INTEGRATED MODEL OF CPD AND MAINTENANCE OF LICENCE

19 AUG 2019

HPCSA CONFERENCE

SHAJILA SINGH
THERESE FISH

STRUCTURE OF THE PRESENTATION

1. Introduction - Registration vs Licence

2. Purpose of Maintenance of Licence (MoL)

3. Challenges with current CPD & HPCSA response

4. Rationale for MoL

5. Integrated model for CPD and MoL

6. Where are we in the process?

7. Questions

REGISTRATION

2007 CPD compulsory: professions registered with the HPCSA

Goal: Encourage update of knowledge and skills for ethical & competent practice

Currently: registration on an annual basis to practice profession

HPCSA conducts random checks on adherence

LICENCE

HPCSA 2013: practitioners required to have a licence to practice profession

With licensure: demonstrate compliance with Board's requirements

5-year licensure credentialing cycle

PRIMARY PURPOSE FOR MOL

Ensure that all practitioners maintain and improve their:

- professional knowledge
- skills and
- performance
- for improved patient/client and health systems outcomes

SO WHY NOT CPD?

Current focus of CPD: primarily CE to update knowledge

Research: Acquired knowledge meaningful only when it offers an opportunity for a change in practice.

Translation of knowledge into practice - not optimal with a lag between acquiring knowledge and applying it in practice (Mickan, 2014, Wallace and May, 2016)

Lag impact profound (Wallace and May, 2016)

- 30% to 40% of patients don't receive care informed by best evidence
- 20% to 50% receive inappropriate care

THE HPCSA RESPONSE

HPCSA critically reflected on current CPD program in light of research & international trends

CPD should be: patient / client centered, more comprehensive, include a wide range of learning activities (not only CE), focus on improved practice and outcomes and be linked to MoL

Goal: guide genuine learning & enable improvement of professional competence and performance

Currently CPD requires practitioners to record the number of credits

Equating number of CEUs with competence is erroneous (Ahmed, et al, 2013) & doesn't indicate genuine learning or change performance quality

2013 HPCSA survey - 67.5% of practitioners, across Boards, engaged with CPD because it was a mandatory expectation of the HPCSA

Need to move from engaging with CPD because it is mandatory to CPD for improving practice

Currently, many practitioners meet mandatory CPD CEUs opportunistically, erratically or casually (Ahmed, et al., 2013)

CPD impact limited when undertaken in an ad hoc manner, and contributes little to improved clinician performance or patient/client health outcomes (Wallace & May, 2016).

Learning activities that

- enhance participant activity,

- use multiple exposures to content,

- encourage reflection on current practices,

- provide opportunities to practice skills and

- help clinicians identify gaps between current performance and an identified standard

often result in highly significant changes in practice and patient outcomes (Wallace & May 2016).

RATIONALE FOR MOL

Comprehensive CPD models - practitioners set out their CPD requirements and demonstrate how their CPD activities improve their professional performance and patient/client health.

Such models recognize that different professionals will have different development needs and require practitioners to take greater ownership of their professional development.

The new HPCSA model will shift control of learning to individual health practitioners, enabling them to reflect on their learning needs and to design their own learning programmes (Institute of Medicine, 2009).

- Input-based systems (Wallace & May 2016) like CPD in South Africa - delivered primarily through lectures, conferences & workshops (HPCSA CPD Survey 2013)

- Such systems are simple, cost effective and provide an easily quantifiable method of measuring individual CPD activity (Wallace & May, 2016)

- Didactic learning activities
  - little effect on improving competence and performance
  - no significant effect on patient health outcomes and health systems (Shibu 2015; Wallace & May 2016)

- Internationally, professional bodies have moved towards outcomes based CPD (Wallace & May, 2016)

A CPD programme should effectively address the gap between optimal evidence based practice and actual clinical practice (Légaré F et al, 2015)

Given the evidence: HPCSA proposes a more comprehensive model of CPD

- empower practitioners to reflect on their learning and development needs

- pursue an individualized learning program

to improve

- knowledge
- performance
- patient outcomes
- health systems strengthening

RATIONALE FOR MOL

Engagement with this model of CPD requires practitioners to demonstrate knowledge and performance in order to maintain a licence to practice

Knowledge

A lower rate of mortality and morbidity in patients was reported for surgeons and cardiologists who underwent certification (MOL) compared to those who lacked certification (Ahmed, et al., 2013).

Clinical skills

Pediatricians using multiple skills acquisition methods showed significant improvement in skills (Ahmed, et al., 2013).

Clinician Performance:

- Interactive CPD sessions involving skills training effects change in professional practice and healthcare outcomes (Ahmed, et al., 2013)

- CPD significantly reduced the age-related decline in the diagnostic performance of general practitioners (Butterworth and Reppert, cited in Ahmed, et. al., 2013)

MOL model based on outcomes of consultative workshops held with professional boards during 2014 - 2015, and further developed by CPD & Professional Board teams 2017-2019

Principles:

- Process is developmental and supports professional development
- MOL will be a quality improvement process i.e. improving the quality of health care
- Engender public confidence in health care practitioners' knowledge and performance

What does practitioner need to do?

Reflect on own practice

HPCSA MODEL FOR MOL

Reflect on own practice across domains

DOMAINS of PRACTICE

1. Professionalism

2. Safety & quality

3. Communication

4. Knowledge, skills & performance

Practice requires competencies that extend beyond professional knowledge and skills and includes

- communication

- professionalism

- interpersonal collaboration

DOMAINS OF PRACTICE

Establishing South African Domains of Practice

	NZMC	GMC	FSMB	South Africa
Professionalism	X		X	X
Communication	X	X	X	X
Interpersonal			X	
Professional Care Knowledge/Skills	X	X	X	X
Collaboration and Management	X	X		
Scholarship	X			
Safety and Quality		X		X
Maintaining Trust		X		
Systems based practice			X	

SA DOMAINS	SUB-DOMAINS
PROFESSIONALISM	• Good practice • Integrity • Intercultural competence
SAFETY AND QUALITY	• Systems to protect patients/clients/ health practitioners • Respond to risks to safety • Protect patients/ clients/ health practitioners from risks posed by colleagues
COMMUNICATION	• Communicate effectively • Work constructively with colleagues
KNOWLEDGE, SKILLS AND PERFORMANCE	• Develop and maintain professional performance • Apply knowledge and experience to practice • Maintain clear, accurate and legible records

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HPCSA MODEL FOR MOL

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ON WHAT

Reflect on own practice

DOMAINS
1. Professionalism
2. Safety & quality
3. Communication
4. Knowledge, skills & performance

HOW - tools

ESSENTIAL KNOWLEDGE
Accredited self assessment programs

PERFORMANCE
Chart audit and feedback
360/ Multisource Feedback
Direct observation
Peer engagement and feedback
Practice assessment
Accredited simulation activities
Annual performance review
Critical incident
Adverse events

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HPCSA MODEL FOR MOL

Reflect on own practice

DOMAINS
1. Professionalism
2. Safety & quality
3. Communication
4. Knowledge, skills & performance

Accredited self assessment programs (essential knowledge quiz)
Chart audit and feedback
360/ Multisource Feedback
Direct observation
Peer engagement and feedback
Practice assessment
Accredited simulation activities
Annual performance review
Critical incident
Adverse events

Determine learning needs

Determine learning needs

Develop individualized learning plan

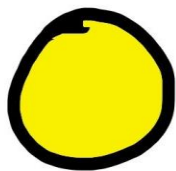Develop individualized learning plan

Engage with CPD

(expanded range of options)

ARE WE REINVENTING THE WHEEL?

DON'T REINVENT THE WHEEL

JUST REDESIGN IT

How:
- Use our existing practices for knowledge and skills acquisition
- Leverage on what works best
- e.g. laboratory professionals have QA processes (SANAS) which can support MoL

Fit for the purpose of maintaining licence to practice

ADAPTATION OF ROYAL COLLEGE OF PHYSICIANS OF CANADA

Includes what practitioners may already be doing; recognizes self study and unaccredited activities.

Broad categories

- Group learning

- Individual
  - Formal learning
  - Self learning
  - Systems? learning

- Assessment

Group Learning

Accredited Group Learning Activities (face to face; online)	Conferences, Rounds, Journal clubs, Small groups	1 credit/hour
Unaccredited Group Learning activities (face to face; online) No industry sponsorship	Rounds, Journal clubs, Small groups	0.5 credits/ hour

EXPANDED RANGE OF CPD OPTIONS
(ROYAL COLLEGE OF PHYSICIANS CANADA 2019)

Formal learning Learning activities initiated by a practitioner (independently or in collaboration with peers or mentors) to address a need, problem, issue or goal relevant to their professional practice		
	Fellowships	100 credits/year
	Formal courses	25 credits/course
	Personal learning projects	2 credits/hour
	Traineeships	2 credits/hour

EXPANDED RANGE OF CPD OPTIONS
(ROYAL COLLEGE OF PHYSICIANS CANADA 2019)

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Self learning

Learning activities used by a practitioner to enhance their awareness of new evidence, perspectives or discoveries that are potentially relevant to their professional practice

Reading a book	10 credits/book
Reading a book chapter	2 credits/chapter
Reading a journal volume	2 credits/volume
Reading a journal article	1 credit/article
Bulk journal reading with transcript	1 credit/article
Bulk online reading/scanning with transcript	1 credit/hour
Podcasts, audio, video	0.5 credits/activity
Internet searching (Medscape, UpToDate, DynaMed)	0.5 credits/activity
POEMs Patient oriented evidence that matters	0.25 credits/activity

EXPANDED RANGE OF CPD OPTIONS
(ROYAL COLLEGE OF PHYSICIANS CANADA 2019)

??Systems learning Learning stimulated by participation in activities such as setting practice standards, patient safety, continuous quality improvement; curriculum development; assessment tools and strategy development; examination board membership; or peer review.	Clinical practice guideline development	20 credits/year
	Quality care/patient safety committee	15 credits/year
	Curriculum development	15 credits/year
	Examination development	15 credits/year
	Peer review	15 credits/year
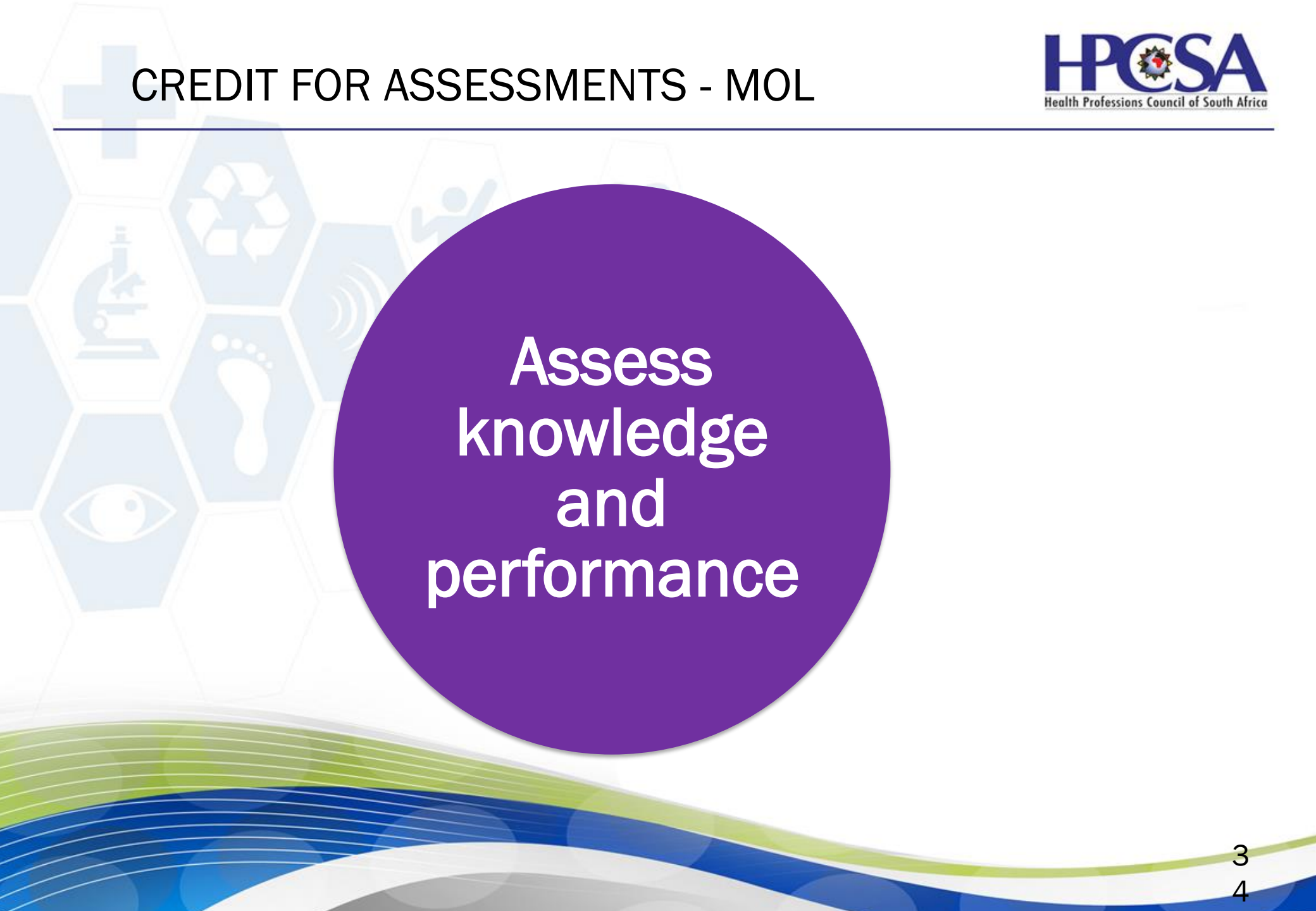
Assess knowledge and performance

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Knowledge Assessment

Programs provide data with feedback to individual practitioners regarding their current knowledge base, enabling the identification of needs and development of future learning opportunities relevant to their practice

ESSENTIAL KNOWLEDGE

Accredited self assessment programs (credits for completion)

MOL COMPONENT - PERFORMANCE
(ROYAL COLLEGE OF PHYSICIANS CANADA 2019)

Performance assessment

Activities that provide data with feedback to individual practitioners, groups or interprofessional health teams related to their personal or collective performance across a broad range of professional practice domains. Performance assessment activities can occur in a simulated or actual practice environment.

PERFORMANCE (credits)

Chart audit & feedback

360/ Multisource Feedback

Direct observation

Peer engagement & feedback

Practice assessment

Accredited simulation activities

Annual performance review

Critical incident

Adverse events

- **Board specifies min requirements: which knowledge & performance assessments are applicable, how many credits, etc.**

- **Dashboard**

- **Based on probity of practitioners**

- **Developmental**

- **Feedback**

- **Decentralized**

- **Multiple opportunities**

HPCSA MODEL FOR MAINTENANCE OF LICENCE TO PRACTICE
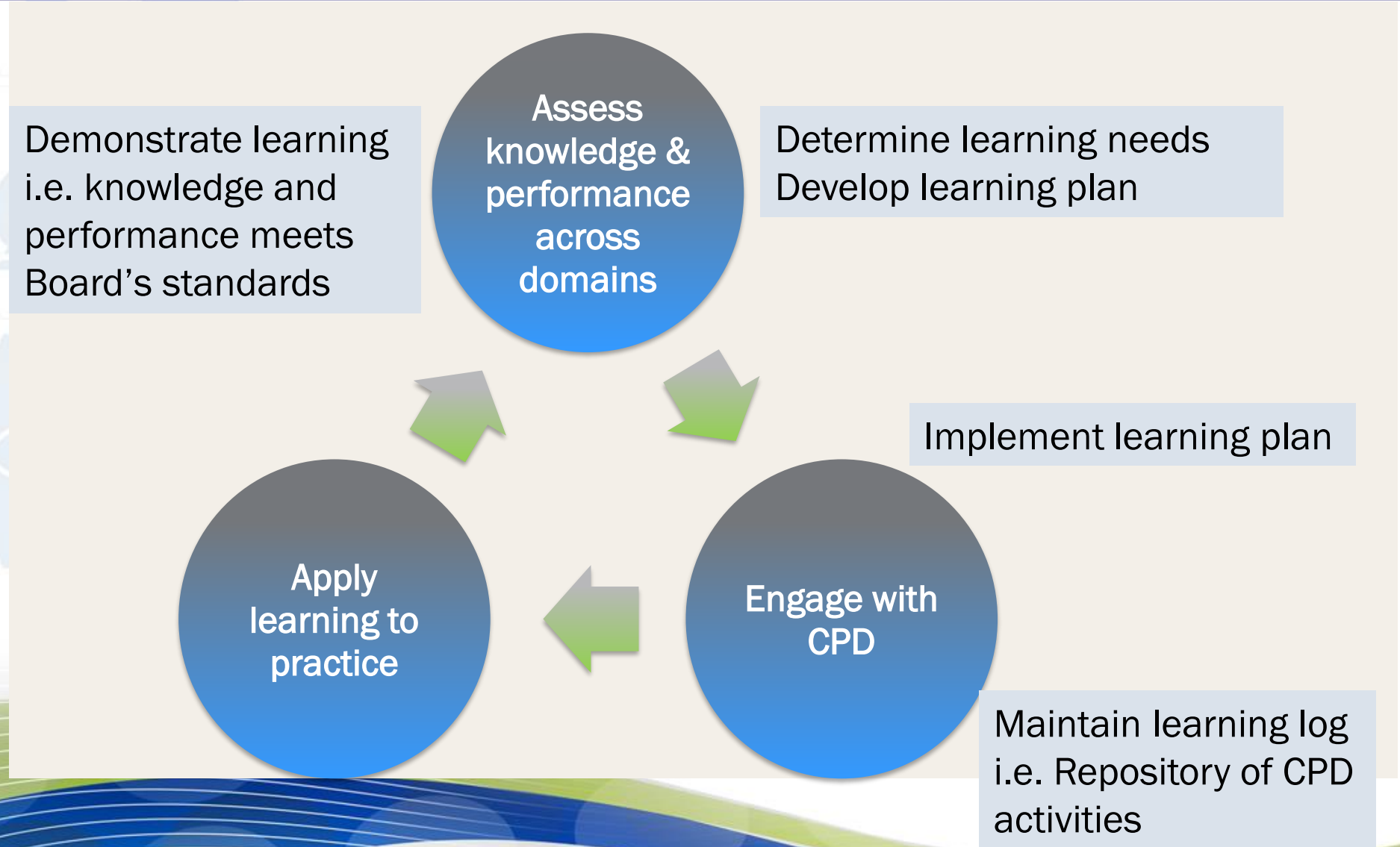
REQUIRED ACTIVITIES FOR LICENSURE

Minimum requirements (determined by Professional Board) for each year in each category - with ethics as a transversal requirement.

- **Group learning**
- **Self learning**
- **Assessment**
  - Essential knowledge
  - Performance

TIMEFRAMES

ANNUAL

Complete minimum number of credits per year in each category (CPD & Assessment i.e. MoL)

If meet min – then adherent

If not – then non-adherent – triggers notice to practitioner and board

EVERY FIVE YEARS

Meet all annual requirements AND

Total number of credits (including minimum in each category)

If meet all requirements – licensed

If not – non-compliant – not licensed

Year 1		Year 2		Year 3		Year 4		Year 5
A		A		A		A		A
B		B		B		B		B
C		C		C		C		C

Year 1 to 5
Every year practitioners should be adherent to the minimum credits in the 3 groups (a % of the total for that year) and within 5 years achieve the total number of HPCSA determined credits across all three to be licenced
A = Individual CPD activities (expanded)
B = Group CPD activities (expanded)
C = Assessment
Weightings in each category to be determined by the professional boards

LICENSED TO PRACTICE

- Demonstrated requisite knowledge and skills – continue to practice for next 5 years

- Enter next cycle of licensure credentialing

- Cannot practice

- Board to set criteria for re-entry into practice e.g.

  supervised practice

THE MOL DEVELOPMENT PHASE

WHAT IS THE DEVELOPMENT PHASE?

- Three volunteer boards, CPD committee, HPCSA secretariat

- MDB, MTB, OCP – Max variation: Acute setting, Lab Science, Sustained engagement/rehab; Ability to scale up

- Begin to engage with roles & responsibilities related to MoL

- Develop MoL toolkit, plans for stakeholder engagement, HPCSA readiness, governance

QUESTIONS?

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ROLES AND RESPONSIBILITIES

Compile a project plan to guide the Board specific task teams for the next year:

Toolbox

1. Review and revise domains of practice, attributes and examples to ensure relevance to professions under its ambit

2. Set profession specific standards (? minimum standards) for knowledge, skills and performance (Domain 4)

3. Work with the CPD committee to include profession specific components of Domains 1, 2, 3 i.e. Professionalism, Safety and Quality, and Communication.

DEVELOPMENT BOARDS

Set standard (? minimum standards) for and develop assessment tools (formative and summative assessments of competence and performance)

Develop guidelines and templates for learning plans

Decide on profession specific annual CPD requirements

Set up guidelines for management of non-adherence

Develop guidelines for supervised practice, if applicable

Develop criteria that will allow practitioners in supervised practice to return to independent practice

DEVELOPMENT BOARDS

Stakeholder consultation

Appoint/Liaise with external partners to support processes relating to maintenance of licence to practice

Consult with stakeholders on how to operationalize formative and summative assessments of competence and performance

Extensive practitioner consultation to prepare them for MoL

Regulatory functions

Governance for oversight, monitoring, quality assurance

CPD COMMITTEE

Transversal domain development

Reposition CPD to align it with the four Domains

Develop standards for the transversal Domains of Professionalism, Safety and Quality and Communication

Set standards for knowledge, skills and practice in these Domains

Set standards for and develop assessment tools (formative and summative assessments of competence and performance) in the transversal components of the three Domains

CPD COMMITTEE

Expansion of CPD learning activities

There are a wide range of learning activities that are not currently recognized by the HPCSA but which facilitate learning

Expand the range of activities that will be recognized in the MoL system e.g. peer review, self-review of journal/article, etc.

CPD COMMITTEE

Review of CPD processes and integration with MoL

Develop guidelines and templates for learning plans

Set accreditation standards for CPD activities

CPD within MoL must be linked to improving performance with measurable outcomes.

CPD COMMITTEE

Determine which learning activities should be accredited and which ones practitioners can engage with, without formal accreditation.

Determine whether to prescribe the minimum number of CEUs in each Domain i.e. accredited vs unaccredited e.g. minimum of X? hours each.

CPD COMMITTEE

Review and revise the credit values (CEUs) associated with learning activities, in line with international benchmarks.

Develop a template for reporting on non-accredited activities e.g. provide rationale, indicate key learning outcomes, and application of learning to practice – to be logged and uploaded to HPCSA website.

HPCSA SECRETARIAT

Engage in all relevant WBS to ensure HPCSA readiness for MoL – as per project plan

CONSIDERATIONS IN DEVELOPING MOL TOOLBOX

No one size fits all

Operationally feasible

Cognizance of cost

Decentralization of assessment

Alignment/Integration with current performance
  assessment practices

Linked to HPCSA registers – Domain 4

CPD within MoL must be linked to improving
  performance with measurable outcomes

CPD

Initiate electronic portal as soon as possible

All practitioners

Makes CPD compliance tracking feasible

Electronic portal for CPD facilitates soft initiation to MOL

As MOL begins to rollout across boards (professions), the MOL assessment component for each board becomes live on the electronic system

MOL TEAMS

STEERCOM

Prof Shajila Singh	Chair: Steercom
Dr. Therese Fish	Chair: WS7
Prof Lana van Niekerk	Chair: OCP DT
Dr. Sugen Naidoo	Chair: MDB DT
Ms. Baruth	Chair: MTB DT
Mev. Koornhof	Chair: CPD DT
Dr. A Thulare	DOH rep
Professor Julia Mekwa	Councillor
Mr. Moses Mtimunye	Project Manager
Dr Raymond Billa	CEO
Ms. Nati Hoho	Secretariat

WORKSTREAM 7

Dr. Fish	Chair
Prof. van Niekerk	
Dr. Sugen Naidoo	
Ms. Baruth	
Mev. Koornhof	
Prof. Singh	
Ms. Hoho	

DEVELOPMENT TEAMS

OCP

Lana van Niekerk	Simon Rabothata
Marlize Swanepoel	Kate Dodd
Marthinette Mocke	Mariette Deist

MTB

Ms. M Baruth	Ms. A F Vuma
Mr. Nthunya	Ms B Mokgethwa
Mr. S Marais	Ms. N Ndlovu

MDB

Dr. S Naidoo	Dr. A Thulare
Dr. T Fish	Dr. Lesiba

CPD

Mev. L Koornhof	Mr. V Voorendyk
Mr. S Mdletshe	Mrs. A Pinto
Prof. ME Parker	

Reporting on MoL to Council

MoL project sponsor

ACTIVITIES OF MOL WORKSTREAMS

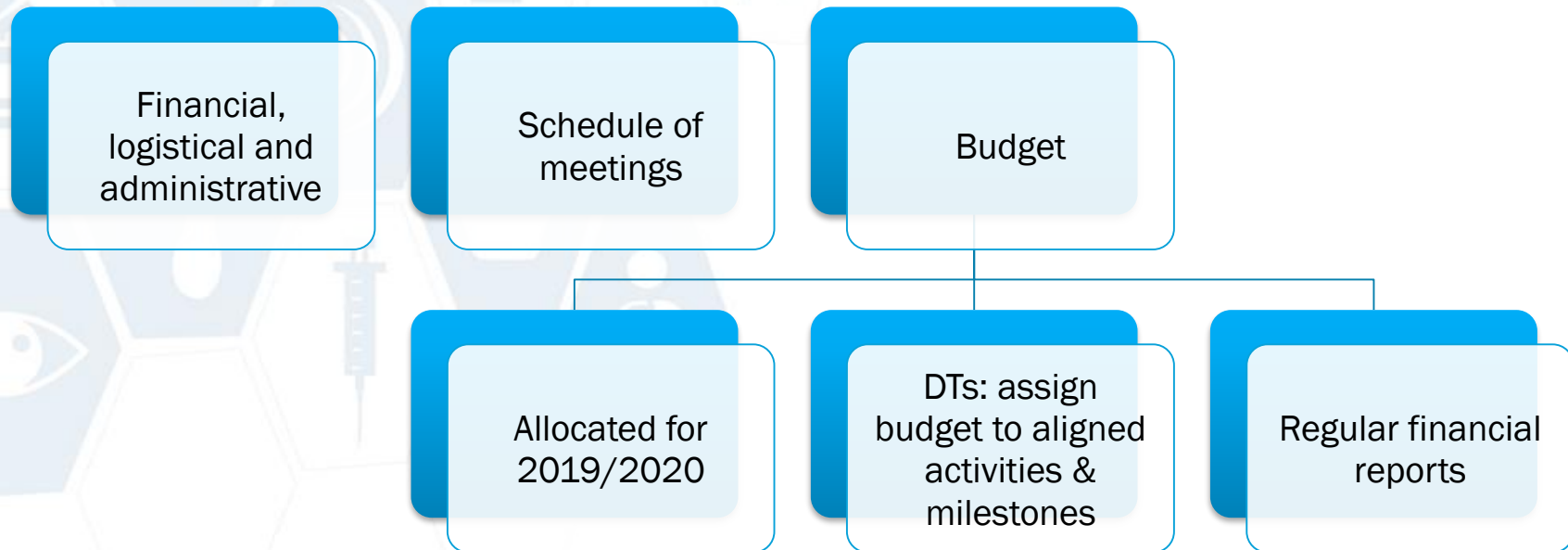|		
🧪	Steercom:	2 meetings
✔	Workstream 7:	4 DTs 2 meetings - cross cutting matters
✖	DTs:	Met at least twice

CHANGE MANAGEMENT PLAN

Cleopatra Phakathi

Carefully crafted & considered risks and opportunities

Moses Mtimunye feedback on other WSs

STAKEHOLDER ENGAGEMENT

1. Kenya Medical Council

- Implemented electronic CPD system in 1 year (international funding)
- CPD adherence linked to registration & Health insurance reimbursement
- KMC exploring licensure process

2. Office of Health Standards Compliance (OHSC)

- Dr Labadarios attended WS7 & MDB DT sessions
- OHSC developed guidelines/ standards for hospitals, GPs & EMS
- Draft regulations: practitioners to comply with HPCSA standards linked to MoL

Met twice

Have detailed a road map of activities

Proposed integrated framework for MoL and CPD

(presented at end)

- ❖ **Face to face and online meetings**

- ❖ **Using 3 professions to test MoL – OT, AT, MOP**

- ❖ **Developed proposal for MoL for these 3 professions**

- ❖ **Working on components within the model**

- ❖ **Proposed system for peer review (with CEUs) for practitioner and reviewer**

- ❖ **Ready to engage on IT requirements**

- ❖ **Practice: clinician, teacher, researcher, manager**

Met twice

Existing processes (e.g. SANAS accreditation) facilitate framework for MoL

Labour concerns need to be addressed

Team developing following tools

❖360 review per profession (MT, GT, LAS)

❖Report templates:

➤Evaluations, audits

➤Clearing of non-conformances

➤Drafting, reviewing and reading SOPs

➤Designing innovations

➤Developing learning materials

Has had a few meetings

Smaller group of members are in process of
    developing the framework

TAKE HOME MESSAGE

1. Gather evidence from different disciplines/professions for MoL