

AEMH NEWS

European Association for Senior Hospital Physicians
Association Européenne des Médecins des Hôpitaux

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The word of the President

This newsletter is dedicated to CPD (continuous professional development) and talking about CPD is always controversial starting even by its name – continuous or continuing – as you can read in Thomas Zilling's article in this edition.

If you can define CPD as the educational means by which doctors ensure that they maintain and improve their medical competence and clinical performance and if it is an ethical and professional responsibility of every practicing doctor to ensure that the medical care they provide for patients is safe and based on valid scientific evidence (Luxembourg declaration on CPD, 2006), the question arises when discussing ways how to implement it.

It is perfectly clear to us that a CME-credit point system is an insufficient instrument to measure Quality Assurance and Quality Control, a high score in the meaning of many CME-points carries the risk of giving the false impression of high quality because the score usually indicates the extent of education in hours, and is, therefore, only a measure of the time spent, as we have sustained in our different statements along the years.

The new Directive on Professional Qualifications states that every country should encourage CPD but in accordance with the procedures specific to each Member State, which means that the decision on how to implement it remains at the national level; it equally means that the best system has still not been found.

One of the most important questions is whether it should be voluntary or mandatory. As you can read in Thomas' article, countries having mandatory systems don't have better healthcare outcomes. For instance, in Portugal, our system (voluntary) is based on medical careers defined as a sequence of ascending grades / steps of different knowledge and scientific and technical skills, on the basis of training, courses, and competency public evaluations. Our outcomes are quite good and every doctor is involved in the process as the ascending steps in the career leads to a pay rise.

So, CPD is a huge concern for the medical profession. Doctors should be supported in the assessment of their learning needs and encouraged to plan for CPD actions implemented in the framework of the organization; this is why European Medical Organizations (EMO's) are committed to CPD and, after the impact of the Luxembourg Declaration 2006 and the new Directive, it is so important that again all EMO's could stand together in this conference and approve this updated statement.

I invite you all, on behalf of AEMH, to be present at the conference that will take place on the 18th December 2015 in Luxembourg.

A final word to deeply thank to our 1st Vice-President, Thomas Zilling, for all the commitment in organizing this event that, for sure, will be a big success.

João de Deus, President



Since 1 August 2015, AEMH has a newly designed website, more flexible, user-friendly and compatible with mobile devices. The address remains the same:

<http://www.aemh.org>

You may also find us on [Twitter](#) and [Facebook](#).

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Continuing Professional Development (CPD) for Doctors in Europe

When discussing CPD at professional meetings the agenda and content vary widely. Many talk about the learning process often described as managed CPD, others about regulation or accreditation of CPD events and providers and a third group about recertification often based on attendance in CME (Continuing Medical Education) - events, mainly courses and conferences.

To make it easier to sort out the different agendas for CPD for the medical profession the UEMS (European Union of Medical Specialists) has in their classification subdivided CPD in three different parts. The first part, Quality Improvement (QI), contains all learning that follows after the post-graduate education has been completed and comprises all the formal and informal activities in which a doctor takes part in order to update his/her medical knowledge and to develop in the role of a doctor. The second part called Quality Assurance (QA) contains accreditation mainly of CPD events by the EACCME and national affiliations. The third part is Quality Control (QC) which covers the revalidation or recertification of doctors. Quality Control, according to the UEMS, should be kept apart from CPD as it might lead to an inappropriate confusion of QI and QA¹.

There is no strict definition of CPD. Each organisation interprets the term in its own way. For example the Rome-group (an independent group of experts within CME/CPD from Europe and North America) defines CPD² as:

"CPD is the educative purpose of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives. This includes CME, professional and managerial (non-clinical) competencies, and all elements of "Good Medical Practice"."

Definitions on CPD are a matter of opinion. There are textbooks on the subject for those who are especially interested³. However, it is important to understand that CPD must be kept apart from undergraduate or post-graduate education as CPD designates the continued professional development that follows after formal qualifications have been obtained.

The recently updated directive on the Recognition of Professional Qualifications 2013/55/EU has shed new light on the importance of CPD to politicians, regulators and several professions within the healthcare sector. According to the updated directive:

*"(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."*⁴

Further the following paragraph has been added:

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

The new writing is welcome. But in the process of implementation it is important that the focus be on quality improvement and not on quality control of CPD.

When the directive was updated, a tender was announced by the commission with the assignment to map CPD for healthcare personnel in EU member countries. A consortium consisting of the Council of European Dentists, The European Federation of Nurses Associations, The European Midwives Association, The European Public Health Alliance and The Pharmaceutical Group of the European Union led by the Standing Committee of European Doctors won the tender and started a 12 month study to review and map of CPD and lifelong learning for health professionals in the EU member states.

The study group has done a careful review in their 448 pages long final report⁵. It gives a valuable snapshot of the current structure, governance and regulations of CPD within the EU countries. The focus of the report is Quality Control of CPD in the EU member states for healthcare professionals. The report describes a trend from voluntary systems to mandatory systems. Perhaps given the impression that mandatory systems will increase the control of the profession leading to a safer and better care. However, looking at the map of Europe it is difficult to claim that countries with a long tradition of mandatory CPD systems have a better outcome in care, less antimicrobial resistance or a higher degree of patient safety than those with voluntary systems (Table 1).

What a shift from a voluntary to a mandatory system by law actually means is that the country must establish an authority who issues new licences to practice when predefined standards for revalidation or recertification of healthcare personnel are reached. This is in place in many EU countries even though the systems vary largely. It can be exemplified with the United Kingdom system where a licensed physician has to participate in a revalidation process every fifth year. This compares to the current most used mandatory system among EU member states based on a minimum collection of CME credit points during a five year period. Irrespective of system, both create heavy bureaucracy.

The continuing professional development of hospital physicians in particular, is a question of what the possibilities are like for the individual physician, within the framework of his/her everyday practise, to actively search for new knowledge in order to develop in his/her role as a doctor. Throughout Europe the cutbacks in funding and staffing levels in recent years have brought into focus medical productivity, giving staff training a lower priority. As a consequence the obligation of maintaining CPD may be jeopardized if too much focus is put on regulation and not on the duty of the employer to ensure that physicians and staff uphold the necessary professional skills so that the appropriate medical care is provided while maintaining a safe patient care environment. The employer must focus on the needs of both the doctor and the organisation and specify these in a written personal development plan. The employer's financial responsibility must be made clear by setting aside funds in the budget for this. Although it is a well-known fact that this process is a successful tool, it is rarely used.

An important recommendation from the EU report is that the harmonisation of CPD at the EU level is neither realistic nor necessary. With the large variations in healthcare systems, an EU regulation would achieve a chaotic situation in many EU countries.

Regarding key actions the report support further research on the impact of systems of health professional CPD, in particular with regards to the relationship among CPD and patient safety, quality of care and patient outcomes.

In 2006 the European Medical Organisations arranged a common meeting entitled: "CPD Improving Healthcare". The meeting was arranged in collaboration with the European Commission under the Finnish presidency. A common consensus document was adopted with a major political impact. The updated directive on professional qualifications by the EU Commission with the appeal to member states to report back to the Commission in January 2016 has created a need for a new consensus conference. This time under the EU presidency of Luxembourg and the date is set to December 18. Topics that will be discussed there are: Managed CPD, Patient Safety and CPD, CPD at Regulatory Level, How to Follow and Implement the Directive, What is the Impact of CPD on Quality of Care and Patient Safety? and finally Barriers and Incentives for CPD.

References:

1. Basel Declaration. UEMS policy on Continuing Professional Development. 2001.
[http://www.bdc.de/bdc/uems/uems.nsf/0/5455b8b72a7d3131c12573a20056b9e9/\\$FILE/BASEL%20Declaration%20UEMS%20Position%20CPD%20\(2001\).pdf](http://www.bdc.de/bdc/uems/uems.nsf/0/5455b8b72a7d3131c12573a20056b9e9/$FILE/BASEL%20Declaration%20UEMS%20Position%20CPD%20(2001).pdf)
2. Continuing Professional Development (CPD). A summary of the state of knowledge about physician training. ISBN 978-91-979706-1-7. 2012
http://www.sls.se/Global/cpd/cpd2012_english.pdf
3. Grant J. The Good CPD Guide – a practical guide to managed continuing professional development in medicine. Second edition. Milton Keynes: Radcliffe Publishing Ltd; 2012.
4. Directive 2013/55/EU
<http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32013L0055>
5. EAHC/2013/Health/07. Study concerning the review and mapping of continuous professional development and lifelong learning for health professional in the EU. Contract no. 2013 62 02.
http://ec.europa.eu/health/.../ev_20141124_co01_en.pdf

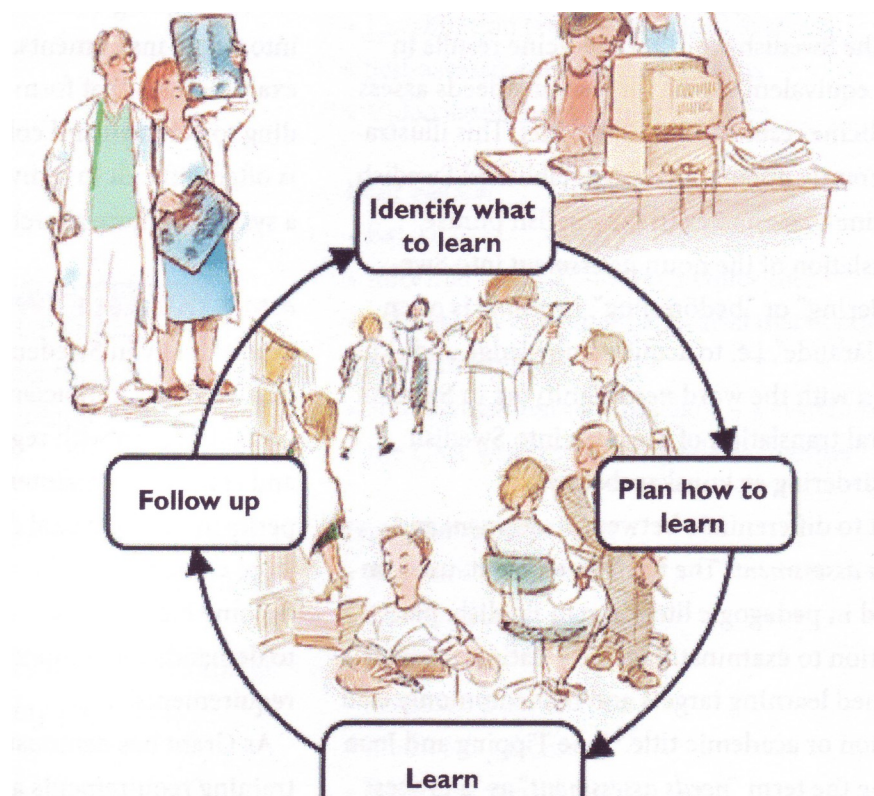


Table 1: Summary of follow-up of regulation of CPD in different countries of Europe

Countries with voluntary CPD	Countries with mandatory systems according to national law	Countries with mandatory revalidation or recertification
Belgium	Cyprus	The Netherlands
Bulgaria	France	United Kingdom
Denmark	Italy	Ireland
Estonia	Norway (Family doctors)	Croatia
Finland	Poland	Romania
Greece (private practitioner)	Greece (public employees)	
Luxemburg	Slovakia	
Iceland	Slovenia	
Spain	Switzerland	
Malta	Czech Republic	
Portugal	Germany (hospital doctors)	
Norway (Specialists)	Austria	
Sweden	Hungary	
	Poland	

Continuous or continuing professional development: what is the proper wording?

As the EU Commission recently updated the Directive on the Recognition of Professional Qualifications 2013/55/EU they used the word continuous professional development instead of continuing. This is a bit confusing as in English language the term "continuous" implies that something happens all the time without a break, literally.

Although people do learn throughout their career, that learning is not continuous, it is continuing. So the correct term in British English is continuing professional development.



The

AEMH — European Association of Senior Hospital Doctors

CEOM — European Council of Medical Orders

CPME — Standing Committee of European Doctors

EANA — European Working Group of Practitioners and Specialists in Free Practice

EJD — European Junior Doctors

EMSA — European Medical Students Association

FEMS — European Federation of Salaried Doctors

UEMO — European Union of General Practitioners

and

UEMS — European Union of Medical Specialists

are delighted to invite you to their **joint conference**

‘Continuing Professional Development for Doctors – Improving Healthcare’ taking place in Luxembourg on 18 December 2015.

In this conference we underline the importance of CPD for doctors and its contribution to improving healthcare for every patient.

With the input of expert speakers from national, European and international level, the conference will offer an insight into best practice and illustrate different systemic approaches to CPD with a view to advancing the debate among policy-makers and doctors.

We look forward to welcoming you in Luxembourg!

To register to the event, please click [here](#).

[Agenda](#)

[Registration form](#)

The main purpose of the consensus conference on Continuing Professional Development (CPD) on December 18 in Luxembourg is, besides giving an update on the topic, to update the [Consensus Statement on CPD](#) from Luxembourg 2006. Although an important political document, ten years later some parts of it prove to be irrelevant while others need to be updated. The draft for a new statement is now circulating among the boards of the European Medical Organizations (EMO) so that a new statement, endorsed by all EMOs, will be presented and signed at the conference in December.

EMOs Meeting Calendar

- 9-10 October 2015, FEMS GA, Krakow, Poland
- 16-17 October 2015, UEMS GA, Warsaw, Poland
- 22-14 October 2015, EJD Autumn Meeting, Oslo, Norway
- 30-31 October 2015, CPME Meeting, Brussels, Belgium
- 26-27 November 2015, CEOM GA, San Remo, Italy
- 27-28 November 2015, EANA Autumn Meeting, Paris, France
- 8-9 April 2016, CPME Meeting, Brussels, Belgium
- 6-7 May 2016, FEMS GA, Cyprus
- 26-28 May 2016, AEMH Conference and GA, Naples, Italy
- 18-19 November 2016, CPME Meeting, Athens, Greece (tbc)

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