PWG

PERMANENT WORKING GROUP OF
EUROPEAN JUNIOR DOCTORS

Policy Statement

CME | CPD

Continuing Medical Education
Continuous Professional Development

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INTRODUCTION **by Eduardo F Marques, PWG President**

The rapid development of medical science has increased the importance of ensuring the conditions which allow doctors to update their knowledge and professional competence. This issue has been on the political agenda of many European countries, due to the need for public reassurance of doctors' professional updating.

The PWG has, for a long time, been aware of the importance of Continuing Medical Education and has defended the principle that CME activities should be available to all doctors, including those in postgraduate training.

Over the last years, it has become more imperative to develop a policy that includes the broader concept of Continuous Professional Development as an ongoing learning process. As a result, a working group was created within the Postgraduate Training Subcommittee of the PWG with the objective of conducting an in-depth study on CME|CPD, producing a set of principles that reflect the ideas shared by the junior doctors of the 24 PWG member countries.

We hope that this Policy Statement, presented at our Lisbon Conference on Continuing Medical Education|Continuous Professional Development, will make an important contribution to the discussion of one of the major issues which mobilise the medical profession in Europe.

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SECTION A BACKGROUND INFORMATION ON CME|CPD

DEFINITONS

1 CME: Continuing Medical Education. **CME is a process of life-long continuing education within the fields of knowledge of medical practice.**

2 CPD: Continuous Professional Development. **CPD embraces not only CME, but also the development of non-medical competence, such as leadership, personal and social skills, and other proficiencies.** Since the term is not yet universally used, in this document we have chosen to use the expression CME|CPD throughout.

3 Recertification: A process by which specified demands must be met on a periodic basis by any physician wishing to retain his or her specialist qualifications.

CURRENT APPROACHES TO CME|CPD

4 The PWG has long been mindful of the challenge and importance of CME and was from the start active in the debate within the Standing Committee of European Doctors (CP) in developing its' Dublin Declaration on Continuing Medical Education.

5 In 1982, the Standing Committee of European Doctors (CP) adopted the Declaration of Dublin. The Declaration, which was revised in 1993, established that **it is an ethical obligation for each doctor continuously throughout his professional life to participate in continuing medical education.** It also established that CME is a right in which the individual doctor should be encouraged and supported. CME must be based upon actual needs and the responsibility must rest with the profession. CME must be voluntary and its exact conditions and content must arise from the demands and needs of each individual doctor.

6 The European Union of General Practitioners (UEMO) Declaration from 1994 is built on the principles of the Declaration of Dublin, supplemented with more precise proposals aimed specifically at general practitioners.

7 In 1994, the European Union of Medical Specialists (UEMS) published a charter about the individual doctor's personal obligations and right to maintain his or her professional level of competence and the obligation and right of medical organisations to influence the activity of Continuing Medical Education.

8 The Advisory Committee on Medical Training (ACMT) under the European Commission also in 1994 published the report Recommendations on CME (XV/E/8414/94). This report, which is the only official EU report on Continuing Medical Education, underlines that CME is a moral obligation for each doctor, that the 'system' is obliged to offer opportunities for CME, and that the resources must be part of the Health Budget.

9 In 1996, after considerable debate and consideration, PWG adopted its own initial Policy Paper on CME (PWG 96/049) which, with reference to the Dublin Declaration, emphasised the importance of CME being available not only to medical specialists, but also to doctors in postgraduate training.

10 That document set forth PWG's belief that ensuring the availability of CME at all phases of education would inspire the education of future doctors, especially by securing the access of doctors in

postgraduate training to educational activities beyond those limited to the scope of postgraduate medical training.

The previous PWG Policy paper on CME endorses the Dublin Declaration and further sets forth the essential requirement for CME as a right for all doctors, including those in training; the dynamic nature of CME and the fundamental importance of being taught how to learn in medical education; the right of doctors to CME activities in their own as well as other specialties and to educational activities in addition to the postgraduate training related to the doctor's specialty.

CME|CPD

CME|CPD comprises all of the initiatives which contribute to the maintenance and development of necessary knowledge and skills of the doctor. CME|CPD is a life-long, continuous learning process the aim of which is to ensure that the doctor is in possession of the insight, knowledge, skills, attitudes, and experience necessary to master the work, challenges and problems with which a doctor is faced daily.

The term Continuing Medical Education describes education which continues beyond that directed specifically at training as medical specialist. However, it is clear that **CME|CPD, as a continuing life--long process of learning, must also apply to doctors who are undergoing specialist training.**

A number of studies show that doctors achieve life-long learning by further education throughout their professional careers. This is an ethical duty for each doctor; **doctors are also legally responsible for keeping themselves professionally updated.** Therefore, **the right of all doctors to participate in CME must be secured.**

There are no valid methods to measure a doctor's clinical competence that are simple enough to be generalised nor are there any reliable measures of what constitutes a good or a bad doctor.

No clear evidence exists to prove that the introduction of new systems for quantifying CME|CPD activities or the establishment of recertification systems in their own right increase a doctor's competence. On the other hand, **the general public has a legitimate right to know how and to what extent doctors keep themselves professionally updated and develop their competence.** Furthermore, **the employer has a special duty to facilitate CME|CPD.** The employer and the doctor are also responsible for continuous quality improvement of medical practice. **CME|CPD is a prerequisite for quality improvement.**

RECERTIFICATION

In some European countries suggestions are being heard about introducing recertification of specialists as a method of controlling the CME|CPD activities of doctors. PWG believes that such systems have many potential pitfalls, which are outlined below.

LEGAL PROBLEMS

Society's demand for increased evidence of doctors' continuing education is part of a general trend necessitating improved control and quality assurance within the medical profession. Most countries have laws requiring doctors to maintain their professional knowledge. This is linked to the criteria established for practising medicine.

There are two areas of legal problems relating to linking CME|CPD to recertification; national and international.

NATIONAL LEVEL

The main problem is that the legal consequences of failure to meet recertification criteria are not established. It is unclear whether a doctor who fails to recertify continues to be authorised to have the right to practice. Another problem arises if the reasons for failing to meet the recertification demands are beyond the control of the individual doctor and are related, for instance, to the employer's unwillingness to provide adequate time or opportunity for CME|CPD necessary for recertification.

INTERNATIONAL LEVEL

Because of the variety of the national systems and solutions, international regulations would not be feasible or desirable for the foreseeable future. Every doctor is authorised by his or her own country. It would be impossible to envisage a set of international rules which could encompass the variety of national systems.

A specific problem related to recertification systems is that of migrant doctors converting a specialist qualification certificate in a country other than the one in which it was conferred. It is pointless for one country to introduce a system of recertification unless it co-operates closely with neighbouring countries where the doctor can convert his specialist qualifications unless the countries in question introduce a similar system. Otherwise, a situation could arise where a specialist whose recertification period is drawing to a close applies for conversion of the specialist qualification in a neighbouring country, following which it might be reconverted to his or her own country. In this way, it would be possible to avoid obligatory recertification and still maintain a specialist qualification. Although the vast majority of doctors recognise and fulfil their ethical responsibility for CME|CPD, such loopholes are a complication in any attempts to find a mandatory legal solution to CME|CPD.

Another specific problem is involved where the recertification system is linked to the fee structure, so that those not recertified receive lower fees for service, but continue to practice as before. This hardly seems to accomplish the goal of improved quality, nor does it seem appropriate to organise patient care in a two-tiered quality system.

METHODOLOGICAL PROBLEMS

A physician's competence (whether a doctor in training or a specialist) consists of a variety of roles and therefore cannot be measured via a simple test (for example a written examination). The examination only measures factual knowledge or theoretical competence at a given moment and does not evaluate the specialist's clinical proficiency and attitudes. Thus it is meaningless to undertake recertification with the help of such a simplified examination process.

Recertification builds upon specified requirements which must be fulfilled in order for a physician to maintain his or her specialist qualification. In some countries, recertification builds primarily upon the fulfilment of quantitative requirements about participation in activities for which points are awarded. The requirement for the accumulation of points can entail considerable participation in point-giving activities, but no evidence exists as to the quality, outcome, or relevance of these activities with regard to medical practice. The focus in such systems is directed toward formal training activities. This means that one of the greatest and most valuable parts of the professional's learning, consisting of informal activities such as collegial discussion, is not included.

Suggestions have come forward in several European countries for a possible recertification system for doctors. A recertification system could enable society to check that doctors actually participate in continuing education. The fact that a doctor takes part in courses, conferences and other CME|CPD activities does not constitute a guarantee of quality control. However, it is a common misconception that a system for recertification would contribute to the identification of unsuitable doctors.

27 Thus, we are faced with an important educational task vis-à-vis politicians and the general public with regard to the objective of CME|CMD.

RESOURCE PROBLEMS

28 Recertification is a control system involving considerable consumption of resources. In some cases, undesirable side effects have been seen where the recertification system has led to significantly increased costs and the creation of an entire industry whose exclusive aim is to prepare participants to pass obligatory tests.

PRESENT SITUATION

29 Rapid medical advances underline the importance of securing conditions that enable doctors to update their professional knowledge and skills. This issue is on the political agenda in many European countries. The discussion is related to a general wish by politicians and the public at large to see evidence for the competence and up-to-date professional knowledge of doctors. In some countries mandatory recertification of specialists has been proposed, and even introduced.

30 In the Netherlands recertification, in addition to being a professional requirement, has now been enacted by parliament into a legal requirement. The Royal Dutch Medical Association is in charge of the implementation of this legal requirement.

31 The Swiss Medical Association has made recertification mandatory for membership.

32 In Norway, there is a kind of recertification system within the specialty of general practice. Specialists in general practice must be recertified every five years by taking part in different CME|CPD activities of their own choice, such as learning in groups, courses, visiting training in hospitals etc. The Norwegian Parliament has also suggested mandatory recertification in other specialties.

33 The Danish Medical Association is developing an Internet based system for documentation of CME activities for doctors in Denmark.

34 The UK General Medical Council has decided in future to revalidate all specialists, based on recognition that the existing specialist examinations cannot guarantee the competence of the specialist. Revalidation should not be an isolated examination and each individual specialty has been invited to consider how the arrangement could be implemented. All the specialist Royal Colleges have systems of CME points, which specialists are expected to achieve.

35 CME|CPD activities in Europe are financed in several different ways. Foundations, the pharmaceutical industry, the employers and the individual doctors all take part in funding CME|CPD activities.

36 In the US, recertification of specialists is on a voluntary basis, although it is required in a number of situations - e.g. as a demand for lower insurance premiums or as a condition for admitting patients to certain hospitals. Specialists pay considerable sums for study trips and examinations in order to

gain recertification. The US recertification system has therefore led to the creation of a multimillion-dollar business. The many courses offered to teach doctors how to achieve recertification represent another undesired side effect.

In Canada, a voluntary CME program (Maintenance and Competence Program, MOCOMP) is practised as a training program created by the Royal College of Physicians and Surgeons in order to support the specialists' effort to secure continuous training of their own skills and knowledge. The program includes a training logbook.

THE IMPORTANCE OF CME|CPD TO JUNIOR DOCTORS

Junior doctors recognise the impact that CME|CPD will have on their working lives. As the body representing those who will have to live with the consequences of these new systems, PWG believes it has a vital role to play in the debate on CME|CPD.

One of the fundamental aims of all university education is to teach students to assume individual responsibility for their life-long learning. **Further and continuing education of doctors is an ongoing process, and there is no practical or educational dividing line before or after the date of becoming a specialist.** By supporting the introduction of formalised CME|CPD, PWG emphasises and promotes the right of junior doctors to take part in CME|CPD activities throughout their entire career. This will contribute positively to postgraduate (specialist) training. Employers will have to be more proactive and assume responsibility for the conditions covering the professional development of doctors. Employers will thereby become more aware of their responsibility to adapt employment conditions to both postgraduate training and continuing education. CME|CPD is therefore a joint concern for both junior doctors and qualified specialists.

SECTION B PWG POLICY ON CME|CPD

GENERAL POLICY

PWG strongly emphasises that **any system of CME|CPD must be based upon a thorough understanding of the concept of quality improvement as distinct from quality control.**

Processes like quality control, quality assurance and clinical audit, which are the core of accreditation systems, may be useful when addressing the issue of incompetence, but they have less to offer when discussing Continuous Professional Development. Considering the process of medical care as a whole, the concept of Continuous Quality Improvement offers greater advantages, as it combines the process of learning with peer interaction and patient care, while allowing for the development of a documentation system.

The aim of CME|CPD is to provide doctors with an opportunity to achieve and maintain a high level of competence. Therefore, CME|CPD is an essential activity in the continuous quality improvem ent of medical practice.

The Permanent Working Group of European Junior Doctors believes **that the CME|CPD debate should focus on quality improvement in medical practice and on safeguarding the rights of the medical profession to do what it is ethically and legally obliged to do for patients:** to have the necessary

knowledge and skills to deliver optimal diagnosis and treatment.

The doctor should be professionally autonomous and has a duty to practice in accordance with ethical principles that include continuous development of knowledge to meet the patient's needs. The strongest motivation for life-long learning is the aim for high professional standards, where the doctor personally defines the CME|CPD activities required in order to broaden and deepen his or her skills and competence including medical skills as well as leadership, social and personal proficiencies.

Doctors in general are capable of identifying their individual educational requirements in relation to the needs of the patient. Similarly, it is natural to define the needs for continuing education in consultation with the employer, since the employer has a responsibility for the overall activities. It is the responsibility of the profession to plan and execute CME|CPD activities in line with those needs.

CME|CPD must be lifelong and suited to the individual doctor's work situation. Continuing education must include planning for the acquisition and evaluation of knowledge to secure positive competence development. Authorities, professional organisations and employers have responsibility for establishing the framework for continuing education activities. Doctors have a particular responsibility for developing its content and form.

Each doctor is responsible for his or her actions, regardless of whether he or she is employed or in private practice and should not be held responsible for systemic faults, whether national or local, that are beyond the doctor's control. The modern demands for ever-increasing efficiency, coupled with rapid medical developments, further underline the importance of the doctor being assured of his or her right to continuous professional updating and CME|CPD.

The trust of the population in the doctor depends on his or her being perceived as constantly maintaining high professional standards and quality. The profession must continuously stress the importance of not shielding colleagues who fail to maintain sufficient professional standards, and we must adopt and publish methods that ensure the identification and removal of unsuitable doctors. This must be done in close co-operation with the relevant national authorities. In addition systems need to be developed to support colleagues who are failing. These should be aimed at preventing doctors from reaching the stage where removal from practice becomes necessary. However, systems and methods used in these instances must be completely different form those concerning formalised CME|CPD.

FORMALISATION

PWG recognises the importance of introducing a formalised system for CME|CPD.

The objectives of a formalised CME|CPD system are:

To ensure the opportunities for sound professional competence development and to create conditions for life-long learning for the individual doctor;

To demonstrate to the authorities and the general public that doctors are participating in CME|CPD activities throughout their career in order to be able to provide optimal diagnosis and treatment to patients;

To secure the rights and opportunities of the individual doctor to participate in CME|CPD.

A formalised CME|CPD system is one in which the individual doctor must define his or her

CME|CPD requirements and thus their activities. This must be done in consultation with the principal/employer to ensure an understanding of both the needs of the individual doctor and the needs of the institution for the doctor's professional development and continuing education.

5.5 There is a need for various CME|CPD activities depending on the workplace and work situation. There are also varying needs related to whether one is a consultant, private practitioner, specialist, or a specialist temporarily not involved in clinical work, but in other areas such as administration. **Continuing education must therefore be individual, and specifically tailored to the needs of the individual doctor and employer.**

5.6 Furthermore, the term "formalised CME|CPD" implies that the individual doctor is capable of documenting his or her CME|CPD activities. The introduction of simple documentation systems where the individual doctor can continuously register his or her CME|CPD activities is therefore suggested.

5.7 **CME|CPD documentation is concrete evidence of the individual doctor's CME|CPD activities.** This could be of importance for instance in a job application. However, it is more important that the doctor utilises this system in relation to his or her employer to demand the necessary financial resources and leave of absence required to carry out CME|CPD.

RECERTIFICATION

5.8 **PWG opposes a system with recertification. Legal, methodological and resource problems related to recertification systems are overwhelming compared to any advantages that might be involved.** As described in section 3, such systems entail a cumbersome bureaucracy with considerable financial costs, without any proof that this in itself would lead to better quality and competence for the benefit of patients. Furthermore, recertification systems would create a number of legal problems as outlined above, which are currently unresolved.

5.9 Doctors and society would be ill-advised to accept a system of CME|CPD linked to recertification. What society and patients need is an assurance of the quality of doctors' work, and a well-founded trust in the system for identifying unsuitable doctors. Furthermore, recertification is a bureaucratic and expensive system. Those resources could instead be invested in quality improvement activities, including doctors' CME|CPD.

5.10 **Specialist qualifications are currently awarded without time limits, and no evidence exists to support a change in this system.**

CME|CMP ACTIVITIES

5.11 CME|CPD activities should have a broad base to cover every need in all specialties. Traditionally, CME has relied too heavily on participating in courses and conferences. Peer reviews, audits, visiting training in hospitals, supervised group studies, research etc. also represent educationally sound methods. PWG particularly wish to stress the importance of visiting training in hospitals for privately practising specialists. Formalised continuing education is a supplement to the professional growth that takes place in practical, clinical everyday work (theoretical further education, group problem solving, the possibility of sharing experiences with colleagues, etc.)

RIGHTS AND DUTIES

CME|CPD is both an ethical duty and a right for doctors. It is necessary to establish a system to give

doctors the unequivocal rights to participate in CME|CPD.

Every doctor has an ethical responsibility to participate in CME|CPD and to maintain up to date professional knowledge and skill. The latter responsibility is also a legal requirement for the doctor in a number of countries. The current problems relating to doctors' CME|CPD are not due to lack of motivation on the part of doctors, but rather the lack of practical and financial opportunities.

64 A formalised CME|CPD system would guarantee the doctor the opportunity to undertake a specified amount of CME|CPD within a specified period; the responsibility for this being carried out must rest jointly with the employer and the doctor. This would also place financial demands on the employer, upon whom few obligations currently rest in this respect.

65 The probability of doctors, in reality, fulfilling CME|CPD is related to the individual doctor's ethical duty to maintain professional competence and the national laws on practising as a doctor.

TIME AND RESOURCES

66 A formalised CME|CPD system not only provides doctors with the opportunity to undertake CME|CPD, but also facilitates their exercising their right to do so. The responsibility for taking part in CME|CPD activities rests jointly with the employer and the doctor. This also comprises a demand for adequate time and financial resources from the employer, who currently has limited obligations in this respect.

67 It should be recognised that doctors in private practice will not be able to seek direct support or remuneration. This presents particular problems for this group. It is nonetheless just as incumbent upon them to fulfil their ethical and/or legal obligations. PWG believes that if patients and insurers require the same standards from private practitioners, as employers do from their employees, then between them they must be prepared to meet the costs of so doing.

68 PWG concludes therefore that **the objective of a formalised CME|CPD is to create a tool to enable the individual doctor to maintain his/her right to CME|CPD vis-à-vis the employer and others responsible for funding and facilitating CME|CPD.**

SECTION C EXECUTIVE SUMMARY

CME is a process of life-long continuing education within the fields of knowledge of medical practice.

CPD embraces not only CME, but also the development of non-medical competence, such as leadership, personal and social skills, and other proficiencies.

Any system of CME|CPD must be based upon a thorough understanding of the concept of quality improvement as distinct from quality control.

CME|CPD is a prerequisite for quality improvement.

The CME|CPD debate should focus on quality improvement in medical practice and on safeguarding the rights of the medical profession to do what it is ethically and legally obliged to do for patients.

It is an ethical obligation for each doctor to continuously throughout his professional life to participate in continuing medical education.

Doctors are legally responsible for keeping themselves professionally updated.

Further and continuing education of doctors is an ongoing process, and there is no practical or educational dividing line before or after the date of becoming a specialist.

CME|CPD as a continuing, life-long process of learning must also apply to doctors who are undergoing specialist training.

The right of all doctors to participate in CME|CPD must be secured.

The employer has a special duty to facilitate CME|CPD.

The general public has a legitimate right to know how, and to what extent, doctors keep themselves professionally updated and develop their competence.

CME|CPD documentation is concrete evidence of the individual doctor's CME|CPD activities.

A formalised CME|CPD system is one in which the individual doctor must define his or her CME|CPD requirements and thus their activities

The objective of formalised CME|CPD is to create a tool to enable the individual doctor to maintain his/her right to CME|CPD vis-à-vis the employer and others responsible for funding and facilitating CME|CPD.

Continuing education must be individual and specifically tailored to the needs of the individual doctor and employer.

PWG opposes a system with recertification.

It is a common misconception that a system for recertification would contribute to the identification of unsuitable doctors.

Specialist qualifications are currently awarded without time limits, and no evidence exists to support a change in this system.

The fact that a doctor takes part in courses, conferences and other CME|CPD activities does not constitute a guarantee of quality control.

Legal, methodological and resource problems related to recertification systems are overwhelming compared to any advantages that might be involved.

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