



HOSPEEM-EPSU Joint Declaration on Continuing Professional Development (CPD) and Life-Long Learning (LLL) for All Health Workers in the EU

Final joint declaration as of 8 November 2016

I. Introduction

Context

The healthcare sector, employing around one in every sixteen workers in the European Union (12.8 million people in 2013¹), will face major challenges in the next decades, in particular:

- Workforce ageing and insufficient number of new recruits to replace health professionals who are retiring, leading to staff shortages;
- Retention problems in a number of health occupations due to demanding working conditions, increasing workload, limited career prospects and non-competitive remuneration;
- Increased use of new technologies and development of new care patterns (including integrated care) in a context of rising number of elderly patients and patients with multiple chronic conditions, multi-morbidity or dementia;
- Increasing demands and expectations of patients for higher quality care and greater emphasis on preventative care.

To meet these challenges, a well-trained and well-equipped health workforce is crucial. The health workforce needs to be able to adapt to changes in the way healthcare is provided and therefore needs to develop and maintain up-to-date knowledge, skills, competences, practices, attitudes and values in order to continue to provide effective high quality care and ensure patient safety and to be guaranteed the best and safest possible working conditions. Continuing Professional Development (CPD) and Life-Long Learning (LLL) are key to achieving this aim. There is a need to raise awareness and recognition across the European Union on the importance of CPD and LLL for all health workers.

¹ Data from the EU Commission: *EU Employment and Social Situation. Quarterly Review. Supplement December 2014. Health and social services from an employment and economic perspective*: The broad sector of health and social services had a workforce of about 22.8 million in 2013, corresponding to 10.7% of the total EU-28 workforce.

Directive 2013/55/EU² makes reference to the need for healthcare systems to prioritise CPD to be able to retain and attract a well-trained and qualified workforce (i.e. with the necessary and regularly updated knowledge, skills and competences) to be adequately prepared to deliver high quality and safe patient care.

Where relevant and agreed by HOSPEEM and EPSU, this Joint Declaration takes into account and builds on the “*Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU*”³ – commissioned by DG SANTE and published in January 2015 – as well as on the proceedings of the workshop “*Ticking the Boxes for Improving Healthcare: Optimising CPD of Health Professionals in Europe*”⁴ organised by DG SANTE on 11 February 2016.

Definitions

The definitions of **Continuing Professional Development (CPD)** and **Life-Long learning (LLL)** used for the purpose of this joint declaration are as follows:

CPD is defined as the process through which an individual maintains, enhances and widens his/her knowledge, abilities, competences and skills linked to his/her current profession or occupation and professional/employment needs, throughout his/her career. In an employment context, CPD is a joint responsibility of the employee and the employer where employers, given their legal responsibility for good quality care delivery, should provide the required infrastructure and facilitate sufficient and adequate training possibilities. Employees are responsible for participating in CPD schemes/activities and thereby for maintaining their competences and qualifications required for their professional career.

LLL is defined as learning activities, formal or informal, undertaken throughout the life cycle, with the aim of acquiring, updating and improving knowledge, skills and competences. It covers contents that are broader than qualifications, skills and competences needed for a current or future occupation. LLL is an element of adult education which is driven by the individual employee.

Why are CPD and LLL important?

CPD and LLL are essential to:

- Maintain and even improve quality and safety of patient care and healthcare outcomes
- Improve organisational performance that contributes to delivery of the best possible quality of patient care
- Quality assurance of service delivery

² Article 22 (b) of Directive 2013/55/EU on the Recognition of Professional Qualifications sets out that “*Member States shall, in accordance with the procedures specific to each Member State, ensure, by encouraging continuous professional development, that professionals [...] are able to update their knowledge, skills and competences in order to maintain a safe and effective practice and keep abreast of professional developments. Member States shall communicate to the Commission the measures taken [...] by 18 January 2016.*”

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http://ec.europa.eu/health/workforce/key_documents/continuous_professional_development/index_en.htm

⁴ http://ec.europa.eu/health/workforce/docs/ev_20160211_mi_en.pdf

- Ensure health staff have the knowledge, skills and competences required and remain fit for practice
- Encourage multi-disciplinary working
- Facilitate personal and professional development of the employee (self-actualisation; employee satisfaction)
- Create attractive career pathways – valuing the workforce and offering a career in health for life
- Improve recruitment and retention of staff

Role of social partners

CPD and LLL are a **core concern for social partners** in the hospital and healthcare sector. The importance of promoting and ensuring access to CPD and LLL for all health workers, with the aim of safeguarding and improving quality of care and patient safety, is a central priority of the HOSPEEM-EPSU joint work programme 2014-2016⁵ and beyond.

It is important for social partners to be actively involved in CPD and LLL activities because CPD and LLL initiatives are a very important form of investment in the health workforce at individual, team and organisational level. The most successful initiatives involve social partners from the beginning.

Social partners have a **major role to play** in this field, in partnership with competent authorities and other relevant stakeholders, such as professional organisations, to influence national policies and governments, to identify CPD and LLL needs, to co-define strategy and content of CPD activities and also in some cases to design and deliver them.

Referring to the range of possible activities, social partners could, depending on national situations and traditions, in addition to the above:

- Actively promote the development of learning environment and the establishment of CPD programmes in the healthcare sector for all health workers at national, regional, local and team level
- Stimulate, foster and sustain the involvement of health workers of all ages and all professions in CPD (and LLL) activities
- Work jointly on design, delivery, endorsement and evaluation of CPD and LLL and practice-based learning, to the extent that these tasks fall into the competence of national social partners
- Negotiate workplace and sectoral agreements and insofar influence the resource allocation for CPD and LLL and enter into tripartite arrangements with governments and public authorities
- Ensure health staff have access to support at the workplace regarding their CPD and LLL aspirations, for instance through trade union representatives

⁵ <http://hospeem.org/wordpress/wp-content/uploads/2014/06/Joint-HOSPEEM-EPSU-Work-Programme-2014-2016-06-03-14-EN-0.pdf> - <http://www.epsu.org/a/10361>

Purpose and scope of the document

The joint declaration is intended to **provide inspiration, guidance and support** to social partners in their actions in the field of CPD and LLL in the different Member States. HOSPEEM and EPSU wish to encourage initiatives and investments in this field, by providing overarching principles regarding CPD and LLL as well as by making available good practice examples from across the European Union.

This declaration aims to inspire HOSPEEM and EPSU members to **make a difference** and to define how CPD and LLL are related to improving quality of care and patient safety within the local/national setting in their respective EU Member States.

Social partners at European, national and local level should be able to make use of the joint declaration to create new and innovative solutions to make CPD and LLL work more effectively in their specific setting.

The declaration should also be used to **influence and contribute to policy initiatives** and actions concerning CPD and LLL at European and national level.

This document concerns CPD and LLL initiatives for **all workers in the hospital and healthcare sector**, irrespective of e.g. age, gender, profession and type of employment contract.

II. Statement of principles – Principles governing CPD and LLL

The European sectoral social partners in the hospital and healthcare sector, HOSPEEM and EPSU, highlight the following principles that should guide activities undertaken in the field of CPD and LLL. The principles are general and can be used at all levels by all stakeholders.

In the case of CPD and LLL initiatives it is important to distinguish between both types of professional development initiatives on the basis of who is the primary responsible “driver” for taking initiative.

In the case of CPD, given the organisational and professional context, the “driver” for CPD initiatives should be the employer and/or relevant authority whereas in the case of LLL, given the personal career path context, the employee will be the primary “driver” for taking the initiative.

CPD and LLL initiatives should be considered as an investment in current and future qualifications and competences of the health workforce instead of as a cost factor.

Core business

- The underlying aim of any CPD activity is the maintenance and **improvement of quality of care and patient safety**. Any CPD activity also aims at improving the working conditions, the quality and safety of work of the health workforce. In order

to function well, CPD must be linked to the organisational and managerial priorities of healthcare service providers. If this does not happen CPD can be marginalised and seen as “add-on” activity, whereas CPD should form a vital component supporting the organisation’s **core business**.

- Acquisition and/or upgrading of skills, knowledge, competences and/or qualifications must be linked to current and foreseeable professional or developmental needs, in order to deliver the organisation’s core business. CPD should be built into **team and personal development planning** and form part of a learning environment in which staff give and receive feedback on performance and reflect, individually and collectively, on their practice.
- CPD (and where agreed LLL) are a means of promoting continuous improvement of care quality and patient safety, to deliver services that are safe, patient-centred and efficient. Patient care should be evidence-based in line with the most up to date research and good practice, and therefore requires constant upgrading and upskilling of the workforce. They involve **long-term investment** in necessary knowledge, skills and competences of personnel and provide challenging career paths for all healthcare workers. There is therefore a strategic importance of leadership on CPD as part of the human resources management policies of organisations.
- CPD (and where agreed LLL) lead to a more effective and **improved recruitment and retention** of healthcare staff and are linked to strategic workforce planning. By offering staff the opportunity to enrich their working lives, experience greater job satisfaction and career progression if appropriate, CPD and LLL can contribute to creating a sustainable base for an increasingly ageing workforce.
- Managers and staff representatives have an important leadership role to play in fostering a positive learning environment in their organisation. Understanding of and insight into effective learning processes for individuals, teams and organisations will contribute to a more optimal learning climate in organisations that encourage and create opportunities for staff development and learning. **Management training and leadership development** that involves these subjects will enable the organisational learning climate.
- **Involvement** of staff, staff representative organisations and patients in the design and delivery of service improvement constitutes a learning opportunity in itself. In this way, organisation development and personal development are inextricably and beneficially linked.

Roles and responsibilities

- Undertaking CPD is a **shared responsibility** of employers and workers. CPD is not a one-way responsibility from employers but depends to a large extent on the intrinsic motivation of employees to invest in their own development.

- Depending on the necessities/practices in each EU Member State, CPD and LLL can be **funded/co-funded from different sources**. Financing and making mandatory CPD available is the prime responsibility of employers and competent authorities. LLL, where linked to current or future employment, implies a (co-) funding responsibility from employers and/or relevant public authorities. LLL (mostly) related to future career path steps is the primary responsibility of the employee. The employer and/or relevant public authority can create incentives and facilities (where appropriate on the basis of social partners agreements) to stimulate LLL activities. The value of CPD lies in its contribution to improving practice and patient care.
- Member States are responsible for encouraging CPD in their countries, in accordance with their specific national procedures and through the appropriate public authorities.

Equality of access

- CPD and LLL should be **accessible and available for all health workers in an equal manner** across e.g. all age groups, occupational groups, working patterns and types of contracts. It should not be limited to the (five) health professions benefiting from automatic recognition (doctors, nurses, midwives, dentists and pharmacists).
- More specifically, groups traditionally under-represented in CPD and LLL (workers aged 45+, part-time workers, bedside or front-line workers, workers in night shifts and less qualified workers) should benefit more from these activities than this is currently the case in most EU Member States,. Investing in training for these categories of workers is not only fundamental for their crucial role in the care delivery process but also provides a more than average return on investment and helps creating a more **sustainable labour market** policy.
- Employers and employee organisations should work together to **create opportunities** for professional development and learning and to **eliminate barriers** to access to CPD and LLL. This has to include measures to protect time for CPD (and where agreed also LLL), within working time where relevant and required, and to create safe and adequate staffing levels so that staff can be replaced to participate in training activities. It should also cover how to finance CPD/LLL activities. This could also cover related costs of individuals when participating in CPD activities.

Mode of delivery

- CPD and LLL can take different forms that vary significantly according to the different practices across the EU Member States and may vary between (health) professions and occupational groups. CPD can be mandatory or non-mandatory; formal or informal; academic/theoretical and/or work-place related/participatory; individual and/or team-oriented; work-related or job-related; via E-Learning and/or via

B(lended)-Learning⁶. The approaches have a variation in their effectiveness and efficiency, but none is per se superior to another: **what matters is the outcome**.

- Taking **local specificities** into consideration when designing CPD systems is very important; respecting the different national **legal and regulatory frameworks** existing in individual Member States is fundamental.
- **Incentives** that have proved effective in encouraging workers to participate in CPD and LLL should be made available as a source of inspiration to other Member States.
- **Evaluating CPD and LLL** plans is important to initiate a Plan-Do-Check-Act Circle for continuous improvement on various levels (between Member States; at national, regional, local level). Employers and employee representatives should share good practices and collaborate across their health sector, for example about linking CPD to quality assurance, benchmarking, types of regulations etc. Regular evaluation moments aimed at assessing the efficiency of CPD and LLL activities should be introduced.

A separate document with good practice examples will be elaborated during 2017 in the context of a joint EPSU-HOSPEEM EU-funded project.

⁶ “Blended learning is a formal education program in which a student learns at least in part through delivery of content and instruction via digital and online media with some element of student control over time, place, path, or pace. While students still attend “brick-and-mortar” schools, face-to-face classroom methods are combined with computer-mediated activities. Blended learning is also used in professional development and training settings ... Blended learning can generally be classified into six models.” [N.B.: If need be later still to be adapted to the health/hospital sector; Source: https://en.wikipedia.org/wiki/Blended_learning]