

**QD in
CPD
and AS
in Europe**

EQUIP 12 november 2004
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European Academy of Teachers
in General Practice

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EQuiP

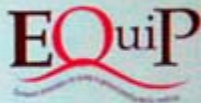
Quality Development in Continuing Professional Development and Accreditation Schemes in Europe

EQUIP 12 november 2004

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Summary message

The Lifelong learning line

Governments

Accreditation systems

The Quality Development line

Academic & Professional bodies

Guidelines, quality initiatives

Continuing Professional Development

Learning Agenda

Quality Process

Portfolio

Outcome

A EURACT & EQUIP INITIATIVE



What went wrong with CME ?



There was a time when every doctor was responsible to take care for his own level of knowledge, upgrading of competence, quality of practice

Not so long ago !

What went wrong with CME ?

- *The combination of declining public trust in professions and rapid advances in medical practice has led to a demand for doctors to be re-certificated.*
- *Society has the right to ask for guarantee.*
- *Governments in most countries have introduced or are considering implementation of a system of with different but parallel names like revalidation, re-registration, re-licensing or re-certification for doctors.*

Ann Dixon 2004

The aims of re-certification

Governments ask for ensuring that doctors

- are fit to practice
 - physical & mental
- are up-to-date
 - based on state-of-the-art knowledge
- **Ensure high quality of practice**
 - Following standards & quality assurance
- **Others**

The means of re-certification

- Setting standards and guidelines
- Accreditating CME activities
- Providing CME activities
- Practice visiting & peer group processes
- Rules and regulations for practices



The national accreditation board

Governemental bodies developed ACCREDITATION SYSTEMS



Is there an accreditation system in your country?

Satisfied with it ?

CME accreditation systems in Europe

EURACT WEBSITE	Overview 2004		
Country		Health	Medicine
CEC implementation	mandatory CME	4	3
	mandatory only		5/10/15/20/25/30/35/40/45/50/55/60/65/70/75/80/85/90/95/100
	non-obligatory nature		
	non-obligatory nature		
Recertification	CME Recertification		
	mandatory only		
credits	CME		
	Yes		
Recertification criteria	CME		
	Yes		
Continuing			
CPE/ACCME/ACCME	in official CME in the		
Participate in local learning Plan	CME		
Activities	mandatory to participate in CME		
	mandatory to participate		
Need local providers	mandatory to participate		
	mandatory to participate		
	mandatory to participate		
	mandatory to participate		
Building to accreditation	CME		
	continuous		
Network support	mandatory to participate		
	mandatory to participate		
	mandatory to participate		
	mandatory to participate		

(semi)obligatory system in
15/32 Eur. countries

Credits every 3, 5 or 7 years

Through accredited events

Guideline development 20/32

C

Prescription Profiles 20/32

Practice Profiles Feedback
12/32

Supported by Pharma 30/32

1999: THE EFFECT OF FORMAL CME *the virtual study group*



- Lectures don't change performance
- Interactive and multiple sessions do
- Pre-course needs assessments and in-course enablers seem to help
- External factors important
- Internal (physician specific) factors also at work : individual learning style

Nick Freemantle (UK), *Cochrane Collaboration on Effective Practice & Organizational Change (EPOC)*

Paul Mazmanian (US), *Medical College of Virginia*

Mary Ann O'Brien (Canada), *McMaster University, Cochrane Collaboration, EPOC*

Anne Taylor-Vaisey (Canada), *University of Toronto*

Fred Wolf (US), *University of Washington*

Interim message

The Lifelong learning line

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Is this the answer ?

- *start from practice and focus on change
- *proof of process: educational portfolio
- *problem: requires a new set of instruments

Changing the concepts

- Continuous Medical Education

lifelong learning process to keep knowledge updated

- conferences, rounds, symposia, indiv.training
- mainly knowledge based
- creditsystem:
 - minimum of hours/credits
 - approval of sessions + credit value
 - control on individual "attendance"
 - control on quality = satisfaction

Changing the concepts

- **Quality Development**

a continuous process of planned activities based on performance review, setting explicit targets for good clinical practice to improve the actual quality of the patient care

- Examples of practice initiatives
 - Quali Doc: learning from patients' experiences (Switz)
 - APO : practice audit (Denmark)
 - practice visiting (UK)
 - ROHTO: changing prescription practice by training (Fin)
 - Feedback & benchmarking (Neth)
- Group Animator Training

Changing the concepts

- Continuous Professional Development needs driven programmed learning agenda
 - in practice, evt in peer groups or multidisciplinary teams
 - starting from practice needs => control of change
 - portfolio learning: maximum adaptability
 - credit system :
 - Honour the involvement : audit, critical event analysis, training programs
 - Honour the outcome : ???

Accreditation systems

	<u>CME</u>	<u>QD</u>	<u>CPD</u>
focus	knowledge	performance	competence
concept cycle	acquisition	quality cycle	learning
unit	doctor	practice	dr.&pract.
Reaccreditation system based on	attendance	Outcome/process	involvement

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The Quality Development line

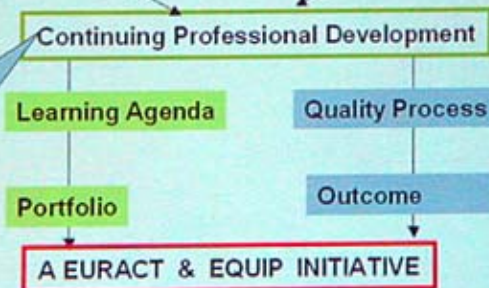
Academic & Professional bodies

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What is it ?
How does it work?
What is crucial ?
What is possible ?



Continuing Professional Development

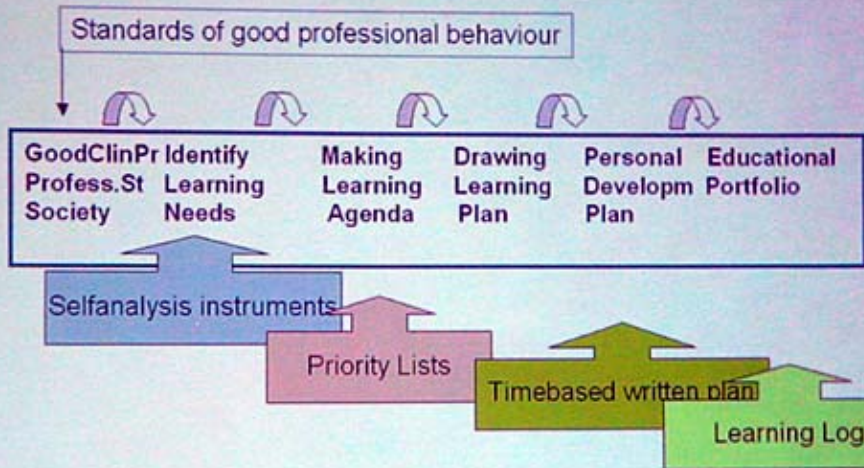
Good Clin Prof. Society → Identify Learning Needs → Making Learning Agenda → Drawing Learning Plan → Personal Development Plan → Educational Portfolio

Society wants guarantee & control

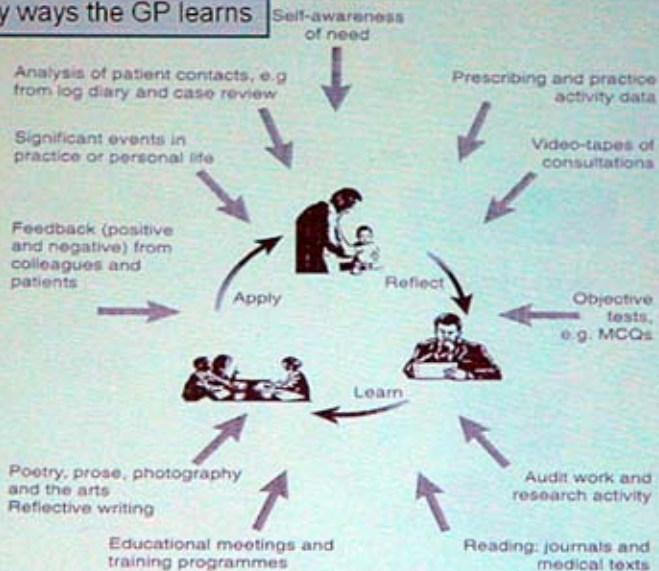
Practice management wants high level competence

Personal involvement in highest possible quality

Continuing Professional Development



The many ways the GP learns



From learning needs to learning agenda

Use the instruments (3 of them)

- 1 « Consultation diary PUN&DEN/PAM »
make notes during consultation
define the learning points
 - 2 « Strength/Weakness analysis»
instrument « Positioning Map »
define the learning points
 - 3 « Significant Event analysis »
instrument : fishbone scheme
« identification of my learning needs »
- select 3 priorities for « **learning agenda** »
learn to live with Priority setting !

Elements of concrete

« Personal Development Plan »

- **WHAT** : concrete learning aims (in do terms)?
- **HOW** : interim steps – to realise for when?
- **TOWARDS WHICH TIME**: targettime?
- **BY WHO**: tasks and responsibilities?
- **PRODUCT** : how to show aims are met?

SMART = be Specific, Measurable, Achievable, Relevant, Timebound

Educational Portfolio

Shows your developments and achievements over the last year

- Learning agenda and reasons why
- Learning Log with your activity record
- Compilation of all the documents

+ your personal reflection on the learning proces

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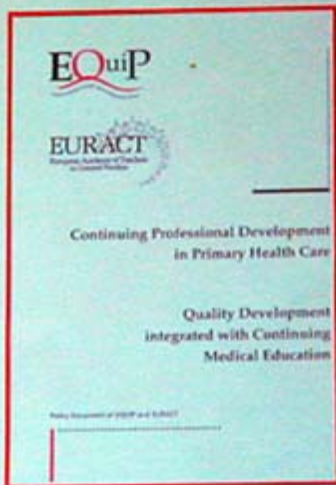
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A EURACT & EQUIP INITIATIVE

A joint EURACT/EQUIP task force on CPD/QD ?

- Joint action group
- To bring Quality Development elements in CPD of each of individual doctor
- To get support from accreditation bodies
- To change education and learning concepts



Basic options

- Continuing Professional Development should be based on the learners daily practice.
- Patient and community priorities concerning health care should be central.
- Goals should be set by the GP and/or the practice team.
- Integration of QD concepts in lifelong learning is a continuing process.

Creating a new model for CPD

- CPD should be planned and individually tailored.
 - Active adult learning methods should be employed.
 - Educational sessions should involve information on the philosophy and techniques of Quality Development.
- A needs assessment should be undertaken.
 - Data should be collected to analyse performance.
 - Start with simple and effective procedures.
- Integrate methods that use evidence based guidelines.
- Include practice enabling and reinforcing strategies.
- Organise discussion on barriers to change.
- Organise evaluation of the outcome of CME programmes.

Implementing the new model of CPD.

- Financial incentives must be available.
- Integrate both CME and QD in accreditation procedures.
- CME and QD organisers must work together.

Focus on Accreditation systems

- In QD procedures the need for CME should be defined and linked to the existing CME network.
- The organisation of peer review groups should be promoted.

Supporting an innovation proces

- QD skills and the management of lifelong learning should be included in both undergrad. and GP ST programmes.
- National research centres should work together in an international network evaluating the methods and results of modern CPD.

Collect expert centres in CPD