



# A National CPD framework for the healthcare system in Qatar: the need & value of aligning with Qatar's National Health Strategy

**Authors:** Samar Aboulsoud, MD; Heba Elbanawy, MD; Ayesha Siddiqua Hussain, BDS; Jamal Rashid Al Khanji, MD.

## 1. Introduction:

Advancing healthcare is one key aspect in the human development domain of the Qatar National Vision (QNV) 2030. The National Health Strategy (NHS) 2011-2016 is intended to propel Qatar towards the health goals and objectives contained in the QNV 2030. NHS projects, encompassed in 7 goals, are reforming the entire healthcare system through strategic, far-reaching and fundamental changes required to achieve Qatar's healthcare vision.

The Accreditation Department, as part of the Qatar Council for Healthcare Practitioners (QCHP), is responsible for the development and implementation of a Continuous Professional Development (CPD)/Continuous Medical Education (CME) framework for all healthcare practitioners. Aligning the CPD framework with quality improvement initiatives and research programs in an established, growing and skilled workforce will deliver the desired patient care and thereby align with Qatar's National Health Strategy (Figure 1).

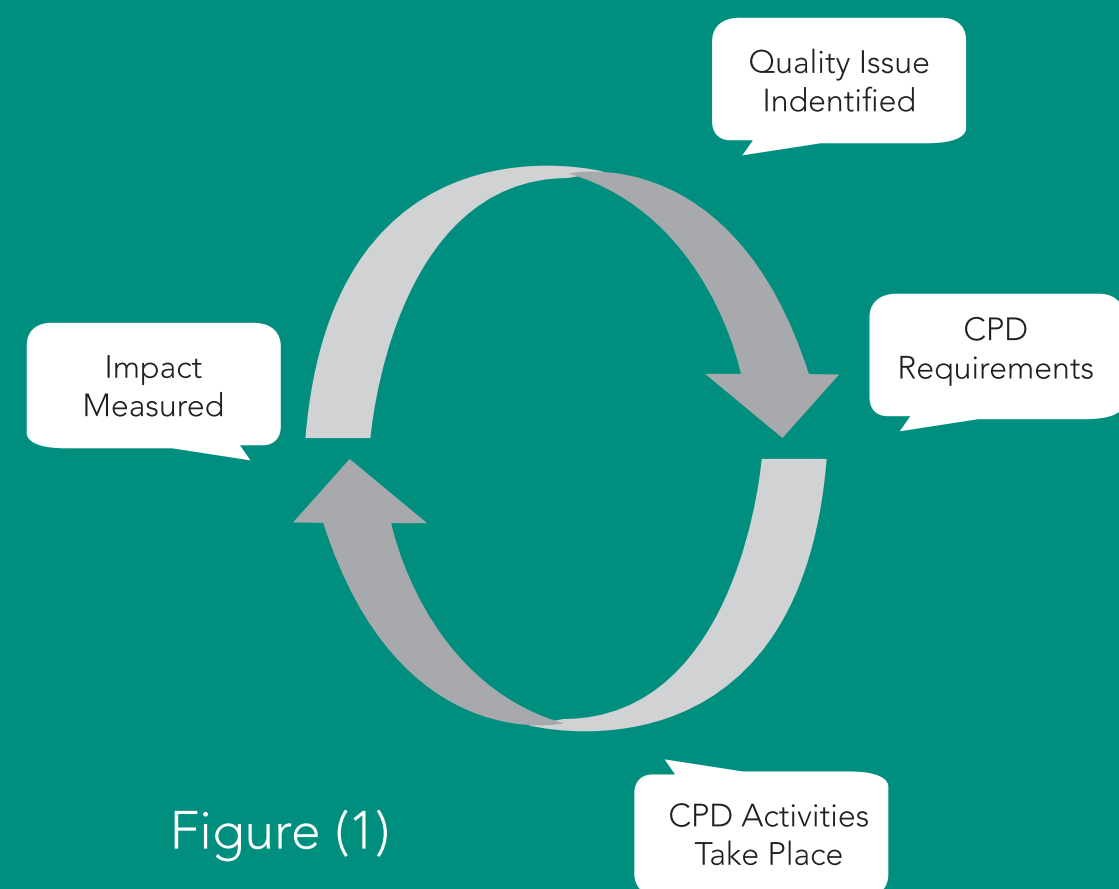


Figure (1)

## 3. The interdependencies between NHS goals:

Figure (2) demonstrates the interdependencies between our project and other NHS projects.

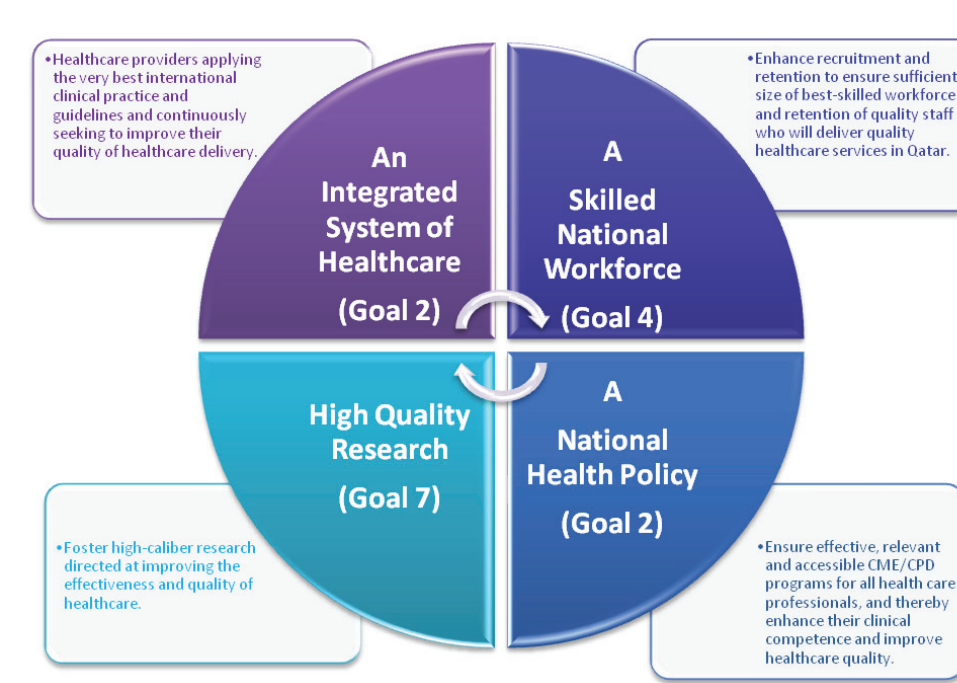


Figure (2)

## 2. Project description:

NHS Project 5.2.7 "Framework for CPD/CME program accreditation – approved framework and orientated stakeholders" includes CME/CPD policies, standards and licensing requirements and a means of enforcing them through the accreditation process.

Achievements:

- Development of a robust national CME/CPD Framework whose scope of work was detailed and unique.
- Exemplary model to inculcate learning behaviour amongst healthcare practitioners.
- Collaborating with International renowned experts in the field of CPD and accreditation for the development of CME/CPD Framework that meets best practices.
- Stakeholder engagement in the form of a National Task Force for development of the CME/CPD Framework.
- Communication with recognized International Accrediting Agencies/Bodies for mutual recognition of credits.

## 4. The needs to align with Qatar Health Strategy:

- There is a great need to link NHS goals and to work together collaboratively to achieve a common goal which is improving healthcare system quality and patient safety. Collaboration will ensure:
  - Development of a culture of cooperation and shared commitment.
  - Workforce training and development.
  - Avoid duplication of work.
  - Accelerating learning and integrating information.
  - Harmonized implementation of essential health services in line with NHS goals.

- Collaboration delivers benefits to policy writers, end users, and ultimately patients which results in reducing or eliminating unnecessarily duplication. Here the end user always profits from the shared expertise.<sup>(1)</sup> Moreover, working together ensures positive outcomes for everyone through convenient services, strong financial discipline, with enthusiastic and committed staff, truly empowering patients and citizens thus improving everyone's lives.<sup>(2)</sup>

## 5. The values of alignment with Qatar Health Strategy:

- A key requirement for improving healthcare system quality and patient safety is for all goals and projects to be integrated across the whole healthcare system.
- Alignment and integration of CPD and quality improvement methods will lead to better patient outcomes.
- Our project is a vivid demonstration of the values of alignment with Qatar's National Health Strategy. Research is used as a tool for building an evidence-based CME/CPD framework that ensures development and retention of skilled National workforce in order to promote healthcare quality and better patient outcomes as demonstrated in Figure (3).

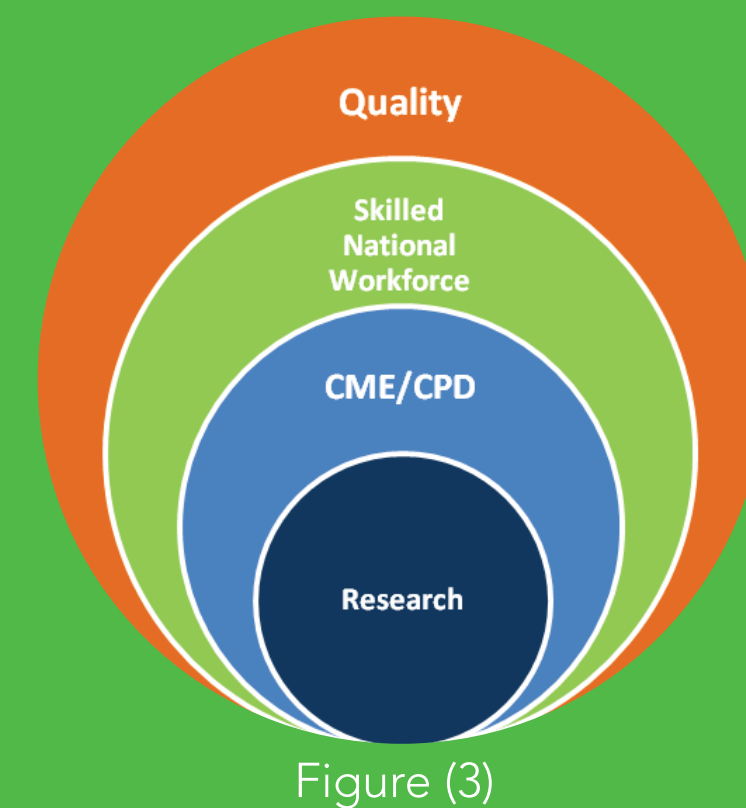


Figure (3)

## 7. Challenges and lessons learned (Table 1):

Challenges	Lessons learned
Healthcare practitioners' perspective	
1- Healthcare professionals often consider CPD to be a top-down imposition and there is resistance to their own CPD. <sup>(3)</sup>	In order to avoid resistance, compulsory CPD may be introduced. <sup>(3,5,6)</sup>
2- Availability of accredited CPD programs for different scopes of practice	Education and orientation at different levels prior to implementation of the mandatory participation policy is necessary.
3- Validity of documents presented by healthcare practitioners in support of their credits.	CPD Providers must collaborate and engage in needs assessment and outcome measurements for planning activities.
4- Misunderstanding of the concept of CPD and the implications of this misunderstanding on the CPD implementation. <sup>(4)</sup>	Developing credible guidelines and policies on validation and attestation for credit documentation.
5- In some of the programs, emphasis may be on the acquisition of credits/points and the content not responsive to learners' needs and thus the purpose of CPD. <sup>(5,6)</sup>	For purposes of implementation, clear policies and structures to support CPD should be put in place. <sup>(5)</sup>
6- How to persuade consumers to acknowledge, capture and record what they do in the development of learning and teaching practice. <sup>(4)</sup>	The culture of life-long learning should also be inculcated into the practitioners during their formal training to ensure continual search for new knowledge. <sup>(5)</sup>
Regulatory authority and CPD Providers perspective	
1- The presence of complex cultures and professional practice. This is likely to include the difficult challenge of encompassing informal, perhaps tacit learning which is not easily susceptible to being measured or assessed. <sup>(3)</sup>	Healthcare practitioners will reflect what they have learnt in a CPD portfolio. A reflective practice underpins the scholarship of learning and teaching. Reflective approaches are work-related and healthcare practitioners have some control and discretion over what and how they develop, in the light of their career stage and needs. <sup>(3)</sup>
2- Some CPD programs are domination by lectures with little interaction between learners and providers. <sup>(5)</sup>	Adopt a broad conceptual and competency-based framework which can be adapted to the local context and which allows for different types of learning. <sup>(3,5)</sup>
3- It was recognized that key factors needed to be taken into consideration when building a CPD framework are relationships with stakeholders, process and existing Institutional structures. <sup>(4)</sup>	The contribution of stakeholders is necessary in the development and implementation of a CPD Framework in order to achieve relevant goals and objectives.
4- CPD costs in terms of finance and time. <sup>(4)</sup>	There is need to develop and improve resource mobilization strategies as a way of addressing financial constraints facing implementation of CPD programs. This would involve pooling resources from various sources e.g. donors, NGOs, the private sector and consumers of CPD. Governments should also make commitments by making budgetary allocations for CPD. <sup>(5)</sup>
5- The available resources for CPD including financial, human and material resources. <sup>(5)</sup>	There is a need to develop and use of the distance learning model. In addition, linkages between well developed research and training institutions and small health facilities should be established to support practitioners working in these settings. <sup>(5)</sup>

## 6. The Strategy for Alignment and collaboration (Figure 4):

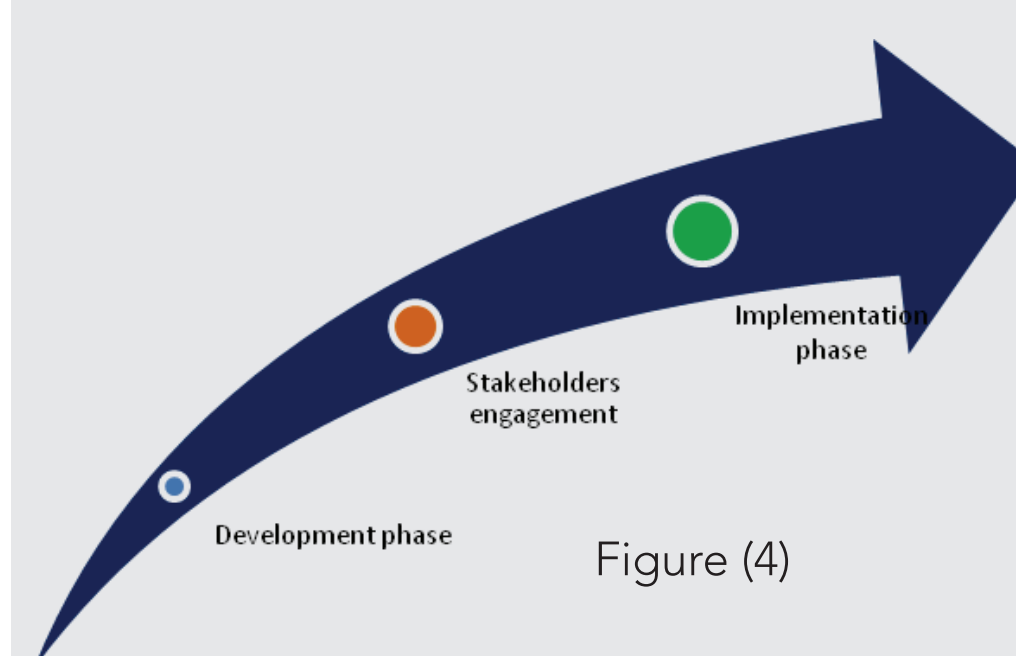


Figure (4)

- **Development:** CPD framework for all healthcare practitioners, Providers and programs that encompasses quality improvement and encourages research at its core.
- **Stakeholder engagement:** Collaboration with healthcare practitioners, providers, regulatory bodies and public as well as their education and orientation prior to implementation of the mandatory participation policy. Oriented Stakeholders will support the implementation of CPD framework, thereby reducing resistance to change.
- **Implementation:** Implementing mandatory participation policy by early 2016 for all healthcare practitioners in the State of Qatar.

## 8. References:

1. Hammond WE, Jaffe Ch, Kush RD. Healthcare Standards Development: The Value of Nurturing Collaboration. Journal of AHIMA 80, no.7 (July 2009): 44-50.
2. Everyone Counts: Planning for Patients 2014/15 - 2018/19. NHS England. Retrieved from <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>
3. Bamber V. Framing Development: Concepts, Factors and Challenges in CPD Frameworks for Academics. Practice and Evidence of Scholarship of Teaching and Learning in Higher Education. Vol. 4, No. 1, April 2009, pp. 4-25.
4. Cope S. An Insight into a Pilot Study: Implementing the National CPD Framework into a Higher Educational Institution – some lessons thus far. The International Conference of Education in a Changing Environment. September 2007. Salford University. Retrieved from [http://www.ece.salford.ac.uk/proceedings/papers/33\\_07.pdf](http://www.ece.salford.ac.uk/proceedings/papers/33_07.pdf)
5. Ndege S. Continuing Professional Development: A Southern Perspective. International Hospital Federation Reference Book 2005/2006. Retrieved from [www.hrresourcecenter.org/node/1276](http://www.hrresourcecenter.org/node/1276)
6. International Pharmaceutical Federation – FIP (2014). Continuing Professional Development/Continuing Education in Pharmacy: Global Report. The Hague, The Netherlands: International Pharmaceutical Federation.

## 9. Take home message:

Successful implementation depends on understanding project interdependencies and stakeholder engagement.

## 10. Declaration:

The authors have no conflict of interest.

## 11. Acknowledgement:

We wish to express our gratitude to:

- Dr. Craig Campbell and his CPD team, Royal College Canada International, our partners in the development of CPD Accreditation System for the State of Qatar Health System.
- Mr. Andrew Atherton, Program Manager, National Health Strategy Program Management Office, Directorate of Policy Affairs, SCH, for his support in the development of this poster.

