

# Continuous Professional Development of Health Professionals European Context

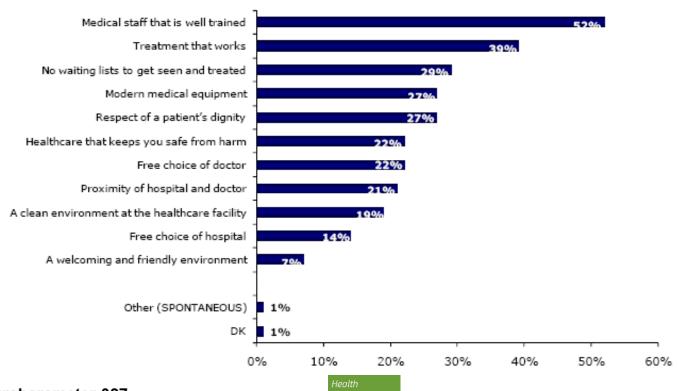
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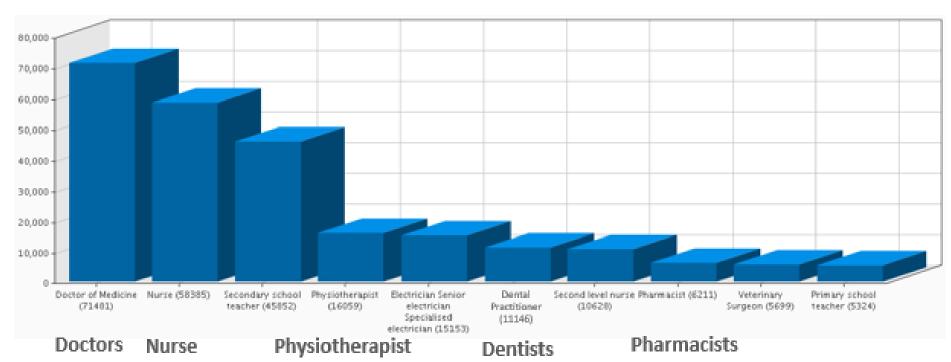
### Citizens' opinion: "Well trained medical staff is the most important element of high quality healthcare"\*

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





# Top 10 most mobile regulated professions (2009-2014)



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:
  - <u>CPD shall ensure</u> 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



### 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);
- ✓ <u>Communicate measures</u> to the Commission by January 2016;
- ✓ Exchange information and best practice to optimise CPD development in MS role of the Group of Coordinators

Health



#### Challenge: Lack of information in EU

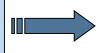
- Wide range of national approaches and mechanisms, diverse across the professions
- Lack of common accepted definitions
- Lack of country specific data
- Lack of common understanding





#### **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



This report was produced under the EU Health Programme (2008-2013) in the frame of a service contract with the Executive Apency for Health and Consumers (EAHC) acting under the mandate from the European Commission. The content of this report represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or EAHC or any other body of the European Winn. The European Commission and/or EAHC do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.



#### **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**

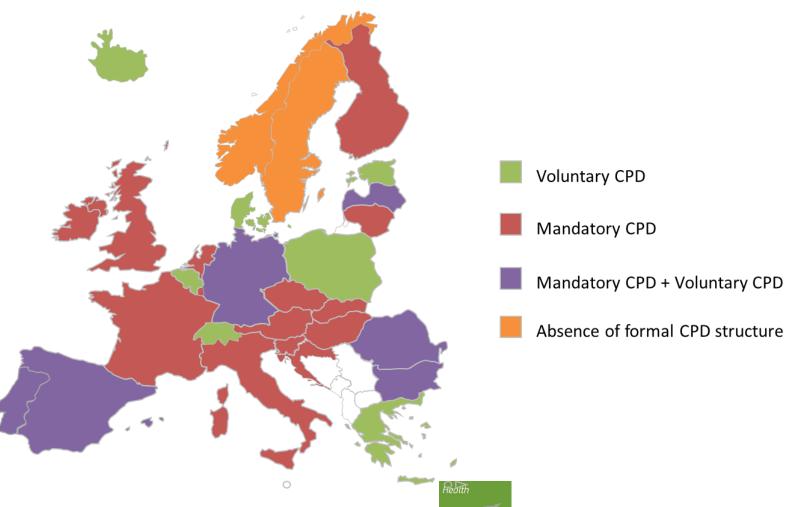
#### EU study findings in 7 areas:

- 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



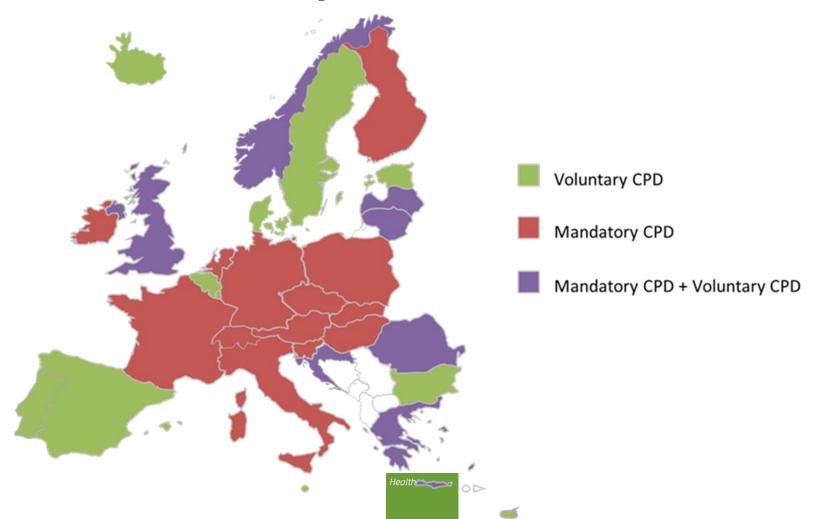


#### **CPD** systems for Nurses



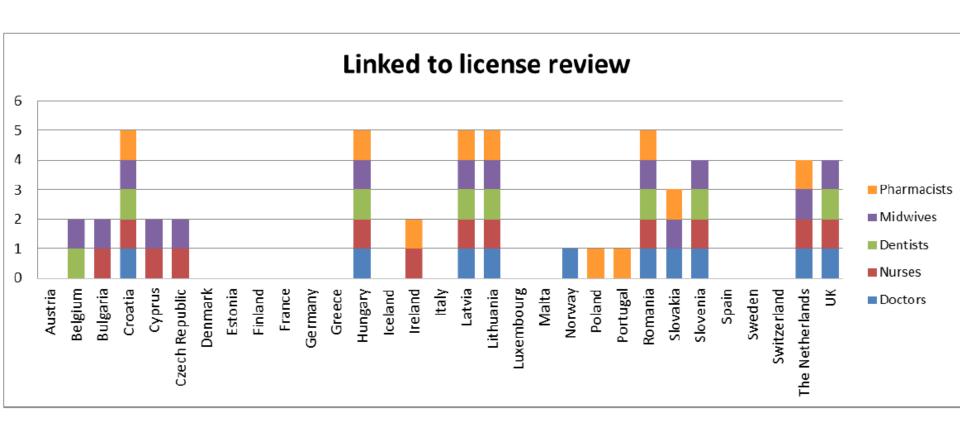


#### **CPD** systems for Doctors



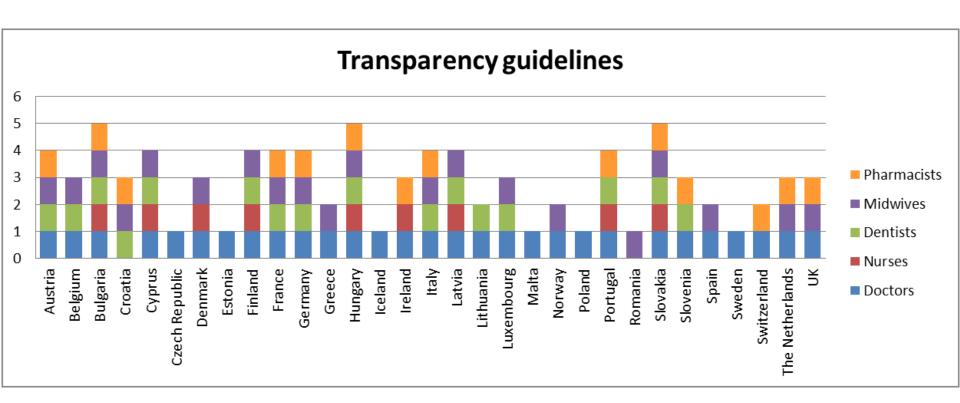


#### **CPD – Linked to licence review**





# Transparency of CPD: Guidelines / Codes of conduct





#### **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 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

http://ec.europa.eu/health/workforce/policy/index\_en.htm

