



# **UEMS Statement: Impact of the COVID - 19 pandemic on the CME/CPD of European Specialists**

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**with the valuable help from the members of the Task Force of the CME/CPD Working Group**

## **Preamble:**

The COVID - 19 pandemic has had great effects on the work of European specialist doctors as well as colleagues worldwide. The workload has increased because of diagnosing and treating patients with this serious disease.

The pandemic has also had huge impact on the continuous medical education (CME) and continuous professional development (CPD) of physicians. Live meetings have been cancelled and the majority of events have been delivered virtually. The amount of especially external CME/CPD that specialists have attended during the pandemic has greatly diminished in most European countries.

The pandemic has major consequences for the future of CME/CPD for European specialists even after the pandemic slowly is getting less severe based on the increasing amounts of vaccinations. It is excellent that European specialists have taken the vaccinations so well and ethically to protect their patients, themselves, and their families.

## **UEMS (European Union of Medical Specialist) stresses the following regarding the impact of COVID-19 on the CME/CPD of European Specialists:**

### **Participating in CME/CPD**

- It is very important that specialists have taken part and continue to do so in CME/CPD especially during these difficult times now that traditional face-to-face events have not been possible in the earlier extent.
- The pandemic has made it even more important to take part in external (including virtual) CME/CPD since workplace CME/CPD and usual professional collaboration with colleagues may have been limited.
- CME/CPD regarding diagnosing, treating, and preventing COVID-19 infections is a priority. It is most important that European specialists take part in CME/CPD about COVID-19 to prepare them to treat future patients well.
- It is also important to work in interdisciplinary and interprofessional expert groups with special consideration of CME/CPD about COVID-19.
- Individual specialist must also take responsibility not only to attend but also to record and, when necessary to report their annual CME/CPD activities.

### **Responsibility of the employers**

- Employers must make CME/CPD possible for specialists, especially during and after these difficult circumstances. This includes virtual CME/CPD as well as live meetings.
- Specialists need to have the necessary technical equipment, safe connections, and necessary skills to participate in the new ways of virtual CME/CPD.

- The pandemic has revealed that it is crucial to continuously adapt healthcare to new knowledge and thus, CME/CPD for doctors should be a priority even for the employer.
- The pandemic also has shown that it is possible to minimize the administrative burden for doctors so that they could concentrate on their main task – to treat patients. This should be a wake-up call for the employers to decrease the administrative tasks for doctors and let them use that time freed up for CME/CPD.

### **New methods of CME/CPD and their quality assurance**

- Returning “Back to normal” will not represent restarting at the exact same situation when the COVID-19 pandemic started.
- However, face-to-face interaction between colleagues is crucially important and therefore live meetings are still in great demand.
- Even after returning to the “New normal” while classical CME/CPD will still be pending”, new formats (mainly self-learning approaches using internet tools and resources), should be supported also because they are less costly for the participating doctors.
- It is necessary still to develop new methods and ways of CME/CPD since they will be important even after the return to the “New normal”.
- The development of new methods and ways for CME/CPD (virtual meetings, webinars, simulations etc.) is needed also for healthcare to be better equipped for future crises like the one we have now faced. Lessons learned from the pandemic must include those regarding CME/CPD.
- Quality assurance of the new learning methods is most important, especially their interactivity.
- The new virtual learning methods must be assessed also regarding the way their educational needs and educational outcomes are defined.

## **Work safety and well-being of doctors**

- It is most important to guarantee work-safety of doctors and other personnel during pandemics also using CME/CPD in this respect.
- The well-being of doctors always and especially during these exceptional and distressing times must be supported