Journal of CME

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/zjec21

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To cite this article: Sharon Mitchell, Julien-Carl Phaneuf, Silvia Matilda Astefanei, Sissel Guttormsen, Amy Wolfe, Esther de Groot & Carolin Sehlbach (2023) A Changing Landscape for Lifelong Learning in Health Globally, Journal of CME, 12:1, 2154423, DOI: 10.1080/21614083.2022.2154423

To link to this article: https://doi.org/10.1080/21614083.2022.2154423

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Published online: 10 Jan 2023.

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source: https://doi.org/10.48350/180773 | downloaded: 12.10.2024

JOURNAL OF CME
2023, VOL. 12, 2154423
https://doi.org/10.1080/21614083.2022.2154423

EUROPEAN CME Forum
Taylor & Francis
Taylor & Francis Group

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A Changing Landscape for Lifelong Learning in Health Globally

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ABSTRACT
On 25 July 2022, the Continuing Professional Development (CPD) Special Interest Group of the Association for Medical Education in Europe came together to open up discussions during a live webinar on '*Exploring the Evolution of CPD*'. The objective was to bring together global medical educators to consider perspectives of CPD from the role of global lifelong learners, the role of educators and the role of education providers and health regulators. The landscape of CPD is evolving, and the roles of each key player must include specific actions for facilitated change. Delivering competency outcomes-based learning, fit for purpose, to lifelong learners in health will require (1) learner agency, (2) leadership from educators and (3) providers of lifelong learning to come together to improve delivery of CPD that leads to meaningful change in practice care delivery.

ARTICLE HISTORY
Received 1 August 2022
Revised 28 November 2022
Accepted 29 November 2022

KEYWORDS
CPD; lifelong learning; education provider; leadership; EPA

Background

Health-care professionals aim to deliver high-quality care to patients. The lifelong-learning landscape in health is changing, driven by the reported shortages of estimated 18 million health workers by 2030 and aligned to sustainable development goals [1]. Questions surrounding demands on health-care systems and access to trained health-care professionals have prompted discourse on how health-care delivery will change post-pandemic. The mismatch between what is delivered in continuing professional development (CPD) initiatives with what is expected in patient care delivery becomes even more apparent with increasing needs for specific competencies to function within interprofessional health-care teams [2]. The mismatch between delivery of CPD initiatives and patient care is increased by additional factors. These factors include applying knowledge, based on evolving clinical evidence, providing leadership, facilitating decisions together with patients, families and teams and applying problem solving to complex health system and patient care demands [3] .

CPD requires practicing health professionals to continue to upskill and maintain the competencies required for professional practice. CPD is part of the continuum of lifelong learning initiated during graduate and post-graduate education and continues throughout a career. Lifelong learning in the health landscape is changing, responding to the more complex needs of patients and health systems. Providing CPD initiatives that are fit-for-purpose aimed at driving positive change in practice performance is challenging. Not all forms of CPD have the desired impact intended. Offering learning opportunities that are interactive, use multiple methods over an extended period of time and focus on competency-based outcomes are more effective [4]. Reducing emphasis on didactic, knowledge-based CPD is needed to continue advancement of skills and competencies required to change behaviour and improve practice performance. An acceptable, applicable educational design should bring together traditional formal learning design and delivery [5] with unstructured informal and workplace-based learning [6,7] to maximise learning opportunities.

The Association for Medical Education in Europe (AMEE) CPD Committee is tasked with supporting CPD within AMEE. A Special Interest Group (SIG) has been created as a space for all global parties interested in CPD to connect. Members of the AMEE CPD SIG organised a webinar '*Exploring the Evolution of CPD*' in July 2022. We reflect on this recent AMEE CPD webinar to open a dialogue on transforming the learning landscape for healthcare professionals globally. Our group brings together the international community of CPD educators and newly trained medical professionals to reflect upon the

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challenges of transforming education for trained health professionals. Perspectives of different collaborators with respect to CPD are considered. *Learners* need to engage in and apply learning to continually improve practice. *Educators* are responsible for facilitating learning opportunities to support learners to recognise gaps. Education *providers*, organisational *leaders* and health *regulators* are responsible for providing learning opportunities fit for purpose and set guidelines to meet health system needs. Innovative action and interaction between these collaborators will sustain health-care professional's development with the goal of maintaining and improving the provision of safe and effective care for patients.

A role for Learners

Health professionals are expected to engage in CPD opportunities and lifelong learning. While they navigate busy clinical workloads, they must be agents of their own professional growth and identify opportunities for learning based on their patients' needs [8]. Because health professionals must respond to increasingly complex care situations, they have to demonstrate their continuous acquisition of new competencies to be trusted with the care of patients [9–11]. Using Entrustable Professional Activities (EPAs) in CPD could allow for this. EPAs are the key tasks of a profession that can be progressively entrusted to learners as they demonstrate increasing readiness to perform tasks without supervision [12]. Frameworks for EPAs are used to create developmental pathways from undergraduate to postgraduate and clinical practice [10–13]. Frameworks for EPAs could be applied beyond the transition-to-practice phase of the health professions education continuum to promote lifelong learning. Using EPAs in CPD would prompt health professionals to (1) document their performance in the workplace to continue practicing tasks they have been entrusted with, (2) leave behind the EPAs they outgrow and (3) ask for entrustment for additional EPAs [7]. Applying frameworks of EPAs to CPD means moving away from reporting participation in learning and assessment activities using credit hours as a metric [14]. Such a dramatic change in CPD for health professionals would require support from certifying bodies.

Health professionals can already move towards EPA-based CPD by defining the tasks they want peers, colleagues, and patients to trust them with (e.g. case-based discussion with peers and multisource feedback from colleagues and patients). Using EPAs in CPD should empower health professionals to become lifelong learners whose self-reflection and assessment are grounded within the context of their everyday practice.

A role for Educators

While the role of learners as curators of their own knowledge may be required as a first step towards active learning [8], building professional leadership among trained health professionals will facilitate more learning opportunities within the workplace [13]. Although teaching requires a particular set of skills, most medical educators receive little to no training on how to instruct medical students or health-care professionals [14]. Yet, for current health systems to sustain safe and effective care for patients, change is needed, and for change to be implemented, competent educators are essential. Delivery of quality education to trained health professionals is dependent on a specific set of competencies of trained health educators [14]. Competencies encompass what is known as KSA—knowledge, skills and attitude. Teachers should appreciate that the learning transfer is bilateral, and while learners benefit from the experience of their seniors, the educators also benefit from their students' learning [15]. Qualitative teaching and learning represent an exhaustive modus operandi that goes beyond these pedagogy processes, but encompasses issues such as diversity, mental health, assessment, evaluation and environmental education [16]. Educators have a role that may support and facilitate a culture for lifelong learning in health and empower health-care professionals as agents of their own learning opportunities, crucial to develop future roles that will meet the demands of tomorrow's health system needs.

A role for education providers, health regulators, organisational leaders and policymakers of lifelong learning

Published standards on CPD offer education providers with a minimum-expected quality for the implementation of learning programmes. The *WFME guide on the Continuing Professional Development of Medical Doctors* offers a broad basis from which to build lifelong learning in health founded on common principles [17]. A recent article outlining consensus standards on equivalency between Continuing Medical Accreditation Systems brings new dimensions from the perspective of standards for the recognition within lifelong learning for health [18]. Published standards for professional occupations such as family doctors [19] and pharmacy [20] can be the springboard from which to achieve quality education and improved outcomes. These published standards are complemented by the activities of the World Health Organization Academy, who aspire to deliver short, competency-based training programmes with the specific intention of upskilling and reskilling

trained health professionals globally [21], along with well-established regional, national and local education providers. There is little known about the acceptability, applicability and extent of implementation of standards by education providers globally.

CPD providers are tasked with the responsibility of delivering quality competency-based training to improve patient outcomes. With the delivery of quality CPD initiatives aligned to internationally agreed standards, *health regulators* may set expectations to recognise and certify specific tasks or skills. *Policymakers* must advance regulated recertification practices aligning with evidence-based education. Collated credits resembling tick box exercises do little to improve practice performance. Yet, a vast number of European countries continue to impose re-certification activities in this way [22,23].

The decisions and policy actions of education leaders will positively or negatively affect learning opportunities, particularly engagement in unstructured informal learning grounded in everyday clinical practice. This approach is becoming more widely accepted by collaborators [24,25], with the distinct logic that a focus on learning outcomes will improve competencies required for practice performance.

The current status of health systems world over is critical. Provision of quality CPD to reskill and upskill health professionals to deliver safe and effective care requires proactive planning and involvement of all collaborators. Action driven by the collective responsibility of lifelong learners in health, educators, policymakers, education providers and regulators will facilitate a more cohesive approach to maximise the true potential of CPD for trained health professionals. Complexity in the health-care environment abounds and providing CPD opportunities that are aligned with learners' needs and healthcare outcomes is a constant challenge. While there is still much to learn on what best practice in CPD is, creating spaces for EPAs, empowering education providers with leadership skills and developing internationally recognised quality standards will go a long way to creating the healthcare vision of the future.

Conflict of Interest and Authorship Conformation Form

Please check the following as appropriate:

- All authors have participated in (a) conception and design or analysis and interpretation of the data, (b) drafting the article or revising it critically for important intellectual content and (c) approval of the final version.
- This manuscript has not been submitted to, nor is under review at, another journal or other publishing venue.
- The authors have no affiliation with any organisation with a direct or indirect financial interest in the subject matter discussed in the manuscript

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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