



Conference Report

Joint European Medical Organisations' Conference

Continuing Professional Development for Doctors – Improving Healthcare

18 December 2015 - 09.00-17.00

*Chamber of Commerce Luxembourg,
7 Rue Alcide de Gasperi, Kirchberg,
2981 Luxembourg*

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This conference received the support of



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European Union

Conference agenda including presentations and videos

09.00-09.30	Registration and morning coffee	<u>Video of session 1</u>
09.30-09.40	Welcome and introduction Dr Katrín Fjeldsted, CPME President	
09.40-09.55	Opening of the conference Ms Lydia Mutsch, Minister of Health, Luxembourg	
09.55-10.00	<u>Video message from Commissioner Vytenis P. Andriukaitis,</u> European Commission, DG Health and Food Safety	
10.00-10.15	<u>Patients' perspective on CPD</u> Ms Nicola Bedlington, Secretary General, European Patients Forum	
10.15-10.40	Coffee Break	<u>Video of session 2</u>
10.40-11.10	<u>Working and learning in the service: Managing continuing professional development</u> Prof Janet Grant, Director of CenMEDIC (the Centre for Medical Education in Context) and FAIMER Centre for <i>Distance Learning</i> , Emeritus professor of education in medicine at the Open University (UK)	
11.10-11.20	<u>EACCME and accreditation of CPD at the European level</u> Dr Edwin Borman, Secretary General of the European Union of Medical Specialists (UEMS)	
11.20-11.50	<u>Patient Safety and CPD</u> Prof. Hans Rutberg, Linköping University	
11.50-12.10	<u>Study concerning the review and mapping of CPD and lifelong learning for health Professionals in the EU</u> Dr Konstanty Radziwiłł, CPME Immediate Past-President, leader of study consortium, Minister of Health, Poland	
12.10-13.00	Lunch	



13.00-15.30 Parallel Working Group of the Afternoon

WG1: CPD at regulatory level—how to follow and implement the new provision on CPD in Directive 2005/36/EC
Chair and rapporteur: Dr Thomas Zilling

[Video WG1-part 1](#)

- ◆ Ms Annabel Seebohm, Head of Brussels Office and Legal Advisor at German Medical Association, Lawyer, [Are there any legal aspects to CPD in the Directive 2013/55/EU](#)
- ◆ Ms Vijaya Nath, Director of Leadership Development, The King's Fund UK
[Revalidation of UK doctors: the role of CPD](#)
- ◆ Dr Andrew Long, Honorary Senior Lecturer, Academy of Medical Royal Colleges, [Revalidation-for whose benefit?](#)
- ◆ Dr Thomas Zilling, Vice President of the European Association of Senior Hospital Physicians (AEMH) Sweden, [How Sweden tries to guarantee sufficiently trained staff in a voluntary system](#)
- ◆ Dr Hervé Maisonneuve, Associate Professor of Public Health, Claude Bernard University, Lyon 1
[Twenty years of mandatory CME in France-the experience](#)
- ◆ Dr Sergio Bovenga, Member of the Central Committee of FNOMCEO (Italy), President of the Consortium for the Management of Health Professions Registries (Co.Ge.A.P.S.), [CME in Italy: light and shadows](#)

[Video WG1-part 2](#)

WG 2: What is the impact of CPD on quality of care and patient safety?
Chair and rapporteur: Dr Hannu Halila

- ◆ Prof. Stefan Lindgren, past president of the World Federation for Medical Education (WFME)
[WFME Global Standards for Quality Improvement](#)
- ◆ Dr Graham McMahon, President and Chief Executive Officer at the Accreditation Council for Continuing Medical Education (ACCME), [Promoting quality in CPD. Lessons to learn from the US](#)
- ◆ Dr Dave Davis, Professor Emeritus, Department of Health Policy, Management and Evaluation, University of Toronto, Senior Director, Continuing Education and Improvement Association of Medical Colleges, [Can CME save lives?](#)
- ◆ Dr Morten Selle, Norwegian Medical Association, [Detection and remediation of poorly performing doctors](#)
- ◆ Dr João de Deus, President of the European Association of Senior Hospital Physicians (AEMH)
[The Portuguese experience regarding voluntary CPD](#)

[Video Dave Davis](#)

WG 3 Barriers and incentives for CPD
Chair and rapporteur: Dr Claude Schummer

- ◆ Dr Edwin Borman, Secretary General of the European Union of Medical Specialists (UEMS)
[Barriers and opportunities for the development of CME/CPD in Europe](#)
- ◆ Ms Marie-Claire Pickaert, Deputy Director General of the European Federation of Pharmaceutical Industries and Associations (EFPIA), [Cooperation between the medical profession and the pharmaceutical industry](#)
- ◆ Accreditation of CPD at the national level. Reports from:
 - Dr Bernard Maillet, [Belgium](#)
 - Mag. Katharina Paulnsteiner, [Austria](#)
 - Dr Anja Mitchell, [Denmark](#)
 - Prof. Dr Mircea Cintează, [Romania](#)
 - Dr Egidio Dipede, [Italy](#)

15.30-15.45 Coffee break

[Video closing session](#)

15.45-16.30 Reports of the Working Groups

16.30-17.00 Concluding remarks and signing of the Consensus Statement



ed that CPD should recognise every person's inherent capacity to learn and focus on managing the process of learning. She underlined that there is no best way to learn, but that the process is highly individualised reflecting wants as much as needs. She also considers efforts to measure the impact of CPD on health as misplaced, since she believes that the high complexity of factors influencing care outcomes renders this impossible. Instead she believes that the improvement to quality of care results from professionals' integral role in the healthcare system.

Dr Edwin Borman introduced the approach of the European Accreditation Council for Continuing Medical Education (EACCME) to ensuring quality in CPD. He sees the accreditation process as consensus-based framework for ensuring high quality education to doctors and patients, while also safeguarding transparency and accountability. Dr Borman also demonstrated that the accreditation process evolves alongside the political and pedagogical approaches to CPD, illustrating an 'evolutionary revolution' towards a greater emphasis of learning outcomes, increased cooperation and the responsibilities of all involved.

Dr Hans Rutberg next considered CPD from the patient safety perspective. He sees the increasing complexity of the delivery of care and healthcare technologies as drivers for CPD, which require best quality technical skills in clinical specialties, as well as non-technical skills relating to patient care and interprofessional cooperation. He called for CPD to be embedded in 'learning organisations' rather than a top-down structure of rules.

Dr Konstanty Radziwill concluded the opening plenary by sharing the main results of the 2015 mapping study on CPD for health professionals in Europe. The study which looked at CPD systems for doctors, nurses, dentists, pharmacists and midwives in the EU/EEA illustrated the structures in place for the delivery of CPD, the organisation of financing and accreditation, the patient safety dimension of CPD systems and the barriers and incentives linked to CPD. The study identified key action, calling for Member States to ensure that all professionals have the opportunity to carry out CPD, in particular by addressing the barriers created by the costs and a lack of time, which should also be reflected in recommendations on workforce planning. The study also called for further research on CPD in relation to quality of care and patient safety.

Summary report of sessions

Opening plenary session

Dr Katrín Fjeldsted welcomed conference participants on behalf of the hosting European Medical Organisations (EMOs). She outlined the history of the EMOs' cooperation on this topic and referred to the amendment to the Professional Qualifications Directive 2005/36/EC as well as current activities such as the 2015 mapping study on continuing professional development (CPD) for health professionals in Europe as an appropriate context to reaffirm the importance of CPD for doctors and up-date the profession's consensus on the outlook for CPD.

The Luxembourg Minister for Health Ms Lydia Mutsch formally opened the conference. She highlighted the many challenges facing healthcare systems in future, including the ageing population and, related to this, new patterns of disease which will affect patients, as well as the impact of new technologies on health and healthcare. She reported that CPD had been addressed in a variety of contexts during the Luxembourg presidency of the EU, for example in the Council Conclusions on personalised medicine and on dementia care respectively. To conclude she expressed her hope that the conference would contribute to advancing the debate on CPD for the long-term sustainability of high quality healthcare and patient safety.

Commissioner for Health, Dr Vytenis Andriukaitis addressed conference participants via a video message. He highlighted the European Commission's commitment to promoting high quality healthcare and the important role that CPD plays for the health workforce's education and training.

This was confirmed by Nicola Bedlington, Secretary General of the European Patients' Forum. Patients find it worrying that CPD is not mandatory for doctors in all countries and are keen to participate in being involved in the development of education and training for health professionals.

Against this background, Prof. Janet Grant set out her vision on how to manage CPD. She rejected the traditional approach of structuring CPD, finding that allocating credits and prescribing activities creates false incentives. She instead suggest-

Working Group 1 - CPD at regulatory level - How to follow and implement the new provision on CPD in Directive 2005/36/EC

The first speaker, Ms Annabel Seebohm, legal adviser and head of the Brussels office of the German Medical Association, gave an update on the context, legal aspects and effects of the updated directive and role of the study concerning the review and mapping of CPD and lifelong learning for health professionals in the EU.

Ms Seebohm gave examples from the text in the old and the new revised PQD which highlights the importance of CPD in both the former and the revised PQD. It is important to understand that the directive is about the recognition of professional qualifications – not about academic recognition. According to Ms Seebohm, the revision will not affect the mechanisms of automatic recognition or recognition in the general system as such nor are there any substantial changes as to the promotion of CPD. Also, it appears that there are no infringements of procedures specific to each Member State and that CPD is allowed on a voluntary or mandatory base. And thus, from the doctors' perspective, the new PQD provisions on CPD do not necessarily have any direct effect on current healthcare legislation in Member States.

What is more, the new reporting requirement on how member states deal with CPD for the healthcare professions with a first date set



Working Group 1

to 18 January 2016 needs to be accomplished by all Member States. The take home message regarding the reporting is to follow what is written in the CPD study in order to be consistent.

There has been a major interest in the new revalidations system of doctors introduced by the General Medical Council in the UK. The system was presented by two speakers. First Ms Vijaya Nath who is director of leadership at The King's Fund (an independent charity working to improve health and health care in the UK). Ms Nath described the introduction of the very complex process starting in December 2012 ongoing to March 2016 described as the first cycle of revalidation of UK doctors. The view of appraisers and appraisees were both positive and negative. Ms Nath shared the experience of her father who, at the age of 70, participated in the process and passed. Nevertheless, during these years over 24.000 most elderly UK doctors did choose to leave the profession. It was not stated whether this was due to the revalidation requirements. This statement triggered a big debate as some working group participants claimed that only a very rich country can afford to lose so many doctors and that there is a risk that these doctors will have to be replaced by doctors from other countries particularly from Eastern Europe. Further Ms Nath reported that there was some cynicism about the overarching purpose of the process for assuring the public of doctors' fitness to practice. And it was mentioned that the process would probably not have stopped Harold Shipman from killing his patients.

Dr Andrew Long, Vice President at Royal College of Paediatrics and Child Health, shared some views from the medical profession. According to Long the new revalidation system is one way to show to the public that you are working on the issue. The costs are high and if this is worth the money or not is too early to say.

Helena Scarabin, lawyer and head of the Department of Regulations and Authorizations at the National Board of Health and Welfare in Sweden, could eventually not

attend due to illness. She was replaced by Thomas Zilling, past president of the Swedish Association of Hospital Physicians. Dr Zilling reported that even though Sweden has a voluntary system regarding CPD, its healthcare is regulated regarding skills and competencies for healthcare personnel which has an impact on CPD, quality of healthcare and patients safety. This is regulated in the Health and Medical Service Act and in the Patient Safety Act together with the provisions of the National Board of Health and Welfare. To summarize this the management system shall ensure that there are; 1. procedures to ensure that personnel have the competence required to perform work duties, 2. procedures that state the responsibilities and authority of personnel, and 3. plans for the competence development of personnel based on the needs of the healthcare provider.

Dr Zilling presented the results from a yearly inquiry from the Swedish Medical Association which showed a decrease in participation in external CPD activities within the country over the last ten years. This was particularly observed among general practitioners and psychiatrists. Finally he explained what is described as the Swedish model to improve healthcare and patient safety. The National Board of Health and Welfare works with regional and local comparisons and performance assessments to encourage the providers and management of health care to improve their performance. These results are translated into English and can be downloaded free of charge from the website of the Swedish National Board of Health and Welfare.



Dr Hervé Maisonneuve, associate professor of public health at the Claude Bernard University in Lyon gave a rather gloomy report regarding twenty years of mandatory CME in France. France enacted large scale reforms of CPD in 1990, 1996, 1998, 2002, 2004, and 2009. According to Maisonneuve all have failed due to conflicts between stakeholders. Today the system is managed by the national public body, the OGDPC (*Organisme Gestionnaire du Développement Professionnel Continu*), under the supervision of the government and the national public health insurance body *Assurance Maladie*. Unfortunately, the national health authority (*Haute Autorité de Santé*) designed 28 sophisticated CPD methods for the current system, which is more than necessary. Implementing the system was a challenge because most healthcare professionals had previously based their continuing education on conferences, congresses, local meetings and journal readings. They were not ready to change. No system existed to measure the CPD activities because the former credit system was banned and participation was not enforced. Currently, less than 5% of professionals have entered the CPD system despite a 1996 law making it mandatory. The French Medical Council does not assess doctors' competencies, and for the

other health professions, there are no processes. An audit of the OGDPC and the CME/CPD system by the government monitoring body *Inspection Générale des Affaires Sociales* was made public in April 2015. Its conclusions were critical and included proposals to rebuild the CPD system, stating that pressure from government was too strong to allow a fair result. The audit proposed four different solutions, all of which entail a reduction in the government's role and an increase in professional responsibilities. There are four different proposals and the future system will be based on a political decision.

Dr Sergio Bovenga, a member of the Central Committee of FNOMCEO in Italy, reported on the Italian system for CPD which is mandatory by law. Revalidation is based on collection of CME credit points on a five year period. For many doctors funding and possibilities for engagement in CPD is missing. According to this only 49 % of Italian doctors reaches the minimum level of CME credit points decided by the Association. There are today, however, no sanctions for those who do not collect the minimum number of credit points.

Professor Janet Grant concluded that, since the first meeting of the same people in the same place and for the same purpose ten years ago, no progress has been achieved so far regarding CPD. This might be true regarding quality control for CPD but, on the other hand, this can be considered as thoughtfulness and wisdom. In the absence of evidence based tools for regulation of CPD and with very different healthcare systems, a strong European regulation would probably hamper instead of improve patient safety.

Working Group 2 - What is the impact of CPD on quality of care and patient safety?

The first speaker, Prof. Stefan Lindgren, past president of the World Federation for Medical Education (WFME), gave an introduction into quality development for medical education and the WFME Standards Trilogy for quality development. He elaborated on the new challenges in medical education such as the changing clinical learning environments and the highly increasing number of medical schools. The importance of educating students to learn how to learn and to train them to become active decision-makers in the society as well as the international recognition of accreditation and the role of the WFME were underlined in the presentation.

Dr Graham McMahon, President and Chief Executive Officer at Accreditation Council for Continuing Medical Education ACCME presented lessons to learn from CPD in the United States. He elaborated that in the USA each state has their own accreditation system and laid out the eligibility criteria, that need to be fulfilled for an institution in order to join ACCME. As some of the major challenges in CME the inadequate research and the confusing and diverse credit systems were laid out. Dr McMahon suggested that, from the perspective of the learner, it is important to become more self-aware as a learner and to find a right balance between online and peer learning.

Dr Dave Davis, Professor Emeritus, Department of Health Policy, Management & Evaluation, University of Toronto. Senior Director, Continuing Education and Improvement Association of American Medical Colleges, elaborated from a system perspective on the role of continuing professional development in meeting patient, population and health system needs and global health disparities.

He laid out that one of the main problems in CPD is the lack of attention paid to research and



Dr Stefan Lindgren making a presentation at the Working Group 2

more aware, assess needs objectively and to give constant feedback. Dr Davis concluded with underlining the importance of linking clinical and educational research and of considering CPD outcomes on a population and patient level and the need to develop and test new forms of CPE/CPD such as workplace learning models.

Dr Morten Selle, Norwegian Medical Association, elaborated on how to detect and remediate poorly performing doctors. He discussed external and internal factors that can lead to performance deficiencies in doctors with the effect of threatening patient safety and produced studies that showed that at least one third of physician experience a period in their career in which they will have a condition impairing their ability to safely practice medicine. He explained that a performance assessment could help identify target groups of high-risk doctors, for example with taking patient complaints into account but such assessment had to be done at the individual, the organizational and the system level.

In terms of the system in Norway, Dr Selle reported that a mandatory adverse event reporting system is in place at the national level as well as internal audits and reviews of hospitals and introduced the participants to 'Villa Sana', a remediation and (early) prevention program designed to prevent burnout and enhance mental health of physicians.

Dr Selle concluded that the vast majority of doctors strives to maintain and enhance their knowledge and skills, despite frequent lack of funds or resources, CME is rarely the subject of complaints and can hardly be the cure for the few bad apples.

The last speaker, Dr João de Deus, President of European Association of Senior Hospital Physicians (AEMH), presented his experience with voluntary CPD in Portugal and showed examples of the post-graduate training programs of ophthalmology and surgery. In Portugal doctors can get paid leave period of 15 days/year for training purposes. According to him, CME-credit points are an insufficient instrument to measure quality assurance and quality control and there is no evidence to support that recertification or revalidation methods are helpful in the early detection of incompetent / underperforming doctors.

Dr de Deus concluded that doctors should be supported with the assessment of their learning needs and encouraged to plan for CPD actions implemented in the framework of the organization.



Dr Edwin Borman speaking in the Working Group 3

Working Group 3—Barriers and Incentives for CPD

Dr Edwin Borman opened the WG session by reaffirming that the patient is at the heart of the rationale for doctors' CPD and systems must ensure that no one is excluded from working toward better patient care. He identified the learner, the regulatory authorities, patients and the policy level as parts of a geometry within which interests and requirements, as well as leadership and responsibility must be balanced. He went on to address some 'elephants in the room' in the discussion on CPD. Funding is a major barrier, with a lack of funds from the public sector driving doctors towards industry-funded CPD. The WG discussion agreed that generating political support was seen as key to improving this imbalance. Professionals' lack of time was identified as a further obstacle, as working time arrangements which do not allow for CPD undermine doctors' access. Also, the importance of quality of CPD was highlighted and a common reference framework such as accreditation was presented as an important safeguard to ensuring quality across several systems.

Ms Marie-Claire Pickaert reflected on the collaboration between doctors and industry. She stated that industry is a trustworthy partner and that cooperation between industry and doctors benefits patients. As already recognised in the CPD conference in 2006, industry's role in CPD must be based on a high degree of transparency of funding which may never compromise the independence of CPD. All efforts including self-regulation, e.g. the CPME-EFPIA joint statement on ethical principles, must work towards this aim. In the following discussion it was confirmed that companies must 'simply behave' according to these principles in order to be recognised as a trusted partner.

A series of presentations illustrating the situation of national systems showed that the approaches to CPD vary and each system offers solutions to a specific context.

Dr Bernard Maillet presented the Belgian system which incentivises the voluntary participation with access to increased reimbursement fees, while quality and transparency are ensured through multi-stakeholder platforms. CPD activities focus on broad range of issues, such as economy and ethics, while there are equally many options for the format of delivery, with an emphasis on peer-review.

Mag. Katharina Paulnsteiner introduced the Austrian system. An academy which is a subsidiary of the Austrian Medical Chamber is responsible for the organisation of

CPD, which is framed in a mandatory system with specific targets as to credits and content. The academy oversees the accreditation of CPD activities and manages the records of events and doctors' participation. The academy also oversees the transparency of the process and ensures that activities are independent and free from conflict of (industry) interests.

The Danish system was presented by Dr Anja Mitchell. She explained that the approach taken has less of an emphasis on formal requirements, but rather foresees a joint responsibility of employers and doctors to identify and carry out CPD activities relevant to individual professionals' patient care. Managing CPD based on the cycle of assessing individual CPD needs and the impact on clinical practice is found to deliver good results and motivate doctors, but is also complex and lengthy. In addition to these administrative barriers, the funding of activities was also considered an obstacle.

Dr Mircea Cintează presented the Romanian system in which the Romanian College of Physicians plays a major role. CPD is organised in a mandatory system which is closely linked to the licencing and re/licencing of the doctors. There are targets as to the number of credits which must be achieved annually and requirements regarding the content and format of CPD activities to collect these credits. A failure will have implications for the licence to practise including withdrawal. CPD activities must be accredited and comply with the transparency requirements for funding in order to be included in the calendar of CPD activities. There is a strong emphasis on eliminating conflicts of interest.

Lastly Dr Egidio Dipede reported on the recent reforms to the CPD system in Italy. He outlined the history of changes to the legal framework for CPD which had

successively tried to improve the effectiveness of the system. To assess the impact of these reforms, Dr Dipede used 'Miller's prism of competence' to illustrate the role of professional practice as an indicator for the assessment of performance, which in turn is based on other dimensions such as the collection of knowledge. The reforms carried out in Italy have left a number of open questions such as the role of providers of CPD, and the acquisition of credits, in particular the impact of web-based CPD. Issues on financing also remain unresolved.

It was concluded that the variety of approaches and experiences show that labels such as 'voluntary' and 'mandatory' are too simplistic to show the reality of systems and their impact on the health system. There are still numerous barriers to overcome for CPD, in particular the cost of following CPD activities and the lack of time to do so, which stand in the way of real implementation of CPD systems.



The signing of the Consensus Statement

Closing plenary session

The closing plenary saw each working group chair presenting a summary of the respective discussions.

To conclude, the hosting European Medical Organisations presented the consensus statement they had drafted as an expression of their common vision of principles for CPD for doctors in future. This consensus statement was then officially co-signed by a representative of each of the nine organisations.

The conference was concluded with a round of thanks to the speakers and participants. Special thanks went to Dr Thomas Zilling, for whom this was the last meeting as Vice President of AEMH, for his many years of dedicated work and his special commitment to promoting better CPD for doctors in Europe.

The Conference in the Social Media:

More conference tweets [here](#)

semFYC Internacional @semfyc_int · 18 Dec 2015
Congreso de Organización Médicas Europeas que se celebra en Luxemburgo.
@rqgb está presente. Usa el hashtag #CPD2015 para seguirlo

Edwin Borman @EdwinBorman · 18 Dec 2015
Great to learn of the experience of colleagues from Belgium, Austria, Denmark, Romania, Italy in WG3 of #CPD2015. Great discussions too!

AEMH Liaison Office @aemheurope · 18 Dec 2015
EMOs Conference on CPD, Luxembourg
#CPD2015



AEMH Liaison Office Retweeted

CPME @CPME_EUROPA · 18 Dec 2015
#CPD2015 Continuing Professional Development for Doctors, Luxembourg 18 December



guidebook

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Consensus Statement of the European Medical Organisations on Continuing Professional Development, Luxembourg, 2015

Background

In December 2006 the EU Commission together with the following medical organisations: AEMH, AIM, EANA, EHMA, ESIP, HOPE, EJD/PWG, UEMO, UEMS and CPME as main organiser, arranged a consensus meeting entitled “CPD - Improving Healthcare”. Due to the revised Directive on the Recognition of Professional Qualifications, 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 the Recognition of Professional Qualifications 2013/55/EU. 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.”

and 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.”

Consensus statement regarding Continuing Professional Development (CPD) for doctors

1. It is an ethical obligation for every practising doctor to ensure that the medical care they practise 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 for physicians 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. The organisation of healthcare is a national competence in line with the principle of subsidiarity and Member States have taken a variety of approaches to CPD. There is no evidence to suggest there is a single best way to regulate CPD. However, regardless of the system, it is highly desirable for the profession to be responsible for CPD. To strengthen national systems and improve cross-border cooperation organisations involved in CPD should exchange information, establish and disseminate best practices at national and European levels.
4. Learning needs arise from daily practice. Some degree of formalisation and appropriate documentation, such as records, of CPD is necessary both for the doctors themselves, for employers and society.
5. Investment in CPD benefits the healthcare system and patients’ health. Therefore, 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 educational structures. The employer’s financial responsibility must be made clear through funds in the budget being set aside for continuing professional development.
6. There is a lack of evidence that recertification or revalidation methods are helpful in the detection of poorly performing doctors or making healthcare safer. While regulation can establish basic conditions for CPD and encourage up-take, overregulation at EU or national level will not enhance professional mobility and will not assure cross-border quality of care.
7. The pharmaceutical industry and 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. National or international codes of ethics must always be respected.
8. To assure unbiased CPD the medical profession must take the responsibility for the approval and/or accreditation of CPD activities. This should include the accreditation of specific events as well as validation of CPD providers. It is possible for national accreditation bodies to opt-in to European-level accreditation systems led by European professional organisations representing medical doctors to facilitate the recognition of CPD activities undertaken outside their own country, to ease the exchange of CPD activities in Europe and globally through international agreements with non-EU countries.

To receive more information on our activities we invite you to visit our websites:



www.aemh.org



www.ceom-ecmo.eu



www.cpme.eu



www.eanamed.eu



www.juniordoctors.eu



www.emsa-europe.eu



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