CPD-CME in Europe
Present and Future
The UEMS Perspective

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UEMS Secretary General

ESPE Congress
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
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 (MJCs)

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

- EAACI (European Academy of Allergy and Clinical Immunology)
- EAP (European Academy of Paediatrics)
- EM (European Society for Emergency Medicine)
- eSN (European Society for Neonatology)
- ESPID (European Society for Paediatric Infection Diseases)
- ESID (European Society for Immunology and Allergy)
- ERS (European Respiratory Society)
- ESPE (European Society for Paediatric Endocrinology)
- ESPGHAN (European Society for Paediatric Gastroenterology, Hepatology, and Nutrition)
- ESPRN (European Society for Paediatric Nephrology)
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

Sources: National Public Radio; The Economist
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 7-10th week]

→ residents less available for clinical work & training
# Average age with approval as specialist 2004-2013

<table>
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<tr>
<th>Specialty</th>
<th>years</th>
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<tr>
<td>General surgery</td>
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<td>Pediatric surgery</td>
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<tr>
<td>Breast- and endocrine surgery</td>
<td>52,42</td>
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<tr>
<td>All specialties</td>
<td>42,80</td>
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</table>
THE AGING POPULATION
OVERALL DONOR CHARACTERISTICS
OVERTIME
SERVICES CLOSER TO HOME

Child Healthcare
Closer to Home
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 MJC 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?
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
The e-revolution/ The e-portfolio
UEMS
Domus Medica Europea
UEMS

- Proud of our achievements

- Always keen to explore, learn and collaborate
BE CUTTING EDGE!!!
Cynicism? NEVER!!!
Convert Ideas into Collaboration and Action
Spring, even if you don’t find it, you make it.

Odysseas Elytis, Nobel Prize in Literature 1979
Thank you!