

# Continuing Education in the Health Sciences in Spain

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## abstract

**Background:** Employers have long been concerned about the professional qualifications of their employees. Decision makers in the health sciences are no exception, particularly now that they are seriously considering the improvement and full accreditation of continuing education as part of the planned European convergence.

**Method:** Medical and nursing professionals were questioned about their views on continuing education, suitable content of possible programs, and implementation, in comparison to what four major Spanish nursing and medical journals propose as adequate continuing education activities.

**Results:** Responses from both types of professionals indicated that they desire training more related to practice and to social communication issues.

**Conclusions:** Health professionals feel that they need to stay current in their fields and that continuing education programs should be systematized in consonance with official accreditation guidelines and objectives.

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For more than 30 years, continuing education has been a concern for decision makers in the health sciences. Continuing education is usually understood as “the process by which health professionals keep updated to meet the needs of patients, the health service, and their own professional development” (Peck, McCall, McLaren, & Rotem, 2000, p. 432). It is obvious that scientific development and progress in health care has had an impact on health care institutions and, consequently, on their product. Health care has become progressively more complex while at the same time aiming at a high level of efficacy. Thus, professionals working in health

care have realized that there is a basic need to update knowledge and also to constantly revamp continuing education programs. An encouraging United Nations Educational, Scientific and Cultural Organization (1999) report was one of the main starting points. Its basic directives on education were gathered and subsequently included in the Bologna Declaration (European Ministers of Education, 1999): universities must assume as their basic mission the dissemination of knowledge to new generations and to all of society. Health professionals’ cultural, social, and economic future requires considerable effort toward the enhancement of continuing education in health issues.

Despite assurance from the educational system that professionals will achieve a higher degree of competence after finishing their studies, it cannot guarantee the means by which acquired knowledge can be updated. Due to the dynamism in health research, professionals’ knowledge has a short life span and must be renewed. However, the updating activities in the health care services are subject to constant change and

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constitute one of the basic areas for professional updating.

In recent years, the literature has emphasized the need for continuing education. An examination of two of the journals dedicated exclusively to this issue, *The Journal of Continuing Education in the Health Professions* and *The Journal of Continuing Education in Nursing*, and the number of postgraduate activities announced by the World Health Organization in its bulletin and on its webpage offers convincing evidence of the obvious concern over it. In reference to the United States, Smith and Schmitz (2004) recently underscored the fact that it is a matter of not only implementing new medical programs, but also updating existing ones and implementing new approaches to adequately meet the needs of the 21st century. They also emphasized and detailed activities that should be promoted as well as where those activities should be conducted. Peck et al. (2000) collected data on 18 European countries that highlight the diversity of systems; they further pointed out that only the Netherlands has a legislated recertification system, but that other countries are studying this compulsory revalidation.

Most countries in Europe do not have properly established programs. For instance, in Greece, as in the majority, continuing education is not mandatory, but many postgraduate courses are already being offered (Kyriopoulos, Gregory, Georgoussi, & Dolieras, 2003), although only 35% of health centers are accredited to provide such courses. In other countries, however, continuing education is becoming increasingly more important given recertification requirements. In Spain, although it is a relatively new area in the health professions and not yet mandatory, several articles have already emphasized the importance of continuing education in the field of nursing, whether it be considered a resource or a need (Pollán Rufo & Gabari, 1995), or perhaps a “necessary innovation” (Barquero González et al., 2001). A call for caution regarding ill-planned continuing education has also been made (Sáez Cárdenas et al., 2004). Management of public health services has been the target for continuing education advocates in an effort to improve these services (Cernuda, 1996; López Camps, 1996). In addition, Spanish medical professionals have identified continuing education as a real challenge for the near future (Ros, 2005). However, Pardell and Sierra (2003) have called for uniformity given the existing and diversified accreditation systems; they also proposed closer cooperation with the American Medical Association and the Union Européenne des Médecins Spécialistes to achieve mutual recognition of credits. To this effect, a letter of intent was signed in 1998 by the American Med-

ical Association expressing that its aim was “to establish a system of reciprocal exchange or recognition of credits according to agreed quality requirements between the participant countries” (Peck et al., 2000, p. 433). However, the decision not to award credits was made after protests that the European Union (EU) accreditation committee would trespass on the local responsibility of national authorities by awarding credits (Peck et al.).

All countries evolve socially in different ways and, often, unrecognizable new needs, changes, and alterations appear in the health of individuals. Morbidity and prevalence parameters, as well as pathologies, are undergoing modifications. Therefore, new situations demand a better systematization of diagnostic and therapeutic processes and the introduction of preventive health activities. Consequently, one can infer that the professional’s education cannot be limited to university studies or specialized education alone, but rather it needs to be compensated with continuing renewal activities. Professionals’ competencies within the framework of continuing education, necessary in all health activities, must be updated regularly. The development of a profession demands a constant effort in self-education as well as recycling levels of knowledge and continuing research for the acquisition of new additions to the discipline’s knowledge base.

Continuing education constitutes the best internal motivation and becomes an intellectual predisposition toward maintaining and updating the discipline’s contents, which may have been acquired during pre-degree education. As early as 1954, Spanish Health Assistants Statutes already pointed out in their code of conduct that one of their responsibilities was to stay up-to-date on the latest scientific advances. In addition, the Deontological Code of Spanish Nursing (CGCDE, 1989) again stressed the need to stay current through ongoing training and updating of personal knowledge, as well as nurses’ responsibility to manage their own training (Camaño-Puig, 2005). This process, however, is not a substitute for the establishment of systems with the aim of the curricular recognition of all the activities performed by each professional. Consequently, public and private services have great responsibility in implementing ways through which continuing education can be better established. Recently, Rodríguez Moreno (2005) pointed out that firms will achieve little unless they become involved in the improvement of continuing education. The firm, she added, is one of the actors in the continuing professional orientation; it must understand that this type of education should be not only technical, but also aimed at developing generic, transversal, and transferable competences to enhance the potential of its working personnel

(i.e., empowerment), instead of leaving all the educational responsibility to the university.

To this effect, the Spanish Ministries of Health and Education and Culture have established the Comisión de Formación Continuada del Sistema Nacional de Salud (SNS), or Continuing Education Committee of the National Health System, with the aim of coordinating health services in each autonomous community. The SNS is in charge of several tasks. It will establish general, common, and minimum criteria for centers or teaching units. These centers will receive accreditation for continuing education programs upon request. The SNS will elaborate general criteria so that specific educational activities may be awarded accreditation and also evaluated in terms of credit hours. It will define areas and material contents for the development of preference accreditation for continuing education in each discipline. The SNS will define criteria for certification of different activities regarding professional updating of those involved in the program. It will also coordinate the planning and activities of the autonomous communities for auditing and evaluating both the centers and their continuing education programs.

Currently in Spain, these activities have no curricular recognition for professionals, because the directives announced have not yet been implemented. Implementation will enable professionals to be accredited in their health career by the Spanish SNS. This will represent a significant step in recognizing their merits and will be reflected in remuneration. Thus, the analysis and implementation of the professionals' continuing education has become a priority. It is necessary to determine whether the offer is suited to the set of needs proposed by professionals and if the solution being given is useful and adequate in terms of satisfying the needs of professionals as well as institutions, particularly when comparing their aims.

The purpose of this study was to analyze how continuing professional development is viewed from the nursing and medical arenas, and to draw some inferences as to how it can and should be implemented. An additional objective was to determine if these needs are met through the activities currently being offered by different organizations in professional journals.

## SUBJECTS AND METHODS

For this research, a questionnaire was created in which the need for basic and continuing education was evaluated by practicing professionals. Through the responses given, health professionals from the areas of medicine and nursing evaluated the syllabi they followed in their pre-degree university studies.

The list of items contained in the questionnaire was arrived at through consensus among the group of professionals from nine European countries participating in the "Medical Therapy in Europe" (METE) project. Medical and nursing professionals from nine European countries participated in this 3-year project in which issues related to both professionals were examined and evaluated. Consensus was reached from the realization that most professionals are concerned about their own professional career contents. As early as 1982, a randomized, controlled trial on continuing medical education was conducted showing that, if given the opportunity, clinicians chose educational events with which they were already familiar (Sibly et al., 1982). The questionnaire, therefore, contained issues that, although already in their curricula, had not received the necessary attention by the professionals themselves. This situation was often due to the fact that some issues were considered secondary because no immediate benefits would be foreseen.

The general questionnaire, which contained general issues and items about institutions and the education of health professionals, was composed based on future needs of continuing education as expressed by EU health professionals. The following 12 subjects, thought to be adequate in a future continuing education syllabus, were selected from it: bioethics, cultural diversity, economy and management, epidemiology and statistics, informatics, information technologies, languages, law and health, logistics (mobility), medical psychology, relationship and communications, and research methodology. The professionals' preferences for each item were registered in responses on a Likert scale ranging from 1 (very important) to 4 (unimportant).

Of the questionnaires distributed, a total of 120 were collected, 59 of which were from nursing professionals and 61 from medical professionals. All respondents were from the Valencia (Spain) public health area. The data were then tabulated and processed using SPSS software (version 12) to obtain descriptive statistics and bar histograms of the answers provided.

For comparison purposes, four different Spanish journals were also analyzed to determine what continuing education activities were being offered, such as postgraduate courses, conferences, or other academic health activities. The journals selected were *Revista Rol de Enfermería* and *Enfermería Clínica* for nursing and *Medicina Clínica* and *Revista Clínica Española* for medicine. These four journals were selected based on ample national distribution. The analysis covered all issues published during 2004 in these four journals. Once the results of the analysis were compiled, the data were grouped by similarity of activ-

TABLE 1  
RESULTS FOR THE NURSING PROFESSIONALS

	Very Important	Important	Not Very Important	Unimportant	Not Applicable
Bioethics	25	24	8	2	0
Cultural diversity	24	25	8	0	2
Economy and management	14	26	12	3	4
Epidemiology and statistics	15	23	13	3	5
Informatics	25	24	4	2	4
Information technology	20	25	10	1	3
Languages	29	19	9	0	2
Law and health	20	22	11	2	4
Logistics (mobility)	13	26	15	1	4
Medical psychology	28	24	6	0	1
Relationship and communications	32	21	3	1	2
Research methodology	22	22	11	0	4

Note. Values are absolute numbers.

TABLE 2  
DESCRIPTIVE STATISTICS OF THE NURSING PROFESSIONALS

	<i>N</i>	Minimum	Maximum	$\Sigma$	<i>M</i>	<i>SD</i>
Bioethics	59	1	4	105	1.78	.811
Cultural diversity	58	1	3	101	1.74	.715
Economy and management	55	1	4	114	2.07	.836
Epidemiology and statistics	54	1	4	112	2.07	.866
Informatics	55	1	4	93	1.69	.767
Information technology	56	1	4	105	1.87	.788
Languages	57	1	3	94	1.65	.744
Law and health	55	1	4	105	1.91	.845
Logistics (mobility)	55	1	4	114	2.07	.766
Medical psychology	58	1	3	94	1.62	.671
Relationship and communications	57	1	4	87	1.53	.684
Research methodology	55	1	3	99	1.80	.755

ity being announced in the journals and also according to items listed in the questionnaire.

## RESULTS

### Nursing Professionals

With the application of the Likert scale, the following quantitative results were obtained from nursing professionals (Table 1).

The percentage representations of these data indicate significant results, particularly when combining the first two categories—very important and important. This

would be representative of their favoring or not favoring the different subjects listed. Figure 1 shows these percentages in detail.

Taking into consideration these two categories, the top two choices by the nursing personnel were relationship and communications and medical psychology. Three different subjects tied for third place—informatics, cultural diversity, and bioethics. The least favored were epidemiology and statistics, logistics, and economy and management.

In the descriptive statistics analysis, relationship and

TABLE 3  
RESULTS FOR THE MEDICAL PROFESSIONALS

	Very Important	Important	Not Very Important	Unimportant	Not Applicable
Bioethics	9	36	13	1	2
Cultural diversity	9	21	21	7	3
Economy and management	9	31	16	3	2
Epidemiology and statistics	14	29	15	1	2
Informatics	20	32	6	2	1
Information technology	20	32	6	2	1
Languages	20	32	6	2	1
Law and health	8	28	18	6	1
Logistics (mobility)	5	25	29	1	1
Medical psychology	21	22	14	1	3
Relationship and communications	8	41	4	3	5
Research methodology	19	32	7	0	3

Note. Values are absolute numbers.

TABLE 4  
DESCRIPTIVE STATISTICS OF THE MEDICAL PROFESSIONALS

	<i>N</i>	Minimum	Maximum	$\Sigma$	<i>M</i>	<i>SD</i>
Bioethics	61	1	4	128	2.10	.651
Cultural diversity	58	1	4	142	2.45	.902
Economy and management	60	1	4	135	2.25	.795
Epidemiology and statistics	59	1	4	121	2.05	.753
Informatics	60	1	4	110	1.83	.740
Information technology	49	1	4	99	2.02	.829
Languages	60	1	4	110	1.83	.740
Law and health	60	1	4	142	2.37	.843
Logistics (mobility)	60	1	4	146	2.43	.673
Medical psychology	58	1	4	111	1.91	.823
Relationship and communications	56	1	4	114	2.04	.660
Research methodology	59	1	3	106	1.80	.637

communications also was the most highly considered by the nursing professionals, followed by medical psychology and languages. These three categories were closely followed by informatics, cultural diversity, and bioethics. Table 2 contains the scores.

The different choices by the nursing professionals seemed to be in consonance with other sections of the overall syllabus analysis conducted for the METE project. Most responses were aiming toward aspects related to social interaction and communication in general. Figure 1 stresses this choice.

### Medical Professionals

Continuing education in the medical ranks has recently received significant attention in the literature. It is clear from the results of this survey that there is a growing concern over this issue by medical professionals. However, the results appear to be comparable to those of the nursing professionals, particularly in terms of issues related to information technologies and languages, although initially the emphasis on clinical issues could be expected. Table 3 shows the number of answers for each subject included in the questionnaire.

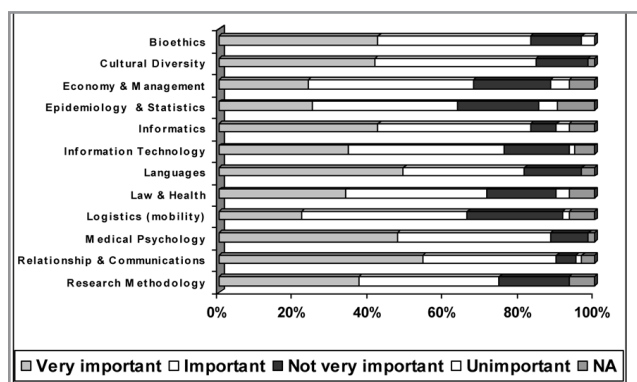


Figure 1. Percentage representation of the results obtained from the nursing professionals. NA = not applicable.

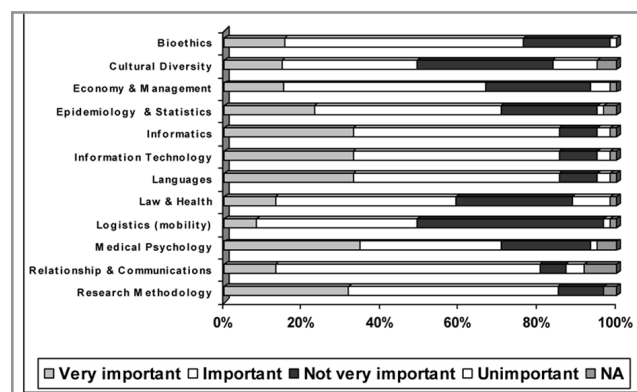


Figure 2. Percentage representation of the results obtained from the medical professionals. NA = not applicable.

TABLE 5  
COMPARISON OF PERCENTAGES FOR THE TWO GROUPS

	Nursing Professionals	Medical Professionals
Bioethics	83.05	73.77
Cultural diversity	83.05	49.18
Economy and management	67.79	65.57
Epidemiology and statistics	64.41	70.49
Informatics	83.05	85.25
Information technology	76.27	85.25
Languages	81.36	85.25
Law and health	71.19	59.02
Logistics (mobility)	66.10	49.18
Medical psychology	88.14	70.49
Relationship and communications	89.83	80.33
Research methodology	74.58	83.61

Four issues obtained the highest number of responses in the very important category—medical psychology, languages, information technology, and informatics. Logistics obtained the least number of responses. However, the results are more significant when viewed together with the second category (i.e., important), as was done for the nursing personnel.

Figure 2 shows where the emphasis was placed, according to the responses given by the medical professionals.

When the data were confronted with descriptive statistics, however, the main value obtained for each discipline varied significantly (Table 4). The medical profes-

sionals clearly preferred research methodology, closely followed by languages and informatics. Logistics and cultural diversity were not preferred.

Comparing the results obtained in percentages (Table 5) in reference to the aggregate of the categories very important and important, for certain subjects, the results were similar between the two groups.

There is strong affinity between these two groups of professionals, as particularly shown for economy and management and informatics. Languages also appeared close, with less than a 4-point difference between the groups. The medical professionals had higher percentages for epidemiology and statistics, informatics, information technology, languages, and research methodology, whereas nursing professionals ranked the rest of the subjects higher.

Finally, the difference between the groups widened for cultural diversity, medical psychology, and logistics. The nursing professionals ranked these three subjects higher than did the medical professionals.

## POSTGRADUATE ACTIVITIES IN JOURNALS

The final item analyzed was academic activities being announced by the Spanish professional journals. As mentioned above, all the issues published during 2004 from two medical and two nursing journals were selected. Eighty-one different activities related to continuing health education were analyzed. The main targets were health conferences, symposia, professional meetings, and even short sessions, such as lectures and exhibits. The results can be seen in seven different categories (Fig. 3).

Fifty-two different activities were offered by the nursing journals and 29 were offered by the medical journals. The activities most often announced were conferences (26) on the nursing side and postgraduate



courses (20) on the medicine side. Symposia were often announced (10 and 5, respectively), for which professionals showed a clear preference. The general topics announced in these academic activities varied, ranging from hypertension to different pathologies of the body.

On analyzing these data in detail, many announced activities did not specify their target audience. From past experience with a similar activity, it was acknowledged that most advertised activities were aimed at the professional journal's respective readership, although a specific audience was also occasionally mentioned. In nursing, for instance, the 26 conferences announced were clearly aimed primarily at nursing professionals. One of these activities, however, specified that it was on health culture and open to health professionals in general. Another activity was aimed at midwives, and still another targeted nursing students. One exhibit was aimed at both nursing and physiotherapy professionals.

The activities announced in the medical journals could be analyzed similarly, as their primary target audience was also medical professionals, with few exceptions. Two postgraduate courses were for professors of medicine, two for the application of statistics in medical research, and two for health professionals in general. In addition, one lecture was announced for a general health audience that did not specify discipline.

## DISCUSSION

After analyzing all the responses of these health professionals, it can be concluded that most answers reflected the need for updating, suggesting that continuing education entails new knowledge, as well as skills and proper attitudes, to enable competent practice. The obvious aim was to maintain and improve their performance both clinically and, as seen in most answers to the questionnaire, in terms of social interaction and communication.

A second area that should be examined is the establishment of a mechanism to perform a needs analysis of the current syllabi of both professions through which future needs could be better detected and understood. The literature shows that this needs assessment should be based not only on what clinicians already know (i.e., self-assessment), but also on a wider range of sources (Cantillon & Jones, 1999).

The results obtained through the questionnaire are not as comprehensive as might be expected, as not all the important health issues were considered. In this sense, when comparing the feedback from the questionnaire with the activities offered in the journals,

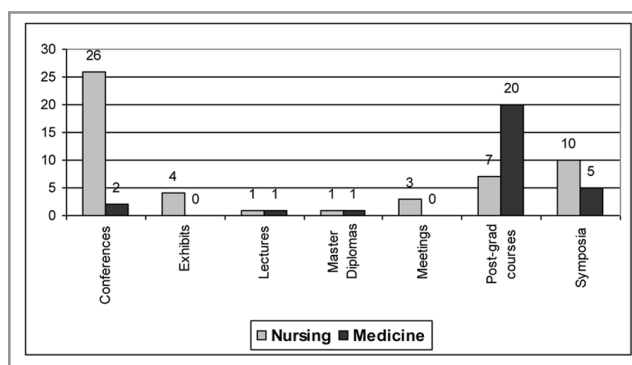


Figure 3. Academic activities announced in professional journals.

the results obtained were not consistent with what the authors had initially expected. First, some results reflected what professionals expressed as mostly desired activities (i.e., activities about subjects that were known to them). This coincides with what Sibly et al. (1982) demonstrated years ago. Second, although some of the activities offered were considered necessary by the professionals, health institutions seldom implement them.

One of the major limitations of this study is the questionnaire used. Further research is required to make the METE questionnaire more comprehensive. Most of the participants indicated that the subjects listed were not, to their understanding, the most important areas on which continuing education should be based. Thus, participants would suggest more subjects related to their day-to-day professional activity. Perhaps a more open-ended list of questions would have led to more comprehensive tasks related to their different health activities.

Both the nursing and the medical professionals ranked languages high in their objectives, particularly English as today's lingua franca in scientific communication. In a survey conducted at the University of Valencia (Spain) in 1992, more than 90% of medical students expressed the need to know English to be able to pursue a career. Of particular importance was the opinion of medical professionals that knowledge of English was imperative for conducting effective research and being published in top biomedical journals (Bonet & Piqué-Angordans, 1993).

The methodology employed in this research has limitations and should be revised in future studies so that both short-term and long-term health needs can be better assessed and evaluated. In addition, health centers and health institutions in general should encourage the establishment of balanced programs in which these needs are considered.

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## key points

### Continuing Education

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- 1 Improvement and full accreditation of continuing education are two issues of concern and are part of the planned European convergence.
  - 2 There is a need for health professionals to update the preparation they received in their university studies.
  - 3 Three issues of concern are considered basic in the practice of their profession and in their continuing education programs: relationship and communications, computer science skills, and languages.
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