ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

Document :	**AEMH 09-068**
Title:	**CME in Italy**
Author :	**AEMH European Secretariat**
Purpose :	**Information**
Distribution :	**AEMH Member Delegations**
Date :	**28 October 2009**

AEMH-European Secretariat – Rue Guimard 15 – B-1040 Brussels
Tel. +32 2 736 60 66, Fax +32 2 732 99 72
e-mail : secretariat@aemh.org, http://www.aemh.org

rom: enrico.reginato@libero.it

Sent: 20 October 2009 22:46
To: secretariat
Cc: thomas.zilling; thomas.zilling
Subject: Re:FW: Italy dramatically changes CME system

Dear Thomas

Thank you for the information, but, even if I risk to be considered "anti-italian" in case our beloved prime minister should discover this mail, I must consider that the dramatic change of ECM in Italy is a real Drama.

The ECM system we have in Italy is very useful to the providers, not at all to doctors.

We had, you remember, in Athens, a very interesting day dedicated to medical education, and every speaker underlined the fact that front lessons don't modify doctors' behavior.
Real professional development happens through the direct contact with colleagues and experts.

In Italy a specialist in surgery can come out from a specialization school (in Italy only University is allowed to postgraduate education) without being able to make a simple surgical operation as first surgeon.

In Hospitals the phenomenon persists in many cases: the professional development is in the hands of the chief, and if you happen to have an egoistic one, there are few possibility to learn to be a surgeon.

The change in CME in Italy shifts the "education" from being in front of the teacher to being in front of a screen.

Every provider, in this way, can be paid by a much bigger number of doctors for the same effort.

More than "Drama" I'd rather talk about "Tragedy".

Cheers

Enrico

WentzMiller &Associates LLC

The Global CME Newsletter
Stay on Top of the World

In This Issue

Sign Up

SIGN-UP!

Quick Links

WentzMiller & Associates

"We are on a countdown for a provider accreditation system and e-learning in Italy," reports WentzMiller associate Alfonso Negri MD. The Italian Health Ministry introduced the new system at a recent continuing medical education (CME) conference in Cernobbio.

Italy will start a process of accrediting public and private providers, says Dr. Negri, instead of accrediting programs -- a move that is yet to be supported by the European Accreditation Council for CME (EACCME), There will be national and regional programs,including distance learning, which until now has been accredited only in Lombardia. The system, which is set to start in 2010, after a joint effort including to old accreditation process, will also include continuing professional development (CPD), an expansion of CME, and will require transparency of commercial sponsorship and clear identification of conflict of interest, if any. The number of events and providers should decrease with more attention to quality standards and controls, says Dr. Negri.

Should European countries come together to have a quality assurance model for physicians -- one that includes CME and CPD, but also includes assessment of fitness to practice? These issues are explored in a review paper published recently by the European Observatory on Health Systems and Policies. The authors note that few countries require demonstration of fitness to practice, though that is the direction the UK is headed toward with its revalidation scheme.

The problem with CME/CPD, the authors note, is that this learning model seeks to improve clinical competence but lacks formal external assessment, and evidence of improving health outcomes. Assessment tools, however, are not well proven either, and are often costly. Screening assessments are being used to some extent in Austria, France, Hungary Ireland, the Netherlands, Slovenia and UK. But none has been discovered that with reliably indicate poor performance, the authors add. "There is an unmet need for a forum on the regulation of the medical profession," they conclude.

Go to article ...