

CME in Europe - The German Approach

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For decades, organization of formal learning activities, especially of class-room education, was the principal CME work of the Bundesaerztekammer ("German Medical Association" - the Federation of the 17 autonomous State Chambers of Physicians, autonomous self-government bodies, which regulate the professional life, with registration, surveillance on postgraduate and continuing education, and on quality assurance).

In the last 5 years the priorities in the field of CME have been changed as a consequence of the unification of two completely different health care systems after the fall of the Berlin wall, and as a consequence of both professional and legislative efforts to maintain a patient-oriented and affordable health system:

Now the priorities are changed to

- evaluation of CME-activities,
- quality assurance of CME", and to
- development of CME towards continuing professional development.

Evaluation of CME-Activities:

Since 1976 mandatory CME is established in Germany. And on demand, doctors must be able to give evidence on his CME activities on their CME activities towards their State Chamber of Physicians. But none of the Chambres has established control devices for doctor's CME participation for 15 years.

There was a change in 1990, when "quality assurance" was adopted as a professional target in the Professional Code. From that time, some of the State Chambers of Physicians began to evaluate the CME behaviour of its membres in general.

For example, in Schleswig Holstein doctors have to answer an structured questionnaire on their CME activities every year.

From the data of the Schleswig-Holstein-study (5) on more than 6000 physicians, we were able to demonstrate, that the majority of German doctors still learn primarily by the help of classroom teaching (fig.1), eventhough the more or less inefficiency of this method -with respect to ist influence on physicians' behaviour - is known since years (1).

Compared with a similar evaluation from Lower Saxonia, performed in the seventies, there was no change of the CME behaviour in Germany within the last twenty years.

In conclusion: The establishment of mandatory CME in 1976 did not influence doctors's CME activities, and most of the German physicians do not make use of effective CME methods.

Fig. 1: Evaluation of CME-Activities in Germany: the Schleswig-Holstein-Study.

Self-assessment of the 6329 of the state of Schleswig Holstein, using a standardized questionnaire in CME-acivities (5).

CME-Method	% of answers
Reading (mean time: 5.8 hpw)	99.1
Congress / Workshops	97.6
- Classroom CME	71.9 %
- Workshops	50.3 %
- Small Groups	16.6 %
Video-CME	41.7

Quality assurance of CME

These results of the Schleswig-Holstein-Study led us to the decision, that to assure the quality of CME must be our primary aim in CME policy. We think, that those responsible in this field must give information to physicians, which kind of CME method ist effective and which is not.

For this purpose, the Bundesaerztekammer (German Medical Association, GMA) developped "Good CME-Standards" by summarizing recommendations on effective CME-methods from international literature with special respect to

- effective methods of adult learning,
- the planning and the management of CME courses,
- the performance of CME lectures,
- the commercial support of CME programs, and to
- the physicians activities in medical audit or groups (3).

With the help of these standards physicians can be informed on whether CME-offers and -activities are effective - according to the standards of literature. On the basis of the good CME standards an accreditation program for CME courses was introduced by the State Chambers of Physicians. For these reasons, a CME agenda is published periodically by the GMA, listing CME-courses following the standards of CME courses.

Fig. 2: Devices for Quality Assurance of CME in Germany

- Good CME Standards of the German Medical Association (GMA)
- Accreditation of CME Sponsors by the 17 German State Chambers of Physicians
- CME Curricula of the GMA
(f.e.; General Practice, Emergency Medicine, Quality Management, Environmental Medicine, Nutrition Medicine)
 - learning aims
 - learning methods
 - evaluation devices
- Train the Trainer Workshops of the GMA

The next step towards quality assured CME was the development of standardized curricula, containing learning aims and methods, as well as evaluation devices, for several medical specialities, starting in summer 1993.

Now CME trainers and physicians are trained in General Practice, in Emergency Medicine, as well as Environmental Medicine by the help of CME curricula, developed in close cooperation with the Scientific Medical Societies.

Further curricula, for Total Quality Management, Preventive Medicine and Health Promotion, Nutrition Medicine will be published in the course of this year.

In addition to train-the trainer courses, concerning specialized curricula, the GMA organizes 2 national interdisciplinary trainer workshops each year: One in January in Cologne dealing with objective need for CME topics of highest priority for the German health care system (“Interdisciplinary Forum on Medical Progress and CME” of the GMA). During this conference, representatives of the German Medical Scientific Societies and the German Medical Association determine in close

cooperation, if and in what way specific and general medical knowledge and skills are relevant for the physician's routine work and thus for continuing medical education. And a consensus is obtained on 4 to 6 CME items, which should be taught to all German doctors throughout one year. For example, as CME priorities for 1994, the following themes were designated: Therapy with blood and blood products - Professional help for dying patients - Prevention, diagnosis and treatment of violence against children - Prophylaxis of thromboembolism.

An other congress is in September in Wuerzburg, where methodological aspects of CME are discussed and trained (Training Workshop for Medical Teachers" of the GMA).

The future of CME in Germany : **development towards continuing professional development.**

What will be the future of CME in Germany?

(1) We must focus more and more on self-directed learning. (2) We have to train physicians in the efficient and effective use of electronic devices. (3) We are initiating a country-wide net of peer review groups (so-called "quality circles"). (4) We have to teach the use of medical guidelines and standards in physicians' professional life. (5) And we must motivate every physician to develop his personal CME activities towards personal continuing professional development. CME has to be accepted as an integral part of total quality management in medicine.

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