7. The stimulus to undertake Continuing Medical Education arises from day-to-day encounters with actual reality and it is this experience which must determine its content.
8. Both the general and detailed content of Continuing Medical Education must be responsive to real needs and must, therefore, be determined by the practising profession.
9. At the fully qualified level, further education generally comes from the interaction of informed and trained minds with one another and with external reality. Formal lectures and classes have only a part to play. Discussions among small group of colleagues with and without invited experts together with the classical activities enumerated above are the principal methods.
10. Acceptance of the ethical necessity of Continuing Medical Education and the desire to undertake it must be inculcated from the earliest training of medical student. The choice as to its precise form and content must be left for each doctor to determine freely for himself.
11. The need to engage in teaching is a powerful spur to learning. The more widely spread the opportunity to teach medical students and specialist trainees, the wider will be the enthusiasm for Continuing Medical Education.
12. All doctors should enjoy tax remission for Continuing Medical Education expenses and the contracts of salaried doctors should provide for sufficient study leave with expenses.
13. In many countries, satisfactory provisions have already developed to a considerable degree of advancement. These should be further expended always preserving the leading role of the practising profession, the independence of the profession in determining the form and content of Continuing Medical Education, and the principal of free choice.
14. The medical profession must be responsible for the coordination of Continuing Medical Education activities in Europe and for the accreditation of Continuing Medical Education and professional standards.

4.5 Advisory Committee on Medical Training

(CP 93/96) (See also ITEM 12)

Advisory Committee on Medical Training (ACMT) of the European Commission (CP 93/96)

At its Plenary Assembly in November 1993, the CP unanimously endorsed the following resolution of the ACMT and agreed to forward its support to the appropriate sectors of the EU:

"The Advisory Committee on Medical Training conscious of the importance of the task given to it by the Council of Ministers (Art. 2 Council Decision 75/364/EEC), recalling that for some years the resources available to the committee to carry out its task have been reduced, considers that the further reductions in services and resources allocated to it by the Commission call into question its ability to ensure a comparably demanding high standard of medical training throughout the Community as requested by the Council in its Decision 75/364/EEC. The ACMT unanimously agreed at its meeting on 23 June 1993 that its Chairman should formally write to the Council expressing its concern. The Committee wishes to emphasise that its role in ensuring a comparably demanding standard of medical training throughout the Community should continue, particularly in view of the trends to enlarge the Community and the establishment of the European Economic Area. This task however can only be carried out by action at Community level. Comparable standards clearly are not a matter for Subsidiarity. It is at national level that actions resulting from deviations detected in comparative studies at Community level will be required. The Committee therefore seeks the support of the council in ensuring adequate resources to carry out its taks."

4.6 Motion concerning migration of postgraduate medical trainees within the EEC

Adopted at Copenhagen, November 1979 (CP 79/151 R)

The Plenary Assembly of the Standing Committee of Doctors of the EEC, meeting in Copenhagen on 23-24 November 1979, on the recommendation of its Subcommittee on Professional Training recommends that the competent authorities of the Member States be urged to utilize, or if necessary, to change existing rules and structures to favour the migration of postgraduate medical trainees within the EEC ad that such activities be given full publicity.

4.7 Numerus clausus (1982)

Motion sur le numerus clausus

Le Comité Permanent des Médecins de la CEE rappelle que l'article 57/3 du Traité de Rome et la Directive II/75/363 subordonnent la libre circulation des médecins à l'existence de normes minimales pour les conditions de formation.

Rappelle

- que, conformément au prem er considerant de la Directive II, la libre circulation des médecins se base nécessairement sur la similitude de la formation dans les états membres.
- que le Comité Consultatif pour la Formation Professionnelle dans son rapport et dans ses recom-

mendations du 18 mars 1981 III/D/230/480 a mis en lumière que cette similitude ou comparabilité de la formation peut être mise en cause par la disparité dans les pays membres, entre le nombre des étudiants en médecine et les ressources destinées à la formations de ceux-ci.

Exprime sa préoccupation devant le dévelopment incontrôlé du nombre des médecins dans les états membres qui ne garantit pas le respect du niveau qualitatif de la formation pratique des étudiants en médecine et compromet la possibilité pour chaque médecins d'acquerir par une activité suffisante, l'éxperience professionnelle necessaire.

Ce dévelopment incontrôlé perturbe ainsi la libre circulation en minant la confiance mutuelle dan l'équivalence du produit fini "médecin".

Souligne que le maintien de la situation actuelle met en danger la reconnaissance reciproque des diplômes, à savoir l'éxistence même des Directives sur la libre circulation des médecins.

Invite la Commission de la CEE et les Etats membres à prendre conscience de la nécessité et de l'urgence de coordonner de façon précise et complète les conditions d'accès aux etudes médicales dan chaque Etat membre pour éviter le maintien et l'aggravation de la situation actuelle.

adopted, December 1982

4.8 Forensic Medicine in the EEC

(CP 91/159 Mod.)

The status quo of forensic medicine in the European Community Subcommittee for "Medical Education" Madrid, October 2nd 1991

Introduction

The "Seville" working group was formed in 1986 by Professor Luis Frontela Carreras (Spain), lecturer of Forensic Medicine at the University of Seville, and has as its principle objective the harmonisation and standardisation of the education and practice of Forensic Medicine in Europe. As a consequence of this group's work, the "Seville Declaration" was published, proposing a set of minimum conditions for the practice of Forensic Medicine.

The topic of Forensic Medicine was introduced at the Permanent Committee at the end of 1989 by the Secretary General of the Dutch Medical Association, Dr. Theo Van Berkestijn, after receiving a preliminary report from this working group, which was numbered CP90/13. A questionnaire on this topic (CP90/33) was later drawn up by the Dutch delegation (Dr. Meursing), the answers of which are synthesised below.

Questionnaire on forensic medicine (CP 90/33)

This questionnaire was answered by eleven member countries (B, D, DK, E, F, I, LX, GR, NL, P, UK) and one observer country (CH). We have not yet received a reply from Ireland.

1) Does your country recognise Forensic Medicine as a Medical Specialty?
   Forensic Medicine is recognised as a specialty in four community countries (The German Republic, Spain, Italy and Greece), the period of education being of three years. It is in the process of becoming a specialty in Portugal and is not independent specialty in Denmark. In France, since 1984, there is a Specialized Studies Diploma permitting a complementary or exclusive practice of Forensic Medicine for all doctors, either being a specialist in general practice or in other discipline after two years of education.
2) What measures were taken by your national medical association to harmonise its criteria for Forensic Medical Education with that of other associations of the European Community?
   Harmonisation proposals were presented by the medical organisations of four countries (E, GR, P, UK).
   The Spanish Medical association has a representative for Forensic Medicine in the Advisory Committee of the Ministry of Health. In Greece, various proposals were submitted, to which the government has not yet answered.
   In Portugal, a working group was formed which studies the criteria of recognition for Forensic Medicine as a specialty.
   In the United Kingdom, the inclusion of this discipline in the compulsory curriculum of the medical faculties was requested.
   In Denmark, doctors of Forensic Medicine are represented in the Ethics Committee of the Danish Medical Association, with definite regulations for the practice of Forensic Medicine already in existence.
3) What measures were taken by your country to formalise, with the European Community, the requisites for national education in Forensic Medicine or, at least, those outlined by the Seville Declaration?
   The main objectives of the Seville Declaration have already been met in four countries (D, E, GR, P), however, they may still require some adaptations. In Denmark, although some of these objectives have already been met, they are not formalised.
   The Belgian delegation pointed out that it has not yet discussed the question of mutual recognition of the diplomas of this discipline, in view if the fact that it is excluded from free practice, as it is an activity of public domain.