

Policy and Practice: A Partnership for Better Outcomes

"Accreditation and Patient Safety Right From the Beginning!"

Continuing Professional Development and Patient Safety



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Do people fear flying more than being treated in hospital?

Staying Safe Requires Staying Up To Date

- There is one fatal accident for every 3 million flights (2018 data)
 - ✓ In US/UK/Canada pilots must undertake 12 hours of retraining each year



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Adverse Healthcare



- Adverse healthcare events are likely to be one of the top 10 causes of death and disability worldwide (WHO 2019)
- In High Income Countries, as many as 1 in 10 patients are harmed while receiving care
 - 50% are considered preventable
- In LMICs, in a study of 26 hospitals, 1 in 12 patients were harmed
 - 83% were preventable and
 - 30% led to the death of a patient

WHO (2019) Patient Safety Fact File. Patient Safety and Risk Management Service Delivery and Safety. September. Geneva, Switzerland: World Health Organization. Available at: https://www.who.int/features/factfiles/patient_safety/patient_safety/fact-file.pdf?ua=1

Adverse Primary and Community Healthcare

- Up to 4 out of 10 patients are harmed in primary and community care (WHO 2019)
 - 80% is preventable
- Most detrimental errors are related to:
 - Diagnosis
 - Prescribing errors
 - The use of medicines
- In OECD countries, patient harm might account for 6% of hospital days



WHO (2019) Patient Safety Fact File. Patient Safety and Risk Management Service Delivery and Safety. September. Geneva, Switzerland: World Health Organization. Available at: https://www.who.int/features/factfiles/patient_safety/patient_safety-fact-file.pdf?ua=1

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.. back to the importance of CPD.

What are some of the differences between CME and CPD?

Continuing Medical Education

- Stemmed from a need to keep doctors up to date
- Focus on medical knowledge and education
- Emphasis has often been on the employer to provide CME training opportunities
- Geared towards working physicians
- CME is a strand of CPD

Continuing Professional Development

- Recognizes all health care professionals, including academics, need to stay up to date
- Includes professional education; team, communication, teaching, & leadership skills
- Good CPD includes reflection and how the learning is applied in practice
- The focus is a time-limited **individual** learning portfolio
- Shifts the emphasis to individual professional accountability for their own development

Sources: Azzam (2018); Peck et al. (2000); de Boulay (2000); Medofocus (2018)

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Five Models for Low Resource Countries

- **1.** Twinning partnering with professional bodies in another country
- 2. "Green field" led by a professional body from that country
- 3. Directed by Regulators e.g. a General Medical Council
- **4. Formal program** guided by an international medical body e.g. the International Council on Ophthalmology
- Informal program mentored by an international body driven by user requests for information (e.g. Institute for Tropical Medicine, Belgium)

Source: Mack HG, Golnik KC, Murray N, et al. (2017) Models for implementing continuing professional development programs in low-resource countries. MedEdPublish 6(1). DOI: 10.15694/mep.2017.000018

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Additional Opportunities

Work with the Private Sector

- Pharma companies
- Retail pharmacies and laboratories (running at-cost training programs)

Work with not-for-profits

- Universities
- NGOs that run for-profit courses to subsidize their work



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Important Themes for Professionals and Institutions

- In countries with mandatory relicensing CPD helps ensure professionals remain fit to practice
- It enhances promotion and employment prospects
- CPD can improve an individual's professional confidence and selfesteem
- For medical tourism, it helps instill confidence in the quality of healthcare
- Where medical malpractice laws are in place, it helps provide a defense to demonstrate the professional followed the most up to date guidance
- For organizations, it should reduce costly adverse incidents



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So what are you taking away from this?

To those visiting, enjoy Jordan



... and have a **safe flight** home
Thank you shukrun
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Additional References and Notes

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- Azzam K (2018) Differences between CPD and CME. Available at: https://empendium.com/mcmtextbook/social/article/182790
- Peck C, McCall M, McLaren B, et al. (2000) Continuing medical education and continuing professional development: international comparisons. BMJ : British Medical Journal 320(7232): 432–435. Available at: <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117549/</u>
- du Boulay C (2000) From CME to CPD: getting better at getting better? BMJ : British Medical Journal 320(7232): 393–394. Available at: https://www.rcbi.nlm.nih.gov/pmc/articles/PMC1117528/
- Medofocus Editorial (2018) CPD Requirements and How it Differs from CME. In: Medofocus. Available at: <u>https://medofocus.com/cpd-requirements-how-if-differs-from-cme/</u>

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