Continuous Professional Development of Health Professionals European Context
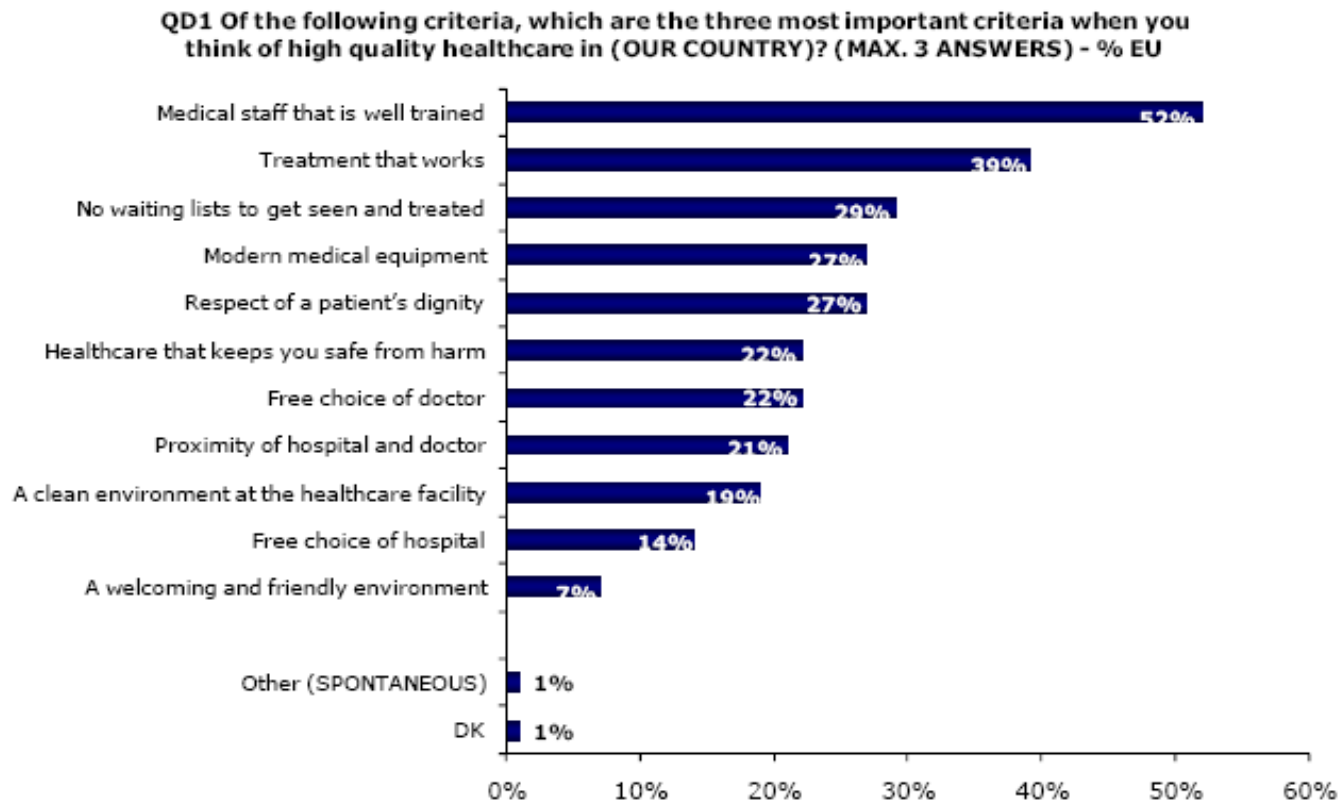
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European Commission

Health and Food Safety Directorate-General

20 June 2017

Health

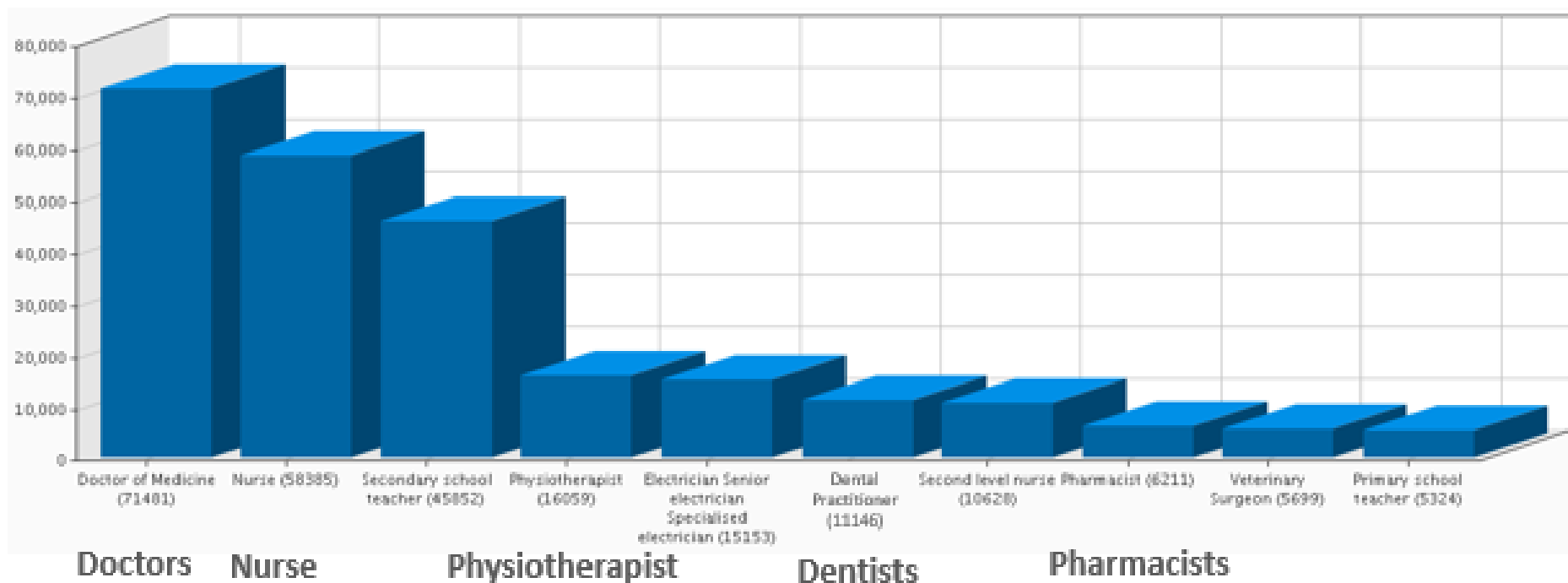# Citizens' opinion: "Well trained medical staff is the most important element of high quality healthcare"*

QD1 Of the following criteria, which are the three most important criteria when you think of high quality healthcare in (OUR COUNTRY)? (MAX. 3 ANSWERS) - % EU

Criteria	%
Medical staff that is well trained	52%
Treatment that works	39%
No waiting lists to get seen and treated	29%
Modern medical equipment	27%
Respect of a patient's dignity	27%
Healthcare that keeps you safe from harm	22%
Free choice of doctor	22%
Proximity of hospital and doctor	21%
A clean environment at the healthcare facility	19%
Free choice of hospital	14%
A welcoming and friendly environment	7%
Other (SPONTANEOUS)	1%
DK	1%

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Top 10 most mobile regulated professions (2009-2014)

Doctors | Nurse | Physiotherapist | Dentists | Pharmacists

Second level nurse (e.g. healthcare assistant)

Source: DG GROW's Database on regulated professions

Directive on Recognition of Qualifications (2005/36/EC)

➢ Original text of the Directive:
  CPD shall ensure that professionals are able to keep abreast of professional development

➢ Commission proposal (2011):
  MS shall submit a publicly available **report on their continuing education and training procedures** related to the 5 sectoral professions

➢ IMCO amendments – not accepted by the Council
  MS shall introduce schemes for **mandatory CPD** for sectoral professions and provide and assessment report every 5 years

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Revised Directive on Recognition of Qualifications (2005/36/EC)

Recital of the Directive:

- ✓ CPD contributes to the safe and effective practice of the sectoral professions;

- ✓ Important to encourage the future strengthening of CPD and MS should communicate their measures and exchange best practice;

- ✓ CPD should cover technical, scientific, regulatory and ethical developments and motivate professionals to participate in lifelong learning;

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Revised Directive on Recognition of Qualifications (2005/36/EC)

Member States are required to:

- ✓ **Ensure** that professionals are able to update **their knowledge, skill** and **competences to maintain safe and effective practice** and keep abreast of professional developments (Article 22)**;**

- ✓ **Communicate measures to the Commission** by January 2016**;**

- ✓ **Exchange information and best practice to optimise CPD development in MS –** role of the Group of Coordinators

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Challenge: Lack of information in EU

➢ Wide range of national approaches and mechanisms, diverse across the professions

➢ Lack of common accepted definitions

➢ Lack of country specific data

➢ Lack of common understanding

Action Plan for the EU health workforce (2012)

Improve workforce planning → Joint Action on workforce planning and forecasting (2013-2016) and follow up action (2017-2020)

Anticipate skills needs → Map continuous professional development (CPD) systems and practices in the EU

Recruitment and retention → Study on Recruitment and retention; WHO Code on ethical recruitment;

Study to map national approaches to CPD of health professions – January 2015

- Comprehensive & comparative overview of CPD for health professionals in 31 European countries

- Share good practice & facilitate a discussion: policy-makers, regulatory and professional bodies

EAHC/2013/Health/07
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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Unique Cross-Professional Study

The EU representatives of the 5 health professions &
European Public Health Alliance

- Standing Committee of European Doctors (CPME)

- Council of European Dentists (CED)

- European Federation of Nurses Associations (EFN)

- European Midwives Association (EMA)

- Pharmaceutical Group of European Union (PGEU)

- European Public Health Alliance (EPHA)

EU Mapping Study on CPD
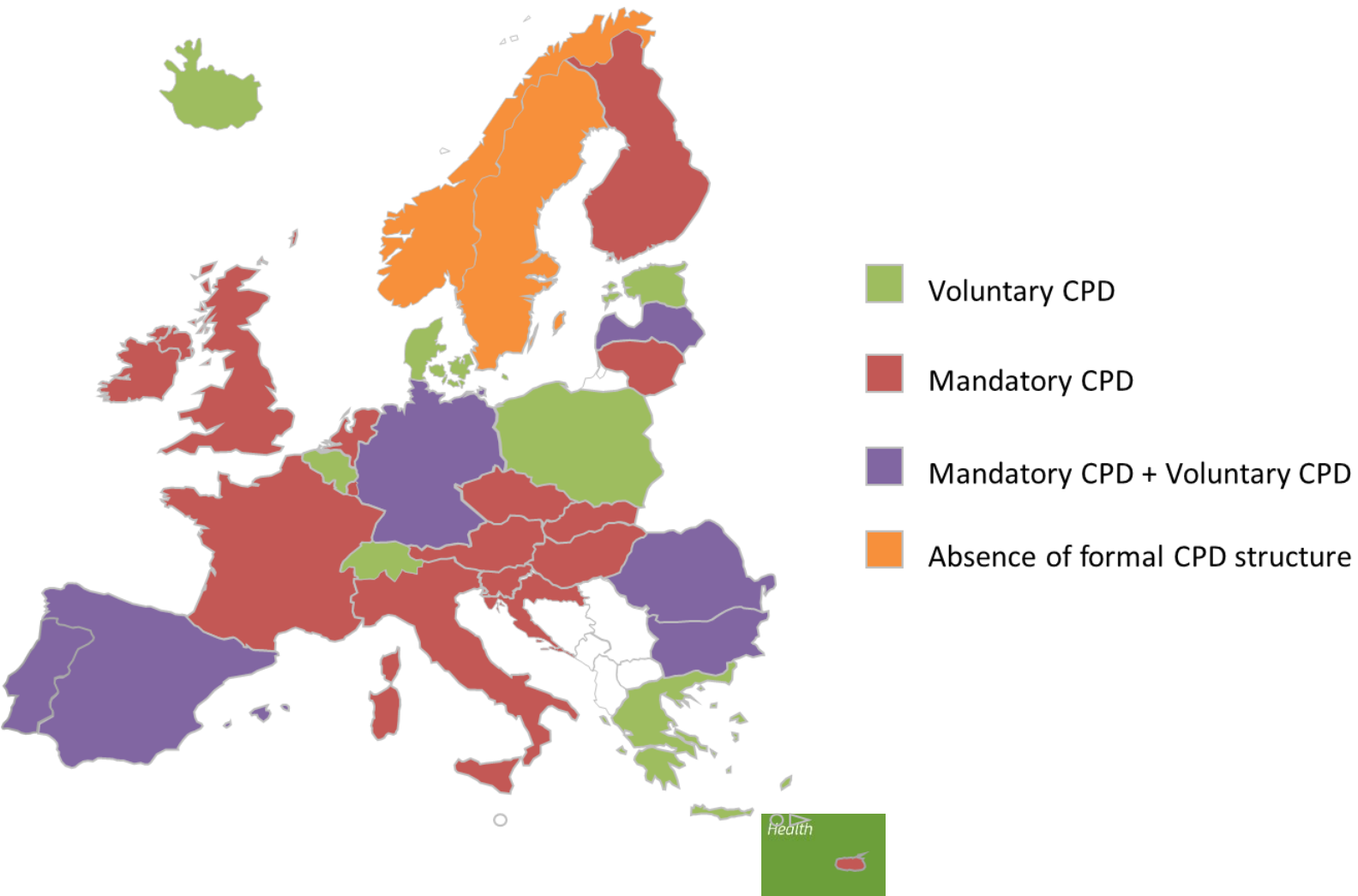
EU study findings in 7 areas:

1) CPD systems

2) Accreditation

3) Financing and Transparency

4) Barriers and incentives

5) Patient safety and quality of care

6) Trends in CPD structures

7) European cooperation

CPD systems for Nurses
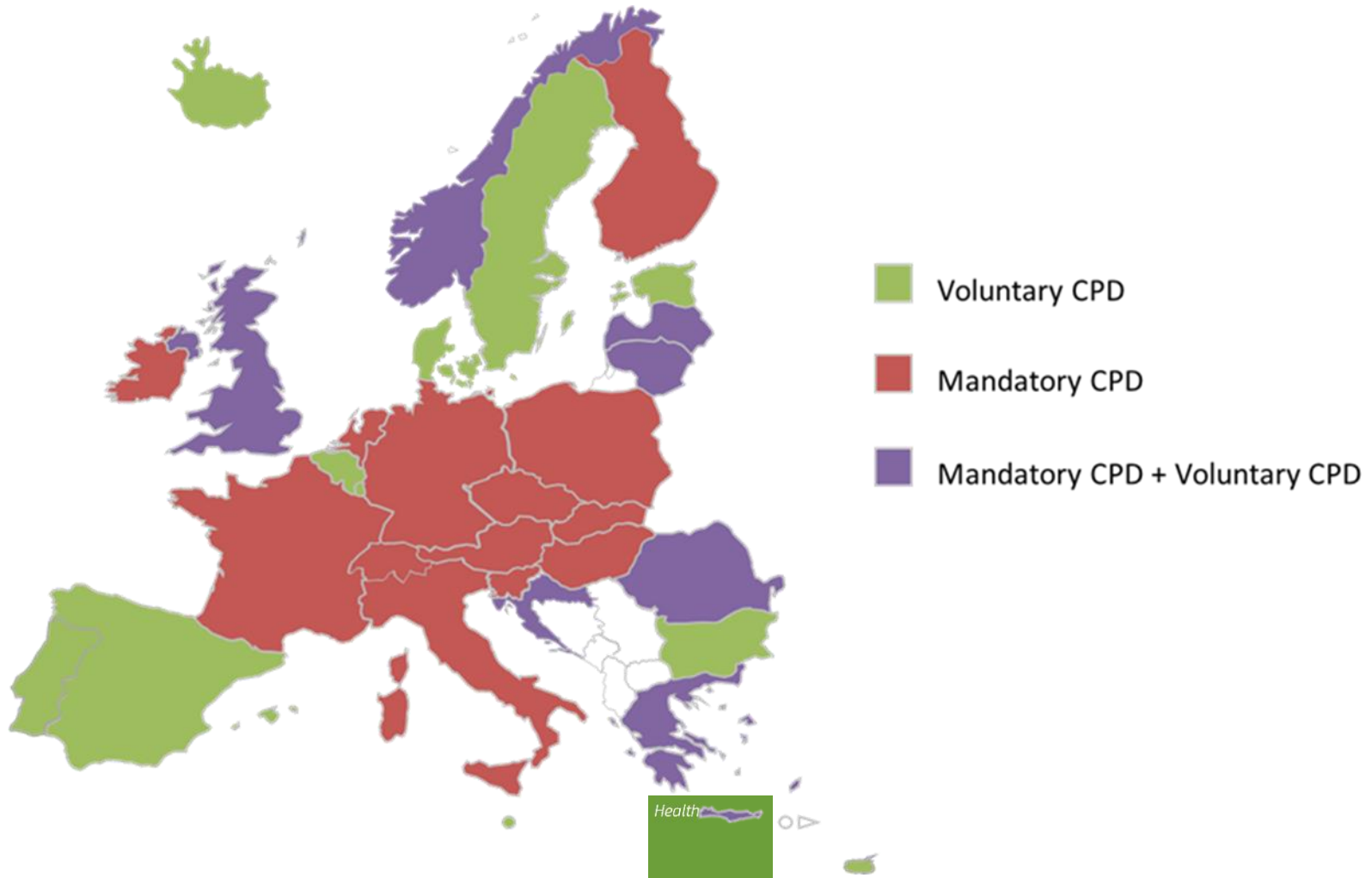

Legend:
- Voluntary CPD
- Mandatory CPD
- Mandatory CPD + Voluntary CPD
- Absence of formal CPD structure

CPD systems for Doctors

Voluntary CPD

Mandatory CPD

Mandatory CPD + Voluntary CPD
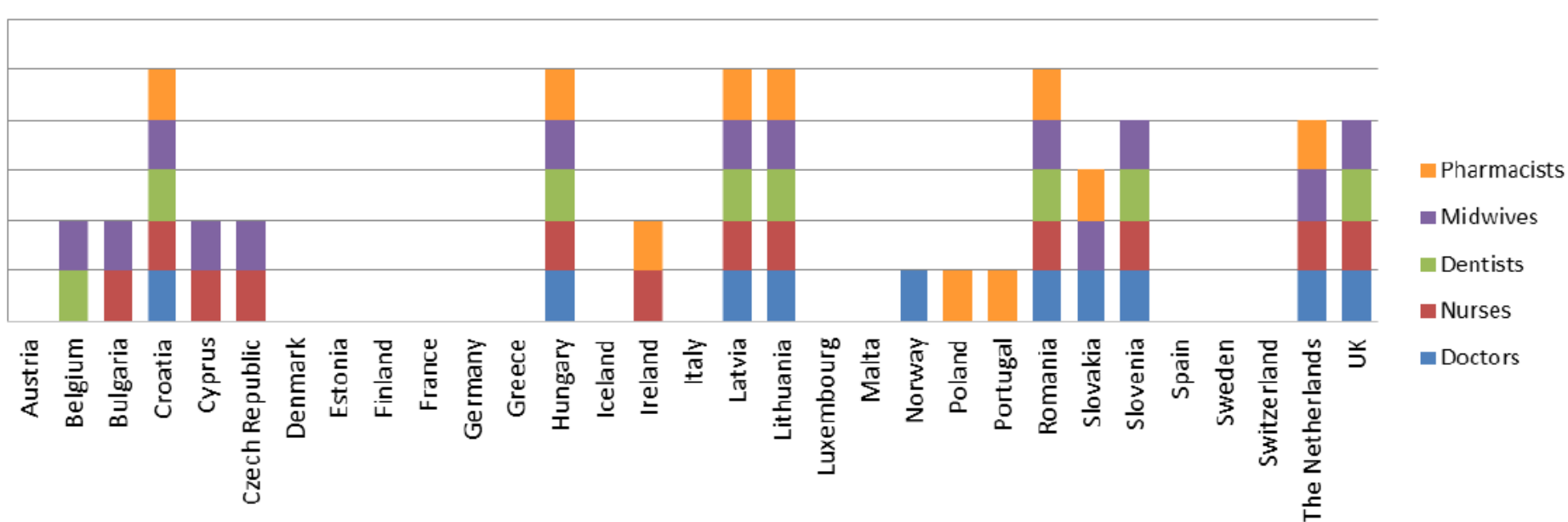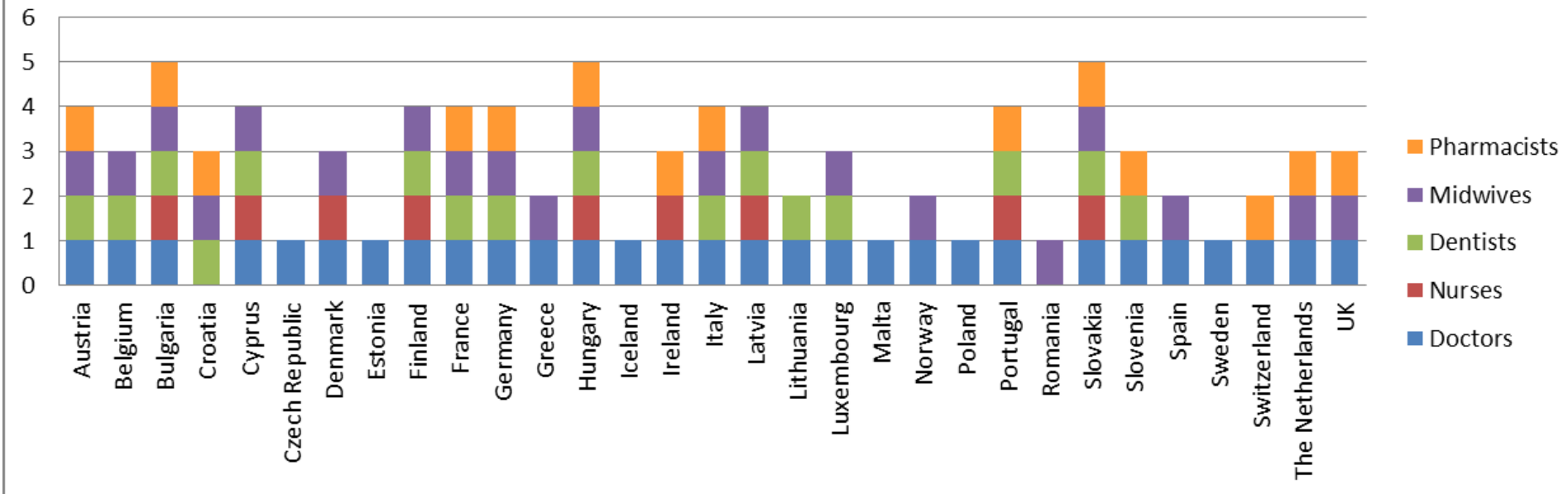
CPD – Linked to licence review

Linked to license review

Transparency of CPD: Guidelines / Codes of conduct

Transparency guidelines

CPD Systems - Conclusions

➢ There is no evidence that one CPD structure is preferable to another

➢ Mandatory and voluntary CPD encompass many different arrangements

➢ Formal and informal CPD activities co-exist

Study Recommendations:

➢ **Exchange of best practice** should be further supported – European cooperation should facilitate this.

➢ **Further research** at European level on the impact of CPD activities on patient outcomes and patient safety should be undertaken.

➢ **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** such as the use of <u>new technologies</u> or <u>recorded incidents of patient harm.</u>

➢ **CPD within working hours should be encouraged** and facilitated by adequate workforce planning within the healthcare organisations. <u>Employers have an important role to play.</u>

European Exchange of Good Practices

- Expert Group on European Health Workforce

- RPQ Directive: Group of Coordinators

Sharing expertise and knowledge to support national systems – "food for thought", inspiration and action

Workshop
Ticking the Boxes or Improving Healthcare
11 February 2016

➢ 60 experts from regulatory, professional bodies and research, including social partners

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

➢ What can we learn from national CPD models – England, Ireland, Sweden, France

➢ Workshop Report available

Workshop Conclusions: Lessons Learned (1)

➢ **Learning comes from the practice** itself & no 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 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 by CPD due to the many dependent variables

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Workshop Conclusions: Lessons Learned (2)

➢ Improving the **patient safety culture depends on a range of factors -** working environment, behavioural change

➢ **Collaboration & shared organisational vision** – success factors

➢ Recently introduced revalidation links **CPD hours** with
   peer support, practice-related
   feedback & reflective process

For further information

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