



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
Union Européenne des Médecins Omnipraticiens – UEMO
Unione Europea dei Medici di Medicina Generale – UEMO
Europese Huisartsen Vereniging - UEMO
Unión Europea de Médicos Generalistas – UEMO
Uniao Europeia de Clinicos Gerais – UEMO
Euroopan Yleislääkärjärjestö – UEMO
Europeiska Allmänläkarorganisationen – UEMO



UEMO 2003/095

German Respons to CME Questionnaire (2003/091)

CME QUESTIONNAIRE 2003

Country:

GERMANY

Organization:

German UEMO Delegation

Name of the organization or individual completing questionnaire:

German UEMO Delegation

Telephone/telefax/e-mail address:

bosch@hartmannbund.de _____

Note concerning UEMO questionnaire on CME

Preamble

The objective of the enclosed questionnaire is to obtain a status for CME/CPD in the UEMO member organization countries. Since the current questionnaire is equivalent to that sent out three years ago, this will make it possible to form a basis for a written description of the development in CME/CPD in Europe.

As agreed in the CME working group, it was not considered sufficient to attempt to describe the status - there is a need for a more dynamic model by which the UEMO can continuously update its policy in order to keep pace of political developments and in order to facilitate the setting of political targets.

With the starting point in the information on national movements and targets concerning the themes identified in the questionnaire and the identification of national barriers against a desired development of conditions concerning CME, the need for change in the UEMO CME policy can be identified and initiated.

The last questionnaire was only answered by about 60 percent of the member organizations which caused difficulties drawing conclusions in analyzing the answers. Therefore, the Working group hopes that all the member organizations will answer this questionnaire as it will improve the quality of the data.

With regard to the transparency of the answers we have listed definitions of terms used in the questionnaire. These definitions are made after lengthy discussion in the Working group. However, the Working group is aware that there may be national conceptual divergence in the terms. If this is the case it therefore would be expedient if you mention such other definitions of the terms.

Please note that in this questionnaire there are three possible answers: yes no and N/A (not applicable)

In the case of questions please contact the chairman of the Working group, Peter Mortensen, e-mail pm@dadlnet.dk or telephone: +45 5678 8780.

Definition of terms employed

Accreditation - procedures by which an official organ confers formal recognition of the competence of an organization or individual to carry out specific tasks.

Certification - procedure by which a third party confers written assurance that a product, a system or a person fulfill certain specified ground requirements.

Registration - systematic documentation concerning an individual doctor's CME activities.

Registration systems can involve the setting of quantitative norms. By deciding what can be registered, qualitative norms are incorporated into the process.

1. CME activities

- | | |
|---|-------------------------------------|
| Does national accreditation of CME activities exist? | Yes, on national and regional level |
| - if yes – is it by the state? | no |
| - if yes – is it by the profession? | Yes |
| - If yes - is there accreditation of individual courses? | yes |
| - Accreditation for those offering CME? | yes |
| - Accreditation of offers from the pharmaceutical industry? | yes |

How is the educational curriculum developed?

- | | |
|-----------------|------------------------|
| - Nationally? | Yes, for some subjects |
| - Individually? | yes |

Is there national coordination of the CME curriculum? Yes, for some subjects

- | | |
|--|-------------------------|
| - Are there national or local colleges that are trained to take part in CME activities (mentor functions)? | yes for quality circles |
|--|-------------------------|

Comments:

- | | |
|--|-----------------|
| - Is the current status (or direction) desirable from the point of view of the GP's? | could be better |
| - Are there specific barriers to the attainment of the goals set? (use extra sheet if necessary) | No |

2. Obligatory CME?

Do national requirements concerning obligatory CME exist? not yet

-

The health care reform project though foresees obligatory CME

- | | |
|--------------------------------|------------------------------|
| - If yes, are there sanctions? | Yes |
| - Economic sanctions? | yes , planned are lower fees |

- If yes, does this diploma system result in a form of sub-specialization of general practitioners in your country? No

No, CME is CME and sub-specialization belongs to voluntary specific training. There are certain procedures which demand obligatory courses, before they may be performed if the given procedure has not been part of the specific or specialized training (i.g. ultra sound examinations).

Comments:

- Is the current status (or direction) desirable from the point of view of the GP's? yes
- Are there specific barriers to the attainment of the goals set? (use extra sheet if necessary) No

4. Resources

Who finances CME?

- Doctors? yes
- The authorities? No
- The industry? yes partly,
but CME contents must be set and presented by doctors absolutely independent from the industry.

(check one or more of the above)

Are there other inducements than economic ones? yes

- For example, collegial recognition in academic organizations? Not so much
- Other? yes

Please specify:

Professional satisfaction

Comments:

- Is the current status (or direction) desirable from the point of view of the GP's? no

GPs would like to see the cost of CME and Quality assurance measures better included in their fees

- Are there specific barriers to the attainment of the goals set?
(use extra sheet if necessary)

_____ Money _____

5. Responsibilities

Are the medical political organizations directly involved in the responsibility for the individual doctor's CME activity? Not yet

- Is there in the system a policy formulated on this? yes

- In this system are organizational instruments set up to help the individual? no

- In this system are there action systems formulated and set in force?

Are the national academic organizations involved in the development of CME? yes

- Involved with the formulation of the requirements of the content of CME? yes

- With the gathering of data concerning CME? no

Does organized registration of CME take place? yes

Is a national policy formulated concerning registration? No, but on the level of the Länder

If yes:

- Is that policy formulated and set in force by the health authorities? no

- By the medical association? yes

- By the academic organizations? no

Comments:

- Is the current status (or direction) desirable from the point of view of the GP's? no

- Are there specific barriers to the attainment of the goals set? (use extra sheet if necessary) no

1) N/A = NOT APPLICABLE