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UEMS COUNCIL MEETING

BRUSSELS, 19-20 OCTOBER 2018

APPENDICES TO REPORT OF THE SECRETARY GENERAL

EACCME working groups outcomes

Appendix 1: Expansion of recognition of professional qualifications

The working group consisted of 14 members of UEMS sections and boards , 3 members of European Specialty Accreditation Board, 7 members of National Accreditation Authorities
Further two delegates from the recent EACCME meeting in Brussels 2017 joined and two delegates from CESMA (see attached for members).

The working group

- Exchanged views and suggestions by mail
- One telephone conference 6.9.2017
- Issued a 1.draught and further comments were included before the EACCME advisory board meeting I Brussels
- Comments an**d suggestions from that meeting has now been included in another draught document.**
- **This have now been** circulated in the group plus some new members and a final document made (18.2.2018)

Extract from the discussions in the working group.

- Is a fee of 20 euro is reasonable or even might prevent users from applying
- We have suggested a number of Individual CPD/CME verified through shared reflection, activities that are an essential part of each doctors CME/CPD. Registration of these competencies is based on trust and the submitted reflection. These individualized activities can be verified by submission of a reflective journal giving a succinct outline of key learning points and the impact they have had through changes made to practice or aa reassurance that no change needs to be made.

- Documentation of individual CME/CPD activity should be based on trust (read a book, local teaching session, patient communication etc) and an ethical and moral obligation.
- If quality is the issue we can recommend eg. the Canadian quality control system visiting ½% doctors of doctors documenting their CME/CPD of non-verifiable activities. The Finns have taken the Canadian system into their advanced web site and base 50% on trust and 50 % on control. The Irish make quality control in 3%.
- We suggest UEMS recommend that local systems are established with easy access personal portfolio and a yearly appraisal process.

I. Definition of recognition of CPD/CME activities

CPD/CME activities get recognised when the standard pathway of EACCME® accreditation is not followed but the activity has widely recognised educational and/or CPD value (i.e. publication in a peer review journal with an established and recognized editorial process) and the medical specialist has decided to obtain CPD/CME credits for an activity that has been certified for high quality in a process other than CPD/CME accreditation (i.e. peer review of an article, acceptance of the lecture/paper for presentation at an accredited CPD/CME event etc.).
The EACCME® recognises the following activities:

- **Reviewing scientific and educational material (REV)**
- **Publishing scientific and educational material (PUB)**
- **Learning by Teaching (LbT)**
- **Examiner in a UEMS exam**

A list further list of **Personal competences/skills/activities** have now been added including some where documentation/registration is less simple (non verifiable) but where recognition is based on the trust which is the backbone of the UEMS accreditation system.

Personal competences/skills/activities that can be verified

1.Scope of recognition:

Mentorship for junior medical staff members
A structured plan is a requisite and more than 3 hours of contact
Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:

o Name and position of the staff member
o An outline of the structured plan.
o Written documentation from academic officer, chief of Staff

Fee:

Allocation of credits:
4 points

2.Scope of recognition:

Active participation in creating an online teaching course, or establishing online educational tools,

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name of the online teaching course or tool
o An outline of the factual role in hours spend.
o Written documentation from the provider, editor, academic officer, chief of Staff

Fee:

Allocation of credits:
1 point pr hour up to 6 points

3.Scope of recognition:

Contributors to Multiple Choice Questionnaire writing groups

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name of the acticity

o The type, scope (institutional, local, national, international) and length of the work (expcted > one days work).
o Written documentation from the chief of writing committee, academic officer, Chief of Staff

Fee:

Allocation of credits:
1 point pr hour up to 6 points

4.Scope of recognition:

Clinical guidelines preparation, consensus papers, writing editorials.

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name of the online teaching course or tool
o The type, scope (institutional, local, national, international) and length of the Guideline, consensus paper, editorial . As well as the effort put into it: authoring or co authoring.
o Written documentation from the editor, academic officer, Chief of Staff

Fee:

Allocation of credits:
1 point pr hour up to 6 points

5.Scope of recognition:

Supervising MD/PhD thesis and master classes

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name of MD/thesis, masterclass,
o Time line for the supervision and length of master class (3 hours/6 hours).
o Written documentation from academic officer, chief of Staff
o Copy of front page

Fee:

Allocation of credits:
1 point pr hour up to 10 points
3 point s for 3 hours master class

6.Scope of recognition:

Active membership of scientific society

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name of the scientific society,
o Written documentation of membership fee renewal

Fee:

Allocation of credits:
2 points

7.Scope of recognition:

Preparing an event*

Definition of Event preparation: being a course director for an event, being a member of the scientific committee, involved into the scientific content elaboration,

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Describe the event and the specific role,
o Written documentation of the time spend
o Written documentation from the ….

Fee:

Allocation of credits:
1 point pr hour up to 6 points

8.Scope of recognition:

Reading scientific articles in peer reviewed journals**

** If the journal offer an online questionnaire attached to selected papers, to show that it has been read.

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o The details for the paper (vol, page and title)
o The print of passed online questionnaire

Fee:

Allocation of credits:
1 point pr paper read up to 6 points

9.Scope of recognition:

Sitting an examination (EB Radiology)

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Name and data of the examination,
o Written documentation from the exam koordinator

Fee:

Allocation of credits:
1 point pr hour up to 6 points

Individual CPD/CME verified through shared reflection

10.Scope of recognition:

Reading scientific articles in peer reviewed journals/ Reading books/ Participate in live-streamed discussions or lectures (both for participant and lecturer).

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
- o Title and vol and page and year of paper, name of book, title, date and time spend of webinar (lecturer og participant)
- o Submission of a reflective journal giving a succinct outline of key learning points and the impact they have had through changes made to practice or a reassurance that no change needs to be made.

Fee:

Allocation of credits:
1 point pr hour up to 6 points

11.Scope of recognition:

Work place teaching, in the context where learning is needed.

- Lecturing in house in non-accredited events
- Unaccredited rounds, journal club small groups and conferences
- Committees: patient care quality and ethical and educative committees
- Patient education activities

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

- Application form with:
o Title and content and time spend
- Submission of a reflective journal giving a succinct outline of key learning points and the impact they have had through changes made to practice or a reassurance that no change needs to be made.

Fee:

Allocation of credits:
1 point pr hour up to 6 points

Appendix 2: Development of a training module for reviewers

Process and time line:

The task was divided into several subtopics, which will be discussed. Internet communication was used and the main topics were summarized by the chair. Additional information regarding references for a library came from Pr Stern. The present summary of topics and content was sent out 3 times, and the comments were integrated in this final document. This last version also implemented inputs , which were received until Dec. 10, 2017. This version was mailed again to the group on Dec 12.2017.

At the UEMS EACCME meeting in Brussels , in January 2018, the content was presented by the chair, and discussed. The comments were sent out to the group again, for opinion.

In January the suggestion was accepted to have a permanent member of CESMA as a member of this group. A letter was sent to Nathalie, to include the selected CESMA person in our mailing list. At this time we have no answer. A letter was sent to Nathalie, to include the selected CESMA person in our mailing list.

The final submission for the document is March 16, 2018. Preceding this, the document was sent out to the group for a final comment.

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1- Introduction:

The EACCME has increased its offers and possibilities of accreditation. In addition to the most frequent type „Live Educational Events (=LEE, for instance: symposium or courses) „ and e-learning, new types as blended learning, accreditation of e-platforms and e-libraries are challenging new developments.

In addition to these innovative changes, there is also a permanent influx from other societies as the EFPIA, patient organizations and NGOs and legal and local regulations, which need flexibility and the ability to adapt to changes.

The EACCME has the ambitious goal to accredit educational meetings by high standards, and in the center of this activity are the reviewers, who play the main role to review, certify and secure the quality of all CME activities accredited by the EACCME.

Quality control is particularly important for life events, where usually only the program and content are transmitted to the reviewer. This bears the risk that despite an attractive program, the content or format may not serve the purpose of high quality CME. There is a stringent suggestion to create a feedback loop, of the evaluation of participants to reviewers. The issue of inspections and visits to life meeting, is important, and is an ever emerging subject, which is not only costly, but hard on administration.

One suggestions could be to select a number of LEE per year, in a random fashion, and delegate a person, or of a group of reviewers to attend this meeting anonymously. Of course this would cost the participation fee, travel costs , lodging and a daily fee of the reviewer.

For other events as e-learning, libraries, the quality control is part of the review process per se. The enduring material usually takes more effort, and also additional responsibility of the reviewers.

The profile of a reviewer is a person, who is knowledgeable of the subject , must be independent, inert and absent of any Conflict of Interest (COI), and needs to be aware of methods, tools and fallacies of accreditation.

The present paper aims to identify the need and content for a training module of a reviewer.

2- Who is a reviewer?

A reviewer is Medical specialist with interest in medical education. She/he needs sufficient scientific and professional qualification and serves to evaluate an event/or enduring material in regard to quality, timeliness, and the absence of any bias in regard to commercial or other interest.

It is expected, that reviewers in addition to their scientific qualifications, do not have any conflict of interest, act in the best regards of scientific interests, and are able to detect possible scientific problems, and also be aware of eventually hidden industrial/commercial interests.

At times, the reviewer may exposed to difficult decisions, in regard to scientific value and/or the distinction from other interests.

At present the appropriate section selects reviewers, who have the respective qualification and are willing to serve this important activity. A 'shared reviewer' also selected by the appropriate section might be consulted by the first reviewer if he/she has questions about the reviewing LEE.

As the basic principles of reviewing are similar, the reviewer does not necessarily have to be from the same field, as the event is dedicated to. In addition „multidisciplinarity „ is increasingly dominating meetings, it could also be even an asset to have reviewers from similar and related fields. A good example is oncology, where events are usually by persons rooted in oncology, but coming from different fields (eg. surgery, radiotherapy,, oncology…). Contrary to this, special attention should be devoted if next generation genetic methods, rare diseases, or rare cancers are significant part of the topic; in such cases special expertise must be a requirement, which should be provided by the appropriate Section (s) or MJCs of the UEMS; occasionally external experts should be included.

There may be also a need to consider to adopt members from other „non physician" health groups , if the meeting is also multiprofessional. As an example nurses, technicians, and other health groups. The EACCME website offers information on the technical aspects of reviewing. The purpose of this paper is the summary of suggestion for the training of reviewers.

The possibility of a training course, either virtual or as a life event will be discussed under point „ at the end of this document.

Table 1 Reviewer selection by a section of the UEMS

The reviewer should be a medical specialist at least for 5 years.

Should have interest and experience in medical education.

Needs to have an (inter-) national scope on field of his/her medical specialty.

COI (see EACCME website: https://eaccme.uems.eu/home.aspx)

He/she should be able to communicate in English

A PhD title is favored

At least 2 reviewers should nominated by the section with a nomination for 5 years to gain experience and continuity. An overlap of offices is suggested.

A short CV of reviewers should be placed on the EACCME website (template to be developed)

A mandatory review course of UEMS (in progress) should be attended.

3 – What is subject to be reviewed

LEE

E-learning material: powerpoint courses, videos, interactive courses

"Blended" learning *

Other enduring materials; e.g. books, educational documents

Educational e-Platform *

Educational e-library (or digital library):

Others: e.g. apps (to be defined)

Definitions:

E-learning material:

Powerpoint courses, videos, interactive courses

E-learning is learning utilizing electronic technologies to access an enduring educational content at a time convenient to a learner. In most cases, it refers to a course or program delivered completely online. It should utilize modern available IT options. A complete unit of e-learning material that meets on its own right the EACCMER criteria for accreditation of an ELM. The content and format of an accredited module cannot change once accredited or for the period for which it is accredited. If the provider wishes to change the content or format, a new application needs to be submitted.

Blended learning:

An educational program that combines obligatory participation in a LEE and completion of an associated e-learning component. To apply for the accreditation of a blended learning module, you will need to apply for the live educational component and also for the e-learning component of the module separately.

Other enduring materials; e.g. books, educational documents

Educational e-platform:

An integrated set of interactive online services that provide a community of learners and facilitators with information, tools and resources to support the delivery and management of teaching and learning activities. An educational e-platform needs to have at least 10 of teaching and learning activities. An educational e-platform needs to have at least 10 e-learning modules that meet the EACCMER criteria for accreditation of ELM.

Educational e-library (or digital library):

An organised collection of selected digital resources created to support learning, scholarship, research and teaching. Through the use of appropriate technological standards, a digital library is created to facilitate permanent access to and resource discovery of selected digital resources.

Educational app:

The word "app" is an abbreviation for application. An app is an element of software that can be run on the internet, on a computer, or on a phone or any other electronic device. While the word "app" has gained popularity in the context of mobile devices, it still applies more broadly to programs in general. An educational app is an app that is used as a medium for the delivery of educational material modules that meet the EACCMER criteria for accreditation of ELM.

4 – Sources and library

The reviewer of EACCME events needs guidance and instructions. The goal of this paper is to define the presently available sources. The document is not able to go into specific details of the reviewers topic.

The reviewer is expected to be knowledgeable in his/her field, act on the present criteria of her/his section and also global scientific societies representing the respective field. This includes up to date literature research and knowledge.

The reviewer must be free from personal bias and conflict of interest, and also adhere to ethical standards.

The following sources are available:

EACCME website: for technical references

1 The EACCME website has instructions on how to do a review from the technical point of view. These instructions are detailed and comprehensive. In case of a technical problem, help can be asked for. (https://eaccme.uems.eu/home.aspx)

2 „Peer review in scientific publications“
Eighth Report of Session 2010–12; HC 856
Published on 28 July 2011 by authority of the House of Commons
London: The Stationery Office Limited.
This is a general and valuable source on the issue of peer reviewing.

3 References for EACCME Reviewer Training Module (RCP) (appendix I)
This is a collection of issues regarding the topics of:
E-learning
Blended learning
Conflict of interest
Live educational events (LEE)
and the abstracts are delivered as an appendix (page: 23-31)

4 The issue of Conflict of interest (COI) is a wide field and is subject to a WG of EACCME (see also 3)

EACCME and other sources:

The WG is aware that the sources mentioned are subject to change. A yearly update by the WG would be desirable. As this is a WG, it will cease to exist after the mission has been achieved. It is recommended to establish a small permanent committee of at least 2 persons, to observe and guarantee continuity.

5- Content for a “Short reviewer guide” including Special and rare issues

The new EACCME website is well organized with a detailed reviewing checklist including points of attention, when entering the website for reviewers. This is clear, and technical. It will be subject to temporary technical changes. The essential for reviewers is mainly based on the frequent LEE`s.

For new items as e-learning and new types as blended learning, accreditation of e- platforms and e-libraries different types of reviewer assessment tools need to be developed (see recommendations).

The general requirements for reviewers are outlined in (2). It is also suggested that regular update on issues of patient organisations as Efpia (heps://efpia.eu), and others (http://www.eu-paHent.eu) are regularly consulted and also patent related action of large scientific organizations (https://www.ecco-org.eu/PaHentsAdvocacy) as a background information on current developments.

Considerations need to be given to the type of meeting, conventional LEE, satellite meeting, „stand alone meeting".

For US meeting organizers, familiarity with the sunshine act (https://legacybhsapps.beaumont.edu/PageFiles/102897/Physician%20Payment%20Sunshine%20Act%20and%20CME.pdf/) , hep://www.cmecoaliHon.org/news/aafp-fights-to-block-undue-sunshine-reporHngrequirements is recommended.

Further development:

- Develop a glossary of terms for the use of reviewers (at present not available)
- Develop a FAQ to share best practice and experience in between reviewers. This could be placed on the EACCME website.

6 – Review

6.1 Review of an event

1) Scientific content: this is within the remit of the reviewer, to judge if the scientific content in regard to objectivity and timeliness and goals of the event.

2) Goals: The reviewer should be able to identify the scientific goals of the content, and also make sure that these goals of achievements are clearly stated.

3) The planned program needs to be defined:

Title
Schedule
Program: table of content (in hours)
List of speakers
This program must be ready at the time of reviewing.

Any delay, or missing information is not acceptable.

4) It is necessary that reviewers estimate, how independent the event or its contributors are in regard to industry and possible other interests. This is not an easy task, as such interests can be hidden or well disguised: The suggestion is to scroll the website for association of the speaker with industry or any other possible interest.

Industry is not only pharma - also the production of devices, or any other commercial or individual interest need to be considered.

Also potentially health care providers may use CME activity to promote their products, which might be procedures, operations and complex treatments, however with a primarily commercial background.

5) Responsible medical officer of the vent which has to be a physician. It is useful to check the internet, if this person is in close relation or on the payroll of a pharmaceutic company.

6) Finances:

How independent is the meeting organization?

Check for the financial issues and sponsoring. Usually a fee or a contribution is expected from the participant.

Fee to attend: any CME event has costs; despite sponsoring by “unrestricted grants”, it is expected that a fee, contribution, has to be paid to the meeting. A “no fee meting” is likely to be industry sponsored and might serve the interest to promote a product. However some events are organized by government organizations and are therefore free of charge.

A “free” meeting, or a stand alone event, points to an industry sponsored event.

„Satellite symposia“ , which are held during scientific meetings , must be clearly separated from the scientific content, and must not overlap. As the maximum of CME ECMECS are defined per day, an excess of CME points by attending the satellite is not acceptable.

No meeting is entirely independent. The EACCME usually relies on Academic bodies, or Medical institutions as reliable platforms for CME meetings. There could be other platforms, and even individual persons could plan an event or a meeting.

Usually is it advised to scrutinize mono-sponsored events, as these are often industry dependent. The issue of „ “independent CME providers”, is delicate, and needs a thorough research into the organizer. A responsible physician needs to be identified, and it s advised to screen for possible detectable „connections“ between the „Mono“ sponsor and the medical officer.

MECs are medical educational companies, providing CME (eg: http://www.gamecme. org/providers)

Events are organised by government organisations. Also in these cases a particular interest could be noticeable.

7) Learners

The educational goals of the course/material must be defined. A short description about why the event is interesting for the xxx medical specialty is recommended.

8) In addition to the clearly defined goals of the meeting, there is also a need for a feedback. Feedback evaluation should be included in the evaluation of the meeting. We recommend that the evaluation results of the event are also send to the EACCME for feedback to the reviewers.

9) Increasingly CME is becoming obligatory in some countries, and the organizers may be pressured to install assessment methods (questions, test) to see and find , if the attendees have reached their goal. It will be useful for reviewers to be able to be informed what instruments are available.

10) Responsibility:
A reviewer must be aware, that he is expected to view the meeting not only unbiased, but also takes the responsibility , thus upon his/her judgement a meeting would not be accredited. So, if rejecting a meeting try to formulate clearly what problems were encountered, to be able to defend your position in a following appeal (there is an appeal mechanisms in EACCME), or in a possible lawsuit.

Independency of contributors: Pharmacy, device companies or other sponsors need to be identified.

Assessment and evaluation: Type of assessment and evaluation (feedback)

11) Appeal: the organizers of a rejected event may want to appeal. The reviewer is advised to keep records on the basis of his/her decision and make it as transparent as possible.

6.2 Special and rare issues:

Definition:

In addition to the items above, this recommendation also advises, that a CME procedure will be needed for the review of highly specialized topics.

This refers to specific topics (eg genetics), and also needs to focus on the special needs of the attendees (see paragraph 2).

The following issues could be concerned:

General principles of EACCME CME must be maintained.
CME for very specific topics may need particular expertise from reviewers (see 2)
Specific Needs of attendees might need to be defined.

7- Type of presentation for future reviewers

Choice of reviewers:

At present the choice of reviewers is often arbitrarily. It may be worthwhile to develop a short guidance, what qualifications are expected from a reviewer, and how to choose.

We recommend that all reviewers are listed with their COI on the EACCME website.

See table 1.

8 – Teaching document

A teaching document on the main issues for a reviewer for a reviewer will be developed.

This document needs to specify what is needed from a reviewer, in regard to knowledge, experience and also the firm will to have no COI in his work. This will be important for the sections, and will help them to identify suitable persons.

It has to be clearly stated that reviewers do this without payment and are highly motivated volunteers. Still a fulfilling this important task, they need to be able to claim CME points for their efforts to have some „academic“ compensation for their work.

This is probably not true in the review of larger projects, as video presentation with interactive parts, e - libraries may require significantly more time to review the material in detail. This excess of time loss needs to have some different type of compensation.

It is important to summarize the points mentioned under „Reviewer`s guide“, to give an outline to the reviewers what points and items they need to consider.

Another possibility would be the creation of examples, which are targeting some frequently occurring issues.

The responsibility of the reviewer is eminent, as a meeting might be rejected on so□ground, on the other hand it may be accredited, with a weak content: The reviewer has the prime responsibility towards the

attending physicians claiming CME, and in further respect to the consumer and the patient. Any possible legal issues arising from this need to be considered too.

Purpose and developmental steps:

The purpose of this recommendation will follow the following strategies and practical suggestions:

1) Identification of potential reviewers (for EACCME and other bodies)

2) Teaching and instructing for present and future reviewers

3) Develop review principles and procedures for:
e-learning new types as blended learning, accreditation of e-platforms and e-libraries.

4) Regular feedback and updating procedure (to be developed)

5) Practical realization:

5)a) Development of content: COI, Library, Recommendations. This could preferably be achieved in a one or two day workshop/life meeting – the autumn meeting could be useful.

Development of FAQs and a glossary (to be developed)

Collection of "difficult cases" as a teaching library.

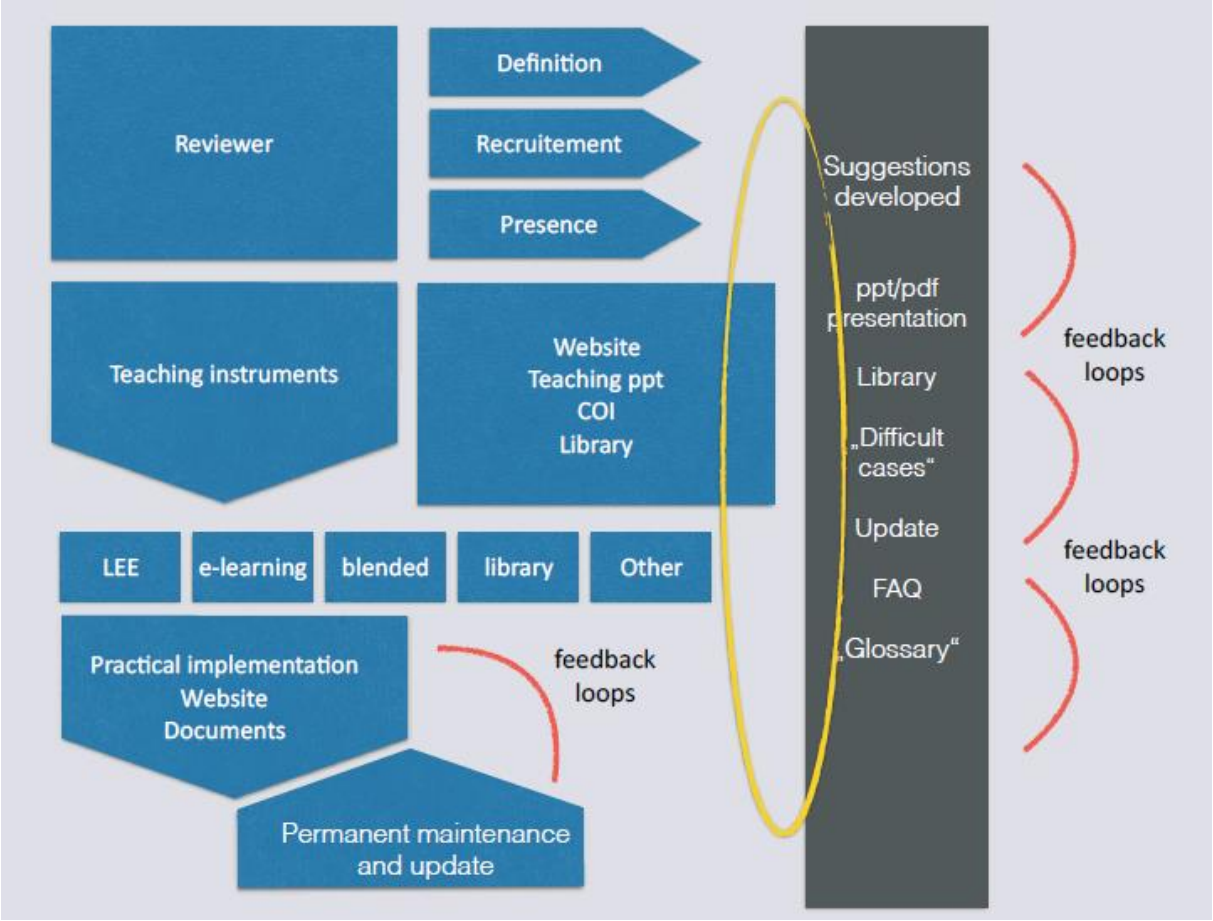
5)b) Selection of the medium:

In addition to the technical instructions on the website, the content of these recommendation (and possible additions from the workshop) will either be

5)c) converted into a powerpoint presentation;

5)d) or a youtube style instruction could be produced (which will be more costly, and also less flexible for changes)

At present, and considering costs, 5c will be the only feasible option.



Legend: Figure 1

The left side of the graph (blue) gives an overview on the reviewers recruitment, teaching instruments and the practical .

The right grey column gives a short summary on the needed developments. The „“library„ has been initiated and is added as an appendix.

Feedback loops (red) and permanent updates (yellow circle) are necessary.

Sources index

1) Library provided by the RCP (Myrna Stern) attached page: 23-31

2) Collection of difficult case examples (to be developed)

References for EACCME Reviewer Training Module

Selected by Myra Stern

E-learning

Authors: De Leeuw RA; Westerman M; Nelson E; Ket JC; Scheele F.
Title: **Quality specifica=ons in postgraduate medical e-learning: an integrative literature review leading to a postgraduate medical e-learning model. [Review]**
BMC Medical Education. 16:168, 2016 07 08.
Abstract:
BACKGROUND: E-learning is driving major shifts in medical education. Prioritizing learning theories and quality models improves the success of e-learning programs. Although many e-learning quality standards are available, few are focused on postgraduate medical education. METHODS: We conducted an integrative review of the current postgraduate medical e-learning literature to identify quality specifications. The literature was thematically organized into a working model. RESULTS: Unique quality specifications (n=72) were consolidated and re-organized into a six-domain model that we called the Postgraduate Medical E-learning Model (Postgraduate ME Model). This model was partially based on the ISO-19796 standard, and drew on cognitive load multimedia principles. The domains of the model are preparation, software design and system specifications, communication, content, assessment, and maintenance. CONCLUSION: This review clarified the current state of postgraduate medical e-learning standards and specifications. It also synthesized these specifications into a single working model. To validate our findings, the next steps include testing the Postgraduate ME Model in controlled e-learning settings.

Authors: Han H; Resch DS; Kovach RA.
Title: **Educational technology in medical education. [Review]**
Teaching & Learning in Medicine. 25 Suppl 1:S39-43, 2013.
Abstract:
This article aims to review the past practices of educational technology and envision future directions for medical education. The discussion starts with a historical review of definitions and perspectives of educational technology, in which the authors propose that educators adopt a broader process-oriented understanding of educational technology. Future directions of elearning, simulation, and health information technology are discussed based on a systems view of the technological process. As new technologies continue to arise, this process-oriented understanding and outcome-based expectations of educational technology should be embraced. With this view, educational technology should be valued in terms of how well the technological process informs and facilitates learning, and the acquisition and maintenance of clinical expertise.

Authors: Cook DA; Levinson AJ; Garside S; Dupras DM; Erwin PJ; Montori VM.
Title: **Instructional design variations in internet-based learning for health professions education: a systematic review and meta-analysis. [Review]**
Academic Medicine. 85(5):909-22, 2010 May.
Abstract:
PURPOSE: A recent systematic review (2008) described the effectiveness of Internet-based learning (IBL) in health professions education. A comprehensive synthesis of research investigating how to improve IBL is needed. This systematic review sought to provide such a synthesis. METHOD: The authors searched MEDLINE, CINAHL, EMBASE, Web of Science, Scopus, ERIC, TimeLit, and the University of Toronto Research and Development Resource Base for articles published from 1990 through November 2008. They included all studies quantifying the effect of IBL compared with another Internet-based or computer-assisted instructional intervention on practicing and student physicians, nurses, pharmacists, dentists, and other health professionals. Reviewers working independently and in duplicate abstracted information, coded study quality, and grouped studies according to inductively identified themes. RESULTS: From 2,705 articles, the authors identified 51 eligible studies, including 30 randomized trials. The pooled effect size (ES) for learning outcomes in 15 studies investigating high versus low interactivity was 0.27 (95% confidence interval, 0.08-0.46; P = .006). Also associated with higher learning were practice exercises (ES 0.40 [0.08-0.71; P = .01]; 10 studies), feedback (ES 0.68 [0.01-1.35; P = .047]; 2 studies), and repetition of study material (ES 0.19 [0.09-0.30; P < .001]; 2 studies). The ES was 0.26 (-0.62 to 1.13; P = .57) for three studies examining online discussion. Inconsistency was large (I(2) >or=89%) in most analyses. Meta-analyses for other themes generally yielded imprecise results. CONCLUSIONS: Interactivity, practice exercises, repetition, and feedback seem to be associated with improved learning outcomes, although inconsistency across studies tempers conclusions. Evidence for other instructional variations remains inconclusive.

Authors: Ellaway R; Masters K.
Title: **AMEE Guide 32: e-Learning in medical education Part 1: Learning, teaching and assessment.**
Medical Teacher. 30(5):455-73, 2008 Jun.
Abstract:
In just a few years, e-learning has become part of the mainstream in medical education. While e-learning means many things to many people, at its heart it is concerned with the educational uses of technology. For the purposes of this guide, we consider the many ways that the information
revolution has affected and remediated the practice of healthcare teaching and learning. Deploying new technologies usually introduces tensions, and e-learning is no exception. Some wish to use it merely to perform pre-existing activities more efficiently or faster. Others pursue new ways of thinking and working that the use of such technology affords them. Simultaneously, while education, not technology, is the prime goal (and for healthcare, better patient outcomes), we are also aware that we cannot always predict outcomes. Sometimes, we have to take risks, and 'see what happens.' Serendipity often adds to the excitement of teaching. It certainly adds to the excitement of learning. The use of technology in support of education is not, therefore, a causal or engineered set of practices; rather, it requires creativity and

adaptability in response to the specific and changing contexts in which it is used. Medical Education, as with most fields, is grappling with these tensions; the AMEE Guide to e-Learning in Medical Education hopes to help the reader, whether novice or expert, navigate them. This Guide is presented both as an introduction to the novice, and as a resource to more experienced practitioners. It covers a wide range of topics, some in broad outline, and others in more detail. Each section is concluded with a brief 'Take Home Message' which serves as a short summary of the section. The Guide is divided into two parts. The first part introduces the basic concepts of e-learning, e-teaching, and e-assessment, and then focuses on the day-to-day issues of e-learning, looking both at theoretical concepts and practical implementation issues. The second part examines technical, management, social, design and other broader issues in e-learning, and it ends with a review of emerging forms and directions in e-learning in medical education.

Authors: Masters K; Ellaway R.
Title: **e-Learning in medical education Guide 32 Part 2: Technology, management and design.**
Medical Teacher. 30(5):474-89, 2008 Jun.
Abstract:
With e-learning now part of the medical education mainstream, both educational and practical technical and informatics skills have become an essential part of the medical teacher's portfolio. The Guide is intended to help teachers develop their skills in working in the new online educational environments, and to ensure that they appreciate the wider changes and developments that accompany this 'information revolution'. The Guide is divided into two parts, of which this is the second. The first part introduced the basic concepts of e-learning, e-teaching, and e-assessment, the day-to-day issues of e-learning, looking both at theoretical concepts and practical implementation issues. This second part covers topics such as practical knowledge of the forms of technology used in e-learning, the behaviours of teachers and learners in online environments and the design of e-learning content and activities. It also deals with broader concepts of the politics and psychology of e-learning, as well as many of its ethical, legal and economical dimensions, and it ends with a review of emerging forms and directions in e-learning in medical education.

Blended learning

Authors: Laer, SHjn
Title: **In search of attributes that support self-regulation in blended learning environments.**
Education & Information Technologies. Jul2017, Vol. 22 Issue 4, p1395-1454. 60p.
Abstract:
Blended forms of learning have become increasingly popular. Learning activities within these environments are supported by a large variety of online and face-to-face interventions. However, it remains unclear whether these blended environments are successful, and if they are, what makes them successful. Studies suggest that blended learning challenges the self-regulatory abilities of

learners, though the literature does little to explain these findings; nor does it provide solutions. In particular, little is known about the attributes that are essential to support learners and how they should guide course design. To identify such attributes and enable a more thoughtful redesign of blended learning environments, this systematic literature review (n = 95) examines evidence published between 1985 and 2015 on attributes of blended learning environments that support self-regulation. The purpose of this review is therefore to identify and define the attributes of blended learning environments that support learners' self-regulatory abilities. Seven key attributes were found (authenticity, personalization, learner-control, scaffolding, interaction, cues for reflection and cues for calibration). This review is the first to identify and define the attributes that support self-regulation in blended learning environments and thus to support the design of blended learning environments. This study may serve to facilitate the design of blended learning environments that meet learners' self-regulatory needs. It also raises crucial questions about how blended learning relates to well-established learning theories and provides a basis for future research on self-regulation in blended learning environments.
Authors: Liu Q; Peng W; Zhang F; Hu R; Li Y; Yan W.
Title: **The effectiveness of blended learning in health professions: systematic review and meta-analysis. [Review]**
Journal of Medical Internet Research. 18(1):e2, 2016 Jan 04.
Abstract:
BACKGROUND: Blended learning, defined as the combination of traditional face-to-face learning and asynchronous or synchronous e-learning, has grown rapidly and is now widely used in education. Concerns about the effectiveness of blended learning have led to an increasing number of studies on this topic. However, there has yet to be a quantitative synthesis evaluating the effectiveness of blended learning on knowledge acquisition in health professions. OBJECTIVE: We aimed to assess the effectiveness of blended learning for health professional learners compared with no intervention and with non-blended learning. We also aimed to explore factors that could explain differences in learning effects across study designs, participants, country socioeconomic status, intervention durations, randomization, and quality score for each of these questions. METHODS: We conducted a search of citations in Medline, CINAHL, Science Direct, Ovid Embase, Web of Science, CENTRAL, and ERIC through September 2014. Studies in any language that compared blended learning with no intervention or non-blended learning among health professional learners and assessed knowledge acquisition were included. Two reviewers independently evaluated study quality and abstracted information including characteristics of learners and intervention (study design, exercises, interactivity, peer discussion, and outcome assessment). RESULTS: We identified 56 eligible articles. Heterogeneity across studies was large (I(2) >=93.3) in all analyses. For studies comparing knowledge gained from blended learning versus no intervention, the pooled effect size was 1.40 (95% CI 1.04-1.77; P<.001; n=20 interventions) with no significant publication bias, and exclusion of any single study did not change the overall result. For studies comparing blended learning with non-blended learning (pure e-learning or pure traditional face-to-face learning), the pooled effect size was 0.81 (95% CI 0.57-1.05; P<.001; n=56

interventions), and exclusion of any single study did not change the overall result. Although significant publication bias was found, the trim and fill method showed that the effect size changed to 0.26 (95% CI -0.01 to 0.54) after adjustment. In the subgroup analyses, pre-postest study design, presence of exercises, and objective outcome assessment yielded larger effect sizes. CONCLUSIONS: Blended learning appears to have a consistent positive effect in comparison with no intervention, and to be more effective than or at least as effective as non-blended instruction for knowledge acquisition in health professions. Due to the large heterogeneity, the conclusion should be treated with caution.

Authors: Helms, Samuel A.
Title: **Blended/hybrid courses: a review of the literature and recommendations for instructional designers and educators**.
Interactive Learning Environments. Dec2014, Vol. 22 Issue 6, p804-810.
Abstract:
This article explores some of the literature on blended/hybrid learning and identifies recommendations for instructional designers and faculty. Terminology and definitions are discussed first including the debate between the words “blended” and “hybrid.” A working definition for the article is discussed but the article does not propose a standard definition for the field. The learning advantages of using a blended/hybrid format are identified from the literature including improved grades, retention and communication and teamwork. The recommendations are discussed in four broad categories: (a) face to face and online scheduling, (b) communication, (c) course content, and (d) other recommendations. The article concludes with a call for future research into blended/hybrid learning and how to best construct blended/hybrid courses from an instructional design standpoint.

Conflict of interest

Authors: Greenberg RD.
Title: **Conflicts of Interest: can a physician serve two masters? [Review]**
Clinics in Dermatology. 30(2):160-73, 2012 Mar-Apr.
Abstract:
Conflicts of interest (COIs) exist when someone who has a fiduciary responsibility for another's welfare acts, or has the potential to act, in a manner inconsistent with their charge's best interests. COIs exist in all professions as well as in public service; however, in medicine, COIs pose a unique problem, given the responsibilities and special status that society grants to physicians. In this commentary, I explore conflicts of interest in various contexts: medical practice, continuing medical education, practice guidelines, medical journals, academic institutions and researchers, and medical professional societies and associations. I define the term "conflicts of interest" and

review its ethical basis, offer common examples of COIs, discuss the importance of disclosure, and suggest ways beyond disclosure to minimize or limit COIs in the various settings in which physicians work. Ideally, physicians should try to avoid COIs, but when situations arise where physicians have COIs, how they manage them will depend on a combination of physicians' personal conscience and professional ethics, professional society ethics codes, and governmental regulation.

Author: Dixon, David; Takhar, Jatinder; Macnab, Jennifer; Eadie, Jason; Lockyer, Jocelyn et al.
Title: **Controlling quality in CME/CPD by measuring and illuminating bias.**
Journal of Continuing Education in the Health Professions. 31(2):109-116, Spring 2011.
Abstract:
Introduction: There has been a surge of interest in the area of bias in industry-supported continuing medical education/continuing professional development (CME/CPD) activities. In 2007, we published our first study on measuring bias in CME, demonstrating that our assessment tool was valid and reliable. In light of the increasing interest in this area, and building on our experience, we wanted to further understand the application of this tool in different environments. We invited other CME/CPD providers from multiple sites in Canada to participate in a second CME bias study. Methods: A new steering committee was established with representatives from 5 academic CME/CPD offices nationally, the Royal College of Physicians and Surgeons, and the College of Family Physicians of Canada to outline the project in terms of review of the literature, refining items on the tool, updating the training guide for implementation, and establishing a resource Web site for reviewers. Training involved a train-the-trainer session with the event coordinators at each of the 5 participating centers via videoconferencing. Results: The content reviews from the study showed moderate inter-rater reliability (ICC = 0.54), and the live reviews showed poor overall inter-rater reliability; however, one center achieved substantial interrater-reliability (ICC = 0.68). Discussion: The analysis from this study suggests that the tool can be used as a part of a multistage process to introduce quality control mechanisms to help raise standards for CME/CPD. It is imperative to develop a cost-effective standardized training protocol that can be implemented at all sites to maximize the reliability of the tool.

Author: Schofferman, Jerome
Title: **The medical-industrial complex, professional medical associations, and continuing medical education.**
Pain Medicine. 12(12):1713-1719, December 2011.
Abstract:
Financial relationships among the biomedical industries, physicians, and professional medical associations (PMAs) can be professional, ethical, mutually beneficial, and, most importantly, can lead to improved medical care. However, such relationships, by their very nature, present conflicts of interest (COIs). One of the greatest concerns regarding COI is continuing medical education (CME), especially because currently industry funds 40-60% of CME. COIs have the potential to bias physicians in practice, educators, and those in leadership positions of PMAs and well as the staff of a PMA. These conflicts lead to the potential to bias the content and type of CME presentations and

thereby influence physicians' practice patterns and patient care. Physicians are generally aware of the potential for bias when industry contributes funding for CME, but they are most often unable to detect the bias. This may because it is very subtle and/or the educators themselves may not realize that they have been influenced by their relationships with industry. Following Accreditation Council for Continuing Medical Education guidelines and mandating disclosure that is transparent and complete have become the fallback positions to manage COIs, but such disclosure does not really mitigate the conflict. The eventual and best solutions to ensure evidence-based education are complete divestment by educators and leaders of PMAs, minimal and highly controlled industry funding of PMAs, blind pooling of any industry contributions to PMAs and CME, strict verification of disclosures, clear separation of marketing from education at CME events, and strict oversight of presentations for the presence of bias.

Authors: Camilleri M; Parke DW.
Title: **Perspective: Conflict of interest and professional organizations: considerations and recommendations. [Review]**
Academic Medicine. 85(1):85-91, 2010 Jan.
Abstract:
There are differences in conflicts of interest (COIs) in professional organizations compared with academic medical centers. The authors discuss nine major questions pertaining to industry relationships of professional organizations: (1) What makes COI management different in professional membership organizations? (2) What COI challenges are specific to professional organizations? (3) What are potential impacts of perceived or real COIs involving professional organizations and the management of COIs? (4) Is regulation necessary, or should professional organizations proactively resolve COI issues independently? (5) Are guidelines portable from academic medical centers to professional organizations? (6) What approaches may be considered for managing COIs of the organization's leaders? (7) What approaches are reasonable for managing COI issues at professional meetings? (8) What approaches are important for integrity of educational programs, publications, and products? and (9) What approaches are reasonable for managing and enforcing COI guidelines on an ongoing basis? Responses to these questions focus on four principles: First, a code of ethics governing general behavior of members and safeguarding the interest of patients must be in place; second, the monitoring and management of COI for leadership, including, in some cases, recusal from certain activities; third, the pooling and consistent, transparent management of unrestricted grants from corporate sponsors; and, fourth, the management of industry marketing efforts at membership meetings to ensure their appropriateness. The perspectives offered are intended to encourage individuals and learned bodies to further study and provide commentary and recommendations on managing COIs of a professional organization.

Author: Cervero RM and He J.
Title: **The relationship between commercial support and bias in continuing medical education activities: a review of the literature.**

[Report commissioned and funded by the Accreditation Council on Continuing Medical Education, 2008]
https://arrs.org/uploadedFiles/ARRS/Life_Long_Learning_Center/Educators_ToolKit/ReviewOfLiteratureCommSupport%20Bias.pdf

Author: Takhar, JaHnder; Dixon, Dave; Donahue, Jill; Marlow, Bernard; Campbell, Craig et al.
Title: **Developing an instrument to measure bias in CME.**
Journal of Continuing Education in the Health Professions. 27(2):118-123, Spring 2007.
Abstract:
Introduction: The pharmaceutical industry, by funding over 60% of programs in the United States and Canada, plays a major role in continuing medical education (CME), but there are concerns about bias in such CME programs. Bias is difficult to define, and currently no tool is available to measure it. Methods: Representatives from industry and academia collaborated to develop a tool to illuminate and measure bias in CME. The tool involved the rating of 14 statements (1 = strongly disagree, 4 = strongly agree) and was used to evaluate 17 live CME events. Cronbach's alpha was used to assess the internal consistency of the scale. Results: Cronbach's alpha for the total score was 0.82, indicating excellent internal consistency. Incomplete or biased data, data presented in an unbalanced manner, and experience not integrated with evidence-based medicine were found to correlate strongly with the total score. Use of trade names showed a low correlation with the total, and non-declaration of conflict of interest correlated negatively with the total. These associations suggest that whereas sponsor companies may declare conflicts of interest, such a declaration may not ensure an unbiased presentation. Discussion: The tool and the data from this study can be used to raise awareness about bias in CME. Policymakers can use this tool to ensure that CME providers meet the standards for education, and CME providers can use the tool for conducting random audits of events they have accredited.

GMC guidance

Honesty, integrity and conflicts of interest
http://www.gmc-uk.org/guidance/ethical_guidance/11839.asp
Financial and commercial arrangements and conflicts of interest
http://www.gmc-uk.org/guidance/ethical_guidance/30191.asp

Live educational events (LEE)

Authors: Davis, Nancy ; Davis, David ; Bloch, Ralph
Title: **Continuing medical education [AMEE Guide No.35]**
Dundee: Association for Medical Education in Europe, 2010

Summary:
Aims to provide a foundation for developing effective continuing medical education (CME) for practicing physicians. Provides a brief history of CME as well as looking at its role in healthcare delivery. Covers programme planning (needs assessment and educational objectives), accreditation, administration and professionalism of CME.

Author: Hussey T and Smith P.
Title: **Learning outcomes: a conceptual analysis.**
Teaching in Higher Education February 2008; 13(1):107-115.
Abstract:
Learning outcomes have become widely used in higher education, but also misused to the point of being controversial and a bureaucratic burden. This paper distinguishes three kinds of learning outcome found in current literature: (1) those used in individual teaching events; (2) those specified for modules or short courses; and (3) those specified for whole degree programmes. The nature of each is explored and their use in assessment and auditing is discussed, together with related notions such as the 'corridor of tolerance', emergent outcomes, etc. It is concluded that learning outcomes used in individual teaching events (1) are the most useful kind if employed flexibly, but that they cannot be specified exactly or used for auditing performance, and their relationship with assessment is complex. Learning outcomes specified for modules or short courses (2) state little more than a list of contents; they cannot be stated precisely and have limitations in guiding assessment. Learning outcomes specified for whole degree programmes (3) is
a misuse of the term 'learning outcome'.

Author: Haji, Faizal; Morin, Marie-Paule; Parker, Kathryn
Title: **Rethinking programme evaluation in health professions education: beyond 'did it work?'.**
Medical Education. 47(4):342-351, April 2013.
Abstract:
CONTEXT: For nearly 40 years, outcome-based models have dominated programme evaluation in health professions education. However, there is increasing recognition that these models cannot address the complexities of the health professions context and studies employing alternative evaluation approaches that are appearing in the literature. A similar paradigm shift occurred over 50 years ago in the broader discipline of programme evaluation. Understanding the development of contemporary paradigms within this field provides important insights to support the evolution of programme evaluation in the health professions. METHODS: In this discussion paper, we review the historical roots of programme evaluation as a discipline, demonstrating parallels with the dominant approach to evaluation in the health professions. In tracing the evolution of contemporary paradigms within this field, we demonstrate how their aim is not only to judge a programme's merit or worth, but also to generate information for curriculum designers seeking to adapt programmes to evolving contexts, and researchers seeking to generate knowledge to inform the work of others. DISCUSSION: From this evolution, we distil seven essential elements of educational programmes that should be evaluated to achieve the

stated goals. Our formulation is not a prescriptive method for conducting programme evaluation; rather, we use these elements as a guide for the development of a holistic 'programme of evaluation' that involves multiple stakeholders, uses a combination of available models and methods, and occurs throughout the life of a programme. Thus, these elements provide a roadmap for the programme evaluation process, which allows evaluators to move beyond asking whether a programme worked, to establishing how it worked, why it worked and what else happened. By engaging in this process, evaluators will generate a sound understanding of the relationships among programmes, the contexts in which they operate, and the outcomes that result from them.

Author(s): Paeon, Cheryl M.
Title: **Employing active learning strategies to become the facilitator, not the authoritarian: a literature review.**
Journal of Instructional Research, v4 p134-141 2015.
Abstract:
Traditional higher education instruction involves an authoritarian educator who is charged with delivering information in lecture format to passive students. Within the past few decades, a new approach has gained popularity. Active learning allows the students to become more involved in their own learning. The educator becomes more of a facilitator than an authoritarian ruler in the classroom. The purpose of this literature review is to explore the historical underpinnings of active learning, its relevance in pedagogy and contemporary research. Also examined are several active learning strategies that can be utilized in the classroom, including lecturing with pause procedures, the flipped classroom, clickers, peer review and games. At one time, the idea of the college classroom was uniformity. The educator stood at the front of the room and lectured at his or her students. That instructor was the authority, the all-knowing leader who poured wisdom to the students while they busily took notes. That was then. The realm of education has changed dramatically over the past few decades. In the 1980s, educators began to look beyond that passive learning strategy and the words active learning were gaining popularity (Berek, 2013). A broad definition for active learning is "anything that involves students doing things and thinking about the things they are doing." (Bonwell & Wilson, 1991, p. 4) Traditionally, homework primarily fulfilled this type of learning (Prince, 2004). Today, in order to improve pedagogy, the traditional educator-centric role of lecturing to students is augmented with active learning strategies in the classroom (Bren, Hilleman, & Topp, 1998). The purpose of this literature review is to explore empirical research findings on more active learning pedagogies and to share some strategies that educators can use to incorporate more active learning in the classroom. A literature review is written to accomplish several tasks. The review divulges findings of empirical studies related to the topic of examination. Creswell (2014) notes that it "relates a study to the larger, ongoing dialogue in the literature, filling in gaps and extending prior studies" (p.28). This literature review includes the underpinnings of the active learning pedagogical style, active learning research findings and the application of active learning in the classroom.

Appendix 3: Collaboration with other healthcare professionals on CPD

Introduction

1. Healthcare professions and the importance of the long life continuous education

Healthcare activity it is not limited to the physician's action and anymore an individual activity almost in every situation.

The healthcare professions share more and more knowledge and skills. The health related professions should interact and cooperate between themselves and their educational continuous process can be an excellent opportunity also for the train of acting as a multidisciplinary team.

The long life professional education is a necessity but it is an ethical obligation due to the immense and fast scientific evolution, as well as the increasing economic and social pressure as well as the health system funding are demanding the highest quality and proficiency of the delivered healthcare practice.

All professional organizations, health authorities and every individually considered professional are called to the responsibility for the improvement of the professional competence, knowledge up to date, professional skills improvement and a better professional attitude.

2. The UEMS and EACCME®

The *Union Européenne des Médecins Spécialistes* (UEMS) was founded in 1958 with the aim of representing the interests of specialist doctors at an international level. The UEMS is a non-governmental voluntary organisation whose members are the national medical organisations that represent medical specialists in the European Union and in associated countries.

In January 2000 the UEMS established the European Accreditation Council for Continuing Medical Education (EACCME®) with the aim of encouraging the highest standards in the development, delivery and harmonisation of continuing medical education (CME) and, later, of continuing professional development (CPD).

Note: Both the EACCME® and the ECMEC® are registered trademarks of the UEMS and cannot be used without the prior authorization of the UEMS.

3. The contracting ORGANIZATION – Note: include a text of similar structure and length as b) to be produced by the signing counterpart organization

Agreement

The *Union Europeénne des Médecins Spécialistes* (UEMS) and Contracting Organisation freely agree to sign a contract between them for mutual collaboration on continuous professional education under the following conditions:

1. Objective
   To provide educational events accreditation
   To recognize individual educational credits
2. Geographical boundaries
   The geographical boundaries of the agreement is the European continent countries, including their overseas regions

3. Time limit
4. The agreement is valuable for a period of five years counting from the signing date, with the possibility of renovation without any modification of its content for an second period of five years, under the condition that any of the agreeing organizations does not address to its counterpart a letter expressing its own whish of resolution or refresh of the agreement content
5. Formative and/or educational activities
    a. Live Educational Events for Health Professionals (LEE)
    b. Electronic Learning Material (ELM)
    c. Reviewing scientific and educational material (REV)
    d. Publishing scientific and educational material (PUB)
    e. Learning by Teaching (LbT)
6. Heath professional's educational activities accreditation and Health professional's formative credits:
    a. European Health Professional Development/Education Credits (EHPDEC) is the name for the credits to be granted under the actual agreement
7. Operative action
    a. Application process – the detailed content of the EACCME 2.0 should be followed:
        i. Panel of evaluators – On particular situations, to be decided individually, the panel of evaluators can include experts appointed by the counterpart organization
        ii. Fees:
            a) Fee cost up-date – The decision for up-dating the cost of the fees is made by the UEMS Executive Board after consultation of the counterpart organisation
            b) Fee repartition
                - UEMS-EACCME: 30% - includes founding its appointed experts expenses;
                - Counterpart Organization: 30% - includes founding its appointed experts expenses;
                - Relevant UEMS Specialist Section, Board or MJC – 30% - includes founding its appointed of experts expenses;
                - UEMS office - includes backstage and clerk activity, the web electronic platform as well as the dedicated webpage up-date and maintenance.
            c) Conflict of interests
                - Neither UEMS-EACCME nor the contracting Organisation will act simultaneous as provider and evaluator structures of an educational event, even if the directed involved officers are different individuals;
                - Exception to the previous item can happen at very special situations and under the mandatory condition of being previously agreed by both partners of the agreement and publicly announced;
                - The joint use of the UEMS, EACCME, as well as the contracting Organisation names and logos is restrict to:
                    - Previous explicit approval;

- Each individual educational activity;
- Diplomas and other educational related documents;
- The graphic layout will not lead to misunderstanding of its origin and independence.

8. Unilateral resolution of the agreement
   The unilateral resolution of the agreement is possible if, nevertheless having received a protest letter from the counterpart contracting, the protested organization:
   a. Does not correct the situation, making notice of it with equal visibility of the protested one, in appropriated and effective time;
   b. Repeatedly disrespects, total or partially, the content of the actual agreement;
   c. Set-up any kind of competing procedure for without previous and explicit written authorization from the counterpart contracting partner.
9. Conflict solving
   To solve any major situation that could not be easily solved or are not considered at the actual content of the agreement, the signing partners agree:
   a. At first instance, the claiming General Secretary should address a letter to his/her equivalent at the counterpart;
   b. As second instance, it should be arranged a live meeting between two delegations composed by three officers appointed by each partner;
   c. As third instance, the Executive Boards of both partners should convene for a meeting that should not take longer than eight hours, except if commonly accepted, on site;
   d. The final step for legally resolves if a dispute that couldn't be overpassed should be dealt at the Administrative Court, in Brussels.

Appendix 4: Conflict of interest disclosure forms and accredited programmes and the involvement of industry

Purpose of the working group

Purpose on the working group is to discuss following items and give a report for next phases for UEMS:

· to see what we have in place when it comes to identifying conflicts of interest
· to find ways to resolve conflicts of interest
· to see what areas of commercial involvement we can foresee and resolve
· to find a harmonised way of declaring interests around Europe

There is a need for EACCME to be credible as an accreditor but at the same tome keep the accreditation process efficient (and not become bureaucratic).

Proposal summary

Declaring rather than disclosing:

1. Conflicts of interests can be evaluated only when presented.

2. Current policy to declare conflicts of interests in insufficient and does not follow common policies in education and science.
3. Declaration is an announcement that official rules have been followed when something has been done. Disclosure is an act of making something known. Disclosure increases transparency and credibility in CME and is widely used in many CME accrediting organizations.

Declaring process:

4. EACCME rules will apply to all accredited CME: live events, e-Learning, applications and devices equally in accreditation.
5. EACCME accreditation process should include detailed information on conflicts of interests of parties named in the EACCME 2.0 (both LEE and e-Learning).
6. Conflicts of interests will be collected annually from reviewers and accreditors equally in the process by EACCME.

Declaration forms

7. Forms for declaring conflicts of interest need to be parallel to a major form currently used in scientific publications and organisations. There are more than sufficient number of templates to work with.
8. Forms include information on professional obligations, financial conflicts of interests related to work, expert functions in health care and consulting health care guidance processes, financial compensations for training attendance or teaching, research and publishing and ownerships and possessions in companies related to health care (includes service provides, IT).
9. Professional details are reported in the application, but they are seen as a part of disclosure, all duplicate reporting must be avoided.

Learner involvement

10. Working group suggests that EACCME recommends CME providers to include learners in assessing the transparency of CME.
11. EACCME will provide some examples that can be added into a feedback forms.

Guidance for declaring:

12. EACCME considers change is as an educational intervention and provides guidance to applicants.
13. There needs to be guidance for educators and reviewers (e.g. ESC, EBAC) and this could be produced with trusted providers from existing materials.
14. There needs be examples for CME providers on good practices in presenting conflicts of interest

Resolving conflicts of interests:

15. EACCME considers change is as an educational intervention and provides guidance to applicants.
16. Information on whether applicant has protocols on resolving conflicts of interests are added to accreditation. This should not be mandatory, but it builds a culture of planning rules and practices like Delphi vote for resolving conflicts.

Harmonising declaring with trusted providers:

17. Harmonisation discussions can be initiated after EACCME has decided its position and future process.
18. Working group acknowledges a need for further discussion with trusted providers on items in accreditation and assessment of transparency in the process as well good practices in resolving conflicts of interests.
19. There is a need for harmonising items in the declarations of conflicts of interests, so CME provides can accredit their CME events and devices flexibly.
20. EACCME/UEMS will carry negotiations with trusted providers how they would apply EACCME 3.0 forms for conflicts in interest
21. After harmonising major items, trusted providers could use their own forms for declaring COIs rather than double-filling EACCME forms.

Concept of conflict of interest and types of potential conflicts

COI is:" a set of circumstances that creates a risk that professional judgement on actions regarding to primary interest will be unduly influenced by a secondary interest**".** *(Lo B, Field MJ ed. Conflict of interest in medical research, education and practice. Institute of Medicine. National Academy of Science, Washington 2009).*

Medicines, services and devices are marketed to doctors because marketing works. This was shown in recent meta-analysis by Brax et al 2017. One major risk for conflicts of interests are overspending, bias and harm to patients. One must bear in mind, that risk is not an absolute risk and realization of risk for bias are not common. Open presentation of COI provides one solution to maintain the trust of the public in CME as well in other fields of medicine. Disclosing COI is also an educational process as we make our professional connections visible and thus become more aware of the concept itself.

COI may constitute of a benefit or interest that can be financial, professional, institutional, social, political or personal. It can be positive or negative interest, depending on perspective. Potential financial COI are easier to observe than non-financial. However, loyalty or personal enmity can be just as relevant as financial COI. In recent years, non-COI´s have been discussed in science. In many countries distribution of healthcare resources is based an expert panel that direct the paths of care and resources. This may influence CME, especially when mandatory CME rules will determine the CME providers supply. Therefore, not only financial COI are relevant but those in relation to healthcare guidance.

Recent discussion on presenting COI reveals the difficulties in presenting them as well as assessing. In scientific publications and guidelines all possible COI are listed in articles or web materials. There is discussion on relevancy of long lists of COI disguising transparency and there are initiatives to grade the relevancy like Cologne group in 2014. So far, most organisations have voted over full declaration rather than limited one. There is no complete solution to this issue and one must remember that in scientific publications, this is not yet thoroughly solved. In the context of CME, one may see this as an educational project where CME providers awareness and practices increase knowledge and understanding of physicians. In the CME, we have a possibility to obtain feedback from attendees of CME events or e-

Learners. This puts CME providers in a valuable position in improving our understanding in practice. On the long run, it does not harm CME but improves it.

Table 1. summarises background processes for the conflicts of interest that are reported at the medical journals, CME, in guidelines, universities, international organisations, and publicly held authority assignments. EACCME mission is to support high quality, diverse, novel and transparent CME in Europe. The integrity of CME urges the declaring of COI. Providers, educators and accreditors need to be aware of potentials of everyday activities in medicine as conflicts in their education planning and implementation. COI change over time, so there needs to be a constant readiness to evaluate practices.

Table 1. Professional and personal consequences that might lead to potential conflict of interest. (Modified from www.nice.org and https://doresearch.stanford.edu/policies)

Personal financial interest
Description: These financial interests involve a direct personal gain either in form of salary, coverage of cost, travel or dividend yield, patents or foundations.
• Any consultancy, directorship, position in or work for a commercial company that attracts regular or occasional payments in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place. • Any fee-paid work commissioned by a commercial company for which the individual is paid in cash or in kind, both those which have been undertaken in the 12 months preceding the meeting at which the declaration is made and which are planned but have not taken place. • Any shareholdings, or other beneficial interests, in shares of a commercial company that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual) • Funds which include investments in the commercial company that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund. • Educational grants
Non-personal financial interest like organisational interests that person is responsible due the position (if you have no interests in this category, state 'None')
Description: These financial interests are linked with position or employment and person declaring is a secondary beneficiary like in institutional research grants,
• Institutional positions covered by commercial funds (e.g. pharmaceutical, equipment, IT) • Expenses and hospitality provided by a commercial company for educational purposes • A non-personal financial interest involves payment or other benefit that benefits a department or organisation for which an individual has managerial responsibility, but which is not received personally. • The main examples include the following: 1) fellowships, 2) a grant from a company for the running of a unit or department for which a member is responsible, 3) a grant or fellowship or other payment to sponsor a post or member of staff in the unit for which a member is responsible 4) the commissioning of research or other work by, or advice from, staff who work in a unit for which the member is responsible.

Personal non-financial interest (if you have no interests in this category, state 'None')
Description: This potential conflict of interest of this type may be difficult to determine as they are related to personal beliefs or convictions or loyalties.
• A clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review • A public statement in which an individual has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence. • Holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration • Strong political, intellectual or other commitment that may cause a conflict • Other reputational risks in relation to an intervention under review.
Personal family financial interest
Description: These consist of indirect financial gains that may benefit family members.
• A personal family interest relates to the personal interests of a family member and involves a current payment to the family member of the employee or member.

Target groups: CME providers and educators

These requirements of the EACCME to declare COI apply to all:

1. Providers
2. Content planning faculty
3. Scientific contributors of accredited CME event of e-Learning
4. Presenters of CME. EACCME accreditation criteria should include the recommendations for presenting COI at the live events and some proposals in the devices.
5. Accreditors and reviewers (annual report) to increase transparency like in some scientific journals that apply open review.

Principles of declaring conflicts of interests in continuous medical education in live events and eLearning

General principles (Note: in accordance to ESC):

I. UEMS EACCME supports high quality CME that is based on evidence, need assessment of learners and healthcare and eventually patients. Declarations of COI provide a tool for assessing the independency of education providers and planners.
II. EACCME promotes a professional environment in which it is comfortable to ask questions relating to COI and where excluding oneself from participation in discussions that might be perceived as constituting a conflict is the norm rather than the exception.
III. CME provider, planner or teacher with a COI for one specific CME activity or task are not necessarily precluded from participation in all other CME activities. EACCME does not wish to imply that any involvement with a commercial entity prohibits integrity or provider or educator, but rather that the review of such relationships is appropriate and correct thereby encouraging transparency and ethical integrity.
IV. All potential conflicts must be disclosed so that the learners and accreditors can evaluate the relevance of the conflict to the CME content or implementation.
V. Support from a commercial entity for CME must be acknowledged and presented transparently prior the CME content e.g. on a separate slide or on a screen view. The considerations of COI are relevant not only to pharmaceutical or equipment industry collaboration and research but may extend to all phases of biomedical research, IT-technology, health service sector and educational technologies.

Principles for **declaring** COI are:

I. Personal financial considerations must never be allowed to influence educators´, physicians' and scientists' decisions on the content of the continuing postgraduate medical education (CME) activities, which must be free of bias, or perceived bias, evolving from financial arrangements or considerations.
II. All professionals have potential COI per se: speciality, employer or research interest for focus on expertise. Therefore, it is not possible to fully control COI but **aim at transparency with feasible means.**
III. There are potential COI and direct COI that might be declared. Both types can be financial or non-financial nature.
IV. **Declaring of COI is based on trust on informer**
V. Declaration is made in **context of educational content** and does include personal judgement.
VI. Educators need to be aware of the **publicity of the COI** thus this acts as a quality control at this point
VII. COI are provided **prior educational content** either online or at the presentation and on a screen view. On e-Learning devices or websites, COI´s are equally declared in an operational mode of a platform. Speaker disclosure information is provided on a slide shown before the presentation. For abstract presentations, the disclosure could be included in the abstract itself, both in the print copy and online or on the conference application. Poster presentations should contain a disclosure statement on the poster itself or at least when presented.
VIII. Providers hold a responsibility over providing information on potential COI to accreditors and learners.

Forms for declaring

Working group has recognised variation in declaring conflicts of interest. Common rules of the depth and detailing needs to be agreed in the next phase by EACCME/UEMS. There are four possibilities to execute declarations of conflicts of interest in the next phase of EACCME:

1. Keep current system, where no details are asked, but only signed disclosure.
2. Formulate a free text form of conflicts of interests to be filled and signed in four categories of conflicts of interest (e.g. NICE, SIGN -model).
3. Formulate a short, structured form of conflicts of interest in detailed information of potential conflicts of interests.
4. Formulate a long, structures for of conflicts of interest in detailed information of potential conflicts of interests.

Option 1. Current declaration of COI in use currently without reporting any additional or detailed information for accreditors

In accordance with criterion 24 of document UEMS 2012/30 "Accreditation of Live Educational Events by the EACCME", all declarations of potential or actual conflicts of interest, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application.

Declarations also must be made readily available, either in printed form, with the programme of the LEE, or on the website of the organiser of the LEE. Declarations must include whether any fee, honorarium or arrangement for reimbursement of expenses in relation to the LEE has been provided.

DISCLOSURE
I have no potential conflict of interest to report
I have the following potential conflict(s) of interest to report
Type of affiliation / financial interest
Name of commercial company
Receipt of grants/research supports:
Other support (please specify):

Date
Signature

There is a common understanding that current declaration is not sufficient information for EACCME accreditors to evaluate the potential conflicts of interests. **Working group proposes a more detailed form for declaring like in scientific papers, guidelines and in international organisations**. The content should serve educational purposes and transparency of CME. We present the long version of COI´s that are available used by some scientific publications and current care guideline organisations (Option 4.).

In next phase, trusted providers or other major stakeholders could be invited to discuss common ground for providing this information in CME and CME accreditation. After this consultation EACCME new form for declaring COI could be implemented. Working group proposes that option 4 serves as starting point in condensing new form for reporting.

Option 2. COI form modified by COI forms used by major scientific journals and some large institutions. "all possible sources"
Note that there is no common form in use anymore as many scientific papers have developed more detailed COI forms than ICLME requires (JAMA, BMJ…). This form needs to be a stepwise tool, which opens in ascending mode from item to item. Here is one template, which is based on BMJ Publishing Group model, Stanford University guidelinel and current care guideline organisations models like NICE.

Main group	***Questions***	***Options***
Personal details	*Name*	
	Primary employer	
	Speciality	
	Other profession(s)	
Degrees and competencies		
	Medical degree	
	Specialist degree(s)	
	Other university degrees	
	Other degrees	
	Competencies	
1. Occupation and work		
Main occupation	*Job Title*	
	Post	
	Past main activities over a period of three years	
Secondary occupations	*Job Title, Post*	
Financial conflicts of interests related to work		
	Are you in a leading position and responsible for cooperation with healthcare companies?	*Yes/No, if Yes specify*
	Have your management, association, company or other company received funding from healthcare companies for grants, research funding, sponsorship or order research?	*Yes/No, if Yes specify*
2. Expert functions in health care		
Activities in health care guidance processes		
	Have you worked as a national expert in projects or working groups for health care guidance	*Yes/No, if Yes specify*
	Have you made expert statements or statements (not for business)?	*Yes/No, if Yes specify*
	Have you been a member of a national or regional	*Yes/No, if Yes specify*

	recommendation group?	
	Have you worked as a national expert in projects or working groups for health care guidance	*Yes/No, if Yes specify*
	Are you a national or international organization expert or deciding on national or international organizations or expert activities	*Yes/No, if Yes specify*
Consulting		
	Have you worked as an expert for a health care company or in project related to health care?	*Yes/No, if Yes specify*
	Have you given an expert testimony to commercial company?	*Yes/No, if Yes specify*
3. Financial compensations for training attendance		
	Have you received support from a healthcare provider to participate in training (trips, accommodation, participation)	*Yes/No, if Yes specify*
	Have your employers mentioned compensation from your healthcare provider for your participation in training?	*Yes/No, if Yes specify*
	Significant financial compensation or hospitality, and travel, accommodation or meeting expenses not related to the aforementioned activities	*Yes/No, if Yes specify*
4. Teaching, training and learning materials		
	Have you worked as an lecturer for healthcare companies against reward?	*Yes/No, if Yes specify*
	Have you designed training materials for healthcare companies?	*Yes/No, if Yes specify*
	Are you a commercial speaker bureaux?	*Yes/No, if Yes specify*
	Have you received financial compensation for training or learning materials in a healthcare sector?	*Yes/No, if Yes specify*
5. Research and publishing		
	Have you received financial compensation for publishing publications from a healthcare company, organization or marketing company, ***like cost of publishing on e-papers?***	*Yes/No, if Yes specify*
	Do you receive royalties from publications	*Yes/No, if Yes specify*
	Have you received funding from research foundation over the last three years?	*Yes/No, if Yes specify*
	Have you received or expecting a research grant in next 12 moths	*Yes/No, if Yes specify*
	Have you received funding from a healthcare company over the last three years?	*Yes/No, if Yes specify*
	Has your employer received a research funding, where do you play a major role?	*Yes/No, if Yes specify*
	Have you received any other material to support research (medicines, equipment, statistical support)? From health care company?	*Yes/No, if Yes specify*

	Will the research participants share information about healthcare products?	*Yes/No, if Yes specify*
	Have you received an extension of a research publication or a report from a healthcare company	*Yes/No, if Yes specify*
	Have you acted as a referee and received a financial allowance from it?	*Yes/No, if Yes specify*
6. Ownerships and possessions in companies related to health care (includes service provides, IT)		*Yes/No, if Yes specify*
	Are you in charge of leading positions (e.g. management group or Advisory Board) in healthcare companies?	*Yes/No, if Yes specify*
	Have you received financial compensation?	*Yes/No, if Yes specify*
	Do you have patents in healthcare products?	
	Do you own shares in a healthcare business?	*Yes/No, if Yes specify*
7. Significant ownerships and possessions of family members (healthcare related)		
	Do your close relatives or family members own shares of a healthcare business or own this type of business?	*Yes/No, if Yes specify*
	Does your family member work as the health care business executive?	*Yes/No, if Yes specify*
8. Other conflicts of interests		
	Do you have convictions or social affiliations?	*Yes/No, if Yes specify*
	Do you have meaningful civic functions that can be linked?	*Yes/No, if Yes specify*

Proposal for new EACCME form for reporting conflicts of interest in CME/CPE Live events and e-Learning and for EACCME reviewers

Please fill in this form in regarding the educational event, e-Learning material or reviewer or accreditor role that you are managing or proposing. Consider the topic, relevance and audience in evaluating potential conflicts on interests. If wondering the relevance, then report it. Potential conflicts of interests are reported from three years prior to the event, publications of e-Learning or reviewing.

1. Professional details		***Options***
	Name	
	Primary employer	
	Medical degree	
	Speciality	
	Other profession(s)	
2.Financial conflicts of interests related to work		
	Are you in a leading position and responsible for cooperation with healthcare companies?	*Yes/No, if Yes specify*
	Have your management, association, company or other company	*Yes/No, if Yes specify*

	received funding from healthcare companies for grants, research funding, sponsorship or order research?	
3. Expert functions in health care** and consulting **health care guidance processes		
	Have you worked as a national expert in projects or working groups for health care guidance	*Yes/No, if Yes specify*
	Have you worked as an expert for a health care company or in project related to health care?	*Yes/No, if Yes specify*
	Have you given an expert testimony to commercial company?	*Yes/No, if Yes specify*
4. Financial compensations for training attendance or teaching		
	Have you received support from a commercial company to participate in training (trips, accommodation, participation)	*Yes/No, if Yes specify*
	Have you worked as an instructor for healthcare companies and get paid?	*Yes/No, if Yes specify*
	Have you designed training materials for healthcare companies or educational companies?	*Yes/No, if Yes specify*
	Are you a member of a commercial speaker bureaux?	*Yes/No, if Yes specify*
5. Research and publishing		
	*Have you received financial compensation for publishing publications from a healthcare company, organization or marketing company, **like cost of publishing on e-papers?***	*Yes/No, if Yes specify*
	Have you received research funding from a healthcare company over the last three years?	*Yes/No, if Yes specify*
	Have you acted as a referee and received a financial allowance from it?	*Yes/No, if Yes specify*
6. Ownerships and possessions in companies related to health care (includes service provides, IT)		*Yes/No, if Yes specify*
	Are you in charge of leading positions (e.g. management group or Advisory Board) in healthcare companies?	*Yes/No, if Yes specify*
	Do you own shares in a healthcare business?	*Yes/No, if Yes specify*

Resolving conflicts of interests in CME and e-Learning

COI can arise at any time. CME providers and educators and also learners need to remain ever alert to this possibility. Disclosures need to be done to the relevant people in a timely and effective manner. CME providers need to set of principles and procedures prior the CME or e-Learning planning for resolving COI´s. Relevant policy of the entity contains a clear rule covering the situation, but bearing in mind, that there needs to be room for personal judgement. There are broad range actions e.g.:

- Deciding not to take any actions
- Defining a formal exemption to allow participation or partial participation
- Imposing additional oversight or review over the official by external person
- Withdrawing person from discussing or voting on a particular item of CME
- Re-assigning certain tasks or duties to another person

- Or finally resignation or dismissal from one or other position

In resolving COI, it must be remembered that many situations are not clear-cut, and so a range of possible judgements could be reasonable. The decision about what to do in any particular case is an internal matter and needs to be dealt with confidentiality

Once a COI is recognised, the most common response should be withdrawal or exclusion from considering the matter. It is wise to make a written record about any decision. This might include details of the facts, who undertook the assessment and how, and what action was taken as a result.

Working group proposal for a question for application:

Does the provider have an agreed practice to resolve COI´s	Yes/No (both accepted)

Process of presenting conflicts of interest in CME events

Conflicts of interest are typically presented at the beginning of the speech. However, in their learning materials, abstracts and in the abstract devices, they are not seen that often. EACCME could support good practices that ensure transparency in the e-Learning as well. This may be a clear separation of commercial materials in publications, devices and more explicit COI declarations. New technology makes this actually easier and cheaper.

Some tips for presenting: (from ESC document)

- Staff members ensure there is a disclosure slide for each presentation is made.
- Session chairs are provided with disclosure information for each of the speakers in their sessions.
- The centralized disclosure system allows staff to track and follow up with any individual who neglects to disclose.
- COI are asked when posting an abstract
- Electronic abstract book provides COI automatically
- If in the event that EACCME discovers that there has been a “speaker bias” or “failure to disclose”, a report is presented to the EACCME office and board and accreditation cancelled or if trusted provider, this status may go under a new review.
- There could be questions from attendees on the observing conflicts of interest or marketing acts in CME events. There is a clear distinction between the scientific sessions and the industry sessions in CME, but little in known how this is fulfilled.
- Speakers are requested to disclose potential conflict in their introduction slide and EACCME share template for this for trusted providers. Some CME providers ask slides prior to the event and check that conflicts of interest are presented. Another practice is to publish them together with abstracts in electronic devices or on the Web.

Learner involvement

Working group proposes that EACCME recommends CME providers to include learners and attendees in assessing the transparency of CME. All LEE´s and e-Learning users are asked for feedback from the event or

a content of e-Learning. This provides a valuable possibility to ask learners perception of presenting COI´s. This can be seen as an educational method to increase the awareness of physicians to the COI. EACCME receives a summary of feedback and thus gets information on perceptions of learners.

Feedback forms may use questions like:

1. Conflicts of interests were presented at the workshops, seminars and symposia?
2. Content was presented with information on COI´s
3. Content was independent of commercial influence like pharmaceutical companies.

Consequences for not declaring of conflicts of interests in EACCME process

1. Applications are not accepted if COI are not presented.

2. Trusted providers may lose their position as trusted provider if they repeatedly are found to brake COI guidelines

Accredited programmes, trusted providers and the involvement of commercial partners

In optimal situation, there would be a common form for COI declaration among trusted providers. Then same forma could be used in managing the CME event and applying accreditation. However, we need to realize that we are shifting trust and assessment to organisations, so we need to explicit on rules. Perhaps there needs to be some common items like proposed before by ESC. There is a need for further discussions after EACCME has agred on next phase of managing COI. Some questions raised in the working group include:

1) What issues need to be considered in accredited programmes with a large commercial involvement?
2) How much does accreditor need to know about funding to be able to trust the transparency: this is the key issue?
3) How this can be made robust: not overloading the accreditors?
4) What changes we need in the process: should this be a separate process with extra work, secondary external review like in guidelines?
5) Do we need to establish some guidance for organisations for multiple accrediting such as these? http://med.stanford.edu/siip/home.html

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Working group and timeline

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Timeline

Setting up the group	4/2017
Teleconference 1.	19.5.2017
Version 0.1	31.5.2017
Questionnaire on relevance of COI items sent	28.6.2017
Version 0.2	1.8.2017
Conflict of interest form 1.0: items questionnaire	1.8.2017
Teleconference September 2017, Nathalie	7.9.2017 (no participants)
Version 0.3	14.9.2017: deadline 29.9.2017
Proposal to UEMS	1.10.2017
Comments from UEMS/EACCME	10.12.2017
Version presented at EACCME	13.1.2018
Comments from EACCME meeting applied to version	20.1.2018
New version to UEMS council (meeting in April)	31.1.2018
Adoption and presentation at UEMS CME conference	23.11.2018