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Policy statement on Continuing Medical Education (CME) and Continuing Professional Development (CPD)

Prise de position sur la Formation Médicale Continue (FMC) et le Développement Professionnel Continu (DPC)

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POLICY STATEMENT ON CONTINUING MEDICAL EDUCATION (CME) AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Executive Summary

1. Recognising the need for doctors to constantly up-date their knowledge and skills as a requirement for rendering high-quality health care services, this policy statement has been produced as a guide for CME/CPD-activities.
2. Engagement in CME/CPD is a life-long necessity for each doctor and is both an ethical obligation and a fundamental right. CME/CPD is needed for the individual professional competence as well as for safeguarding quality improvement of the overall health care system.
3. The CME/CPD-responsibility rests primarily with the individual doctor. Employers and other health care funding bodies also have a responsibility by creating economic and organisational conditions for high quality CME/CPD.
4. The cost of CME/CPD is a necessary and integrated part of the total cost of health care. Provided that regular quality standards are met, and the professional independence of doctors is in no way compromised, funding by external parties, e.g. various branches of industry, can be accepted as supplementary sources.
5. Modern learning methods are many and diverse. Some degree of formalisation and, in particular, appropriate documentation of CME/CPD is necessary both for the doctors themselves in their individual competence development and as a way to demonstrate to the general public that the necessary up-dating of competence is accomplished in a proper way. Individual competence development plans, regularly reviewed, are recommended for this purpose.

6. Self-regulation of the CME/CPD-process is a core function of the medical profession and contributes to securing the quality of the CME/CPD-activities as a part of the overall quality improvement work in health care. Peer dialogue is a useful instrument for identifying and reviewing individual doctors' CME/CPD.

7. The medical profession must also take on responsibility for accreditation of CME/CPD-activities. This should include the accreditation of specific events as well as validation of CME-providers. This calls for professional bodies that are capable of performing this function such as the European Accreditation Council for CME (EACCME) run by the European Union of Medical Specialists (UEMS)

8. There is little evidence that currently applied recertification/revalidation methods are helpful in the early detection of incompetent/underperforming doctors. That problem must be dealt with by other means.

Preamble

The practice of medicine in a responsible and satisfactory way has always required doctors to engage in life-long continuing education. This longstanding demand merits even more emphasis in modern times that are characterised by the rapid development of scientific knowledge; the frequent introduction of new methods of prevention, diagnosis and treatment, and profound changes in the traditional patient - doctor relationship.

Mindful of these requirements, strongly dedicated to promoting the best possible health care services to patients and also taking stock of the valuable work that has been done by various medical organisations before in the area of CME/CPD, the Standing Committee of European Doctors (CP), the European Association of Senior Hospital Physicians (AEMH), the Conférence Internationale des Ordres et des Organismes d'Attributions Similaires (CIO), the International Federation of Medical Students' Associations (IFMSA) and the European Medical Student's Association (EMSA), the European Federation of Salaried Doctors (FEMS), the Permanent Working Group of European Junior Doctors (PWG), the European Union of General Practitioners (UEMO) and the European Union of Medical Specialists (UEMS) have jointly produced and adopted this policy statement as a guide for continuing medical education (CME) and continuing professional development (CPD).

Definitions

CME/CPD covers formal and informal activities undertaken by doctors in order to maintain, update and develop their competence to meet the needs of their patients - and where applicable - also those of the health care institutions within which they work.

CME has generally been used to describe a continuing education within the fields of knowledge of medical practice.

CPD is a broader concept, where CME is included, but where the competence development also includes non-medical areas such as personal, managerial and social skills.

Traditionally the concept of CME has been associated with formal educational activities offered to and undertaken by doctors who are fully qualified specialists or general practitioners (GPs). The modern concept of CME/CPD also includes educational activities of importance to other doctors e.g. those in post-graduate training and includes both formal and informal learning activities.

In order to develop competence, both CME in its traditional sense and the more diverse activities of CPD are necessary.

An Ethical Duty - A Fundamental Right

It is a life-long ethical duty for doctors to engage in CME/CPD by constantly striving to possess the skills and knowledge necessary both to meet the needs of their patients and other professional demands. Equally important is the acceptance that it is a fundamental right for the doctor to engage in necessary CME/CPD activities.

It is the view of the CP that the combination of the professionals desire to deliver high quality healthcare and the provision of adequate opportunities for necessary CME/CPD activities will make any legal requirements unnecessary.

A Tool for Quality

Continuing professional development is a prerequisite for the health professional's as well as the health care unit's quality improvement. The individual doctor's need for and engagement in CME/CPD must therefore be included in the overall quality improvement strategy of a health care centre, hospital department or other unit of health care delivery.

Responsibility

It follows from the ethical obligation of each professional that the basic responsibility for engaging in necessary CME/CPD rests with the individual doctor. It is also only the individual doctor - preferably in a peer dialogue - who can identify the specific needs for his/her CME/CPD.

In all modern health care systems characterised by the involvement of a third party, such as an employer or other funding bodies, responsibility for the provision of CME/CPD also rests with this third party.

Employers are responsible for providing a working environment that duly recognises the need for CME/CPD and that permits and also stimulates the doctors to fulfil their ethical duty in this respect.

A self-employed doctor must enjoy similar conditions where engagement in CME/CPD is recognised as an integrated and necessary part of the work.

The need for a methodology of CME/CPD should be addressed in curricula of medical training at all levels.

Funding

Funding of CME/CPD is a necessary and indispensable part of the overall cost in any health care system. Because medicine is a knowledge-intensive activity, adequate budget provisions must be made to fund CME/CPD, thereby maintaining and developing the quality of care required by patients.

In salary-based systems it will be the responsibility of the employer to safeguard the allocation of resources both in time and money, necessary for an adequate access to CME/CPD. It must also be a task of the employer to offer a working environment and personnel policy that encourages individuals to plan for their competence development.

The self-employed doctor's cost for CME/CPD must be taken into account when deciding the fees-for-service in his/her practice, or in other ways be recognised as a necessary part of the operating expenses.

Other funding sources, e.g. the pharmaceutical companies, other branches of industry or any other external party, can be supplementary, provided that the CME/CPD offered through them also meets regular quality standards and that the professional integrity of the doctors being supported is in no way compromised. There must always be full openness as to who is funding an activity and how it is done.

Learning Methods

CME/CPD can be organised in many different ways. The learning needs of the individual doctor will be identified by the CPD process. Studies on how professionals learn underscore the importance of practice-based on-the-job learning prompted by patient problems. This again highlights the importance of a good learning environment. Courses, conferences, reading of medical literature, informal meetings and consultations with peers are examples of the activities that the adult learner may find useful and apply in his /her self-directed learning.

All learning methods can be of value; the crucial thing is whether the educational activity leads to the desired outcome in terms of improved competence.

Formalisation - Documentation

Notwithstanding the fact that there is an individual obligation to engage in CME/CPD and that it is the individual doctor who best can decide his/her specific CME/CPD needs, there are reasons for some formalisation of CME/CPD:

- in order to secure the rights of each doctor to take part in CME/CPD
- in order to ensure opportunities for professional development by creating sustainable conditions for life-long learning
- in order to demonstrate to the general public and to health authorities that doctors are participating in CME/CPD

Such a formalisation will mean that the individual doctor will have to define his/her CME/CPD needs. This is preferably done in a peer dialogue. The objective should be to establish an individual plan for competence development; a plan which is reviewed regularly, assessing (by peer- and/or self-assessment) the outcome obtained, and defining learning objectives for the time ahead. The CME/CPD needs will naturally differ from one individual to another depending on the present and future work and on the required knowledge, skills and attitudes arising from this.

An element of formalisation will also provide the doctor's documentation of his/her CME/CPD activities. This is crucial, not only as part of the developmental process of the individual and for the health care organisation he/she works in, but also for the purpose of demonstrating that adequate CME/CPD has been undertaken.

The need for documentation of CME/CPD on the individual level is also called for since effective learning often involves more informal methods e.g. clinical attachments, group-based learning and quality improvement projects. A personal logbook recording the various learning activities can be one form of documentation. Learning records can of course also be compiled on electronic media. The use of credit points might be helpful in the documentation process, but is not a sine qua non. Documentation should not only include participation in various activities, but should also try to capture the competence development outcomes resulting from the CME/CPD.

Self-regulation of CME/CPD

Since the need for CME/CPD is linked to the quality improvement process it is a natural obligation of the medical profession to safeguard the quality of the CME/CPD process.

The assessment of an individual doctor's involvement in CME/CPD can best be handled by means of the previously mentioned competence development plans reviewed on a regular basis, preferably in peer dialogues. This practice is relevant both to employed and self-employed doctors. For the latter, in particular, the engagement in discussion groups with other self-employed practitioners of the same medical field or speciality can enhance the identification of CME/CPD-needs and the evaluation of outcomes.

Accreditation of CME-activities

The medical profession must accept its collective responsibility for reviewing the quality of CME activities and be permitted to perform this without undue external influence. This accreditation function pertains both to the accreditation of the CME activities such as courses and workshops, as well as to validating providers of CME activities. For this purpose there is a need for national professional bodies to exercise their responsibilities for assessing and defining criteria for these reviews.

Teachers at CME events must make known if they have any affiliation to sponsoring bodies or to any other body that may be regarded as jeopardising their objectivity and independence.

Those persons involved in reviewing and accreditation of CME activities must also be free of any such affiliations.

The organisational set-up of the professional bodies entrusted with this task of reviewing and accreditation may vary from country to country. In order to safeguard a sound dialogue with the public/governmental/regulatory bodies concerned, these should be invited to take part in this work.

It is of vital importance that there is full transparency both in process and documentation on the various clinical levels. Any clinical unit must be open to external audit (peer review) of its CME/CPD system.

Accreditation must also be in place on the international level. A good example is that of the EACCME (European Accreditation Council for Continuing Medical Education) established by the UEMS which enhances the possibilities for doctors to benefit from accredited CME/CPD events in other countries and to get formal recognition of this in their home country; an initiative that merits strong support.

Recertification and Revalidation

Recertification—a process by which specified demands must be met periodically by doctors in order to maintain their practice privileges and/or pay—is increasingly being considered as a means of ensuring participation in CME/CPD. Recertification is at the same time, incorrectly, regarded by some as a method for the early detection of incompetent/underperforming doctors.

Revalidation has been defined as the process by which a doctor demonstrates on a regular basis his/her fitness to practise. If doctors do not fulfil the requirements for revalidation, under this system their right to practise medicine can be withdrawn

Under revalidation a doctor's medical work will be checked by means of regular appraisals and/or assessments. This may also involve external assessors including laymen, and systematic feed-back from patients.

Recertification/revalidation present a number of problems. In countries where recertification/revalidation exist, different systems have been applied with different consequences for those who fail recertification/revalidation. Furthermore, the international migration of doctors—in particular within the EU/EEA-area—is based on the mutual recognition of national diplomas and qualifications. The consequences arising from the fact that some countries might apply recertification/revalidation while others do not, are unclear. Should the failure of recertification/revalidation in one country have consequences for a doctor's right to practise in other states?

Well-functioning CME/CPD-systems are indispensable but their link with recertification/revalidation is controversial.

The necessity for all doctors to engage in CME/CPD is a general prerequisite for the delivery of up-to-date care, but is not a tool for identifying incompetent/underperforming doctors. While some elements in a recertification/revalidation system can be helpful in identifying an individual doctor's need for CME/CPD, there are less formalised ways of obtaining this, *e.g.* by means of the individual competence development plans that every doctor should strive for. A doctor's competence includes much more than is assessed in established recertification/revalidation procedures. There is little evidence that currently applied recertification/revalidation methods are helpful in the early detection of incompetent/underperforming doctors. That problem must be dealt with by other means.

A recertification/revalidation system will consume resources in time and money without necessarily producing the results envisaged.

There are other types of 'certification' schemes appearing on the international level. One example is the examinations/recognition systems carried out by some European Boards within the framework of the UEMS specialist sections. These examinations are entirely voluntary, and passing the test, failing the test or not doing the test at all have no consequences on the individual doctor's qualification as a specialist. Furthermore, the value of these exams and their impact on the doctor's performance need to be far better documented.