Continuous Professional Development of Health Professionals
European Context

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

* Special Eurobarometer 327
Top 10 most mobile regulated professions (2009-2014)

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 an **assessment report** every 5 years.
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;
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
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
- Anticipate skills needs
- Recruitment and retention

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

Map continuous professional development (CPD) systems and practices in the EU

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
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

- Green: Voluntary CPD
- Red: Mandatory CPD
- Purple: Mandatory CPD + Voluntary CPD
- Orange: 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

Austria  Belgium  Bulgaria  Croatia  Cyprus  Czech Republic  Denmark  Estonia  Finland  France  Germany  Greece  Hungary  Iceland  Ireland  Italy  Latvia  Lithuania  Luxembourg  Malta  Norway  Poland  Portugal  Romania  Slovakia  Slovenia  Spain  Sweden  Switzerland  UK

- Pharmacists
- Midwives
- Dentists
- Nurses

Doctors
Transparency of CPD: Guidelines / Codes of conduct

Transparency guidelines

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- UK

- Pharmacists
- Midwives
- Dentists
- Nurses
- Doctors
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 new technologies or recorded incidents of patient harm.

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