



1st GCC Conference
Evidence-Based Healthcare
Professional Development
المؤتمر الخليجي الأول للتطوير المهني المبني
على البراهين للعاملين في القطاع الصحي
19th and 20th October 2014 - Kuwait

1st EPD GCC Conference Declaration 2014

Draft Proposal for GCC Consensus on
Continuing Professional Development



Introduction:

While significant advances have been made in healthcare professionals' education over the past decades, today the medical education sector is set for a revolution. The 1st GCC conference on Evidence-based healthcare Professional Development (EPD) is a milestone towards this revolutionary journey in developing, and transforming the implementation of continuing professional development (CPD) for the health practitioners in the Gulf region.

Kuwait Declaration is born at a critical time and stage of practicing and delivering healthcare to ourselves, families, communities and humanity as a whole. The wealth and breadth of information, knowledge and intellects have raised the standards to a much higher limits and horizons where only superior performance and extended ethics are welcomed and rewarded.

We are keen to announce Kuwait Declaration which intends to cement the importance of implementing Evidence-based CPD programs for health professionals in the Gulf region. CPD has been defined as the educative means of updating, developing and enhancing how health professionals apply the knowledge, skills and attitudes required in their working place. Professionals in the Gulf region therefore believes that CPD is essential for ensuring high standards of health care delivery and practice.



Based on the principles of the European Union of Medical Specialists (UEMS) for the implementation of continuing professional development (CPD) and standards of Health and Care Professions Council (HCPC/UK), this document presents a refined roadmap on EPD practices addressing all healthcare professionals. This requires the implementation of a structure that is based on the domains of **defined outcomes** of CPD (through which healthcare professionals maintain and develop their performance in the field of practice), **pre-determined processes** (which are required to achieve the outcomes), and **structured funding resources** (which are specific to each country's healthcare structure to support the implementation of CPD for all healthcare professionals).

I. Reference to:

1. WHO Resolution # WHA 59.23 (27th May, 2006); "Rapid Scaling up of health workforce production"
2. WHO Resolution # WHA 64.6 (24th May, 2011); "Health Workforce Strengthening"
3. World Health Report 2006: Working together for Health



II. Realizing that:

- The World is currently facing a severe global health workforce crisis with critical shortages, imbalanced skill mix and uneven geographical distribution of health professionals, leaving millions without access to health services.
- More professional health workers are needed — but not simply more of the same. Efforts to scale up health professional education must increase the quantity, quality and relevance of the providers of the future if they are to meet population health needs.
- Reforms in education must be informed by community health needs and evaluated with respect to how well they serve these needs. Stronger collaboration between the education and health sectors, other national authorities, and the private sector will improve the match between health professional education and the realities of health service delivery.
- Educational institutions need to increase capacity and reform recruitment, teaching methods and curricula in order to improve the quality and the social accountability of graduates. The international community has an important role to play by partnering to support country-led efforts.
- The WHO work is fuelling a growing movement to tackle the challenges facing the professional health workforce and is addressing the technical dimensions that can bring about a new era for health professional education.



III. Key components of continuing professional development training:

- Contents should be evidence-based and relevant to the area of practice (WFME 2003).
- Desired learning outcomes should be communicated to the target audience before the activity is conducted (UHPC 2008).
- Two-way communication between learners and training facilitators, and between learners, is necessary for effective learning and should be incorporated into CPD (Khan and Coomarasamy 2006).
- The best CPD systems are multifaceted and provide different types of formal and informal learning opportunities and support, such as structured courses supported by on-the-job training, mentoring, and peer support (WFME 2003).
- In order to transfer clinical skills, hands-on teaching is more effective than classroom teaching and should be used when feasible (Khan and Coomarasamy 2006).

IV. Continuing Professional Development is effective if:

- There is a clear need or reason for the particular CPD to be undertaken
- Learning is based on such an identified need or reason
- Follow-up provision is made for reinforcing the learning accomplished (WFME 2003)



- In-service training is linked to pre-service faculties as far as possible to create a seamless CPD system (Global Health Workforce Alliance 2008).

Continuing professional development is an essential component of successful health care systems. The systematic and ongoing provision of opportunities to maintain, update, develop, and enhance professional skills, knowledge, and attitudes can lead to improved health care experiences and health outcomes for the community. CPD programs must be planned, financed, delivered, and evaluated in an effective manner. With proper attention paid to lessons learned and best practices identified by previous CPD interventions, these interventions can result in effective and successful learning experiences.

Recommendations:

- ❖ Being a life-long learner is a necessity for the 21st century learning culture and theme. Healthcare professionals work in one the most challenging and critical environments which will always demand the highest ethical standards and the latest clinical and professional knowledge.
- ❖ CPD involves and shall go beyond CME; it should therefore be the cornerstone in this declaration.



- ❖ CPD should be encouraged for all health care professionals, who shall recognize their responsibility for its implementation and in ensuring its authenticity and effectiveness
- ❖ At a national level, it is crucial to set specific measures and outcomes while setting CPD programs for each profession and specialty within healthcare. This may essentially require the establishment of new entities/bodies/authorities which can provide distinguished educational opportunities for the continuous development of a homogeneous group of professionals so as to manage the complex nature of their profession.
- ❖ The impact of CPD should be monitored, audited and managed by national authorities in concordance of international standards and developments in this field. Healthcare professionals are required to adhere to CPD regulations, standards, and best practices set by their governing body at national or regional level without undervaluing the international trends and advancements in this regard.
- ❖ When assessing the implementation of CPD, certain considerations can be developed to suit the cultural issues at the national or district or regional level and without jeopardizing the professional aspects and standards.
- ❖ Presence of accessible registers of available educational activities shall be maintained and encouraged by the CPD providers including different health societies and institutions.



- ❖ CPD programs whether at local or regional level should be readily available for all healthcare professionals whether for their clinical, managerial, societal and potential roles to be undertaken throughout their professional journey.
- ❖ Authorities or governing bodies may recommend certain CPD activities to be obtained whether from local, regional or international academic/professional providers and mainly to encourage a higher standard of performance, professionalism and healthcare practice.
- ❖ Interprofessional healthcare workers education (IHCWE) occurs when more than one professions learn with and from each other to enhance collaboration, productivity and the quality of patient care. IHCWE respects individuality, difference and diversity within and between the professions while utilizing distinctive contributions to learning and practice. The expected outcomes of IHCWE, if planned, implemented and assessed carefully; improves quality of patients health care and responding more fully to their needs. This can happen in a environment of team work and where team spirit is supreme.
- ❖ Healthcare institutions and providers who seek international or national accreditation should ultimately raise the quality of their healthcare service and have set measures and benchmarks to assess this development. Seeking Accreditation has an impact on the brand equity among customers



and

social community but this should not be the main driver to seek and implement accreditation standards.

- ❖ CPD and EPD should form a cornerstone in the continuous progress of healthcare workers during their profession, specifically in the renewal of their working licensure and career development and promotion.
- ❖ Healthcare systems and processes should be well developed in order to encourage, incentivize and reward healthcare professionals who strive in developing, upgrading and transforming their personal and professional lives. Systems and regulations of funding resources from third parties, such as pharmaceutical industry, must comply with these criteria and should only be permitted in accordance with national and international regulations.
- ❖ In principle, governments and local authorities should consider training and development costs not as expenses but rather as investments in human capital, intellectual capital, talents development and talents management. One can envision that allocated CPD budget(s) will soon be a right than an accessory, and an essential component in attracting and retaining talents to the extent of defining it in professionals employment contracts and packages.



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