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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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CHARTER on CONTINUING MEDICAL EDUCATION of MEDICAL SPECIALISTS in the EUROPEAN UNION

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CHAPTER 1, PROFESSIONAL COORDINATING AUTHORITY

Continuing medical education as structured today in most countries cannot be organized and financed exclusively by the profession, but the profession should be able to guarantee the quality of continuing medical education and its independence. There should therefore be an independent professional body at national level charged with assessing and guaranteeing both quality and independence. This could be the national authority (see UEMS Charter on Training of Medical Specialists), which controls postgraduate training. This body will also have the power to oversee the participation of medical specialists in continuing medical education.

1.1. Article 1

PROFESSIONAL COORDINATING AUTHORITY

The professional coordinating body is the body responsible for the development and maintenance of continuing medical education activities in the member state. It could be a combination of competent professional, scientific and university organizations, a national board or college or a public authority controlled by the profession. In some cases the professional coordinating body is organized on a regional basis with national coordination.

1.2. Article 2

SPECIALTY SECTIONS

The professional coordinating authority should be organized in sections for each specialty recognized in the member state. These sections should have close links with the national professional organizations in each specialty.

1.3. Article 3

REGISTER of AVAILABILITY of CONTINUING MEDICAL EDUCATION ACTIVITIES

The professional coordinating authority or its delegate should keep a register of continuing medical education activities both in the country and abroad.

1.4. Article 4

REGISTER of MEDICAL SPECIALISTS

The professional coordinating authority or its delegate is responsible for keeping a register at national level of practicing medical specialists with details of their specialty, additional qualifications and other relevant matters. This register should be equivalent to the register, which is kept by the national authority for other purposes.

1.5. Article 5

CREDITING of CONTINUING MEDICAL EDUCATION ACTIVITIES

A system of credits should be developed by the professional coordinating authority (or its specialist sections) to express the professional value of continuing medical education activities. Each activity should be credited with a certain score, which can be awarded to the participating specialist.

1.6. Article 6

CREDITING of CONTINUING MEDICAL EDUCATION ACTIVITIES

The professional coordinating authority or its delegate should be able to link data from continuing medical education activities to individual specialists.

1.7. Article 7

APPEAL BODY

The professional coordinating authority in each member state should set up an appeal body, consisting of independent individuals from different origins in the field of continuing medical education, to settle differences of opinion between participants.

1.8. Article 8

ANNUAL REPORT

The professional coordinating authority or its delegate should publish an annual report setting out all continuing medical education activities in the previous year in the state concerned, together with the attendance of specialists. Detailed data should be made available as required.

CHAPTER 2, STRUCTURE of CONTINUING MEDICAL EDUCATION

The range of continuing medical education activities available in the member states (or if necessary internationally) should cover all current and important subjects in the specialty concerned within a reasonable time span. Only in this way can the individual specialist be offered a choice of subjects appropriate for his/her needs, in order to continue practicing his/her specialty at an optimal level. The professional coordinating authority should have powers to influence the composition of continuing medical education activities.

2.1. Article 1

DIVERSITY of CONTINUING MEDICAL EDUCATION

The programs, both theoretical and practical, offered nationally or, if necessary, internationally, should be varied and wide-ranging, so that each practitioner is able to choose freely what he/she needs to improve his/her professional activity. Continuing medical education programs should cover the whole field of any one specialty within a reasonable time span. The professional coordinating authority should initiate courses when appropriate.

2.2. Article 2

VOLUME of CONTINUING MEDICAL EDUCATION

The volume of activities should be sufficient to ensure that all specialists have the opportunity to keep their professional standard up to date.

2.3. Article 3

INTERNATIONAL EXCHANGE

International exchange of continuing medical education programs should be encouraged.

CHAPTER 3, AVAILABILITY of CONTINUING MEDICAL EDUCATION

"Continuing medical education should remain an ethical obligation subject to the disciplinary authority of the profession itself. Continuing medical education should be both an individual and also a collective obligation of the profession; in order to promote and make it effective, each member state must provide the means of making continuing medical education available to all physicians" (Resolution EU Advisory Committee on Medical Training, 1993).

3.1. Article 1

SPECIALISTS in PRIVATE PRACTICE

The medical specialist in private practice should ensure that he/she is able to participate in continuing medical education activities appropriate for the type of practice he/she is engaged in. The specialist should be prepared to meet the expenses associated with continuing medical education out of the revenue of his/her practice. The remuneration received should include provision for continuing medical education activities. The specialist should enjoy tax remissions for continuing medical education expenses.

3.2. Article 2

SPECIALISTS in SALARIED POSTS

The medical specialist in a salaried post should be provided by his/her employer with study leave and the means of participating in continuing medical education appropriate to his/her type of practice. Adequate compensation for participation in continuing medical education activities should be laid down in the employment contract. The specialist should enjoy tax remissions for private continuing medical education expenses.

3.3. Article 3

LANGUAGE

The medical specialist should have sufficient linguistic ability to study international literature and to participate in international continuing medical education programs.

CHAPTER 4, ASSESSMENT and ACCREDITATION of CONTINUING MEDICAL EDUCATION

Assessment of continuing medical education should follow standard conditions:

- It must be expressed in interpretable results,
- It must be reliable,
- It must be valid,

- It must be widespread,
- It must be comparable.

4.1. Article 1

PEER REVIEW

Assessment and accreditation of continuing medical education activities of individual specialists should be performed by members of the medical profession.

4.2. Article 2

AWARDING of CREDITS

The professional coordinating authority/specialist sections, together with the national professional organizations in each specialty should award each continuing medical education activity with a certain value, which can be awarded to the specialist taking part.

A system of accreditation of continuing medical education should be developed based on:

- Credits awarded to recognized continuing medical education courses and meetings
- Inspection of documents relating to the programs of training courses,
- Declarations of teachers concerning training in technical (surgical) procedures,
- Inspection of certificates and proof of payment for continuing medical education activities

4.3. Article 3

ACCREDITATION

The professional coordinating authority/specialist sections, together with the national professional organizations in each specialty, determine the level of continuing medical education which the individual specialist should meet within a certain time span. A specialist who does not meet the set requirements should receive counseling from the professional coordinating authority.

4.4. Article 4

ASSESSMENT

The professional coordinating authority, together with the national professional organizations in each specialty, should develop a system of assessment of the performance of individual specialists. Self-assessment should be promoted and encouraged.

Programs in this field should be developed.

(For instance in internal medicine the MKSAP (Medical Knowledge Self-Assessment Program) of the American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia PA 19106-1572. Self Assessment/Study Guide, Head and Neck Surgery-Otolaryngology, Byron J. Bailey, J.B. Lippincott Company, 227 East Washington Square, Philadelphia PA 19106-3780. MOCOMP (Maintenance of Competenc Program) Royal College of Physicians and Surgeons of Canada, Ottawa)

4.5. Article 5

ASSESSMENT of TEACHERS

Generally respected peers carry out continuing medical education. The teachers should have the possibility to undergo an assessment of the quality of the education they produce.

4.6. Article 6

VOLUNTARINESS

Continuing medical education is a moral and an ethical obligation for the individual medical specialist, but basically it should be a voluntary responsibility. The

representative national professional organization is free to decide in a democratic manner to impose a formal obligation to fulfill continuing medical education requirements. However, a medical specialist who does not fulfill these requirements cannot lose his/her status as a doctor or specialist, but must understand that he/she may be personally disadvantaged in other ways.

CHAPTER 5, QUALITY ASSURANCE of CONTINUING MEDICAL EDUCATION

The quality of continuing medical education should be regularly and objectively assessed and monitored. The independent authority as above should monitor both the provider and the practitioner so that each can assess the results of his/her efforts and the profession can monitor the effectiveness of the structure as well as control the quality of the programs (Resolution EU Advisory Committee on Medical Training, 1993).

5.1. Article 1

QUALITY ASSURANCE COMMITTEE

Quality assurance is the task of the professional coordinating authority. This task can be delegated to a medical audit committee or a "quality assurance committee on continuing medical education", composed of independent individuals from different disciplines.

5.2. Article 2

DOCUMENTATION and DETERMINATION of STANDARDS

Providers of continuing medical education programmes should give detailed written statements outlining the content of their training programme and the standards they hope to achieve.

5.3. Article 3

INSPECTION

Mechanisms should be considered to inspect continuing medical education programs to ensure that they fulfill the required standards. These mechanisms should not be exclusively based on the performance of the participant. Participants should be encouraged to participate in this process. A system of visitation of continuing medical education programs should be considered, to be carried out, for example, by the quality assurance committee on continuing medical education.

5.4. Article 4

INCENTIVES for IMPROVEMENT

Means should be devised (which may include sanctions, such as reduction of credits) of encouraging those programs which fall short of these standards to change and improve their practices. These changes themselves need to be monitored.

5.5. Article 5

REPORTING

Reports on training programs should be accessible both to trainers and participants.

CHAPTER 6, EUROPEAN COORDINATION of CONTINUING MEDICAL EDUCATION

European coordination of quality assurance in postgraduate training is carried out by the European Specialist Boards, which came into being after 1990. The UEMS decided in 1992 that quality assurance in continuing medical education should also fall within the remit of the Boards.

6.1. Article 1

EUROPEAN BOARD

A European Specialist Board is a body set up in each specialty by the relevant UEMS specialist section with the purpose of guaranteeing high standards of care in the specialty concerned by ensuring that both continuing medical education and postgraduate training are raised to an adequate level. This aim is achieved by coordinating the activities of specialist sections of the national professional coordinating authorities. This includes the provision of advice and stimulation, at a European level, in relation to:

- The structure, professional input and availability of continuing medical education,
- Setting of standards,
- Assessment and accreditation,
- Quality assurance,
- Safeguarding financial independence,
- European coordination of programs.

6.2. Article 2

QUALITY ASSURANCE

The European Specialist Boards may set up a "European Quality Assurance Committee on Continuing Medical Education," or may carry out this task themselves.

6.3. Article 3

INSPECTION

The establishment of a European system of visitation of continuing medical education programs should be considered, to be carried out by the European Specialist Boards or by their European Quality Assurance Committee on Continuing Medical Education.

6.4. Article 4

INCENTIVES for IMPROVEMENT

Mechanisms should be developed at European level to encourage that program which falls short of standards determined by the European Specialist Boards to change and improve their practices. These changes themselves need to be monitored.

6.5. Article 5

ACCREDITATION

The crediting systems of the different national professional coordinating authorities should be harmonized in order to award the appropriate value to a specialist who participates in continuing medical education activities in other member states.

6.6. Article 6

GENERAL EUROPEAN COORDINATION

The European Specialist Boards coordinate the activities of the specialist sections of the national professional authorities. The European Specialist Boards are set up and controlled by the UEMS Specialist Sections. These are part of the UEMS, and the Management Council of the UEMS is responsible for the overall coordination of continuing medical education at European Level.

CHAPTER 7, MIGRATION of MEDICAL SPECIALISTS IN THE EUROPEAN UNION

There is a need for counseling services for migrating physicians. Although the 1975 EU directives suggested that host countries might set up "information canterers" for such physicians, provisions throughout the EU appear to be very patchy and many physicians find the process of registration and establishment or employment confusing and complex. A proposal in the Standing Committee to introduce a compulsory period of

adaptation was turned down (Sub-committee on professional training Standing Committee, CP 93/090)

7.1. Article 1

OBLIGATION of the SPECIALIST

Continuing medical education in the host country is one of the most important means by which the migrating specialist can become acquainted with the structure and practice of his specialty in another member state, and participation in continuing medical education in the host country is a paramount obligation.

7.2. Article 2

OBLIGATION of the HOST COUNTRY

Medical institutions in the host country, and particularly the professional coordinating authority, are obliged to provide the migrating specialist with induction, information and counseling services. The professional coordinating authority should provide continuing medical education to migrating specialists.

7.3. Article 3

ADAPTATION PERIOD

Migrating physicians may ask the national professional authority of the host country for a supervised adaptation period and the host country has an obligation to meet this request.

CHAPTER 8, FINANCING of CONTINUING MEDICAL EDUCATION

Continuing medical education is an essential element of state of the art medical practice. As such the necessary expenditure on continuing medical education must constitute a natural and mandatory element in the general expenditure on health care.

8.1. Article 1

FINANCING by the PROFESSION

As continuing medical education forms an important part of health care, payments by the patient either directly or in the form of insurance contributions and taxes, should contain an element for this purpose. The appropriation of such sums must be controlled by the profession itself.

8.2. Article 2

REMUNERATION SYSTEM

In the system of remuneration for medical services by specialists, both salaried and in private practice, provision should be made to support the continuing medical education of the specialist concerned.

8.3. Article 3

GOVERNMENT CONTRIBUTIONS

As the quality of health care is an obligation for the government, national health care departments should contribute to continuing medical education programs without affecting professional standards.

8.4. Article 4

CONTRIBUTIONS from SOCIAL SECURITY or HEALTH CARE INSURANCE SCHEMES

Health care insurance systems have an obligation in the field of quality of health care and should support continuing medical education without affecting professional standards.

8.5. Article 5

EXTERNAL SOURCES of FINANCING

Given appropriate safeguards, financial support may also be derived from private sources and business communities.

8.6. Article 6

TAX RELIEF

The specialist should be prepared to meet the expenses associated with continuing medical education out of the revenue of his/her practice or appointment, but should be granted tax relief for these expenses.

London, 29 October 1994

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Appendix A:

Appendix B:

DUBLIN DECLARATION Standing Committee

Update 1993, Funchal meeting, CP 93/026.

1. Continuing medical education is an ethical duty and individual responsibility of every practicing doctor throughout his professional life.
2. Its final purpose is to promote the highest possible and continually rising standards of the medical care provided to the population.
3. It consists of the continuous renewal, extension and updating of scientific knowledge and technical skills necessary to maintain the highest possible professional standards.
4. Because it is in the interest of the patient, every doctor has the right to continuing medical education and should be encouraged and assisted to exercise that right.
5. It is not a novel concept of the last decade, but a long standing tradition flourishing in the time of Hippocrates.
6. Many of its means are well established in the form of books, periodical literature, meetings of medical societies of all kinds, bedside discussions and so forth. New developments include quality assessment evaluation meetings, private study with audio-visual aids, self-assessment programs and new organizational forms.
7. The stimulus to undertake continuing medical education arises from day-to-day encounters with actual reality and it is this experience which must determine its content.
8. Both the general and detailed content of continuing medical education must be responsive to real needs and must therefore be determined by the practicing profession.
9. At the fully qualified level further education generally comes from the interaction of informed and trained minds with one another and with external reality. Formal lectures and classes have only a part to play. Discussions among small group of colleagues with and without invited experts together with the classical activities enumerated above are the principal methods.
10. Acceptance of the ethical necessity of continuing medical education and the desire to undertake it must be inculcated from the earliest training of medical student. The choice as to its precise form and content must be left for each doctor to determine freely for himself.
11. The need to engage in teaching is a powerful spur to learning. The more widely spread the opportunity to teach medical students and specialist trainees, the wider will be the enthusiasm for continuing medical education.

12. All doctors should enjoy tax remissions for continuing medical education expenses and the contracts of salaried doctors should provide sufficient study leave with expenses.
13. In many countries, satisfactory provisions have already developed to a considerable degree of advancement. These should be further expended always preserving the leading role of the practicing profession, the independence of the profession in determining the form and content of continuing medical education, and the principle of free choice.
14. The medical profession must be responsible for the coordination of continuing medical education activities in Europe and for the accreditation of continuing medical education and professional standards.

Appendix C:

DEFINITIONS

1. The **UEMS (Union Européenne des Médecins Spécialistes)** is the representative organization of all medical specialists in the EU. The UEMS was created in 1958 and is constituted by the representative organizations of medical specialists in the member states of the EU and the EFTA countries as well as associate members and observers from other European countries.
2. A **Specialty** is a nationally or internationally recognized area of medical specialization for which a structured postgraduate training program exists.
3. A **UEMS/Specialist Section** is the representative body of physicians in the EU in any given specialty. Members of the UEMS specialist sections are appointed by the appropriate professional organizations of the specialties in the EU member states and EFTA countries in accordance with UEMS rules of procedure. The UEMS specialist sections deliberate and make proposals on matters of concern to their particular specialty and submit their findings to the UEMS in order that they may be coordinated as necessary with the interests of the other specialties and the profession as a whole.
4. The **National Authority** (See UEMS Charter on Training of Medical Specialists, 1993) is the body responsible for qualification of medical specialists in each member state of the EU. It can be a combination of competent professional or university organizations, a national board or college or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EU legislation as well as considering UEMS European Board recommendations. In some cases, the national authority is organized regionally within the country with national coordination. When acting in the field of the postgraduate training of specialists its tasks include among other things the setting of national standards and supervising the following on a national level:
 - Duration of training,
 - Contents of training,
 - Quality control,
 - Control of capacity of training according to demand,
 - Procedures for entrance of training,
 - Assessments or other means of qualification.
5. The **National Board or College** is the (representative) national (professional) organization which monitors the training of medical specialists in each of the member states according to the rules in existence within the EU and within the EU member states. When acting in the field of postgraduate medical training its task includes setting national standards and supervising the following:
 - Duration of training,
 - Contents of training,
 - Quality control,
 - Control of capacity of training according to demand,
 - Procedures for entrance of training,

- Assessments or other means of qualification.
6. The **Professional Coordinating Authority** is the representative national professional organization which monitors and coordinates continuing medical education of all medical specialists in each of the member states according to the rules in existence within the EU and within the EU member states. It can be the same professional body as the national authority or national board or college, which monitors and coordinates postgraduate training. It should be organized in sections for each specialty recognized in the member state. Its tasks in the field of continuing medical education include among other things the setting of national standards and supervising the following on a national level:
- Structure of continuing medical education, professional input
 - Availability of continuing medical education
 - Assessment and accreditation of continuing medical education
 - Quality assurance of continuing medical education
 - Safeguarding of the financial independence of continuing medical education
6. A **European Board** is a body set up in each specialty by the relevant UEMS specialist section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EU member states by ensuring that the postgraduate training and the continuing medical education in the specialty concerned is raised to an adequate level. In the field of continuing medical education recommending and coordinating the activities of the national organizations achieve this aim. This implies among other things formulation of advice and stimulation and monitoring at European level of the following:
- Structure of continuing medical education, professional input
 - Availability of continuing medical education
 - Setting of standards for continuing medical education
 - Assessment and accreditation of continuing medical education
 - Quality assurance of continuing medical education
 - Safeguarding of the financial independence of continuing medical education
 - European coordination of continuing medical education
8. The **Standing Committee of European Doctors (Comité Permanent, CP)** was founded in 1959. Its membership includes the national medical associations of the European Union member states and of the European Free Trade Association countries as well as observer and associate member national medical associations from other European countries. Its principal objectives are to study and promote within the European Union the highest standard of medical training, medical practice and health care; to study and promote the free movement of doctors; to represent the medical profession of the EU member states at the level of the European Union.