CME – CPD
ACROSS EUROPE

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VICE-PRESIDENT UEMS – SURG.
4000 LIEGE BELGIUM
IF YOU THINK THAT EDUCATION IS EXPENSIVE,
YOU SHOULD CONSIDER IGNORANCE …

SOCRATES
(? – 499 AD)
"Once you stop learning, you start dying"

~ Albert Einstein ~
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FACTS AND FIGURES
CHALLENGES
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• HEALTH SECTOR IN EUROPE
  • 21.4 MILLIONS JOBS in 2009 (= 10% OF ALL JOBS IN E.U.)
    • « PARTICULARLY DYNAMIC SUB-SECTOR »
  3.3 millions new jobs created between 2000 and 2007.
  • HIGHLY QUALIFIED PEOPLE

ACCORDING TO CEDEFOP Skills Forecast 2012
“Health systems cannot deliver high quality care to all Europeans without a well-trained health workforce of sufficient capacity. People's health and safety very much depends on this. Health professionals need to be equipped with the right skills and competences throughout their careers, to stay up-to-date with technological advances and new clinical approaches. Of course, with the increasing mobility of health professionals, continuous professional development is even more important. This is why the recently adopted revised Directive on the recognition of professional qualifications encourages Member States to ensure such continuous professional development, so as to ensure safe and effective practices”. *

*Tonio Borg* European Commissioner for Health at Annual Conference of the Standing Committee of European Doctors Brussels, 04 April 2014
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LEARNING IS A LIFELONG PROCESS...
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MANY IMPLICATIONS

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Patient's safety.
Ethics.

Cost-effectiveness

Regulation of the profession

Improvement of healthcare service

International standards

Personal development and satisfaction
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WHAT ARE THE CHALLENGES FOR ORGANISING CME-CPD ACROSS EUROPE?

• Patients crossing borders.
• In-Europe professional migration.
• Patient’s Safety to be guaranteed
• Different health systems.
• (Different cultures and languages.)

>>> Equivalent treatment and information
DIRECTIVE ON PATIENTS’ RIGHTS IN CROSS-BORDER HEALTHCARE

- Requirements from country providing the treatment:
  - All the information necessary
  - Transparent complaint procedure
    - Privacy of personal data

- Requirements from the country where patient is insured:
  - Cost must be reimbursed
  - Access to be guaranteed to any necessary medical follow-up
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PATIENTS CROSSING BORDERS

In 2014: roughly 40,000 patients

Top 3 countries: Denmark  -  France  -  Luxemburg…

Policy might not be affordable for « poorer » countries…

« some Member States appear to be deliberately complicating cross-border healthcare processes for patients. »


S. Marschang – October 2015
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- CHARTER on TRAINING of MEDICAL SPECIALISTS in the EUROPEAN COMMUNITY
  Charter adopted by the Management Council of the UEMS, October 1993
- BASEL DECLARATION: UEMS POLICY ON CONTINUING PROFESSIONAL DEVELOPMENT - 2001
- PROMOTING GOOD MEDICAL CARE UEMS 2004 D 0349 final
- BUDAPEST DECLARATION on ENSURING THE QUALITY OF MEDICAL CARE
  UEMS 2006 / 18 FINAL
- Criteria for international accreditation of CME - Quality of international CME:
  UEMS D 9908 / Rev 2007
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PROBLEMS...

- Wide range of definitions and national approaches
- Wide range of requirements
- Wide range of courses of unequal quality
- Unspecific countries data
- Lack of common understanding
- Nationalism…
Don’t tell your problems to people: 20% do not care …

Lou HOLTZ (1937 - …)
US Football coach
Don’t tell your problems to people: 20% do not care …

… and the other 80 per cent are glad you have them !!!

Lou HOLTZ (1937 - …)
US Football coach
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• CME - CPD SYSTEMS
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CPD SYSTEMS FOR DOCTORS

According to Caroline HAGER
Directorate general for Health and Food safety
European Commission 11/02/2016
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Caroline Hager
## CME – CPD ACROSS EUROPE

<table>
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<th>CME syst</th>
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- 8 countries have implemented a re-licensing process

RE-LICENSING in EUROPE

According to Pr. Len HARVEY, UEMS conference on CME-CPD in 2014 Brussels.
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**Financing CME-CPD**

- Financed directly by individual doctors in 29 countries (24 EU)
- Other contributors:
  1. Employer
  2. State Body
  3. Provider
- Dual contribution in many case

According to Pr. L. Harvey - 2014
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MOBILITY OF HEALTH PROFESSIONALS. EU directive RECOGNITION of QUALIFICATION.

Members states have been required to:

• Ensure that professionals update knowledge, skills and competencies to maintain safe and effective practice (Article 22)

• Report measures to the European Commission by January 2016

• Exchange information and best practice to optimise CPD development
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- DOCTORS CROSSING BORDERS

Migration of Physicians within the European Area
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Top 10 most mobile regulated professions (2009-2014)

- Doctor of Medicine (71481)
- Nurse (50385)
- Secondary school teacher (45952)
- Physiotherapist (14059)
- Electrician Senior electrician Specialised electrician (15159)
- Dental Practitioner (11146)
- Second level nurse (10620)
- Pharmacist (6211)
- Veterinary Surgeon (56099)
- Primary school teacher (5324)

Doctors  Nurse  Physiotherapist  Dentists  Pharmacists
MEASURES TO DEMONSTRATE CONTINUING COMPETENCE ARE IMPORTANT WHERE THERE IS PROFESSIONAL MOBILITY

Meritxell SOLE, Dimitri PANTELLI, et al.

“There are different views about the legitimate role of the State in regulating professions”
DEMONSTRATING CONTINUING ADHERENCE TO STANDARDS:

- **IMPLICIT SYSTEM**: expectation that one will maintain competence without the need to comply. (Spain, Austria, Finland, Estonia…)

- **EXPLICIT SYSTEM**: explicit demonstration of competence during a defined period of time. Failures have consequences on practice. (Belgium, Germany, Hungary, the Netherlands, UK…). Sometimes, financial incentives.
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From SOLE, PANTELLI et al. Clinical Medicine 2014, vol 14

COMPLEXITY AND NUMBERS OF ACTORS INVOLVED in 10 EU COUNTRIES
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WHICH SYSTEM WOULD BE THE BEST?

In THEORY: Clear benefits from extremely detailed model (i.e. UK)

BUT: - possible failure to detect physicians with “problems” (cfr. H. Shipman case)

- considerable direct and indirect costs.

- too much bureaucracy erodes trust…
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EACCME: ONE ANSWER...
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• EACCME

EUROPEAN ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION

Creation in JANUARY 2000.

“Aim to encouraging high standards in the developments, delivery and harmonisation of CME”
July 1997: AMA and UEMS exploring transatlantic collaboration

July 1998: letter to work towards reciprocity to CME credits approved

June 2000: pilot begins on conversion on CME credits.

June 2006: from pilot towards full ongoing agreement. Renewal every four years.

June 2010: amendment to include e-learning.

Parallel procedure with Canada (RCPSCanada).
DEFINITION:
« A conflict of interest is a set of circumstances that creates a risk that a professional judgment or action regarding the primary interest will be unduly influenced by a secondary interest ».  

THOMPSON 1993.

UEMS rules:
“ in accordance with criterion 24 – UEMS 2012/30 (Accreditation of Live Educational Event by the EACCME), all declarations of potential or actual conflicts of interest, whether due to financial or other relationship, must be provided (…) upon submission of the application.”
EACCME  Funding rules:

29) The EACCME will only consider for accreditation, LEEs that fulfil specific requirements related to their funding. Accordingly, events provided by the pharmaceutical and medical equipment industries will not be considered for accreditation.

30) The source of all funding for the LEE must be declared,…

31) The Scientific and Organising Committee must (…) be free of any attempt by sponsors to influence the Committee’s decisions.
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CONCLUSIONS
FOR THE MOMENT,

- TOO MANY DIFFERENT SYSTEMS
- TOO MANY DIFFERENT STANDARDS
- TOO MANY COMPLEX RULES (???)
- TOO MANY DEFINITIONS…

DO WE WANT:

MORE EU RULES ???
or
BETTER INVOLVEMENT FROM THE SURGICAL WORLD ???
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• CONCLUSION II

• TO PROMOTE INITIATIVES COMING FROM THE BASEMENT OF SURGERY

  >>>> Common basic training in Surgery, European e-examinations, European e-log-book…

• TO PROMOTE EACCME THRU LEE

• TO LOBBY THE EU-POLITICIANS, NATIONAL ADMINISTRATIONS … and scientific societies !!!
May 9, 1950  Robert SCHUMAN, French Minister of Foreign Affairs:

« Europe will not be made all at once, or according to a single plan. It will be built through concrete achievements which first create a de facto solidarity »

66 years later, this remains true !!!
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THANK YOU FOR YOUR ATTENTION !!!
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