

European CME Accreditation

UEMS Rules and Principles



Dr. Bernard Maillet
Secretary General
UEMS - EACCME

Bernard Maillet



★ U. E. M. S. ★

- **Union Européenne des Médecins Spécialistes**
- **European Union of Medical Specialists**

Umbrella organization of National Associations of Medical Specialists located in Brussels

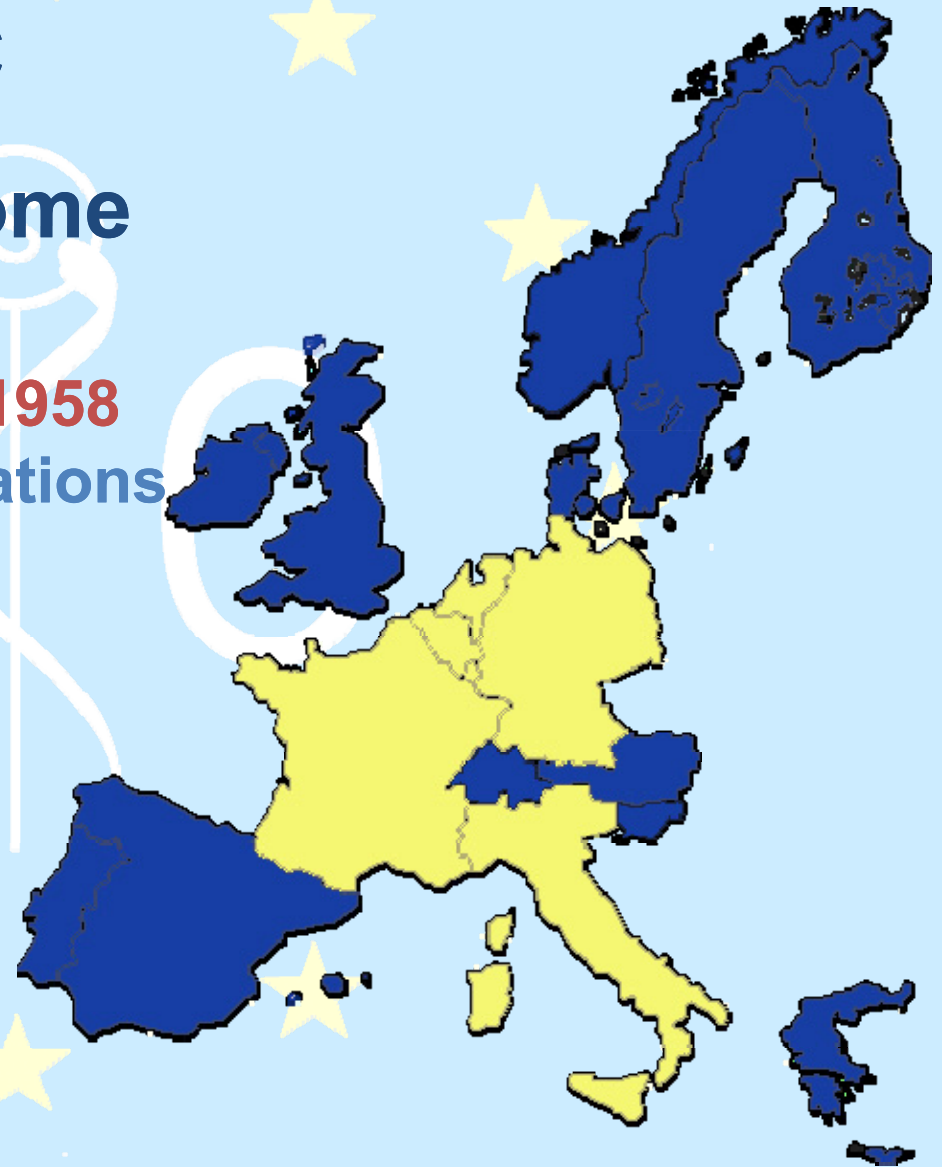


1957 EEC

Treaty of Rome

Foundation of the UEMS in **1958**
by the professional organisations
of medical specialists of

Belgium
France
Germany
Italy
Luxembourg
the Netherlands



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E A C C M E

- **UEMS policy first defined in the UEMS Charter on CME 1994**
- **A need for a system for the exchange of CME credits at European level for countries where credit points are used**
- **The Management Council of the UEMS decided to develop such a system in March 1998**



E A C C M E

Purpose UEMS policy

- **Contribute to quality and harmonization of CME in Europe**
- **To make life easier for our colleagues by easing access to international CME**
- **Developing quality guidelines**
- **Maintaining national authority**



E A C C M E

Purpose UEMS policy

- **Same procedure for each Specialty**
- **Same procedure for each Country**
- **Harmonisation of the fees**
- **Avoid multiplication of the process**
- **Have one entry**



E A C C M E

- Gives European accreditation for international CME events based on national accreditation by relevant CME authority and consultation with European Speciality based Accreditation Boards (e.g. EBAC for cardiology) and/or UEMS Specialist Sections and Boards
- UEMS/EACCME has signed agreements on mutual recognition of CME events with national accreditation authorities of several EU countries (Greece, Spain, Cyprus, Ireland)

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Continuing Medical Education (CME)

Maintenance of Academic Knowledge
and Skills



Continuing Professional Development (CPD)

- Means of Updating, Developing and Enhancing how Doctors apply the Knowledge, Skills and Attitudes required in their working lives
- The Competence development includes CME + Personal, Managerial, IT, Communication and Social skills



Quality of CME

- **No scientific proof of efficacy of attending congresses, courses, symposia by individual professionals**
- **Abundant evidence of rapid improvement of medical practice through utilisation of new developments**



Quality aspects CME

Need orientation:

- Definition learning objectives
- Description target audience
- Assessment relevance CME objects
- No accreditation promotional activities
- No accreditation useless activities



Quality Requirements CME

- Written statement learning objectives
- Submitting full data provider
- Disclosure potential conflict interest
- Attendance, mechanism for feed-back
- Report, assessment by Provider

Non-biased education, either commercial or otherwise



What Activities are granted ?

- **Currently:**
 - Individual Events
 - Conferences
 - Scientific Meetings
 - Internet Courses
- **Future:**
 - Enduring Materials – CD Rom
 - Articles
 - ...



Draft Flowchart Accreditation in Europe

National Accreditation
Authorities

Event

National

International

European
Accreditation Bodies



Draft Flowchart Accreditation in Europe

Event National

National Accreditation
Authorities

Evaluate the value of the meeting

Grant the credits according to the National rules



Draft Flowchart Accreditation in Europe

Event International

European Accreditation Bodies

Evaluate the value of the meeting
Propose a number of credits

National Accreditation Authorities

Accept the scientific evaluation by the UEMS Sections and Boards
Apply the number of credits relating to the national rules

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Minimal Criteria

- **Non-biased education**
- **Control of attendance**
- **Report after the event**
- **Have clear learning objectives**
- **Precise the target audience**





Accreditation

Two major partners in the process:

- **European Accreditation Boards**
- **National Accreditation Authorities**



Scientific approval

Done by Accreditation Boards of the involved specialty :

- **UEMS Sections and/or Boards**
- **European Accreditation Boards**



National Accreditation Authority

- **Ministry of Health – Health Authority**
- **Ministry of Social Affairs**
- **Professional Bodies**
- **Medical Associations**
- **Universities**



National Accreditation Authorities

- Have different credit systems
- Have different approaches on the procedure
- UEMS tries to harmonize the process
- Is the main player
- We have to look at who is giving the license to practise



Mandatory CME

Austria

Croatia

Czech Republic

France

Germany (in hospitals & practices)

Great Britain

Greece

Hungary

Iceland

Ireland

Italy

The Netherlands (for specialists)

Poland

Slovenia

Switzerland (for specialists)



CME/CPD recommended for doctors but voluntary

Belgium

Cyprus

Denmark

Estonia

Finland

Israel

Luxembourg

Norway

Portugal

Spain

Sweden



What means “Mandatory”

- Only theoretical measures
- “Last call”
- Real effect on the license to practise or on the payment of the practitioner

“Mandatory” is not always what we think it means...



Voluntary versus Mandatory CME

- Motivation
- Incentives
- Control mechanisms

The carrot is more effective than the stick...



Shift to mandatory CME in Europe

- Policy UEMS : CME is an ethical obligation and should not be mandatory
- Voluntary CME is effective on macro-level
- But, on individual level participation has to be encouraged

Mandatory CME is not effective in the weeding out of bad apples



Effects Mandatory CME

- Recognition CME credits by a National Regulating body, preferably a professional body
- Quality of CME activities is being assessed by a scientific body

End of freedom of CME providers to determine the content of their programs themselves



CME/CPD FORMULA

$$A) \quad WD_{LB} + LU_{BB} = K + S (+$$

Davidoff, 1995

WD_{LB} = Write down in the little book

LU_{BB} = Look up in the big book

$K + S (+ A)$ = Knowledge + skills (+ attitudes)



Mutual Recognition

- **Based on trust**
- **Similar criteria**
- **Different Health Care Systems**
- **Must be only a part of the entire « portfolio » of the Doctors**
- **Borders are vanishing**



Draft Flowchart Accreditation in Europe

Credits

UEMS suggestion

Full credits (E CME C)

No weighted factors

1 ECMEC per hour of activity

3 ECMEC for a half day / 6 ECMEC for a full day activity

Translation of these E CME C's to National credits can follow the rules of the National Accreditation Authority

For instance : can have a maximum
 weighting factors can be introduced nationally



Updating of Agreements

- **Spain**

Financial aspects (fee)
Credits translation table

1 ECMEC = 0,12 Spanish Credits



Conversion Table

- **Spain**
1 ECMEC = 0,12 Spanish Credits
- **Belgium**
1 ECMEC = 1 CP
- **Romania**
1 ECMEC = 1 Romanian Credit
- **Sweden**
1 ECMEC = 1 Swedish Credit
- **Germany**
6 ECMEC = 8 German Credits



Agreement with the American Medical Association on Mutual Recognition of Credits

Till June 30th 2006 :

- Pilot project for 2 years each time

From July 1st 2006 :

- Real agreement for 4 years



Agreement with the American Medical Association on Mutual Recognition of Credits

- Credits granted to events taking place in the United States and approved by an ACCME accredited provider are recognized in Europe
- Credits granted to events taking place in Europe approved by EACCME can be recognized in the US as AMA PRA Category I[®] credits



Summary

- **Harmonisation**
- **Simplification**
- **Same criteria**
- **Two major partners :**
 - **National Accreditation Authority**
 - **European Accreditation Boards**



Webbased application form

580

www.eaccme.eu

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“If you think education is expensive, you should consider ignorance.”

Socrates (469 – 399 BC)

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Go raibh maith agaibh

Schön dank

Благодаря

Mult obrigado

Merci

Dekuji

Gracies

Dank U

сбасиво

Thank you

Grazzi

Tack

Dakujem

Muchas gracias

Multamesc

Grazie mille

εφχαριστώ

Takk

Kiitos

Köszönöm

Ginkuje

Dekoju

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www.uems.net