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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΙΧΝΗ ΛΕΚΑΡΗ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Background

In December 2006 the EU Commission together with the following medical organisations; AEMH, AIM, EANA, EHMA, ESIP, HOPE, PWG, UOMO, UEMS and CPME as main organiser, arranged a consensus meeting entitled CPD Improving Healthcare. Due to the revised Directive of Professional Recognition the Presidents Committee of the European Medical Organisations has decided on a new conference and an update of the consensus statement.

The EU Commission has recently updated the Directive on Professional Recognition 2013/55. Mainly based on the importance of patient safety and the mobility of health care professionals, Article 22 dealing with the continuous professional development of doctors and other health care professionals has been altered to;

(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.

(b) the following paragraph is added:

Member states shall communicate to the Commission the measures taken pursuant to point (b) of the first paragraph by 18 January 2016.

Consensus statement regarding Continuing Professional Development (CPD) for the medical profession Luxembourg 2015

1. It is an ethical obligation for every practising doctor to ensure that the medical care they practice is safe and based on valid scientific evidence. In order to achieve this, every doctor must engage actively in CPD which is appropriate for her/his identified learning needs.
2. Continuing Professional Development, CPD designates all the professional development activities that occur after specialist qualification has been obtained. It includes many forms of education and training that allow individual doctors to maintain and improve standards of medical practice through the development of knowledge, skill, attitude and behaviour.
3. CPD in modern healthcare is an integrated part in daily praxis. Learning needs arise from the daily praxis and modern learning methods are many and diverse. Some degree of formalisation and appropriate documentation of CPD is necessary both for the doctors themselves, for employers and society. Individual competence development plan, regularly reviewed with peers is important.
4. Appraisal of learning needs leading to a personal development plan is the basis for a constructive and efficient CPD activity. Perceived needs are stated by the individual doctor while unperceived or misperceived needs are detected in a peer dialog.

5. Irrespective of the nature of the healthcare system – whether employer-based, direct paying, or insurance remunerated – time and resources must be allocated to ensure that doctors are able to take part in CPD. Support for CPD should include educational activities, access to information technology, time for doctors to engage in education, peer support for a learning culture, financial resources and an educational structures. The employer's financial responsibility must be made clear through funds in the budget being set aside for continuing professional development.
6. Participation in CPD is important as one of activities that assure high and continuously improving quality of medical services to societies that increasingly need these services. Therefore, increased support for CPD from European Commission, governments and institutions responsible for organization of healthcare systems is necessary.
7. There is no evidence that recertification or revalidation methods are helpful in the detection of poorly performing doctors or making healthcare safer. Overregulation at EU or national level will not enhance professional mobility and will not assure cross-border quality of care. CPD based on professional autonomy and self-regulation can be used to help migrating doctors to achieve high professional competency that will facilitate adaption in host country health systems.
8. The pharmaceutical industry, as well as suppliers of diagnostic and medical devices, must be attentive to the needs of patients and of the profession for objective information and education not tied to promotion of products. CPD events have to be clearly separated from commercial activities and must be designed and held in ways that the integrity of the medical profession cannot be questioned.
9. To assure unbiased CPD the medical profession must take the responsibility for accreditation of CPD activities. This should include the accreditation of specific events as well as validation of CPD providers. The European Accreditation Council for CME (EACCME) run by the European Union of Medical Specialists (UEMS) is an accepted organisation for this purpose.
10. How to organise and develop healthcare is a national responsibility and this includes also CPD. throughout Europe different systems are in use for regulation. In some countries CPD is voluntary and in others mandatory by law followed by recertification. Each system must be respected as there is no single best way to regulate CPD. Subsidiarity in healthcare should also include subsidiarity of medical profession that should be in charge of organization and functioning of CPD systems. Organizations of medical professionals active in CPD should exchange information, establish and disseminate best practices at national and European levels.