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Ideas from the second UEMS conference on CME/CPD: new EU directives on a patients' rights in cross-border healthcare and professional qualifications

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Introduction

The 2nd UEMS Conference on Continuing Medical Education (CME) and Continuing Professional Development (CPD) held in Brussels on February 28th2014 was a great opportunity to gather all stakeholders involved in the field of CME/CPD accreditation in Europe and to discuss common grounds on the basic principles that make accreditation necessary for medical staff and for the benefit of patients.

In particular it was an opportunity for representatives of the European Commission (EC) to introduce two new European directives that came into force at the end of 2013: (1) the Patients' Rights in Cross-Border Healthcare Directive, and, (2) the Professional Qualification Directive 2013/55 [2]. The event was also an opportunity to discuss the enormous impact these directives will have on patients care, healthcare quality and daily practice for doctors and all healthcare professionals. According to the new European Union (EU) rules healthcare professionals are expected to update their knowledge, skills and capabilities acquired during undergraduate and postgraduate professional education via efficient knowledge management practices (CME evidence-informed practice) and CPD lifelong learning programs, incorporating inter-professional education, psychosocial and humanitarian aspects of patient care, communication skills, and cultural awareness.

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European directive 2011/24/EU on a Patients' rights in cross-border healthcare

The EU directive on cross border healthcare, adopted in 2011 and enforced in the EU on October 25, 2013, has been described by Nicola Bedlington, the Executive Director of the European Patients Forum (EPF), as "an important milestone for patients…Aspects of the Directive will help to achieve better quality care for all patients" [1, 3, 4].

Major changes introduced by the new law have been widely explained by Dr. Andrzey Rys, a member of the European Commission's Directorate-General for Health and Customers, during his speech at the UEMS Conference [5].

In summary the directive makes provision for introduction of a general framework to:

- clarify a patients' rights with regard to accessing cross-border healthcare provision and simplify rules and procedures;
- guarantee the safety, quality and efficiency of care that they will receive in another EU member state
- promote cooperation between EU member states on healthcare matters

For the first time citizens have the right to choose and be reimbursed for treatment, either public healthcare or private healthcare, anywhere in the EU *(Art. 1, 4, 7)*.

Prior authorization for cross-border healthcare have become the exception rather than the rule; in principle, patients have the right to access cross-border healthcare without notifying the authorities *(Art. 8)*.

Patients have the right to make informed decisions about treatment options. In this regard the directive codifies that member states must establish national contact points (NCPs) that will provide clear rules and reliable information to

patients regarding access and reimbursement for healthcare received in another EU country. NCPs must have facilities to provide information and practical assistance to patients needed to make an informed choice *(Art. 4, 5, 6)*.

In addition, prescriptions issued in one EU country should be recognized in every member state *(Art. 11)*. This rule will ensure that people travelling abroad will be able to receive the drugs they need.

This is not enough as many other important benefits for patients and for the European health system arise from the directive, such as:

- Transparency of quality and safety standards for healthcare that apply in each member state. This means that healthcare providers must enlist all treatment options and their availability, give information about their quality and safety about the healthcare and be clear on prices and invoices.
- Legal basis for European co-operation on e-Health and Health Technology Assessment *(Art. 14 and 15)*; HTA will help decision makers make the right decisions on health investment. Similarly e-Health has the potential to deliver great benefit to health systems. The HTA network should be based on principles of good governance, including transparency, objectivity and "appreciate stakeholder consultation."
- Better cooperation between member states in managing rare diseases including establishing a legal basis for European Reference Networks (ERNs) for rare diseases and centers of excellence *(Art. 12)*. ERNs will bring together highly qualified health professionals from across the EU, advancing extremely specialized healthcare and providing a concentration of knowledge and resources for the benefit of patients. This is particularly valuable in areas where resources are poor, as is the case with complex, non-prevalent or rare conditions. ERNs should apply EU criteria to tackle rare diseases requiring specialized care; serve as research and knowledge centers treating patients from other EU countries; and, ensure the availability of treatment facilities where necessary.

The directive states that cross-border healthcare must be provided to patients in accordance with safety and quality standards and guidelines in place in the member state of treatment and, where applicable, in accordance with EU legislation *(Art. 4* [1]*)*. member states must provide information to patients on their national standards and guidelines on quality and safety *(Art. 4* [2]*)*. They are also required to cooperate with each other in the area of safety and quality standards and guidelines *(Art. 10)*. Furthermore, member states must ensure that information regarding the health professionals' right to practice is made available upon request by other member states *(Art.10* [4]*)*.

The right for a patient to obtain the same high quality and safety of care no matter where they receive it in the EU is the key issue of the directive but also the most critical. A core aspect of guaranteeing the quality and safety of cross-border healthcare is the system of regulation of healthcare providers and healthcare professionals in each of the member state. It is essential that providers such as hospitals, clinics, and other care providers in all member states are properly licensed, audited and regulated, and that proper systems of accountability exist. In addition, it is essential that proper systems of regulation of health professionals exist also. The professional competency of the health professionals providing care and treatment must be ensured through effective regulatory systems across the EU. The EU should maximize opportunities for consultation and convergence with respect to clinical, educational and continuing professional development standards within and between member states [6, 7].

European directive 2013/55/EU on professional qualification

In November 2013 the Directive 2013/55/EU on the recognition of professional qualifications was released by the EC [2].

The new directive, amending Directive 2005/36/EC, aims to facilitate the free movement of EU citizens by making it easier for professionals qualified in one member state to practice their profession in another. The directive covers all professions not just healthcare.

For five healthcare professions, doctors, dentists, nurses, midwives and pharmacists, there is a system of automatic recognition whereby certain qualifications (listed in an annex to the directive) are deemed to satisfy a minimum level of equivalence. Professionals holding one of these qualifications and currently registered with a "competent authority" (i.e.. regulatory body, such as the General Medical Council) in one EU country can register to practice in any other EU country without having to satisfy further tests or formalities.

In this revised EU directive on the recognition of professional qualifications some important issues were introduced in order to safeguard patient safety and simplify administrative procedures for mutual recognition of health professionals between member states. The main elements of the modernized directive were illustrated during the conference by András Zsigmond, Policy Officer of the Unit "Free Movement of Professionals," member of the European Commission and the DG Internal Market and Services [8] and include:

- Introduction of a European professional card: an electronic certificate containing professionals data and documents. The card will offer interested professionals the possibility to benefit from easier and quicker recognition of their qualifications. The card shall include all information about

training courses, educational activities, CME and CPD competences acquired by the professional.

- Alert mechanism: Creation of a specific alert mechanism in all member states for all, but especially for health professionals, who are no longer allowed to exercise their profession in a member state.
- Update of minimum training requirements: the directive introduces changes in the definition of the minimum training requirements for the 7 professions benefiting from automatic recognition. For doctors the basic medical education should be based on 5,500 training hours that can be done within a minimum of 5 years (currently 6 years or 5,500 h). In addition, the possibility to give partial exceptions to specialist doctors willing to follow a second specialist training has been introduced.
- Common training principles: the new directive introduces the possibility to set up a "common training framework" and "common training test" aimed at offering a new avenue for automatic recognition. A common training framework should be based on a common set of knowledge, skills and competences necessary to gain recognition of their profession.
- CPD-lifelong learning programs: according to the new directive, CPD should be actively encouraged by member states. Member states will have to ensure that health professions covered by the automatic recognition regime (doctors, nurse, midwives, dentists, pharmacists) are able to update their knowledge, skills and competences via continuous professional development in order to maintain a safe and effective practice and keep abreast of professional developments.
- Language skills: language competence can be checked by the host member state only after recognition of the professional qualification, but before granting access to the profession, where the profession to be practiced has patient safety implications. Employers have a role in ensuring that employees have the necessary language skills to perform their professional duties.

The new EU directives and CPD-lifelong learning

Both speakers from the European Commission highlighted in their speeches the enormous impact these directives will have on daily practice for doctors and for all healthcare professionals. This is because effective and efficient health systems,with the capacity to provide safe and high quality healthcare deeply depend on having a well-trained efficient health workforce with the right skills and competences. The key role of specialists to enforce patient safety and the vital importance of CPD-lifelong learning to maintain a high quality HC system were repeatedly emphasised by the speakers.

Chapter III of the Professional Qualifications Directive ("sectoral" professions) clearly states that "member states shall ensure that professionals are able to update their knowledge, skills and competencies by encouraging CPD-lifelong learning programs. CPD should cover technical, scientific, regulatory and ethical developments. Member states are required to update knowledge, skills and competencies to maintain a safe and effective practice and to keep abreast of professional developments." Moreover member states are invited to exchange information and best practices in order to optimise CPD development and shall report to the Commission and other MBs on their continuing education and training procedures and measures related to the regulated health professions."

An estimated 8 - 12% of patients admitted to the hospital in the EU suffer from adverse events whilst receiving healthcare. For example: healthcare-associated infections (accounting for approximately 25% of adverse events); medication-related errors; surgical errors; medical device failures; errors in diagnosis; and failure to act on the results of tests.

Much of the harm to patients is preventable but the implementation of strategies to reduce harm varies widely across the EU.

This is the reason why the 2009 Council Recommendation on patient safety encourages member states to include patient safety in undergraduate and postgraduate education, on-the-job training and CPD of health professionals. However, the 2012 Commission report on the state of implementation of the recommendation shows that this provision is very poorly implemented and that member states face coordination problems between the health and education sector [9, 10].

Access to lifelong learning and CPD has always played an important role in keeping professional skills up-to-date with technological advances and new clinical approaches. In recent years medical competence has come under closer scrutiny in response to high patient expectations and improving quality of care. Compulsory CPD for the revalidation of physician licences has become a requirement in a number of member states. CPD is also recognised as an important means to motivate and retain staff throughout their professional career in healthcare.

Unfortunately CPD systems and regulations for health professionals vary significantly across the EU and country-specific data remain limited. There is no common understanding or definition of the content of CPD that covers a wide range of competencies needed to provide healthcare, including medical, managerial, ethical, social and personal skills. CPD can be mandatory or voluntary and provided by different providers (public, private, professional associations, scientific societies, etc.) through different forms of delivery (formal courses, conferences, distance learning, etc.). The governance of CPD is equally diverse, taking place at a regional or national level.

Very few studies provide a comprehensive overview of CPD practices in Europe

International research on CPD systems for doctors carried out by the UK General Medical Council concludes that "many countries are now moving from a 'knowledge and skills base' CME system towards a system that seeks to promote the "wide ranging competencies needed to practice high quality medicine that CPD entails" [11].

During the conference an overview on how CME/CPD is organized in Europe was provided by Dr. Len Harvey, Honorary President of UEMS. Twenty-nine EU/EEA member states plus Armenia, Turkey, Israel, Canada and the US were included in the UEMS survey that started in December 2013. According to the preliminary results showed by Dr. Harvey, currently CME is mandatory in 21 out 34 countries (18 EU/EEA countries, US and Canada) and relicensing processes are established in 10 countries (8 EU/EEA countries, US and Canada). The length of a CME-CPD cycle in order to obtain requalification or recertification is established in 3 to 5 years and includes an average of 40 credits/year to be collected. There is a gradual implementation of sanctions (18 out 34 countries surveyed), mainly financial or disciplinary measures, and professional limitations imposed by insurance companies; the loss of a licence is currently rather rare. Financing for CME are provided directly by the doctors in 29 countries. As affirmed by the speaker "CME/CPD activities are becoming mandatory in most European Countries and the trend is towards an increased implementation of sanctions for professionals who do not conform." [12].

In order to anticipate future skills needed in health professions (e.g., new integrated care delivery models, new technologies, lifelong learning) the European Commission, in the document "Action Plan for the EU Health Workforce" [13], established a call for tender (n° EAHC/2013/Health/07) concerning the review and mapping of CPD and lifelong learning for health professionals in the EU [14]. The call, launched last year, is aimed at a study to review and map CPD of the regulated "sectoral" health professions in the EU, Croatia and the EFTA/EEA countries. The objectives of the study are:

- to provide an accurate, comprehensive and comparative account of CPD models, approaches and practices for health professionals and how these are structured and financed in the EU-27, Croatia and the EFTA/EEA countries.
- To facilitate a discussion with policy-makers and regulatory and professional bodies to share information and practices on the continuous professional development of health professionals and to reflect on the benefits of European cooperation in this area.
- Planning future professional training, regulations, competences, skills needs.
- To Influence member state policy on education.

The final results of the study are expected to be published October 2014.

Since its creation in 1958 the UEMS ambition is to promote patient safety and quality of care through the development of the highest standards of medical training and health care across Europe. The UEMS is addressing these issues through harmonisation of medical specialists' qualifications and education.

To this end the European Accreditation Council for Continuing Medical Education (EACCME), aimed to harmonize and set high quality standards of CME and CPD and improve the quality of specialists medical care in Europe, has been active since January 2000 [15, 16].

As stated by the UEMS President Dr. Romuald Krajewski in his opening speech at the 2nd CME/CPD Conference "the UEMS is very encouraged by the increased recognition of the importance of CME and CPD for all medical and health practitioners in Europe and will continue to lobby EU institutions in order to promote the UEMS policy on this matter"

Similarly, in line with its strategy adopted in 2008 [17] the UEMS established the European Council for Accreditation of Medical Specialist Qualifications (ECAMSQ®) with a view to assess the competence of European medical specialists according to very high standards of training [18]. When fully implemented this competence-based approach aims to achieve a common background for the assessment and certification of medical specialists' competence all over Europe, based on the core curricula developed by the specialist sections of the UEMS. In the context of increased cross-border healthcare the development of such a model will guarantee the delivery of safe and high quality health care for all European citizens.

Conclusions

In the future era of cross-border healthcare with a pan-European right to treatment for patients, competitive healthcare markets, cross-border mobility of medical specialists, increasing need to improve skills and competencies and to gain professional qualifications recognized throughout Europe and to ensure and harmonize CPD-lifelong learning programs will become more and more important. In this challenging scenario the UEMS Section and Board of Nuclear Medicine (EBNM) together with its accreditation committees will play a leading role in defining post-graduate training and lifelong learning

CPD requirements for maintenance of skills and competences in nuclear medicine (NM) as well as in accrediting NM departments and NM training centres in Europe.

Conflicts of interest None

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