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2003 Meeting Report: How Does CME Work in Europe?

There is a growing expectation from European society for doctors to be reevaluated and re-credentialed, said Hannu Halila, MD, PhD, President, European Union of Medical Specialists, and Head of Education, Finish Medical Association, Helsinki, during a plenary session at the Eighth Annual Global Alliance for Medical Education (GAME) Meeting, June 22-24, 2003.

As to whether continuous professional development (CPD) and re-certification should be mandatory or voluntary, the European Union directives do not require re-certification and there are no plans to introduce a system at the European level, he said.

On a national level, different countries are adopting a variety of strategies, explained Dr. Karle. Re-certification programs are already in place in the Netherlands, Norway, and the United Kingdom. Other countries, such as Belgium, France, Germany, Italy, Spain, and Switzerland are currently discussing the issue, while the Czech Republic, Hungary, and Slovenia either have implemented re-certification systems or have plans for them.

However, many European medical organizations, including the European Union of Medical Specialists, have said that there is no need for mandatory re-certification; nevertheless, there is a strong commitment to education. "While there is no proof that mandatory re-certification will improve the quality of doctors, we say that CME/CPD is part of the ethical responsibility of each doctor and all doctors should be able to verify their CPD activities," said Dr. Halila.

Although health issues are not a current priority of the European Union, Dr. Halila predicted that within the next five to 10 years, the European Union "will have something to say about [healthcare] and we as a medical profession have to be prepared for that."

Medical Profession Loses Power in the UK

In the United Kingdom, the medical profession has lost power to the government, said Edwin M. Borman, MB, ChB, Chairman, International Committee, British Medical Association, Birmingham, UK; and lead author of the European Union of Medical Specialists' 2001 Basel Declaration, which defined CPD.

Dr. Borman's description may sound familiar to U.S. CME providers dealing with the maintenance of certification movement. "The educational system is being aligned with the consumer agenda. There is far more emphasis on the performance of doctors, and on competency-based training and assessment," he noted. Doctors are directed to get training in skills such as communication and patient counseling. There is more emphasis on teamwork and team learning. The government is also taking control of outcomes measurement.

"Core skills, knowledge, and behavior are being defined and we're being measured against them," said Dr. Borman. These changes are a challenge to the conservative world of medical education in the UK, and "have generated quite some debate. Doctors are not always happy."

Spain's Regional Approach

Since 1996, a number of regional organizations have developed to oversee continuing education for healthcare professionals in Spain, reported Helios Pardell, MD, PhD, Executive Secretary, Spanish Accreditation Council on CME; and Executive Secretary, Catalan Council on CME.

This approach is not as complicated as it seems, because of an agreement made in February of 2002 whereby the Ministry of Health and Ministry of Education entrusted the Spanish Medical Association with the task of implementing a nationwide CME accreditation system. The Spanish Medical Association then created the Spanish Accreditation Council for CME (SACCME) in January of this year; SACCME works in partnership with the major national medical organizations. Nurses, dentists, pharmacists, and other healthcare professionals will be able to take advantage of this agreement and create a similar structure, said Dr. Pardell.

As for the future, Spain now faces the challenge of developing a re-certification system and a process for accrediting CME providers, rather than just individual activities. So far, only the Catalan Council on CME accredits providers.

France Focuses on Competence

France's new mission is to explore the concept of competence, reported Yves Matillon, MD, PhD, Head, Committee on the Evaluation of Healthcare and Professional Competencies, Paris; Former Director, Agency Nationale 'd'Accreditation et d'Evaluation en Sante.

Dr. Matillon is heading up a study, commissioned by the ministers of health and national education, to examine what elements make up competence, the links between quality improvement and competency, and the responsibilities of healthcare professional organizations. This study encompasses all healthcare professionals, not only doctors. As part of that initiative, Dr. Matillon convened a meeting that brought together 120 professional organizations including unions, medical, and surgical colleges, boards at all the institutions, consumer organizations, and other key decision makers and players to discuss the issues.

The current thinking on re-certification in France, relayed Dr. Matillon, is that it should be on a voluntary basis, and should include CME, a quality assurance/clinical audit process, and assessment of patient care. The details of how a re-certification system will be implemented still need to be worked out, but he stressed that there is a close relationship between CME venues and healthcare professional organizations. It will also be important to incorporate the consumer and patient perspectives into the process, he added.

Teamwork Triumphs in Norway

The Norwegian National Council for Postgraduate Training issued guidelines in February 2002, stating that CME/CPD should be formalized and documented, and that doctors have the right and the obligation to undertake eight to 15 days of education per year, said Hans Asbjørn Holm, MD, PhD, Associate Chief Executive, Norwegian Medical Association, Oslo. However, the policy states that for CME to be effective it must be voluntary, and that learning should be diverse and tailored to the individual.

It is crucial to move in the direction of CPD, Dr. Holm emphasized. While CME usually addresses medical knowledge, such as the symptoms, prevention, treatment, and prognosis of disease, "we all know that to be able to function as a doctor you need many social and personal skills that we seldom address in a systematic way," he said.

As Dr. Karle had also discussed in his Keynote Address, CPD addresses those areas, teaching topics such as the psychology of individuals and groups, empathy, ethical and political norms and values, and the norms and values of patients and their local environments, Dr. Holm explained.

Toward that end, Norway is moving in the direction of self-directed learning, he said. "We're trying to set up the workplace as a real arena for learning, integrating the needs of the organization, and facilitating a culture that responds to adult self-directed learning." These efforts are similar to the competence-based specialist training being introduced in the US, he added.

Interdisciplinary learning is another critical aspect of improving practice behavior, Dr. Holm said. He gave several examples of how teams of healthcare professionals have worked together to better patient care. In one case, one of the best intensive care units reduced the time patients spent on ventilators by 30%. "I hope that in the next decade doctors document the improvement of care, because that is the essence of CME and CPD," he said.

Norway is also focusing on the relationship between CME and industry. "We have a good relationship with industry; we have agreed on guidelines," said Dr. Holm. "But there are breaches that we can't live with and we have to work together to regain the confidence of the authorities and the public-because that confidence is rather battered."