

CPD

Ur läkarens perspektiv

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**CONTINUING PROFESSIONAL DEVELOPMENT
IMPROVING HEALTHCARE QUALITY, ENSURING PATIENT SAFETY**

CONSENSUS STATEMENT

Within our lifetimes major advances in Medicine have been, and continue to be made. The implementation of these is dependent on doctors learning how new techniques, therapies and clinical concepts can improve the quality and safety of care they provide for patients. Since its establishment the medical profession has recognised the importance of education, noting this as a core feature of its professionalism and a fundamental ethical principle.

In this new century – characterised by an accelerating pace of change, increasing complexity, an unprecedented growth in information, and ever-increasing societal expectations – it is essential that doctors are supported in their continuing education, from medical school to retirement. Supported in this way, and entrusted with this responsibility, doctors will be more able to apply the beneficial effects of education, thus developing and improving their clinical performance.

In addition to contributing to improvements in the care of individual patients, CPD also plays an important part in improving the quality of healthcare systems. This is through increasing doctors' awareness of the need for, and how to achieve improved healthcare. By virtue of their clinical and managerial responsibilities, doctors are well-placed to implement beneficial changes to the quality, efficiency and effectiveness of healthcare.

While primarily directed at CPD for doctors, the principles of this statement are applicable in the context of the multi-disciplinary and multi-professional nature of modern healthcare and can also apply to other health professions.

- 1) Continuing Professional Development (CPD) can be defined as the educational means by which doctors ensure that they maintain and improve their medical competence and clinical performance. As such CPD incorporates and goes beyond Continuing Medical Education (CME).
- 2) It is an ethical and professional responsibility of every practising doctor to ensure that the medical care they provide for patients is safe and based on valid scientific evidence. In order to achieve this, every doctor must engage actively in CPD appropriate to their medical practice.
- 3) Ultimately it is patients who benefit from the involvement of their doctor(s) in CPD – through the improved quality and safety of medical care. Patients also benefit from the greater availability of medical educational material, by being more able to learn about their own health, illness and treatment. This knowledge would be even further improved by enhancing the role of doctors in information for and communication with their patients.
- 4) Irrespective of the nature of the healthcare system – whether employer-based, direct-paying, or insurance-reimbursed – resources must be allocated to ensure that doctors are able to take part in CPD. Resources to support CPD include: educational activities; access to information technology; time for doctors to engage in education; peer support for a "learning culture", and; financial resources and an educational structure to support these.

CONSENSUS STATEMENT

- 5) Doctors are very familiar with learning, but learn in individual ways; recognition must be given to this. Doctors should be supported in being able to use the learning methods that they prefer, based on an assessment of their learning needs, and educational opportunities must be sufficiently varied to provide for this. However, doctors should also be encouraged to develop new ways of learning, and to learn how to make the most of new technologies that can assist with medical education.
- 6) Every practising doctor must maintain those components of CPD that apply for all doctors, such as good communication, team-working, learning from audit and research. Similarly, each doctor must engage in "specialised" aspects of CPD, which are specific for each speciality, or sub-speciality, and are relevant to their individual area of medical practice.
- 7) Specific attention must be given to the doctor's work environment, to ensure that this is supportive of learning "on the job". This will encourage doctors to reflect on, and learn from issues directly applicable to their clinical practice. As important members of healthcare teams, doctors should also be encouraged to support multi-disciplinary, and multi-professional team learning where that is relevant to the care of patients.
- 8) Doctors also should take part in medical educational activities outside the workplace, such as learning through reading, e-learning activities, small group learning, and clinical conferences. These support the development of learning with reference to externally-set educational standards.
- 9) It is important to ensure that learning also occurs when there may have been problems related to medical care. Accordingly, learning should be linked to clinical audit, patient and colleague feedback, and clinical/critical incident reporting systems, thus ensuring that these contribute to a culture of improving quality and safety.
- 10) Doctors should reflect on what they have learned and on how this can be applied in their clinical practice. Every doctor, preferably in a peer dialogue, should regularly review the outcomes of their CPD, and consider what areas need to be addressed before the next review. To assist with this, doctors should keep a record of their CPD activities, ideally emphasising what they have learned. In addition to being supportive of good education, a system such as this – based on peer review of CPD goals set and achieved – also provides the basis for accountable self-regulation.
- 11) In order to ensure that doctors can know that they are taking part in formal CPD activities that fulfill appropriately high quality standards, a quality assurance system, based on accreditation of CPD events and validation of providers, must be enforced. While usually these are national systems, in the case of the European Accreditation Council for CME (EACCME) accreditation can also be confirmed for international meetings.
- 12) There must be appropriate regulation of formal CPD activities. All providers of formal CPD activities must adhere to policies – usually national - that ensure such CPD will be free of any form of bias. There must be a clear declaration by organisers and lecturers of any potential or actual conflict of interest, and transparency regarding the funding of educational activities.

CPD

Ur läkarens perspektiv

- Livslångt lärande
 - Kompetensutveckling
 - Grundutbildning till pension
- Ej begränsat till behandling av patient
- Förbättring av sjukvårdens organisation

CPD

Ur läkarens perspektiv

- Med CPD avses alla möjligheter till lärande för
 - Upprätthålla/utveckla medicinsk kunskap
 - Upprätthålla/utveckla klinisk kompetens
 - Innefattar CME
- CPD i Sverige = FORTBILDNING
 - Innefattar alla aktiviteter an läkare deltar i för att uppdatera medicinska kunskaper och utvecklas i rollen som läkare

CPD

Ur läkarens perspektiv

- Läkarens etiska och professionella skyldighet att ansvara för sitt utbildningsbehov
- Läkaren föreslå adekvata utbildningsaktiviteter
- Egenansvar före egen professionell utveckling
 - Strategi för att erhålla kunskap
 - Anpassning av arbetsuppgifter
 - Professionell inriktning på lång sikt
- Arbetsgivaren finansiera extern/intern fortbildning
- Professionens organisationer
 - Innehåll
 - Kvalitet

CPD

Ur läkarens perspektiv

- Patienten tillgodogör sig läkarens engagemang i fortbildning genom en bättre och säkrare vård
- Förbättrad tillgång medicinsk information för patient
- Läkaren unik medicinsk kompetens i vårdteamet
 - Hjälpa patienter ta ansvar för sin hälsa
 - Underlätta kunskapsöverföring till patient
 - Utveckla pedagogisk och kommunikativ förmåga

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Ur läkarens perspektiv

- Avsätta resurser för CPD
 - Utbildningar, vetenskapliga möte
 - Informationssökning
 - Litteratur
 - Internet
- Kunskapsöverföring i dagligt arbete
- Arbetsgivaren finansierar läkarnas fortbildning
 - Idag godtyckligt
 - Dolt i driftsbudget
 - Tydliggöra behovet av resurser
 - Fortbildning oavsett driftform

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Ur läkarens perspektiv

- Läkare är individer
 - Olika förutsättningar inhämta kunskap
 - Därför olika inlärningsmetoder
 - Olika utbildningsaktiviteter
 - IT
- Utvecklingssamtal
 - Externa utbildningar
 - Diskutera olika former för kompetensutveckling
 - Anpassade till individe
 - Anpassade till verksamheten

CPD

Ur läkarens perspektiv

- Skyldighet upprätthålla och utveckla allmängiltig kompetens
 - Kommunikation, teamarbete
- Skyldighet fördjupa kunskaper inom specialiteten
 - I dialog med chef översikt över kompetensområden som behöver utvecklas/upprätthållas
 - Inkluderar ledarskap, vetenskapligt förhållningssätt samt kommunikativ förmåga
 - Baskunskaper inom specialiteten
 - Exv som behövs i kritiska situationer

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Ur läkarens perspektiv

- Läkarens närmiljö/arbetsmiljö
 - Lära av kollegor och teammedlemmar
 - Reflextera
 - Interprofessionellt lärande
- God läromiljö kunskapshöjande men också arbetstillfredsställelse
- Minst ½ dag per vecka för internutbildning och egen fortbildning

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Ur läkarens perspektiv

- Extern utbildning utanför arbetsplatsen
 - Skyldighet gentemot patienterna
 - Prioritering av fortbildning ske öppet
 - Tydliga kriterier
 - Specialitetsföreningarna har en nyckelroll
 - Ordna adekvat utbildning
 - Fri från styrning av läkemedelsbolag
- Minst 10 arbetsdagar per år för extern fortbildning
- Innehåll: exv utbildningar, kongresser, auskultation,

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Ur läkarens perspektiv

- När en incident uppkommit
 - Utbildning
 - Kvalitet
 - Undvika nya incidenter
- Reflexion
- Uppföljning utbildning
 - Med chef
 - Med kollegor
- Dokumentera all sin fortbildning
 - Kompetensportföljen

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Ur läkarens perspektiv

- Kvalitetsgranskning av fortbildning på nationell nivå
- IPULS
- Tydlig deklARATION från utbildningsgivare och konferenser beträffande kommersiell påverkan
 - Deklaration från föreläsare
 - Deklaration om intressekonflikter
 - Full insyn avseende finansiering
- Tack för visat intresse!