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Shared responsibility for continuing professional development translates into short-term trade-offs

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ABSTRACT

INTRODUCTION. In Denmark, responsibility for continuing professional development (CPD) of consultants is shared between employers, often represented by heads of department, and the consultants themselves. This interview study explored patterns in the ways that shared responsibility is practiced in the context of financial, organisational and normative structures.

METHODS. Semi-structured interviews were held with 26 consultants holding different levels of experience, including nine heads of department, across four specialties in five hospitals in the Capital Region of Denmark in 2019. Recurring themes in the interview data were analysed in the light of critical theory to highlight connections and trade-offs between individuals' choices and structural conditions.

RESULTS. CPD is often a matter of short-term trade-offs for consultants and heads of department. Recurring elements in the trade-offs between what consultants wish to do and what is possible include topics of CPD, funding sources, time and expected learning gains. Governance of CPD varies from pure administration of limited funds to attempts to aligning individual with department priorities.

CONCLUSIONS. Shared responsibility for CPD activities is managed in very diverse ways across departments. The individual flexibility afforded by shared responsibility may be an advantage, but a risk exists that structural conditions for CPD, such as short-term budgets and very different management practices, leave CPD activities to be guided more by coincidence than plan.

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In Denmark, the continuing professional development (CPD) of consultants is the shared responsibility of employers, represented by heads of department (HOD) and consultants [1]. This policy encourages self-governance rather than requiring points to practice or regular re-certifications as may be the case in other healthcare systems [2, 3]. Among the few formal agreements to guide the governance of shared responsibility in Denmark is that consultants have a right to spend a minimum of ten paid working days a year on CPD [4].

Surveys indicate that a considerable proportion of consultants spend less than ten days annually on CPD. To understand what may affect the translation of the right to CPD into practice and to inform possible policy adjustments at the department level, it is conducive to understand how shared responsibility for CPD is managed.

The overall aim of this study was to explore how CPD is practiced when consultants and HOD share responsibility. The research questions were: What are consultants' wishes and conditions for CPD, and what patterns emerge in their trade-offs between wishes and conditions?

METHODS

We designed an interview study building on what we already know from surveys of consultants' CPD activities. Five specialties were purposively selected: anaesthesia, oncology, orthopaedic surgery, paediatrics and clinical microbiology to ensure representation across specialties and ensure variation in terms of economic support from the pharmaceutical industry. No clinical microbiologists responded to our invitation.

We invited HOD for an interview. Furthermore, we asked them to identify a newly appointed and a more senior consultant for an interview.

We prepared one interview guide for the HOD and another for consultants (**Figure 1**). All interviewees consented to participate in the study. The first five interviews were conducted by BB and DO, and the remaining by BB. The interviews lasted 23-61 minutes. The Research Ethical Committee of the Capital Region of Copenhagen waived review (Journal-no.: H-18065537).

FIGURE 1 Consultants' continuing professional development (CPD).

Introduction to the interview

1. Introduction of interviewer(s)

2. Purpose
To explore how consultants' CPD is done in ten different departments in five different specialties in the Capital Region of Denmark.
Focus on *conditions* (strategic, practical, economic) and *wishes* (topics and forms of learning)

Lead questions
- What CPD activities are available within and outside the department?
- How are CPD activities prioritised, planned and financed?
- What wishes and preferences do consultants and heads of departments have with regard to CPD?

3. Background
- What is the current status in the field?
  - Quantitative surveys of consultants' activities and data from the LØNSYSTEM show a wide variation between specialties in terms of CPD activity. There is no overview of how and whether CPD occurs, or how CPD activities are financed in the departments. The Education Council of the Capital Region of Denmark has financed a qualitative investigation of consultants' activities, priorities and wishes with regard to CPD.
- How can we support CPD?
  - Danish Regions and the Danish Medical Association have published four principles for CPD (Danish Regions, 2017). How can we underpin implementation of these four principles?
- How should we distribute regional funding for CPD?
  - What is the solid foundation for developing principles for distributing DKK 5 mill. that the Capital Region of Denmark has granted annually for consultants' CPD to secure education opportunities that are not financed by the pharmaceutical and medical technology industries?

4. Form
- Semi-structured interviews
- 30 minutes
- Starts with very open questions

5. Permission to record?

6. The report will be shared

7. Questions?
Can we contact you again if we need to elaborate on a topic?

Interview guide

Lead questions
- What CPD activities are available within and outside the department?
- How are CPD activities prioritised, planned and financed?
- What wishes and preferences do consultants and heads of departments have with regard to CPD?

For heads of departments
- Please introduce yourself and your function briefly with regard to development and planning of CPD in your department
  - How many consultants serve in your department?
- What CPD activities are offered within and outside your department?
- How are CPD activities prioritised, planned and financed?
- What wishes do you have for future learning opportunities?
  - Prompt with a starting point in the seven roles of the CanMeds model.
- What considerations and wishes do you have with regard to competency assessment?
- Should needs for CPD be based on data? – If yes, which data? E.g., patient satisfaction/outcomes?
- Are there strategies for the professional and organisational development of this department?
  - To what extent are these strategies developed in accordance with consultants' CPD?
- To what extent are employee development interviews and development strategies applied in the prioritisation of CPD that is financed by the department?
  - With regard to the coming regional funding for CPD: Should individual consultants be granted an amount or should the department pool and manage the funding?

For consultants
- Please introduce yourself and your function in this department briefly.
- What CPD activities are available for you within and outside your department?
- Which CPD activities have you engaged in during the past year or two – and why these in particular?
  - Prompts: congress, courses, local team training, (simulation-based) training of specialty specific skills, stays in other departments, peer-to-peer learning, other?
- Which CPD activities do you find most valuable in terms of learning?
  - Please, give an example of a CPD activity that has taught you something that you can apply in your daily work.
- How are your CPD activities prioritised, planned and financed?
  - To what extent can you choose and combine your CPD activities?
  - Do you have a plan for your professional development?
- Do you spend ten days on CPD? How did you spend your ten days last year?
  - How is your CPD financed?
    - To what extent is CPD an out-of-pocket expenditure and for what CPD activities?
- What wishes and preferences do you have in relation to CPD in your present position?
  - What kinds of CPD do you need? What topics would you prioritise? Prompts (CanMeds)? What forms of CPD would you prefer?

Data analysis

Interview data were first analysed in terms of the individual consultants' descriptions of their wishes and options regarding CPD. This analysis showed how their choices were often the result of a series of carefully considered "trade-offs" between various elements that were given value in the context of a particular set of economic, organisational and normative structures. Here, we apply the term trade-off to describe the situated process of weighing elements in CPD activities, i.e. topic, funding, time and forms of learning, that may turn into pros and cons in consultants' descriptions of their activities. Trade-offs between these elements became the empirical focus of this analysis, and generalisations are made at the level of these elements. Critical theory was chosen as an overall analytical inspiration for its ability to illuminate the nexus between individual choices and structural conditions [5-7]. Our choice of theory reflects our assumption that patterns in the uptake of CPD are not shaped by individuals' plans or motives alone, nor by institutional structures, but emerge in their interplay.

Trial registration: not relevant.

RESULTS

We conducted 26 individual semi-structured interviews in 2019 in four specialties and nine departments in the Capital Region of Copenhagen. Interviewees comprised ten HOD and 16 consultants.

Some elements were recurring in the consultants' considerations, i.e. topic, funding, time and the relation between learning methods and learning gains. These elements are presented below as separate entities with indications of how consultants made trade-offs, which tie into the actual practicing of shared responsibility for CPD activities at the department level as described at the end of the section. In **Table 1**, selected consultants' trade-offs are illustrated.

TABLE 1 Vignettes illustrating selected consultants' trade-offs in relation to continuing professional development (CPD), the elements that are involved in them, and the structural conditions that influence them.

Item	Vignette[a]	Elements in trade-offs for the individual	Wider structural conditions
1: experienced consultant	A aims to participate in two international congresses annually. This is possible owing to industry funding of A's participation. Many congresses and expert meetings take place in evenings, weekends and holidays. A wishes to perform at the highest possible international standard, but feels that A's employer achieves all this excellence for free. A regards CPD as the shared responsibility of employee and employer. "We stop taking education seriously when people acquire the "consultant" stamp. We must also take responsibility ourselves ... If you think you are done with education once you have become a consultant, you are wrong!" A states that topics for education should be chosen by oneself. Education is not worth much if it is imposed. Education can be a great motivator and a means against stress and burnout. To stay updated and to plan the education of residents, consultants in A's department meet at an evening every 4 mos. on their own initiative. This effort, however, is not recognised nor remunerated by employers. "The continuing education of consultants has been pushed out of working hours because of production pressure, and at some point ... we can only stay on the level we are at, but not get better at anything".	Working hours and time off Who pays for CPD and who chooses topic of CPD	Access to industry funding Very limited departmental time/ funding for education
2: recently appointed consultant	B works in a highly specialized field in a department where CPD is up to the individual consultant. B wonders why there is no plan to determine who should focus on what, or even an interest in what individual consultants would like to focus on: "There should be a strategy when funding is so limited, and there should be some form of rotation instead of CPD by coincidence..." The department has a policy to spend DKK 4,000 a year on a consultant's CPD, so B has paid himself for the past few years, although B finds this problematic. It is not easy to be away from ones' children, and it becomes harder when one must pay for it oneself B choses CPD activities that add to B's medical expertise, because there is still a lot to learn, although B highlights how useful it would be in B's speciality to learn more about communication with patients, e.g., through feedback from more experienced colleagues. B also wishes for more targeted and long-term planning regarding CPD. B has had one career development meeting in the past six yrs. "You can learn something over 15 yrs, but you can also learn the same in five yrs – why not do that, then?"	Funding sources and time Topic of CPD and learning methods Learning gains and governance	(Lack of) governance of CPD Very limited depart-mental funding for education Norms for what an employer can expect
3: experienced consultant	C has many possibilities for CPD so every year C plans in which areas C will look for CPD opportunities the following year, including an assessment of how activities might be financed by either the department or by industry invitation. C learns a lot from contributing to international advisory boards at the forefront of C's field. Usually, C decides what CPD activities are relevant without consulting much with others in the department, but once C's head of department suggested that C attended a management course. C was sceptic at first but gained a lot from participating.	Topics of CPD and funding sources Who chooses topics vs learning gains	Good access to industry funding Norms for individual freedom
4: experienced consultant	D describes how in D's department they try to find alternative ways to educate consultants by patching together local activities and visits, but it takes a lot of time and careful planning by each consultant to align working schedules and negotiate agreements, etc. A prerequisite for advancing in this speciality is a particular international course that is very expensive. To get accepted in the course consultants must pass an exam that they must study for months on their own time, and the department cannot promise to pay for the course if they pass the exam D has been in the department for many years. When asked about what changes D has experienced with regard to CPD, D responds: "We see a large change. When you are less consulted as a professional than earlier, and when you don't get anything [funding for CPD] then you will gradually turn into an employee. Professional pride is no longer a driving force. Many physicians feel subdued. It is a balance – We should not have physicians counting hours, but if that is the conditions that they get... that will definitely damage CPD activities"	Topics of CPD and funding sources Time and learning gains	No access to industry funding Norms for what an employer can expect
5: head of department	Apart from keeping an eye out for free management courses for consultants in the department, E has recently started to systematically design 2-3-yr curricula together with each of the younger consultants and their mentors (older colleagues) to fill in their gaps in training and meet their individual wishes. Once individualised curricula are designed, the next step is to explore what the department may offer in terms of learning opportunities, what (free) courses are available, and how they may be funded. The starting point is needs, the approach is to be systematic, and only then arises the question of funding. E says: "People [consultants] get younger and younger and learning is lifelong, so why not work systematically? I have a good overview of who is away for CPD for how many days. You can't just pay yourself and be away as you like. We spend a little over ½ of the 10 days, but some are away more if they are involved in particular activities"	Topics of CPD, learning gains and funding sources	No access to industry funding Experimenting with CPD governance
6: recently appointed consultant	F is a relatively newly appointed consultant. F feels that there is a lot to learn every day at work. "I am not sure I have spent my 10 days this year. I guess I should count them, but perhaps I am uncertain because I know it will cost me. ... It can easily reach around DKK 10,000 out of my own pocket. ... I think I need to make a strategy for the coming years. My concern is that my department can't pay, and I need to prepare mentally for that" F used to find industry relations problematic but has reached a pragmatic position thinking that if industry was not engaged in annual meetings, F would need to pay much more to be able to meet and discuss with colleagues from the rest of the country. F is highly aware of differences in offers from the industry depending on what speciality you are in.	Funding sources and norms for "good" funding	Little access to department funding and unequal access to industry funding

a) Condensed account of anonymised consultants' trade-offs in context.

Trade-offs regarding topics for continuing professional development

From interviews with both consultants and HOD, it appeared that they almost exclusively prioritised learning in relation to the role as a medical expert over roles as a manager, a collaborator or a communicator. This pertained to consultants across specialties and levels of experience. A variety of courses within these areas are available in the region and are offered free of charge. Even so, these areas are rarely prioritised. Many consultants did consider these topics important, but they considered that keeping up with developments in their medical specialisation was more important.

Despite high degrees of specialisation, the consultants were able to find learning opportunities, and many enjoyed forming part of international networks. In some specialties, extended courses to sub-specialise are available at the Danish, Scandinavian or European level. These courses are considered very attractive, although

they require a considerable amount of time and often imply quite large out-of-pocket expenses without any guarantee that the new skills will lead to a specialist function.

Trade-offs regarding sources of funding for continuing professional development

Practices relating to funding of CPD activities were among the most variable elements among departments. Some HOD spent their CPD budget on annual one-day seminars for all employees including nurses. Others allocated an annual sum as a grant to be applied for by individual consultants wishing to attend a course or congress. A few HOD were able to fully fund consultants' participation in congresses and courses.

Departmental budgets may cover all or parts of CPD costs. Furthermore, the HOD can grant time off with or without salary. Departmental CPD budgets are annual. This complicates long-term planning. Recently, access to funding from the pharmaceutical industry has become considerably harder to come by and become more controversial than was previously the case.

Several consultants were engaged in an individually designed, longer-term plan with partial financial support, but it remained unclear to which extent all consultants were aware of this option and how systematically the option was being made available. A recurring concern among HOD is how to allocate limited funds in a fair and transparent manner. Many consultants pay part of their CPD-related expenses themselves or take time off without pay to participate in CPD activities. Some saw this practice as the extension of a long-held tradition and considered this condition an established fact, whereas others considered this to be exploitation by the employer.

Trade-offs regarding time to learn, work and time off

As mentioned, HOD can offer time for CPD activities with or without salary up to a certain level. Both consultants and HOD experience that this possibility has decreased considerably over the past five to eight years due to what is occasionally referred to as "production pressure". Several interviewees expressed concern about this trend as they genuinely felt responsible for their patients, but were worried that the pressure would undermine the quality and safety of treatment in the longer term. During the same time period, congresses have increasingly been moved to weekends in order to avoid taking time away from patients, thus encroaching on consultants' time off.

These changes have occurred alongside shifts in work-life balance. Consultants refer to the work they do off their ward as taking up "interest time". It seems to have been an established assumption that one cannot stay updated in a field or advance one's career without spending interest time after working hours. Some consultants do not distinguish very clearly between time off and interest time, whereas others, often with young families, find it harder to make trade-offs involving time. Relevant to observations about phases in personal and professional lives is also that some consultants nearing their pension seemed to be more engaged in how to transfer their experience to their younger colleagues than in planning their own CPD.

Trade-offs regarding forms of continuing professional development

Traditionally, CPD activities have been understood as congresses or courses. Many consultants expressed their appreciation for the opportunity to get updated within their fields of expertise and to refresh personal relations by engaging in professional networks.

Both consultants and HOD had a broad understanding of learning opportunities. They included in the concept both national and international exchange stays; the development of national or international guidelines; supervision of residents; and exchanges with colleagues within or across specialties. Some also mentioned weekly departmental seminars, but it seems that the quality of learning opportunities is not regularly evaluated and adjusted. E-learning is up for debate in terms of whether time spent at home on e-learning should count as

working hours.

Even though many consultants consider the learning they achieve through these individualised forms of learning more valuable than participation in congresses and courses, a back-draw is that they may need to invest a considerable amount of interest-time in identifying and organising them.

Particularly the new consultants found that they learned simply from going to work, but some called for more structured feedback. In addition, they expressed a wish for a long-term approach to the planning of their CPD activities. Departments differed considerably with respect to the degree to which and the means allocated to accommodating long-term planning of CPD activities. Some of the new consultants established mentoring relationships with same-level or more senior colleagues where transfer of experience is pivotal.

Shared responsibility in practice

Most consultants and HOD acknowledge and work towards achieving the optimal combination of individual wishes and departmental needs for development of competence. Practices differ, however, in terms of how much dialogue there is about wishes and needs. Some consultants apply once a year for a grant from the department for a particular activity, which the HOD then approves. In this form, CPD is managed as a purely administrative task. Some HOD substantively engage in consultants' longer-term development plans and keep track of how many days individual consultants spend. Few HOD made explicit their long-term development plans for the department, which consultants would then be able to consider. Still, since many consultants funded their CPD activities partly or completely out of their own pockets, and often spent time off on them, they ultimately consider that these decisions are their own.

In some departments, no regular career development meetings are held between the HOD and consultants, whereas others experiment with delegating career development meetings to section heads. Thus, funding decisions may either remain with the HOD or be administered at the section head level.

DISCUSSION

Taking trade-offs as expressions of the nexus between individual wishes and structural conditions, we have explored which elements consultants included in their wishes, considerations and practices regarding CPD activities. This provided insight into the ways that shared responsibility was managed on a day-to-day basis.

"Production pressure" is not the only factor that limits consultants' time spent on formal CPD activities; the high level of complexity in the funding CPD activities and encroachments on time of fare are also relevant and may not be recognised by employers. When these elements are drawn into trade-offs, they may signify deeper shifts in what employers can expect and ideas of what it takes to be an updated and professional physician. Some referred to this shift as physicians acquiring an employee mentality, meaning that they tend to pay more attention to working hours than to professional or academic excellence (see Table 1, item 4). It is important, however, to acknowledge that working conditions and funding flows have also changed considerably over the years, leaving less space for individual flexibility. Our findings align with a recent review of CPD activities [8].

It is interesting to note how the "ten-day rule" works both for and against learning. The agreement makes learning countable, which is good for monitoring, but our interview data suggest that a considerable amount of very valued learning occurs in a variety of ways at work, during visits and exchange stays. An excessive focus on adhering to the ten-day rule may limit the development of other forms of learning and their inclusion into individual development plans.

Consultants often consider the ten days their own. Even though they are often ready to coordinate with

department priorities, they do often pay out-of-pocket for activities and spend time off on them. With the recent union agreement to ensure a greater alignment between individual consultants' learning activities and departments' strategic development, the individual autonomy of consultants will be challenged. Consultants need to be convinced of the benefit of CPD activities [9].

The potential for planning via career development meetings seems underutilised. Shared responsibility for CPD activities is not only managed very differently across departments, it also varies considerably to which extent CPD is considered in conjunction with longer-term strategic department developments. Aligning the CPD activities of individual consultants, who might not need or require a one-size fits all package, with strategic planning at the department level is difficult within the current budgeting practice of the wider hospital organisation.

CONCLUSIONS

We identified four recurring elements in consultants' trade-offs: topics, funding, time and learning gains. Trade-offs within and between these elements are strongly influenced by lack of departmental priorities, shifts in funding mechanisms, availability of support to tailor-make CPD activities, feeling responsible for patients and for "production", shifts in perceptions of interest-time and phases in the physicians' career and personal life.

The flexibility associated with sharing responsibility for CPD may be an advantage, but it is often not utilised to its full potential. With short-term budgets, very uneven management practices regarding longer-term strategy development in departments and untapped opportunities to structure learning, and do so in more diverse ways, a considerable risk exists that CPD activities remain coincidental or even a waste of time and funds.

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