

# **Continuing Professional Development in European perspective**

Jaap Koot MD MBA

## **Introduction**

Health Sector Reforms in European countries aim at improvement of health outcomes, increased attention for patients' rights, more accountability by providers, and also cost containment. The reforms require new ways of working of health staff: thinking from the patient-perspective, interdisciplinary teamwork, integrated health delivery networks and adherence to clinical practice guidelines and protocols. Not only health sector reforms force changes in the way of working: changing patterns of disease due to aging populations and new sophisticated technologies increase the complexity of work.

These changes have profound implications for the work of health care professionals. They imply the need for a much higher level of skills than in the past, coupled with a system that ensures life-long learning. Those health workers who fall below acceptable standards, have to be identified. They should upgrade their knowledge and skills or leave the profession.

## **Continuing Professional Development**

Life-long learning is now seen as an obligation of all health professionals, not only physicians. This life-long learning is called Continuing Professional Development (CPD). In the past the term Continuing Medical Education (CME) was used, but as CPD is broader than education this term is preferred nowadays. The CPD activities can be categorised as follows:

- Personal educational activities, where the professional undertakes an individual activity and determines the education benefit gained. Such activities could be reading medical journals, studying text books, participating in research projects, etc.
- Internal education activities, where the professional participates in routine local education activities with colleagues
- External education activities, where the professional participates in more or less formal activities, like conferences, seminars, training programmes, and also distance learning.

In principle, the professionals should determine themselves in which areas they want to update their knowledge and skills. However, sometimes the management of health facilities

can oblige professionals to improve in certain areas. Sometimes professionals require certificates for using certain equipment or performing certain procedures.

It is widely recognised, that it is not easy for professionals to identify their gaps in knowledge and skills and the formulate their own learning needs. Some countries therefore know learning plans, in which the professional sets out what he or she wants to learn in the coming year. Sometimes, professional organisations or training institutions offer checklists or self-assessment tools.

In jurisprudence in most European countries it is assumed that professionals are aware of current clinical practice guidelines, nursing protocols and other general standards of good practice, which are published in medical journals. There is no excuse for professionals in health, that they were not aware of recent developments in professional knowledge.

### **Registration of CPD activities**

National and international professional organisations advocate formalisation of the registration of learning activities. This serves several purposes: control on the professionals (not all have the in-built desire to learn), protecting the right to claim time for CPD, and laying a basis for payment of CPD activities. The registration of CPD activities is part of the quality assurance of health services and protects the good name of the professions.

The registration of CPD activities can be done in different ways:

- informal, part of personal records of professionals
- formal, kept by professionals and submitted periodically (log book)
- formal, kept by a central body (like in the UK on line recording).

Formal records should be made available to national professional coordinating authorities if such a authorities exist. In many countries credit points are awarded to CPD activities, often one point per hour spent on education. Professionals should spend at least a certain minimum number of hours per year on CPD.

### **Accreditation of formal CPD**

Formal registration requires clear guidelines of which activities are approved as CPD activities, how they are valued and how quality is controlled. In particular, some events organised by the pharmaceutical industry are not accepted as education activities. Therefore

systems of accreditation of CPD activities have been created. Countries in Europe may have different systems in place. In general, the professional associations play the role of recording and accrediting CPD.

### **Re-registration, recertification, revalidation**

Many countries make CPD mandatory and link this to re-registration or recertification of professionals. Often the re-registration takes place once in five years, and at that moment in time the professional has to submit evidence of CPD activities during the past five years. The credit points required (equals hours spent on CPD) range from 40 – 50 hours per year, or 200 – 250 points in five years time. Although CPD activities should lead to improvement of knowledge and skills of professionals, having collected sufficient points is not a guarantee that the person is a good doctor, paramedic or nurse. That is why in most countries there are additional demands for re-registration, like having worked in the profession for a minimum amount of time during the previous years.

Some organisations oppose the mandatory character of CPD. They argue that CPD should be part of professional ethics, and not imposed. They also state that official registration could lead to unjustified expectations that the practitioner is performing well.

Physicians, specialists and general practitioners are in general most advanced in the introduction of mandatory CPD and linkage of CPD to re-registration. But other professions make headway as well in this area.

### **Actual agenda connected to CPD in Europe**

The Standing Committee of European Doctors and the Union of European Medical Specialist (UEMS) as the leading organisations aim for harmonisation of CPD in EU countries. This is relevant because of trans-border movement of professionals. If countries in the EU recognise registration from other countries, they also should recognise the mandatory CPD from those other countries. In the same vein, if one country introduces mandatory CPD, all countries should do the same, to avoid differences in standards.

Harmonisation is also important because more and more education activities are international, e.g. international conferences and distance learning. The UEMS aims for a European structure and facilitation of accreditation of CPD activities, as well as awarding appropriate credits

(hours) to individual medical specialists throughout Europe. Thus UEMS has established the European Accreditation Council for Continuing Medical Education (EACCME).

The International Council of Nurses is also working on accreditation of continuing education for nurses, but differences with regard to re-registration requirements among countries are bigger than for medical doctors.

It may be expected that in the coming years further steps will be taken to harmonise accreditation of CPD activities and re-registration of medical professionals in Europe.

### **CPD in the Slovak Republic**

The situation in CPD is historically characterised by the broadly accepted system of further education and specialisation of health service employees, mainly physicians and nurses.

Originally CPD was based on “discipline/speciality specific” initiatives organised in principle under the umbrella of the Medical Postgraduate School, today the Slovak Medical University. CPD in Slovakia is regulated by Decrees of Slovak Government on Health Service Employees and their Further Education. CPD is anchored in the document *Governmental regulation SR 213/2004 for postgraduate (further) education of health service employees*. Attachment 6 to this document defines components of continuing education as follows:

**Megjegyzés:** I assume this is also for other professions, not only doctors

Continuing education should be in 5 year cycles and involves:

- Non supervised personal learning activities in the area of the specialisation - discipline;
- Performance of a practice within the discipline;
- Attendance at courses, eventually individual training activities organised by training institutions, which is obligatory at least once during the 5-years' cycle;
- Scientific meetings organised in co-operation with educational institutions;
- Study visits;
- Professionally oriented meetings of local, regional and international character;
- Lecturing including pedagogical activities;
- Publications;
- Scientific research.

The *Slovak Accreditation Council for CME (SACCME)* was established based on mutual agreement among statutory representatives of Slovak Medical University, Association of Medical Schools, Slovak Medical Association, Slovak Medical Chamber, and Association of

Private Physicians as non governmental non for profit organisations in the spring of 2004. The Institution is responsible for unification and actualisation of criteria for CME/CPD for medical doctors in the agreement with the recommendation of **EACCME** (European Accreditation Council for Continuing Medical Education).

The SACCME already started with providing credits for CME activities as well as with implementation of some quality control mechanisms (standard participants' satisfaction questionnaire). Conditions for credits offered and fees are summarised on the Web page [www.saccme.sk](http://www.saccme.sk). In an agreement with the recommendation of UEMS a normative of 250 credits for 5 periods is proposed. From 250 credits there are 150 allocated for external officially planned educational activities and 100 credit for personal study. In the end of the period data on physicians' credits will be transferred by SACCME to Slovak Medical Chamber.

**Megjegyzés:** Anything known about other professions?

### **Re-registration of professionals**

**Add here**

**Megjegyzés:** Martin, please add here what you heard from Dr. Paztor