



Under the Auspices of the UEMS

ESO /ACOE CME workshop: Towards a harmonized CME system in Europe

Tuesday 22 September 2009 – Berlin

REPORT

The following points were made during the panel discussions

1) Session 1: CME in Europe: state of play – issues and challenges

- There is growing concern about the commercial aspects of CME and the potential conflicts of interest which may come not only from the pharma companies but may also have other origins such as insurances and universities. This seems valid both in Europe and in the US and therefore a global solution is required on how to regulate the support from commercial companies.
- It is the duty of the health professionals' community to safeguard the quality of the CME programmes.
- There is an obligation for doctors to participate in CME but no parallel rights in accessing quality CME programmes.

2) Session 2: CME accreditation tools and procedure

- There is a need to harmonise evaluation at European level and make sure that evaluations are performed seriously.
- Most doctors are willing to participate in CME activities and update their knowledge and skills.

- In Lithuania, licences have been withdrawn from doctors not complying with the CME requirements. In Slovenia, doctors who are not complying are sent to training programmes.
- There is a tendency to have CME within hospitals to reduce costs. Doctors are not paid for extra hours in CME. Permission to have CME in hospitals = compromise
- Incentives should be encouraged rather than sanctions. Restrictive systems make the profession less attractive. Need to give more offers to the colleagues rather than more controls.
- The trend is a 5% rejection of events following evaluation usually due to commercial biases or inappropriate target audiences.
- Satellite symposia can be reviewed the same way as other events. This was contradicted by the other view that some types of symposia should never be accredited
- The system should seek to give a chance to the provider to review the programme if not satisfactory rather than rejecting the event.
- The CME providers must be able to award CME points to doctors outside their specific specialty (it could be of interest to an oncologist to attend an urology event). This requires to be part of an European system.
- There is a tendency of reinventing the wheel being at national level or among the specialties.
- The UEMS EACCME created a task force in 2007 with representatives from the national CME competent authorities, some European Specialty Accreditation Boards and some sections to review and harmonise the accreditation quality criteria for international CME events. However, in this process several issues need to be taken into consideration due to the differences in the health systems in Europe. Solutions can be offered but nothing imposed. There is a conflict between harmonization and the subsidiarity principle.
- It is worrying to see that in some countries CME is more and more organized within the hospitals while there is a great benefit in participating in international congresses outside your own country.
- We need to take into account the language issue in Europe. In Italy, for example, there are doubts about the ability of doctors to follow English speaking congresses.
- In the evaluation of an event, it is very important to check the quality of the faculty, there are worries about the quality of the teachers in some programmes.

3) E-learning

- The required percentage of questions to be passed in order to obtain the CME certificate is debatable because it depends on the difficulty level of the questions.

- Suggestion: 100% given to the best answers, rest get 70 or 75% of best answers. Also gives an indication of the quality of the programme. However this is only applicable for the 'one off' e-learning activities for which all the users complete the test at the same time.
- We need a single system as regards the required percentage because some users are under the assumption that 50% would mean passing. We need flexibility rather than absolute cut offs and marks.
- We may want to consider Providers' accreditation and agree on the criteria on which a provider can be accredited and for what period of time
- In the US, an organization which wants to be accredited needs to state its mission and must demonstrate that it undertakes needs assessments before developing CME activities. The accreditation is valid for a period of 4 to 6 years.
- There are different modalities of testing. The assessment of knowledge is best done through multiple choice questions (MCQs) = summative question. Another possibility = formative testing
- E-learning may have tremendous impact. Industry may want to pay more for e-learning than meetings.
- European scientific societies need the events to get funding.
- There is no fight between live and e-learning, both are complementary.
- We do not know enough about the ins and outs on e-learning. No shortage of commercial support for e-learning produced by professional organizations.
- We should not cut large meetings but perhaps 25% of smaller meetings making efforts to make them educational.
- What is important are the pedagogical aspects. What counts as far as effectiveness is concerned are the methodologies, especially for web-based.
- Web-based learning will be very important. There will be new forms of multimedia, must be able to compare yourself.
- There is some evidence that combination of e-learning and small groups meetings have a better impact on the learning curve.
- We need to be sure about what is efficient.
- Poland is on the way to develop possibilities with internet. Do not know yet what are the possible possibilities.
- The idea that some activities should get more credits than others is difficult to implement.

- The journey for a physician from learning to changing practice is a long journey. All the pedagogical types have value even a pure didactic course.

Conclusions

1) Enormous progress has been made on CME since 1982.

2) There is a very clear role for the UEMS which managed to establish itself as the organization in charge and has the hands on with the issues. We should discuss how to best support the UEMS in this exercise as scientific societies.

3) The risk of reinventing the wheel is there. This also applies to the scientific societies. What can be done to reduce this. Should there be a rotation? Should we establish some mechanism? UEMS needs to answer

4) There is a lot of agreements, more than disagreements.

There is agreement on:

- The 1 hour = 1 credit concept
- E-learning: very clear that e-learning is there to stay and to overcome live events.
- The concept that evaluation is the important thing rather than checking times of attendance, badges, etc
- The ethical aspects. It is our responsibility. Industry is there to make business, it is up to us to sell ourselves to them and get their money for a good use
- The idea of not going too far with controls and sanctions. Need as much as support and encouragement.

5) The disagreement is more on the circulation of credits, language, countries accepting or not, but these things will be sorted out, it is a matter of time. There does not seem to be strong objections. More than disagreement it is the complexity of the system.

6) E-learning: internet is opening new ways and issues and has impact in numerous countries which may start with that.