



Report of the UEMS Section for Psychiatry

CONTINUING MEDICAL EDUCATION

The representatives of the UEMS Section of Psychiatry have endorsed the recommendations detailed in this report specific to the needs of the medical speciality of psychiatry in Continuing Medical Education.

The representatives of the UEMS Section of Psychiatry fully endorse the Charter on Continuing Medical Education as published and approved by the UEMS 28, 29 Oct. 1994, document D9426bis. The representatives of the UEMS Section of Psychiatry however feel it necessary to comment on and elaborate certain parts of the above document to recognise specific requirements of psychiatry. This report is to provide guidance to individuals and also to national professional bodies.

Preamble

The provision of up-to-date empirically based psychiatric care is a matter of public interest, therefore the need for public funding outside of professional sources is self-evident. Harmonisation of CME within the member-states of the EU and preferably other states participating in the UEMS, should help specialists in psychiatry to provide a comparable high standard of patient care.

The UEMS Section of Psychiatry underlines the commitment to evidence based practice of all contents of CME.

Definition

CME is the acquisition of specialist knowledge and skills relevant for the continuing understanding and practice of psychiatry.

Aims

CME is to provide knowledge and skills for every specialist in the state of the art for diagnosis treatment and long term management of psychiatric conditions or illnesses. Thus CME enables specialists to provide an overall high level of patient care. It is strongly recommended that CME be an integral and ongoing part of the specialist and professional life.

Contents

CME should give the opportunity to obtain novel information in sectors of individual special psychiatric interests and also provide for a broad basis of general psychiatric knowledge. The primary duty of practitioners is to maintain and upgrade their competence in the current state of the art relevant to all aspects of their daily work. It is however to be expected that they will maintain a broad overview of accepted new developments in psychiatry as a whole.

A substantial part of any comprehensive CME programme should be devoted to general psychiatry. In principle, the constituent elements of psychiatry, namely biological, psychological and social aspects, should be balanced in the curriculum. Such a balance allows for the practitioner to fulfil the obligations

outlined above. Psychiatrists working within one or more subspecialties of psychiatry will however need to focus their CME appropriately to keep up to date within their subspecialties. Psychiatrists with academic (research and/or teaching) or managerial responsibilities will also need to incorporate these aspects into their CME programmes.

Implementation / evaluation / quality assurance

CME should be implemented by a national professional body. This body must have the authority to accredit all contents within the CME syllabus, which in general should be presented by qualified and accredited persons and free of any extraneous influence. Should such influence be unavoidable, it has to be handled in accordance with the European Guidelines.

The national professional authority, responsible for CME, should encourage members to devote a substantial part of their CME time to general psychiatry, with due regard to each member states nationally recognised subspecialties. This authority should be responsible for provision of programmes covering the entire field of psychiatry. A minimum requirement for CME is 40 hours per doctor per year.

Evaluation and quality assurance should come from the national professional agency and be periodically audited. The different forms of participation in CME should be accounted for in the evaluation system. This should provide an overall and individual feedback to participants. Quality assurance can be linked to a system of credits or points, which should be related to the number of hours of qualified CME-participation.

Accreditation may take place on a European level, the UEMS Section of Psychiatry is a competent body in this respect.

In accordance with the cited UEMS document, Article 4.6. the national professional body should be encouraged to decide on the importance of the roster of failing to achieve CME within the given prerequisites.

It is recommended that there be a link between the work on CME on a national level and national representatives to the Section and Board of Psychiatry. There should be mutual recognition of acceptable CME between Member Countries.

Acquisition

CME should be conducted according to current educational methods and also provide a means of support to facilitate coping with the rapidly changing problems in psychiatric practice. The acquisition as stated above is generally effected in a defined setting, which can be organised as local, national or international sessions to disseminate knowledge or skills. Acquisition of information relevant for specialists may take place by active engagement in the presentation, interactive participation in an information programme, reception of information and self-study. Active learning is an approved means for changing practice. Participation in all aforesaid forms of acquisition is recommended.

Statement of Intent

There are wide differences between countries in the realisation of CME at the present stage of implementation. This may require further harmonisation.

Therefore a future goal for UEMS/Psychiatry should be the ongoing development of the present forms of CME, which today frequently occurs in a retrospective and relatively unstructured manner. The UEMS/Psychiatry considers that individual psychiatrists should in future pre-plan their CME

activities in a way that ensures an even higher individual professional reliability and relevance to their work.

A psychiatrist should identify the individual objectives to improve the quality of psychiatric practice he or she provides. Identification of these professional targets will allow for an individual record of assessments, definitions and completion of personal CPD objectives. Thus the Continuing Professional Development (CPD) programme will be prospective, transparent and capable of supporting psychiatrists in striving for excellence. In addition, it will enhance professional responsibility beyond the formally required standards of the present stage of CME. Personal Developments Plans (PDPs) are therefore proposed as a helpful approach to the expansion and support of CME.

An important issue in CPD is the possibility for each participant to have access to support and objective opinion to gain advice in planning and monitoring progress. This could be achieved by a self-selected discussion-peer-group, providing a supportive setting and an environment furthering individual learning.