Reflections on the status and future of continuous professional development: Scandinavian anaesthesiologists´ view

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Abstract

Background: A systematic review has found that requirements for anaesthesiologists´ continuous professional development (CPD) requirements and how to evaluate CPD varies between countries. The aim of this paper is to present the status of CPD in the Scandinavian countries, discuss the future if CPD and come up with a roadmap for how we can plan and monitor this development.

Methods: A workshop was conducted in January 2024 in Sweden for 8 participants from the Nordic countries. A 1½ day program included the topics: the present status of CPD, an overview of the literature about CPD, goals and objectives for CPD, educational strategies, assessment of competence, implementation issues and future research areas. Each topic was introduced with a short presentation followed by group discussions.

Results: The workshop participants proposed to develop a portfolio system with documentation of competency-based educational activities for specialists to support learning for life. The CPD activities should be tailored to the anaesthesiologist´s clinical responsibilities. To support work-place-based learning the importance of reflective feedback was emphasized. This involves promoting a psychologically safe environment for learning. A wide variety of learning methods were mentioned to address learning needs. Compulsory theoretical exams were not seen as a way forward, yet certain competencies may necessitate assessment. The suggested approach to CPD agrees with a paradigm shift in medical education towards more formalized workplace-based learning.

Conclusion:

We found that there is room for improvement in the way we structure CPD in our countries. It was proposed to develop a portfolio-based system tailored to the individual anaesthesiologist to document competency-based activities, and to facilitate reflective practice and feedback. Potential challenges and unanswered questions need to be addressed to facilitate changes. Research projects are needed to explore leaders' and specialists´ views on CPD activities.

Keywords

Anaesthesiology, continuous professional development, education

Background

Continuous professional development (CPD) refers to the ongoing process by which healthcare professionals maintain, refine, and broaden their knowledge, skills, and competencies throughout their career. CPD is essential for safe patient care. A recent systematic review revealed significant variations in both the requirements for CPD and the methods used to evaluate the outcome of CPD[1]. In certain countries, participation in formal activities and registration of CME (Continuous medical education) points are mandatory, whereas in others the national medical associations only recommend participation in activities often with ten to fifteen days paid leave provided by the employer[2,3]. The responsibility for planning these activities varies and often it is a shared responsibility between the individual and the head of department[4]. Recent publications have addressed the need for health care professionals to become lifelong learners[5]. The technological evolution and introduction of artificial intelligence makes it necessary to be able to understand and apply this in daily clinic. Another argument for learning for life is that our cognitive function decreases with age as well as our ability to see own incompetence as we often work alone without receiving feedback[7].

The Scandinavian approach to CPD has been based on mutual trust and common goals of the employer and employee. A need for more formalized CPD programs and documentation of activities has so far not been recognized. In specialist training, however, there has been a paradigm shift towards goal-, and competence-oriented training, including learning and evaluation of competence in a clinical setting[8,9]. The question is whether we should promote a similar paradigm shift in CPD beyond specialist training[10].

The healthcare systems in our countries are primarily public and are confronted with many common challenges such as a rising demand for services and an increasing shortage of healthcare professionals. The financial resources allocated to CPD are limited, necessitating the exploration of alternative educational approaches.

A shared approach to CPD in our countries could pave the way forward. A first step was to bring anaesthesiologists from all five Scandinavian countries together to discuss the future of CPD.

AIM

The overall aim was to present the status of CPD in the Scandinavian countries, discuss the future of CPD for anaesthesiologists and come up with a roadmap for how we can plan and monitor this development.

METHODS

The Scandinavian Society of Anaesthesiology and Intensive Care´s (SSAI) Educational Committee has supported the development of advanced subspeciality training programs for anaesthesiologists over the years. A new focus area for the committee is how to support CPD in general. At the request of the committee, a working group consisting of one to two members from each Scandinavian country was

established. The members were appointed by their national societies in 2023. Online meetings were held to gather information concerning the status of CPD in the countries and to prepare for a workshop in January 2024 in Malmö, Sweden. The workshop was supported by a grant from the Acta Foundation.

A 1½ day program was sent to all participants in advance (Appendix 1). After the welcome and introduction, participants wrote down their expectations for the workshop and shared this in plenum. The program included the following topics: the present status of CPD, an overview of the literature about CPD, goals and objectives for CPD, educational strategies, assessment of competence, implementation issues and future research areas. Each topic was introduced with a 10-15 minute presentation followed by group discussions. Notes were written on a flipchart (DØ and OT) and then condensed and recorded by CS. The notes were read by all participants.

RESULTS

Eight participants were invited by the Educational Committee of the Scandinavian Society of Anaesthesiology and Intensive Care (SSAI), representing the five Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden). All were specialists in anaesthesiology, representing different levels of experience.

The expectations of participants included defining the goals of CPD, the activities, new ideas for implementation and establishing a defined plan that could be of benefit to anaesthesiologists, organizations, and patients. In addition, the participants emphasized the importance of SSAI's potential to extend beyond the scope of the National Societies by envisioning collaborative outcomes such as shared recommendations, which could serve as a road map for CPD across our nations.

The status of specialist education and CPD in the Nordic countries

An overview of the existing specialist education revealed that each country has or is building a competence-based framework requiring documentation of competence through a logbook or portfolio. Some countries have adapted the Can Med 7 roles of the physician and others have adapted only some of these[11]. In all countries, clinical training is complemented with courses. In Iceland, the European Diploma (EDAIC) part 1 should be passed during the first 2 years of training, whereas in Finland and Sweden, the EDAIC or a similar national exam should be passed during the training period. In Norway and Sweden, national courses involve exams or tests of knowledge while in Denmark two of the courses include an Objective Structured Clinical Examination (OSCE) to inform the trainee of their level of competence.

The current states of CPD in the five countries showed many similarities. In general, the recommendations from the national medical associations are similar concerning the number of days for CPD, with ten to fifteen days of activities paid for by the employer recommended each year. In addition, Norway has 2.2 days of paid leave earned per month, resulting in four months every five years. In

addition, the Finnish and Icelandic Medical Associations recommend five and one hours per week respectively, during usual working hours. The financial responsibility for, and the actual availability of the required activities differ between countries: a common problem is that it has become increasingly difficult to allocate the full ten days for CPD and national surveys have shown that five days is more common.

The goal and objectives of CPD

The pros and cons of more formalized CPD programs were discussed, including national experiences of portfolio systems encompassing workplace-based assessments and feedback in specialist training. Based on the literature and positive experience from specialist training, the workshop participants suggested continuing competency-based educational activities for specialist anaesthesiologists, including a portfolio representing competence within several of the seven CanMed roles[11].

The participants agreed that the anaesthesiologist´s basic skills are well described in the curriculum for specialist training, and they decided to discuss the following areas:

- Maintaining knowledge, skills, and competence within core activities
- Learning new skills
- Refinement of specific skills or attainment of specific skills within a given anaesthesiologists´ specific clinical areas
- Identifying learning requirements and bridging the gap between individual and institutional needs

The anaesthesiologist must be a lifelong learner, which implies maintaining basic skills, refining specific skills, and learning new skills such as point-of-care ultrasound or videolaryngoscopy. The knowledge and skills required depend on what is demanded by the anesthesiologist's current clinical practice. Examples are shown in Table 1. There was unanimous agreement that this involves a broader perspective on competence beyond merely being a medical expert: social skills including communication, collaboration, and leadership, were highlighted, alongside cognitive skills such as situational awareness and decision-making. Scholarly and research activities were also mentioned as important. In addition, there was acknowledgment of the importance of taking responsibility for one’s mental well-being and supporting others in this regard.

Educational strategies

The participants suggested and discussed a wide range of educational methods, some of which should be mandatory each year. In addition to courses and conferences, more informal and frequent meetings nearer the workplace were discussed, including intercollegiate and interprofessional meetings, peer-to-peer feedback and journal clubs. Simulation, online teaching, tactical decision games and skill stations were also covered, some of which the participants thought should be mandatory each year.

Simulation may be carried both out in-situ, and at simulation centers depending on whether the aim is to involve the actual team and local environment, or to bring together participants from several specialties and departments, fostering discussions and stimulating team reflexivity on current practices as recommended by Schmutz and Kolbe[12,13]. Training for emergency situations should be included.

Exchange programs between hospitals or departments were mentioned. Activities such as teaching, updating routines and guidelines, participation in quality improvement and research projects were all seen as relevant CPD.

Feedback

Feedback constitutes an important part of workplace-based learning. In contrast to the instructional feedback provided when novices are supervised, a more reflective form of feedback is required to engage specialists. We recognize that giving and receiving feedback from colleagues ("peer-to-peer feedback") can be difficult, and one must be genuinely curious why someone has chosen a particular approach to understand the mental model behind the action. This is in alignment with previous publications[14,15,16]. The structure for debriefing after simulation-based training and being openminded using curious questions can be applied to the clinical situation. The purpose is to benefit from the feedback, and often both provider and receiver learn from the situation. For this to happen, the individual needs to feel psychologically safe and a learning culture should be fostered[17]. The participants suggested that departmental training courses focusing on giving feedback might be necessary, allowing individuals to practice reflection techniques to make the transition to workplace-based learning successful.

Assessment of competence or outcome of learning

Prior to engaging in any educational activity, it is advisable to discuss the objectives: What do I aim to gain personally from this activity, and how can my colleagues and department benefit in terms of team and organizational learning? The SMART concept was mentioned, the abbreviation stands for Specific, Measurable, Achievable, Relevant, and Time-Bound[18]. The gain is that it is visible what you bring back from educational activities. This is aligned with the idea of grounding future CPD systems in everyday activities[19,20].

The participants briefly discussed whether certification of certain tasks should be mandatory but did not go into details about this topic. Overall, the participants favored identifying gaps and peaks in professional performance by workplace-based learning and assessment over collecting CME points and formal re-certification.

DISCUSSION

The workshop participants proposed some overall concepts for anaesthesiologists´ CPD in the Nordic Countries. Based on the literature and the positive experience from specialist training, it was proposed to develop a portfolio system with documentation of competency-based educational activities for specialists to support learning for life. The CPD activities should be tailored to the anaesthesiologist´s clinical responsibilities. Supporting work-place-based learning includes training specialists to seek and provide reflective feedback, which involves promoting and preserving a psychologically safe environment for learning. A wide variety of learning methods could be used to address learning needs. Compulsory theoretical exams were not seen as a way forward, yet certain competencies may necessitate annual or biannual assessment.

The suggested approach to CPD agrees with a paradigm shift in medical education towards more formalized workplace-based learning. In the following, we address the potential challenges and how the local, national and SSAI can support such a paradigm shift in CPD.

Potential challenges

One important barrier to change can be that anaesthesiologists might not believe in the need for change. To overcome that challenge It is necessary that anaesthesiologists understand the need for change and that they are motivated to become lifelong learners. It is important to understand that it is meant as a way to refine their skills and learn new skills.

Health care providers should recognize that CPD ensures a highly professional, competent, and resilient workforce capable of addressing both present and future challenges. Managers might not see the need for the above-mentioned mix of educational strategies, and some might have financial challenges in supporting the CPD activities. By investing in CPD initiatives, we enhance anaesthesiologists' individual competencies with the intention of improving patient safety, outcomes and the well-being of anaesthesiologists[21].

The local and national structure

CPD should be anchored in the department and activities should be decided in dialogue with the head of department. An example of a of structure for a CPD conversation is seen in Appendix 2. CPD is seen as a responsibility for both the individual and the head of department. Local CPD activities should be in alignment with national or Scandinavian recommendations. Heads of department should be encouraged to have a dialogue with anaesthesiologists, and to have a balanced perspective that addresses both short and long-term individual and departmental needs. Financial constraints might inspire or force us to use new formats such as online learning. A national structure is necessary to support the development of educational methods and of an electronic version of the portfolio to be able to share CPD activity data.

The role of SSAI

The SSAI has a history of organizing common post-graduate programs serving our aligned interests and goals. With a longstanding tradition of collaboration, the SSAI is well-equipped to facilitate the further development of CPD in the Nordic countries. Our workshop has illustrated that specialist training is based on the similar educational principles and that we could extend some of these principles for CPD. Our specialty is organized the same way and our culture are alike. We find that the SSAI could facilitate the practical steps needed with respect to Medical Unions and authorities.

The next steps

CPD activities are the responsibility of SSAI's Educational Committee, and we suggest continuing the work initiated by this workshop. A first step could be collaborative, Scandinavian research projects testing some of these suggestions in practice before implementation. There are questions to be answered before such a paradigm shift can take place. How can we address the differences in "in house" CPD opportunities for larger and smaller departments? What type of support is required to facilitate workplace- based learning? Do anaesthesiologists feel enough psychological safe enough to take part in peer-to-peer feedback and do they need training in reflective feedback? What are the key elements that need to be in place for successful implementation? We do not have the answers to these questions but recommend initiating explorative studies to address these questions to facilitate the implementation of workplace-based learning.

Discussion of the methods used

The strength of this study is that the workshop was conducted with anaesthesiologists with different levels of seniority from all the Scandinavian countries. The drawback is that only 9 anaesthesiologists participated in the workshop, which might question the generalizability. The strength is that the outcome of the meeting is in line with the educational literature and conceptual frameworks.

The take home messages from this study are seen in table 2.

CONCLUSION

We found that there is room for improvement in the way we structure CPD in the Scandinavian countries. It was proposed to develop a portfolio-based system tailored to the individual anaesthesiologist to document competency-based activities, and to facilitate reflective practice and feedback. We suggest expanding our collaboration from the post-graduate programs to CPD. Potential challenges and unanswered questions need to be addressed to facilitate changes. Research projects are needed to explore leaders' and specialists´ views on CPD activities, including how we can prepare for

the future in departments with different challenges, setting new objectives and using new methods. In addition, collecting experiences with workplace-based learning and reflective feedback for CPD would be beneficial.

Competing interest statement

Cecilia Escher is the Chair of the Educational Committee in SSAI.

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Table 1. Examples of an anaesthesiologists´ competencies

Topic knowledge and skills	Examples
Medical expertise	New equipment, techniques e.g. point-of care ultrasound and guidelines
Communication	The good listener. Openminded for input from the team. Knowing not to speak – and when to speak up
Relation to patients/relatives	Patient partnership and patient-centered care involvement of patients/relatives and other professionals in decisions
Collaboration	Coordination of complex tasks. Multiple contact during daily work. Involved in multiple specialties.
Leadership	Pivotal role/responsibility in a team of experts and different professionals Lobbying, advocacy, campaign contributions, or the direct involvement of professionals in politics. Influence of the specialty on the hospital system. Governance, departmental leadership
Situation awareness	Overview, have an overview of the situation. Diagnostic thinking. Ability to act within the span from new and few information, start taking decisions. Re-evaluation. Dynamic thinking and problem-solving. Ability to change. Dynamic tempo. "From coffee to emergency". Things happening/you do things.
Decision making	Pattern recognition. System 1 – System 2. Capability of moving from one to another, and back, and… Emergency preparedness for infrequent but rare or mass-casualty effect
Professional skills	Being able to receive feedback from both more junior or senior colleagues as well as interprofessional feedback (ability and openness for learning) Openness for blind spots, learning from failures. Societal obligations. Responsibility for prioritization Adjusting to younger generation. Attracting new doctor. Recruitment. Sustainable post-graduate education. Attractive careers to. Flexibility Conflict handling – big and small. Resources. Ethical issues. Following the development. Moving boundaries. Expectations to the anaesthesiologist. Doing the right thing The Peter principle – stop at the right level of expertise
Personal skills	Innovative/creativity/adaptive skills
Mental wellbeing	Healthy working environment. Sustainable work-life balance Accepting/respecting the different phases of life The happy doctor, growth, inspiration, feeling competent. Mentoring

Table 2. Take home messages.

Take home messages
• The anaesthesiologist has to become a life-long learner • Broader perspective on competence than being a medical expert • A paradigm shift to workplace-based learning • Feedback to and from colleagues to improve reflective skills
• A wide variety of educational strategies and learning methods
• Assessment of certain tasks
• The responsibility of the anaesthesiologists, the managers and the National Societies
• The role of the SSAI as a facilitator for development and research activities

Appendix 1. The program of the workshop

Day 1

11.00 - 12.00 Welcome and an introduction

- *Why are we here – setting the scene*
- *How is the CPD situation in your country (10 min/country)*

12.00 -13.00 Lunch

13.00 – 13.45 Continuing education nationally and internationally

- *What is medical training and how to do it? (CPD / CME /…)*
- *What does the literature say?*
- *What´s the problem?*
- *Where are we going?*

13.45 – 14.45 What should a specialist know?

- *One size fits all model or competence corresponding to clinical work?*
- *Is it structured or is it needs-based?*
- *Goals and objectives*

14.45 – 15.30 Educational strategies

- Different learning methods
- How to select?

15.30 – 16.30 Assessment of competence / certification?

- *Who sets the bar and who sets the requirements?*
- *How is competence assessed?*
- *Certification of certain skills?*

16.30 – 17.30 Implementation – barriers and facilitators?

- *How do we motivate specialists to participate in continuing education?*
- *What is the benefit of 'compulsory' continuing education?*
- *What are the objections to 'compulsory' continuing education?*

Day 2

9.00 – 9.30 Reflections on day one

- *What is the next step?*

09.30 – 12.00 The output of the meeting

- *The outline of a paper to Acta Anaesthesiol Scand*

12.00 – 13.00 Lunch

13.00 – 14.00 Plan for the further process – what is next?

- *Concrete tasks*
- *Projects/applications?*

14.00-14.15 Rounding and evaluation

Appendix 2. An example of a structure for a discussion with the head of department about continuous professional development

UNIVERSITETSSYKEHUSET NORD-NORGE
DAVVI-NORGGA UNIVERSITEHTABUOHCCEVIESSU
Surgery and Intensive Care Clinic

HELSE NORD

Development plan for specialists in anaesthesiology

Applies to all physicians in full- and part-time positions at the Department of Anaesthesiology, UNN.

Purpose of this development plan

- *To have an individually oriented personnel policy that accommodates your phase in life.*
- *To help you succeed at your work in the short and long term.*
- *To help you as an employee take responsibility for your own career-development, taking into account medical and organisational developments.*
- *To help promote good leadership and employee relations.*
- *To assist those employees who need to develop their competence or need new challenges.*
- *To develop our department as an attractive employer which attracts, develops and retains the right people.*

Procedure

This plan is a personal document shared between you and your manager. The document is stored in your personnel folder.
Part 1- Document between you and your manager. Sharing and discussing with your immediate colleagues is encouraged.
Part 2- Document between you and the manager.

The plan is completed by you and sent to your manager well in advance of your annual development meeting. This meeting is a confidential discussion between you and the immediate manager and replaces the traditional performance appraisal.

The purpose of the development meeting is to establish a common understanding of your priorities and goals for the coming period. In addition, the conversation should be an arena for mutual feedback and clarification of matters that may affect you as a co-worker in terms of development and goal-attainment.

The plan should be a living document that is adjusted annually, or more often if there is a need/desire from one of the parties. Responsibility for following up any agreements made is shared by manager and employee alike, how this is to be done for different measures is clarified and noted in the document.

If you find it challenging to complete part 2 (collaboration and working environment) prior to the meeting, this can be done during or after the meeting.

After the development meeting, revise the document and send it over to your manager.

Part 1 Development plan

Plans and objectives for the next 2-5 years

Your plans and goals may be related to competence development, quality-improvement, research, experience from other disciplines or managerial responsibility. Long-term goals (e.g. SSAI training programmes) and short-term goals (e.g. APLS courses or second on-call courses) should be described. Here you can list relevant courses, *conferences, internships and specific training*. The objectives should be based on your own motivations and discussed with your colleagues and your manager. These must also be seen in the context of the department's priorities and needs. How can you help make the department an even more attractive and future-oriented place to work? If you are in a phase where you are approaching the end of your professional career, it is important to discuss this with your manager and make realistic plans.

Requirements to reach 2–5-year goals

This point should include an analysis/reflection of what is needed for you to reach your goals. Do you need to be freed from clinical tasks? The needs analysis should characterise the annual work plans, so that you and the manager together contribute to goal attainment.

Compliance with the department's strategies and plans

How do your goals relate to the department's plans and strategies?

Completed and planned activities

Continuous overview of courses, conferences, secondments etc.	**Time planned/completed**

Part 2 Cooperation and working environment

Work environment

In this section, you can discuss everything from collaboration at all levels to how you think interactions with your manager works. Furthermore, it is important to cover the working environment – what is the culture like in your department? You can address both the physical and psychosocial working environment. Do you think you get the opportunity to participate and how much influence do you have? How do you contribute to the working environment - what can you do yourself? Have there been any changes that entail a need for adaptations?

Theme	Effort	Responsible for follow-up

Other

Is there anything you have not been able to elucidate/address in the review of the development plan?