


## Once Upon a Time There Was CME, and Then...“Expanding the Voices in CME-CPD”

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**ARTICLE HISTORY** Received 23 August 2023; Revised 5 October 2023; Accepted 7 October 2023

**KEYWORDS** Lifelong Learning; Continuing Medical Education, Continuing Professional Development, Competency-based Continuing Professional Development; CPD Stakeholders; Contributing Disciplines

### Introduction

Lifelong learning is the common denominator for Continuing Medical Education (CME), Continuing Professional Development (CPD), or Competency Based Continuing Professional Development (CBCPD). The conceptualisation each embrace, describes perspectives how healthcare professionals may lead their lifelong learning and professional aspirations in response to the needs of healthcare systems and societal expectations.

We describe the evolution of CME into CPD, and CBCPD, with a highlight in the contemporary healthcare systems based CPD and discuss further the increasingly multi-stakeholder in CPD.

### Continuing Medical Education

CME can be defined as educational activities aiming to maintain and expand the knowledge, skills and professional performance required for a physician to serve patients, the public and the profession [1]. CME has been classically regarded as teacher-centric, delivered in conference halls, focused on medical content and patients' care improvement [2].

### Continuing Professional Development



Increasing mobility of professionals and patients, ageing populations with complex chronic diseases, and continuous progression of medical knowledge and techniques are among the main factors driving CME into the broader conceptualisation of CPD [3]. The need to develop roles and competencies beyond medical expertise has been

globally acknowledged to indirectly impact the quality of healthcare, and the ACGME [4], and the CanMeds [5] are two competencies frameworks that have been widely used. Evidence showed the value of additional learning delivery formats, formal and unplanned, such as e-learning, and the importance of educational strategies embracing active, and practice-based learning following adult learning principles [6]. Social learning theories scaffold effective lifelong learning, either in person as in the digital world, where users can network, find people sharing common interests, seek, store and author content.

From medical content delivery, CPD refocused on HCPs and their contextual learning needs, typically identified by practice self-reflection. In CPD, learning needs act as the springboard to initiate the cyclic personal development plan (PDP) spiralling around three sequential questions: 1) what shall I learn? 2) how shall I learn? and 3) how well have I learned? [1]. The process is continuous throughout the practitioner's professional life, who is encouraged to document individual practice and demonstrate professional accountability in a paper or technology-supported portfolio [7–9]. CPD requires the HCP to develop critical thinking and metacognition [10] with the focus on their patients' best outcomes [2].

### Competency Based Continuing Professional Development

Concerns about evolved CPD have been included 1) financial and human costs of CPD learning experiences; 2) the need for outcome-based curricula [10,11] 3) the need for objective measures of improved clinical performance and

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quality of care improvement; and 4) the need for cost-effective methods of programme evaluation. CPD can ultimately be limited by a subjective assessment of learning needs and derived PDP, with HCPs recognised as having difficulty in accurate self-assessments [12–14]. This individual and subjective approach to ongoing professional development limits its use by regulators (of individual HCPs) and accreditors (of health-care systems), who require objective data and team-care delivery environments.

Necessary further evolution in ongoing education recognises the importance of developing and effectively applying in practice measurable competencies that enhance performance with impact on quality of care. Assessment should be weaved in educational strategies to calibrate HCPs and teams lifelong learning activities required to meet healthcare systems complexity [15,16]. Without discouraging the practice of self-reflection and metacognition, clinical auditing has emerged as a quality improvement process to ensure patient safety and a pathway to link continuing education calibration and knowledge mobilisation into the practice setting [16]. Systems based Continuing Professional Development

CPD based on healthcare systems relies on competency-based continuing education and promotes teams as interprofessional and multi-professional effective working units rather than the individual practitioner. Conceptually, Systems CPD may be regarded as an expanding system with a three-stage impact, HCPs and teams' clinical practice at a core microsystem, their organisations and culture as a mesosystem, and the community fabric where practice occurs, at a macro level.

Systems CPD require an increasingly plurality of experts' voices as stakeholders in various fields of knowledge. Patients and public and their representative organisations; CPD educators, educationalists, experts in content and skills, multiple professional backgrounds researchers; professional, academic and teaching organisations; healthcare policymakers, and authorities; unrestricted grant supporters; and healthcare delivery organisations' leaders and administrators, all have well-defined roles, and their relationships and tensions have a fundamental place in contemporary CPD. They are all legitimate stakeholders, and a closer alignment, partnership, and integration promises to effectively respond to the healthcare system's needs. Systems CPD relies on competency-based continuing education partnering with quality improvement, significantly informed by evidence and practice data to design educational programmes that take into account the implementation

of science, for effective knowledge mobilisation [17]. Systems CPD recognises that organisations play an essential role in individuals' reflective practice and to the generation of information for practice improvement [18,19]. Organisations need to understand about the return of capital value founded on embracing a continuing learning culture [20,21]. Healthcare workforce with their diverse knowledge and skills, their organisation's internal and external relationships, and their continuing professional development are any organisations' richest intellectual capital. Systems CPD has patients and the public as having a more active and impactful role and partnering responsibility in the whole system, rather than being passive recipients of health care.

### CPD Educators and Expanding Voices in CPD

CPD educators have been increasingly challenged to meet each HCP's multifaceted needs and provide learning programmes with increasingly demanding higher levels of framework evaluation, beyond attendance records and demonstration of learning improvement [22,23].

The COVID-19 pandemic has recently prompted the inclusion of competencies such as social justice, climate crisis awareness, and technological innovation [24]. This underlines the importance of extending the required skillset of CPD educators and their ability to co-work in multidisciplinary environments encompassing emerging fields of knowledge needed to best address meaningful longlife learning. CPD Educators are required to progress from the classic CME bidirectional dyad educator-learner towards diverse and multidisciplinary working environments in complex socio-cultural healthcare systems composed of diverse background interacting stakeholders [25]. Disciplines such as anthropology, sociology, psychology, education sciences, engineering, communication, technology, management, and leadership have been critical in advancing the field. Collaborations in clinical and non-clinical areas have allowed a better understanding of how adults learn in the complex networks of healthcare systems [26]. Workplace-based learning has been gaining relevance as a fundamental venue for continuing education and may include peer-to-peer structured dialogue [27] ready-to-use technology-based points-of-care information, digital microlearning experiences [28], interprofessional and multidisciplinary teamwork and the development of virtual communities of practitioners sharing and advancing a mutual clinical domain [29]. Systems CPD opens a myriad of

opportunities for synergistic collaborations as well as numerous opportunities for faculty development.

## Conclusion

We highlight systems CPD as a holistic conceptualisation for ongoing competency-based learning, that besides continuing education and knowledge transfer, have robust pillars on quality improvement and public health impact, HCP and teams, and the fundamental role of organisations. Systems CPD offers weight to more and diverse voices, particularly educators needing to expand their skills set, and several other professionals skilled in a wide range of knowledge fields to better understand and advance effective and enjoyable CPD. The contribution of seemingly extraneous fields as brought by more peripheral members in a community of practice has been welcome by their novelty and unique added value. Although these new incoming voices into CPD might currently be viewed as more peripheral, we contend that they will be looked at in the future as indispensable in building effective and authentic CPD environments.

## Disclosure Statement

No potential conflict of interest was reported by the author(s).

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