



## **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 2003/097

### **Austrian Response to the CME Questionnaire (2003/091)**

#### **CME QUESTIONNAIRE 2003**

Country:

AUSTRIA

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Organization:

AUSTRIAN MEDICAL CHAMBER

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Name of the organization or individual completing questionnaire:

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**UEMO – PRESIDENCY**

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Tel: +46 8 790 34 52, Fax 46 8 20 57 18, E-mail: info@uemo.org

## **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.

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## 1. CME activities

Does national accreditation of CME activities exist? yes

- 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? no

How is the educational curriculum developed?

- Nationally? yes

- Individually? no

Is there national coordination of the CME curriculum? yes

- Are there national or local colleges that are trained to take part in CME activities (mentor functions)? no

Comments:

- Is the current status (or direction) desirable from the point of view of the GP's?

yes

In Austria medical and dental doctors are under the obligation to participate continuously in certified CME programs in order to be able to exercise their profession according to the state of art (§49 par 1 of the Austrian Medical Law).

But the participation in CME activities is voluntary; the concept of recertification is not applied in Austria. However, the Austrian Medical Chamber will endeavour to make a high number of medical doctors participate in CME.

For further details please see part 3 “recertification” of this questionnaire resp. the attached Guideline for CME/Austrian Medical Chamber

No

Concerning the postgraduate medical training the Austrian Medical Chamber follows the UEMO statement on General Practice/Family Medicine as a medical specialty (UEMO 2002/160).

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

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**2. Obligatory CME?**

Do national requirements concerning obligatory CME exist? no

- If yes, are there sanctions? yes  no  
 N/A

- Economic sanctions? yes  no  
 N/A

- Is there possibility of losing the right to practice? yes  no  
 N/A

- Other? yes  no  
 N/A

Please specify:

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**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)

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### 3. Does recertification take place?

(i.e. a procedure by which a third party certifies in writing that the individual doctor fulfills specified CME requirements?)

As we are not sure in what context you use the term recertification we may give you the following note of clarification:

*In Austria, there is presently **no legal obligation for recertification**. For this reason, doctors having completed their training, keep their diploma, irregardless of the fact whether they exercise their profession or not. However, actual medical practice is conditional on the entry in the medical register. When doctors file in their application for registration, the Medical Chamber examines whether all conditions are met, i.e. diplomas providing evidence of qualification, good standing and (medical) fitness to practice. When doctors are erased from the medical register (for disciplinary reasons f.i.), or when doctors want to be removed from the medical register (when medical practice is suspended temporarily by the doctor himself, as medical registration with the Medical Chamber goes hand in hand with compulsory affiliation to the pension fund which is run by the Medical Chamber, which, in turn, implies relatively high contribution rates), up to date good standing and fitness to practice is examined at the moment of re-registration. Professional aptitude, however, is proved by the diplomas providing evidence of qualification, which renders any recertification unnecessary.*

*However, in order to provide medical and dental doctors the possibility of documenting publicly their participation in structured CME, the Austrian Medical Chamber has instituted the “**Diplom-Fortbildungs-Programm**“ in responsibility of the “österreichische akademie der ärzte” (CME programme of the Austrian Medical Chamber). The participation in the DFP is **voluntary**; however, the Austrian Medical Chamber is endeavouring to make a high number of medical doctors participate in the DFP.*

*Doctors who want to award this CME certificate have to furnish proof of altogether 150 CME points over a period of 3 years. The certificate is valid for a period of 3 years (from the day of validation). After this period, its validity expires automatically. Medical doctors holding a valid CME certificate are allowed to apply for a new one not earlier than 6 months before the expiry of the former one.*

*For further details please find enclosed the Guideline for CME of the Austrian Medical Chamber*

- If yes, who is responsible for recertification?
- Central authorities?
- Medical organizations?
- Other

Please specify:

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Does recertification take place on the background of quantitative CME registration?

- Are qualitative CME factors taken into consideration?

Are special diplomas issued following completion of courses?

- If yes, does this diploma system result in a form of sub-specialization of general practitioners in your country?

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)

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#### 4. Resources

Who finances CME?

- Doctors? yes
  - The authorities? no
  - The industry? Yes, partially
- Legal requirements:  
\* the sponsoring industry has to be publicly announced  
\* the content of the course must not be influenced by the sponsoring industry

Are there other inducements than economic ones? no

- For example, collegial recognition in academic organizations? no

- Other? no

Please specify:

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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)

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## 5. Responsibilities

Are the medical political organizations directly involved in the responsibility for the individual doctor's CME activity? yes

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

- In this system are organizational instruments set up to help the individual? yes

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

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

If yes:

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- Is that policy formulated and set in force by the health authorities? yes  no  
 N/A
- By the medical association? yes  no  
 N/A
- By the academic organizations? yes  no  
 N/A

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)

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**1) N/A = NOT APPLICABLE**