



Status on CME and CPD in Germany

Jörg Ansorg, MD
Professional Board of German Surgeons

Johann W. Weidringer, MD
Bavarian Medical Chamber

Dr. Jörg Ansorg • Professional Board of German Surgeons (PBGS) • Luisenstraße 58-59 • D-10117 Berlin • Germany

Fon: 030/28004-150 • Fax: 030/28004-159 • mail: ansorg@bdc.de



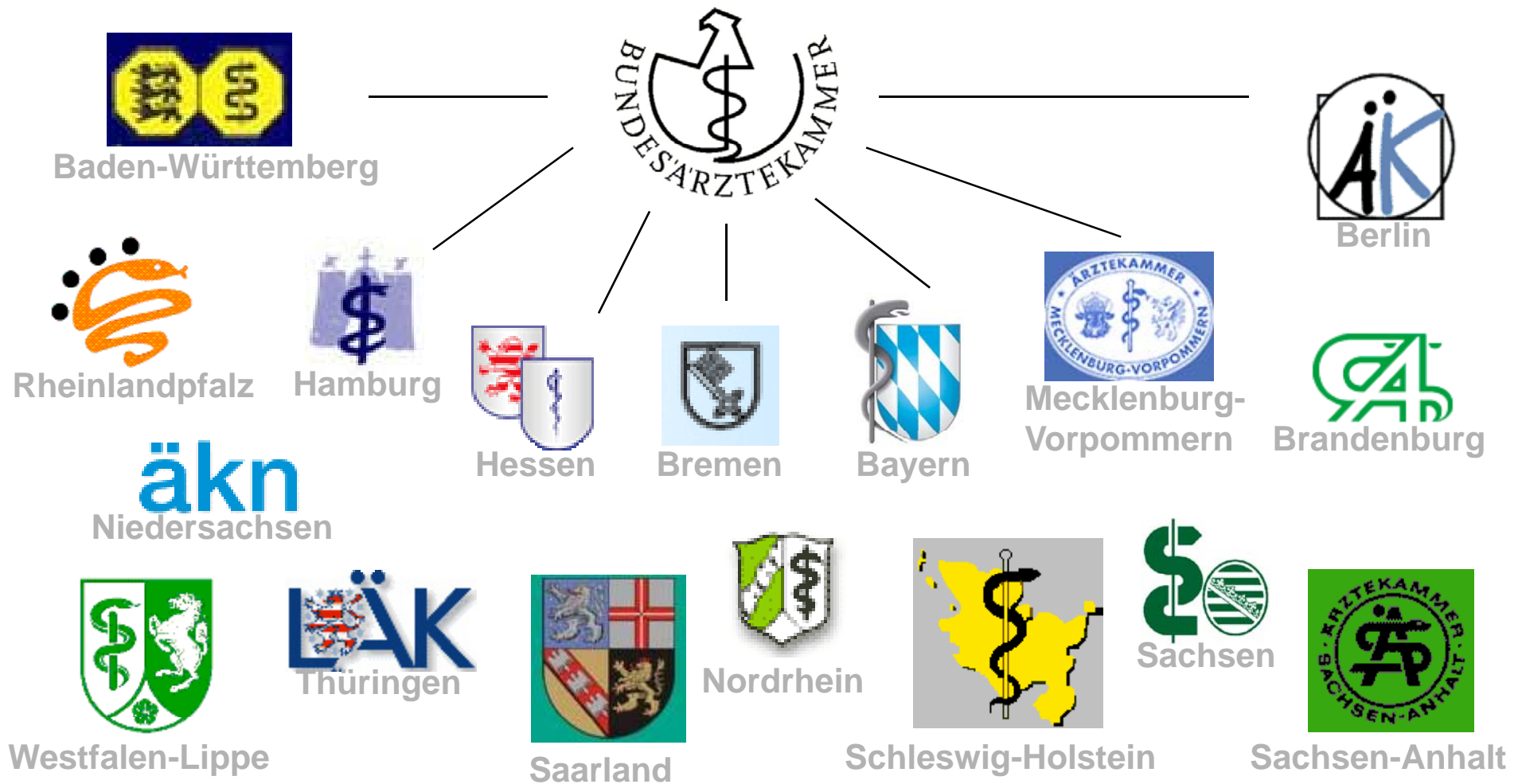
The Time is ripe for another English-German adventure and joint-venture.

Where are we on CME issues in Germany?



- 307.000 physicians practising:
 - 135.000 ambulatory care
 - 147.000 hospital care
- Ministry of Health:
 - Social Security Code V, §95d and §137
- One Federal Medical Association w/o CME competencies
- 17 Medical Chambers of Physicians, responsible for CME-/CPD-certification
- Approx. 500 professional CME providers:
 - Medical Scientific Associations
 - Medical Professional Boards
- Countless commercial providers

Federal Medical Association and Regional Medical Chambers



CME is mandatory in Germany (§ 95 & § 137 SGB V)

- Collection of 50 CME credits each year
- Proof of 250 CME credits after 5 years
- Regional chambers of physicians are responsible for CME certification
- Regional chambers of physicians are issuing CME certificates
- Federal Medical Association is working on harmonisation and mutual recognition of CME credits only.

From the European point of view there is no sole organisation for CME and CPD in Germany but 17!

CME activities and credits to earn

Category A	Lecture and discussion	1 pt. for 45 min max. 8 pts. per day
Category B	Congress	1 pt. for 45 min max. 6 pts. per day
Category C	Active Participation (workshops)	1 pt. for 45 min max. 8 pts. per day
Category D	Interactive education (print and online)	1 pt. per unit 1-2 pts. for CME test
Category E	Self study of scientific literature	max. 10 pts. per year
Category F	Author / Referent	1 pt. per article / lecture
Category G	Hospitation / practical training	8 pts. per day

CME ID Card and bureaucracy



ID sticker to place in attendees lists

For each individual physician:

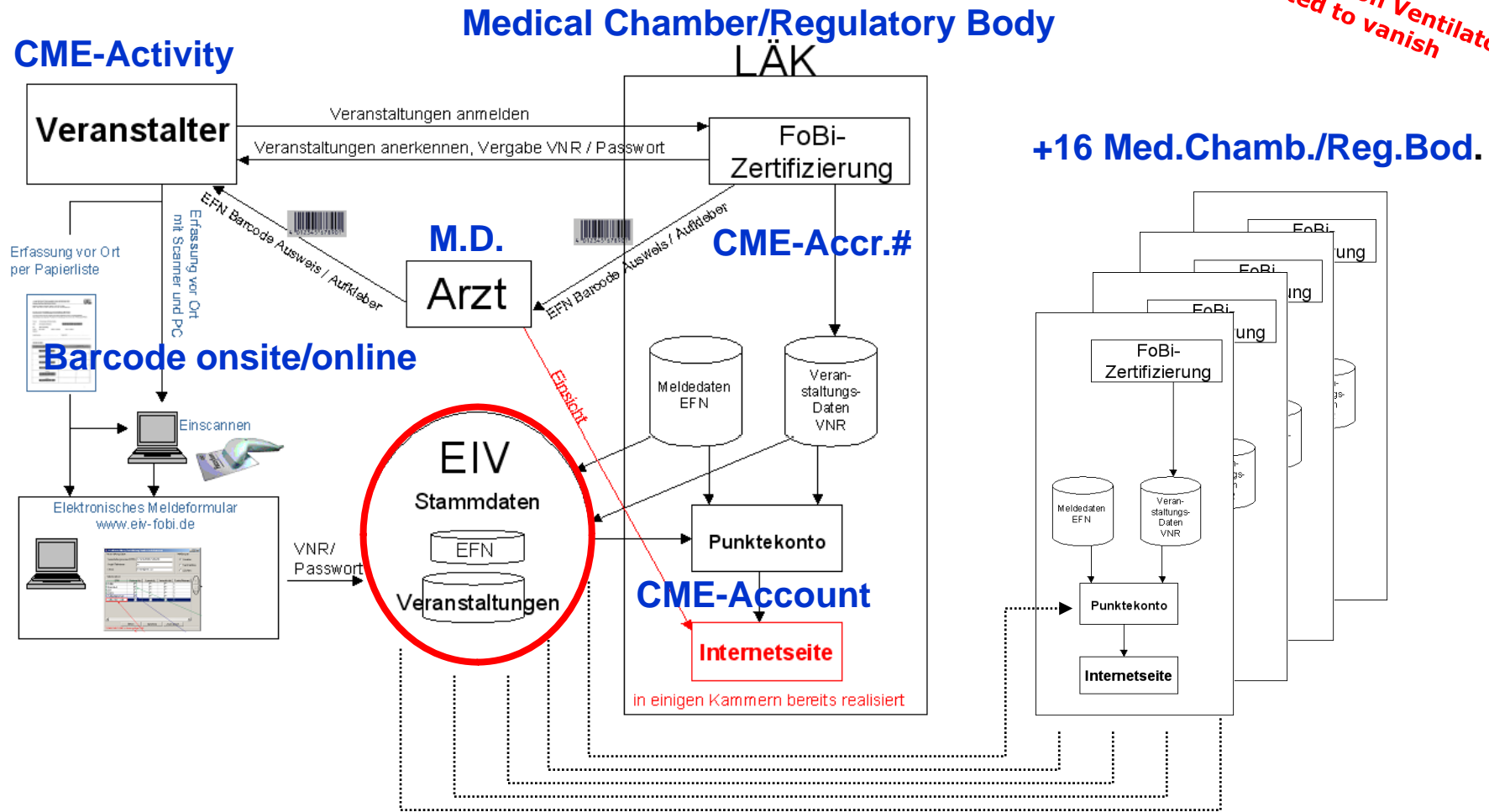
- EFN = authentic, personal CME-ID-#
- 15-digits code number
- Passport for every CME activity



Technological overkill

Electronic Information Vehicle (EIV)

*EIV: Everlasting Information Ventilator
EIV: Everybody's invited to vanish*



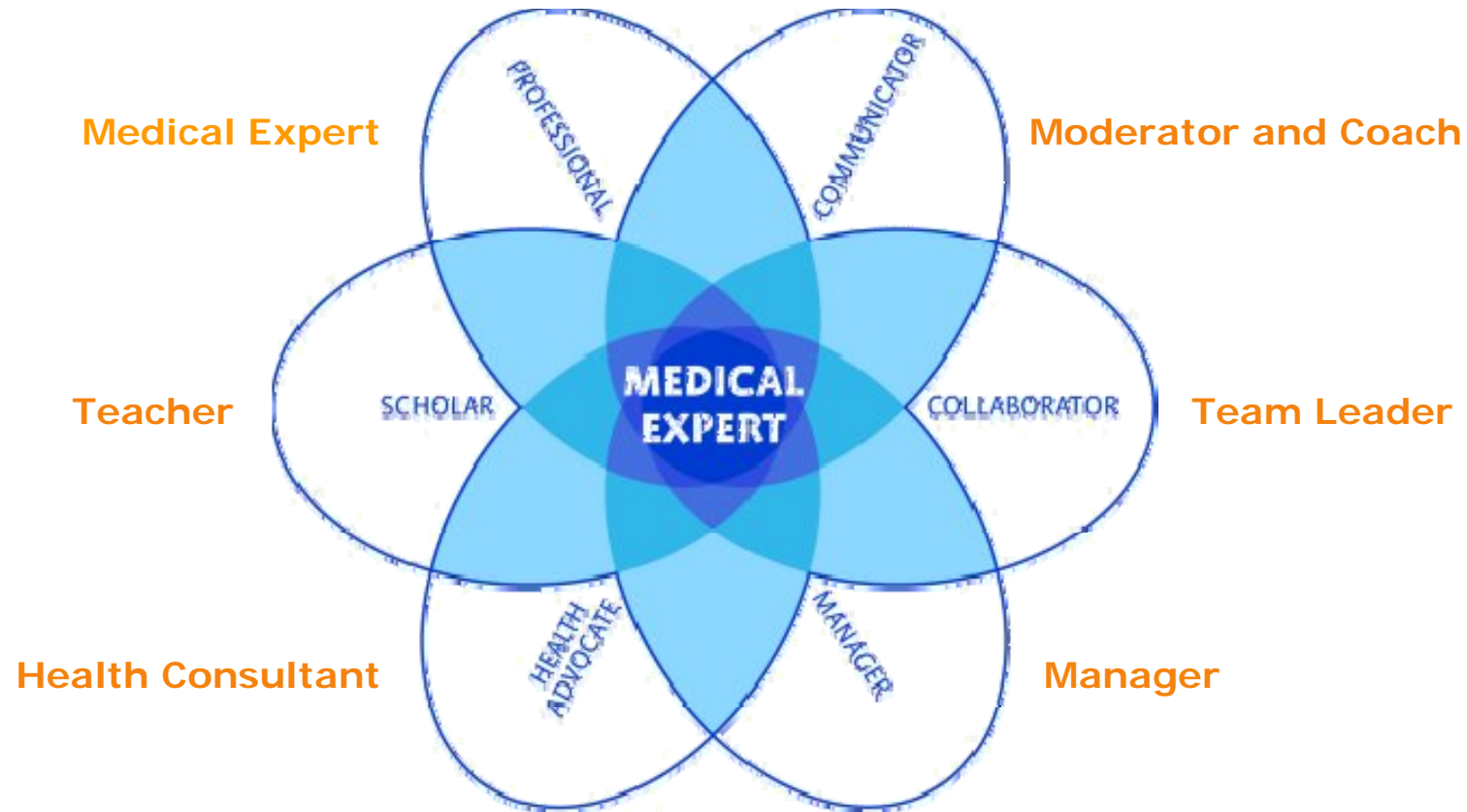
Sanctions and value of CME certificates

- Collection of 50 CME credits each year
- Proof of 250 CME credits after 5 years
- MDs in offices facing sanctions for incomplete or missing CME proof:
 - first year after control: 10% cut off from fees
 - second year after control: 25% cut off from fees
 - at the end of the second year: withdrawal of licence
- MDs in hospitals are controlled by their own hospital management

To be honest:

CME certificates are insufficient means to proof MDs competence, they are a proof of attendance only.

Physician's competencies



The CanMEDS Roles Framework

*The CanMEDS 2005 Physician Competency Framework.
The Royal College of Physicians and Surgeons of Canada*

Approaches in Medical Education: From CME to CPD

Continuing Medical Education

- ▶ *Expansion of academic knowledge and skills*

- Knowledge
- Experience
- Skills

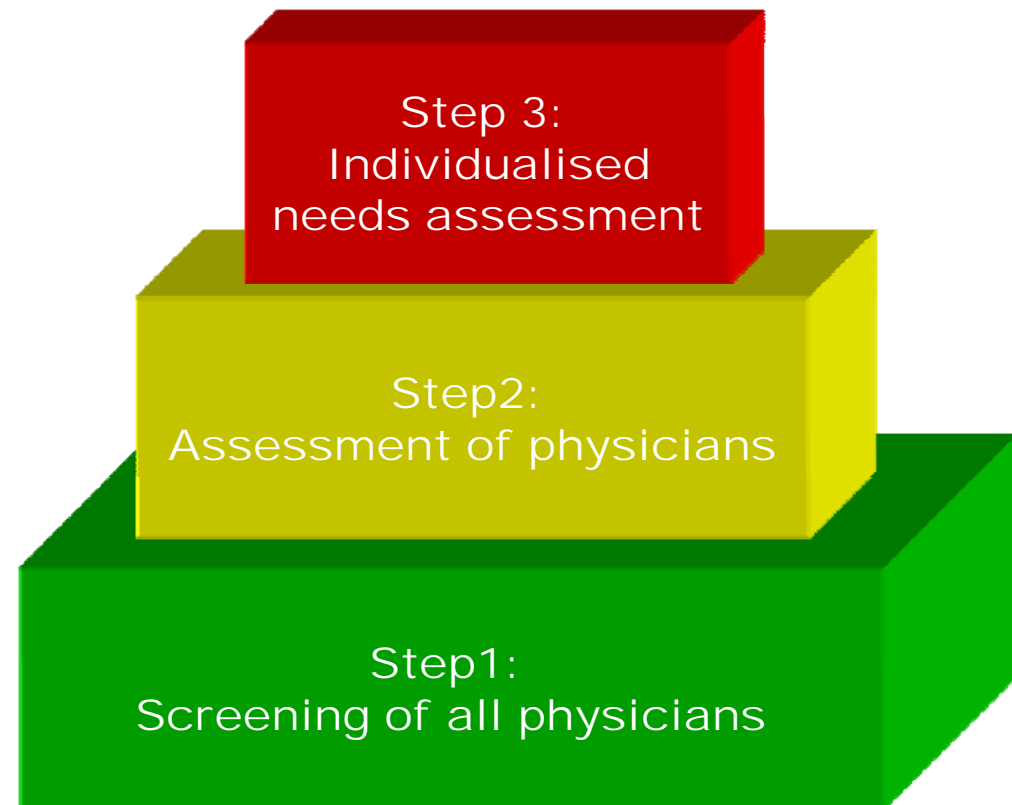
Continuing Professional Development

- ▶ *Updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives*
- ▶ *Focus on practice improvement*

- Development of all competence levels
- = **CME**
- + Self reflection
- + Performance analysis
- + Quality improvement and assurance
- + Communication and leadership
- + Administration and IT-competency
- + Personal and social competency
- + Feedback (internal and external)

How to measure medical/surgical competency?

- Screening
- Peer assessment
- Peer visitation
- Certification



3-step-model of screening and assessment in Ontario/Canada



CQS – Surgical Quality Seal

360° feedback involving the following people and competence levels

- Patients
communication and attitude, confidence
- Colleagues
communication, medical excellence, accountability, collaboration, professional development
- Other health care professionals
teamwork, behaviour, clearness of prescriptions, collaboration
- Self assessment

*Template: PAR – Physicians Achievement Review
College of Physicians and Surgeons Alberta, Canada*

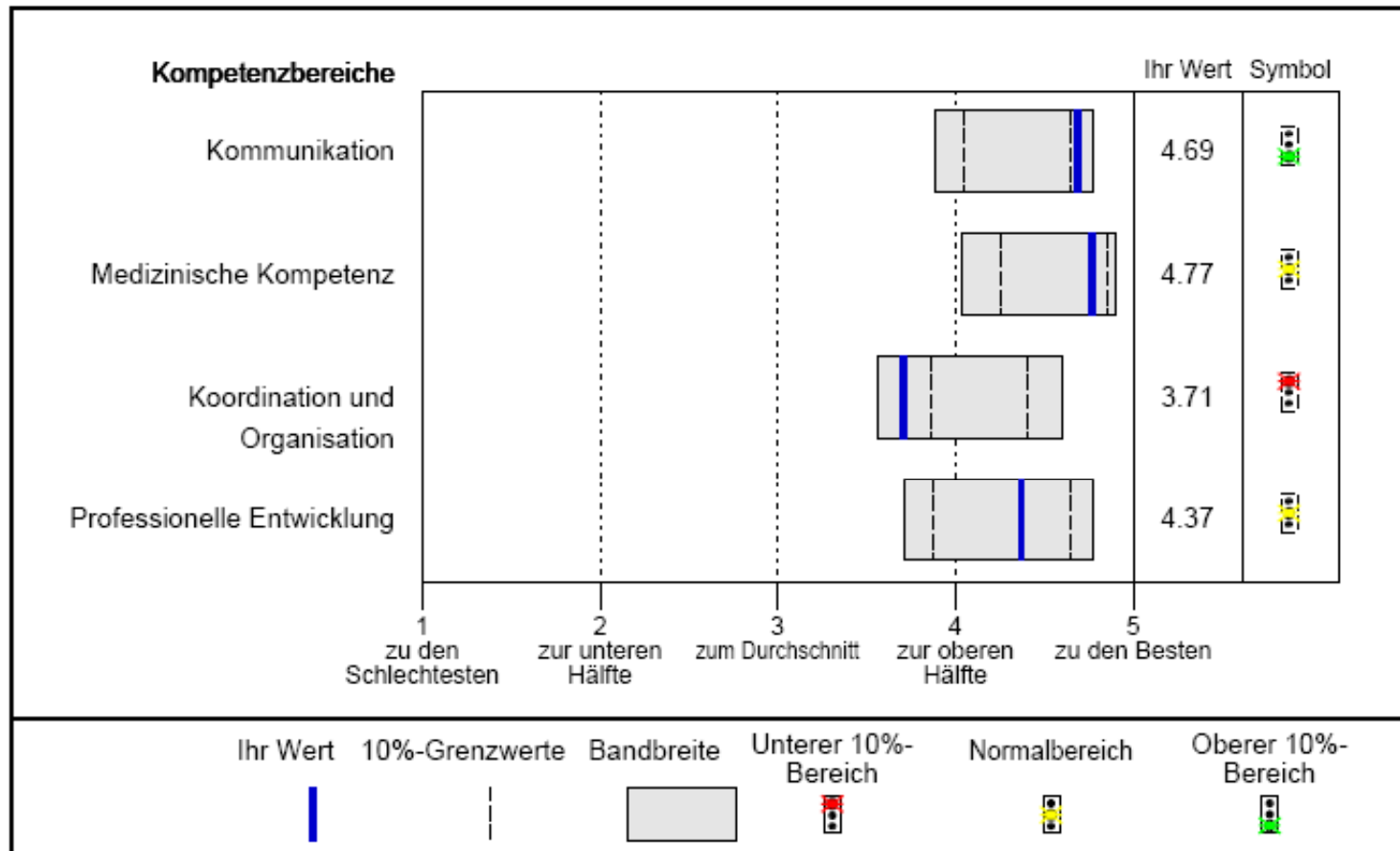
Measured competence levels:

- Medical excellence
- Patient management
- Office- and hospital management
- Teamwork, collaboration
- Communication and leadership
- Empathy and social competence



CQS Report: competence levels

Anzahl ausgewerteter Antworten: 10





CQS Report: single questions

Kommunikation mit Patienten, Zusammenarbeit im Team, ethisch korrektes Verhalten

Frage	Ihr \bar{x}	\bar{x} aller Teilnehmer		70	100	130
1 Er kommuniziert gut (effektiv) mit Patienten	4.15	4.11	⊖			
2 Er kommuniziert gut (effektiv) mit den Angehörigen von Patienten	4.05	4.28	⊖			
3 Er kommuniziert gut (effektiv) mit Kollegen und Angehörigen anderer Gesundheitsberufe	3.9	4.53	⊖			
12 Er gibt seinen Patienten Informationen über Sinn und Zweck einer Behandlung	4.44	4.6	⊖			
13 Er nimmt die psychosozialen Aspekte von Erkrankungen wahr	4.29	3.98	⊕			
17 Er respektiert die Rechte der Patienten	4.35	4.05	⊕			
18 Er arbeitet mit ärztlichen Kolleginnen und Kollegen eng zusammen	4.36	4.38	⊖			
Gesamt	4.22	4.28				



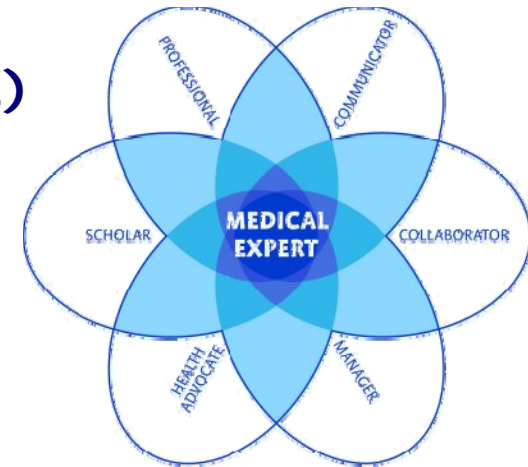
CQS Report: self assessment vs. external view

Koordination der Patientenversorgung, Informationsaustausch mit Kollegen

Frage	Ihre Selbstbewertung	Bewertung durch Ihre ärztlichen Kollegen	■ Selbst ● Kollegen							
			1	2	3	4	5			
9. Meine Dokumentationen sind von hoher Qualität	5	4.25								
10. Ich gehe mit der Weitergabe der Versorgung von Patienten an andere Behandler angemessen um	3	4.5								
11. Ich Sorge dafür, dass immer klar ist, wer für die weitere Versorgung eines Patienten verantwortlich ist	3	4.4								
14. Ich gehe mit Informationen über Patienten und ihre Angehörigen vertraulich um	4	4.5								
15. Ich koordiniere die Versorgung meiner Patienten effektiv mit anderen Behandlern / Vertretern anderer Gesundheitsberufe	3	4.5								
16. Ich koordiniere die Versorgung von Patienten mit komplexen Problemen	3	4.5								
23. Im Falle meiner Abwesenheit Sorge ich für kompetente Vertretung	3	4								
25. Ich reagiere zügig auf fachliche Anfragen von Kollegen	4	4.7								
28. Ich informiere zuweisende Kollegen zügig über gemeinsam behandelte Patienten	4	4.78								

* kein Wert ist eingetragen, wenn auf dem Fragebogen "kann ich nicht beurteilen" angekreuzt war

Vision I: Individual Medical Education (iCME)



- **Focused medical education** (CME)
- **Personal learning projects** (PLP)
- **Quality management** (CaseLog, M&M, CIRS)

- **Administrative competency** (reimbursement)
- **Management und organisation** (economy, strategy)
- **Communication** (patients and team)
- **Leadership** (patients und team)

- **Internal Feedback** (personal talks)
- **External Feedback** (CQS – Surgical Quality Seal)

Objective 1: Practice improvement

Objective 2: Feedback and individuality instead of rigid control

Vision II: Fusion of CME and Competence Assessment

