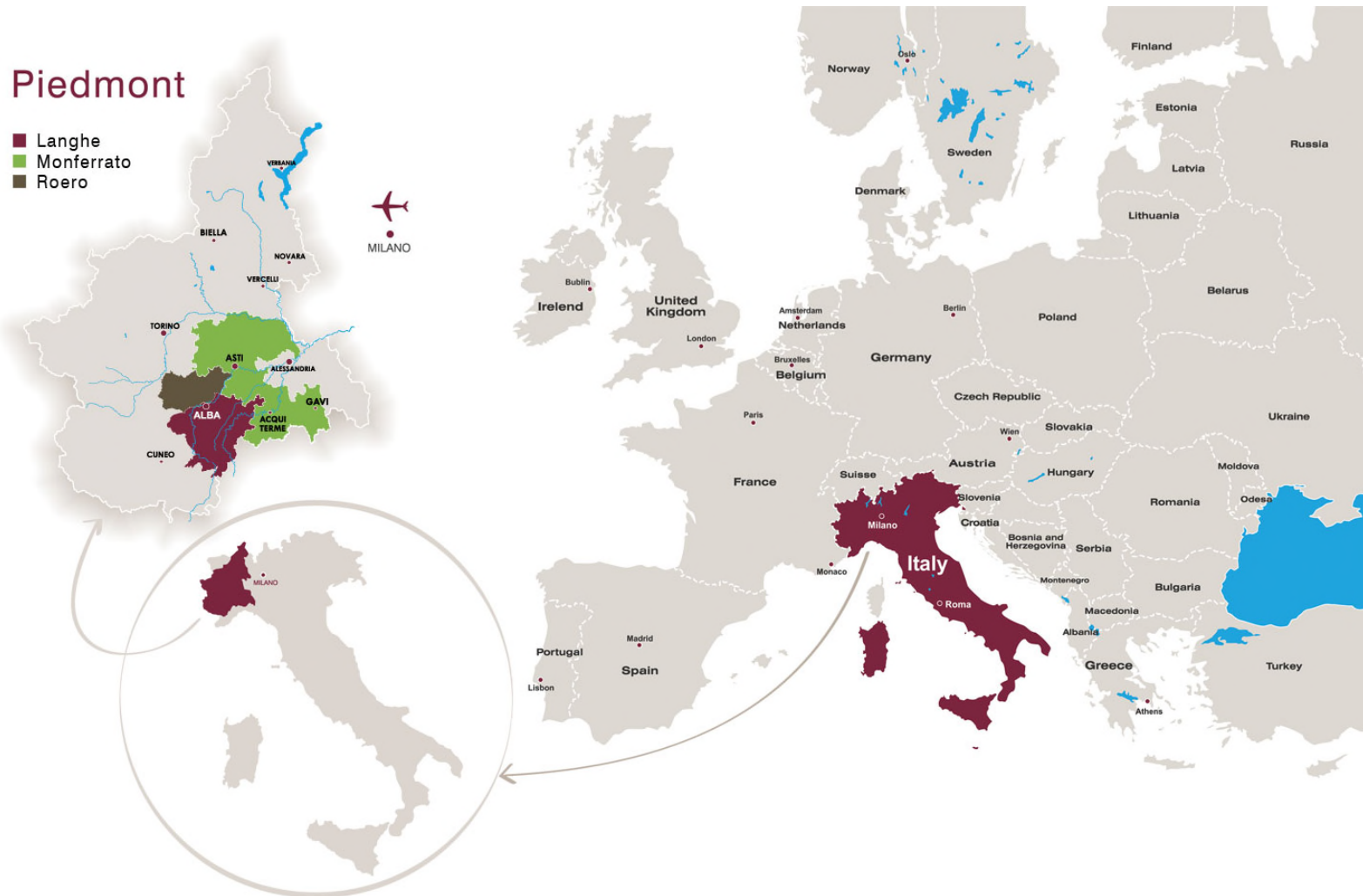


CPD IN ITALY: 15 YEARS OF SOMETHING MANDATORY FOR EVERYONE

Fabio Como - SIPMeL - Italy

6th October 2016

ATHENS



WHY CPD?

1850





History of blood gas analysis



It was 1954 when the prototype E50101 was created

1968: PHM71/72 analyzer



1973: first automatic analyzer (500 μ l)

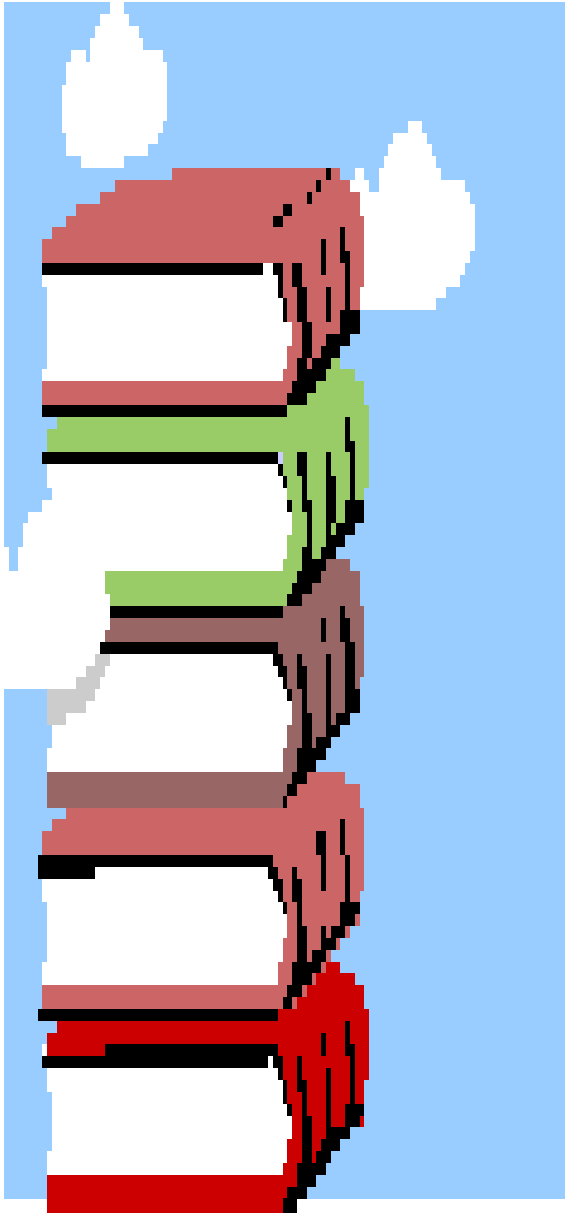


1989: instruments with integrated computer. (70 microlitri).

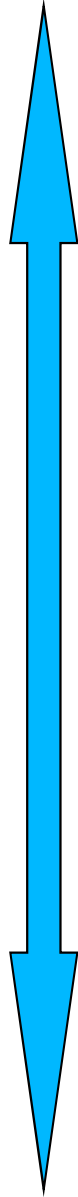


2010: cassette-based analyzer
65 microlitri
44 tests/hour





600 m



the amount of health information

every year

17.000 new books

2 milions articles
in 20.000 different
magazines

this rapid and continuous development of medical knowledge, and continuous innovations, both technological and organizational, forced the operator to be up to date and qualified.

In Italy, it was born the first and only experience in the world of a continuing training system that involves, **compulsorily, all operators.**

... Decision based on the principle that the quality of health care depends not only by the acts of physicians, but by **all** the decisions and actions of **all** healthcare professionals involved.

It is the National Program for Continuing Medical Education which includes all training activities, theoretical and practical allowing to maintain high and behind the times, the professionalism of the operators



Main legislative actions

the obligation of professional
training and scientific update,
exists in Italian national law
since **1978**
- Act 833 -
entrusted to each professional.

...but...
with rather disappointing results

**In 1992, ACT 502
institutionalized
Continuous Education in
Medicine (E.C.M.-C.M.E.)

later supplemented by Act
229/1999**

ACT 229/1999

Art. 16-quater.

The participation in continuous education activities is indispensable requirement for working in health system.

For private health structures the achievement of C.M.E. credits by personnel is an essential requirement to obtain or maintain accreditation by the national health system.



December, 13 2001

for the first time training is considered as an investment not only for the organization but also for the employees and users.

Who does develop the Continuous Education in Medicine (C.M.E.)?

The National Commission for the
training: it was born in July 2000
and
is renewed every five years.

March, 5 2002

the Commission has developed a national program divided into three steps:

- The first step dedicated to residential training courses.
- The second one to “distance learning activities”.
- The third to the accreditation of providers (public and private organizations who perform training activities).

... The Commission adopted that each training event is assigned a number of credits C.M.E. proportionate to educational relevance of the event and calculated on the basis of a series of indicators

WHAT ARE C.M.E. CREDITS?

They are the measurement of time and commitment that each Health's operator has annually devoted to his update.

EXEMPTIONS

- who attends, in Italy or abroad, post-secondary training
- who is out of work for pregnancy, maternity/ paternity periods
- who is out of work for his own illness or absence for taking care of a sick relative
- military service
- for those who work abroad.

... Can I skip some lessons ????

For residential training courses:

The presence of 100% compared to the total duration of the course is necessary.



... Or at least can I go to the bathroom !!!

In particular cases of very short absence the organizer will evaluate the justification and the impact of the absence on final learning.



the observers

The national commission takes advantage of collaboration of observers who participate in courses to check the correspondence with the program.



The goal is to provide a system able to verify and to promote high quality in continuous training.



After an experimental phase ended on 2001, a period of five years started on April 2002 and was extended until 31/12/2007

The operating phase had to begin in 2008

Year	Credits	min	max
2002	10	5	20
2003	20	10	40
2004	30	15	60
2005	40	20	80
2006	50	25	100

2005	30	15	60
2006	30	15	60

2007	30	15	60
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August 1, 2007

Year	Credits	min	max
2008	50	25	75
2009	50	25	75
2010	50	25	75

December 10, 2008:

the National Commission for
Continuous Education decided
that the “experimental phase”
had to continue until 2009.

April 19, 2012

Year	Credits	min	max
2011	50	25	75
2012	50	25	75
2013	50	25	75

July 17, 2013

Year	Credits	min	max
2014	50	25	75
2015	50	25	75
2016	50	25	75

For the first time all credits can be achieved by attending distance learning courses with no limitation

July 7, 2016

to help those who are 'in trouble' with credits, it was created the idea of the "flexible acquisition":

it is no longer mandatory the strict acquisition of fifty credits per year.

education abroad

CME credits acquired abroad are counted as equal to 50% and, in any case, can not exceed 50% of compulsory three-year training.

How can I check my situation?

By registering on the website Agenas.it, "myEcm" service is available: each member will have a personal page where he can:

- 1) check the amount of credits acquired;
- 2) consult the list of training events for which he earned credits;
- 3) see a list of upcoming events useful for his profession;
- 4) express an opinion on the courses attended.

what works well and what could
be improved

STRENGTHS

C.M.E. represented a modern change in
the field of training and professional
development.

Previously the certificates of participation in
the training courses were recognized in a
very diversified and certainly not equal
way. It was missing a uniform yardstick.

STRENGTHS

CoGeAPS is a consortium of health care professionals born in 2003 for the creation and management of a national registry of all health professionals; in particular, it relates to the realization of a unified operating system for the management and certification of credits.

STRENGTHS

TRAINING DOSSIER

By registering on CoGeAPS website you can insert your own individual training dossier (portfolio of competences).

It is a tool for planning, reporting and verifying that each professional can use to independently manage his own upgrade path, according to national and regional educational objectives.

STRENGTHS

In this way you switch from an education focused on credits to a scheduled training, based on the choice of the learning objectives

It is required to modern health care professional to acquire skill and not points.

... Even if ...

In 2014 – 2016 cycle the number of participants, events and credits disbursed have increased.

The latest available data show a growth more than 20% over the period 2011-2013.

Data certifying a training system in growth.

WEAKNESSES

The system has lights and shades, not all the legislator's objectives were achieved, 15 years later.

First of all we haven't a Professional Register and so many difficulties in relationships between the individual and the Program.

WEAKNESSES

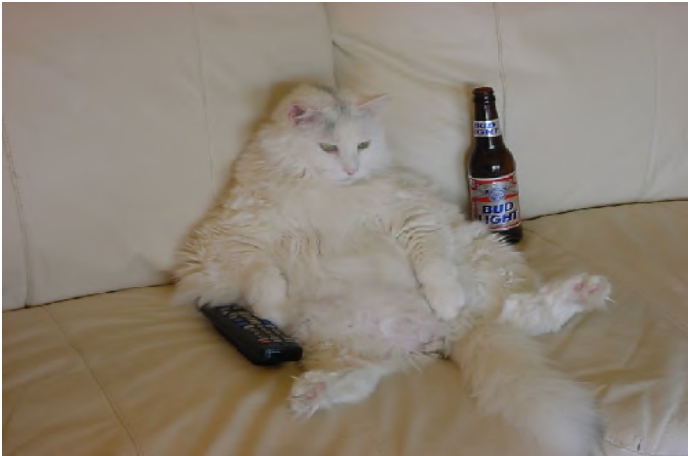
According to a recent survey the 82% of respondents considers professional training important, but believes to have to overcome too many difficulties to achieve the 50 annual credits.

The 84% prefers multimedia and interactive training.

WEAKNESSES

Lack of

incentives and **penalties**



ACT N° 229/1999

Art. 16-quater.

...

2. Job contracts identify specific penalty elements, including economic penalties, for the personnel who has not earned the minimum number of credits established by National Commission.

Act n° 138 - 13/08/2011

“It is a duty for professionals to undergo continuous training courses ...

... the violation leads to a disciplinary infraction, and so it must be sanctioned ”

... but, are there incentives and/or penalties?

"NI"

It's certainly true that system does not provide penalties for those who do not reach enough credits, and, moreover, not everywhere the professional who respects the program draws special benefits.

... Italy is really still the land of " a thousand bell towers " and there are very different impact, not only from region to region - but also from hospital to hospital.

what do actually risk those who evade the obligation CME?

(Some realistic consequences):

1. evaluation boards: it is widely used, for the simple fact that it is an objective fact, not influenced by personal prejudices and not contestable.
2. internal selections: the credits acquired by the professional are taken into account in many hospitals.
3. formal recall of the Professional Register: If repeated more times can lead the practitioner to the suspension and debarment from the profession.

4. Insurance premiums: The Insurance companies will certainly be ready to raise the annual premiums.

5. Failure to compensation: The Insurance companies will not cover the damage caused by the professional who is not in compliance with the requirements of Law.

6. Criminal cases and claims for damages: the opposing party lawyers will take the chance to question the skills of those professionals who are out of date by law.

august 5, 2016

lift the sanctions?

The orientation is to ban all forms of penalty and prefer the incentives, addressing professionals who understand the ethical and professional duty to dedicate sufficient time to their professional development.

Ministry of Health

We have to put operators in a position to update themselves, taking advantage of the new opportunities as web solutions and distance learning.

The last frontier is the "Training Movie", a real "Netflix".

The first work was "e-bola", followed by "Like a Butterfly", (lung cancer), by "No Limits" (disabilities), and "Pollicino" (Alzheimer).

The target is to consider the patient at the center. He has the right to be treated by trained professionals, ready to face the constant changes of a constantly evolving sector, also due to the deep geopolitical changes of these years.

In particular the migrants emergency, with several doctors on the front lines, of which it has become the emblem, in Lampedusa, Dr. Pietro Bartolo starring in "Fuocoammare", the winning documentary Golden Bear at the Berlin Festival.

Golden Bear
Presented by Berlin
International Film
Festival



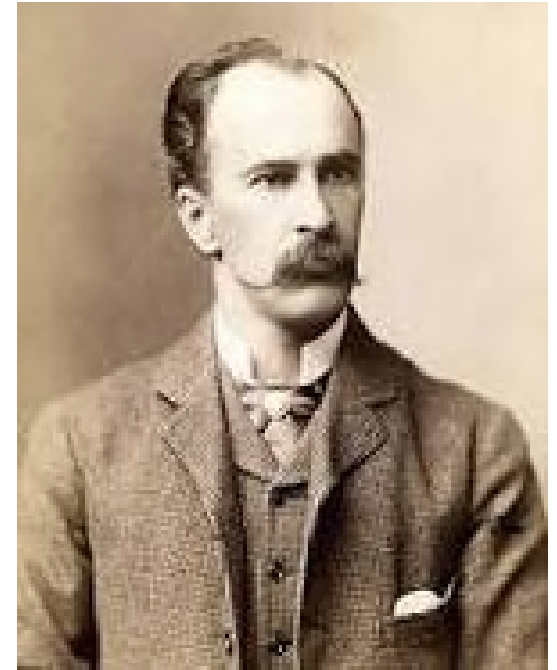
"... It is important to be always update: in addition to medicine and technology the challenges we have to face change: such as how to attend the migrants

We have to have the appropriate approach to each pathology from hypothermia, to dehydration and to scabies, until chemical burns caused by gasoline spills rubber dinghies."

Dr.
Pietro
Bartolo



“Medicine is both the science of uncertainty and the art of probability. Its history is the story of evolving certainties and of acquisitions which seemed definitive but are put aside, and of truths which were granted proved but now turn into mistakes.”



William Osler
(Bond head,
Canada July 12,
1849 – Oxford, UK
Dec. 29, 1919)
Canadian
Physician defined
as father of
modern medicine.