



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Kroonlaan 20 Avenue de la Couronne  
B-1050 - BRUSSELS  
[www.uems.net](http://www.uems.net)

tel: +32-2-649.51.64  
fax: +32-2-640.37.30  
[uems@skynet.be](mailto:uems@skynet.be)

## **Understanding current CME-CPD**

### **EACCME®**

#### **European Accreditation Council for Continuing Medical Education**

**(A body of the UEMS)**

### **Introduction**

Accreditation in Europe is a developing matter in some countries while it is already there for many years in others and the way accreditation is looked at by the Authorities is also very different.

UEMS has as a goal to harmonize the process meaning that we want to have similar objectives but that the way to get to these can be different.

The different topics that will be developed are :

- UEMS, the Union of European Medical Specialists
- Accreditation
- EACCME
- Harmonization of the process
- Future perspectives.

### **History of UEMS**

The UEMS was established in 1958, following the signing of the Treaty of Rome in 1957. The text of the Treaty of Rome also addressed harmonisation and mutual recognition of diplomas. The objective of the UEMS has always been bringing together the medical specialists of the member states and reaching consensus on content and quality of medical specialist training

and practice. The outcome of this process was meant to serve as foundation for EU legislation.

The start was slow, but in the seventies the EU moved towards legal provisions in this matter. The Specialist Sections were established from 1962 onwards and the UEMS with its Sections was instrumental in the shaping of the "Doctors Directive" in 1975, which established the mutual recognition of medical diplomas between the member states of the EU.

## **Nineties:**

The UEMS emphasis moved away from providing the EU with recommendations towards broadening the work on harmonisation and improvement of content of quality of training and practice on the shop floor of medical specialists.

For this purpose European consensus documents were developed during the nineties concerning key-issues as professional training, continuing education, quality assessment and tools like logbooks and visitation of training centres. The outcome of this process was embodied in the UEMS Charters. These Charters were presented to the professional authorities in the European countries as models and recommendations for national policy. Although the Charters do not have legal value, their influence upon national regulations has been considerable.

## **Actual situation:**

The philosophy of all national professional medical organisations is that patient care is best served when quality and content of medical training and practice are the domain of the medical profession. In each country the profession is defending this position. Unfortunately we are experiencing that this defence is becoming more and more difficult. Governments, insurances, commercial interests are eager to take over the quality agenda.

A strong continuing effort of the profession is needed if the profession wants to maintain and improve quality in the proper way. In order to do this unity of purpose and action is necessary. This requires balancing of professional and political views and interests.

## **National level:**

Unification of policy has to start at national level. The professional societies in the specialties at national level are doing a great job in quality improvement. But this has to be implemented at each level of medical practice, all the way from individual private practise to hospital management, training requirements, certification, validation, professional regulations, national legislation.

Close cooperation of the professional societies with the political national medical associations and societies is necessary to achieve implementation of quality policy in a proper way. Only with unity of purpose and policy results can be achieved.

Unfortunately in many European countries this unity of purpose and policy is not that what it should be, and a greater effort on this issue is necessary. National professional organisations should be more aware of the significance of a strong European representation.

## **European level:**

The lack of national unity of policy reflects itself immediately in the representation of the medical profession on European level. Too often delegates of organisations of the same country are bringing opposing views in different European medical organisations.

## **European medical organisations:**

On the European scene there is the UEMS with its UEMS Sections and European Boards, the European professional Societies in each specialty, but there are also the umbrella organisations of the national medical associations (Comité Permanent of European doctors CPME), and other independent medical organisations such as the European associations of junior doctors (PWG), hospital doctors (AEMH), salaried doctors (FEMS). Basically each group started out as a lobbying group for its own interests, but progress in the unity of purpose and policy has been made. This process of confederation has to be pursued.

## **Future:**

The UEMS with its Sections and Boards is by far the largest of all political European Medical Associations, and it has an extensive grass-root support. It has done a lot, but more is needed. So far each country is autonomous in health care matters, but European integration is gaining momentum. The profession must be ready to play its role in a future integrated European health care policy.

At European level a more unified voice of the medical profession is needed, leaving intact the professional independence of sectoral groups like medical specialists, general practitioners, etc. Here the same unity as at national level should be achieved.

## **Accreditation**

CME/CPD is an important part of the medical practice today. When we look at the training to become a (specialist) doctor, it starts with undergraduate and graduate training at the University followed by the Postgraduate Training that is done in cooperation between the Profession and the University (ideally).

In the past this was the end of the process but it is more than obvious that a long life learning has to be done in order to maintain knowledge and skills for the practitioner.

Here CME/CPD is an important factor.

It started with Continuous Medical Education where mainly theoretical courses and congresses were organized.

Nowadays this is completed by the improvement of communication, IT, managerial and social skills and is more concentrated on the practice of each individual practitioner and his or her needs.

The CME/CPD needs and the way it has to be organized is a duty of the National Accreditation Authority in each European Union Member State and can be National or Regional (or a combination of both).

The NAA has to define how many “credits” and which kind of credits are needed each year or each period of time.

It is more than obvious that one can not gain all his or her credits by following only one means of CME/CPD, meaning that for instance not all credits may be earned by following Long Distance Learning Programs only.

Other means such as Live Events, Enduring Material, like CD-ROMs, or articles have also a certain role to play in the whole picture of the CME/CPD of a (specialist) doctor.

It is clear that this remains a responsibility of each NAA.

UEMS set up EACCME® in order to help the European Medical Specialist to have the credits he or she has earned by going to International Meetings approved by his or her NAA in order to avoid a duplication of the process.

For instance when I as a Pathologist go to a meeting organized by the British Division of the International Academy of Pathology and that has been approved for CME by the Royal College of Pathologists of the UK, why should the Belgian Accreditation Authority start the process of approval again.

This was the start of the EACCME® where we proposed to have a clearing house where requests for European Accreditation could be sent.

## **History and political background of EACCME®**

Continuing Medical Education (“CME”) and Continuing Professional Development (“CPD”) have always been one of the major key elements of UEMS as it notably promotes the quality of care and the best level of training for medical specialists. This became concrete in 1993 when “UEMS Charter on CME” was adopted. Since then, further work has been laid down in the field of CME and CPD and other declarations and position papers were adopted such as the “Basel Declaration on CME” (2001) or “UEMS Declaration on the promotion of good medical care” (2004).

At the same time, many European countries have been taking steps towards mandatory CME together with legal or professional re-certification or re-licensing, financial incentives or contracts with insurances and hospitals. Even though UEMS defends voluntary CME, it was felt appropriate to help European medical specialists in this respect. Therefore, in October 1999, UEMS Council set up the European Accreditation Council for CME (“EACCME®”), with a view to:

- Facilitating access to quality CME for European doctors;
- Contributing to the quality of CME in Europe; and
- Exchanging CME credits in Europe easily.

The quality control of CME activities is a key element in this process. It was thus decided to operate in a decentralised way by using the expertise of existing European and national professional bodies involved in accreditation.

The everyday management of European accreditation by EACCME® provides this link between European and national levels. One has to remind the political necessity to comply with the political authority of national professional regulatory bodies, as these bodies are responsible for registering doctors’ CME-CPD and awarding licences to practice.

## **EACCME® Structure**

EACCME® was founded in 1999 as a separate entity from UEMS even if it was ruled by its Management Council. In the revised Statutes, it was proposed by the Executive upgrading EACCME® as one of the five genuine bodies of UEMS in order to stress the importance of this body.

EACCME® management would though remain as it is:

The governing body is UEMS Council, which is made up of representatives from national associations of each UEMS member country.

An Advisory Council provides recommendations with regard to the management of European accreditation. This body is made up of representatives from:

- National professional CME authorities, including national CME accrediting bodies;
- UEMS, including its Sections and Boards;
- Professional specialist organisations and societies.
  - This Advisory Council provides full exchange of expert-knowledge and collaboration between the various partners involved in accreditation at European level. UEMS convenes a meeting of this committee each year as it is committed to the further evolvement of EACCME® procedures in cooperation with the members of this advisory committee.

The daily proceedings of the EACCME® are managed by UEMS Executive in its Brussels Secretariat.

From the start it was clear that national professional regulatory bodies would approve a structure, such as EACCME®, which would make CME credits in Europe exchangeable. The only condition was that these bodies would remain in charge of events in their own country and would have a major input in the process of EACCME®. This is a political reality, moreover, it is expected that within a few years mandatory recertification would apply in several countries. CME credits would then be the instrument used in this respect.

## **Practical operation**

EACCME® received its mandate from national regulatory bodies together with several distinct conditions.

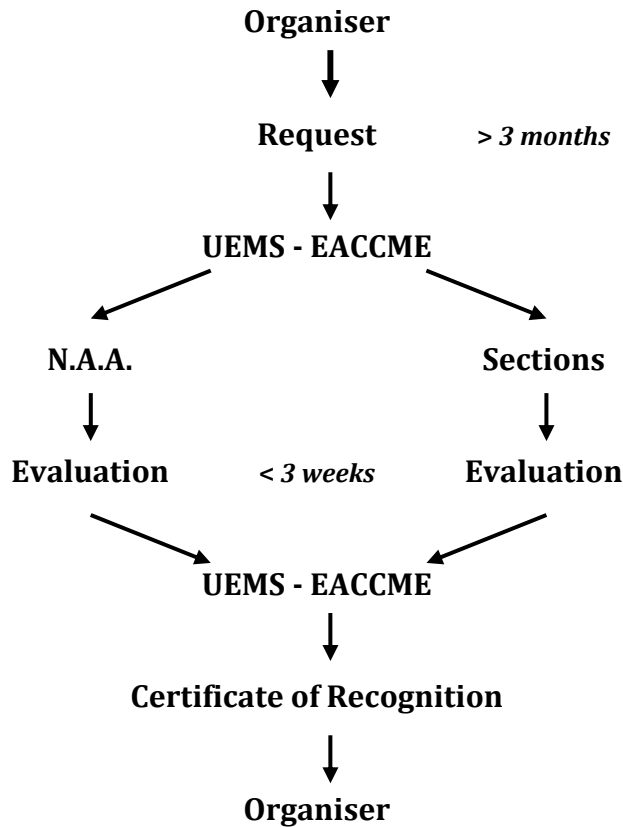
- a) National authorities are maintained. EACCME® does not become a supranational body, but a link and clearing-house between national regulatory bodies.
- b) The final word concerning accreditation of each activity remains the decision of the national regulatory body in the country where the activity takes place.
- c) The Brussels administration should be as lean as possible.
- d) Quality assurance and determination of number of credits of separate CME activities would be decentralised, EACCME® relying upon the expertise of professional bodies in each specialty (such as the UEMS Sections and/or Boards and European Speciality Accreditation Boards). This aims to avoid duplication of quality assurance proceedings.
- e) There would be no accreditation of commercially biased activities, internet activities and for the time being each activity should be judged separately. So providers are not accredited for series of activities stretching over years.
- f) Administrative expenses of EACCME® are borne by the providers of activities applying for European accreditation. Expenses would be limited, avoiding duplication in Brussels of work already done by other accreditation bodies.

The recognition of EACCME® credits (ECMECs) is only guaranteed by national authorities within the framework of these conditions. EACCME® strictly complies with this set and operates according to the procedure:

The accreditation process in Europe involves two partners, on the one hand the National Accreditation Authorities and on the other hand the UEMS Specialist Sections and/or Boards. The responsible National Authorities are determined according to the place where the meeting is organized and the involved Specialist Sections are determined based on the specialty that is most involved or to the target audience of the event.

Let us now look how the process works in practice.

**Flowchart of the process**



The organizer of an event fills in the web based application form with all the relevant and needed documents .

Here the request form will be distributed by e-mail to the two partners.

- The relevant UEMS Section and/or Board assess the scientific value of the CME activity. This evaluation strictly follows UEMS Quality criteria defined in D-9908.
- The National Accreditation Authority will also grant the event and by doing so guarantee the value of the credits allocated to the activity.

Both partners are requested to give in a well determined time scale an approval or a refusal for accreditation, the number of credits being determined by UEMS–EACCME®.

## **Credit system**

As the different National Accreditation Authorities apply different credit systems, the European CME Credits ("ECMEC") were introduced in order to harmonise the number of credits on the following basis :

- 1 ECMEC per hour;
- 3 ECMEC for half a day; and
- 6 ECMEC for a full-day event.

National authorities can then convert these credits into national units, following the National rules; a conversion table will be established so that this conversion of ECMECs into National Credits is more transparent.

## **Evaluation of events**

It is very difficult (if not impossible) to fully evaluate an event before it is held based on documents that are provided by the organizer. Therefore in the future efforts will be concentrated to ask the organizers to have an evaluation of the event by the participants. This evaluation can be quite simple because at the end a too much detailed evaluation will be problematic to analyze. The main questions could be :

- was the event well organized?
- did I learn something from the event?
- will what I learned from the event change my practice?
- did I feel any bias?

The evaluation can be graded from "fully agree" to "fully disagree" by five steps for instance.

The principal aim of this evaluation is not to retrospectively throw away the allocated credits but rather help in the evaluation of the next meeting of the same kind organized by the same people.

EACCME is mostly involved in the evaluation of big international events that are recurring, so this will help in the process.

## **Which added value?**

As shown, the added value of EACCME® lies in the link set up between the professional societies, the CME providers and the national regulatory bodies. Any change to this procedure would need the consensus of national regulatory bodies. Any deviation from this consensus would defeat the purpose of the EACCME® and it would also mean loss of the agreement with the American Medical Association concerning mutual recognition of EACCME and AMA credits.

From the point of view of the organizers of events, the added value sits in the international dimension that would be given to an event. More participants from abroad and also from the USA would be interested in joining their meetings.

The agreement with the American Medical Association has been renewed and is now valid from July 1<sup>st</sup> 2006 for a period of four years.

The long term benefit is the link with the national regulatory bodies. These bodies are very keen to preserve their national authority in the awarding of credits to the doctors in their own countries. EACCME® offers an institution in which they participate and have authority. In this way the profession facilitates exchange of CME credits in Europe in a similar way as postgraduate diplomas are mutually recognised according to European law.

At the end it are the National Accreditation Authorities together with the National Licensing Authorities that gives to license to practise.

The ultimate goal is to develop a system that makes life easier for our colleagues and to provide them with recognised quality CME with the guarantee that they can use their CME credits to meet national requirements.

## **Near future**

Until now UEMS-EACCME only dealt with live events, but the decision was taken by the UEMS Council to start the process of also including e-learning programs.

This is a major step that was needed to be considered as web-based learning is increasingly important and fills a gap, as it is not always possible for doctors to attend meetings.

From January 1<sup>st</sup> 2009, e-learning will be part of the UEMS-EACCME evaluation and accreditation process but some practical issues still have to be formalized such as the number of credits to be allocated as well as the fee.

These issues will be discussed at the Task Force for CME meeting on November 21<sup>st</sup> 2008 and clarified at the Advisory Council for CME that will be organized on November 22<sup>nd</sup> 2008 in Brussels.

## **Next steps**

Naturally, enduring material such as literature and other formats for learning will have to be considered in the future.

## **Fee**

The UEMS-EACCME asks for a fee for processing applications. This fee is based only on the number of participants and is a sliding scale. As we have two equal major partners in the European Accreditation, they also share their part of the fee.

Dr. Bernard Maillet

*Secretary General*

November 5<sup>th</sup> 2008