



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
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UEMO 2001/026

GERMAN REPLY TO QUESTIONNAIRE UEMO 2000/042 AMENDED 2 ON CME

Introduction

In Germany, medical doctors are obliged by their Code of Medical Ethics to carry out continuing medical education in order to keep abreast of the necessary knowledge and skills for their medical activity. Doctors have to be able to give evidence of their CME activities in suitable form to the appropriate Medical Chamber.

In 1999 this regulation was amended. Certification by the Medical Chambers for the doctor's continuing medical education was introduced on a voluntary basis. So many points in a given time lead to certification. The doctor then has the right to inform his patients in his or her office and on his or her Internet-Homepage.

The Council of Economic Experts wants to see a formal obligation but without specifying, how this should or could be organized. Since it is difficult to know the individual doctor's needs of training, the Medical Profession in Germany prefers voluntary schemes to obligatory regulations so far.

1. CME activities

For the voluntary Certification, the competent Medical Chamber have introduced

- a) accreditation for the body offering CME
- b) accreditation for the individual course offered.

There is no national educational curriculum.

2. Obligatory CME

See introduction.

There is a possibility of losing the right to practice, but only in extreme cases within liability procedures.

CME does not confer any additional rights.

3. Does recertification take place?

No, recertification does not take place. But special diplomas are issued following completion of CME courses. These diploma do not result in a form of sub-specialization of GPs.

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4. Resources

CME is financed by the doctors and sometimes sponsored by the Pharmaceutical Industry.

There is collegial recognition especially for doctors lecturing in CME courses.

The current status of financing is not desirable from the point of view of the GPs.

5. Responsibilities

The Medical Chambers and in case of quality conditions for the reimbursement of defined services the Kassenärztliche Vereinigungen are directly involved in the doctors CME activities. For that purpose there are CME Academies on the Level of the Länder.

The scientific societies and sometimes professional medical organisations are involved in the development of CME, with the formulation of requirements and/or the organisation of courses.

Besides financial barriers, there are no other barriers to the attainment of CME goals.

But, because of the practice-budgets and drug budgets in social health care, it is not always possible to deliver the best possible care.■

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