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CPD – a prerequisite for high quality healthcare

Brussel (Luxembourg) Declaration of Continuing Professional Development for doctors

Background:

According to the first three statements in the Dublin Declaration, Continuing Medical Education (CME) is an ethical duty and the individual responsibility of every practicing doctor throughout his or her professional life. Its final purpose is to promote the highest possible and continually rising standards of the medical care provided to the population. It consists of the continuous renewal, extension and updating of scientific knowledge and technical skills necessary to maintain the highest professional standards.

There is a natural endeavour for development in the medical profession. Through medical school, internship and specialist training, the development of skill is standardised and performance is controlled by the medical faculties and the legal authorities. Once the specialist certification has been achieved, the conditions for continuing professional development (CPD) are no longer specified. CPD is a process that includes CME with regards to medical knowledge and skills in addition to subjects such as leadership, communication skills, economics, law and what ever is needed to perform as a physician.

CPD of a physician is particularly a question of what the possibilities are like for the individual physician, within the framework of their everyday practice, to actively search for new knowledge in order to develop in their role as doctors.

To allow a learning environment both time and money are required. Throughout Europe the cutbacks in funding and staffing levels in recent years have brought medical productivity into focus, giving staff training lower priority.

The conference recommends the EU institutions

1. To support CPD within healthcare as one major key to assure patient safety.
2. To support professional bodies for accreditation of CME/CPD-activities. This must be the responsibility of the medical profession and includes the accreditation of specific events as well as validation of CME/CPD

providers. This calls for professional bodies that are capable of performing this function such as the European Accreditation Council for CME run by the European Union of Medical Specialists. And to support national bodies.

3. There is today little evidence that currently applied recertification/revalidation methods are helpful in the early detection of incompetent or underperforming doctors. That problem must be dealt with other means. The question of recertification or revalidation should be handled on the national level as the health care systems are so different through out Europe.

The conference recommends to the national authorities

1. Quality assurance is a way for the individual doctor to demonstrate that the medical competence is up-dated in a proper way.
2. The process of Quality Assurance should be target orientated. All medical specialists should plan for CPD in peer dialogue and keep logbooks for planned and completed education.
3. Quality Assurance in the process of personal development can best be visualized through personal development plans which are drawn up, implemented and followed within the framework of the organisation
4. The definition Quality Assurance should be kept apart from Quality of current practice. The later focus more on how National Authorities organize medical care to guarantee a sufficient patient volume to create a learning environment and guarantee adequate experience within the organisation
5. CPME believes that if the medical profession focus on a well functioning CPD-process combined with Quality Assurance, Quality Control will not be necessary. Quality Control and its variety of obligation or recertification is expensive for the society and calls for heavy bureaucracy
6. CME-credit points is an insufficient instrument to measure Quality Assurance and Quality Control (CME=Continuing Medical Education). A high score in the meaning of many CME-points carries the risk of giving the false impression of high quality. The score usually indicates the extent of education in hours, and is therefore only a measure of time spent.
7. Quality Assurance should be an integrated part in the CPD process (CPD=Continuing Professional Development). CPD follows after formal qualifications have been obtained. The methodology for acquiring knowledge is based on the educational principles characteristic of adult learning, including self controlled learning, problem orientated learning, teamwork and on the job learning.