HAUTE AUTORITÉ DE SANTÉ

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METHODOLOGICAL GUIDE

Proposed method for the development of periodic certification standards for registered health professions

Validated by the Board on 13 July 2022

Description of the publication

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Context of the request

This work falls within the scope of Order No. 2021-961 of 19 July 2021 pertaining to the periodic certification of certain health professionals. Periodic health professional certification is included in Article L. 4022 of the French Public Health Code.

Purpose of periodic certification

This procedure applies to seven health professions, and is aimed at: "*1) Updating their knowledge and their skills; 2) Enhancing the quality of their work practices; 3) Improving their relationship with their patients; 4) Taking better account of their personal health.*"

Periodic certification method and standards

The method for the development of periodic certification standards is adopted by the French Minister of Health on a proposal by the French National Authority for Health (HAS) and following advice from the National Periodic Certification Council (Art. L. 4022-8-I). The missions of HAS are supplemented by a clause in the Social Security Code (Article L. 161-37): "*Participate in the definition of the methodology for the development of the periodic certification standards mentioned in Article L. 4022-7 of the Public Health Code, and, at the request of the Minister of Health, in the development thereof. A state Council decree sets out the terms and timeframe whereby the French National Authority for Health carries out these missions.*"

Periodic certification standards according to profession or specialty set out the course of action for certification validation (Art. L. 4022-7). They are adopted by the French Minister of Health following advice from the relevant National professional council. The Minister of Health may also request HAS for advice for standard development.

Periodic certification requirements and oversight

The following professions are subject to certification: physicians, dental surgeons, midwives, pharmacists, nurses, physiotherapists, and chiropodists. The period certification scheme applies from 1st January 2023.

Health professionals "*must establish, over a six-year period, that they have completed a minimum programme of actions*" (Art. L. 4022-2) aimed at:

- updating their knowledge and their skills;
- enhancing the quality of their work practices;
- improving their relationship with their patients;
- taking better account of their personal health.

Actions completed as part of continuous professional development, in-service training, and accreditation are included under the periodic certification requirement.

The relevant professional bodies oversee health professionals' compliance with their periodic certification requirement (Art. L. 4022-9). Failure to meet this requirement is considered as misconduct liable to result in disciplinary action set out in the fourth section of this code. "Disciplinary proceedings shall not hinder the application, where applicable, of temporary suspension of practice proceedings on grounds of professional incompetence.

Actions completed by health professionals as part of their periodic certification requirement are recorded in a personal account (Art. L. 4022-10).”

Periodic certification bodies

The National Periodic Certification Council (CNCP) is tasked, by the French Minister of Health, with defining the strategy, deployment and promotion in respect of periodic certification. It must:

- define the scientific guidance in respect of periodic certification, and deliver opinions which are made public;
- ensure that the actors involved in the periodic certification procedure are free from any conflict of interest;
- ensure that the actions taken into account under certification meet objectivity criteria in respect of professional, scientific and academic knowledge, and comply with the codes of ethics of the professions in question.

Working method

This proposed method for the development of periodic certification standards is the result of consensus-based work conducted with the members of a working group, proposed by the French National professional councils and France Assos Santé.

Objective

Propose a method for the development of periodic certification standards for registered health professions.

Method

The structure of the proposed method was developed based on work, conducted in subgroups, on each of the areas set out in the order of July 2021, and the resulting proposals were subsequently worked on in a plenary session.

This work accounted for the experience of the seven professions in the fields of continuous professional development, in-service training, and accreditation. It was also based on a review of the methods and tools available in France, as well as on a review of feedback from the international literature and from certification and life-long professional development models used abroad. The literature search strategy, a summary of the data, and a map of the resources are detailed in a report entitled "*Document des ressources pour l'élaboration de la proposition de méthode et des référentiels de certification périodique des professions de santé à ordre*" (Document of resources for the development of the proposed method and standards for the periodic certification of registered health professions" - available only in french).

Peer reviewers

The proposed method was submitted to the 60 National Professional Councils and to *France Assos Santé* for review.

Final draft

The proposed method was drafted by HAS based on this work, and approved by the working group at the final work session.

1. Foreword: aims of each of the areas of the standard

Periodic health professional certification applies to seven professions (*dental surgeons; nurses; physiotherapists; physicians; chiropodists; pharmacists; midwives*) and concerns four areas: **knowledge and skills; work practice quality; relationship with patients; personal health.**

The group worked on defining the common aims of the seven professions, *i.e.* the endpoints for each of the certification areas. Periodic certification standards provide the means to reach their endpoints.

1.1. Area 1: updating knowledge and skills

Knowledge and skills are two keystones of professional practice, covering theoretical and practical know-how, and also its application in practice (ability to act in real-life situations).

This acquisition is based on input from theoretical and practical learning, and real-life or simulated hands-on experience.

These two sections are developed for each professional during their initial training, until they reach a level allowing them to practice professionally. However, the knowledge and skills acquired may no longer be in line with current scientific data due to scientific and technological developments and may be erased from the professional's memory if not used or if underused, resulting in an inadequacy for practice.

Therefore, this area focuses on how to maintain and update knowledge, or readapt skills in response to specialty, scientific and technological developments, and health needs.

Aims of area 1: updating knowledge and skills

- Update the knowledge forming the basis for practices and ensure that it is in line with scientific data, professional values, ethics, codes of conduct, public health priorities, changes in health policies, societal changes, and health needs in a locality.

- Provide the requisite skills to practice (professional development, in particular: specialty, expertise, advanced practices, practice-related specificities, etc.) to bring them in line with and tailor them to practice and the delivery of care in a locality.

1.2. Area 2: enhancing the quality of work practices

Quality of care is defined as "*the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge*" (United States *Institute of Medicine*). This definition of quality of care is that commonly used in international publications and HAS works, given its flexibility and adaptability to different contexts.

Quality care is:

- care that is based on evidence of its efficacy;
- care that is in line with patients' needs and preferences;
- care that protects patients from errors and harm.

The relevance of care is also a factor in quality. Care is deemed to be relevant if it provided in keeping with the patient's needs, in accordance with current scientific data, and guidelines issued by HAS and national and international learned societies.

Maintaining and updating knowledge and skills help maintain quality of practices, and quality process training is also required. However, the continuous improvement of quality and safety also involves an assessment of work practices, in order to promote processes organised and led by professionals, and implies the ability to refer to quality criteria corresponding to key points of care.

Aims of area 2: enhancing the quality of work practices

- Ensure practices in keeping with best practice guidelines, quality standards, professional values, ethics, and codes of conduct.

- Ensure the improvement of practices in respect of quality and safety of care. Actions to improve the quality of practices may also contribute to the development or updating of procedures/protocols.

1.3. Area 3: improving the relationship with patients

Improving the relationship with patients is a fundamental component of improving the quality and safety of care.

Professionals sought to have this area extended to relationships with healthcare system users, particularly for professionals practising in the field of health promotion and prevention. It also applies to health professionals practising in the field of training activities.

Aims of area 3: improving the relationship with patients

- Ensure a quality relationship with regards to best practice guidelines, professional values, ethics, codes of conduct, and patient rights.

- Update knowledge on patient rights, ethical requirements forming the basis of practices.

- Help boost dialogue, improve information transparency, develop active listening and compassionate care.

- Ensure a quality relationship with relatives and/or a collaborative relationship with caregivers in keeping with patient rights.

- Facilitate the integration of changes affecting the relationship (patient information level, impact of new digital tools and new forms of digital healthcare, etc.).

- Make the patient a co-actor in their health (shared medical decision).

1.4. Area 4: take better account of health professionals' personal health

Professionals' health is a component of the quality of care, and the ability to set up a quality therapeutic relationship.

Personal health can be defined on the basis of the WHO definition of health: "*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*"

Health is the outcome of different components including personal, social and societal dimensions, with in particular an occupational dimension linked with practice methods and activities.

Professionals' health is now incorporated in the training for the different health professions, representing a specifically defined skill for some professions.

Aims of area 4: taking better account of personal health

- Give each professional the means to protect their health, allowing them to perform quality work.
- Make each professional an attentive actor in their own health.
- Promote, maintain and improve health.
- Prevent impairments of mental and physical health.
- Retain fitness to practice.

2. General certification standard development process

The order of July 2021 stipulates that each certification standard is developed based on a method, adopted by the French Minister of Health, on a proposal by HAS. This method is common for seven health professions, namely:

- dental surgeons;
- nurses;
- physiotherapists;
- physicians;
- chiropodists;
- pharmacists;
- midwives.

In the context of periodic certification, the certification standards guarantee a transparent, high-quality process. In fact, the underlying principles of the method meet minimum requirements guaranteeing the quality of the resulting productions.

Periodic certification is not intended to result in a new qualification, but in line with other certification processes, the so-called “certifying” assessment is aimed at ensuring that the professional is capable of implementing the expected skills in their practice.

2.1. Drafting and review of certification standards

Each standard is developed by a professional group representative of the profession, specialties, and various practice methods. Depending on the topics covered by the areas, additions may be made to the members of the group, particularly with patient representatives for the patient relationship area.

The proposed standard is submitted to peer reviewers, accounting wherever possible for geographical representation and practice methods, in order to ensure that it is comprehensible, feasible and relevant with regard to the range of practices.

2.2. Proposal of a common standard drafting plan

With a view to harmonising formats of standards and making them easier to read, a common plan for seven health professions is proposed, along with general format principles in respect of standard action categories (Appendix 1).

Each standard is drafted on the basis of a common plan, with a general foreword. Each area is organised according to the proposals of the common plan and includes a specific foreword.

The periodic certification standard includes at least four sections (aside from any exceptions or specific aspect envisaged by regulations):

- How can I maintain and update my knowledge and skills?
- How can I enhance the quality of my work practices?
- How can I improve my relationship with my patients?
- How can I take better account of my personal health?

2.3. Quality criteria in respect of training organisations, materials and instructors

Given the challenges associated with certification, it is recommended that actions be provided by training organisations which have a quality process, or are “quality”-certified, accredited, or by accredited university institutions.

Note that, from 1st January 2022, service providers in receipt of public funds are subject to quality certification (Qualiopi).

This **quality certification** does not apply to higher education institutions which are subject to accreditation to issue qualifications, as per the French Education Code. These institutions are assessed by the French High Council for the assessment of research and higher education (Hcéres).

Likewise, this certification does not apply to Continuous Professional Development Organisations (CPDOs), which fall within the remit of the specifications published in Annex 1 of the decree of 14 September 2016 on the registration criteria for organisations or bodies seeking to provide continuous professional development (CPD) actions.

The **materials** used for training to describe recommended practices (teaching materials, practice analysis standards, etc.) must also meet quality criteria:

- use identified scientific references, articles meeting the quality criteria of scientific publications;
- not contain any promotion;
- identify the authors and make participants aware of their connections of interest;
- be transparent on any other sources of fundings.

All **instructors** are obliged to make all participants aware at the start of the presentation/programme/session of their connections of interest, especially with businesses and institutions producing or operating health products. Participants are made aware of the instructors’ educational, scientific and methodological expertise.

In practice, each professional will ensure independence from any influence, especially with regard to businesses manufacturing or distributing health products. Bear in mind that CPDOs are subject to this requirement.

3. Structuring process for each area

The proposed process for structuring areas is based on the following steps:

- perform a situation analysis to identify needs and obligations;

- define the expected outcomes which may be described in the form of objectives or skills;

- define the types of actions and their assessment method.

3.1. Analysis and definition of expected outcomes for each area

According to the terms of the order of July 2021, certification is based on the implementation by the professional of actions to be stipulated in the certification standard for their profession or specialty. After accounting for analysis data, according to the professions or specialties, expected outcomes for each area are proposed.

3.1.1. Situation analysis to define the expected outcomes for the "knowledge, skills" area

To specify the expected outcomes in this area, each profession may rely on one of more of the following items given by way of examples:

- existing professional standards (codes of conduct, professional and skills standards) or regulatory obligations;
- a review of changes in scientific knowledge (update or new knowledge) or technological knowledge for the profession or specialty over the last five years;
- data linked with developments or changes in professions, with new professions or specific practice aspects, new practices (particularly linked with digital technology).

3.1.2. Situation analysis to define the expected outcomes for the "quality" area

To specify the expected outcomes in this area, each profession may rely on one of more of the following items given by way of examples:

- published practice analysis and assessment findings identifying deviations from a practice standard (care deemed to be of insufficient quality in the profession) and improvement objectives;
- building this analysis. An analysis of individual or collective practices meets the following requirements: a practice data identification phase for the profession or specialty (which requires a practice data collection phase); identifying reference data (best practice guidelines; protocols, procedures, etc.); comparing to expected practices (critical and constructive analysis of actual practices); setting up improvement actions (decision-making aids, reminders or alerts); tracking the improvement of practices; measuring the impact of the improvement actions set up (need to set up tracking indicators). This phase may be conducted on an interprofessional basis.

3.1.3. Situation analysis to define the expected outcomes for the "patient relationship" area

To specify the expected outcomes in this area, each profession may rely on one of more of the following items given by way of examples:

- existing professional standards or regulatory obligations;
- existing data; analysis of complaints and claims (e.g. analysis of specialist insurance companies, professional council analysis, etc.), claim rate assessments to identify areas for improvement; results of opinion polls published on the patient-health professional relationship or on patient satisfaction;
- literature review, morbidity-mortality review, PREMs (*Patient-Reported Experience Measures*) and PROMs (*Patient-Reported Outcome Measures*), patient tracer (HAS method and tools);
- proposals led by the profession or identified in national reports;
- an *ad hoc* data compilation, via: a survey on patients or a (co-built) "patients and professionals" questionnaire; a survey on professionals (analysing their last 10 consultations); observations or patient-professional think tank analysis or including patient experts; work practice analysis with peer reviewers; mystery patient for pharmacists.

3.1.4. Situation analysis to define the expected outcomes for the "personal health" area

To specify the expected outcomes in this area, each profession may rely on one of more of the following items given by way of examples:

- a literature review identifying health issues specific to the profession, specialty or practice method and the most appropriate means to resolve these issues (studies have been analysed in the document entitled "*Document des ressources pour l'élaboration de la proposition de méthode et des référentiels de certification périodique des professions de santé à ordre*" (Document of resources for the development of the proposed method and standards for the periodic certification of registered health professions" - available only in french)
- the unified professional risk assessment document (DUERP);
- a health approach in respect of the professionals in question:
  - the first phase consists of identifying resources and potential obstacles to health (denial, adaptations, lack of resources, in particular occupational medicine) on an individual or collective level. This may be carried out on the basis of a literature review of theoretical elements. The objective is to support the building of the targeted fields and dimensions, while taking care to incorporate both personal and environmental aspects,
  - the second phase consists of identifying risks (general and specific to each profession) – medical, psychosocial, social, societal, environmental, well-being/quality of life in the workplace, financial, etc. – potentially having an impact on professionals' personal health,
  - the third phase is aimed at establishing health improvement and prevention strategies in various health areas (screening, vaccines, hygiene, etc.) for which actions may be included at intermediate stages during the period,
  - the fourth phase is aimed at identifying factors of vigilance among others (mirror identification) on the professional's health (single- or multi-professional approach may be applied) and linked with the "work collective".

3.1.5. Drafting of expected outcomes for each area

The expected outcomes for each area are described in the form of objectives or skills. Their number is adapted reasonably to the reference period (six years) and, where appropriate, a proposed progressive pathway for the six-year period is developed. The expected outcomes, for each area, may be divided between those which:

- are common to the profession or specialty;
- are adapted to the type of practice within the profession or specialty;
- relate to new practices (for areas 1, 2 and 3).

A common interprofessional proposal may also be made.

Each professional must be able to optimise their certification according to their practice needs. A personal section defined by the professional may be added to focus the certification on the professional's real-life practice (adaptation to personal needs which does not replace the proposals of the standard defined for the profession or specialty).

The aim is to encourage the professional to reflect on their practices and identify needs to maintain or upgrade their knowledge and skills.

3.1.6. General expected outcome selection criteria

The content proposed for areas 1, 2 and 3 shall prioritise content enabling professionals to fulfil the obligations and requirements of their profession or specialty, in particular:

- the scientific guidance in respect to the periodic certification (as set out by the CNCP);
- priority health issues, based on national CPD priority guidance;
- the regulatory requirements of the profession in question;
- ethical requirements;
- professional and skills standards;
- inclusion of the interprofessional dimension and the patient care pathway;
- proposed multi-year professional development pathways;
- accreditation scheme requirements for the at-risk specialties concerned.

The content of area 4 "personal health" stems from a specific approach to professionals' health which may be based on:

- identifying the resources and potential obstacles to the inclusion of health;
- identifying general risks and those specific to each profession or specialty.

3.2. Defining the most evidence-based types of actions

The order stipulates that "*each professional should draw up a minimum programme of actions selected from the actions provided in the periodic certification standard of their profession or specialty*". The standard proposes **actions or types of actions appropriate for the expected outcomes**, according to the professions, specialties or practice methods. The standard must enable professionals to select the actions to be carried out in an informed way. The objective is not to draw up a detailed action-by-action list. It is advised to make a "resource centre of possible actions" available on the Internet intended for professionals.

In order to facilitate the proposal of actions, a resource guide for each area is provided:

- for area 1 "knowledge and skills" in Appendix 2;

- for area 2 “quality of work practices” in Appendix 3;
- for area 3 “patient relationship” in Appendix 4;
- for area 4 “personal health” in Appendix 5.

These guides list the methods and tools available, published nationally, developed with professionals and recognised in relation to quality criteria.

This identification of useful reference documents, methods or tools based on the areas is not an exhaustive or prescriptive inventory. These guides form a general base for the seven professions, and do not include variations according to specialty, practice specifics, or disease. The methods or tools may be classified in several areas.

Professional bodies may supplement their standards with proposed actions tailored to specific needs.

3.2.1. Proposed action quality criteria

According to the terms of the order (of 19 July 2021 pertaining to the periodic certification of certain health professions), the actions included under certification meet the following criteria:

- objectivity of professional, scientific and academic knowledge;
- codes of conduct of the professions in question.

These criteria form a minimum quality base which may be supplemented, in particular by actions:

- with content based on updated data in respect of the knowledge set out in national guidelines, high-quality literature reviews, or based on professional consensus in the absence of evidence-based data;
- validated by an available published reference (description of the method, its implementation, its assessment);
- that have been assessed in terms of effectiveness;
- based on methods focusing on the patient care pathway (regardless of the type of pathway);
- co-bult with patient associations;
- based on interprofessional or multiprofessional team approaches;
- prioritising assessment strategies facilitating learning (training assessment, for example, skills assessment).

The actions proposed for professionals included:

- an earmarked time;
- formalised educational and/or operational outcomes;
- structured educational methods and processes;
- materials and/or content based on updated references (scientific, regulatory, organisational, consensus-based professional, etc.), developed independently from any influence, and in keeping with the profession’s code of conduct;
- an assessment;
- delivery of the assessment results to the professional.

3.2.2. Criteria facilitating the integration of actions during the certification period

With a view to enabling better integration of actions into work practices, the selection of actions proposed in the standard should account for the following points:

- the work culture and methods, initiatives and approaches in place;
- simple methods, beneficial for the quality and safety of care, feasible and acceptable for professionals, easily integrated into work practices;
- methods which can be included in the context of healthcare institution certification, accreditation of at-risk professionals and teams;
- methods ensuring delivery of the assessment results to the professional;
- formative approach.

> **Interprofessional work**
>
> The certification standard may be the subject, during the development phase, of work between national professional councils, resulting in the drafting of common expected outcomes and/or actions.

3.2.3. Defining specific actions for the "personal health" area

This area is not intended to request or collect personal health data.

The actions to be carried out or recommendations made to the professional may be based on:

- common recommendations for all professions:
  - registration with a primary care physician (not practising in the same hospital team or same practice; no family connection),
  - up-to-date vaccination schedules,
  - following general screening guidelines according to age and sex;
- provision of resources and identification of existing schemes, provided by professional organisations, employers or support schemes;
- development of a health self-assessment record for professionals (with a common section for seven professions and a section tailored to specific risks, for example), with a recommendation on its frequency of use. This record may include closed questions and open questions on unrestricted fields;
- personal health awareness or training.

The resources provided account for:

- compliance with confidentiality requirements;
- their role in health assessment and the application of corrective measures based on predefined criteria;
- the option to assess improvement at an intermediate stage to check the improvement process, and be used for the purposes of personal traceability of the professional's health.

3.3. Defining action, area and standard assessment procedures

Three assessment approaches may be envisaged, including that specific to actions in which the professional participates (and which are usually proposed at the end of any participation in actions).

3.3.1. Action-based assessment

While a statement of participation provides a record of attendance, it is not valid for assessment purposes. The assessment of completed actions enables the professional to ascertain their professional knowledge, or skills on a specific topic, at a given time.

The assessment procedures differ depending on the methods or tools on which the action is based (for example, repeated pre-test/post-test knowledge assessment; tracking of process indicators, results, tracking of improvement actions, measure of change of practices, etc.).

Skills can particularly be assessed with:

- **hands-on experience** (in a real-life or simulated work scenario) or, but not exclusively, with resources (in order to ensure that the professional possesses the knowledge, logic, etc.);
- **self-assessments** which enable the professional to be an actor in their learning, and the associated pathway (Appendix 6). They may require the involvement of an external assessor who uses the professional's self-assessment to assess their reflective process, their clear understanding of their professional role in their workplace;
- development and drafting of a **portfolio** (Appendix 7);
- development of **reflective practice** tools which should be encouraged (Appendix 8);
- development of **video coaching** tools (Appendix 9).

An assessment of the action must:

- be tailored to the expected outcomes or skills in order to assess whether they have been achieved;
- be consistent with the method or tool used;
- enable the results to be passed onto the professional.

3.3.2. Area-based self-assessment for the professional

At the end of the six-year period, the professional may be provided with a self-assessment for each of the areas to enable them to be an actor in their certification pathway. A self-assessment midway through the six-year period may also be proposed.

Examples of possible questions, to be adapted according to the areas:

- Have the retrospective assessments allowed me to collect data to gain a clearer view of my personal professional development?
- Have I identified any knowledge that I would like to improve?
- Which are the most common scenarios that I encounter and which are the most unusual?
- Which practice scenarios do I feel comfortable with or not?
- Which areas do I need to improve with further training or reflective reinforcement in conjunction with other professionals or users?
- Have I been able to self-assess my manner and how I act in my relationship with patients? with caregivers/families?
- Have I been able to set up patient feedback?
- Which resources would I need to broaden and improve my practices?

- Which temporal perspectives (possible planning) do I envisage to achieve outcomes?
- To achieve prospective outcomes set, which procedures do I envisage and when?
- Which actions can I implement?
- Have I tailored the action implementation schedule over the six-year period to my needs?

Specific self-assessment questions for the “personal health” area:

- Have I reviewed my health; have I conducted a self-assessment?
- Have I used the resources (occupational medicine, for example) available?
- Have the resources available been useful for my awareness of the importance of assessing my health?
- Am I aware of the specific risks associated with my work?
- Do I need to implement a preventive or corrective action?
- Am I aware of accessible documents (unified document or guides of the French National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS)) and tools (French healthcare insurance fund health assessment, for example) linked with the associated risks?
- Am I aware of the right of withdrawal (Art. L. 4131-1, French Labour Code)?
- Which resources would I need to manage my health?

3.3.3. Overall assessment of standard

To be able to adapt each standard, an overall assessment of the standard in question may proposed at the end of certification, and an intermediate assessment is advised, based on a timeframe specified in the standard.

The assessment data furnished by the professional will relate to at least two questions:

- Are the outcomes and/or skills selected in the standard for my profession or my specialty in line with my needs and/or my practice?
- Have the proposed actions helped me achieve the expected outcomes/skills?

Each standard may provide other assessment questions.

Table of appendices

Appendix 1.Proposed common plan and forewords for the standards for the seven professions

Title. Periodic certification standard for (specify profession/specialty)
General foreword/General introduction/Context
FOREWORD. Health professionals are aware of the importance of training to keep up their skills and improve their knowledge with a view to ensuring quality care and patient safety. As has been in the case in many countries before us, periodic certification will structure a process in place for many years with continuous medical training, assessment or analysis of work practices, risk management, continuous professional development. The periodic certification, covering a six-year period, will be based on four areas, including that of “knowledge and skills”, “quality of work practices”, and, taking societal developments into account, and an added area focusing with the relationship with patients, along with the innovative concept of accounting for the professional’s personal health. Applying to all professionals from 2023, it provides transparency and validates professional quality, and also guides each individual in their own career.

Area 1. How can I update my knowledge and my expertise?	
FOREWORD. Knowledge and skills are two keystones of professional practice. These two sections are developed for each qualified professional during their initial training, until they reach a level allowing them to practice professionally. The challenges consist of ensuring knowledge in line with scientific data, up-to-date knowledge, professional values, ethics, codes of conduct, public health priorities, changes in health policies, and societal changes.	
Expected outcomes (described as objectives or skills)	Specific to each standard
Type of actions and their assessment principles	Specific to each standard
Topic in question	Specify the field of knowledge or work practice in question
Data/references used	Specify the reference(s) used to define the target objective or skill (literature data, studies, survey, etc.)
Methods, recommended tools	Specify the proposed method(s) or tools
Proposed assessment principles	Proposed self-assessment or hetero-assessment Refer to the usual criteria of the methods or tools

Area 2. How can I enhance the quality of my work practices?	
FOREWORD. The continuous improvement of quality and safety involves an assessment of work practices, in order to promote processes organised and led by professionals faced with increasingly demanding requirement and expectations. The challenges are to ensure practices in keeping with best practice guidelines, quality standards, professional values, ethics, and codes of conduct.	
Expected outcomes (described as objectives or skills)	Specific to each standard
Type of actions and their assessment principles	Specific to each standard
Topic in question	Specify the field of knowledge or work practice in question
Data/references used	Specify the reference(s) used to define the target objective or skill (literature data, studies, survey, etc.)
Methods, recommended tools	Specify the proposed method(s) or tools
Proposed assessment principles	Proposed self-assessment or hetero-assessment Refer to the usual criteria of the methods or tools

Area 3. How can I improve my relationship with my patients?

FOREWORD. Improving the relationship with patients is a fundamental component of improving the quality and safety of care. There are strong expectations among patients for a quality relationship with regards to best practice guidelines, professional values, ethics, codes of conduct, and patient rights. Multiple challenges are involved: helping boost dialogue, improving information transparency, developing active listening and compassionate care; ensuring a quality relationship with relatives and/or a collaborative relationship with caregivers in keeping with patient rights; integrating changes affecting the relationship (patient information level, impact of new digital tools and new forms of digital care, etc.); making the patient a co-actor in their health.

Expected outcomes (described as objectives or skills)	Specific to each standard
Type of actions and their assessment principles	Specific to each standard
Topic in question	Specify the field of knowledge or work practice in question
Data/references used	Specify the reference(s) used to define the target objective or skill (literature data, studies, survey, etc.)
Methods, recommended tools	Specify the proposed method(s) or tools
Proposed assessment principles	Proposed self-assessment or hetero-assessment Refer to the usual criteria of the methods or tools

Area 4. How can I take better account of my personal health?

FOREWORD. Personal health can be defined on the basis of the WHO definition of health. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” It is the outcome of different components including personal, social and societal dimensions, with in particular an occupational dimension linked with practice methods and activities.

Professionals’ health is a component of the quality of care, and the ability to set up a quality therapeutic relationship. It is also important that the professional is able to take care of themselves, for themselves. Professionals’ health is now incorporated in the training for the different health professions, representing a specifically defined skill for some professions. The challenges are promoting, maintaining and improving health; preventing mental and physical impairments, and making each professional an attentive actor in their own health.

Expected outcomes (described as objectives or skills)	Specific to each standard
Type of actions and their assessment principles	Specific to each standard
Topic in question	Specify the proposed health approach (overall, risk specific, etc.)
Data/references used	Specify the reference(s) used to develop the proposal
Methods, recommended tools	Specify the proposed assessment, prevention or treatment methods
Proposed assessment principles	Proposed self-assessment

Appendix 2.Proposed resources for area 1 “updating knowledge and skills”

	Method or tools *(including those identified with * with an HAS guide provided for CPD and identified with ** for those suitable for use for multiple areas for CPD)*
Educational or learning	
Group	In-person training* https ://www.has-sante.fr/jcms/c_2807852/fr/formation-presentielle Literature review meeting or journal club* https ://www.has-sante.fr/jcms/c_2806897/fr/reunion-de-revue-bibliographique-ou-journal-club Health simulation** https ://www.has-sante.fr/jcms/c_2807140/fr/simulation-en-sante Coordinated formal outpatient care team exercise https ://www.has-sante.fr/jcms/c_2811649/fr/exercice-coordonne-et-protocole-d-une-equipe-de-soins-en-ambulatoire Script consistency test (TCS)** https ://www.has-sante.fr/jcms/c_2807650/fr/test-de-concordance-de-script-tcs Clinical vignettes* https ://www.has-sante.fr/jcms/p_3201597/fr/methode-de-dpc-vignettes-cliniques ?preview=true Team-based risk management** https ://www.has-sante.fr/jcms/c_2807722/fr/gestion-des-risque-en-equipe
Individual	Online training or e-learning* https ://www.has-sante.fr/jcms/c_2807825/fr/formation-en-ligne-ou-e-learning Training courses leading to qualification or certification liste_methodes_modalites_dpc_decembre_2012.pdf (has-sante.fr)
Teaching and research	Internship supervision; internship mentoring** https ://www.has-sante.fr/jcms/c_2811684/fr/l-encadrement-de-stages-la-maitrise-de-stage/le-tutorat Teaching and research liste_methodes_modalites_dpc_decembre_2012.pdf (has-sante.fr)
Specific CPD validation schemes	Accreditation of physicians practising an at-risk specialty or activity (Art. 16 of Law 2004-810 of 13 August 2004)** https ://www.has-sante.fr/jcms/c_2807696/fr/accreditation-des-medecins-et-des-equipes-medicales

Appendix 3.Proposed resources for area 2 "enhancing the quality of work practices"

	Method or tools *(including those provided for CPD identified with * and those suitable for use for multiple areas for CPD **)*
Quality criteria	Developing and implementing quality criteria (methodological guide; quick reference guide; two-click format) https://www.has-sante.fr/upload/docs/application/pdf/2013-10/critere_de_qualite_format2clics.pdf https://www.has-sante.fr/upload/docs/application/pdf/2013-10/mise_en_oeuvre_de_criteres_de_qualite.pdf https://www.has-sante.fr/upload/docs/application/pdf/2013-10/criteres_de_qualite_-_guide_delaboration_et_de_mise_en_oeuvre_de_criteres_de_qualite.pdf Quality criteria – Individual practice review https://www.has-sante.fr/plugins/ModuleXitiKLEE/types/FileDocument/doXiti.jsp?id=c_1651778 Quality criteria – Group review https://www.has-sante.fr/plugins/ModuleXitiKLEE/types/FileDocument/doXiti.jsp?id=c_1651779 Quality approach methods and tools for healthcare organisations. HAS/ANAES, 2000. https://www.has-sante.fr/upload/docs/application/pdf/2009-08/methodes_et_outils_des_demarches_qualite_pour_les_etablissements_de_sante.pdf
Risk management	Team-based risk management** https ://www.has-sante.fr/jcms/c_2807722/fr/gestion-des-risque-en-equipe Mortality and morbidity review (MMR)** https ://www.has-sante.fr/jcms/c_2807103/fr/revue-de-mortalite-et-de-morbidite-rmm MMR in general medicine https ://www.has-sante.fr/upload/docs/application/pdf/2010-02/rmm_et_mg_4_pages_11_02_2010.pdf General practitioner risk perception questionnaire https ://www.has-sante.fr/plugins/ModuleXitiKLEE/types/FileDocument/doXiti.jsp ?id=c_2589142
File review and case analysis	Coordinated formal outpatient care team exercise** https ://www.has-sante.fr/jcms/c_2811649/fr/exercice-coordonne-et-protocole-d-une-equipe-de-soins-en-ambulatoire Multidisciplinary review meetings* https ://www.has-sante.fr/jcms/c_2806878/fr/reunion-de-concertation-pluridisciplinaire Care relevance review* https ://www.has-sante.fr/jcms/c_2807060/fr/revue-de-pertinence-des-soins Medical care team staff, peer review of practices*

	https ://www.has-sante.fr/jcms/c_2807236/fr/staffs-d-une-equipe-medico-soignante-groupes-d-analyse-de-pratiques-gap Clinical vignettes* https ://www.has-sante.fr/jcms/p_3201597/fr/methode-de-dpc-vignettes-cliniques ?preview=true Registry of practices, monitoring body, database** https ://www.has-sante.fr/jcms/c_2807860/fr/registre-des-pratiques-observatoire-base-de-donnees
Simulation	Health simulation** https ://www.has-sante.fr/jcms/c_2807140/fr/simulation-en-sante Script consistency test (TCS)** https ://www.has-sante.fr/jcms/c_2807650/fr/test-de-concordance-de-script-tcs
Patient safety	HAS guides and tools https ://www.has-sante.fr/jcms/c_821871/fr/securite-du-patient-guides-et-outils
Indicators	Care quality and safety indicator tracking** https ://www.has-sante.fr/jcms/c_2807642/fr/suivi-d-indicateurs-de-qualite-et-de-securite-des-soins Clinical audit* https ://www.has-sante.fr/jcms/c_2807705/fr/audit-clinique
Care pathway review; care co-ordination	Clinical pathway* https ://www.has-sante.fr/jcms/c_2807716/fr/chemin-clinique Patient tracer* https ://www.has-sante.fr/jcms/c_2807803/fr/patient-traceur Patient tracer in community care https://www.has-sante.fr/jcms/c_2614161/fr/le-patient-traceur-en-ville Service user tracer method https://www.has-sante.fr/upload/docs/application/pdf/2022-03/infographie-accompagne_traceur.pdf Targeted tracer method https://www.has-sante.fr/upload/docs/application/pdf/2020-11/infographies_methode_traceur_cible_certification.pdf Primary care maturity grid https ://www.has-sante.fr/jcms/c_1757237/fr/matrice-de-maturite-en-soins-primaires Health professional cooperation protocol https ://www.has-sante.fr/jcms/c_1240280/fr/protocole-de-cooperation-entre-professionnels-de-sante Multiprofessional primary care protocol development https ://www.has-sante.fr/jcms/c_2680226/fr/elaboration-des-protocoles-pluriprofessionnels-de-soins-de-premier-recours Building, organising pathways. HAS pathway guides

	https ://www.has-sante.fr/jcms/c_1647022/fr/construire-organiser-les-parcours/ma-sante-2022
Specific schemes	Accreditation of physicians practising an at-risk specialty or activity (Art. 16 of Law 2004-810 of 13 August 2004)** https ://www.has-sante.fr/jcms/c_2807696/fr/accreditation-des-medecins-et-des-equipes-medicales Cooperation protocol (Art. 51 of Law 2009-879 of 21 July 2009) https ://www.has-sante.fr/upload/docs/application/pdf/2012-03/protocole_de_cooperation_-_doc_aide_professionnels_de_sante.pdf Biomedical laboratory accreditation (Order 2010-49 of 13 January 2010 and Art. L. 6221-1 of the French Public Health Code) https://solidarites-sante.gouv.fr/soins-et-maladies/qualite-des-soins-et-pratiques/biologie-medicale/article/procedure-d-accreditation-des-laboratoires-de-biologie-medicale Hospital organ and/or tissue retrieval coordination certification https://www.has-sante.fr/upload/docs/application/pdf/2015-02/fiche_dpc_abm_130215.pdf Advanced practice for paramedics https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/acces-territorial-aux-soins/article/l-infirmier-en-pratique-avancee Assessment standard for reference centres for rare diseases (CRMR) PNMR 2011-2014 https://www.has-sante.fr/upload/docs/application/pdf/2008-07/20080718_referentiel_evaluation__cmr_2008-07-21_11-25-6_521.pdf Health network quality process (guide; indicator tracking; self-assessment grid) revised in 2001 https://www.has-sante.fr/upload/docs/application/pdf/reseauxsoins.pdf, and 2004 (https://www.has-sante.fr/upload/docs/application/pdf/2009-08/reseaux_de_sante.pdf) ; https://www.has-sante.fr/jcms/c_2040388/fr/tableau-de-bord-des-indicateurs-de-suivi-des-reseaux-de-sante https://www.has-sante.fr/jcms/c_2033079/fr/grille-d-auto-evaluation-des-reseaux-de-sante
Therapeutic education	Patient therapeutic education. Proposal and provision guide https ://www.has-sante.fr/upload/docs/application/pdf/etp_-_comment_la_proposer_et_la_realiser_-_recommandations_juin_2007.pdf
Best practice guidelines	HAS publications https://www.has-sante.fr/jcms/fc_2875208/fr/rechercher-une-recommandation-un-avis Reference documents for professions or specialties International guidelines or consensus
Quality process deployed by professions	Quality commitment charter for dental practice in health centres https://www.fncs.org/sites/default/files/pdf/FNCS_-_Charte_engagement_qualite_pratique_dentaire_en_cds_AG_23.09.2017.pdf Qual'idel charter for self-employed nurses

	https://qualidel.fr/ KinéQuali service commitment https://certification.afnor.org/services/engagement-de-service-kinequali Quali'Kiné charter https://qualikine.fr/ LABELIX quality standard https://labelix.fr/ Chiropodist/podiatrist quality process https://www.onpp.fr/exercice/faire-evoluer-son-metier/la-demarche-qualite.html Community pharmacy quality process https://www.demarchequaliteofficine.fr/
Professional pathway review	Skills assessment* https ://www.has-sante.fr/jcms/c_2811610/fr/bilan-de-competences

Appendix 4.Proposed resources for area 3 “improving the relationship with patients”

	Method or tools
User rights	Promoting and supporting healthcare user rights https ://solidarites-sante.gouv.fr/système-de-sante-et-medico-social/parcours-de-sante-vos-droits/article/le-droit-des-usagers-faire-connaitre-et-vivre-les-droits-des-usagers-de-la Best practices in “Label et Concours” regions https ://solidarites-sante.gouv.fr/système-de-sante-et-medico-social/parcours-de-sante-vos-droits/bonnes-pratiques-en-region/
Compassionate care	Deploying compassionate care. Guide aimed at professionals in healthcare organisations and residential care institutions for dependent adults https ://www.has-sante.fr/jcms/c_1323996/fr/le-deploiement-de-la-bientraitance
Communication/information	Delivering information to individuals on their health – General principles, method, guidelines for clinical practice https://www.has-sante.fr/upload/docs/application/pdf/2012-06/recommandations_-_de-livrance_de_linformation_a_la_personne_sur_son_etat_de_sante.pdf Informing patients of healthcare-related harm https://www.has-sante.fr/jcms/c_953138/fr/annonce-d-un-dommage-associe-aux-soins Delivering bad news https://www.has-sante.fr/jcms/c_698028/fr/annoncer-une-mauvaise-nouvelle. Delivering diagnosis and providing support for a patient with a chronic illness https://www.has-sante.fr/jcms/c_1730418/fr/annonce-et-accompagnement-du-diagnostic-d-un-patient-ayant-une-maladie-chronique Delivering a cancer diagnosis https://www.e-cancer.fr/Professionnels-de-sante/Parcours-de-soins-des-patients/Dispositif-d-annonce Briefing debriefing https://www.has-sante.fr/jcms/c_2657908/fr/briefing-et-debriefing HOW TO SAY IT – Communicating with your patient https://www.has-sante.fr/jcms/c_2612334/fr/faire-dire Patient-centred approach: information, advice, therapeutic education, follow-up https://www.has-sante.fr/jcms/c_2040144/fr/demarche-centree-sur-le-patient-information-conseil-education-therapeutique-suivi Shared medical decision: patient and health professionals: making decisions together (Guide; quick reference guide) https://www.has-sante.fr/jcms/c_1671523/fr/patient-et-professionnels-de-sante-decider-ensemble https://www.has-sante.fr/upload/docs/application/pdf/2013-10/synthese_avec_schema.pdf SBAR “Situation-Background-Assessment-Recommendation” https://www.has-sante.fr/jcms/c_1776178/fr/saed-un-guide-pour-faciliter-la-communication-entre-professionnels-de-sante SAMU Emergency Services. And if everyone played their part

	https://www.has-sante.fr/jcms/p_3311271/fr/flash-securite-patient-samu-et-si-chacun-jouait-sa-partition SAMU Emergency Services. And if coordination and communication went hand in hand https://www.has-sante.fr/jcms/p_3291312/fr/flash-securite-patient-samu-et-si-coordonner-rimait-avec-communiquer
Therapeutic education	Patient therapeutic education. Proposal and provision guide https ://www.has-sante.fr/upload/docs/application/pdf/etp_-_comment_la_proposer_et_la_realiser_-_recommandations_juin_2007.pdf
Measuring patient satisfaction	Quality of care from the patient perspective. PROM and PREM indicators. Overview of feedback from abroad and main teachings https://www.has-sante.fr/jcms/p_3277049/fr/qualite-des-soins-percue-par-le-patient-indicateurs-proms-et-prems-panorama-d-experiences-etrangeres-et-principaux-enseignements#:~:text=Le%20rapport%20%C2%AB%20Qualit%C3%A9%20des%20soins,soins%20per%C3%A7ues%20par%20les%20patients. General guide for using PROMs https://www.has-sante.fr/upload/docs/application/pdf/2021-07/iqss_guide_proms_general_2021.pdf COPD-specific guide. Guide for the use of patient-reported outcome measures (PROMs) to improve routine clinical practice. Specific questionnaires for the treatment of chronic obstructive pulmonary disease (COPD) patients. https://www.has-sante.fr/upload/docs/application/pdf/2021-07/iqss_guide_proms_specifiques_bpco_2021.pdf *CCS-specific guide.* Guide for the use of patient-reported outcome measures (PROMs) to improve routine clinical practice. Specific questionnaires for the treatment of chronic coronary syndrome (CCS) patients. https://www.has-sante.fr/upload/docs/application/pdf/2021-12/iqss_2021_guide_proms_specifiques_scc.pdf *KF-specific guide.* Guide for the use of patient-reported outcome measures (PROMs) to improve routine clinical practice in the treatment of chronic kidney disease. https://www.has-sante.fr/upload/docs/application/pdf/2022-04/iqss_guide_proms_mrc_avril_2022.pdf *Patient-Reported Outcome Measures* (PROMs) https://www.has-sante.fr/upload/docs/application/pdf/2021-07/iqss_guide_proms_general_2021.pdf https://www.has-sante.fr/upload/docs/application/pdf/2019-10/iqss_2019_aide_utilisation_proms_eds.pdf *Patient-Reported Experience Measures* (PREMs) e-Satis tool: https://www.has-sante.fr/jcms/c_2030354/fr/ipaqss-2015-indicateur-e-satis-dispositif-national-de-mesure-de-la-satisfaction-du-patient-hospitalise-48h-en-mco IPEP questionnaire: patient experience in a shared care context https://solidarites-sante.gouv.fr/IMG/pdf/ipep_cahier_des_charges-2.pdf

eHealth (telemedicine; telehealth; mobile health)	eHealth https://www.has-sante.fr/upload/docs/application/pdf/2019-10/e_sante_essentiel_en_4_pages.pdf Remote patient monitoring. Healthcare function and organisation standards https://www.has-sante.fr/jcms/p_3311071/fr/telesurveillance-medicale-referentiels-des-fonctions-et-organisations-des-soins Teleconsultation and tele-expertise: best practice guide https://www.has-sante.fr/jcms/c_2971632/fr/teleconsultation-et-teleexpertise-guide-de-bonnes-pratiques Teleradiology. Best Practices https://www.has-sante.fr/jcms/c_2971634/fr/teleimagerie-guide-de-bonnes-pratiques Quality and safety of teleconsultation and tele-expertise procedures https://www.has-sante.fr/upload/docs/application/pdf/2018-04/fiche_memo_qualite_et_securite_des_actes_de_teleconsultation_et_de_teleexpertise_avril_2018_2018-04-20_11-05-33_441.pdf Quality and safety of teleconsultation and tele-expertise procedures. HAS, May 2019. Patient tracer method https://www.has-sante.fr/upload/docs/application/pdf/2019-07/grille_devaluation_methode_du_patient_traceur_teleconsultation_et_teleexpertise.pdf Quality and safety of telehealth https://www.has-sante.fr/jcms/p_3240878/fr/qualite-et-securite-du-telesoin-criteres-d-eligibilite-et-bonnes-pratiques-pour-la-mise-en-oeuvre https://www.has-sante.fr/upload/docs/application/pdf/2021-03/fiche_telesoin_bonnes_pratiques_2021-03-12_11-33-56_248.pdf
Patient relationship assessment questionnaire	**PSQ *Princess Margaret Hospital Patient Satisfaction with Doctor Questionnaire* (PMH/PSQ-MD), F-PMH/PSQ MD.** Loblaw *et al.* (1999) Development and testing of a visit-specific patient satisfaction questionnaire: the Princess Margaret Hospital Satisfaction With Doctor Questionnaire - PubMed (nih.gov) Includes 29 items with four response categories and a “does not apply” category, and investigates four domains: (1) information exchange, (2) interpersonal skills, (3) empathy, and (4) quality of time. French translation available, but subject to copyright (Barlési *et al.* (2006)). ***Interprofessional Education Collaborative Competency Self-Assessment Tool.*** Cowan et al. (2008) doi:10.1016/j.ijnurstu.2007.03.004 (researchgate.net) 42-item self-assessment questionnaire using a 5-point Likert scale NO French translation available ***The insightful practice.*** Murphy *et al.* (2012 ; 2015) Insightful practice: a reliable measure for medical revalidation | BMJ Quality & Safety Includes two types of feedback data: (1) specific data collected by GPs themselves, and (2) externally-collected data NO French translation available **CFEP 360. *Client Focused Evaluation Program.*** *Campbell et al, (2010)* Multi-Source Feedback | 360 Feedback | CFEP Surveys

Multi-sources questionnaire (colleagues -from the same profession and other professions- and patients) based on a questionnaire for colleagues (Colleague Feedback Evaluation Tool – CFET) and a questionnaire for patients (Doctor's Interpersonal Skills Questionnaire -SQIL)

NO French translation available

Appendix 5.Proposed resources for area 4 "taking better account of personal health"

	Method or tools
Detection	Detection and care for burnout syndrome (link)
Health assessment questionnaire	***Karasek Job Content Questionnaire.*** Karasek et al. (1998) 413_428.pdf (inist.fr) 29 questions to assess the different sources of psychological stress French translation: http://rsmy.fr/content/karasek-questionnaire-2_contenus1402997546.pdf ***The Nordic Musculoskeletal Questionnaire***. Kuorinka et al. (1987) 30-item questionnaire on the upper and lower limbs and torso Translated and adapted in French by Forcier et al.: Questionnaire sur la santé musculo-squelettique des travailleurs ***Perceived stress Scale PSS***. Cohen et al. (1994) 10 items (with 5 possible responses on a scale of 1 to 5) used to measure simply and quickly the degree to which life events are perceived as threatening, i.e. unpredictable, uncontrollable, and difficult French translation (Lesage et al., 2012): Échelle de mesure du stress perçu ***Montgomery Asberg Depression Rating Scale* (MADRS)**. Montgomery et al. (1979) The scale assesses the severity of symptoms in a variety of domains such as mood, sleep, and appetite, physical and mental fatigue, and suicidal ideation. It contains 10 items rated on a scale from 0 to 6. Translated to French by Lemperière at al.: ÉCHELLE DE DÉPRESSION. MADRS Leymann questionnaire. Pellet, 1997 14 questions assessing perceptions in the workplace. French translation available (Niedhammer et al., 2006): Leymann Inventory of Psychological Terror Version française ***Hospital Anxiety and Depression Scale.*** Zigmond et al. (1983) Used to screen for anxiety and depression disorders. It contains 14 items rated on a scale from 0 to 3. French translation available (Lépine et al., 1994): Échelle HAD ***Maslach Burnout Inventory (MBI test).*** Maslach et al. (1981) The test contains 22 questions representing feelings (or ideas, impressions even of work, chronic fatigue, sleep disorders, physical problems). It is used to assess burnout syndrome, but has not been developed as an individual assessment tool. It may be used where application as a tool to guide a patient interview (fiche_memo_burnout.pdf (has-sante.fr)

	French translation available (Faye-Dumanget et al., 2017): http://www.urps-ml-paca.org/wp-content/uploads/2016/09/Test-dInventaire-de-Burnout-de-Maslach-MBI-1.pdf
Having a physician	"Dis doc, t'as ton doc ?" campaign https://prevention-soignant.fr/wp-content/uploads/2019/07/fichecfarconduiteatenirfaceaun-collegueauxpropossuicidaires-cfar.pdf
Resource centre	Healthcare Professional Solidarity Assistance Programme: **0800 288 038**, national healthcare professional helpline Associations providing assistance – ASRA, Rhône-Alpes region healthcare professionals help network https://reseau-asra.fr/ – MOTS, Occupational health organisation for physicians https://www.association-mots.org/ – ARENE, North-East region mutual assistance association https://conseil57.ordre.medecin.fr/content/arene-association-regionale-dentraide-du-nord-est-0 – ASSPC, Poitou-Charentes region healthcare professional health association https://associationsantedessoignantspc.jimdofree.com/ – ERMB, Brittany region mutual assistance for physicians (Brittany regional medical association) – APSS, Association for care for healthcare professionals https://www.asso-sps.fr/ – AAPMS (Professional assistance association for physicians and healthcare professionals) formerly AAPML http://www.aapml.fr/ – *Mood Up* ARA and the healthcare professional prevention website https://prevention-soignant.fr/
Training	Free MOOCs: https://prevention-soignant.fr/formations/ *SOIGNER LES SOIGNANTS Prendre soin de soi, de ses confrères, ça se travaille* [CARING FOR HEALTHCARE PROFESSIONALS Taking care for yourself and your colleagues takes work] (link)

Appendix 6.Portfolio quick reference guide

Definition

Portfolio: this term was coined by its North American creators to refer to a systematic documented personal skills record. It is compiled by the individual with a view to gaining recognition of their level of attainment or validate their level of attainment. It is the result of a personal process and remains the property of its creator, who retains control of its use and maintenance (French National Medical Association definition).

Practices/tools

Intended to compile:

- areas of improvement in respect of knowledge, skills or practices, improvement objectives, tools defined to achieve these objectives and the experience tracked by the professional, particularly in terms of training;
- the analysis of a clinical situation demonstrating capability and application of personal reflective analysis helping detail the problem statement, the requisite knowledge, skills involved, and changes (or reinforcements) observed in work practices;
- one-off or specific noteworthy events during practice that have had a professional impact. These may consist of diagnostic or therapeutic specificities or developments, adverse events, descriptions of current projects (theses, dissertation, research), results of literature searches or publication reviews, presentations made during scientific events, for example.

Note that they may also consist of events that have had, or may have had, an impact on the professional's health or personal life.

Variants

Initially devised in hard copy format (notebook or file), it is now generally provided in electronic format (making it possible to link files).

Possible uses

For initial training, in-service training, CPD.

Note that, in France, the portfolio is incorporated in initial training for several professions: nurses, general practitioners, masseurs/physiotherapists, for example; and deployed via the ParcoursProOnline platform by the French Federation of Medical Specialties (FSM).

Appendix 7.Reflective practice quick reference guide

Definition

Reflective practice is “the process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible” (*Academy of Medical Royal Colleges*).

Practices/tools

Reflection is not a detailed description, but focuses on feedback and description of the increased understanding gained, resulting in either a validation of practice, or a change of practice. Notes on reflection are intended to show analytical thinking, insight from various sources, including discussions with peers and supervisors, and action plans. Reflection notes should focus on the insight gained from an event, and not a full discussion of the case or situation. This reflective practice is not only focused on negative experiences, but also includes positive experiences, thus helping to reinforce best practices.

Variants

Reflective practice may be implemented at the time and after the experience. Reflection may be carried out as a part of an individual or group process. Beyond the general process, internationally, reflection is often documented. The purpose of documented reflection is to encourage critical reflection structured around practice experience, learn from it, and help convert experience into expertise. Documenting reflections helps create a clear thought process structure and sequence. “The more a person reflects on their practice, the more they are likely to reflect regularly in their day-to-day life, think outside the box, and challenge accepted practices.” In this form, it is often included in the portfolio used for certification.

There are four structuring models.

- Three stages of analysis: What? So what? Now what?
- Three stages of ERA: Evaluation, Reflection, Action.
- Kolbs which contains 4 key stages: experience, reflecting, learning from the experience, planning.
- Gibbs with 6 stages: description, feelings, evaluation, analysis, conclusion, action plan.

Possible uses

Comparison with literature, discussion among peers, discussion with an instructor.

Appendix 8.Self-assessment quick reference guide

Definition
Self-assessment is a descriptive assessment procedure conducted by the professional in respect of their own work and their academic abilities. This tool enables learners to reflect on their weaknesses and gain a self-critical view. The outcome of this reflection assists with the formulation of an educational plan to fill any gaps.
Practices/tools
The self-assessment can target capabilities, procedures, processes, and productions.
Variants
The purpose of a training assessment (incorporated in a training scheme) is to inform the learner and the instructor of the level of attainment of learning outcomes. The training assessment enables timely resolution of errors or problems arising during learning, and allows the instructor to adjust their teaching, and the learner to measure their progress.
Possible uses
In international models, there are two main aims: – self-assessment to identify training needs (or skills to improve); – self-assessment aimed at identifying gaps between expected *vs* actual knowledge, expected *vs* actual skills, recommended *vs* actual practices, implemented *vs* actual processes (compliance self-check). Training assessment during learning to measure learning progress. The training assessment may also be used as a knowledge memory aid or allow errors in a safeguarded learning process (e.g. simulation). The training assessment is an integral part of the learning process and may be used in combination/alternation with other teaching methods to facilitate the improvement of knowledge and skills.

Appendix 9.Video assessment/video coaching quick reference guide

Definition
Production of a video during an actual professional procedure and self-assessment and retrospective debriefing with one or more peers trained in coaching. Peer coaching involves a participant and a coach at similar levels.
Practices
Used to raise awareness, assess and propose improvement pathways with input from the experience of a number of peers. Investigates not only the technical procedure, but also any interactions during the procedure per se.
Variants
Expert coaching encompasses an explicit gap in technical knowledge or skills between the participant and the coach, and can be particularly useful for surgeons seeking to acquire new skills or integrate new technologies in the operating theatre.
Possible uses
The surgical coaching adopted by the *American Board of Medical Specialties* (*ABMS*) is VBA, *Video-Based Assessments*: surgeons view their own performances, which helps bring about a change in behaviour. Video-based peer coaching links a practising individual surgeon with a colleague who has received training on basic coaching principles.

Bibliographic references

The literature search strategy, analysis, and a map of the resources are detailed in a report entitled "*Document des ressources pour l'élaboration de la proposition de méthode et des référentiels de certification périodique des professions de santé à ordre*" (Document of resources for the development of the proposed method and standards for the periodic certification of registered health professions" -available only in french)

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The following professional bodies and patient and user associations were consulted to propose experts invited to take part in the working group.

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