Redesigning Continuing Education in the Health Professions

A workforce of knowledgeable health professionals is critical to the discovery and application of health care practices to prevent disease and promote well-being. Today in the United States, the professional health workforce is not consistently prepared to provide high quality health care and assure patient safety, even as the nation spends more per capita on health care than any other country. The absence of a comprehensive and well-integrated system of continuing education (CE) in the health professions is an important contributing factor to knowledge and performance deficiencies at the individual and system levels.

TOWARD A NEW VISION FOR CONTINUING EDUCATION

In 2007, the Josiah Macy, Jr. Foundation convened a conference that brought together stakeholders in health care and continuing health professional education. Conference attendees suggested that a national interprofessional continuing education institute be created to “advance the science of CE.” In response, the foundation asked the Institute of Medicine (IOM) to consider the establishment of such an institute dedicated to improving continuing education.

The IOM committee’s report, Redesigning Continuing Education in the Health Professions, examines CE for all health professionals, explores development of a national continuing education institute, and offers guidance on the establishment and operation of such an institute. In order to add perspective to its deliberations, the committee examined a number of possible alternatives to an institute, and the report describes some of the pros and cons of the various options. The alternatives included maintaining the status quo, developing a government program within an existing agency, forming a coalition of continuing education stakeholders and other organizations focused on health care quality and patient safety, and creating a new entity drawn from professional societies.

Each alternative was judged feasible, but the committee concluded that the establishment of a public-private institute held the most promise for fostering collaboration among all stakeholders in order to improve the nation’s system of continuing education for all health professionals.

The report provides five broad messages:

- There are major flaws in the way CE is conducted, financed, regulated, and evaluated. Among various problems, health professionals and their employers tend to focus on meeting regulatory requirements rather than identifying...
personal knowledge gaps and finding programs to address them. Many of the regulatory organizations that oversee CE also tend not to look beyond setting and enforcing minimal, narrowly defined competencies.

- The science underpinning CE for health professionals is fragmented and underdeveloped. These shortcomings have made it difficult, if not impossible, to identify effective educational methods and to integrate those methods into coordinated, broad-based programs that meet the needs of the diverse range of health professionals.

- Continuing education efforts should bring health professionals from various disciplines together in carefully tailored learning environments. As team-based health care delivery becomes increasingly important, such interprofessional efforts will enable participants to learn both individually and as collaborative members of a team, with a common goal of improving patient outcomes.

- A new, comprehensive vision of professional development is needed to replace the culture that now envelops continuing education in health care. Such a vision will be key in guiding efforts to address flaws in current CE efforts and to ensure that all health professionals engage effectively in a process of lifelong learning aimed squarely at improving patient care and population health.

- Establishing a national interprofessional CE institute is a promising way to foster improvements in how health professionals carry out their responsibilities. The committee proposes the creation of a public-private entity that involves the full spectrum of stakeholders in health care delivery and continuing education and that is charged with developing and overseeing comprehensive change in the way CE is conducted, financed, regulated, and evaluated.

The new vision for continuing education will be based on an approach called continuing professional development (CPD), in which learning takes place over a lifetime and stretches beyond the classroom to the point of care. In its current form, continuing education often is associated with didactic, teacher-driven learning methods, such as lectures, conducted in traditional settings, such as auditoriums. This more holistic approach incorporates a broader variety of learning methods and theories than does CE. It is learner-driven, allowing learning to be tailored to individuals’ needs. It includes such concepts as self-directed learning and practice-based learning, and it teaches both how to identify problems and how to apply solutions.

**KEY ROLE FOR NATIONAL PUBLIC-PRIVATE INSTITUTE**

The IOM report calls on the U.S. Department of Health and Human Services to commission a blue-ribbon panel to oversee the design and implementation of an independent public-private Continuing Professional Development Institute (CPDI) to guide efforts to improve continuing professional development.

The institute will be a neutral body, not embedded within any agency, that promotes and catalyzes stakeholder collaboration. Although the federal government would initially oversee and coordinate the development of the CPDI, the committee suggests that oversight responsibilities ultimately be transferred back to the stakeholders.
AGENDA FOR ACTION

Among its charges, the CPDI should develop and prioritize a national research agenda. The scientific literature offers guidance about general principles for CE but provides little specific information about how to best support learning. For the most part, CE providers cannot determine the effectiveness of their instructional methods, and health professionals lack a dependable basis for choosing among CE programs.

The report offers five criteria for prioritizing research: urgency of the problem, gaps in current knowledge, opportunity to improve practice, innovation in methods, and ability to advance the science of continuing professional development.

The CPDI also should focus on improving regulation, including accreditation, certification, credentialing, and licensure. Each profession currently approaches regulation differently, using variable terminology, employing different learning requirements, and developing its own regulatory processes to assess individual practitioners’ qualifications to practice. Such wide regulatory variations lead to inconsistent learning. Harmonization of regulatory processes across states and professions is important for consistent delivery of high levels of learning.

Similarly, the financing of continuing professional development varies widely by profession. Some health professionals pay out of pocket for their education, while some employers may pay for all or part of the education expenses of their professionals. And in a growing trend, some companies, particularly pharmaceutical and medical device firms, are using continuing education inappropriately to influence health professionals so as to increase market share.

To help bring stability to the field, the CPDI should investigate new financing mechanisms that will support a broader-based continuing professional development system while avoiding potential conflicts of interest. The CPDI also can help shift the medical culture by expanding the concept of continuing professional development to include interprofessional teams of practitioners. Such team treatment is proving of great value in many fields, but many facilities do not yet train their professionals in teams.

The CPDI can help by identifying, recognizing, and fostering models of continuing professional development that build knowledge about interprofessional team learning and collaboration.

To ensure its accountability, the CPDI should report annually to its public and private stakeholders and should hold a national symposium on the performance and progress of continuing professional development and its role in enhancing quality of care and patient safety. To achieve its potential in a timely manner, the CPDI will need adequate, continuing financial support, which should be provided jointly by the federal government and the private sectors in order to avoid undue influences from stakeholders.

CONCLUSION

The current system of continuing education for health professionals is not working. Continuing education for the professional health workforce needs to be reconsidered if the workforce is to provide high-quality health care. A more comprehensive system of CE is needed, and CPD provides a promising approach to improve the quality of learning. An independent public-private Continuing Professional Development Institute will be key to ensuring that the entire health care workforce is prepared to provide high quality, safe care.
FOR MORE INFORMATION . . .

Copies of Redesigning Continuing Education in the Health Professions are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, www.nap.edu. The full text of this report is available at www.nap.edu.

This study was supported by funds from the Josiah Macy, Jr. Foundation. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the organizations or agencies that provided support for this project.

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