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UEMO 2001/091

Minutes of UEMO Working Group On Continuing Medical Education

Malta, Crwone Plaza 15th June 2001

Chair: Dr. Jan Bergen (NL)
Rapporteur: Dr. Peter Mortensen (DK)

Members: Belgium, Denmark, Netherlands, Norway, Switzerland, United Kingdom

Observers: Slovenia, Sweden, Portugal, Ireland, Finland, Austria, Hungary, Croatia, Malta, Uems.

1. Agenda (UEMO 2001/071): Approval
2. Terms of Reference of the Working Groups (UEMO 2001/044)
 - 2.1. These had been drafted by the Chairman and the Rapporteur. In discussion, it was agreed that the terms of reference should serve as a frame to include the key issue for physicians of the availability of time and resources in the course of normal working time to be able to engage effectively in CME. It was also agreed that one of the chief aims of developing a European policy was to make it available for use in achieving progress on the national level. It was further underscored that CME and CPD were not the same thing, CME is only a part of CPD, and that quality assurance and improvement is closely related to this work.
 - 2.2. Peter Mortensen summed up that the terms of reference set forth were a frame that could accommodate all of these concepts.
3. Report of last working group meeting, Zurich, October 2000 (UEMO 2000/171): approved
4. Replies to UEMO questionnaire on CME (UEMO 2000/042: amended 2) as summarized by rapporteur (UEMO 2001/092)
 - 4.1. The rapporteur, Peter Mortensen, had analyzed and summarized in text and schematically the 14 replies which had been received (U.K, B, IS, IT,NL, MA, S, CH, DK, A, SF, D, N and F). One further reply (no) had been received too late for inclusion, and 8 replies were still outstanding. Further some of the replies received had been submitted on the basis of previous versions of the questionnaire. Thus, although the returns were incomplete he had tried to produce a partial summary with conclusions (par. 6 on page 3 of UEMO 2001/92). His most essential questions to the group were:
 - whether this work should be continued,
 - whether discussion should focus on the trend toward obligatory CME, and finally
 - whether the recertification was one of the key discussion points for the future.

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UEMO – PRESIDENCY

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- 4.2. Philip Evans (UK) felt it unnecessary to go further with the questionnaire, although he and others found the summary interesting and useful. He proposed, and there was general agreement, to take on the Rapporteurs suggested discussion points (Obligatory CME and recertification), the focus on education as opposed to managerial tools of control, with a view to producing a clear statement on this within a year or 18 months.
- 4.3. Terry John (UK) saw the conclusion as emphasizing the importance of CME irregardless of the different ways in which it is being developed in the various countries. Further he underscored the importance of not confusing recertification with medical education; recertification dealt only with minimum standards while CME and CPD dealt with an aim for continuing updating and improvement.
- 4.4. Henry Finnegan urged that the questionnaire be reissued as originally planned in 2 years time in order to monitor developments towards obligatory CME. There was general agreement to doing this, while in the meantime preparing the study and statement proposed by Philip Evans (UK) (cf.par 4.2 above) Henry Finnegan urged that the questionnaire be reissued as originally planned in 2 years time in order to monitor developments towards obligatory CME. There was general agreement to doing this, while in the meantime preparing the study and statement proposed by Philip Evans (UK) (cf.par 4.2 above).
5. CP draft paper on CME/CPD
 - 5.1. Peter Mortensen (DK) who also had represented UEMO in the CP working group on CME/CPD summed up the work which had been done toward the preparation of the current, third draft statement that had been passed out to the meeting. The paper was essentially an amalgamation of all existing papers on CME and there seemed to have been general agreement on all points. He invited feedback on the document.
 - 5.2. The chairman Jan Bergen, suggested that the discussion focus on the executive summary. Both he and Philip Evans questioned paragraph 8 of the summary.
 - 5.3. Terry John (UK) and Henry Finnegan (IRL) called for careful attention to a consistent use of terminology: certification and recertification, accreditation and reaccreditation, competence and competence assurance, validation and revalidation. Peter Mortensen requested possible proposed textual changes, only if absolutely essential before the end of the Malta meeting, as the deadline for comment on the CP paper had already been reached today.
 - 5.4. There was general agreement to Philip Evans statement that it was counterproductive to view the roles of government, employer and the profession as in opposition. An appropriate cooperation was necessary regarding quality and how it is to be maintained, what funding is available to maintain quality, and the content should be left to the profession to decide although funding might be from another source that it should be made clear that the funding body should not be setting standards. The chairman pointed out that of the 3 countries with mandatory CME, 2 expresses satisfaction with this (NL, CH) on the questionnaire while one did not (IRL) Peter Mortensen pointed out that on page 5 the responsibility of the authorities to ensure working conditions amenable to CME was covered.
6. UEMS letter of intent re FACCME (UEMO 2001/063) Dr Shack, UEMS liason officer, called attention to this document, and Peter Mortensen replied that the document was being considered jointly between the CME and Quality Assurance Working Groups.
7. There being no further business, the meeting adjourned.