All doctors accept that involvement in Continuing Medical Education (C.M.E.) is an ethical obligation. The national and European organisations representing general practice include this ethical obligation in their formal statements on C.M.E.

Changes in medical knowledge occur rapidly. It is a challenge for each doctor to put in place the mechanisms by which s/he can maintain the knowledge, skills and attitudes base to continue practicing medicine in an effective and safe manner for the benefit of patients. All countries offer CME programmes to their doctors. Traditionally CME offers have concentrated on teaching rather than learning. Change in doctor behaviour, at individual or practice level, is not necessarily a stated objective. To encourage even greater participation levels incentives may be required. As it is extremely difficult to prove quality outcomes the profession recommends that participation in CME should remain a voluntary activity. In some countries the health care systems have become increasingly expensive forcing governments and employers to concentrate on value for money audits and cost containment measures. No one wants these to be at the expense of quality. In this environment it is not surprising that the issues of Quality Assurance and Quality Improvement have gained momentum. At the same time, in some countries, the doctors themselves have felt there is a need to consider the professional development of physicians in an ongoing and continuing manner. This Continuing Professional Development (C.P.D) will incorporate traditional CME but will also strive to meet the unmet educational needs of doctors while also concentrating on the competencies necessary to meet the needs of patients.

The issue of patient safety requires of the trust between doctors and society that as a self regulated profession the appropriate procedures are in place for early detection of underperforming doctors and ultimately sanctions when necessary. In some countries recent high profile cases have challenged this professionalism. Would participation in CME/CPD have highlighted problems sooner?

The current position
The European Union of General Practitioners (Union Europeenne des Medecins Omnipraticiens - UEMO) is the European political body representing general practice. It represents 500,000 general practitioners (G.P.’s), the largest single group of doctors in Europe.

UEMO has a position paper on CME which states that content of educational offers are the responsibility of doctors, recommends a national organisation to organise CME, that CME should be accessible to all, that financing of CME is not solely the responsibility of doctors and there should be an ethical framework with the pharmaceutical industry for their involvement in CME provision. UEMO also has a position paper on CPD which prioritises that both time and money must be provided to allow participation in CPD activities, that CPD must be differentiated from the processes used to identify problem doctors and that a log book of activities is useful and should be kept.
General Practitioners in Europe are concerned that governments may decide to make relicensing mandatory, may use appraisal systems as the method to introduce relicensing and within a short time increase the demands on doctors. General Practitioners are concerned that more regulation will lead to increased frustration, that doctors will be forced into ever increasing expensive, time consuming and bureaucratic procedures. There is also concern that such measures may have unforeseen adverse effects on morale; with older doctors being driven out of practice and younger ones opting out of continuing a career in medicine.

The future

At a national level all countries are discussing these issues. In addition to their current regulatory framework on a doctors fitness to practice, some countries have formed health committees and procedures for helping doctors before their fitness to practice becomes the issue, others are considering an anonymous repository of “near misses” as an educational tool for doctors, with protective legislation for this, while others are contemplating remedial educational programmes for doctors identified as being in need of this. At a European level doctors agree that competent authorities should only share information if doctors are crossing borders to work and then only if currently that doctors licence is either withdrawn, there is a limit on prescribing, the doctor is on probation or there are limits on the type of work allowed in his/her home country.

Conclusion

The medical organisations representing general practice both nationally and internationally believe that CME and CPD are essential for independent medical practice. Doctors believe this is an important issue for the public. G.P.’s believe that the content and organisation of CME/CPD offers should be under the control of the profession. There is a strong feeling that an increasingly regulated profession will not deliver benefits in patient care. There is agreement, however, that professionalism is a matter for teaching at undergraduate and postgraduate level and during life long learning at CME/CPD. UEMO vindicates the right of doctors to have protected time and the resources to engage regularly in CME/CPD.

It is a challenge for each doctor to put in place the mechanisms by which s/he can maintain the knowledge, skills and attitudes base to continue practicing medicine in an effective and safe manner for the benefit of patients.

by all doctors. It must be noted that recertification methods do not necessarily identify incompetent doctors.

Developments

As countries move towards CPD there is increasing demand for accreditation of activities and providers both nationally and internationally. The European Union of Medical Specialists (UEMS) has developed an internationally accepted clearinghouse for CME/CPD activities, the European Accreditation Council for Continuing Medical Education (EACCME). At its General Assembly in London 2005; UEMO has decided to negotiate with UEMS and WONCA Europe in relation to providing a similar facility for G.P.’s. It is recognised that most CME/CPD activities for G.P.’s take place within national boundaries but is also felt that in future there will be increasing international activity and that an acceptable accreditation procedure will be required. In some countries the concept of individual doctors developing their own Personal Learning Plans (P.L.P.’s) has begun. For validity some appraisal system needs to be in place, one-to-one mentoring with yearly reviews is one such example. Evaluation is difficult.