



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
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UEMO 2001/002

Report

CME working group

Friday 26 October 2001 in Naples, Italy

Chair: Jan Bergen (NL)

Rapporteur: Peter Mortensen (DK)

Members: Belgium, Denmark, The Netherlands, Norway, Switzerland, UK

Observers: Slovenia, Sweden, Portugal, Ireland, Finland, Austria, Hungary, Croatia, Iceland, Italy, Spain, Germany and representatives from PWG

1. The agenda was adopted.
2. Report of the meeting in Malta - UEMO 2001/091 was adopted.
3. Based on the discussion at the last meeting, there was a discussion about mandatory CME, with focus on non-medical influence on CME (do the public authorities use insurance companies etc.). It was pointed out from the British side that various systems should not block the essential issue which is "room" for CME. The Austrian representative explained the Austrian system with mandatory CME - 150 hours per year as a basis to obtain a diploma, though without real possibilities of sanctions. Switzerland explained a differentiated registration system with collection of points/stars

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without possibilities of sanctions. Apparently no influence on CME from other than the medical side.

The Belgian representative explained the current non-mandatory CME structure which, through some years, had appeared in Belgium. An estimated 95% of Belgian doctors take CME to an acceptable extent. Mandatory offers organized by the financed instances (insurance companies) exist, - mostly concerning ethical and economical aspects in general practice. The Norwegian representative explained the Norwegian recertification system which has been known for several years. The Slovene representative talked about a recertification system with collection of points governed by medical instances. There is a possibility of being excluded from practice by non-fulfillment of demands.

From the Irish side the CPD issue was underlined as the development tendency in Ireland.

Finally, the British representative explained a system in which non-medical persons have the possibility of influencing the content of CME in general practice. By request, she promised to return with a more specific explanation of this, as such an influence by non-medical instances on the CME attracted great attention.

4. During the discussion the recertification issue was a natural follow-up of the above point, and the Belgian delegation emphasized the importance of a coordination of both the formation concepts and the content of recertification in general practice and other specialties. Denmark emphasized how important it is to acknowledge that recertification efforts and thereby the demands for the CME structures for general practice are significantly more locally characterized than for other specialties. Austria emphasized the importance of securing a coordination of the efforts concerning recertification between the various specialties including general practice. Iceland emphasized the importance of a unification of the point systems in the different countries and specialties and Ireland emphasized the importance of a cooperation with UEMS on the recertification process. In this connection a new document - Basle declaration from UEMS, October 2001- was presented for information and in preparation for the next meeting.
5. The final CME/CPD document concerning CP's policy on the area was presented for information - and there were no comments.
6. Subjects which were agreed to include at the next meeting:
 1. The Basle document (UEMS' new CME/CPD document)
 2. Recertification - (there was a wish expressed to elaborate this issue)
 3. User influence on the CME/CPD document from UK
 4. Cooperation with UEMS on CME/CPD in the future - (UEMO 2001/063)
7. No comments.

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