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UEMO 2003/102

Swiss Response to the CME Questionnaire 2003 (2003/091)

CME QUESTIONNAIRE 2003

Country:

Switzerland.

Organization:

SGAM-SSMG Swiss Society of General Medicine

Name of the organization or individual completing questionnaire:

Dr. D. Widmer, UEMO Swiss head of delegation. Reviewed by Dr. C. Cina, chief of the working group CME of the SGAM-SSMG.

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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

It is not "sticto sensu" an accreditation but a recommendation (labeling): "this course or this formation is recommended by the SSMG."

- 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

For special complementary CME we have the system of accreditation of institute of formation. For example the formation in psychosomatic and psychosocial medicine.

- Accreditation of offers from the pharmaceutical industry? yes

It is possible, but the formation must be useful for GP and a GP must be involved in the conception and be present as moderator during the training. The CME must also be evaluated by the participants.

How is the educational curriculum developed?

- Nationally? yes

With the general recommendations of the SGAM-SSMG and with the system of labeling by the SSMG.

- Individually? yes

the GP has the possibility to define his/her objectives of CME and can choose, in 80 hours per year, offers that are labeled by the SSMG and also other offers (from universities, pharmaceutical industry or self organized by a group of GP, with a maximum of 30 hours of personal work)

Is there national coordination of the CME curriculum? no

Not for all the CME curricula: the controls of hours is coordinated by the cantonal societies.

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

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. The offer is very important and diverse.

2. Obligatory CME?

Do national requirements concerning obligatory CME exist? yes

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- **If yes, are there sanctions?** N/A

There is in the law (LaMal) the principle of sanctions but in the moment not applied.

- **Economic sanctions?** NA

Possibility in theory for the insurance system to refuse the payment with the new law in project. Cf. infra.

- **Is there possibility of losing the right to practice?** N/A

- **Other?** no

Please specify:

The control of CME is now made by the cantonal medical associations and not by the insurances. A new law is discussed in the Parliament by which the insurance system will have the possibility to refuse the acceptance of some doctors in the payment system: the selection will probably be made on cost criteria and not on CME. The right of practice is not linked with the recognition by the insurance system.

Comments:

- **Is the current status (or direction) desirable from the point of view of the GP's?** The control must be made by professional organizations and not on economic criteria. yes

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

The new law presently discussed is certainly a barrier against the quality of CME if only criteria such as cost per patient are taken in consideration without regard on the repartition of ages, diagnoses, co-morbidities, etc... and without considerations on the CME.

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?) no

- If yes, who is responsible for recertification?

- Central authorities? N/A

- Medical organizations? N/A

- Other N/A

Please specify: There is no recertification for GP but there is a recertification after 5 years for the certificate of complementary formation (sport medicine, psychosocial and psychosomatic medicine...) Those recertifications are controlled by the corresponding societies.

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

- Are qualitative CME factors taken into consideration? N/A

Are special diplomas issued following completion of courses? yes

We have such diplomas for some activities such as the laboratory or for some complementary formations (sport medicine, psychosocial and psychosomatic medicine, manual medicine, alternative medicines, etc...)

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

It is not a sub-specialization such pneumology or cardiology, but a certificate of complementary formation, accessible to all specialities.

- 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)

If a GP has many certificates of complementary formation , he/she must make all the CME required by each association and it can be time-expensive.

4. Resources

Who finances CME?

- Doctors? yes

- The authorities? no

- The industry? yes

(check one or more of the above) We have now a regulation of sponsoring.

Are there other inducements than economic ones? yes

- For example, collegial recognition in academic organizations? yes

- Other? The possibility to have some payment facilities if the Dr. has a specific formation.

Please specify: the acquisition of a complementary certificate is certainly an inducement. We have also the possibility to make some university diplomas.

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)

5. Responsibilities

Are the medical political organizations directly involved in the responsibility for the individual doctor's CME? Yes: The labeling is for the GP a guarantee of quality.

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

Only the principle of a CME is formulated in the law. The SSMG presented some criteria to give the label to some CME activities.

- **In this system are organizational instruments set up to help the individual?** yes (label)

- **In this system are there action systems formulated and set in force?** N/A

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

- **Involved with the formulation of the requirements of the content of CME?** no

- **With the gathering of data concerning CME?** no

Does organized registration of CME take place? yes

Is a national policy formulated concerning registration? no
The policy is let to the cantonal organizations.

If yes:

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

- **By the medical association?** (cantonal) yes

- **By the academic organizations?** yes
but only for university certificates.

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)

-

1) N/A = NOT APPLICABLE

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