REVIEW ARTICLE

HEALTH PROFESSIONALS IN ARMED FORCES AND THEIR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

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ABSTRACT

Biomedical knowledge is rapidly changing with nearly a million new citations in MEDLINE alone every year. There is currently no structured or systematic Continuing Professional Development (CPD) program for health professionals in the Armed Forces of Pakistan. The overall aim is to develop a system of continually updating our knowledge, skills and attitudes that will promote heightened professionalism, both in peace time and war. All health professionals need to be offered opportunities and facilities for their professional growth. Such systems are already in place all over the world. To achieve these objectives careful regulatory mechanism and implementation strategies have to be instituted. Target populations in the order of priority and dedicated providers have to be identified, trained and motivated. With proper monitoring and facilitation a culture of self improvement can easily be created and propagated. Armed forces can easily take the lead in Pakistan. The ultimate beneficiaries will be the armed forces personnel and their families.

INTRODUCTION

Continuing Professional Development (CPD) is defined as any activity or skill taken to update, maintain or develop professional knowledge. It is extremely important in case of medical education as biomedical knowledge is rapidly changing and involvement of a physician in life-long learning through CPD activities is vital for a quality health care system. The issue has been given due consideration in many parts of the world with introduction of mandatory and voluntary structured CPD programs. Pakistan has still to implement a comprehensive strategy for this purpose[1]. Some work has been done by College of Physicians and Surgeons and Ministry of Health, recently, but no consensus or mechanism has been agreed upon. There is currently no structured or systematic CPD program for medical doctors and allied professionals in Pakistan Army. Concerns have been raised in various forums about the deteriorating state of medical knowledge, delivery of services in hospitals and in the field, as well as medical education in the Army; thus resulting in inadequately trained and poorly performing health workers[2].

Pakistan Armed Forces have always been in the forefront of medical technology. This edge is being lost fast. Only a few specialist doctors are self motivated enough to continually update their knowledge and skills, commensurate with the fast changing medical scene. There is a system in place for the professional development, but this needs to be structured and monitored for the nurses, nursing assistants and general duty medical officers, as well as specialists and medical administrators. What we urgently need is a professionally designed, need based, standardized and quality CPD program, especially for those catering to the needs of the fighting soldier.

Armed Forces can take a lead!

RATIONALE

More than 600,000 new citations were published in MEDLINE in 2005; this raised the total number of indexed citations to more than 14 million[3]. The most important demand on the career of a medical practitioner is that of having to keep up-to-date both scientifically and professionally[2]. Medical practice was fairly simple until about 50 years ago. Patients trusted their doctors completely as they had little knowledge of their own and had confidence in the professionalism of their doctors. Medical knowledge and technical skills have expanded at an unprecedented rate. New drugs, advances in imaging, minimally invasive surgery and information technology have significantly

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improved the outcome of treatment and the quality of life. These have altered the external environment and pose new challenges. People know more about health matters now and there is easy access to clinical information from the Internet. There is intense public interest stimulated by the media, and the expectation of patients is high and sometimes unrealistic. Patients want to be well informed and want an open relationship with their doctors. They want to be involved in making decisions about their treatment[4]. CPD is the only way to keep abreast with these advancements, leading to better quality of care and greater patient satisfaction.

"The goal is to achieve excellence in the science, art and practice of medicine through teaching, research, patient care and service"

Continuing Medical Education (CME) forms a part of CPD. Education only generally results in knowledge gain and there is no evidence that CME alone improves the performance of health professional's performance or has any effect on patient care processes and outcomes. Hence a system of CPD with broader scope and action that can promote professional performance is advocated[5]. So CME, as advocated by some, is a part of CPD.

Deficiencies in physician competence play an important role in medical errors and poor-quality health care. National trends toward implementation of continuous assessment of physicians hold potential for significant impact on patient care because minor deficiencies can be identified before patient safety is threatened[6]. It should be understood that by investment of time and money in our health professionals the Armed Forces at large and the patients they treat stand to benefit, more than the individuals themselves. This basic change in thinking is required. If a high standard of care is expected, Armed Forces need to commit whole heartedly to the concept of CPD.

The overall aim is to develop a system in the Armed Forces Medical Services of continually updating knowledge, skills and attitudes that will promote scientific, need-based, equitable, holistic and evidence-based practice of medicine and dentistry, both in peace time and war.

SCOPE OF THE CPD ACTIVITIES

The system will endeavor to target the following:

a. General Duty Medical Officers, field doctors and paramedics, particularly the first responders in war and peace.
b. Specialist doctors working both in the referral hospitals as well as field hospitals.
c. Administrators of field and main hospitals.
d. General duty and specialized nursing staff.
e. Male nursing assistants.
f. Medical technicians.
g. Medical educators, including faculty and teaching staff of medical and nursing institutions.

Everyone in the above categories will be offered opportunities and facilities for their professional growth. All medical establishments will be encouraged to take an active part in promoting this form of ongoing professional development. Many activities are already in-built in the Army system; they just need to be streamlined, monitored and accredited.

A decision has to be taken at the highest level to facilitate these activities, instead of discouraging with bureaucratic hitches and paper trails. This facilitation may involve providing leave and reimbursing expenses for CPD activities at home or abroad.

The CPD programs are to be designed and conducted according to modern adult education principles and practices using creative and state-of-the-art educational delivery technology. This will include evaluation of each activity as well as the overall CPD program. Whenever feasible, measurement of changes in physician behavior and clinical outcomes will be examined. Innovative educational design will include a variety of modalities to complement different learning styles and needs, including self-directed learning and CME enduring materials. Activities will also be aimed at faculty and professional development, including excellence

in professional education teaching, research and evaluation.

The CPD programs will support and strive for the improvement in quality of patient care and healthcare outcomes in peace and war.

CPD ACTIVITIES WORLDWIDE

In Canada two pathways are utilized for the CPD activities. The first pathway involves the assessment of practices and the licensing authorities directly monitor all doctors, identifying those who would be requiring more training and supervision. In contrast the other pathway is voluntary and involves National Specialty Societies. Maintenance of Competence Program (MOCOMP) aims to motivate doctors by providing a method whereby they can record what they are doing and then submit this information to MOCOMP electronically or in printed form. At the end of a year each doctor receives a review called the CPD profile, which summarizes his/her continuing education throughout the year. In United Kingdom, General Medical Council (GMC) has proposed a periodic revalidation for all the doctors on the Medical Register, based on their continuing education activities.

In 2000, the Union of European Medical Specialists (UEMS) established a body called European Accreditation Council for Continuing Medical Education (EACCME). Its purpose is harmonization and improvement of quality continuing education in Europe. The Basel Declaration of 2001 outlined the policy for CPD of European doctors[7].

The number of credits and for which activity is determined according to the needs of that organization. The total number of credits required by the participants is also laid down, depending on the opportunities provided for CPD and the infrastructure available. A sample of credits determined by the Royal Australasian College of Physicians is given in Table:

In our Armed Forces we will have to develop our own system of weightage and credits for various activities, reached by consensus.

OBJECTIVES OF CPD

It should be the objective of the Armed Forces Medical Services to recognize that no development in medical services is possible without concentration on human resource development, particularly in the context of health care.

In addition to improving the material resources, we can enhance the health of our patients through achievement of excellence in the science, art and practice of medicine through teaching, research, patient care and public service.

The challenge is to inculcate amongst health professionals the habit of lifelong learning. There is a need to weed out or update the world war vintage SOPs. This can only be done through a culture of providing incentives and monitoring the growth of health

Table: An example of the credits as determined by an Australian college

Area	Activity	Points	Max points/ activity	Max points/ 5 year cycle
Medical Education	Meetings & Conferences	0.5 / hour	20 / meeting	**350**
	Workshops & Seminars	2 / hour	50 / workshop	
	Learning Projects	2 / hour	50 / project	
	Practice related CME (CPCs, audits, etc)	0.5 / hour	250 / five year cycle	
Teaching & Research	Workshops & Lectures	2 / hour	50 / workshop	**250 (minimum 100)**
	Presentations	5/presentation	-	
	Publications	10/publication	-	
	Examination & Making papers	2.5 / question	20 / annum	
Quality Assurance	Active	2 / hour	50 / project	**250 (minimum 50)**
	Passive	0.5 / hour	50 / five year cycle	

professional.

Effective education builds on key principles of adult learning. People learn best through activities which are active rather than passive and are relevant to needs. Effective CPD should build on the questions doctors ask, which are problems they encounter in their everyday practice; this may lead to knowledge improvement followed by a change in behaviour and ultimately leading to improved patient care[8].

REGULATORY MECHANISM

To monitor the achievement of objectives a central regulatory mechanism has to be installed. This can be done by a new cell at the Medical Directorate or the AFPGMI. This cell will keep a record of the health professionals CPD activities. Points will be awarded and recorded by providing written evidence of involvement in CPD activities over the year. A written report will be provided to each registered professional at the end of the year. All this maybe reflected in the annual reports of the personnel.

The greatest care is needed to ensure that this does not become another bureaucratic hurdle. Instead it should be encouraging and facilitating with the sole objective of enhancing the professional development, with detailed feedback. Emphasis should be placed on supporting efforts to achieve the requisite levels of competence and performance, and not on punitive measures to address gaps in competence and performance[9].

It will also monitor the CPD providers; thus ensuring that standard of CPD activities are being maintained, evaluate their effectiveness, monitor schedules and evaluation.

IMPLEMENTATION STRATEGIES

Carefully planned and executed programs of CPD will eventually lead to the achievement of ultimate aim of providing best care to the patients by professionals who have latest knowledge in their field, are equipped with the necessary skills and having empathetic attitudes.

This implementation can be phased and started as a pilot project. A balance has to be achieved between provision of services and sparing individuals in a rotational fashion for their CPD activities. This can only happen if the need for CPD is fully adapted and accepted as part of duty. It is the duty of the employer to ensure that their employees are current in their field, and these CPD activities are not a personal favor to anyone.

All these activities will need direct and indirect funding. These can only be justified if the need for CPD is fully embraced by all tiers of hierarchy. The Department of Health in UK identifies CPD as a way of maintaining standards of care; improving the health of the nation; and recruiting, motivating, and retaining high quality staff. To this end, direct NHS spending on continuing professional development in 1999-2000 was about £1bn ($1.6bn)[10]. This has gone up even more in view of the revalidation process in the offing. It is essential that we ensure a maximum gain from these spending.

Several ranges of activities and formats can be followed, and have to be tailored to the level of the health professionals.

a. **Specialist Doctors**: Conferences, seminars, workshops, refresher courses, publishing papers, audits, distance learning etc. Doctors can also be sent on internal or external sabbaticals. A doctor serving in the periphery can be attached for a couple of weeks to a tertiary care centre once a year or given a choice to spend such time in a civil specialized unit, at home or abroad, depending on the finances available. This should be encouraged and facilitated.

b. **Field Doctors**: the GDMOs serving in the field to spend time in trauma centers or specialized units of Class A CMHs, for at least 3 weeks each year.

c. **Nurses**: those serving in low volume wards need to be rotated in intensive care units and tertiary centers, in order to keep them updated.

d. **Nursing Assistants and Technicians**: Many of these serving for long durations in

the field lose their skills. They also need to work in high volume units to maintain their knowledge and skills.

All of the above can be involved in CPD programs run at AFPGMI or AMC Center, or taken to their door-step as part of their CPD. Once started, this will become part of the culture. These can be:

a. Workshops: in their own field as well as on communication skills, counseling, breaking bad news, etc.
b. Seminars
c. Conferences
d. Short courses
e. Self education
f. Distant learning by fulfilling assignments
g. Constructed programs
h. Journal based activities
i. Audits

These activities need not be too formal. Some informal activities may help in changing the behaviour of health professionals in a more subtle way. These include simple academic work such as reading, writing, publishing, teaching, and examining. Spending time in other departments or hospitals or going on sabbaticals can be valuable learning experience as well as powerful motivators for rekindling enthusiasm. Similarly, embarking on a diploma or degree course in a specialist or non-specialist area can change peoples' attitude and practice[11].

PROVIDERS

To cater for the CPD activities the programs can be carried out by AFPGMI, Medical and dental institutes, Nursing schools, AMC Center, bigger hospitals, Civil Professional organizations, Specialist societies, Specialist civilian centers, CPSP, PMA, as well as centers outside the country.

"The program can only be successful, once enough capacity building is done"

Providers will be required to achieve a specified level of minimum standard for quality assurance. Accreditation criteria will be laid down and guidelines for the program planning, design and implementation developed for providers as well as institutions[12].

PROGRAMS

These may include formal and informal activities. Each type of activity would carry a different value in terms of recognition or credits. Some principles that may guide the development of a CPD program are as under[13]:

a. Be need based.
b. Focus on transfer of skills.
c. Have as its major aim the maintenance of clinical standards, and directed towards quality of patient care.
d. Contain elements relevant to the practice.
e. Be flexible and offer a range of activities having practical worth.
f. Be affordable.
g. Be prospective and ongoing.
h. Verification and certification of participation should be easy.

It is important to work towards capacity building in the form of part time or full time instructors who are willing to participate in the CPD activities. There should be a panel, with incentives and after necessary training, possibly under the auspices of Department of medical education of Army medical college. This will help to take the programs to the doorstep of learners, reducing expense and logistically easy.

Exploitation of civilian resources should also be a major part of CPD. The high volume of work in many civilian hospitals may help health professionals in Armed Forces to derive benefit at minimal cost. This may only require about two weeks or so of leave, and help with placement.

MONITORING AND RECOGNITION

A special department needs to be set up which would be entrusted the role of planning, organizing, monitoring and evaluation of CPD programs. Furthermore it would also maintain the credits of the professionals who have attended the programs with yearly feedbacks. Initiatives will have to be offered to those attending these activities like consideration in postings, courses and promotions (as already being partly done in the form of requirement of publications for promotions).

ROAD MAP

A simple road map of implementation of CPD, maybe as follows:

- **Who will do it?** - Creation of a CPD Cell at the center (Medical Directorate or AFPGMI)
- **What we hope to achieve?** - Identification of objectives and their implementation in the form of CPD Programs
- **What are our deficiencies?** – Needs assessment
- **Who needs it most?** – Target population (GDMOs, Field doctors, Field Nursing assistant, Nurses, Specialists, Administrators)
- **Who will do this?** – Identification of trainers, facilitators, teachers; their training and standardization
- **What incentives will be given to the trainers?**
- **Why should people participate in CPD?** – Incentives to the target population
- **Where will all this happen?** – In the medical battalions, CMHs, AFPGMI, AMC Center, or any other place
- **What resources will be required? Who will provide them? Who will be responsible?**
- **How will we monitor the CPD?** Who will keep the records? How will the feedback be given to those who are deficient? Will computerization be required? Will computer personnel need training?
- **What procedures will have to be followed or orders issued?**
- **What higher authorities will need to be contacted?**
- **How will we evaluate the CPD programs?** Are they producing the desired results? How can we improve them?

CONCLUSION

CPD programs are already happening. People lose knowledge and skills when they are not provided practice or environment in which they can practice. Haphazard activities of the wrong type and to the wrong people may be as good as eyewash or just to fulfill paper-work. A culture needs to be developed where we continually need to update our own and our health professional's knowledge, skills and attitudes. A structured CPD program, with incentives and clear objectives needs to be instituted. In the changing scenario of low intensity conflicts and intense short future wars, we need to cater for the needs of our soldiers and patients.

REFERENCES

1. Siddiqui ZS, Secombe MJ, Peterson R. Continuous Professional Development – Development of a framework for medical doctors in Pakistan. JPMA 2003; 53: 290-3.
2. Continuing Medical Education. National Policy and Strategic Guidelines for Pakistan (Consensus Document) College of Physicians and Surgeons of Pakistan. 2005.
3. Murad MH, Varkey P. Self-directed learning in health professions education. Ann Acad Med Singapore 2008; 37: 580-90.
4. Nambiar RM. Professional development – In a changing World. Singapore Med J 2004; 45: 551-7.
5. Sectish TC, Floriani V, Badat MC, Perelman R, Bernstein HH. Continuous professional development: Raising the bar for pediatricians. Pediatrics 2002; 110: 152-6.
6. Hawkins R, Roemheld-Hamm B, Ciccone A, Mee J, Tallia A. A multimethod study of needs for physician assessment: implication for education and regulation. J Contin Educ Health Prof 2009; 29: 220-34.
7. Christodoulou N. Continuing medical education and continuing professional development in the Mediterranean countries. Eura Medicophys 2007; 43: 195-202.
8. Starke I, Wade W. Continuing professional development – Supporting the delivery of quality healthcare. Ann Acad Med Singapore 2005; 34: 714-9.
9. Sachdeva AK. The new paradigm of continuing education in surgery. Arch Surg 2005; 140: 264-9.
10. Brown CA, Belfield CR, Field SJ. Cost effectiveness of continuing professional development in health care: a critical review of the evidence. BMJ 2002; 324: 652-5.
11. Du Boulay C. Continuing professional development: some new perspectives. J Clin Pathol 1999; 52: 162-4.
12. British Medical Association. Revalidation and continuing professional development. London: BMA 2000.
13. Continuing Medical Education. National Policy and Strategic Guidelines for Pakistan (Consensus Document) College of Physicians and Surgeons of Pakistan. 2005; p-9.

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