EDITORIAL

Opening Editorial: CPD and Lifelong Learning: a call for an evidence based discussion [version 1]

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Abstract
This article was migrated. The article was marked as recommended.

Globalization of Continuing Professional Development (CPD) is driven by shared educational principles and management trends that facilitate international standards in CPD. These are enforced through instructional design, clinical teaching and assessment methods based on education theory, effective communication skills, and CPD systems strengthening medical education global principles.

The growing interest in recognizing CPD and in globalizing CPD accreditation standards has prompted several collaborative international initiatives which include the promotion of national CPD accreditation systems, international collaborations and partnerships, publications of research data and the mutual recognition of international CPD systems and programs.

Keywords
Continuing Medical Education, CME, Continuous Professional Development, CPD, Substantial Equivalency, Inter-professional Education, IPE
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Introduction
In 2017 AMEE established a new committee for Continuing Professional Development (CPD). The committee serves as the voice of AMEE in the global CPD community and provides opportunities to emphasise the importance of CPD in the medical education continuum by engaging the several stakeholders and by facilitating collaborative CPD initiatives across the globe.

Fundamental CPD principles, as embraced by the committee, reflect a borderless CPD and a substantial equivalency between CPD accreditation systems (Filipe et al., 2018). Aiming to vividly translate these principles into practice, we are welcoming CPD themed publications from all over the globe and encourage the CPD community to share their success stories and address their challenges in the CPD themed issue. This themed edition is planned to be a venue to promote exchange of ideas and stimulate innovation.

CPD without borders
With the ever-growing cross-country mobility of both patients and health care professionals, ensuring a safe and high quality patient care has become increasingly essential. Professional migration and facilitated mutual recognition of qualifications however, make us question the fitness of the current status of reciprocated agreements in CME/CPD among countries for safeguarding patient care and maintain international accountability of healthcare professionals (Filipe, et al. 2014). Congruency between the fundamental principles and outcomes of CME/CPD frameworks and accreditation systems would thus be valuable. Healthcare professionals should have their CPD recognized by local, national and international organizations requiring CME for maintenance of competence purposes to ensure patient safety and enhance transparency and professional accountability.

Substantial equivalency
CPD accreditation systems should ensure that learning activities are of good educational quality and based on sound educational principles.

There has been growing interest concerning the concept of substantial equivalency between CPD accreditation systems. Cultural differences, as well as specific regional healthcare needs within different healthcare systems, should not be neglected. Therefore, a unified system should not be our goal. Besides being impractical and difficult to achieve, it might also limit innovations in accreditation of CPD systems and programs (McMahon et al., 2016). It is more realistic, however, for different systems across the globe to agree on a conceptual foundational framework of accreditation with common sets of principles, definitions and essential characteristics of the accreditation standards. Full harmonisation of accreditation systems is neither possible nor desirable. Instead, shared principles and values with substantial commonality should be encouraged. As international systems vary in detail, systems’ differences would also be expected and accepted.

CME/CPD in the medical education continuum
There is a global move to integrate CME and CPD as a fundamental part in the medical education continuum. There are marked variations in CPD across the world also when compared to undergraduate and postgraduate medical education. Variations include the most often-unstructured non-competence based activities and programs compared to the fully
structured outcome based curriculum in undergraduate and postgraduate medical education (Sherman, 2018). There are also complexities in CPD being linked to recertification and maintenance of license to practice. Multiple stakeholders with variable sometimes-conflicting agenda add to the complexity of the process.

This CPD themed issue is an attempt to document variations and trends across the world in relation to CPD frameworks, and accreditation /revalidation systems. Given the professional, national and regional variations of CPD systems, we hope this edition will incite reflection, research and discussion among the CPD community: CPD educators and providers, healthcare professionals and other CPD stakeholders (Filipe at al., 2016). Systems based CPD and competency based continuing education, educational theory applied in practice, educational and clinical outcomes overarching, CPD scholarship and research, professional accountability, CPD value creation in healthcare systems, CPD organizational leadership, CPD international agreement, all are exciting topics to further insight within the realm of CPD.

**Leadership in CPD**

Four foundational principles are highlighted in (Figure 1) as the backbone of effective CPD: it should be systematic, comprehensive, accredited and regulated (SCAR) (Filipe et al., 2018). Each of these principles can abridge several CPD topics unlocking exciting pathways to explore.
As systematic, effective CPD should incorporate the CPD learning cycle focusing the practitioner and healthcare teams educational needs in a continuous iterative revision and improvement, calling for the continuing enhancement of the CPD educator’s competencies and fostering a scholarship culture in a continuing effort of faculty development (Filipe, 2014).

As comprehensive, CPD should be seen as a cornerstone of healthcare systems at the clinical, organizational and public health levels. It should include all medical competencies as encompassed in the CanMeds (Frank J.R. et al., 2015) or ACGME (Holmboe, E.S. et al, 2016) physician competencies frameworks. CPD programs should embed quality improvement, patient safety and knowledge transfer. The patient contribution and interprofessional education by design should meaningfully make part of the CPD curricula.

Accreditation conceptually encloses the application of educational theory into practice and include workplace outcome based education and self-directed learning, longitudinal, multifaceted learning experiences with effective feedback. Accreditation systems play an important educational role in CPD.

Professional accountability relies in clearly demonstrating CPD through documentation of self-reflection and external evaluation with or without credit award. The CPD educator is increasingly challenged to bridge educational to clinical outcomes, which in turn increases value creation of CPD and thus professional accountability.

Leaders of healthcare organizations and authorities, societies and colleges and policy makers should facilitate effective continuing learning environments as an imperative to nurture a culture of lifelong learning, which lies at the core of CPD (Davis & McMahon, 2018).

![Mind map with some topics for exploration within CPD](image)
A call for an evidence based discussion
In this opening editorial for our CPD themed issue, amongst others we encourage authors to consider several key questions (Figure 2) and several concatenate concepts and ideas (Figure 3).

If it is fascinating to study how the healthcare workforce continuing education and professional development has been progressing, it is even more tempting to glimpse into the future of CPD. Several key thinkers in the field have already offered us some rich food for thought on the next future challenges that the CPD educator is already facing in their educational practice (Dave Davis, 2018 and Sargent et al., 2018).

Conclusion
We hope this themed edition will provide a platform for exchanging experience, thoughts and ideas towards harmonization, albeit observing customization, to meet regional specific healthcare needs, showcase educational innovations and envision future trends in CPD.

Take Home Messages
- Mutual recognition in fundamental principles and outcomes of CME/CPD frameworks and accreditation systems would be valuable to ensure patient safety and quality of health care.
- There is a global move to integrate CME and CPD as a fundamental part in the medical education continuum.
- Effective CPD should be systematic, comprehensive, accredited and regulated (SCAR).
- Continuing learning environments should be facilitated by those in healthcare leadership positions to nurture a culture of lifelong learning, the heart of CPD.

Notes On Contributors
Dr. Samar Aboulsoud, MBBCH, MSc int. med, PhD, MSc Med Ed, FHEA, MAcadMed currently serves as the Acting Chief Executive Officer of the Qatar Council for Healthcare Practitioners. She is also the Director for Accreditation and Health Profession Education Department. She was the thought leader and project manager for the establishment of the national CME/CPD accreditation system for the state of Qatar. She is the Chair of Qatar CPD Accreditation Committee. She is an Associate Professor of Internal Medicine in both Cairo and Qatar University Schools of Medicine. She was selected one of the top 100 CEO’s in the Arab world for the year 2017. She is a fellow of the Higher Education Academy of Medical Educators in the UK and the International Academy for CPD Accreditation. Her research interests are medical education and clinical guidelines.

Helena Filipe, MD, MSc-Medical Education, FSACME, AFAMEE is a Consultant of Ophthalmology at Hospital das Forças Armadas/PL-EMGFA and Hospital SAMS, Lisbon, Portugal. She currently serves the International Council of Ophthalmology (ICO) as chair of the CPD area of focus, serves the Association for Medical Education in Europe (AMEE) CPD Committee as co-chair, the Association for Research in Vision and Ophthalmology (ARVO) CME Committee, the Global Alliance for Medical Education (GAME) Education Committee and the Board of the Portuguese Medical Association College of Ophthalmology. She is an invited collaborator of the Department of Medical Education of the Faculty of Medicine of the University of Lisbon.

Declarations
The author has declared the conflicts of interest below.

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Bibliography/References

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Leila Niemi-Murola
University of Helsinki

This review has been migrated. The reviewer awarded 5 stars out of 5

Thank you for the invitation to review this interesting commentary. I absolutely agree about the need to harmonize the concept of CPD/CME. In some European countries there is mandatory CPD with incentives and in other countries it is voluntary although strongly recommended. Harmonization of the CPD would enhance the attractiveness of international congresses. We can assume that CPD will be mandatory in all EU countries sooner or later. I absolutely agree with the authors about the SCAR as the backbone of CPD (systematic, comprehensive, accredited and regulated). I liked the system and the illustrative figures presented by the authors. Most CPD activities have very traditional design. Focus is often on sharing knowledge. However, we are shifting towards competence-based medical education. This should be implemented in CPD as well as undergraduate and specialist education.

Competing Interests: No conflicts of interest were disclosed.

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David Bruce
None
This review has been migrated. The reviewer awarded 5 stars out of 5

I welcome this editorial which highlights the need for sharing what is understood and practiced as Continuing Professional Development across the globe. The call for an evidence-based discussion is timely and important as the focus on the safety and quality of patient care and regulation of medical practitioners drives forward. While the clearly defined outcomes and curricula of undergraduate and postgraduate training has enabled sharing of content, methods and standards across Medical Schools and Postgraduate training organisations, the lack of any formal CPD curriculum (which there should not be) has perhaps hindered sharing of what works best under what circumstances. This editorial helpfully points to the SCAR CPD principles that all can apply. It asks a series of questions for educationalists to debate share experiences and for researchers to explore further. The SCAR principles appear straightforward and form the authors' backbone of effective CPD – but may have challenges for some systems. Whether all CPD comprehensively covers all areas of each individuals practice including their ability to work in multidisciplinary teams, and variations in what is being accredited (the providers, the events or even individual learning) across the globe will be interesting to hear. This gives plenty scope for sharing and future discussions. Future challenges and directions for CPD are touched on, but what should also be considered is how we best support individual practitioners who are at risk of poor performance. While CPD enables practitioners to provide high standards of care for their patients, a medical career is long and arduous, and illness, life events and just losing interest can affect an individual's performance. It would therefore also be helpful to consider what needs to be in place to pick up early signs of poor performance such as disengagement and diminished insight. We can consider what leadership is required to create educational environments that help and support such individuals back to providing quality care. Like all good editorials this piece gives us food for thought and a call to share our experiences, research and planned future developments. I recommend this editorial to all educationalists and hope that many take up the challenge to share their experiences and expertise.

**Competing Interests:** No conflicts of interest were disclosed.

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Susmita Reddy Karri
Topiwala national medical college and BYL nair charitable hospital, mumbai. india

This review has been migrated. The reviewer awarded 5 stars out of 5

A very comprehensive paper and a good initiative by AMEE. The very thought of CPD without borders, but
at the same time, not ignoring the local cultural needs looks very fresh. A good read.

**Competing Interests:** No conflicts of interest were disclosed.

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Balakrishnan Nair
Centre for Medical Professional Development and University of Newcastle

This review has been migrated. The reviewer awarded 5 stars out of 5

This well written and referenced editorial discusses the need for “CPD without borders” without neglecting the local cultural and health care needs. CPD is an area which will need more evidence base including positive patient and community outcomes. The CPD concepts and areas to explore are well articulated in the figures. I was wondering SCAR should have another A, Acceptability to it, both from the providers and recipients? I enjoyed reading reading this editorial.

**Competing Interests:** No conflicts of interest were disclosed.

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Sateesh Babu Arja
Avalon University School of Medicine

This review has been migrated. The reviewer awarded 5 stars out of 5

I would like to thank the authors for presenting an important topic CPD in medical education. I read this editorial with much interest and enjoyed reading it. Even though there is some overlap of the concepts of CPD and CME, they differ. CME focuses on the activities which enhance competencies or skills required to practice as a physician. Whereas CPD focuses on activities which enhance broad competencies or skills
including patient care, teaching, research, assessment, administrative, and leadership. The editorial is written very well, very informative, and comprehensive. It is interesting to see AMEE took the initiative and formed the committee for continuing professional development. I liked the figures presented and they made understanding easy. I recommend this editorial for faculty members and the leadership who oversee faculty development activities. Thank you.

**Competing Interests:** No conflicts of interest were disclosed.