

Draft UEMS CPD (Continuing Professional Development) Policy / Statement/ Charter (October 11, 2024)

UEMS Working Group of CME/CPD

Task Force

to be discussed at the UEMS CME/CPD Working Group in Brussels, 18 October 2024

The European Union of Medical Specialists (UEMS) is the representative organisation of specialists from the national medical associations of all EU/EEA countries and a number of non-EU/EEA countries. UEMS activities cover the full range of issues related to specialist medical practice, in particular the quality of postgraduate medical training, CME (Continuing Medical Education) and CPD (Continuing Professional Development).

CPD is defined as the educational means of updating, developing and improving the way doctors apply the knowledge, skills, attitudes and behaviors required in their professional life. CME is a part of CPD, which is the term used in this document.

General

1. Moral and ethical commitment to CPD

Traditionally, since ancient times, doctors have had a moral and ethical obligation to participate in CME/CPD. This is the nature of the professionalism of the medical profession. The purpose is to ensure that the care provided by doctors is safe, based on valid scientific evidence and has good quality.

2. Different forms of health care systems in Europe

There are different systems of remuneration for doctors in Europe, depending on the health care structures in which they work. These systems may be public sector employment, insurance-based systems or private practice. Whatever the system, CPD must be part of the remuneration package for doctors and a specific budget must be maintained to support CPD.

3. EU Directive on professional qualifications

The EU Directive on the Recognition of Professional Qualifications (2013/55/EU) states in Article 22b: *"Member States shall ensure, in accordance with the procedures specific to each Member State, that continuous professional development is encouraged so that professionals whose professional qualifications are covered by Chapter III of this Title are able to update their knowledge, skills and competence in order to maintain safe and effective practice and to keep abreast of developments in the profession. "*

The Directive focuses on patient safety and the mobility of health professionals. At present, the EU has no plans to introduce European recertification for doctors and other health professionals. The Directive includes a mechanism for Member States to report to the EU Commission on the measures taken under the above paragraph.

4. The continuum of medical education

Medical education is traditionally divided into basic/undergraduate medical education, specialist/postgraduate education, and continuing professional development/continuous medical education. This lifelong learning encompasses the personal programme of each doctor from the first day of medical school until retirement from practice.

Comment: (Traditionally, CPD is defined as starting after specialist training. It can also be argued that it starts on the first day of medical school. Also, does it end when a doctor retires, or is a doctor a doctor to the end of life?)

CPD and professionalism

1. CPD and patient safety

Every doctor has an ethical duty to ensure that the medical care they provide is safe and based on valid scientific evidence. CPD is an essential means of ensuring and improving the safety and quality of medical practice.

2. General versus specialty-specific content of CPD

The content of CPD for the individual doctor should include generic areas as part of professionalism as well as specific content based on specialty and working environment.

The content should be based on the individual learning needs of the doctor. This can also be part of the discussion between the doctor and his/her superior in the health care systems in which they work.

3. New areas to be included in CPD

New emerging areas in health care and society in general should be included in CPD. These included e.g. Diversity, Equity, Inclusion and Planetary Health.

4. Third-party funding

Funding for CPD from third parties, such as the pharmaceutical industry and suppliers of diagnostics and medical devices, must comply with national and international guidelines. Funding must be open and transparent. The EACCME (European Accreditation Council for CME) of the UEMS has established guidelines for such funding.

Rights and Responsibilities

1. Obligation for doctors to record their CPD activities

Every doctor should keep a record of his/her participation in CPD. This can be done in different ways, preferably through a personal electronic portfolio. Doctors need to recognize that they are accountable for their involvement in CPD, to themselves, to the medical profession, to their patients, to their employers and to society.

2. Requirement for doctors to demonstrate their CPD activities where appropriate

Where appropriate, doctors should be able to provide evidence of their various CPD activities.

3. Usefulness of recertification/other compulsory systems

Although many European countries have introduced recertification/revalidation or other mandatory systems based on doctors' CME/CPD activities, there is no evidence that such systems help to make health care safer or to identify poorly performing doctors. Furthermore, such over-regulation may hamper the professional mobility of doctors.

The UEMS does not support recertification systems based on doctors' participation in CME/CPD. **(This is a crucial position and needs to be discussed in the Executive Committee and subsequently in the Council).**

4. Protected time and resources for CPD, employer responsibility

Time, resources, peer support and educational opportunities must be available to ensure that doctors can participate in CPD. This is a must in all types of health care funding systems. Ultimately, it is patients who pay for and benefit from doctors' active participation in CPD.

CPD and medical education

1. CME and CPD

Continuing Medical Education (CME) and Continuing Professional Development (CPD) are both essential for healthcare professionals, but they have distinct focuses and scopes:

Continuing Medical Education (CME)

- **Definition:** CME refers specifically to educational activities aimed at enhancing the knowledge, skills, and professional performance of healthcare providers in their specific fields.
- **Focus:** Primarily on medical knowledge and skills directly related to medical practice.
- **Activities:** Includes lectures, workshops, seminars, online courses, and conferences that offer credits for learning.
- **Regulation:** Often mandated by licensing bodies, with specific requirements for the number of CME credits needed to maintain licensure.

Continuing Professional Development (CPD)

- **Definition:** CPD is a broader concept that encompasses all types of learning and development activities aimed at improving professional competence and personal development across various dimensions.
- **Focus:** Includes not only medical skills but also other skills (e.g., communication, leadership, ethics) and personal development.
- **Activities:** Encompasses a wider range of activities, including self-directed learning, peer evaluation, mentorship, and reflective practice.
- **Approach:** Emphasizes lifelong learning and the continuous evolution of professional skills and attitudes.

In essence, while CME is an important part of CPD, CPD encompasses a more holistic approach to professional growth.

Therefore, the term Continuing Professional Development CPD is used in this document.

2. Different Forms of CPD

CPD can take many forms, including:

- **Formal Learning:** Structured courses, workshops, and seminars often offering certification.
- **Informal Learning:** Self-directed study, online resources, and reading journals.
- **Workplace Learning:** Mentoring, case discussions, and on-the-job training.
- **Peer Learning:** Collaborative learning with colleagues through discussion groups or study teams.
- **Reflective Practice:** Self-assessment and reflection on experiences to identify areas for improvement.

3. Principles of Adult Learning

Adult learning theory emphasizes that adults:

- **Are self-directed:** They prefer to take control of their learning process.
- **Bring experience:** Prior knowledge and experiences shape their learning.
- **Need relevance:** Learning must be applicable to their professional and personal lives.
- **Want practical solutions:** They are motivated by problem-solving and real-world applications.
- **Value collaboration:** They benefit from social interaction and sharing with peers.

4. Modern Didactics and Learning Culture

Modern didactics focuses on creating engaging, interactive learning environments that support:

- **Active Learning:** Encouraging learners to engage actively with content.
- **Constructivist Approaches:** Learners construct competence through experiences.
- **Technology Integration:** Using digital tools to enhance learning (e.g., simulations, e-learning).
- **Inclusivity:** Ensuring diverse learners feel valued and included.

5. Competency-Based Medical Education (CBME), Can MEDS and CPD

Competence is a combination of three mandatory components:

- **Knowledge:** Understanding medical information, clinical guidelines, and research.
- **Skills:** Practical abilities, such as performing procedures or patient communication.
- **Attitudes:** Professionalism, ethical considerations, and empathy towards patients.

Competency-based medical education CBME focuses on developing specific competencies required for medical practice. One of the best-known approaches to competency-based education is the Can MEDS framework. It outlines competencies required for physicians in Canada, including:

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Scholar
- Professional

Each area reflects aspects of CPD, ensuring that healthcare professionals develop a well-rounded skill set. Continuous assessment and development help maintain competencies throughout a medical professional's career.

6. Entrustable Professional Activities (EPAs) and CPD

- **Entrustable Professional Activities (EPAs):** Tasks that can be entrusted to learners once they've demonstrated sufficient competence. This bridges learning and practice.
- In addition to the description of the professional activity, the independence/autonomy of a physician in this activity must also be assessed – or, to put it another way, it must be defined **how much supervision** is still required for the defined activity.

7. Peer Evaluation

Peer evaluation is a method of assessment where colleagues provide feedback on each other's performance. Benefits include

- **Constructive Feedback:** Colleagues can offer insights that may not be visible to the individual.
- **Professional Development:** Helps identify strengths and areas for improvement.
- **Enhanced Collaboration:** Fosters a culture of learning and support within teams.

8. Impact of Covid 19 on CPD

The Covid 19 pandemic has also had a major impact on CME/CPD for European professionals. New methods of distance learning have been developed and demands for adequate participation of doctors in CPD have been emphasized. The UEMS has made a statement regarding this topic in 2022.

Accreditation

1. EACCME and the role of the UEMS in CME

The medical profession is responsible for the quality and accreditation of CPD activities. The UEMS established the European Accreditation Council for Continuing Medical Education (EACCME) in 2000. The purpose of EACCME was to act as a "clearing house" for different CME credits awarded to doctors in different European countries and to facilitate the use of credits awarded in other countries. EACCME has become the largest player in CME accreditation in Europe and beyond. The UEMS recommends that CME is accredited by national or international

medical organizations, especially EACCME. Accreditation has been extended from traditional CME to other forms of CME and now to CPD.

The EACCME also has long-standing agreements with the American Medical Association and the Royal College of Physician and Surgeons of Canada for the mutual recognition of credits between the European and North American systems, now also with South America.

The UEMS aims to ensure the quality of CME/CPD through EACCME and other measures in collaboration with other stakeholders (national medical associations, national CME authorities, other European medical organizations).

References

1. UEMS Policy on Continuing Medical Education (Basel Declaration), 2001
2. WFME (World Federation for Medical Education) CPD documents [Link](#)
3. EACCME [Link](#)
5. Consensus Statement of European Medical Organizations on Continuing Professional Development, 2015.
6. UEMS Statement on the effects of the Covid 19 – pandemic on the CME/CPD of European Specialists, 2022

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