

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX **EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS** EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE **EUROPESE VERENIGING VAN STAFARTSEN** DEN EUROPÆISKE OVERLÆGEFORENING ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI **DEN EUROPEISKE OVERLEGEFORENING** ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES **EUROPEISKA ÖVERLÄKARFÖRENINGEN** EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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Draft AEMH Statement on Regulation of Training and CPD

(Continuing Professional Development) in view of the update of the

Professional Qualification Directive 2005/36/EC

• The AEMH is in favour of formative assessment in all specialist medical training and oppose summative assessment by final exams. We believe that formative assessment improves the learning process and the formalised training, values on-the-job training and protects the individual from information overload. This is in agreement with the proposed change in Article 3 paragraph 1 according to IMCO.

Commission proposal, Article 3 –	IMCO amendment
paragraph 1 – point j	
(j) 'remunerated traineeship': the	(j) 'traineeship: the pursuit of
pursuit of supervised and	supervised activities completed in
remunerated activities, with a	the framework of a contract which
view to access to a regulated	form a mandatory part of the
profession granted on the basis of	training with a view to gaining
an examination;	access to or being granted the
	right to exercise a regulated
	profession;

- The AEMH opposes the amendment from the Committee on Internal Market and Consumer Protection (IMCO) for Article 22(1) suggesting the introduction of schemes for mandatory CPD for doctors of medicine and medical specialists as it has not been shown that countries with mandatory CPD systems have a safer healthcare than countries with voluntary systems. If the idea is to increase patient safety and the quality of care, mandatory quality registers is the key. CPD is an integrated part of a doctor's professional life and not a separate part.
- The AEMH is very much in favour of the amendment from the Committee on the Environment, Public Health and Food Safety (ENVI) for article 22 stating that; "Member States must have a system in place to ensure health professionals regularly update their competencies through Continuing Professional Development." This will put a pressure on the hospitals and healthcare provider to provide time and money for CPD and not on the individual doctor.
- The AEMH opposes the EU Commission proposal and the amendment from the Committee on Internal Market and Consumer Protection (IMCO) for Article 22, that competent authorities in Member states every five years "shall submit publicly available assessment reports to the Commission and to the other member states for the purpose of optimising the continuing education and training related to doctors of

medicine, medical specialists ...". As CPD is arising from the individual learning needs of every doctor and is unlikely to be shared with other doctors, there is a substantial risk that assessment will be conducted by counting CME (Continuing Medical Education) credit points on the individual level. There is no evidence in the literature that mandatory CME systems have increased the quality of care.

- The AEMH opposes further in the amendment from the Committee on Internal Market and Consumer Protection (IMCO) for Article 22 that "Establishments providing continuous education or training shall be assessed by a body listed on the European Quality Assurance Register (EQAR), which shall forward its conclusions to the Commission and the Member State concerned". AEMH is not in favour of overregulation. A broad range of external continuing educational activities are produced continuously. These educational activities should be quality assessed by the profession and marketed to reach all professionally active doctors. Such a network has already been established by the UEMS through the EACCME which is supported by the AEMH.
- CPD is much more than just attending conferences and courses. Regulating bodies
 and the healthcare organisation must allow individuality and reinforce the qualities
 that make CPD effective. The supporting function is an active continuing professional
 development dialogue that has to be maintained and the organisation must support this
 in terms of time and money.
- The AEMH opposes the amendment from the Committee on Internal Market and Consumer Protection (IMCO) for Article 13a; "Where a Member state require its own professional to undertake and demonstrate continuing professional development, this Member state will also have the right of extending this requirement to professionals from other Member States intending to practice within its territory". Global or pan-European examination or revalidation for medical specialists should be optional and not a requirement for recognition of the specialists' professional qualifications according to the directive EG/2005/36 and the free movement of medical specialists on the European labour market. The current amendment will decrease the free movement between countries.
- The AEMH supports the consensus statement from Luxembourg, 14 December 2006: Continuing Professional Development Improving Healthcare Quality, Ensuring Patient safety, supported by Directorate-General 'Health and Consumer protection'
- All examination of medical specialists and issuing of specialists' diplomas should be at national level, not at European level.