



# CONTINUING PROFESSIONAL DEVELOPMENT OF ALLIED HEALTH PROFESSIONALS IN THE STATE OF QATAR:



## Authors:

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## BACKGROUND

Qatar Council for Healthcare Practitioners (QCHP) was established in 2013 as a non-profit government body that regulates the healthcare practice in State of Qatar. The Accreditation Department (AD), as one of three pillar departments of QCHP, was delegated the responsibility to regulate medical and healthcare-related education (including Continuing Medical Education (CME)/Continuing Professional Development (CPD)) of all healthcare practitioners (HCPs) working in the country.

On March 7, 2016, QCHP-AD launched the National CME/CPD program and mandated the participation in this program for all healthcare practitioners as one of the requirements of license renewal. Some professions as allied health professionals (AHPs) were expected to be underprivileged and encounter difficulty to adhere to and comply with program requirements being not used to the concept of mandatory CPD participation and the doubtful sufficiently available specialized CPD resources. However, being strongly encouraged and promoted by QCHP-AD, inter-professional education opportunities were also expected to provide compensation for AHPs, as regards the availability of resources.

Since the launch of the National CME/CPD system, AHPs were closely monitored for adherence and compliance to the system requirements. In addition, perceived CPD needs of AHPs were assessed to evaluate the sufficiency of specialized CPD resources for this group.

## LEARNING OBJECTIVES

To share the experience of QCHP-AD in relation to AHPs in the national CPD program.

To share the experience of the target audience in relation to underprivileged HCPs’ participation in CPD programs

To demonstrate the added value of inter-professional education in providing CPD resources of underprivileged HCPs.

## REVIEW & DISCUSSION

As per December 2016, there are 7303 allied health professionals licensed to work in the state of Qatar representing 23.4% of all licensed healthcare professionals (31156 professional).

Prior to the launch of the National CME/CPD program, those healthcare professionals (especially in the private sector) were not mandated to participate in any CPD activities to renew their license of practice. In addition, allied health professionals were often exempted or, at least, have reduced credit requirements in organizations where CPD participation was required for performance assessment or contract renewal.

Specialized CPD resources for AHPs (prior to the launch of the National CME/CPD program) were not as available as that for other healthcare professional (e.g. physicians).

This group of HCPs, therefore, was expected to have more difficulty in complying with QCHP-AD credit requirements for license renewal. This urged QCHP-AD to closely monitor those healthcare practitioners for compliance with its requirements, monitor the availability of educational opportunities and CPD resources, provided to them, plan and implement necessary support measures for those HCPs to achieve compliance.

## QCHP-AD SUPPORT TO ALLIED HEALTH PROFESSIONALS

QCHP-AD planned for several support strategies to ensure AHPs’ compliance with the QCHP credit requirements for license renewal. Those strategies included:

- 1 Design and development of a National CPD framework that recognizes different categories, types and formats of CPD activities providing wide range of educational opportunities exceeding conventional boundaries.
- 2 Providing educational and training sessions for all healthcare practitioners on the requirements and components of CPD program, categories of CPD framework, recognized types of CPD activities, how to record CPD participation, etc. Scheduled open-day sessions and online and hotline helpdesks were dedicated for this purpose.
- 3 Coordination with relevant stakeholders and accredited CPD providers to develop and provide specialized accredited CPD resources sufficient for the number of AHPs in the country. In addition, QCHP-AD mandated all accredited CPD providers to grant educational opportunities (at least 10%) for non-employee healthcare practitioners (especially community HCPs).
- 4 Promoting the concept of interprofessional education as a tool to improve team-based practices and coordination and for providing educational opportunities for those who might lack the availability of specialized CPD resources.
- 5 Assessing the educational needs of allied health professionals: A needs assessment survey was conducted, in collaboration with major stakeholders in the country, targeting allied health professionals in order to determine the educational needs perceived by the practitioners and help CPD providers for better educational planning. The preliminary survey analysis showed general themes of knowledge, skills and practice gaps that needs to be covered and prioritized. In addition, major barriers and challenges to AHPs’ participation in CPD program (e.g. lack of protected time, lack of specialized accredited resources, cost of CPD activities, etc.) were identified. The results of this survey are currently being processed and analyzed.

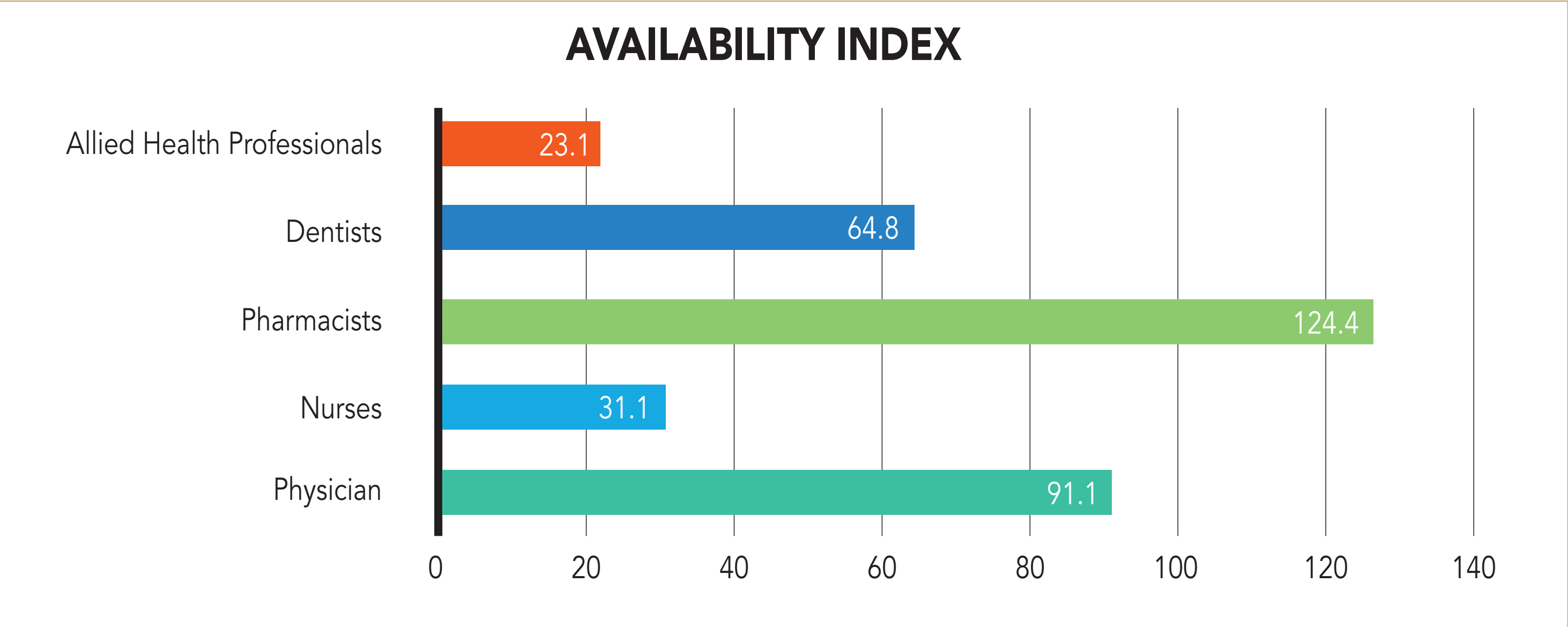
## ACCREDITED CPD RESOURCES FOR AHPS

Since the launch of the National CME/CPD program (March 2016), QCHP-OD and QCHP-AD-Accredited providers have accredited hundreds of CPD activities targeting different health professions (table-1). Specialized CPD activities represented the smaller fraction of activities provided for HCPs. The majority of activities were interprofessional activities, as encouraged by QCHP-AD. Although AHPs have more activities than those for dentists (Figure-1), availability of educational opportunities per each AHP (Availability Index = total accredited activities/number of licensed HCPs X 1000) is the lowest among all health professions, as expected prior to the program launch. Repeated offerings of the same accredited activity, however, is allowed and provide more educational opportunities for HCPs. Continuing support and intervention by QCHP-AD is expected to positively impact the availability of CPD resources.

TABLE-1: ACCREDITED CPD RESOURCES AVAILABILITY PER PROFESSION

	Total number of Licensed HCPs	Number of accredited specialized CPD activities targeting this Profession	Number of accredited interprofessional CPD activities targeting this profession	Total accredited activities targeting this profession	Availability Index (total accredited activities/number of licensed HCPs X1000)
Physician	5431	117	378	495	91.1
Nurses	14677	111	349	460	31.3
Pharmacists	2010	28	222	250	124.4
Dentists	1512	6	92	98	64.8
Allied Health Professionals	7303	30	139	169	23.1

FIGURE-1: ACCREDITED CPD ACTIVITIES AVAILABILITY INDEX FOR DIFFERENT HEALTH PROFESSIONS



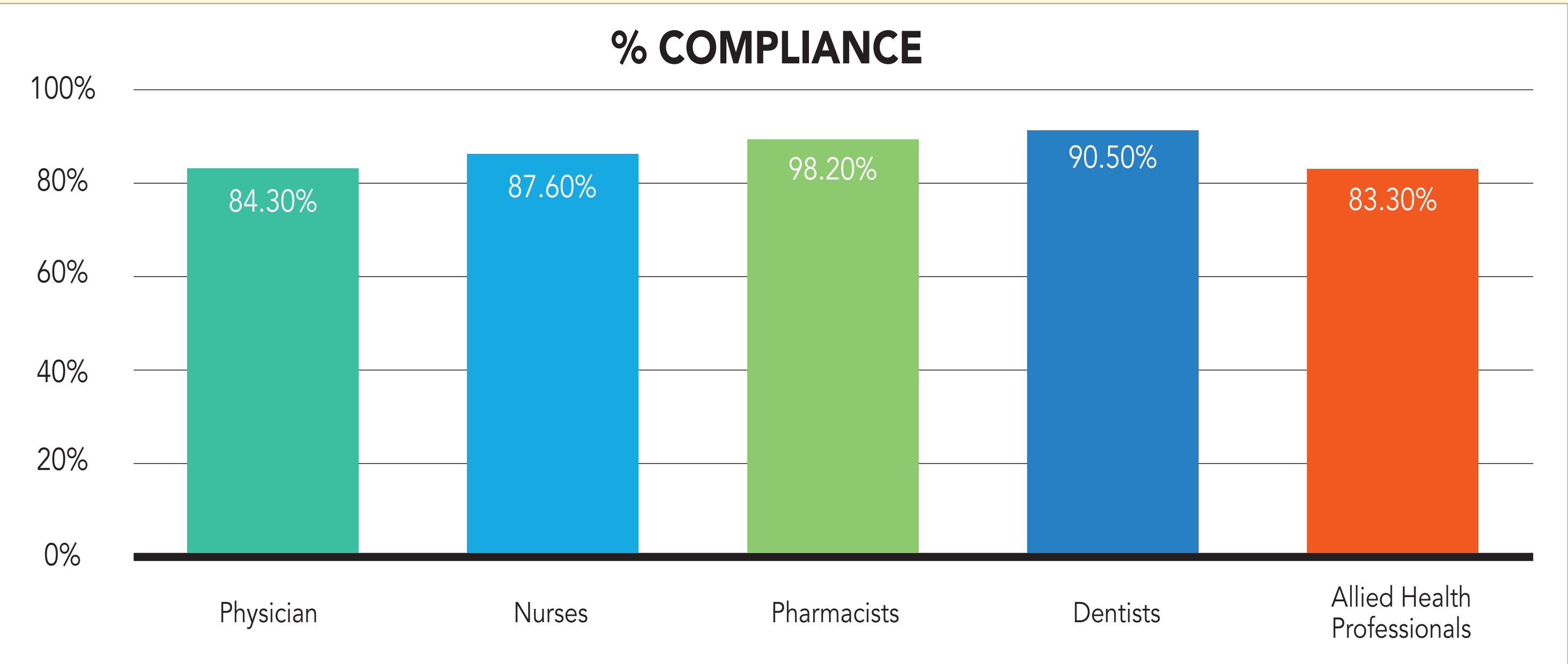
## AHP'S COMPLIANCE IN COMPARISON WITH OTHER PROFESSIONALS

Out of total licensed 7303 allied health professionals, 6016 (82.33%) created an e-portfolio (online account for recording and submission of CPD participation to QCHP-AD), to date (December 7, 2016). As per that date, 556 AHPs were due for license renewal, 463 (83.3%) of them were compliant with QCHP-AD credit requirement and were able to proceed with the license renewal process. Comparing this compliance figures to those of other healthcare professions (table-2 and Figure-2) shows that allied health professionals were the least compliant to QCHP-AD requirements, also as expected prior to the program launch. Support measures adopted by QCHP-AD are expected to improve the % compliance of all HCPs.

TABLE-2: PERCENTAGE COMPLIANCE OF HEALTHCARE PROFESSIONALS TO CPD REQUIREMENTS

	Total Number of Licensed HCPs	Total number of HCPs due for License Renewal	Total Number of HCPs Compliant with CPD Requirements	% Compliance (Total Number of Compliant HCP/HCP due for License Renewal X1000)
Physician	5431	612	516	84.3%
Nurses	14677	743	651	87.6%
Pharmacists	2010	334	298	89.2%
Dentists	1512	201	182	90.5%
Allied Health Professionals	7303	556	463	83.3%

FIGURE-2: PERCENTAGE COMPLIANCE OF HEALTHCARE PROFESSIONALS TO CPD REQUIREMENTS



## SUMMARY / CONCLUSIONS

Allied health professionals (AHPs) are underprivileged by the lack of accredited CPD activities made available to them. This might affect their compliance to QCHP-AD CPD requirements. However, several support measures are provided by QCHP-AD in this regards and are expected to positively influence AHPs’ participation in the National CME/CPD program.