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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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AEMH proposal for a common EMO (European Medical Organizations) statement regarding CPD regulation within the European Union

For CPD (Continuing Professional Development) there are currently three valid major documents from different medical associations throughout Europe and one declaration between CPME and the European Federation of Pharmaceuticals Industries and Associations (EFPIA);

1. Basel Declaration. UEMS policy on continuing professional development, 2001.
2. Policy statement on Continuing Medical Education (CME) and Continuing Professional Development (CPD) (CP 2001/082 Final)
3. Joint Declaration of CPME and EFPIA on the cooperation between the medical profession and the pharmaceutical industry (CPME 2005/069 Final)
4. CPD Improving Healthcare, Continuing Professional Development Improving healthcare quality, ensuring patient safety. Consensus Statement Luxembourg, 14 December 2006

All documents have been valuable tools in for the understanding of CME and CPD regarding how specialized physicians learn and develop their skills. On the European level the Consensus statement from Luxembourg 2006 has until now been accepted as the leading document and accepted by all EMO:s and the Commission. However, the European Parliament and the European Council have decided on an revised Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System. The new directive contains writings regarding CPD which are reported below;

(15) Continuous professional development contributes to the safe and effective practice of professionals who benefit from the automatic recognition of their professional qualifications. It is important to encourage the further strengthening of continuous professional development for those professions. Member States should in particular encourage continuous professional development for doctors of medicine, medical specialists, general practitioners, nurses responsible for general care, dental practitioners, specialised dental practitioners, veterinary surgeons, midwives, pharmacists and architects. The measures taken by Member States to promote continuous professional development for those professions should be communicated to the Commission, and Member States should exchange best practice in that area. Continuous professional development should cover technical, scientific, regulatory and ethical developments and motivate professionals to participate in lifelong learning relevant to their profession.

(17) Article 22 is amended as follows:

(a) in the first paragraph, point (b) is replaced by the following:

‘(b) Member States shall, in accordance with the procedures specific to each Member State, ensure, by encouraging continuous professional development, that professionals whose professional qualification is covered by Chapter III of this Title are able to update their knowledge, skills and competences in order to maintain a safe and effective practice and keep abreast of professional developments.’;

(c) paragraph 4 is replaced by the following:

‘4. Each Member State shall designate a coordinator for the activities of the competent authorities referred to in paragraph 1 and shall inform other Member States and the Commission thereof.

The coordinators’ tasks shall be:

(a) to promote uniform application of this Directive;

(b) to collect all the information which is relevant for application of this Directive, such as on the conditions for access to regulated professions in the Member States;

(c) to examine suggestions for common training frameworks and common training tests;

(d) to exchange information and best practice for the purpose of optimising continuous professional development in Member States;

(e) to exchange information and best practice on the application of compensation measures referred to in Article 14. ‘2. By 18 January 2019, and every five years there-after, the Commission shall publish a report on the implementation of this Directive.

Article 3 Transposition

1. Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive by 18 January 2016.

Regarding the new directive CPME has been given the leading role concerning the review and mapping of CPD and health professionals in the EU and the EFTA/EEA countries. This signed as a contract with the Executive Agency for Health and Consumers in Luxembourg.

Until now there has been no overall regulation of CPD for physicians within the EU. Some countries have a voluntary system and others a mandatory system regulated in a national law. Only five countries report on systems with mandatory revalidation or recertification, i.e. the Netherlands, UK, Ireland, Croatia and Rumania. So far only UK reports the costs of their revalidation system and it is expected to be £ 970 million over the next ten years.

The AEMH has for many years participated in the debate regarding national and EU regulation regarding CME/CPD and the opinion of the organization is expressed in the Document AEMH 09-049 FIN “Regulation of Education and Training”. The opinion of the AEMH is that any regulation of CME/CPD should be a national responsibility as the

healthcare systems varies throughout Europe. However, valid for all hospital physicians are that the hospital management has to secure that; there are procedures to ensure that personnel have the competence required to perform their work duties. There must be procedures that state the responsibilities and authority of personnel and plan for the competence development of personnel based on the needs of the healthcare provider.

Proposal: The AEMH suggests to the member organizations represented in the Presidents committee to arrange a coming meeting similar to the Luxembourg meeting 14 December 2006, with the goal create a consensus statement on EU regulation of CPD according to the revised Directive 2005/36/EC accepted by all EMOs and the European Commission.

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