



EUROPEAN UNION OF GENERAL PRACTITIONERS

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European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
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UEMO 2001/092

SUMMARY OF REPLIES OF **QUESTIONNAIRE 2000/042 AMENDED 2 REVISED**

Preamble

As the EU has placed continuing medical education of general practitioners on the agenda, the UEMO Working Group on CME, Continuing Medical Education, has over the last 18 months been elaborating a questionnaire to clarify the present status of CME in the various EU countries and to formulate future political goals. At the Working Group meeting in Zurich in October 2000 the final questionnaire was approved for circulation and response.

As of the 1 May 2001 deadline and after two reminders, responses have been received from 14 national member organizations, cf. enclosure. Consequently, responses are lacking from seven countries. Such a response percentage can hardly form the basis for far-reaching political conclusions. Nonetheless, this statement is an attempt to present an analysis of the information that has been received. It should also be pointed out that responses have been received to varying editions of the questionnaire - the finally approved edition of the questionnaire from the meeting in Zurich was not, as agreed, used by everybody.

Analysis

The questionnaire was divided into five main groups. Under each of these groups there are sub-questions as presented in the enclosure. The last question in each main group asks for a statement as to whether the general practitioners are satisfied with the development within the area concerned.

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1 - About CME activities in general - curriculum and accreditation

Under this main group four countries have indicated dissatisfaction with the development. There is wide diffusion between the answers to the sub-questions from these four nations. This also applies to the remaining ten responses which indicate satisfaction with the development.

There seems to be general agreement in all responses concerning accreditation of individual courses, which have been introduced in most places. A network of local CME tutors (mentor function) also seems to have been established. There seems to be a minority in which the national responses indicate that national co-ordination of CME curriculum takes place.

The questionnaire finally gives the possibility of presenting more general comments to the topic. Six countries have replied to this. The most important, and generally recurrent, theme is lack of time for CME in the busy everyday professional life as well as lack of knowledge about the importance of CME for each individual - in which way does it function best? One country has replied that contractually they have the right to two week's free time for CME, which they deem to have solved the problem of CME!

2 - Concerning obligatory CME

Here eight countries indicate that obligatory CME has not been introduced. Three indicate that it has been introduced, and three indicate that they expect it to be introduced nationally soon. Only two responses express a desire for another development - these replies represent one system that has introduced obligatory CME and one that expects to get it! The remaining responses express satisfaction concerning the situation of obligatory CME. Thus, there is equal satisfaction and dissatisfaction with having obligatory CME and not having it. Furthermore, several responses present inconsistent responses in the various items. This concerns for instance indications that there is no possibility for sanctions, but at the same time the presence of other types of sanctions?

3 - Does recertification take place?

Here the answers are 50% yes and 50% no (6/8). As, at the same time, satisfaction seems to be the same whether recertification is required or not, it is difficult to conclude other than the fact that some changes must have happened since the time when UEMO last made a statement in this point. It is possible that UEMO should consider developing its policy in this area. The remaining questions present so large variations in the answers that it is impossible to draw further conclusions from this statement.

4 - Resources

In general, there does not seem to be considerable variation in the replies concerning resources for CME for general practice. Financing comes evenly from industry, the CME applicants themselves, and authorities/contractors. Responses show equal satisfaction with the allotment of resources for the area - there is no accordance between satisfaction and dissatisfaction and variation in the responses of the sub-questions. In general, this aspect should be considered to be in agreement with the wording of UEMO's policy paper.

5 - Responsibilities

There seems to be large influence from medical organizations, professional as well as academic, on the preparation and elaboration of CME activities. Nine responses indicate that organized registration of CME has been introduced, whereas eight of the responses indicate they are fairly satisfied with the placement of responsibility for organizing CME.

6 - Conclusion

In general, it must be stated that in spite of 18 months of efforts in the working group in elaborating a questionnaire, it has not been possible to collect information which can form the basis for political conclusions. However, it should be noted that the status of the report within this area could be viewed as constituting a partial result.

In any event, we have attempted to extract some tendencies. The only considerable factor might be that there seems to be some ongoing change towards obligatory CME and possibly also recertification. A discussion as to whether the data available is sufficient to indicate a need for alteration to UEMO's policy might be relevant.

Furthermore, it would be relevant to discuss the suitability of continuing this questionnaire investigation as planned: that is with a repetition in two years. This would give some indication of the status in this area, but would not result in any actual operative documentation!

Finally, it would be useful to obtain replies from the delegations that have not reacted to the questionnaire or information about a possible inability to respond.

On behalf of the UEMO CME Working Group - Peter Mortensen, Rapporteur

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