

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

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AEMH statement on Quality Assurance and Quality Control in the process of professional development

- 1. Quality assurance is a way for the individual doctor to demonstrate to the general public that the medical competence is up-dated in a proper way.
- 2. 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.
- 3. The process of Quality Assurance should be target orientated. All medical specialists should plan for CPD in dialogue with superiors and keep logbooks for planned and completed education.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. AEMH 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.
- 8. There is today no evidence that recertification or revalidation methods are helpful in the early detection of incompetent / underperforming doctors. That problem must be dealt with within the organisation.

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