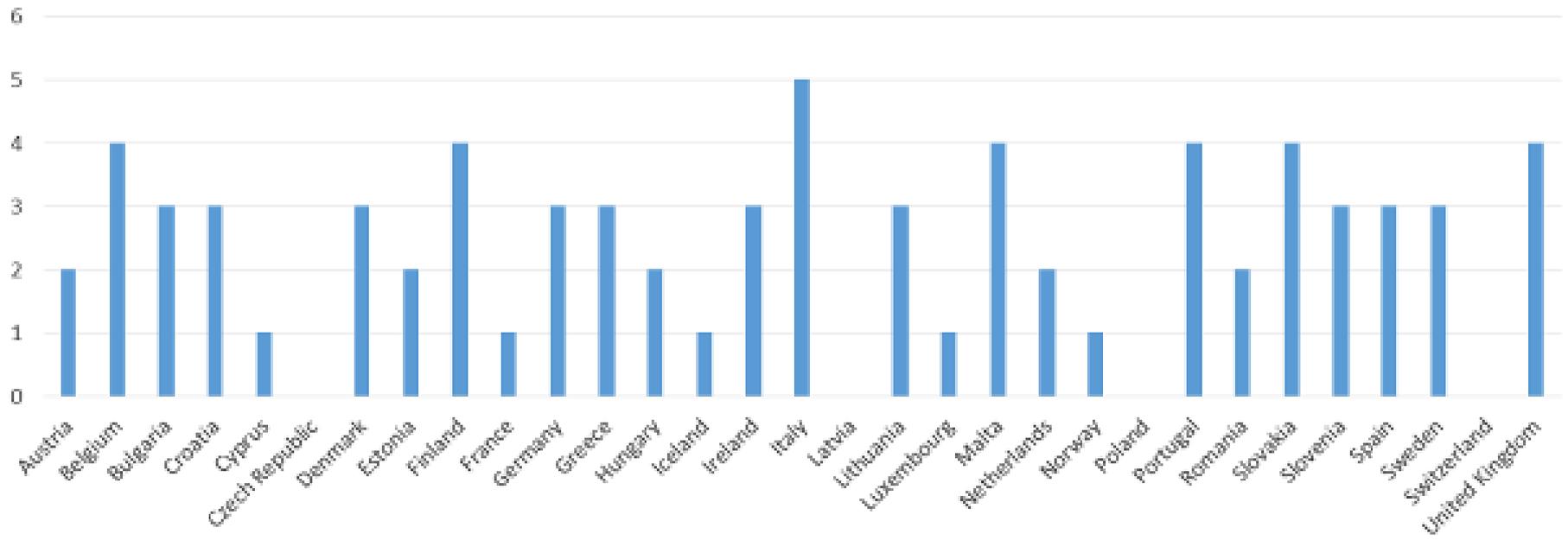
- 2009 Council Recommendations on patient safety and implementation reports
- EU Network for Patient Safety and Quality of Care (PaSQ)
- Patient Safety and Quality of Care Working Group (PSQCWG): Key findings and recommendations on education and training in patient safety across Europe

FINDINGS: PATIENT SAFETY



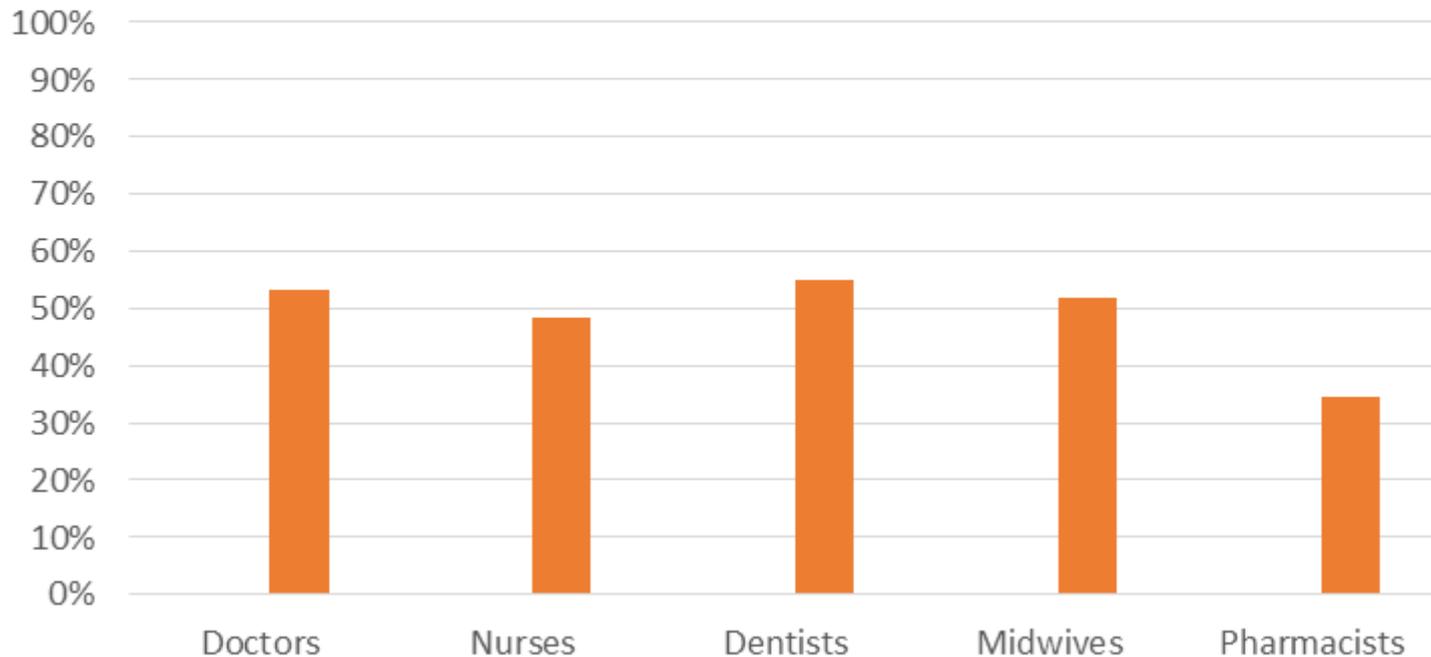
FINDINGS: PATIENT SAFETY

Is the offer of CPD activities specifically addressing patient safety increasing?



FINDINGS: PATIENT SAFETY

The offer of CPD activities specifically on patient safety is increasing



FINDINGS: PATIENT SAFETY

- Few studies, hence lack of evidence of the impact of CPD on patient safety, care outcomes, clinical and professional practice
- CPD activities on patient safety are available to professionals, but mandatory content only in a minority of cases.
- There is a trend for the offer of CPD activities on patient safety to be increasing.

Conclusions:

PATIENT SAFETY

- 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.

Conclusions:

PATIENT SAFETY

- 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:

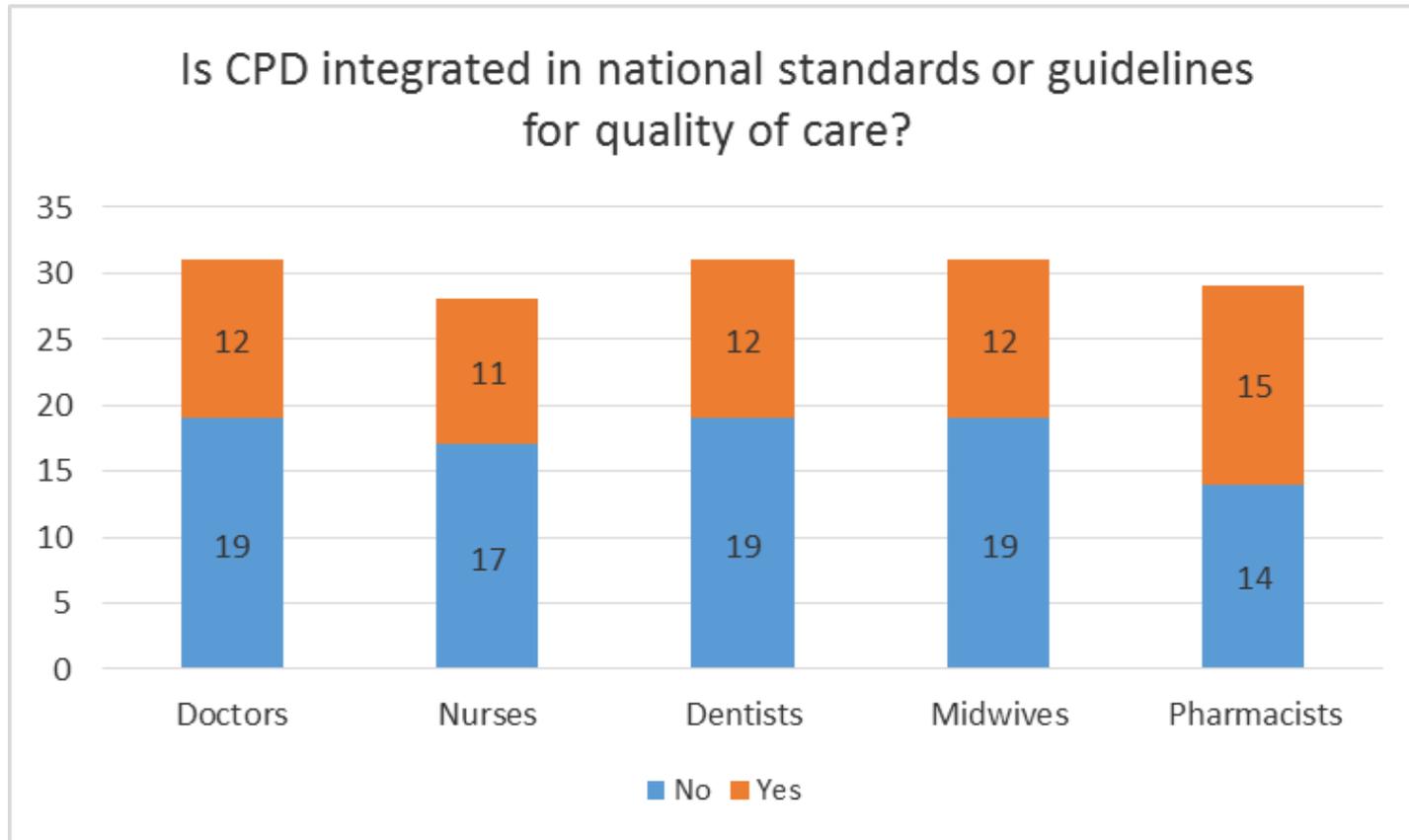
PATIENT SAFETY

- **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

RESEARCH: CPD IN STANDARDS AND GUIDELINES ON QUALITY OF CARE

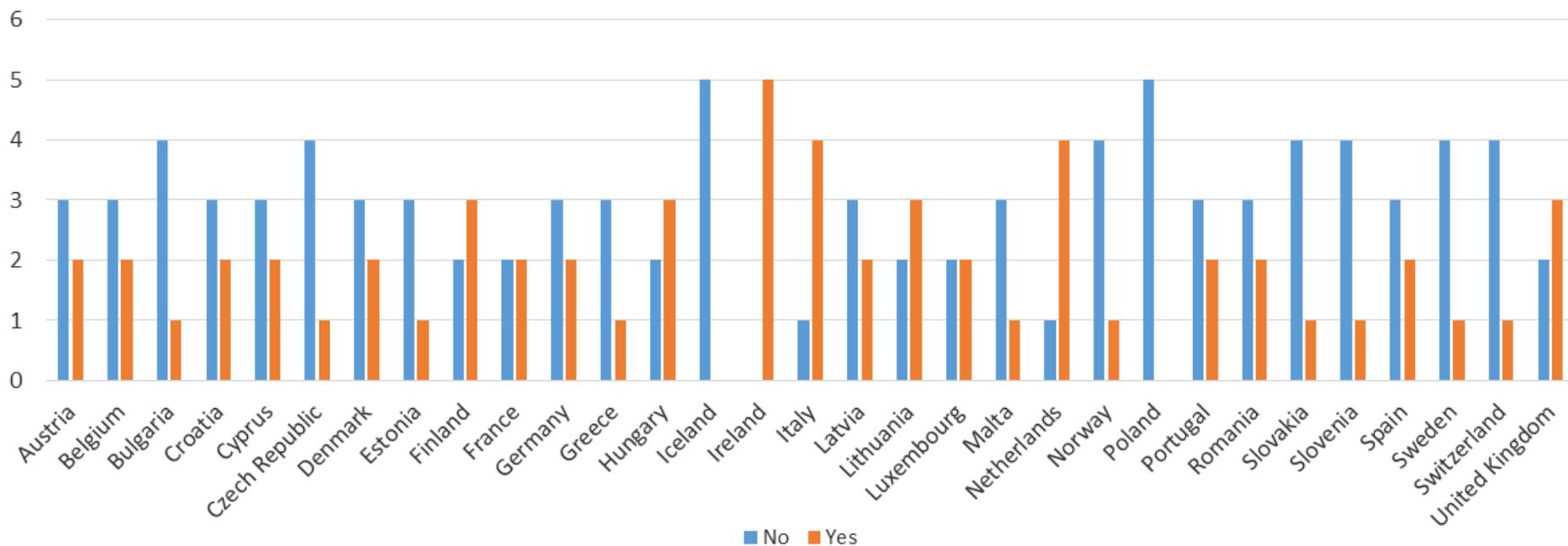
- Is CPD integrated in national standards or guidelines for quality of care?
- Directive 2011/24/EU on patients' rights in cross-border healthcare

FINDINGS: CPD IN STANDARDS AND GUIDELINES ON QUALITY OF CARE



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Is CPD integrated in national standards or guidelines for quality of care?



FINDINGS: CPD IN STANDARDS AND GUIDELINES ON QUALITY OF CARE

Examples

- Ireland: ‘National Standards for Safer Better Healthcare’ referring to ‘training, educational and development programmes’ as a tool of implementation at professional level
- Italy: National Agency for Regional Health Services (Agenas) integrates guidance on CPD for recommendations developed in the scope of the National Programme on Guidelines
- Finland: ‘Quality recommendation to guarantee a good quality of life and improved services for older persons’ includes recommendations on continuing education

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.

KEY ACTIONS

- 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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2015 Consensus statement of the EMOs on CPD





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- Every doctor must engage actively in CPD which is appropriate for her/his identified learning needs
- Learning needs should arise from daily practice.
- Need to ensure sufficient time and resources for doctors to engage in CPD
- No evidence for benefits of one CPD system approach over another, e.g. on revalidation



2015 Consensus statement of the EMOs on CPD

- CPD must be free from conflict of interest: need for clear separation from commercial activities and respect codes of ethics
- Accreditation as responsibility of profession, including European-level accreditation systems led by European professional organisations, to ensure quality CPD free from bias



Challenges for CPD

- Need to ensure key principles are upheld and implemented in policy at EU and national level
- Need to avoid challenges to professional regulation and professional autonomy, e.g. through standardisation
- Need to continuously up-date CPD and follow evidence-based in content and structure



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Thank you!

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