Overview of legal aspects of Continuous Medical Education: Continuous Professional Development (CME/CPD) in Georgia

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Georgia is the country with 3000 years of history. The origin of Medicine is related to the name of beautiful Georgian Princess Medea who was kidnapped by Argonauts. Medea is a reflection of an ancient hidden knowledge so called “Medea cina”.
An effective system should support physicians across a number of key areas including:

- providing patient care;
- promoting health improvement, wellness, and disease prevention;
- innovating and developing the role of the physician;
- managing and using resources of the health care system.
The improved patient safety and quality of health care is of great importance of any CME/CPD system

For meeting the expectations of the population

For personal and professional development and Satisfaction

To meet international standards

For development of the healthcare service
Good CME programmes improve clinical practice and outcomes

- The primary purpose of continuing medical education is to maintain and improve clinical performance.
- Complex relationship between medical education and the health care service interdependency and mutual responsibility should be considered.
Despite variations in detail, there are common features of content and process that allow international mutual recognition of activities in CME/CPD.

Collection of *credits* for activity is the most common system

but

In Georgia - it was good for the bureaucracy
In Georgia we have three stages:

- Basic medical education
- Postgraduate training
- Continuing professional development
There is no CPD Curriculum

Practice should facilitate reflection on needs and on new approaches to care and on best practice in all healthcare settings.

The value of reflective practice and learning from practice through reflection is widely accepted.
Needs assessment for CME development

Figure 1: CPD Cycle
The model shown in Figure 1 proposes that learner by activities such as attending a CME meeting, reading a journal or reflecting on a specific practice experience, should be constantly on the look out for new ideas and practical tips that may enhance his practice.

Having learned of a new way of investigating a clinical problem the practitioner will make a learning plan (step 1 in Figure 1).
CME could be different types
Ensures that intended learning derives from

- personal need
- professional developments
- needs of the health service
Legislative background in Georgia

- Law on Health Care – 10 December 1997
- Law on Physicians' Act – 8 June 2001
- Law on Patients' Rights – 5 May 2000
- Law on Medical Insurance – 18 April 1997
A note on CPD/CME terminology

Continuing medical education (CME) can be defined as educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

Continuing Professional Development (CPD) is defined as the educative means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives.

Terminology of CME/CPD is used interchangeably as it is adopted in the last years in Georgia.
A Question in Practice

Physician Performance

In Practice

Physician Competence

Strategy

This is CPD

Data

Analysis

Judgment

Knowledge

Synthesis

Wisdom

Regnier et al, JCEHP, Fall 2005
CME is entirely about practice based learning and improvement

Regnier et al, JCEHP, Fall 2005
Continuing Professional Development

“...the educative means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives.”

(UEMS,, Basell Declaration,, 2001)
In Georgia, prior to 2004, the CPD system was based on meeting a requisite number of Continuing Medical Education (CME) points awarded on the basis of the number of hours spent on the activity.

The system was abandoned due to a number of weaknesses with the process:
The system was non compulsory – no action was taken against those not completing CPD.

No evidence to verify attendance was acquired.

There was no quality assurance of the courses attended.

Attendance at courses per se is a poor measure of professional development.
In 2005 Georgian Association of Medical Specialties was established.

In 2006 it has became the Member of UEMS.

Internal regulations of the Georgian Association of Medical Specialties was approved in 16 May 2006 by Council Order, stipulates that the Council carries out the following activities:
50-th Anniversary of UEMS and (Georgian Association of Medical Specialties) GAMS-UEMS Agreement
April 2008
Workshop: “Challenges for harmonization of Postgraduate Medical Education and Professional Development System in EU and perspectives of implementation in Georgia (Int markt 46117)” Tbilisi 3-4 October 2011
Challenges and requirements of setting up a new CME system in Georgia

- Ensure the organization, management and monitoring of the continuing medical education and CPD processes in Georgia;
- Examine the issues of continuing medical education and CPD, develops relevant recommendations and participates in drafting of normative acts;
Challenges and requirements of setting up a new CME system in Georgia

Develop the criteria and rules of accreditation of the continuing medical education programs (including the adjacent physician specialties and sub-specialties),

Accreditation procedure and criteria of professional activities

Submit CME programs to the Multidisciplinary Independent Board for approval in accordance with the requirements of the law;
Challenges and requirements of setting up a new CME system in Georgia

Ensure the harmonization of Georgian CME/CPD System with EU countries based on UEMS/WFME/WHO recommendations.

Carry out relevant measures and make respective decisions in relation to the continuing medical education and CPD, unless otherwise provided in the Health Carte Act.
Policy UEMS: CME is an ethical obligation and should not be mandatory

Voluntary CME is effective on macro-level

But

on individual level participation has to be encouraged

Mandatory CME is not effective in the weeding out of bad apples
We need international experts guidance to set different values on different ways of learning.

Dr Malcolm Lewis, GMC: “Points just show you’ve attended something. You could have been asleep at the back of the room.”

Professor Janet Grant: “Doctors learn effectively in different ways, there is no best way of learning.”
Barriers to CME in Georgia

Motivation

Time

Finance

Access

The cost of travel

Lack of relevance to their practice
Road to regulation

- Internal quality control:
- External quality control:
- Peer review
- Validation
- Accreditation
Requirements of setting up a new CME system in Georgia

Doctors should accept CME as a moral and ethical obligation to continue lifelong learning in order to maintain and improve their competence and performance without waiting for government legislation or sanction to force the profession and professionals into mandatory CME.

CME should be given priority and funding provided for organizational learning, acquisition of resource materials and sponsorship for individual learning.
Requirements of setting up a new CME system in Georgia

It is increasingly being recommended that CME be accepted as part of employment requirement.

The recent change in International scenario and rigorous intelligence clearance will make options for training abroad extremely limited and we have to fast restructure and reinvent our training programs in house to keep pace with the World outside.
where can we find guidance....

Networking and collaboration

Links should be developed with European medical societies (like Polish Chamber of Physicians and Dentists Naczelna Izba Lekarska, the UEMS and EACCME, WFME/WHO)
Georgian context

Organizational CME should involve all health professionals involved in patient care in the institution, and should be varied and structured around the practice in the institution.

Self directed learning should be encouraged and organization should support participation in external CME by giving some incentives.
Conclusions

A successful strategy includes showing the adult learner the relationship between the knowledge/skill and the expected positive outcomes.

Rapid expansion in the volume of medical knowledge and explosive velocity of transmission by modern means of communication has resulted in a breed of 'modern patients'.

Medical litigation is no longer fable of the West, it is fast coming up in developing countries like ourselves and we ought to prepare ourselves in time.
Conclusions

PME and CME/CPD should be coordinated in Georgia in the nearest future-by independent multidisciplinary representative board / professional medical associations (including GAMS) in collaboration with MOLSHA and Ministry of Education.

Avoid rigid application of European directives which do not serve the interests of medical society of Georgia. Principles of step by step development of CME/CPD should be preferred.

Development Registry of physicians and institute of “Sign of excellance”, but not punishment persecutory system
Conclusions

More attention on qualification of specialists than accreditation of events

Development of the organisational structure and management of institution (PME and CME/CPD) to ensure basic and quality improvement standards.

Stimulation of incentives to GMP
Regulation needs to be revisited to find out the right balance

Encouraging

Providing incentives

Raising the standing of the Profession in Society
CME as a Bridge To Quality

Eventually, CME will help physicians and health care professionals stay abreast of current evidence-based treatment plans for their patients.
Health care in Georgia is at a crossroads and Accredited CME is being asked to provide solutions.

It is a critical time for CME to address the competency and performance gaps of physicians...

Accredited CME is linked to practice and focused on healthcare quality gaps.
Let’s follow to famous message of Great poet humanist of 12th Century -

Georgian Poet, Shota Rustaveli

“One who doesn’t search for a friend is an enemy of his own”
Thank you