



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

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UEMS 2013/40

Meeting of the UEMS Advisory Council on Continuing Medical Education

***Saturday 30th November 2013
From 10.00 to 16.30***

***Maison des Associations Internationales
Rue Washington 40, BE - 1050 Brussels***

Draft report

Dr Borman (UEMS Secretary General) welcomed the participants and thanked them for their attendance. He gave a warm welcome to Dr Alejandro Aparicio from the American Medical Association who was attending the meeting as a guest.

1. Approval of the minutes of the last meeting (Brussels, 1st December 2012) – UEMS 2012/37

There were no comments from the participants on the minutes of the last meeting.

The minutes of the last meeting were approved.

2. Approval of the agenda

Dr Borman presented the agenda and no further items were suggested.

The agenda of the meeting was accepted.

3. Presentation of the EACCME® Interim Report 2013

Draft report on meeting of reviewers (Brussels, 6th July 2013)

Major changes have happened in the EACCME® during the course of the year. With the implementation of the new criteria for the accreditation of live educational events (LEEs), the UEMS-EACCME® has been fundamentally changing the standards of CME in Europe and the expectations of providers. In effect the UEMS has started an “evolutionary revolution”.

Dr Borman explained that the criteria have been well accepted and the feedback from providers/funders/people active in this area included that the process was considered as necessary. Most Providers and Funders also recognised that it was not too difficult to increase their standards and wanted to continue the process. The UEMS-EACCME® could even make further changes and raise standards further.

Dr Borman provided feedback on the Reviewers’ Meeting that had taken place on 6th July 2013. The UEMS-EACCME® wanted a healthy debate and provided the opportunity for reviewers to talk through, learn and give feedback on the implementation of the new criteria for the accreditation of LEEs that have been in force since 1st January 2013.

He also presented the second UEMS CME Conference to be held on 28th February 2014 in Brussels.

He then gave an update on the EACCME® with regard to applications submitted for LEEs and e-learning materials during the previous years and in 2013 (see PowerPoint presentation).

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From the data collected till the day of the meeting (29/11/2013), there has been a reduction in the number of applications in 2013 for live educational events compared with the year 2012 namely, prior to the new criteria. However, this reduction was anticipated and can be explained in several ways:

- In the past, applications were made by companies who would run and fund CME events. With the new criteria, these applications are no longer accepted and have therefore disappeared from the EACCME® database.
- There are some providers who are unhappy with the increased standards required by the UEMS-EACCME® and/or do not understand the purpose for implementing these new criteria.

It was also suggested that this reduction in number might be due to the current economic crisis and that, consequently, there was a drop in the total number of events organised in Europe.

When comparing figures up to 29 November 2012 and 29 November 2013, it was noted that:

- There has been a reduction in the number of applications submitted;
- The number of applications rejected/suspended has remained the same;
- There has been a significant difference in the number of applications where the EACCME is working with providers. In 2013, the UEMS-EACCME® has deliberately worked with providers to help them understand what they need to do in order to fulfil the new criteria.

As regards e-learning materials, the EACCME has been surprised by the number of applications in 2012. The UEMS-EACCME® had anticipated that the number of applications would have gone up more rapidly. The UEMS-EACCME® has found, in 2013, that the figures did go up slightly.

One explanation given was that it is very difficult and costly to develop a good quality e-learning module and that a lot of what is available on the web does not meet the UEMS-EACCME® criteria. Another explanation put forward was that there is little information available on the recognition of e-learning credits by National Accreditation Authorities.

Some participants noted their appreciation of the new criteria as they were considered to be very helpful in their national efforts. By setting international standards, the UEMS-EACCME® encourages National Accreditation Authorities to ensure that their national standards at least are equivalent; if their national requirements go further, that is even better. This is how the process of harmonisation was seen to function. Quality should be the same all over Europe and it is important for patients to know that their doctors have been educated through high-quality events.

In the course of the discussion that followed, several issues were raised:

- The review of e-learning applications requires appreciable time and effort. It was therefore suggested to provide some kind of recognition to the reviewers of e-learning materials in terms of the award of CME credits. However, this was seen as a potential conflict of interest in the case of an application being rejected.
- An important subject was raised pertaining to the quality control of LEEs. An important difference between e-learning materials and LEEs is that, with e-learning, reviewers see the content and can make their decision with all the information at hand. With a LEE, the decision is made before the event takes place. It is therefore important to know exactly what happened at the LEE by organising random visits and by relying on the participants' feedback. The UEMS-EACCME® is looking into increasing the number of events to which it will send "inspectors" to check, although we have to accept that it is not possible to check everything that is accredited. However, sending people to events is difficult to resource, while receiving feedback from participants, directly by the EACCME®, rather than via the provider, is more beneficial.

Dr Borman reminded participants that the UEMS-EACCME® had requested funding from the European Commission two years ago for the purpose of having an online feedback form. Unfortunately, the European Commission had not funded that project. The UEMS-EACCME® has also had problems with its IT systems but is hoping that, with a new IT provider, it will be able to revisit this issue.

Action:

Revisit the issue of the online participants' feedback form with a new IT provider.

4. Report from the EACCME® Taskforce:
Presentation of the new criteria for the accreditation of Live Educational Events

Dr Borman reported that the EACCME® Taskforce had not met during the year. This item was discussed further under item 9.

5. Update on the implementation of the new criteria for the accreditation of LEEs

See item 3.

6. Discussion of the new criteria for LEEs

Participants were invited to comment on any of the criteria of UEMS 2012/30.

The first comment related to criterion 24 “The Provider must provide a reliable and effective means for the Learners to provide feedback on the LEE, including the extent to which the educational objectives of the LEE were met. The Provider must commit to make available to the EACCME® a report on this feedback and on the Provider’s responses to this.”

This issue had been discussed in length under item 3 of the agenda. It currently is not possible to provide an online evaluation form on the EACCME website due to lack of funding from the European Commission and due to IT problems. It was suggested that the EACCME makes a business plan with the aim of developing this online evaluation form. It also was suggested that the EACCME develops an app that would be available during the event. Participants could then provide feedback to the EACCME® and to the provider directly.

Action 1:

Make a business plan for the development of an online evaluation form.

Action 2:

Develop an EACCME-branded app that would be made available to participants during the LEE.

7. Status of “Frequent Applicant” - UEMS 2013/27

New timescales for the submission of applications for LEEs were introduced in UEMS 2012/30 (14 weeks prior to start of the event). However the UEMS-EACCME® found that some providers had difficulties meeting this new deadline and therefore had looked at a reduction of these timescales to 12 weeks in response to requests from providers.

The UEMS-EACCME® had decided that it could go one stage further and allow some applicants, who make frequent applications and who are seen as doing a very good work, to apply at 10 weeks. It therefore had developed the concept of “frequent applicant”.

To obtain the status of “frequent applicant”, providers will need to meet a certain number of criteria:

- More than 10 applications/year
- High-quality applications
- In case of problem, amendments should be made rapidly (less than one week)

The UEMS-EACCME® has received more than 30 applications so far and will soon be going through these applications in order to consider granting the status of “frequent applicant” to providers.

It was suggested to add a fourth criterion: providers should provide feedback on their applications. It was also suggested that the EACCME® should ask Sections/ESABs/NAAs to provide feedback on the applicants before the EACCME® grants the status of “frequent applicant” to a provider. Another suggestion was to reduce the number of applications to 6/year.

Action:

Amend document UEMS 2013/27 to include this issue on feedback.

8. Revised agreements with NAAs, ESABs, Sections and Boards

With the implementation of the new criteria, the UEMS-EACCME® has decided to refresh its agreements with partner organisations and, for that purpose, has developed new agreements defining the rights and responsibilities of all partners in the process.

Dr Borman reported that the UEMS-EACCME® has decided to revisit the agreements with the National Accreditation Authorities first. Agreements with the specialties will be dealt with later.

It was suggested that harmonising the agreements for all specialties as far as fees are concerned. Dr Borman responded that some ESABs provided additional services which justified the differences in the amounts paid but that the UEMS-EACCME® would look into this issue again.

It was also suggested that the EACCME should make this agreement publicly available on the partners’ websites. Dr Borman replied that the agreement itself should not be published, as this document is confidential, but that the agreements, particularly with the ESABs, would be acknowledged on the EACCME® website.

9. Implementation of the Standing Committee on Continuing Medical Education and Professional Development that will supersede the EACCME® Taskforce

Dr Borman reported that the EACCME® Taskforce had been established to implement developments in the field of CME-CPD. Helpful work has been done through it, such as the development of new criteria for the accreditation of live educational events by the EACCME® (UEMS 2012/30) and for e-learning materials (UEMS 2011/20). The advantage of the EACCME® Taskforce had been to make more rapid progress with the development of new EACCME® policy. The EACCME® Taskforce had been accountable to the UEMS Executive and Council.

During the course of the last year, the UEMS Executive had reviewed the whole UEMS structure and decided to have a more established structure for the different parts of the organisation: CME/CPD, Postgraduate Training and Quality Assurance.

The EACCME® Taskforce will be wound down and a new Governance Board will be established.

This Governance Board will be made up of recognised experts in the field of CME/CPD and will be kept small with 7 appointed members and 2 ex-officio members.

Action 1:

The UEMS-EACCME® will be writing out to the UEMS family inviting people who are interested in serving on this new Governance Board (early in 2014).

Action 2:

Those who have served on the EACCME® Taskforce will be informed that the UEMS-EACCME® has moved from the Taskforce structure to the Governance structure.

10. Rights and Responsibilities of Reviewers

Reviewers will be requested to sign a document in which they will confirm that they will fulfil the timescales set out in document UEMS 2012/30 and that they do not have any external interests/COI/competing interests when evaluating applications on behalf of the UEMS-EACCME®.

It was suggested that this document should include the qualification criteria to be met by reviewers.

Action 1:

This document should be ready for the next UEMS Conference on CME-CPD in February 2014.

11. Further potential developments in accreditation

Dr Borman emphasised that the remit of the UEMS-EACCME® is CME/CPD for medical specialists only. The UEMS-EACCME® does not accredit LEEs/e-learning materials for general practitioners, junior doctors, nurses, pharmacists, dentists, but has had contacts with organisations that want the EACCME® to do so.

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Colleagues noted that National Accreditation Authorities have different categories of CME/CPD according to the type of education (attendance at LEEs, e-learning, enduring materials,). It was suggested that the EACCME® should set up a European level of categories of credits to be met by doctors.

Dr Borman confirmed that the UEMS has clearly set criteria for Postgraduate Training but does not have this for CME/CPD.

Action 1:

It was decided that the EACCME® should consider developing criteria at the European level.

It was also suggested that the EACCME® should consider extending the scope of accreditation by the UEMS-EACCME® to nurses and dentists (cf. European directive on medical qualifications).

Action 2:

The UEMS-EACCME® will aim to sign an agreement with the general practitioners first and will consider nurses and dentists afterwards.

Another suggestion was to accept applications for CPD-like events on communication skills, ethics... This is considered by the UEMS-EACCME® as a core element of accreditation.

Action 3:

The UEMS-EACCME® welcomes the idea of accrediting CPD events.

12. UEMS Conference on CME-CPD, Brussels, 28th February 2014

Dr Borman reported that the UEMS-EACCME® was making good progress in the preparation of the agenda for the UEMS Conference.

He announced that the conference will take place at the Crowne Plaza Hotel (Brussels city centre) on 28th February 2014.

Participants were encouraged to start making bookings early.

Topics that will be discussed at the conference include:

- The implementation of the new criteria for the accreditation of LEEs

- Initiatives being taken by other organisations (EFPIA, EUCOMED...)
-

There will be speakers from the European Commission, funders, providers, UEMS, partner organisations, with break-out sessions organised in the afternoon.

It was suggested that a presentation on the EU Directive on Professional Qualifications and its impact on CME-CPD for healthcare professionals would be helpful.

Action 1:

Amend the title of the conference: it should read “UEMS Conference on CME-CPD”.

Action 2:

The programme will include the “EU directive on professional qualifications”.

13. Matters to be raised by representatives to the Advisory Council

See below.

14. Venue of next UEMS Advisory Council meeting

The next meeting of the UEMS Advisory Council meeting will take place at the Domus Medica Europea in Brussels (Rue de l’Industrie 24, 1000 Brussels).

15. Date of next meeting

29 November 2014

Matters raised by representatives

➤ **Issue raised by the UEMS Section of Gastroenterology:**

“There is one issue which we need to mention and that is the delays which occur when we ask for further information from the applicant and then nothing happens or they reply three weeks later. The EACCME® office doesn't seem to pick up on this

process and sends out an automated request for the application to be assessed by the original deadline, even though we may still be waiting for a response from the applicant. Is there anyway that EACCME® could follow this process more closely?"
(H. Buscher)

Conclusion:

It was decided to permit the provider one week to provide any further information required by the reviewers. If the provider has not responded within that timescale, his/her application will be rejected.

Action 1:

The UEMS-EACCME® will prepare a statement to the attention of providers informing them that the UEMS-EACCME® has adopted a flexible approach this year but that next year it will apply the rules set out in UEMS 2012/30 more strictly.

Action 2:

The UEMS-EACCME® will consider the opportunity of extending the one-week timescale for providers to respond, but will insist on this in the interim.

➤ The current situation of the CME system in Slovakia (P. Kristufek, J. Glasa)

Dr Glasa presented the organisation and structure of CME accreditation in Slovakia. In doing so, he regretted that the emerging tensions between the Slovak Medical Association and the Slovak Medical Chamber had affected representation. One of the partners of the Slovak Accreditation Council for CME (SACCME), which has signed agreements with the UEMS-EACCME®, has created irregularities in the well established CME accreditation system in Slovakia. The Slovak Medical Association therefore requested a letter of support from the UEMS Executive.

Dr Borman encouraged both organisations to come to an agreement. He confirmed that the UEMS-EACCME® is willing to help out if necessary, although it was emphasised that it was not its remit.

Dr Glasa thanked the UEMS-EACCME® for its support.

➤ Issue raised by the UEMS MJC of Hand Surgery:

“Issues to promote EACCME® for Section and Board activities who are not always aware that the credit system works fine” (J. Bahm)

Dr Borman explained that while many colleagues are familiar with the UEMS-EACCME®, others are not. The UEMS-EACCME® was therefore trying to publicise as much as it can. Dr Borman welcomed any suggestions in this respect.

- PowerPoint by the Section of Orthopaedics on the evaluation of applications submitted by AO Foundation (D. Bornemann)

Dr Bornemann explained the close relationship existing between AO Foundation and DePuy Synthes and asked the UEMS-EACCME® if applications submitted by this provider could be accepted as funding occurred in the form of an unrestricted educational grant from DePuy Synthes and/or in the form of DePuy Synthes in-kind support.

Dr Borman explained that, in the document UEMS 2012/30, the UEMS-EACCME® accepted that there were situations where there was a need for a certain product to be discussed. However, this product needed to be in context. If a provider spoke of a new drug or medical device, he/she must to speak about other relevant drugs on the market.

The problem Dr Bornemann raised was recognised as common to other Foundations.

Conclusion:

Foundations should have other products available at their workshops. EACCME® reviewers should challenge these Foundations and ask for competitors’ tools to be made available.

Action:

Keep the presentation as background information when the UEMS-EACCME® discusses with AO Foundation.

- Issues raised by the UEMS Section of Anaesthesiology (A. Malisiova)

“What if the provider of the event does not send information about events he had been responsible for the preceding two years? Of course we can find information in the Internet but he should answer the criterion xi.”

Dr Borman suggested to write back to the provider asking him/her to provide further information; otherwise the application will be rejected.

“The reviewers should know the opinion of the other reviewer of the same event, his comments and the final result of the accreditation of the event they reviewed.”

Dr Borman explained that the UEMS-EACCME® had established, as a matter of policy, that it was important to have reviewers making independent decisions according to the criteria set out in UEMS 2012/30.

Conclusion:

Where the reviewers are in disagreement, the UEMS-EACCME® will make sure that there is feedback, in order to invite further discussion (cf. § 48 of UEMS 2012/30).

➤ Sunshine Act and its consequences on EACCME® (K. Patja – Finland)

The Physician Payments Sunshine Act (Sunshine Act) requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programmes to report certain payments and items of value given to physicians and teaching hospitals.

Although this was part of US legislation, the Sunshine Act also affects the behaviour of funders in Europe and therefore had a much wider reach than just North America. This issue will be discussed at the UEMS CME Conference in February 2014 as other countries also have started with such public reporting mechanisms (Netherlands, France, UK...).

➤ Document submitted by EBAACI on the accreditation of journal reviewers, conference speakers, poster introducers... (J. Gayraud)

This item was postponed.

➤ Issues raised by the UEMS Section of Radiology (R. Demuth)

“Scientific-deontological and ethical criteria for "Live"-demonstrations of clinical procedures with patient-involvement (from the OT) should be reflected” (prop. of Prof. Reekers, Interventional Radiology)

Dr Demuth explained that during some educational events, patient live demonstrations (PLEE) are used by some meeting organisers to teach interventional technologies. These live patient demonstrations are often industry sponsored and/or dominated. The materials used often serve as promotion for a specific company. There is great unease by many interventional radiologists with regard to potential unethical conduct during these educational events.

The Division of Interventional Radiology would like to propose that these events are properly regulated and considered that paragraphs 19, 29, 30 and 31 of the EACCME® document should be amended to address this problem of PLEE adequately.

The Division of Interventional Radiology would therefore like to see stricter and more ethical rules for these Patient Live Education Events and has drafted a proposal in this regard.

Dr Borman thanked Prof. Reekers for his initiative.

Action:

Circulate Prof. Reekers' letter to all the specialties in order to have a consensus approach (after the Section of Radiology has made amendments first).

“Different models of cooperation of UEMS structures with International Scientific Societies in Accreditation of CME events for EACCME®”

Dr Borman confirmed that the UEMS-EACCME® encouraged good co-operation between the UEMS Sections/Boards and the Scientific Societies. A conference has been organised, to be held on 1st March 2014, that will bring these partners together.

“Qualification Criteria for Reviewers in the name of EACCME (re: Quality Assurance!)”

Discussed under item 10.

- Single text box for learning outcomes and needs assessments (F. Van Hemelryck - ACOE)

Ms Van Hemelryck asked whether it would be possible to have two separate boxes in the EACCME® application form for “needs assessment” and “learning outcomes”.

Action:

Create two separate boxes in the application form for “needs assessment” and “learning outcomes”.

Nathalie PAULUS
EACCME Coordinator