



# ***Consensus Statement of the European Medical Organisations on Continuous Professional Development Luxembourg, 2015***

## **Background**

In December 2006 the EU Commission together with the following medical organisations: AEMH, AIM, EANA, EHMA, ESIP, HOPE, EJD/PWG, UEMO, UEMS and CPME as main organiser, arranged a consensus meeting entitled “CPD - Improving Healthcare”. Due to the revised Directive on the Recognition of Professional Qualifications, the Presidents’ Committee of the European Medical Organisations has decided on a new conference and an update of the consensus statement.

The EU Commission has recently updated the Directive on the Recognition of Professional Qualifications 2013/55/EU. Mainly based on the importance of patient safety and the mobility of health care professionals, Article 22 dealing with the continuous professional development of doctors and other health care professionals has been altered to:

*“(b) Member States shall, in accordance with the procedures specific to each Member State, ensure, by encouraging continuous professional development, that professionals whose professional qualification is covered by chapter III of this title are able to update their knowledge, skills and competences in order to maintain a safe and effective practice and keep abreast of professional developments.”*

and the following paragraph has been added:

*“Member states shall communicate to the Commission the measures taken pursuant to point (b) of the first paragraph by 18 January 2016.”*

## **Consensus statement regarding Continuing Professional Development (CPD) for doctors**

1. It is an ethical obligation for every practising doctor to ensure that the medical care they practise is safe and based on valid scientific evidence. In order to achieve this, every doctor must engage actively in CPD which is appropriate for her/his identified learning needs.
2. Continuing Professional Development for physicians designates all the professional development activities that occur after specialist qualification has been obtained. It includes many forms of education and training that allow individual doctors to maintain and improve standards of medical practice through the development of knowledge, skill, attitude and behaviour.
3. The organisation of healthcare is a national competence in line with the principle of subsidiarity and Member States have taken a variety of approaches to CPD. There is no evidence to suggest there is a single best way to regulate CPD. However, regardless of the system, it is highly desirable for the profession to be responsible for CPD. To strengthen national systems and improve cross-border cooperation organisations involved in CPD should exchange information, establish and disseminate best practices at national and European levels.
4. Learning needs arise from daily practice. Some degree of formalisation and appropriate documentation, such as records, of CPD is necessary both for the doctors themselves, for employers and society.
5. Investment in CPD benefits the healthcare system and patients' health. Therefore, irrespective of the nature of the healthcare system – whether employer-based, direct paying, or insurance remunerated – time and resources must be allocated to ensure that doctors are able to take part in CPD. Support for CPD should include educational activities, access to information technology, time for doctors to engage in education, peer support for a learning culture, financial resources and educational structures. The employer's financial responsibility must be made clear through funds in the budget being set aside for continuing professional development.
6. There is a lack of evidence that recertification or revalidation methods are helpful in the detection of poorly performing doctors or making healthcare safer. While regulation can establish basic conditions for CPD and encourage up-take, overregulation at EU or national level will not enhance professional mobility and will not assure cross-border quality of care.
7. The pharmaceutical industry and suppliers of diagnostic and medical devices, must be attentive to the needs of patients and of the profession for objective information and education not tied to promotion of products. CPD events have to be clearly separated from commercial activities and must be designed and held in ways that the integrity of the medical profession cannot be questioned. National or international codes of ethics must always be respected.
8. To assure unbiased CPD the medical profession must take the responsibility for the approval and/or accreditation of CPD activities. This should include the accreditation of specific events as well as validation of CPD providers. It is possible for national accreditation bodies to opt-in to European-level accreditation systems led by European professional organisations representing medical doctors to facilitate the recognition of CPD activities undertaken outside their own

country, to ease the exchange of CPD activities in Europe and globally through international agreements with non-EU countries.

Signed, Luxembourg, 18 December 2015

European Association of Senior Hospital Doctors (AEMH)

European Council of Medical Orders (CEOM)

Standing Committee of European Doctors (CPME)

European Working Group of Practitioners and Specialists in Free Practice (EANA)

European Junior Doctors Permanent Working Group (EJD)

European Medical Students Association (EMSA)

European Federation of Salaried Doctors (FEMS)

European Union of General Practitioners (UEMO)

European Union of Medical Specialists (UEMS)