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Editorial

Strengthening Continuing Professional Development Literacy to Advance Pakistan's Health Workforce

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Continuing Professional Development (CPD) has become a defining component of modern healthcare systems, but in many low- and middle-income countries (LMICs), including Pakistan, CPD remains uneven, inconsistently regulated, and often limited to single-profession educational events. As clinical practice grows more complex and team-based, the need to strengthen CPD literacy, advocacy, and system-level capacity has never been greater. CPD is no longer an exercise in attendance nor can it be judged on satisfaction using a satisfaction scale. It is a structured, deliberate process that helps clinicians identify what they need to learn, engage in outcomes-oriented activities, and apply those gains to improve performance and patient care. Most importantly, the individuals teaching in CPD activities must be adequately prepared and equipped for this responsibility.

Globally, CPD systems have evolved from passive, credit-accumulation models toward structured, outcomes-focused approaches. The conceptual framework developed by Moore et al (2018) provides a comprehensive roadmap for planning, delivering, and assessing CPD for both single professions and interprofessional teams.[1] It emphasises learning that progresses meaningfully from knowledge acquisition to competence, performance, and measurable outcomes. This reflects a growing recognition that CPD must connect to real-world improvements and align with system needs, especially in contexts where team-based care is essential.

The recently published World Federation for Medical Education (WFME) Standards for Continuing Professional Development 2024, reinforce this direction.[2] These standards outline four stages of CPD: identify, decide, learn, and record/apply. They call for CPD systems that promote relevance, quality assurance, professional autonomy, and patient-centered practice. The emphasis on institutional accountability and interprofessional collaboration aligns particularly well with the needs of Pakistan and other LMIC health systems.

An instructive example of how interprofessional CPD can be formalised at the system level comes from the United States, where Joint Accreditation for Interprofessional Continuing Education (IPCE) has created a unified pathway for accrediting CPD designed by and for the healthcare team, and the providers that demonstrate proficiency in developing learning activities where learners from different healthcare professions are given the opportunity to learn from, with, and about each other. This model recognises that the most effective learning occurs when professionals train together for the work they do together, and it demonstrates how structural mechanisms can reinforce collaboration, standards, and shared accountability.[12]

Pakistan has made gradual progress in recognising the importance of CPD, but multiple studies show that much work remains. A 2023 national survey reported moderate awareness of CME/CPD requirements but highlighted persistent barriers, including the absence of a dedicated regulatory body, cost constraints, doubts about the credibility of certain activities, and limited alignment with clinical needs.[3] These gaps hinder the development of a cohesive, high-impact CPD environment.

For allied health professionals, who are essential members of the care team, the challenges are even more pronounced. A recent Delphi study proposed Pakistan's first set of CPD standards for allied healthcare professionals, identifying interprofessional education (IPE), professionalism, leadership and assessment as key domains.[4] Respondents cited limited institutional support, insufficient protected learning time, and a lack of consistent evaluation frameworks, all of which impede both participation and quality.

Research from Pakistan also suggests that readiness for interprofessional learning is low. One study found that undergraduate students across Balochistan scored poorly on established IPE readiness scales in the undergraduate setting, reflecting limited understanding of team roles and shared learning.[5] Without early exposure to teamwork principles, graduates enter practice less prepared to engage in interprofessional CPD once they are in practice.

These findings mirror the results of a broader global series of mixed-methods assessments of CME/CPD systems that we conducted across China, Latin America, Europe, the Middle East and North Africa, and East and Southeast Asia.[6–11] Collectively, these studies show wide variability in the maturity, governance and independence of CPD systems, yet a consistent call for clearer standards, stronger interprofessional engagement, outcomes-focused design, and system-level leadership.

CPD literacy extends far beyond participation. It includes the ability to recognise meaningful learning needs; differentiate between high-value and low-value activities; understand how education links to competence, performance, and outcomes; and engage in team-based learning aligned with real clinical pathways. It also includes the ability to advocate for stronger systems, better resources, and clearer policies.

When CPD literacy is weak, CPD becomes a formality. When it is strong, CPD becomes a mechanism for system improvement, quality assurance, and better patient outcomes. For LMICs, where needs are high and resources limited, CPD literacy directly influences the return on investment. Emerging research is exploring the relationship between preparedness of CPD educators and measurable improvements in patient care, a connection that has profound implications for health systems globally. Although profession-specific CPD remains important, team-based CPD is increasingly essential. Healthcare today is delivered by interconnected teams, and education must reflect that reality. The Moore et al. framework explicitly supports CPD designed for both single professions and teams.[1] Pakistan's allied health CPD standards similarly emphasise interprofessional education as a foundational element.[4]

Interprofessional CPD improves communication, strengthens care coordination, and enhances shared decision-making. It also aligns with WHO workforce priorities and the Sustainable Development Goals, particularly SDG 3 on ensuring healthy lives and promoting well-being for all at all ages.[13]

To build stronger CPD systems and improve CPD literacy, several steps are essential:

1. Develop national and provincial CPD policies aligned with WFME 2024 standards.[2]

2. Establish regulatory clarity to ensure consistent expectations across professions.

3. Design CPD programmes collaboratively, ensuring learning occurs within, and across, teams.

4. Use outcomes-based frameworks such as the Moore et al. model to guide planning and evaluation.[1]

5. Invest in faculty development so educators can design and deliver high-impact CPD.

6. Strengthen institutional infrastructure by protecting learning time, ensuring access to evaluation tools, and leveraging technology.

7. Promote advocacy and awareness, building a national conversation around the role and value of CPD literacy.

The call for better, stronger and more impactful CPD is both a local and global imperative. Pakistan has the opportunity to build modern, team-oriented CPD systems that support high-quality care while aligning with international standards. By strengthening CPD literacy and promoting advocacy across professions and institutions, the country can accelerate progress toward a more competent, collaborative, and resilient health workforce.

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