DRAFT Structure/Framework as of 1 December 2015

HOSPEEM-EPSU Joint Declaration on

Continuous Professional Development (CPD) and Life-Long Learning (LLL) for Health Workers in the EU

I. Introduction

Context

The healthcare sector, employing around one in every sixteen workers in the European Union (12.8 million people in 2013[1]), will face major challenges in the next decades.

Comment [H1]: Question: Should we say briefly what these challenges are? See also "Specific comments on the joint declaration"

To meet these challenges, a well-trained and equipped health workforce is crucial. The health workforce needs to adapt to changes in the way healthcare is provided and therefore needs to develop and maintain up-to-date knowledge, skills, practices, attitudes and behaviours, in order to continue to provide effective high quality care and ensure patient safety. Continuous Professional Development (CPD) and Life-Long Learning (LLL) are key to achieving this aim. There is a need to raise awareness and recognition across the European Union on the importance of CPD and LLL for health workers.

Definitions

The definitions of Continuous Professional Development (CPD) and Life-Long learning (LLL) used for the purpose of this joint declaration are as follows:

CPD is defined as the process through which an individual maintains, enhances and widens his/her knowledge, abilities, competences and skills linked to his/her current profession or occupation and professional/employment needs, throughout his/her career. CPD in this context is a joint responsibility of the employee and the employer where employers, given their legal responsibility for delivery of good quality care, should facilitate (and finance) the required infrastructure and activities. Regulated professions may have mandatory CPD requirements but these form minimum standards for public protection which individual professional development builds upon.

Comment [H2]: Question: Should we explore more the differences in non-mandatory and mandatory?

LLL is defined as learning activities, formal or informal, undertaken throughout the life cycle, with the aim of acquiring, updating and improving knowledge, skills and competence. It

[1] Data from the EU Commission: *EU Employment and Social Situation. Quarterly Review. Supplement December 2014:* The broad sector of health and social services had a workforce of about 22.8 million in 2013, corresponding to 10.7% of the total EU 28 workforce.

covers contents that are broader than qualifications, skills and competences needed for a current or future occupation. LLL is an element of adult education which is driven by the individual employee. Depending on national or local practice with regard to employability related training activities, the individual may be able to access funding and support from public authorities and/or employers and/or trade unions and professional associations ~~in combination with a (financial) contribution from the respective employee.,.~~

Comment [H3]: Proposal to delete that part of the sentence as an individual financial contribution is not always required. Do you agree with the deletion or would you rather reformulate it to take in to account cases of CPD where a financial contribution of the worker is demanded?

Why are CPD and LLL important?

CPD and LLL are essential to:

- Ensuring health staff have the competences they need
- Quality assurance of service delivery
- Improving recruitment and retention of staff
- Creating attractive career pathways – valuing the workforce and offering a career in health for life
- Encouraging multi-disciplinary working
- Improving quality of care and organisational performance
- Improving organisational performance that contributes to quality improvement

Role of social partners

CPD and LLL are a **core concern for social partners** in the hospital and healthcare sector. The importance of promoting and ensuring access to CPD and LLL for all health workers, with the aim of safeguarding and improving quality of care and patient safety, is a central priority of the HOSPEEM-EPSU joint work programme 2014-2016[2].

It is important for social partners to be actively involved in CPD and LLL activities. The most successful initiatives involve social partners from the beginning. Social partners have a major role to play in this field, in partnership with competent authorities and other relevant stakeholders to co-define strategy and content of CPD activities and also in some cases to deliver them. This should also include:

- Joint working on design, delivery, accreditation, endorsement and evaluation of CPD and LLL and practice based learning
- Negotiating workplace and sectoral agreements
- Entering into tripartite arrangements with governments and public authorities
- Ensuring health staff have access to support in the workplace for example through learning representatives

Public authorities in the Member States are responsible for providing an appropriate regulatory framework and adequate resources to support it. This professional regulatory

[2] http://hospeem.org/wordpress/wp-content/uploads/2014/06/Joint-HOSPEEM-EPSU-Work-Programme-2014-2016-06-03-14-EN-0.pdf - http://www.epsu.org/a/10361

framework plus Quality Assurance inspections also provide a formal requirement for support for CPD and LLL.

Purpose and scope of the document:

The joint declaration is intended to **provide guidance and support** to social partners about their actions around CPD and LLL in the different Member States. HOSPEEM and EPSU wish to encourage initiatives and investments in this field, by providing overarching principles governing CPD and LLL as well as making available good practice examples from across the European Union.

This declaration aims to inspire HOSPEEM and EPSU members to **make a difference** and to define how LLL and CPD are related within the local/national setting in their respective EU Member States. Social partners at European, national and local levels should be able to make use of the joint declaration to create new and innovative solutions to make CPD and LLL work more effectively in their particular setting.

It should also be a useful tool to **influence and contribute to policy** initiatives and actions around CPD and LLL at European and national levels.

This document concerns CPD and LLL initiatives for **all workers in the hospital and healthcare sector**, irrespective of age, profession and type of employment contract.

Comment [H4]: Comment related to the last element in the enumeration, "type of employment contract": For discussion: Should we formulate it in a way that this covers those in permanent and temporary employment? And those working full time or part time? What about agency staff, or the staff of contractors?
See also "Specific comments on the joint declaration"

II. Statement of principles – Principles governing CPD and LLL

The European sectoral social partners in the hospital and healthcare sector HOSPEEM and EPSU highlight the following principles that should guide any action undertaken in the field of CPD and LLL. The principles are general and can be used at all levels by all stakeholders.

Core business

- The underlying aim of any CPD and LLL activity should be the **improvement of quality of care and patient safety**. In order to function well, CPD and LLL must be linked to the organisational and managerial priorities of healthcare service providers. If this does not happen they can be marginalised and seen as "add-on" activities, whereas they should form a vital component supporting the organisation's **core business**.

- CPD and LLL should not be considered as a cost but as a **long-term investment** in career paths of all healthcare workers and should be part of human resources management policies of organisations. They are a means of promoting continuous improvement of care quality and patient safety, to deliver services that are safe, person-centred, efficient and egalitarian. Patient care should be evidence-based in line with the most up to date research and good practice, and this necessitates constant upskilling of the workforce.

- CPD and LLL should lead to a more effective and **improved recruitment and retention** of healthcare staff and should also be linked to strategic workforce planning. By offering staff the opportunity to enrich their working lives, experience greater job satisfaction and career progression if appropriate, CPD and LLL can contribute to creating a sustainable base for an increasingly ageing workforce.

- Acquisition and/or upgrading of skills and qualifications must be linked to current and foreseeable professional or developmental needs, in order to deliver the organisation's core business. CPD and LLL should be built into **team and personal development planning** and form part of a learning environment in which staff give and receive feedback on performance and reflect, individually and collectively, on their practice.

- Managers and staff representatives have an important leadership role to play in fostering a positive learning environment in their organisation. Understanding of and insight into effective learning processes in individuals, teams and organisations should form part of **management training and leadership development**, and should result in organisations that encourage and create opportunities for staff development and learning.

- **Involvement** of staff, staff representative organisations and patients in the design and delivery of service improvement constitutes a learning opportunity in itself. In this way, whole system development and personal development are inextricably and beneficially linked.

Roles and responsibilities

- Undertaking CPD and LLL is a **shared responsibility** of employers and workers. CPD/ LLL is not a one-way responsibility from employers but depends to a large extent on the intrinsic motivation of employees to invest in their own development.

- Depending on the necessities/practices in each EU Member State, CPD and LLL can be **funded/co-funded from different sources**. The facilitating and financing of mandatory CPD is a responsibility of employers and competent authorities. LLL, where linked to current or future employment, implies at the very least a (co-)funding responsibility from relevant public authorities.

- Proposal to include something here about enabling CPD/LLL – incentives
  - incentives to participate in CPD and how social partner could set or use these instruments
  - examples of where policies have been established that enable CPD – government supported activities, funding, regulatory required hours, employers learning agreements, quality improvement, national inspection and quality assurance regimes;
  - externally recognised and benchmarked systems eg Magnet programmes, IIP,
  - payback in terms of recruiting the best and retaining staff

Equality of access

- CPD and LLL should be **equally accessible and available for all health workers** across all age groups, occupational groups and working patterns. It should not be limited to the five recognised health professions (doctors, nurses, midwives, dentists and pharmacists).

- Groups traditionally under represented in CPD and LLL (workers aged 45+, part-time workers and less qualified workers) should also have access to CPD and LLL. Investing in training for these categories of workers is fundamental for their crucial role in the care delivery process, in order to create a more **sustainable labour market** policy.

- Employers and employee organisations should work together to **eliminate barriers** to access to CPD and LLL. This should include measures to protect time for CPD and LLL within working time and build it into staffing levels so that staff can be released to participate. It should also cover how to finance CPD/LLL activities.

- XXX

Comment [H5]: Suggestion: add a bullet point about how CPD and LLL activities fit in the (appropriate) context, i.e. are linked to macro, meso or *micro* developments in the health care sector and labour market, such as integrated care, multidisciplinary teams, market/ labour developments

Mode of delivery

- CPD and LLL must be distinguished. CPD and LLL can take different forms that vary significantly according to the different practices in different EU Member States and may vary between (health) professions and occupational groups. CPD can be mandatory or non-mandatory; formal or informal; academic/theoretical and/or work-place related/participatory; individual and/or team-oriented; work-related or job-related; via E-Learning and/or via B(lended)-Learning. No approach is per se superior to another: **what matters is the outcome**.

- Taking **local specificities** into consideration when designing CPD systems is very important; respecting the different national **legal frameworks** existing in individual Member States is fundamental.

- **Incentives** that have proved effective in encouraging workers to participate in CPD and LLL should be made available.

- Quality assuring, externally benchmarking and evaluating CPD and LLL are also very important. Employers and their partners should share good practice and collaborate across their health sector.

III. Annexes – Good practice examples

Gather examples in a few thematic areas. Select the most relevant examples.
Elements to include for each good practice example (approximately ½ page):

- Country
- Name of the project/initiative

- Organisation(s)
- Description of the measure and why it is a good practice (mention the success factors)
- Link for more information

N.B.: It would be good to mention in this framework for the Joint Declaration relevant EU Directives that relate to this topic and make reference to the HOSPEEM/EPSU achievements/agreements that relate to this topic as reference documents.

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Specific comments on the joint declaration:

Regarding the challenges faced by the healthcare sector to be mentioned in the introduction (p.1):

- Proposal from Marco Borsboom: refer to ageing society, ageing workforce, limited budgets, maybe the big numbers of refugees etc.
- Proposal from Jeannette de Graauw: add also research publication that underlines the need for more equipped personnel, for example the RN4cast study?

Regarding the reasons why CPD and LLL are important (p.2):

- Proposal from Gill Coverdale: maybe we should say a little more about importance for individual, team, organisation

Regarding the scope of the document (p.3):

- Proposal from Marco Borsboom: For all workers, full time and part time, all kinds of contracts, to avoid the situation that especially these workers get more and more vulnerable. See also: Equality of access, 2nd bullet. Contractors and agency staff is to discuss

Regarding the statement of principles (p.3) and more specifically the order of the different bullet points:

- Proposal from Jeannette de Graauw: Could we address the mutual responsibility of employer and employee already in the "Core business" section?

Regarding the underlying aim of CPD and LLL activities and their link to organisational priorities of healthcare service providers (p.3):

- Comment from Jeannette de Graauw: Two perspectives: organizational performance and sustainable employability?
- Remark from Marco Borsboom: I doubt if it should be this limited aim. Working life should not be limited to work in hospitals. Employers also can benefit from a more broad approach. Especially in case of reorganisations.

Regarding the statement of principles (p.3):

- Proposal from Jeannette de Graauw: add something about the fact that CPD and LLL activities should not be age-related but rather linked to the individual phase/stage (make a link with the ABIK project).

Regarding the statement of principles, "Equality of access" section, more specifically about groups traditionally underrepresented in CPD and LLL (p.5):

- Proposal from Jeannette de Graauw: Maybe the principles from the ABIK project could be of interest. Related to CPD this e.g. means an agreement between the employer and the works council/the representation of the workers that human resource policies aim to achieve sustainable employment by sustainable management and continuous professional qualification. A coherent human resource policy is developed in a participate process on the basis of a different instruments (cf. p. 3 of the long version summary results).

Regarding the statement of principles, "Mode of delivery" section, more specifically concerning incentives that have proved effective (p.5):

- Proposal to give an example or two of the type of incentive (possibly in annex)