Recommendations on Continuing Medical Education[1]

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Texts and Materials of the German Medical Association on Continuing Medical Education and Specialty Training

[1] Unauthorised English translation - the official, authorised version of this document is the German original.

Contents

1. Preamble

Continuing medical education is an inherent element of practising medicine. It is part of the self-image and professional duty of physicians to continuously update and expand their knowledge and professional skills while practising their profession.

The aim of continuing education is to continuously improve the quality of treatment, and thus to guarantee optimum provision of medical care for patients. Regular continuing education is consequently of major importance for quality assurance in medicine.

Continuing education can only be successful if, on the one hand, it closes objective gaps in knowledge and action and, on the other hand, satisfies the subjective, individually perceived need for continuing education. Self-determined lifelong learning is also intended to preserve and promote professional satisfaction.

The Chambers of Physicians regulate the quality of continuing medical education by issuing guidelines and recommendations regarding the form, content and organisation of continuing education measures, and by offering activities of their own.

Continuing education follows a cycle:

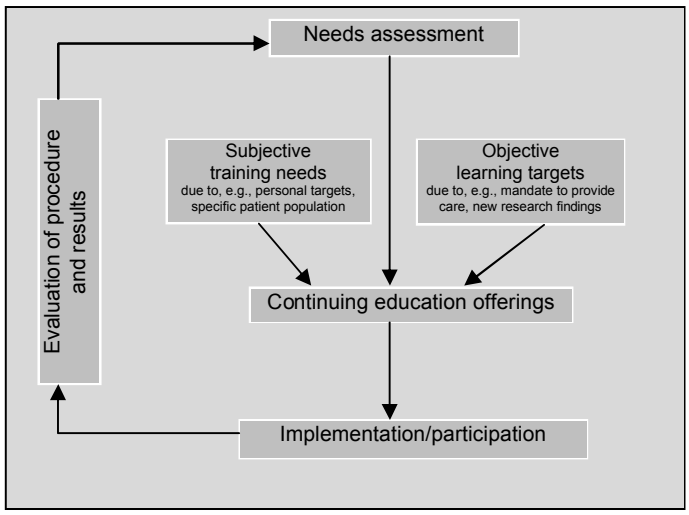

Figure 1: Cycle of continuing medical education

2. Legal framework conditions

The State Health Professions and Chamber Laws form the legal basis for the detailed provisions on continuing education in a State Chamber of Physicians' corresponding statutes. They represent the basis for the authorisation of the statutory regulations (Continuing Education Statutes or Regulations on Continuing Education).

The State Chambers of Physicians' Continuing Education Statutes or Regulations on Continuing Education are based on the (Model) Professional Code both structurally and in terms of content. The respective Continuing Education Statutes or Regulations on Continuing Education of a Chamber of Physicians are legally binding. Key provisions of the Continuing Education Statutes or Regulations on Continuing Education include the Continuing Medical Education Certificate of the Chamber of Physicians, the evaluation of continuing education measures and the recognition of continuing education measures, including the procedure intended for this purpose. The Continuing Medical Education Certificate serves as proof of completion of continuing education.

In addition, reference must be made to Art. 4 of the (Model) Professional Code for Physicians or to the relevant regulations in the Professional Code, according to which there is an obligation on the part of physicians who practise their profession to engage in continuing

medical education to the extent necessary to maintain and develop the competence required in practising their profession, as well as to furnish proof of continuing medical education to the Chamber of Physicians on request in the form of a Continuing Medical Education Certificate from a Chamber. Further obligations for providing proof of continuing medical education for statutory health insurance contracted physicians (Art. 95d Social Code V) and for specialists in hospitals are grounded in Book Five of the Social Code (Art. 136b first line of paragraph 1 No. 1 Social Code V).

The provisions referenced here form the legal framework for these Recommendations on Continuing Medical Education, which are observed in accordance with Art. 6 paragraph 2 and Art. 9 paragraph 3 of the (Model) Regulations on Continuing Medical Education.

3. Content of continuing education

Continuing medical education conveys in-depth, subject-specific, interdisciplinary and interprofessional knowledge regarding ailments, symptoms, findings, diagnoses, clinical pictures, therapies, medical treatment and counselling sessions, taking into account new scientific findings and medical procedures.

It takes approaches to quality management and evidence-based medicine into consideration and provides training in skills for carrying out proven and practical new medical procedures.

In addition, it is intended to strengthen physician competency with regards to communication, collaborative skills, leadership, medical decision-making, risk management and patient safety, independent scientific thinking and work, dissemination of knowledge and lifelong learning. It is also meant to promote personal development and to increase awareness of self-care. Content relating to the healthcare system which serves the medical profession can also be taken into account in continuing education.

Independent of individual continuing education needs, the content of continuing medical education must meet the following criteria:

- Benefits for patients
- Comprehensibility
- Relevance and up-to-dateness
- Scientific evidence / corresponding to the current state of scientific knowledge
- Applicability of the knowledge acquired in professional practice
- Benefits for workflow
- Cost-benefit ratio
- Quality management
- Risk management and patient safety
- Critical appraisal in the context of the subject area
- Independence from ideological and commercial interests

- Conformity with the standards of the medical community
- Conformity with ethical principles (WHO Declaration)

4. Continuing education measures

According to the (Model) Regulations on Continuing Education, for a continuing education unit to be recognised and for points to be awarded, it must last at least 45 minutes and correlate with one of the following continuing education categories:

Personal study (Cat. D, E)

- Reading of scientific articles in journals and reference books (Cat. E).
- Use of audio-visual media and corresponding online offerings without learning assessment (Cat. E).
- Print or electronic media-based continuing education with verified learning assessment in digital or written form (Cat. D).

Presentation and discussion (Cat. A)

Conferences (Cat. B)

- Multi-day conferences with several individual events on multiple topics with numerous participants.

Courses and seminars, work in small groups (Cat. C)

- Continuing medical education measures in Category C conceptually envisage the involvement of every individual participant (e.g. workshops, working groups, quality circles, peer review, Balint groups, work in small groups, supervision, intervision, case-based conferences, literature conferences, practical exercises).
- Continuing medical education measures in Category C take place within the framework of interactive small groups (max. 25 participants).
- In-depth knowledge on a defined topic is communicated under experienced supervision.
- Description of continuing education in Cat. C
    - Workshop - Joint working meeting under the direction of a moderator with the aim of confronting complex problems relating to a previously defined topic in cooperative, and often also practical, form. Workshops occasionally go beyond the communication of knowledge and exchange of experience by creating new approaches and/or giving the participants new ideas for further developments. The number of participants and the duration are limited.
    - Working group - Meeting of a group for a concrete reason to explore a subject or situation, or to solve a problem. All participants are on equal footing. The number of participants and the duration are limited.
    - Work in small groups - Elaboration of the situation or proposed solution in connection with a specific problem over a defined period of time in a group comprising 3 to a maximum of 6 participants.

- Case-based conference - Joint deliberations on concrete cases which take place outside the daily routine meetings of everyday hospital work and involve external participants.
- Interdisciplinary case-based conference - Joint deliberations on concrete cases with representatives of several disciplines which take place outside the daily routine meetings of everyday hospital or practice work and involve external participants.
- Quality circle - Group of physicians from the same or different disciplines who are focused on the constant advancement of quality in the "practical provision of medical services". In an exchange of experience among colleagues, the participants' own work is analysed, evaluated and, if necessary, specifically altered in the spirit of improving quality. Quality circles should comply with the relevant Quality Circle Guidelines of the State Chambers of Physicians or the National Association of Statutory Health Insurance Physicians' Guidelines for Quality Assurance Procedures pursuant to § 75 paragraph 7 of the Social Code, Book V (Quality Assurance Guidelines).
- Balint group - The Balint group comprises 8 to 12 physicians who meet regularly to discuss problem patients from the practice and hospital settings. The group is headed by a medical psychotherapist with corresponding experience with Balint group work. The aim of Balint group work is to detect and correct problems in the relationship between physician and patient.
- Supervision - Special form of consultation led by a supervisor which is conducive to reflecting upon and improving medical activities. Supervision is based on concrete experiences in the working environment and focuses on the interplay of person, professional role, institution and addressee. Supervision provides a sheltered environment in which to examine conflicts, stressful occurrences and current difficulties in everyday professional work, from a distance and without immediate pressure to act.
- Intervision - Intervision is supervision among colleagues. A discussion is held in a team without a moderator. An intervision group consists of 4 to 10 participants. It is an event designed to take place periodically on a long-term basis. The participants report on their own experiences in dealing with patients in order to review their own conduct and therapeutic decisions.
- Peer review - Peer review consists of the three main phases of self-evaluation, external evaluation and on-site collegial dialogue. The peers (an external team of experts consisting of 2 to 4 independent physicians) and the colleagues who are being visited exchange their opinions on the results of the evaluation, mutually identify potential for improvement and develop proposed solutions on the basis of best-practice examples. Peers (in their capacity as reviewers) are physicians who have comparable professional expertise in the same or an associated professional discipline. They have a similar position in an external institution and are qualified on the basis of the German Medical Association's "Medical Peer Review" curriculum.
- Literature conference - Meeting held outside the daily routine meeting and involving external participants for the purpose of presenting,

evaluating and critically appraising current medical literature following presentations by individual speakers.

Scientific publications and lectures (Cat. F)

- A scientific publication is a publication by one or more authors. It must meet formal and substantive requirements in order to be accepted for a publication review process. In this process, works are evaluated by experts for their scientific quality. Scientific publications can include books, articles in trade journals, conference proceedings, etc. For continuing education points to be awarded, the designation as author should be based on the fact that substantial contributions have been made toward conceiving of and drafting the work, or the acquisition, analysis or interpretation of data.
- "Lectures" or contributions refer to the following: scientific coordination of a continuing education measure, participation as a lecturer, moderation of a quality circle, management of defined working groups, e.g. Balint group, supervision.
- Tasks of the scientific coordinator: Attendance, declaration of compliance with the recommendations, disclosure of one's own conflicts of interest.

Time as a visiting doctor (Cat. G)

- Time as a visiting doctor is spent in other hospitals, private practices, educational or research institutions. It serves the acquisition, expansion and refinement of expert knowledge and skills, the improvement of and reflection on one's own work, as well as the promotion of mutual understanding and respect through becoming acquainted with other organisational forms and working methods. Visiting doctors participate fully or partially in the everyday professional work of their host facility without remuneration. It must be ensured in this context that the visiting doctor has a permanent professional contact. The recognition of time completed as a visiting doctor is regulated by the relevant State Chamber of Physicians.

Specialist training courses, (structured) curricular continuing education measures, postgraduate study courses (Cat. H)

- Qualification measures in the form of a structured course programme with defined learning targets, content and fixed dates (curricular continuing education measures of the GMA are subject to recommendations for implementation).

eLearning (Cat. I)

- Tutor-supported online continuing education measures with proven qualification through learning evaluation in digital or written form (Cat. I).
- Must fulfil the German Medical Association's Quality Enhancing eLearning Criteria to qualify for recognition.

Blended learning continuing education measures (Cat. K)

- Blended learning continuing education measures in the form of a combination of online modules supported by a tutor and live events which are coordinated in terms of their didactics and content.
- Must fulfil the German Medical Association's Quality Enhancing eLearning Criteria to qualify for recognition.

Informal learning

- The acquisition of knowledge, skills and competencies, in the sense of autonomous lifelong learning, is also possible through activities, which, for formal reasons, cannot explicitly be assessed with continuing education points.

Not eligible for recognition

- Department-internal discussions of patient cases and/or decision-making processes in everyday hospital work, as well as activities which are not primarily pursued with a view toward continuing education, but rather for other reasons.
- Events restricted to a specific group of participants, e.g. members' meetings, for the purpose of political opinion-forming or representation of professional political interests; partial recognition of scientific items on the agenda of such events is possible.

5. Quality requirements for continuing education measures:

Didactic format

- The target group is defined.
- The learning targets to be achieved are clearly formulated.
- The content is adapted to the learning targets, selected according to the above criteria and prepared in a didactically suitable format.
- The continuing education measure incorporates suitable methods for third-party or self-assessment of learning procedures or learning outcomes. These include, e.g., interactive coordination systems (e.g. tele-dialog systems, TED), practical (e.g. Objective Structured Clinical Examination, OSCE), as well as oral or written tests (e.g. multiple-choice, MC).
- The participating authors, moderators, tutors, speakers, course managers and scientific coordinators are selected on the basis of their qualifications; moderators, tutors, speakers and course managers also selected on the basis of their aptitude for conveying knowledge.
- The methodological approach of moderators, tutors, speakers and course managers takes into account the motivation of participants to actively engage with the learning content (e.g. learning tasks adapted to learning targets, structured discussions and problem solving).
- Multiple-choice tests are given in the form of 10 questions per training unit with 5 possible answers, only one of which is correct. The passing mark is generally 70%.
- The length and order of events of the continuing education measure are guided by the learning targets, a sensible didactic flow and with consideration for the receptiveness of the participants, as well as sufficient breaks and time for informal exchange.

Organisation

- Obstacle-free access is to be provided for people with disabilities.
- Selection of venue, time and room is adapted to suit the composition and size of the target group, the learning method and the learning targets.

- Participants can obtain timely, comprehensive, reliable and easily-accessible information about the continuing education measure. This includes information about the target group, learning targets, content, learning methods, authors, moderators, tutors, speakers, course managers, scientific coordinators, number of participants, location, time, venue, recognising Chamber of Physicians, number of continuing education points acquired, continuing education category, sponsorship, costs.
- Participants are supported by competent staff members of the organiser.
- The application deadlines established by the competent medical chamber for the recognition and evaluation of continuing education measures must be observed.
- The continuing education measure is evaluated in accordance with the specifications of the competent medical chamber and the results are reported back to the scientific coordinators and the speakers.
- For continuing education points to be added to physicians' point accounts with their respective Chambers of Physicians, the participants' uniform CME numbers (EFN) are forwarded electronically to the Electronic Information Distributor (EIV) of the German Medical Association. Additional information is available at www.eiv-fobi.de.
- Upon completion of the continuing education measure, participants receive a certificate of attendance indicating the following information: name of the organiser, title and date of the event, participant name, event number (VNR), recognising Chamber of Physicians, the number of continuing education points acquired, the continuing education category and the signature of the scientific coordinator.
- Upon request, the organiser should grant the competent Chamber of Physicians insight into all content-related and organisational procedures (if applicable, regulations in the supplementary guidelines of the Chambers of Physicians).

Speakers/course managers

- Speakers/course managers are qualified and have years of professional medical experience in the corresponding field/sector.
- They have teaching experience and medical teaching skills and can apply methods to promote motivation to learn and active examination of the learning material.
- In the case of specialty training courses, the course manager must have the relevant qualification and should also have the appropriate specialty training authorisation pursuant to the specialty training regulations.
- Teaching content and, where appropriate, materials can be prepared and presented by them in a format that is participant-oriented and promotes learning using appropriate media; this also includes seminar documents for the participants.

6. Neutrality and transparency

Continuing education content must be free from economic interests, § 8 paragraph 1 No. 3, (Model) Regulations on Continuing Medical Education

This is to be ensured through the following measures:

- Continuing education must be carried out in such a way that there is a transparent and strict boundary between professional training and other activities.
- An accompanying programme may not take place at the same time as the content of the programme proper and must be significantly shorter in duration than the continuing education itself.
- A sponsor may not directly or indirectly influence (e.g. via the organiser or scientific coordinator) the form of the professional programme, the selection of speakers or the continuing education content. Employees of the sponsor may not participate in a continuing education course as speakers, course managers or authors.
- Product-related informational events, particularly those of pharmaceutical companies, medical device manufacturers, or other comparable companies or associations of such companies, are not to be assessed as free of commercial interests and are therefore not recognised.
- If study results are presented, they should be derived from studies published in a recognised register, e.g. in the European Clinical Trials Database (EudraCT), the Register of the European Medicines Agency (EMA). Cochrane analyses should be consulted.
- Objective and balanced product information based on scientific criteria is permissible if, in the case of pharmaceuticals, the active ingredient is indicated and, in the case of medical devices, a description of the functional mechanism is indicated instead of the product name.
- All continuing education measures must communicate a balanced overview of the respective status of knowledge relating to corresponding diagnostic and therapeutic alternatives, including study results.

Transparency and disclosure of conflicts of interest, § 32 paragraph 3 (Model) Professional Code; § 8 paragraph 1 No. 3, (Model) Regulations on Continuing Medical Education

The sponsor and the type/financial extent of the payment are indicated for the sake of transparency:

- on the final page(s) of the programme in the case of live events
- at the end of the article in print media
- in a way that is identifiable in the case of continuing education offered electronically (without link)
- data (e.g. graphics, illustrations) provided by the industry must be indicated as such.

The acknowledgement may not be abused as a means of marketing. The sponsor may not participate in or appear at the scientific part of the continuing education measure.

Conflicts of interest are defined as circumstances which create a risk that professional judgement or actions relating to a primary interest are unduly influenced by a secondary interest. Primary interests include the well-being of patients and further development of medical knowledge. Secondary interests may be material, social or intellectual in nature.

The purpose of the disclosure of potential conflicts of interest is to give the participant, as well as the recognising Chamber of Physicians, the opportunity to form an opinion on the interests of an organiser/speaker/scientific coordinator. The focus is on information, not exclusion on the basis of ties to the industry or other groups. As a result:

- Organisers, speakers and scientific coordinators must disclose their potential conflicts of interest to participants (e.g. on the first slide of a presentation, handout, notice, a reference in the programme, link or download) and, upon request, to the Chamber of Physicians.
- Disclosure of potential conflicts of interest may not be abused as a means of marketing.

The Chamber of Physicians provides a questionnaire for the purpose of self-disclosure of potential conflicts of interest.

Contributions from third parties in the form of donations or sponsorships

Financial support for continuing education can take the form of contributions from third parties in the form of donations or sponsorships.

In the case of sponsorship, a sponsor's service is linked to a service in return on the part of the sponsored party. Donations are grants which are not tied to a return service.

Return services within the framework of a sponsorship consist of the following:

- In the case of live events, permission is granted for a possible industry exhibition or for setting up an information stand. The industry exhibition or stand must be spatially separated from the professional continuing education.
- Informational material is distributed, though this must be carried out separately from the professional continuing education measure (i.e., outside of the rooms in which the continuing education is taking place).

All agreements concerning support for a continuing education measure must appear in writing, whereby, particularly in the case of sponsorship, principles such as the appropriate relationship between service and return service, the principle of transparency and the neutrality of content must be respected. The agreement may only be applied to the continuing education measures submitted for recognition; supplementary agreements are inadmissible.

Support must be disclosed in the announcement and implementation of the continuing education measure.

Duties of the scientific coordinator, sponsorship, § 8 paragraph 3 in conjunction with § 8 paragraph 1 No. 3, (Model) Regulations on Continuing Medical Education

- The scientific coordinator is responsible for the quality of the continuing education measure as defined by the latest version of the German Medical Association's "Recommendations on Continuing Medical Education".

- The scientific coordinator is, as a matter of principle, present for live events.
- It is the responsibility of the scientific coordinator to take action in the case of discernible violations (e.g. by correcting the perpetrator: speaker, organiser; and where necessary, informing the competent State Chamber of Physicians).

7. Additional quality requirements for media-based continuing education measures (Categories D, I, K):

Organisation

- The continuing education measure is subject to a quality assurance procedure (review procedure).
- Learning programmes are clearly differentiated from other parts of the online publication.
- Reference is made to the possibility of acquiring continuing education points and information is provided about the number of points to be earned.
- The competent Chamber of Physicians is indicated and information is provided about the period of validity of the recognition granted.
- Free access is granted to the competent Chamber of Physicians, including to any password protected areas of the continuing education measure.
- The minimum amount of time required for processing is 45 minutes.
- A pass/fail learning assessment is carried out in accordance with the Recommendations on Continuing Medical Education.
- Printable online certificates of attendance must contain the following information: organiser, title and date of the continuing education measure, participant name, along with the national event number (VNR) and information about the recognising Chamber of Physicians.
- For Categories D and I, electronic reporting of continuing education points via the Electronic Information Distributor/Elektronischer Informationsverteiler (EIV) is to be ensured by the organiser.
- Data protection regulations for handling personal data are adhered to. Users must be able to object to the use of their data beyond the required purpose.
- Specialist authors, publishers, publication date and/or version numbers, as well as legal liabilities are clearly identified.
- It must be ensured that the content reflects the most recent scientific findings.
- The citation and use of external sources are analogous to scientific publications in print media.

Continuing medical education measures in Category I or K must also comply with the German Medical Association's Quality Enhancing eLearning Criteria.

German Medical Association's Quality Enhancing eLearning Criteria
Joint Association of the State Chambers of Physicians in Germany
Catalogue of criteria

(Basis: German Medical Association's Recommendations on Continuing Medical Education, Charité's eLearning Quality Seal, PAS 1068 and PAS 1032-1)

Prerequisites and criteria for the recognition of eLearning continuing education measures within the framework of continuing medical education certification.

Category I: Tutor-supported online continuing education measures with proven qualification through learning evaluation in digital or written form.

Category K: Blended learning continuing education measures in the form of a combination of online modules supported by a tutor and live events which are coordinated in terms of their didactics and content.

Preconditions
Product neutrality Neutrality of content a. Continuing education content must be kept free of interests (economic, political, etc.) b. Disclosure of conflicts of interest c. The involvement of an industrial company as a provider, client or sponsor is indicated and made transparent (self-declaration of the provider is available)
Legal compliance Adherence to legal compliance (Federal Data Protection Act/Bundesdatenschutzgesetz (BDSG), Telemedia Act/Telemediengesetz (TMG), Distance Learning Protection Act/Fernunterrichtsschutzgesetz (FernUSG), Copyright Law/Urheberrecht (UrhG), etc.)
Evaluating or recognising State Chamber(s) of Physicians granted open access to events
Printable certificate of attendance (for eLearning events which are not part of a blended learning programme) **or direct reporting of points to the Electronic Information Distributor/Elektronischer Informationsverteiler (EIV)** (it is imperative that the following information appear on the certificate of attendance: organiser, event title, date, participant name, event number (VNR), recognising State Chamber of Physicians, continuing education points)
Brief description of the event (content, costs, technical requirements, qualifications to be acquired, if applicable), **along with an acknowledgement of the recognising State Chamber of Physicians and the number of points <u>before</u> registering with personal data**
Basic criteria
Orientation
Brief description of content Indication of target group and previous knowledge required Overview of learning assessments, examination requirements and qualifications, if any (dates, place, time, type, scope, passing marks, etc.) Specification of technical requirements

Support concept

Ensure content-related and technical support

Didactic implementation

Detailed information about learning targets

Source references are available

Didactic and technical media aspects

Ensure opportunities for communication and interaction

Quality assurance

Disclosure of quality assurance procedure for the evaluation of continuing education content

Evaluation

a. Ensure the inclusion of evaluation data in quality assurance
b. Ensure opportunities for providing feedback

Formal and legal aspects

Information about organiser, as well as authors and tutors

Quality enhancing criteria

Orientation

1. **Provide a brief description of**
   a. the content
   b. the format of the event (blended learning, etc.)
   c. the timetable (minimum time requirement of 45 minutes for processing continuing education modules eligible for points)
   d. training methods and social formats (individual learning, group work, community, e.g. 80% individual learning)
   e. time availability
   f. costs (course fee, etc.)
2. **Introduction to the course**
3. **Indication of target group and previous knowledge required**
4. **Overview of learning and supplementary materials**
5. **Overview of learning assessments, examination requirements and qualifications, if any** (dates, place, time, type, scope, passing marks, etc.)
6. **Specification of technical requirements**
7. **Clear information about the possibility of acquiring continuing education points with a description of the procedure and the number of points**

Support concept

8. **Ensure content support/identify contact person**

9. Ensure technical support/identify contact person

10. Identify aspects related to timing (time availability and, if applicable, office hours of authors, tutors, etc.)

Didactic implementation

11. Learning targets

a. Designate learning targets
b. Where necessary, adjust learning targets to suit the respective live event
c. Ensure the accessibility of content relating to the learning targets formulated

12. Information on the didactic implementation of learning targets

a. Coordination of content and learning targets
b. Measurability of the achievement of learning targets
c. Coordination of learning targets and methods
d. Achievability of learning targets within the allotted timeframe

Didactic and technical media aspects

13. Appropriate text (content, quantity, style)

14. Appropriate technical quality of media (audio-visual and multimedia elements, images/graphics, diagrams, texts, audio, video, animations, simulations)

15. Access to the content (table of contents, sitemap, suggested learning pathway, index, indicator of learning progress, links to latest status, bibliography)

16. Opportunities for communication and interaction

a. Learning target-oriented use of opportunities for communication and interaction
b. Use of synchronous tools (text/voice chat, Instant Messenger, etc.) and/or asynchronous tools (FAQ, discussion forums, library, notice board, etc.)
c. Continuous support for hosted forums or chats (when chats are held, they must be announced in a timely manner and moderated by authors or tutors)
d. Activation of a message function to enable exchange between author/tutor and learner

Quality assurance

17. Evaluation

a. Ensure the inclusion of evaluation data in quality assurance
b. Ensure opportunities for providing feedback

Formal and legal aspects

18. Information about authors and tutors (Indicate title, first name, surname, occupation and address

19. Information about organiser (company details according to § 5 of the Telemedia Act)

20. Information about up-to-dateness (year/date of release, version)
21. Information about and reference to terms and conditions
Functional aspects / User friendliness
22. Clear and intelligible navigation
23. Appropriate user support (e.g. through FAQs (list of frequently asked questions), help files, avatars, etc.)
24. Easy and fast access to the content
25. Consistency of learning media