



Re-certification of GPs in Europe

**Ruth Kalda &
EURACT CPD/CME
Committee members**

Background

- The Continuing Medical Education / Continuing Professional Development (CME/CPD) activities cover the longest period of the professional life of a general practitioner (GP).
- The main purpose of re-certification/re-licensing of individual GPs is provision of high quality, safe and trustful patients', (public) health care.

EU DIRECTIVE 2005/36/EC – amendment 883/2 2011

- **§17 added to article 22 :**
- *“Every five years, the competent authorities in EU Member States, shall **submit publicly available reports** about the **Continuing medical education** and training procedures, related to doctors of medicine, including **General practitioners** and nurses working in General practice, to the European Commission and to the other EU Member States.”*

Aim of the study

- To explore what is going on in the field of CME/CPD? Is there anything to be improved or harmonized?
- To study the criteria, rules and conditions of re-certification of individual GPs in Europe

Methods

- Questionnaire to Euract members (N=42)
- Answers to have to be based on valid references (local documents, legislation, written rules)
- Responding countries – (38)
 - Western countries – 21
 - Eastern countries - 17

Does re-certification/re-licensing procedure exist?

Yes – 23 countries

No – 15 countries

Out of 23 countries

Mandatory – 17 countries

Voluntary – 6 countries

Mandatory on 6 Western and 11 Eastern countries



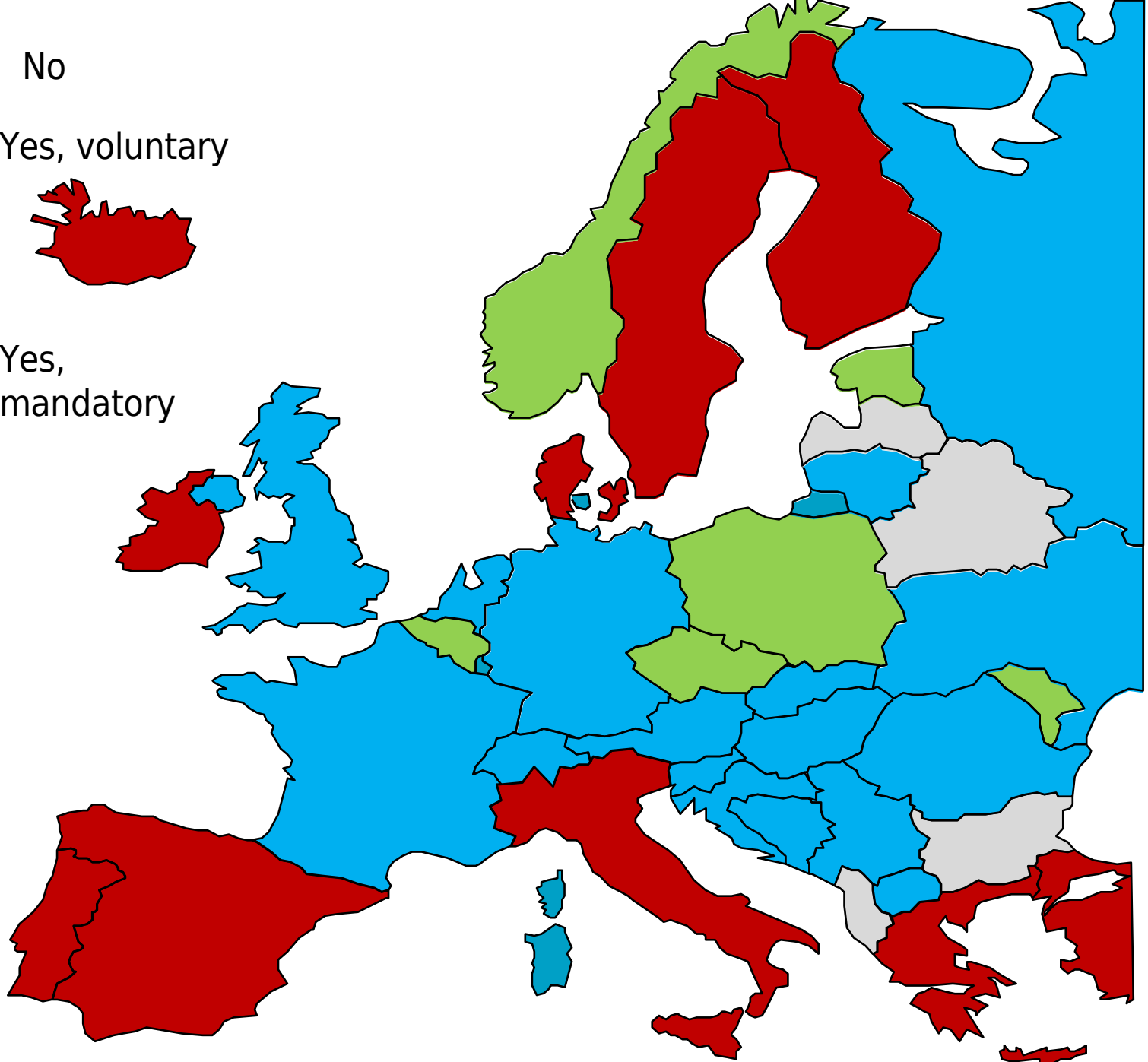
No



Yes, voluntary



Yes, mandatory



When did re-certification process start?

1985 – Norway

2009 – Serbia

Mostly after the year 2000

Re-licencing period

5 years period - 14 countries

Variations:

1 year – Romania, Serbia, Malta

3 years - Switzerland and Belgium

4 years – Poland, Moldova

7 years - Slovenia and Macedonia

Basis of re-certification/ re-licensing

- Collection of credit points which are strictly defined – 21 countries

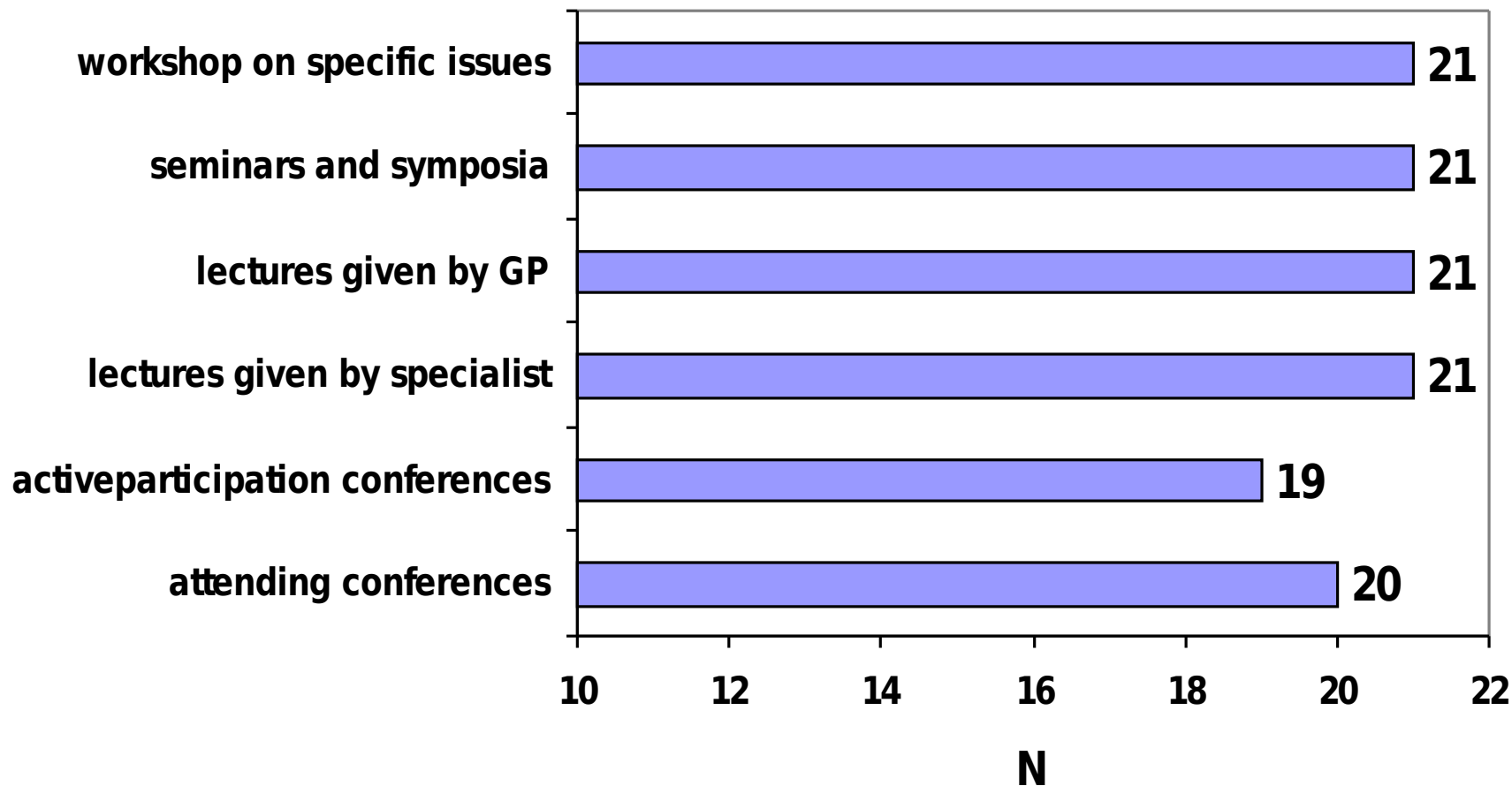
Other methods – 2 countries

- 27 – 400 credit points needed to be collected during the certain period

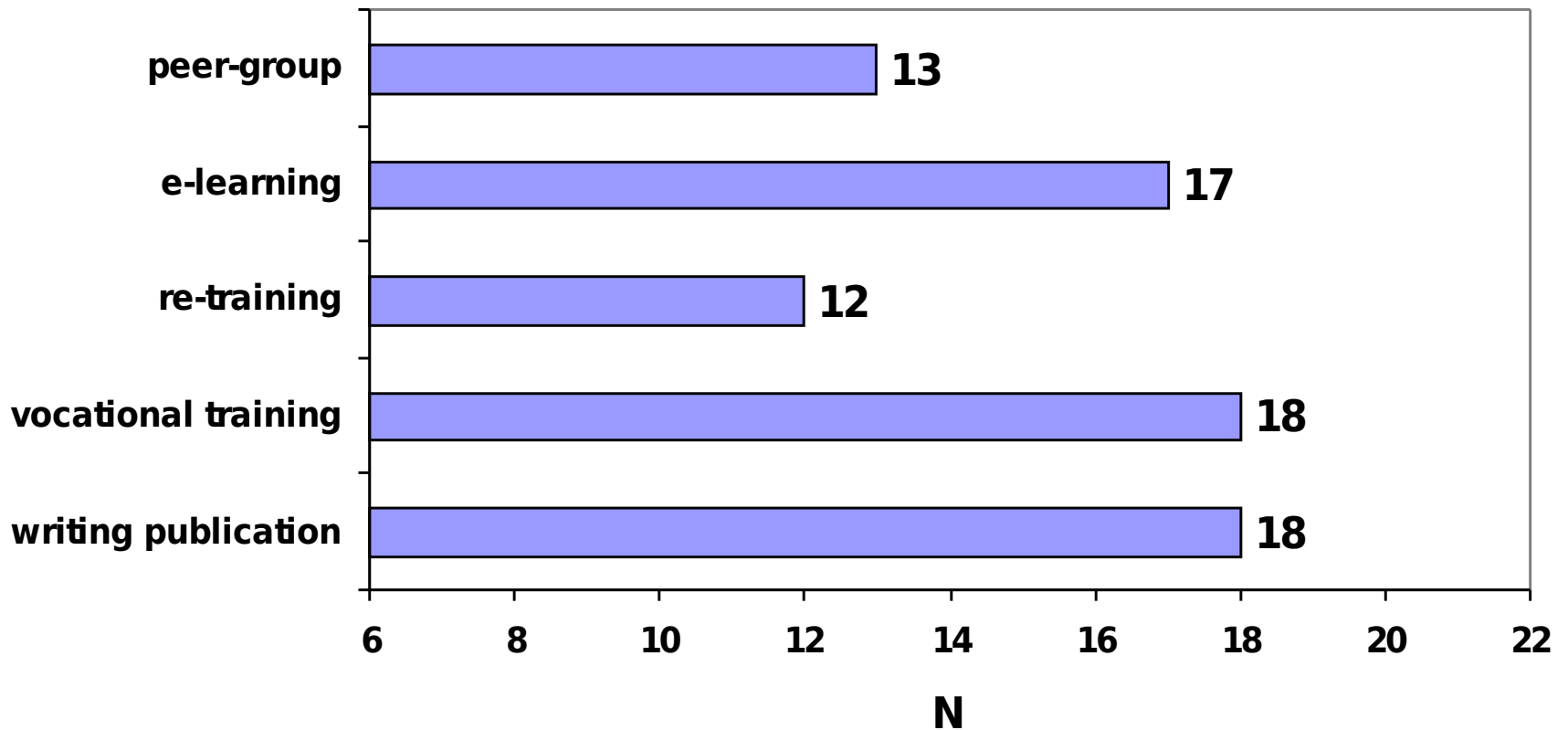
11 – 80 credit points in one year

- Dependent of the type of course (16), time spent (6)

CME/CPD activities recognised for collection of credit points



Other CME/CPD activities recognised for collection of credit points



Other performance based quality indicators

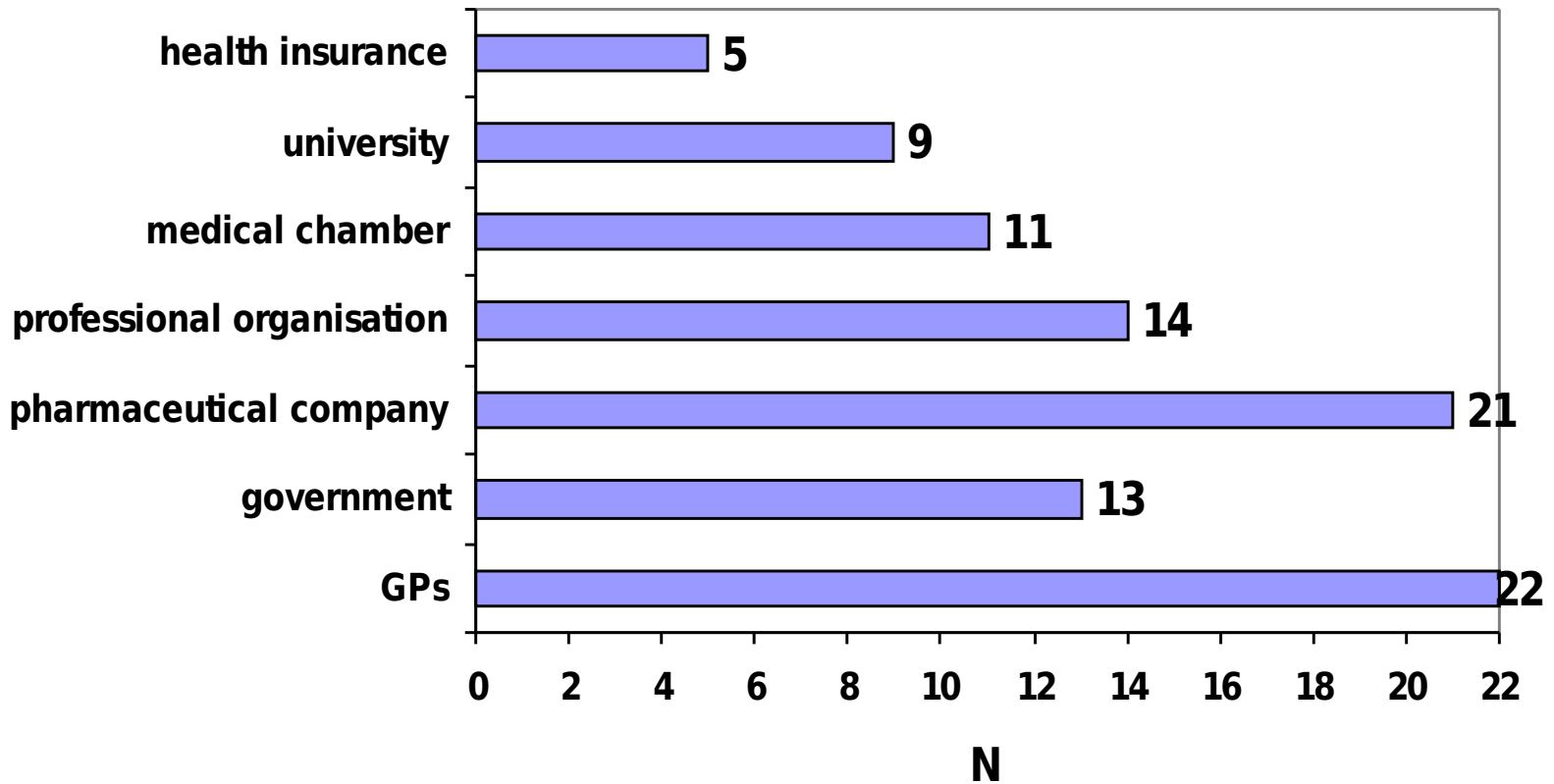
Yes – 6 countries

No – 18 countries

(examples: audits, prescriptions, individual learning)

Switzerland, Bosnia-Herzegovina, Estonia, Norway, Croatia, UK

Who pays for CME/CPD activities recognised for collection of the points?



What happens if a GP fulfils the criteria for re-certification?

- Gets new certificate – 11 countries
- New licence – Bosnia, Croatia, Norway, Serbia, Slovenia, Netherland, UK, Moldova, Ukraina, Austria
- Extra bonus – Estonia, Macedonia?, Norway, Belgium

What happens if GP does not fulfill the criteria for re-certification?

Extra time to collect the credit points (6 months to 1 year) – 9 countries

Temporary lose of licence – 8 countries

Pass examination (Croatia, Serbia, Slovenia, Hungary)

UK- Reasons will be discussed in individual basis, 360 ° feedback

In case when examination is involved in re-certification:

Oral examination – (Croatia, Serbia, Slovenia, Russia, Moldova, Hungary, Ukraina)

Written – (Slovenia, Russia, Hungary, Ukraina)

OSCE – 1 (Slovenia)

What did we get to know?

Differences among countries

“Passive” learning methods are prevalent

Lack of performance based quality indicators

Payment by GPs themselves

Role of pharmaceutical industry

Role of government/policy makers

UEMO recommendations on the promotion of CPD and quality improvement

The working group collaborates with EURACT (WONCA-branch of Teachers in Family Medicine)

- **Welcomes** the result of the legislative process for the revision of the Directive on the recognition of professional qualifications
- **Emphasises** : a) need of guidelines on CPD and quality improvement for the profession
- b) Exchange of information on best practice in relation to CME for GP/FM

European Union of general practitioners

Main goals of CPD

- CPD should lead to Quality Improvement
- CPD should have an element of reflection and be an acknowledgement of the impact on the doctors' practice
- CPD should not be influenced by lobbying of other stakeholders
- The resources for CPD and quality assurance should be sufficient and an integral part of the funding for general practice/family practice care.

Main principles of CPD

- CPD for GP/FPs especially its content should preferably be initiated by GP/FPs
- There should be a core curriculum of priority CPD-topics, recommended to GP/FPs for maintaining their basic competencies
- It should mainly consist of active learning by various methods and of various content.
- It should have an element of reflection

Main principles of CPD

- Quality circles using performance data or peer groups_(e.g. supervision groups inter-doctor variation groups, assessment groups, intervision/peer groups, quality circles) should be part of CPD
- Appraisal (re-certification) may be of additional value and participation may become part of CPD
- Appraisal should not have repercussions
- Appraisal is a supportive obligatory formative program (the core is 360o feedback)

- Teaching and research could be rewarded with some credit points, but the amount can be left to the responsibility of the individual countries.
- CPD & Accreditation should be independent of influence by the pharmacological or other commercial stakeholders, patient lobbies, insurance companies or the government agenda
- CPD should be perceived by GP/FPs as an opportunity to improve their competency
- CPD-requirements are part of re-certification and are for the profession to determine, not for a licensing body or other stakeholders
- Re-certification is done by the GP/FP organisations and not by the government.

Discussion