

- 3) le nombre de patients dans les institutions universitaires.
2. Cinq ans au plus tard après l'entrée en vigueur de la présente directive, la Commission présentera au Conseil, sur la base des expériences acquises et compte tenu de l'évolution de la formation dans les Etats membres, un rapport faisant le point de l'application de la présente directive et, le cas échéant, des propositions visant à la coordination de l'évolution des critères d'accès indiqués à l'alinéa 1.

Article 2

Les Etats membres prennent les mesures nécessaires pour se conformer à la présente directive dans un délai de (1 an à compter de son entrée en vigueur).

Article 3

Les Etats membres sont destinataires de la présente directive.

4.10 Motion on Doctor's Training in Management

Adopted, November 1996 (CP 96/149)

Since the adaptation by the CP in November 1994, of a FEMS motion on doctor's training in management doctors, this Association has carried out an inquiry on the situation of all the EC countries in this field.

The FEMS has produced a report, joined by an AEMH motion, which was discussed at the CP Subcommittee on "Organisation of Health Care, Social Security, Health Economics and Pharmaceutical Industry" in its meeting of Corfou, April 1996.

Consequently, this Subcommittee requests the Plenary Assembly to adopt the following motion:

The Standing Committee of European Doctors (CP):

- Insists on the importance of the doctor's training in management.
- Requests that such a training be inserted among the educational programs of the European Community.
- Requests that specific funds be allocated for the implementation, on a European level, of management courses for doctors.

4.11 Memorandum concerning development of continuing medical education (CME)/ continuous professional development (CPD) in Europe

Adopted at the Hague, (CP 1999/025 Final)

Summary points

- Doctors are autonomous and independent with an

ethical obligation to practice according to accepted ethical standards which include a continuing endeavor to develop knowledge, skills and attitudes in response to patients' needs.

- The strongest motivation factor for continuous life-long learning is the will and desire to maintain professional quality through a process of continuous professional development (CPD) which includes all the activities undertaken to improve areas of competencies (medical, managerial, social, personal) necessary to meet the needs of the patients served.
- The trust of the public rests on the assumption that doctors adhere to contemporary standards of professional quality. The profession must be able to apply peer pressure and policing for those who fail to meet these standards. Procedures applied should be publicly known and secure a fair process.
- A well functioning occupational health service for doctors is an important element in preventing low quality practice.
- The professional is fully responsible for his clinical actions irrespective of employment status (employed or self-employed), but cannot be made accountable for system failures, either nationally or locally, beyond his or her control.
- The professional must at any time pursue what he or she thinks is in the best interest of the patient. As a consequence, drawing on various types of knowledge and experience, deliberate diversions from guidelines and protocols will occur from time to time, and are part of professional practice.
- Doctors are in general capable of identifying their learning needs, but should take advantage of both peer-assessments (whatever feasible) and methods of self-appraisal. In the end, it is the privilege and the responsibility of the professional to plan and carry out CPD-activities considered to meet her or his needs.
- There is hardly any evidence to support introduction of mandatory measures (e.g. certain amounts of CME) as a means to maintain competence. On the other hand, professionals should share willingly the strategies they apply to keep abreast, and employers have a special responsibility to facilitate their staff's CPD (e.g. proper funding, learning facilities and protected time).
- Doctors have a obligation to engage in learning activities in order to facilitate the enhancement of competence of peers as well as other members of the health care team as part of their leadership. Doctors should seek personal competencies to enable them to lead organisational change and learning and to search for new competencies to develop quality of health care.
- Professionals should be familiarise themselves with methods of continuous quality improvement (CQI); i.e. document the standard of their care, unravel areas of needed improvement,