The UEMS role

in
lifelong learning (CME /CPD) of
medical specialists in Europe

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POTENTIAL COI

• NO
UEMS
Union Européenne des Médecins Spécialistes
European Union of Medical Specialists

• founded in 1958, only a year after the Treaty of Rome
• the oldest among the European Medical Organisations
• currently represents approx. 1,4 million European specialist doctors
• 29 full members, 5 associated members
• non-governmental, not-for-profit international organisation
• UEMS is registered under Belgian law
• office/secretariat (staff 4) in Brussels
UEMS Specialist Sections and their European Boards

- 40 Sections = representing all major medical specialities
- S & B are real UEMS backbone
- representation = 2 members (delegates) per country
- > 2000 medical specialists are actively involved into UEMS activities throughout Europe
VISION (UEMS STRATEGY 2008)

coordination
support
executive

constituent bodies, membership

PGT  CME/CPD  QA
Specialist Sections*
2 delegates nominated by the national monospecialist association

European Boards*
2 delegates per country (Balance profession-academia)

Council*
Plenary decisions
2 delegates per country

Board*
Financial matters
1 Head of delegation per country

Executive*
Daily management
President, Secretary General, Treasurer, Liaison Officer + Vice-Presidents (4)

Standing Committee for CME

EACCME®
European Accreditation Council for CME
Advisory Council
National authorities and UEMS Sections

Standing Committee for PGT

ECAMSQ®
European Council for Accreditation of Medical Specialist Qualification
CESMA + WG PGT
in cooperation with National Licensing Authorities and UEMS Sections

EACQM (?)
European Advisory Council for Quality Management of Specialist Medical Practice

Committees (?)
National authorities and UEMS Sections (?!!)

Standing Committee for QA

Secretariat
Brussels

Execu-ve*
Daily management
President, Secretary General, Treasurer, Liaison Officer + Vice‐Presidents (4)
Assuring Professional Competence

- CME / CPD
- Clinical Audit
- Peer Review of Competence
TREASURY

A
issue
of

- Patient Safety

- Quality of care

“T’m stumped. We’ll have to wait for the autopsy.”
CME/CPD = Lifelong Learning

Medical Education = CONTINUUM

from undergraduate to postgraduate

and onwards -

throughout one’s medical professional life....
The 7 competencies

1. Communication
2. Problem solving
3. Applying knowledge and science
4. Patient examination
5. Patient management / treatment
6. Using the social and community contexts of health care
7. (Self)-Reflection

Ref. Dekker et al., G2010, NL
Life-long learning

“Formal” Continuing Education

Workplace learning

Inter-professional Education

Point of care learning
Some main current and ongoing CME problems / dilemmas....

1. Effectiveness
   
   *No (scientific) proof of efficacy of just (passive) attendance to congresses, courses, symposia by individual professionals..... (??)*

2. Quality aspects

3. CME funding (and commercial COI...)
Quality aspects:
CME is part of the system of accountability in healthcare...

CME must be:

• based on valid content
• effective in improving practice
• linked to quality and safety
• independent of commercial interests
European CME: Why do we need it?

Politician Awareness

...standard training of health professionals combined with integrated methods and procedures that are embedded in a culture of continuous learning and improvement.

- To create the possibility of support mechanisms for national initiatives regarding patient safety projects, acknowledging that patient safety is in the programme of DG Health and Consumer Protection.
- To ensure that EU regulations with regard to medical goods and related services are designed with patient safety in mind.
- To encourage the development of international standards for the safety and performance of medical technology.
- To ensure that the European regulatory framework protects the privacy and confidentiality of patient records in the best interests of the patient, while at the same time ensuring that relevant patient information is readily available to healthcare professionals.

To work towards the introduction of risk management routines, for example, by developing guidelines and indicators as a part of a quality assessment system in the health care sector.

To optimise the use of new technologies, for example, by introducing electronic patient records. Such records would include the personal medical profile and decision-making support programs for health professionals with a view to reducing medication errors and increasing compliance rates.

To establish national fora, with participation by relevant stakeholders, to discuss patient safety and national activities.

To safeguard working conditions for all health care professions and to ensure that policies on recruitment and retention are funded to maintain staff.
Continuing medical education (CME) is a moral and an ethical obligation for the individual medical specialist, but it should be a voluntary responsibility.
Are doctors required to perform CME-CPD in your country?

- Armenia
- Austria
- Belgium
- Croatia
- Cyprus
- Czech Republic
- Estonia
- France
- Georgia
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway

- Poland
- Romania
- Slovakia
- Slovenia
- Switzerland
- Turkey
- UK
- Azerbaijan
- Bulgaria
- Denmark
- Finland
- Portugal
- Spain
- Sweden

Courtesy of: Stevenson R, EBAP – European Internet CME Survey, Summer 2006 - (n=180; UEMS S&B, NAAs, CME providers)
Is it mandatory?

- Armenia
- Croatia
- Czech Republic
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Netherlands
- Poland
- Romania
- Slovakia
- Slovenia
- Switzerland

- Belgium
- Bulgaria
- Cyprus
- Denmark
- Estonia
- Finland
- Georgia
- Malta
- Norway
- Portugal
- Spain
- Sweden
- Turkey
- UK

- Austria (partly)

Courtesy of: Stevenson R, EBAP – European Internet CME Survey, Summer 2006 - (n=180; UEMS S&B, NAAs, CME providers)
How is it made mandatory?

- Armenia
- Croatia
- Czech Republic
- France
- Germany
- Greece
- Poland
- Romania
- Slovakia
- Austria
- Hungary
- Latvia
- Lithuania
- Netherlands
- Slovenia

by law
professionnal requirement
recertification / relicensing

Courtesy of: Stevenson R, EBAP – European Internet CME Survey, Summer 2006 - (n=180; UEMS S&B, NAAs, CME providers)
Ensuring quality of care: functions

Medical Regulation

Medical Education

Certification & Registration

Standards and Ethics

Ensuring fitness to practise

Courtesy of: Borman E / UEMS WG on CME/CPD
“It is through combining these structural & functional elements that we can develop an effective modern regulatory model applicable in all European countries”

The aim is to ensure that it is the medical profession that retains responsibility - while working with interest groups - of medical regulation in Europe.
UEMS EACCME – summary:

- harmonisation of CME/CPD in Europe = same quality criteria
- simplification of mutual recognition of CME credits
- (European) agreements with USA, Canada, and...

- two major partners:
  - National Accreditation Authority
  - UEMS Specialist Sections & European Accreditation Boards
Assuring Professional Competence at the (Inter-)National level – why the CENTRAL of Medical Association is essential?
European Accreditation: We need to work together!

Adapted from: Goncalves L, EBAC 2008