

# CPD-CME in Europe Present and Future The UEMS Perspective

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# Late 1950s...early 1960s...

- Birth of European Medical Organisations
- Aiming to translate the ideas and ideals of European collaboration and integration into the medical profession



# UEMS

## Union Européenne Des Mediciens Specialistes European Union of Medical Specialist

The European Specialist Medical Association  
The European Medical Senate  
(National Medical Associations with equal rights)

58 years young

37 countries-EU and beyond, 1.6 million Healthcare Professionals  
National Medical Associations

43 Specialist Sections

15 Multi-disciplinary Joint Committees (MJC's)

Management Council/ Elected Executive



# UEMS Main Aims

## *UEMS influence European Health Policy*

- Promote the interests of medical specialists in Europe
- High standards of care, training and practice
- Continuing Medical Education and Professional Development/ EACCME
- Quality assurance in specialist practice





# European Academy of Paediatrics

Paediatric Section of U.E.M.S.

Union Européenne des Médecins Spécialistes



# CPD-CME

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.

EMOs Consensus Statement  
Luxemburg, 2015



# CME-CPD Principles

- It is a necessity
- It is also an ethical obligation
- In the hands of the profession
- Free from commercial influence
- National AND European CPD-CME





# The main question

Is there a need for European projects for  
CPD-CME???



**The clear answer**

**YES!!!**



# New world-New realities

- Free movement of health care professionals
- Free movement of patients
- Health care systems across Europe are *inter-dependent*
- In many countries, assessments of training, competence and professional development either they do not exist or they are not well developed



# EU Healthcare Directive 2011/24/EU

## *The rights of the patients*

The freedom to receive health services throughout the European Union must be accompanied by **guarantees of quality and security**. In order to make an **informed choice**, patients must be able to access all the information they require on the conditions under which they will receive healthcare in another EU Member State and the conditions under which they will be **reimbursed** once they return home.



# New world-New realities

- Criteria of selection for training
- Development of fit for purpose training centres
- Training of the trainers
- Post-CCT training
- Training of specialists
- Professional skills
- Re-validation, re-accreditation



# Re-think about training and provision of healthcare services

- Financial challenges
- Workforce planning
- Technology
- Changing landscape of health problems
- Different needs and demands by patients: users of healthcare services



# Worldwide migration





## Working Restrictions

- 40 hours maximum working week made statutory 3 decades ago in Scandinavia
- No more than 19 hours continuous work ( in-hospital on call )
- No work the *day before* and *day after* night shift [ i.e. "night-shift" = 4am – 9pm]
- Several mandatory courses to attend
- Compensatory days off [ every 7-10<sup>th</sup> week ]

→ residents less available for clinical work & training





## Average age with approval as specialist 2004-2013

Specialty	years
General surgery	40,41
Pediatric surgery	45,00
GI surgery	42,58
Vascular surgery	42,44
Thoracic surgery	42,65
Urology	42,10
Breast- and endocrine surgery	52,42
All specialties	42,80



# THE AGING POPULATION



# OVERALL DONOR CHARACTERISTICS OVERTIME



# SERVICES CLOSER TO HOME



EUROPEAN COMMISSION, HOFMANN GREIFSWALD

**By 2020**

**1,000,000 healthcare professionals missing!!!**

**The world needs the generalists.....**

**The world needs emergency care.....**



Common challenges demand common answers

Standardisation of training, accreditation and practice in Europe is a necessity

*It is not if we want to, it is that we have to*



# HOW?

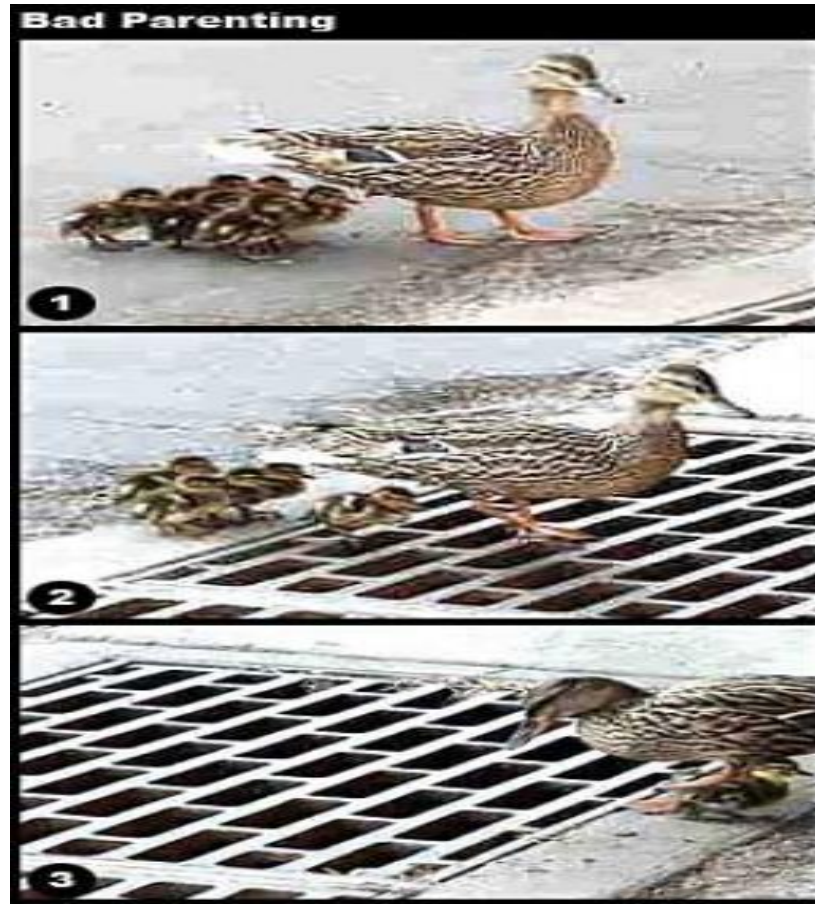
## European projects:

- **Recipe for disaster:**  
wipe out, replace, impose
- **Recipe for great success:**  
respect, learn, complement, build on existing experience  
resulting in consensus for really high standards



# Consensus for the highest standards

But !!!





# UEMS

**How are we addressing  
the challenges  
in real life ?**



# UEMS

## Training Requirements and Assessments

Involves:

- Relevant UEMS Section
- The National Scientific Societies represented in the Section (37)
- The relevant European Scientific Societies
- As broad consultation as possible at a national and European level



# UEMS

## Training Requirements and Assessments

Wide and in depth discussion regarding:

- Training requirements (clinical, academic, professional)
- Standards of clinical care
- Accreditation of trainers
- Appraisal and accreditation of training centres



# UEMS

## Training Requirements and Assessments

Content and format of the assessment:

- Existing experience across Europe and beyond
- Consultation with already established European Boards
- Innovative ideas
- Preparatory courses
- Affordable/ No fixed failure rate



# UEMS

## Training Requirements and Assessments

Consensus of all parties involved:

- Not the lowest common denominator
- High commonly agreed standards



# UEMS

## Training Requirements and Assessments

After consensus is achieved at this level:

- Submission to the 37 National Medical Associations (NMAs), 43 Sections and 15 MJCs for consultation
- The revised documents submitted to the UEMS Council
- Finally they are defended in the Council and approved (or not...) by the NMAs



# UEMS

## Training Requirements and Assessments

European Countries decide for themselves if:

- They will consider them only as extra quality control markers
- Use them in parallel or partly instead of their national exams
- Use them as their national exams



# **UEMS-COUNCIL OF EUROPEAN SPECIALISTS MEDICAL ASSESSMENTS (CESMA)**

**UEMS organisation**

**35-European Specialists Assessment Boards**

**Share experience and expertise**

**Pave the way for the future**





# CESMA QUALITY CONTROL OF UEMS EXAMS

## Committee of Appraisers:

- Other UEMS Boards
- European or National Societies, Professional Boards, Colleges
- Academia



# APPRAISAL

**Initial detailed report by the Board**

**Access to all application documents of the examinees**

**On site visit**



# APPRAISAL

- administrative/ organizational preparation and support
- quality/ status of examinees
- quality/ status of examiners
- examination content
- examination format
- balance between stations
- fairness
- professionalism of the examiners
- marking process
- decision making process for pass/ fail
- minuting of examination, marking and pass/ fail decision making process
- quality control mechanisms (i.e. external examiners)
- established mechanisms for facing appeals and challenges (possibly legal)
- process for examinees and examiners to offer feedback
- announcement of the result
- overall marking for the quality of the exam/ assessment



# **REPORT**

**Detailed (per domain)**

**Areas of strength and recommendations for  
Improvement**

**Review at the UEMS Council meeting**



# PREPARATORY COURSES

Benchmarking against European standards and requirements not adequate

Trainees are used to their own system of assessment but feel entirely out of time and place for a European exam

A significant proportion of applicants never had the experience of some of our examination formats

All the published guidelines in the world cannot replace real life communication

If we don't do it, who is going to do it?



# UEMS ACCREDITATION OF CENTRES

Accreditation for TRAINING in certain Specialties

Clinical, Academic, Professional



# ACCREDITATION OF CENTRES

## Process

- Initial application/ first review
- On site visit
- Second review
- Recommendation to the UEMS

## 18 different domains

(clinical, research, education, management)

## Trainee:

- active participation
- career outcome



# UEMS-EACCME

## European Accreditation Council for Continuing Medical Education

1,800 applications per year

Live and e-learning events

European CME Credit (ECMEC)

Agreements for mutual recognition with the USA and Canada





*The New Frontier....*

**UEMS EACCME 2.0**

# The 5 new elements

- Faster and more efficient
- Embrace state of the art educational events (e-platforms etc.)
- Embrace a much broader spectrum of healthcare professionals
- Trusted providers
- Quality control of events

# **UEMS NEW ASSESSMENT CPD-CME PROJECTS**

**UEMS-CESMA School of Assessors**

**UEMS-CESMA Working Groups**

**Future content and of the Assessments  
Preparatory Courses**

**Accreditation of the Clinical Skills Centres (NASCE)**

**European Reference Networks**













# UEMS

## Domus Medica Europea

# UEMS

- Proud of our achievements
- Always keen to explore, learn and collaborate





# BE CUTTING EDGE!!!



# Cynicism? NEVER!!!



**WHAT IS A CYNIC?  
A MAN WHO KNOWS THE  
PRICE OF EVERYTHING AND  
THE VALUE OF NOTHING.**

Oscar Wilde

PICTUREQUOTES.COM

A NEGATIVE  
MIND WILL  
NEVER  
GIVE YOU A  
POSITIVE LIFE



# Convert Ideas into Collaboration and Action



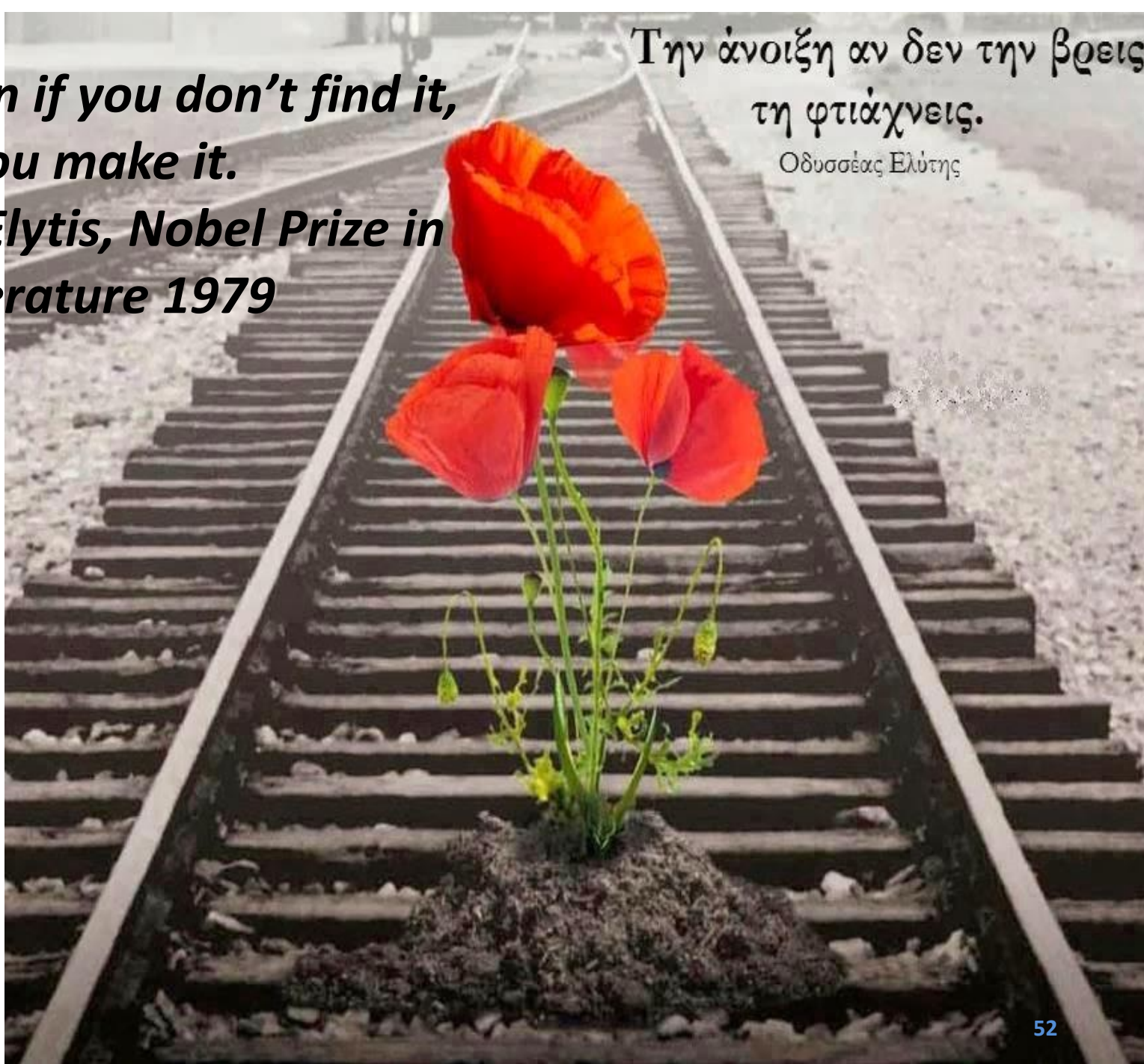


***Spring, even if you don't find it,  
you make it.***

***Odysseas Elytis, Nobel Prize in  
Literature 1979***

Την άνοιξη αν δεν την βρεις  
τη φτιάχνεις.

Οδυσσεάας Ελύτης



Thank you !

