

## CONTINUING MEDICAL EDUCATION IN BULGARIA - ORGANIZATION AND ATTITUDES

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### ABSTRACT

Conducting continuing medical education is an important element in the implementation of national health policy and aims to increase and maintain the qualification of medical professionals performing diagnosis, treatment and rehabilitation of medical institutions. In the article are presented and analyzed legal documents and forms of continuing training of doctors in Bulgaria. Survey conducted by opinion was delivered by doctors on how to realize the training and change in quality of medical care provided by them after a continuing medical education. Data from the survey indicate that the majority of respondents practitioners / 81% / not have enough time to participate in various events in the conduct of continuing medical education. This leads us to search for new forms and ways of conducting the CME.

**Key Words:** Continuing medical education, quality, doctors.

## CONTINUING MEDICAL EDUCATION IN BULGARIA - ORGANIZATION AND ATTITUDES

Every doctor bears the responsibility of providing him- or herself with medical knowledge that is abreast of time considering the novelties in science while actively participating in continuing medical education (CME) thus offering the best and most quality possible cares for his or her patients. This is doctor's moral and professional responsibility throughout his professionally active life. In this light, the CME is inherent, necessary and mandatory for every practicing doctor at each level of the healthcare system as well as for the lecturers in universities (Zlatanova T., R.-Velikova Zlatanova, 2008).

The idea of continuing medical education (CME) is very old. The first steps for implementing it were made as early as 1947 in the USA.

On the 20<sup>th</sup> of July 1958 the European Union of Medical Specialists (UEMS) was founded in order to harmonize the medical specialists in the European Economic Community (EEC) back then, being the predecessor of the European Union (EU).

In October 1999 to UEMS the European Accreditation Council for Continuing Medical Education (EACCME) was created as it aims at equalizing the quality and ensure standardized CME of the medical specialists in Europe. It

is recommendable for the European countries that do not have developed accreditation system for CME of their own to accept the one of UEMS.

EACCME, the American Medical Association (AMA, [www.ama-assn.org](http://www.ama-assn.org)) and the Accreditation Council for Continuing Medical Education (ACCME, [www.accme.org](http://www.accme.org)) in 2000 agreed on the mutual recognition of the CME credit points. The end objective of this mutual approval is providing the opportunity for free migration of doctors between the various states.

This way, the CME events held by any of the three organizations get the automatic accreditation of the other two. Actually, uniform system was created for CME assessment in Europe and North America. The basis of this CME 'globalization' was the CME document that was verified by the World Federation of Medical Education (WFME, [www.sund.ku.dk/wfme](http://www.sund.ku.dk/wfme)) in 2001 .

UEMS members are the CME accreditation bodies of 28 European states; associated members are Croatia, Turkey, Romania and Azerbaijan; Israel is an observer. The Bulgarian Medical Association is not a UEMS member.

Holding a continuing medical education is an essential element when it comes to implementing the national healthcare policy and objectives, improvement and maintenance of the medical specialists' qualification, as these specialists take care after the diagnostics, treatment and rehabilitation in the healthcare institutions. The improvement of medical specialists' qualification is the main prerequisite for ensuring the necessary quality of the medical activities and improvement of their effectiveness (Velikov St., 2011).

In conformity with paragraph 1 of article 182 of the Health Act, the organization, coordination, holding and registering doctors' continuing education are assigned to doctors' branch organizations. The education terms and conditions are defined in the contracts entered with the institutions of higher education.

After passing Ordinance № 31 [**Hata! Başvuru kaynağı bulunamadı.**] the post-graduate education of doctors was artificially divided into:

- ☞ Acquisition of major that is organized, registered, held and controlled by the institutions of higher medical education, the medical colleges and the Military Medical Academy (for the military medical majors) (Article 5)
- ☞ Holding continuing qualification of the doctors that is being organized, registered, held and controlled by the Bulgarian Medical Association in conformity with the terms and conditions defined in the contracts entered with the institutions of higher medical education, the Military Medical Academy, the Union of the scientific medical societies in Bulgaria, the Union of scientists in Bulgaria and the medical associations in terms of majors (Article 40)

The continuing qualification patterns are the following:

- ☒ Category A: Lecture, discussion, clinical day, collegium, presentations etc. One point per hour – not more than 8 points a day. Up to 60 points are recognizable for 3 years;
- ☒ Category B: Congresses, symposiums, conferences etc. In the case they cannot be certified in view of academic hours, they are recognized as 3 points per 1/2 day, with not more than 6 points per day. Up to 60 points are recognizable for 3 years;
- ☒ Category C: Continuing qualification patterns with foreseen participation of every trainee individually (practical exercises, individual training, courses). 1 point per one academic hour is recognized as well as one additional point per course/lecture, up to 5 hours – 5 points per day;
- ☒ Category D: Continuing qualification pattern with distance learning. The educational material contents should be approved in advance by the Management Board of the Bulgarian Medical Association. The grade is 1 point per 1 academic hour (45 minutes). Up to 60 points are recognizable for 3 years;
- ☒ Category E: Education with medical literature, other manuals, newspapers, magazines, subscriptions etc. These are certified with subscription quittances. One subscription – 5 points. Up to 30 points are recognizable for 3 years;

- ✂ Category F: Authors of a report, publication, paper, feedback on the side effects of medications etc. 10 points are assigned for the performance or 10 additional points to the points assigned for the educational event (congress etc.) Up to 30 points are recognizable for 3 years;
- ✂ Category G: When it comes to passing an exam for grading the acquired knowledge 5 additional points are assigned for categories A and B.

**Certificates** are issued after the doctor has collected and documented 150 points in a term of 3 years and has submitted an application for having a certificate issued by the particular regional collegium of the Bulgarian Medical Association thus certifying where necessary the continuing qualification undertaken by him or her during the crediting term.

In order to hold an effective continuing education we need to elaborate regulations that clearly define the terms, conditions, criteria, requirements and control when it comes to this type of education, as well as the obligations and prerogatives of all participants in the process, while providing opportunities for quality continuing education, the necessary resources and control, thus ensuring high level of professional qualification.

All held events, as well as the credit points and participations of every doctor are being registered in a common, uniform information bank that is being maintained and funded by the Bulgarian Medical Association. Each organization (of professional groups – societies and associations, scientific societies etc.) that organizes and holds CME maintains the same register for its activities and provides it for filling in the uniform information bank in the Bulgarian Medical Association.

After evaluating the funding received in the distance learning system to the Bulgarian Medical Association in line with the CME, we should consider significant part of them for maintaining the CME department (salaries, consumables etc.), as well as for funding the software elaboration for the database maintenance. With some of the remaining funds partial funding should be ensured for the CME activities organized and held by the societies and associations in view of the individual majors, the scientific societies, the regional doctor collegiums or the head office of the Bulgarian Medical Association (seminars, congresses, E-CME).

The societies and associations in view of the individual majors, the scientific societies should be responsible for defining the annual minimum amount to be disbursed for CME, organization and holding. The Bulgarian Medical Association controls, coordinates, registers, supports and legitimates these activities (Petrova - Gotova Ts, 2008).

The individual participation of every doctor in the CME should be based on positive motivation. We could try implementing various methods, but definitely the most effective one is the financial compensation. The choice of every doctor concerning the particular CME pattern should be absolutely independent of those that fund and regulate the CME (Zlatanova T., 2010).

Every doctor should be provided with the opportunity to participate in the CME activities in the limits of the defined general framework, in the scope of his or her financial opportunities and proposals for training in the various areas of interest (Zlatanova-Velikova R, Velikov St., 2011).

The Bulgarian Medical Association adapts in the light of the Bulgarian circumstances the German accreditation system according to which for one academic hour of continuing medical education one credit point is assigned. This system is used for equalizing the certificates for attending congresses and symposiums abroad received by the Bulgarian doctors.

The most frequent patterns of continuing medical education are the congresses, symposiums and conferences. We present the results of pilot research of 95 general practitioners in the month of January 2012 concerning their opinion on the continuing medical education.

Of all enquired general practitioners 67,4% are female and 32,6% are male. 43,2% of the doctors that participated in the research are aged between 41 and 50. In view of their practice location - 43,2% are in the capital, 52,6% in towns and 4,2% in villages. 62,1% of the enquired general practitioners have individual practice for primary medical care.

Acquired major in general medicine is attributable to only 10,5% of the general practitioners that participated in the research and those registered for specialization in general medicine are 48,4%.

The question: "According to you, what is the manner of implementing the continuing medical education in the case of general practitioners?" got the answers presented at **Figure 1**. According to the figure the highest relative share of those that are of the opinion that CME should take place as congresses, conferences and seminars (72,6% ±9,3%), as well as with learning in small groups (72,6%±9,3%). There are many enquired general practitioners that are of the opinion the individual learning (36,8%), as well as learning via e-educational media (35,8%) are suitable version for holding the CME.

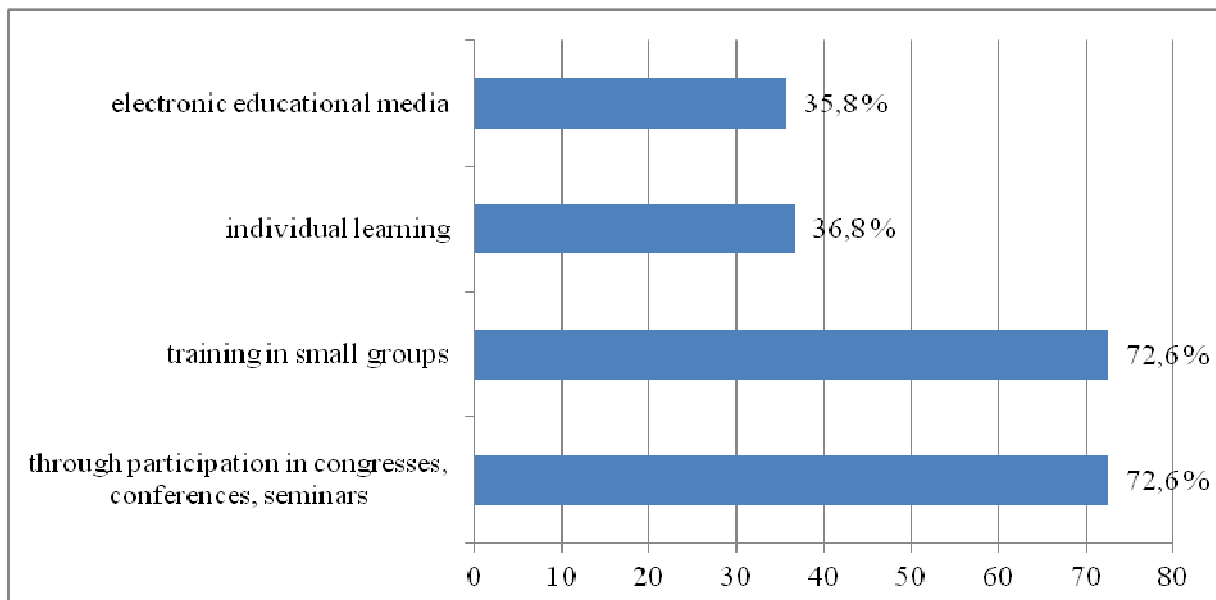


Figure 1: Opinion of the general practitioners on the manners in which the continuing medical education should take place in their case

Since much of the time the general practitioners are devoted to working with their patients, and by law they should be available 24 hours round, we asked them whether they have the time to participate in continuing medical education events. The resulting answers are presented at **Figure 2**. The highest is the relative share of the general practitioners that participated in the research and answered they do not have enough free time – 81,1% (±8,5%). There are many general practitioners that answered they didn't have any time 12,6% and only 6,3% have time for learning. Consequently, when it comes to organizing CME events we should coordinate in advance the time and place with the general practitioners so that they could actively participate and the learning process would bring about the expected positive results of better quality medical service.

We asked the general practitioners whether they believe that thanks to the knowledge acquired during the continuing medical education they will improve the quality of the medical cares provided by them (**Figure 3**). The highest is the relative share of those that answered they would partially improve the quality of the medical cares (67,4%) they provide for their patients. There are many that believe they would fully improve the quality of the medical cares provided by them – 28,4%, thanks to the knowledge acquired as a result of the continuing medical education. Consequently, a majority of the general practitioners (95,8%) rely to some degree on the knowledge acquired via the various CME events for improving the quality of the medical cares provided by them.

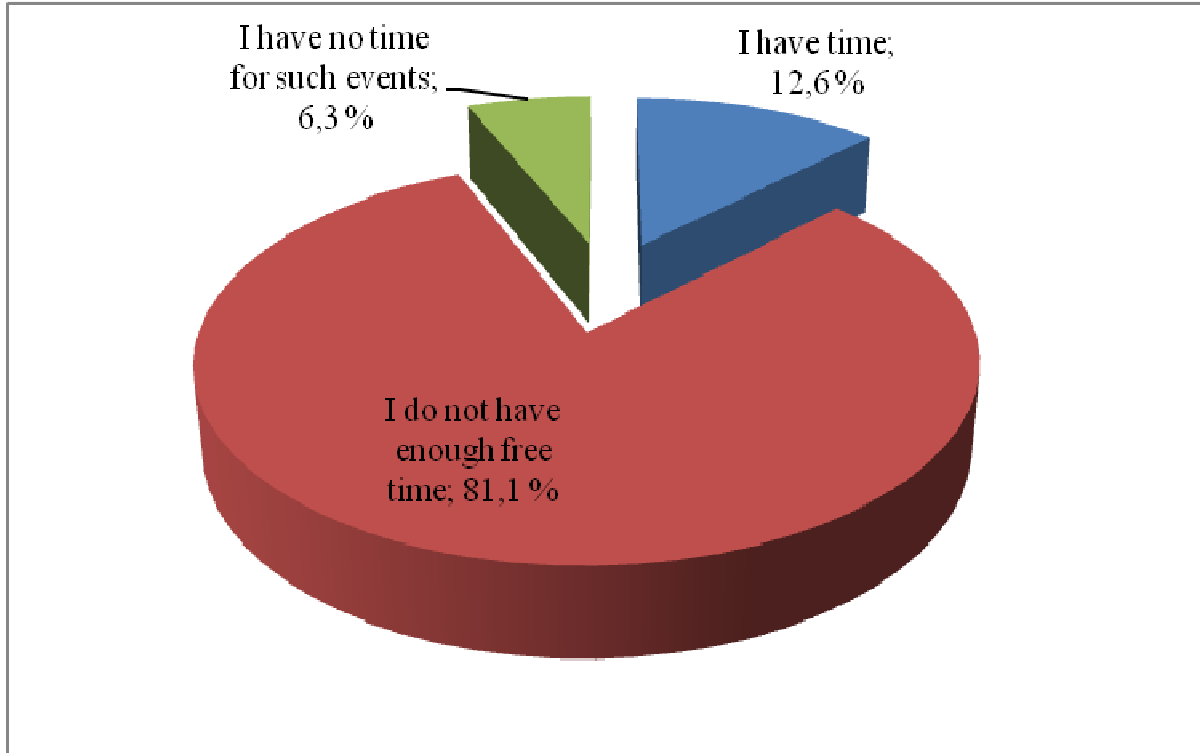


Figure 2: Opinion of the general practitioners on the availability of time for participating in continuing medical education events

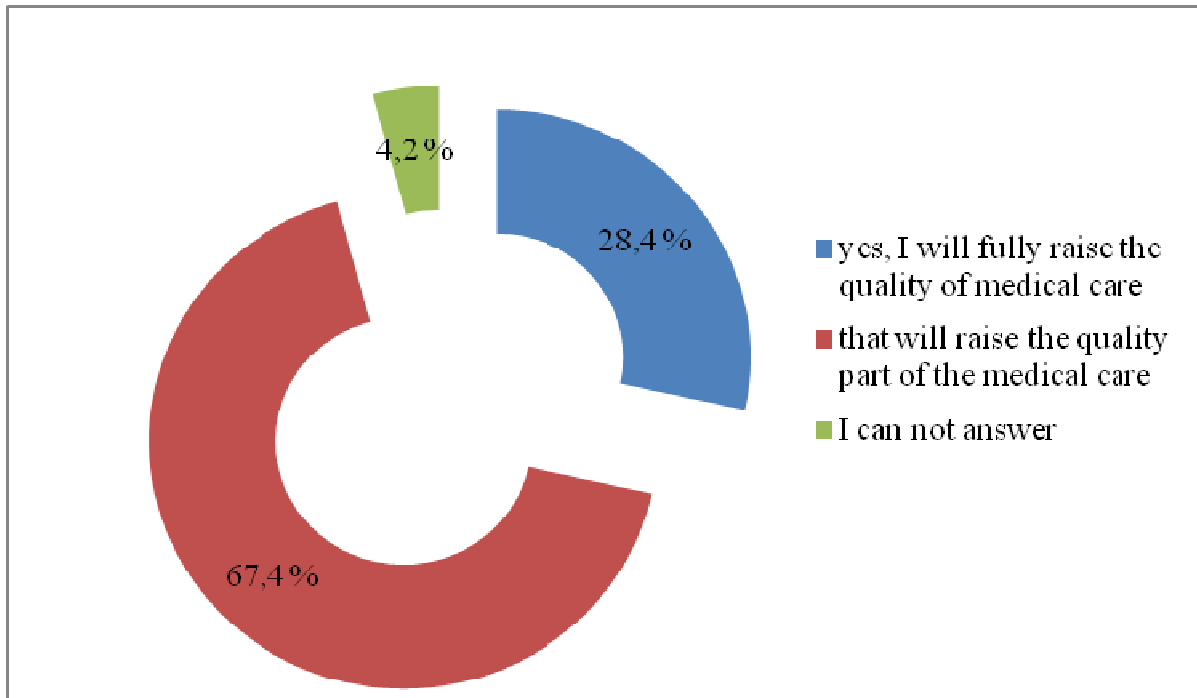


Figure 3: Opinion of the general practitioners on the change of quality of the medical cares provided by them thanks to the continuing medical education

On the basis of the presented results we could make the following conclusions:

1. Setting up the idea of continuing medical education on scientific base with precise rules and its most intensive and massive development in Europe was in the period of 2000-2006. All states share the need of quality, accessibility and difficulties encountered when it comes to funding;
2. In view of holding effective continuing education we should elaborate regulations that clearly provide for the terms, conditions, criteria, requirements and control when it comes to holding this type of education;
3. The general practitioners are of the opinion that the most suitable pattern of holding the continuing medical education are the congresses, conferences and seminars, as well as learning in small groups;
4. The highest relative share of the enquired general practitioners (81,1%) do not have enough time for participating in the various events for holding continuing medical education;
5. According to 67,4% the knowledge acquired during the CME will partially contribute for improving the quality of the medical cares provided by them;
6. The participation in the continuing medical education should be one of the rules for good medical practice that are in effect for each major.

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