

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 tasks.”

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 and 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 premier considérant 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-