



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

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D 0305

European Accreditation Council for Continuing Medical Education EACCME®

Minutes of annual UEMS Advisory Committee on CME

23 November 2002 - Brussels

1. Opening by the president of the UEMS:

Dr Hannu Halila (FIN), President of the UEMS, opened the session and thanked the delegates for being present. EACCME® members are the national CME regulatory bodies, but representatives from the European Boards and Societies had been invited as well. Observers were also present.

The president referred to the election of a new Executive Committee of the UEMS in October 2002. The new composition is:

| | |
|--------------------|-----------------------------|
| President: | Dr Hannu Halila (FIN) |
| Secretary-General: | Dr Bernard Maillet (B) |
| Liaison officer: | Mr Len Harvey (UK) |
| Treasurer: | Dr Vincent Lamy (B) |
| Managing Director: | Mrs. Bénédicte Reychler (B) |

The members were briefly introduced.

2. Report EACCME meeting 24 November 2001:

The report of the previous meeting on 24 November 2001 (D 0161) was briefly discussed and approved. Several delegates indicated necessary updates of the national overview in the Annex.

The documents to be discussed during the meeting were introduced, especially the Bulletin, the Annex to it and the letter to the National CME Authorities D 0231 (30 May 2002).

3. Review national conditions CME (D 0161-Annex):

This point was introduced by Mr Len Harvey (UK), UEMS liaison officer. The review of the state of affairs of the year 2001 (D 0161-Annex) was discussed and the delegations presented the actual situation in their remit. Written statements were asked for so that they can be introduced in the updated annex of the report of the meeting. Delegates were asked to provide these summaries on short notice by e-mail. Dr Harvey will compile a new overview 2002, which will be published as Annex to the report of the present meeting. The documents will be accessible on the UEMS website and will be distributed by e-mail to the participants of the meeting.

In broad lines the CME structure in the European Union countries is as follows (2002):

Completely voluntary CME:

Doctors are free to decide for themselves in the Scandinavian countries, Portugal, Luxembourg and Greece. In most of these countries the National Medical Associations have a system in place to monitor CME activities of their members, but compliance is variable. Finland is in the process of setting up a National Accreditation Council.

Semi-mandatory systems:

Semi-mandatory systems, regulated by the profession are operational on a national scale in the United Kingdom and Ireland. There is no re-licensing, but compliance with CME standards is necessary, for instance for contracts with hospitals and insurances.

The same situation applies to Germany and Spain, but there the regional Medical Associations are in charge of the CME accreditation and awarding of CME credits. In Germany a unified credit system has been accepted.

Legal Systems:

In the Netherlands and Austria doctors are required by law to maintain their professional competence. The professional organisations are running a CME accreditation and credit system, but the link with the legal requirement leading to re-licensing has not been made yet. In Switzerland the legal system is run by the profession which implements the legal requirement.

In Italy a legal system is in place with re-licensing, run by the Ministry of Health. There is no quality control yet. The profession is negotiating a role in the quality control of CME.

France:

In France a quality law with re-licensing has been proposed but has not been approved yet. The infrastructure for re-licensing has yet to be created.

Belgium:

In Belgium the profession and insurances are running a CME system. Doctors who comply with standards are receiving a bonus to their fees.

Accession countries:

In several of the accession countries mandatory systems with re-licensing exist. Hungary is moving towards a voluntary system.

See for details the Annex to this report.

U.S.A.:

Dr Dennis K.Wentz, director of the Division of Continuing Physician Professional Development of the AMA (American Medical Association) was present in the meeting as guest of the Executive Committee. He clarified the AMA system and the cooperation with the EACCME. The AMA awards the PRA (Physician's Recognition Awards). It is a provider-based system. In the USA complying with CME requirements is mandatory in the majority (39) of the States, but essentially it is a voluntary system based upon accountability and ethical standards. There are strict rules for commercial support. The basic rule is that commercial support has to be disconnected from education. The AMA published an update of its quality requirements in October 2002. The credits are universal and transferable between the States. There is limited experience with distance learning programmes, for instance the Stanford SKOLAR MD (www.skolar.com). Accreditation of providers is performed by the (American) ACCME, which is a separate organisation. The AMA participates in the ACCME alongside other organisations.

4. Policy Pressure points:

Dr Cees Leibbrandt, Secretary-General of the UEMS till October 2002, reviewed the areas in which problems arise in the day-to-day administration of the EACCME.

- **Expanding involvement of governments:** When Ministries of Health are becoming involved in CME directly, the profession in those countries has to further the European dimension of CME with the Ministries. It is in the interest of both the national medical associations and their individual members.
- **Regional autonomy / coherence national policy:** In countries with regional authority in CME matters, unification of procedures and some kind of national umbrella structure is necessary to make European exchange possible.
- **Coherence policy national professional societies/Medical Chambers and the national medical associations:** Cooperation between separate national professional institutions is necessary to reach compliance with European medical structures.
- **Function of the European Boards / European professional societies:** The EACCME needs professional organisations capable of quality control of CME activities. These organisations are the principal institutions on which the EACCME relies, but there is no coverage of the whole field. This means that in many instances ad hoc solutions have to be found.
- **Fitting in of European specialty based accreditation systems:** Compliance with the EACCME system has to be developed further.
- **Transfer of credits** in the case of migration to countries with a mandatory system: Presently this is not giving problems, but with increasing mandatory CME in European countries this point has to be watched carefully.
- **Hour of CME credit:** A universal unit of CME credits is necessary. This is the "Hour of CME Credit". When other units are being used, a fixed exchange rate is necessary. In the past this has been a problem, but most of the problems have been solved presently.
- **Funding:** Prof.Chr.A.Pissiotis (GR) and Prof W.Canonica (Italian Accreditation Council) stressed the issue of funding CME. It is a problem in every country, but handling of this problem is different per country. Many parties are involved: governments, insurances, universities, hospitals, industry. The UEMS was proposed to organize a conference on the issue of funding. N.B. The CPME (Comité Permanent des Médecins Européens) is working on a position paper on this issue.
- **University training:** Prof.A.Delarque (UEMS Specialist Section Physical Medicine & Rehabilitation) stressed the importance of exchange of CME credits in the case of migration. He also raised the point of recognition of university training in the case of migration of trainees. This is outside the remit of the EACCME, but it could be taken on board as a policy item by the UEMS in the negotiations with the European Commission.

5. European recognition of credits:

Dr Cees Leibbrandt, Secretary-General of the UEMS till October 2002, reviewed the progress of the exchange of credits. The activities of the EACCME picked up during the

year 2002 substantially. Mandatory CME is increasing in the European countries due to national legislation or professional regulations, and doctors are needing CME credits more and more in order to be able to continue practising.

The cooperation with the national CME authorities in the European countries has been fruitful in the past year and no significant problems were encountered. Yet a strong commitment of the CME Authorities is necessary. This has to be formalized and the S.G. has asked the national bodies in letters of 30 July 2001 and 30 May 2002 (D 0231) to give the EACCME a formal written assurance of cooperation in the EACCME and recognition of EACCME credits. Presently the EACCME is expanding its activities and in this process such assurances are necessary. Unfortunately the response to this request has been limited to a few countries so far. The S.G. made a strong appeal to the delegates to consider this matter and answer before the end of 2002 the letters mentioned above. A background statement is available in the Annex to the Bulletin, that came with the agenda of the present meeting.

Prof J.W.H.Leer (Secretary-General FECS, Federation of European Cancer Societies) reported the results of a FECS investigation by means of a questionnaire under individual members of member Societies of the FECS. 69 % of the responders stated that an exchange system of CME in Europe was urgently needed. He urged the national CME Authorities on behalf of the FECS to clarify their position on this issue formally as requested by the UEMS Secretary-General in the letter of 30 May 2002 (D 0231).

Dr Leibbrandt supported this point and asked Prof Leer to submit a report of the FECS investigation which can be forwarded by the UEMS and can be published on the website.

Discussion followed why the response to D 0231 is low. It was suggested to discourage European Societies to organize congresses in non-complying countries. The UEMS secretariat will await further responses till 31 December 2002 (the date mentioned in the letter) and then send out another letter. The necessity of automatic recognition of approved CME activities in Europe shall be stressed. Prof F.Benedetti-Valentini (UEMS Division of Vascular Surgery) mentioned the special situation in Italy, where the recognition and awarding of credits is completely in the hands of the Ministry of Health. The profession will have to negotiate this point directly with the Ministry in this case.

There was another discussion about possible separation of national and international meetings. Dr J.Ortoli (EBAC, European Board Accreditation Cardiology) stressed the point that many organisations as a result of their structure organize only international meetings and that this should be the main concern of the EACCME. The opposite was also stressed. Dr E.Cabernard (UEMS Section Ophthalmology) pointed to small countries like Switzerland where medical specialists can only participate in enough relevant CME across the border.

Dr Leibbrandt explained that the EACCME does not make this distinction. It should be left to organizers of activities to judge whether their activities are relevant for foreign doctors, in which case it is their choice to apply for EACCME accreditation. Obviously EACCME accreditation does not makes sense in purely national activities.

6. Reciprocal recognition of CME credits with the AMA (D 0234):

Dr Dennis Wentz (AMA, American Medical Association) and Dr Leibbrandt reported the extension of the agreement between the EACCME and the AMA concerning continuation of the reciprocal recognition of CME credits.

The EACCME and the AMA are recognising each others credits since 2000. Negotiations to extend this arrangement were conducted by the Secretary-General in April and June 2002. An agreement to extend this arrangement till 2006 was reached and approved by the AMA Council of Education in June 2002 and by the UEMS Management Council in October 2002 (see D 0234).

Development of a consensus policy Europe-USA:

The EACCME is in contact with both the ACCME and the AMA concerning the quality issue of CME. The ultimate goal is to establish a joint set of quality requirements for CME as an extension of the present UEMS document D 9908.

Dr Wentz reported about contacts the AMA is making with other regions in the world with the intention to set up similar arrangements for reciprocal recognition of CME credits. A joint set of quality requirements will be even more necessary in that case.

Answering a point raised by Mrs Kathleen Vandendael (Managing Director of the FECS) Dr Leibbrandt clarified the process on the American side. US doctors with a certificate of attendance of an EACCME accredited CME activity should present the certificate to the AMA. The AMA converts the credits into AMA-PRA credits. These are valid throughout the USA.

Dr Wentz indicated that occasionally organisers of CME activities in Europe apply for AMA recognition directly. The AMA is free to do so, but the necessity is gradually diminishing as the consequence of increasing EACCME activities. He clarified the AMA system: The AMA credit system was developed for US licensed physicians and providers can only give credit to them unless the AMA approves a specific activity in advance as international in scope. Thus, providers who market or get international attendees must notify and register those meetings with the AMA. The AMA will notify - when appropriate - the appropriate authorities that the AMA has a relationship with e.g. the EACCME, Mexico, Malaysia.

The AMA is informed by the EACCME about EACCME approved activities in Europe relevant for US doctors (language).

7. EACCME Working Group, Decisions UEMS Management Council (D 0250):

EACCME Working Group:

In the previous meeting in November 2001 it was decided to establish a Working Group with participation of various organisations represented in the EACCME to study pending issues. The Working Group produced a background paper, which was discussed in the Working Group meeting in Brussels on 6 July 2002. The recommendations of the Working Group were forwarded to the UEMS Management Council meeting in October 2002 (Document D 0250 rev1). See also point 4 Bulletin EACCME October 2002. The following conclusions were made:

- Accreditation of distance learning programmes:

Management Council asks the EACCME to convene a group of individuals from the medical profession with both professional and technical expertise in the field of distance learning and internet-based CME to report to Management Council on this issue.

- In the discussion several ways to find experts were indicated.
- The FECS is developing tools to this effect with a 3 year grant from the European
- Germany is developing a programme as well and can support the EACCME in this respect.
- The EBAC will start a pilot project in this field in August 2003.
- The Stanford SKOLAR MD (www.skolar.com) was being mentioned as probable source of information.

The delegates were asked to forward names and addresses of suitable experts (medical professionals / computer freaks) to the UEMS secretariat.

- **CPD, Continuing Professional Development**, incorporation into the EACCME:

Management Council will not take steps to incorporate CPD into the EACCME process because CPD is currently a national activity. Management Council asks its Working Group on CME/CPD to look into the matter of European accreditation of CPD and advice accordingly (see also D 0120, Basel Declaration).

In the discussion questions were asked about the handling of the issue by Management Council. The president indicated that he will take this point back to the Management Council meeting in March 2003.

- **Accreditation of a limited number of CME providers** for a limited period:

Management Council did not approve a pilot project with accreditation of Professional Accreditation Bodies and/or Providers in a limited number of instances and for a limited period. The president indicated that the point will be reviewed by Management Council in its March 2003 meeting.

This point generated a lively discussion.

Prof J.W.H.Leer (Secretary-General FECS, Federation of European Cancer Societies) pleaded for establishment of a simple and secure system of mutual exchange of CME credits. He referred again to the results of an investigation by means of a questionnaire under individual members of member Societies of the FECS. 69 % of the responders stated that an exchange system of CME in Europe was urgently needed. He asked for a follow-up of the S.G. letter D 0231 and urged the delegates of the national CME Authorities to comply with the request of this letter. All things considered the EACCME is working for doctors, not systems. He asked why the pilot study was turned down. Could there have been a misunderstanding ? Management Council was suggested to separate accreditation of accreditation bodies and providers separately when considering the issue of the pilot study.

8. Accreditation by European Boards and Societies:

The discussion on the issue of a pilot project with accreditation of accreditation bodies and/or providers was continued under this heading. There was uneasiness about the status of the present meeting in relation to the recent meeting of the UEMS Management Council.

Dr R.Michels (UEMS Specialist Section Cardiology) stressed that the EBAC is doing work for the UEMS and that the EBAC should get full recognition as accreditation body. There is an obvious need for a functioning umbrella organisation in which the participating bodies should get credit for their work. Dr Michels proposed to give the UEMS Sections full power as accreditation body. Dr Ortolì (EBAC) suggested to set up a UEMS Section or Multidisciplinary Committee in Cancer treatment, accommodating the contributions of the FECS. Prof D.B.Vosudek (EFNS, European Federation of Neurological Sciences) indicated that the EFNS together with the UEMS Specialist Section Neurology had set up a CME Committee in order to be able to function in the EACCME umbrella structure.

Prof Pissiotis reminded the participants not to forget the national associations, as these bodies are in a position to negotiate with national governments.

The general consensus of the delegates of the UEMS Sections and European Societies was that within the framework of the UEMS Sections accreditation should be given to the CME Committees / European Boards.

- Prof Leer (FECS) urged the UEMS to consider a pilot project with proper quality control, feed-back, reporting to UEMS and EACCME. He indicated that the FECS would be happy to contribute in this process.
- Dr Ortolì supported the preceding speaker on behalf of the EBAC. She also asked attention for the financial consequences. The accreditation bodies should be as lean

as possible and they should be self-funding. The EACCME itself also needs funding, but this should relate to the work already done by accrediting bodies. Fee reductions should be possible.

Dr Leibbrandt indicated that the present fee of 100 euro for EACCME accreditation (to be paid by the organizer of the event) was a provisional amount. It covers the present administrative expense of the EACCME, but only just. Ultimately a sliding scale will be applied, depending on such elements as the size of the event.

- It was stressed that accreditation bodies should be independent, not only from commercial support, but also from the organizers of CME activities.
- Dr Alfonso Negri (ICAP, Italian Accreditation Council for Pneumology) stressed the importance of publicizing the EACCME. Many organizers are not familiar with the possibility of European accreditation.

The president thanked the participants for their contributions and indicated that he would bring them to the next meeting of the Management Council in March 2003.

9. Practical operation of the EACCME, see D 0217:

- **Experiences in the present year:** activities are picking up; in the majority of cases no procedural difficulties were encountered in the matter of professional and national approval.
- **Translation of various units of CME-credits into the "Hour of CME Credit"**
Fixed exchange rates are necessary, but the initial problems in this field are diminishing.
- **Professional assessment of CME activities:** Problem here sometimes is that no (Professional) Authority seems to be capable to determine the number of hours of CME credit that can be awarded to a specific activity. This is especially the case in countries where CME is completely voluntary. Determining the number of Hours of CME Credit is not within the remit of the EACCME.
- **National approval of accreditation:** In the previous EACCME meeting November 2001 it was decided that national authorities should notify the Brussels office about their judgement within 3 weeks after reception of the request with underlying documents from the EACCME. Failing this, the EACCME would be authorized to award European accreditation without this information. In the present year the EACCME has needed to use this provision not infrequently.
- **Late arrival of applications for EACCME[®] accreditation:** Here also deadline is necessary. A deadline of 3 months is proposed, also to be used with caution. Presently the requests are often coming in on much shorter notice, not infrequently after the event has taken place. It is necessary to adhere to a reasonable period. Only then the organizer can use the EACCME accreditation to attract more participants from abroad, which is one of the main functions of European accreditation.
- **Feed-back and Evaluation:** Presently it is not especially stressed to the organizers that in a proper quality policy feed-back and evaluation are essential elements, as stated in the quality document D 9908. The requirement that organisers have to report the results of their activity to the EACCME will be enforced more strictly in the future.
- **Purely national meetings:** In some instances European accreditation is being asked for CME activities that are clearly aimed at doctors in one country only. In those cases European accreditation does not make sense.

10. Any other business, next meeting:

The president thanked the retiring Secretary-General Dr Cees Leibbrandt for his services in the EACCME and his important role in the development of this institution since 1999.

Next meeting: Saturday 22 November 2003, also in Brussels.

References (documents available on the UEMS website):

- Bulletin EACCME October 2002
- D 0120, Basel Declaration on Continuing Medical Education / Continuing Professional Development
- D 0161, report meeting 24 November 2001
- D 0161-annex, overview national CME regulatory bodies 2001
- D 0217, procedure document
- D 0231, letter to national bodies, 30 May 2002
- D 0234, protocol agreement with AMA
- D 0250 rev1, report Working Group EACCME
- D 9908, Criteria for international accreditation of CME

MEETING OF THE UEMS ADVISORY COMMITTEE ON CME (EACCME)

List of participants - Brussels, 23rd November 2002

| | | |
|----------------|---|--|
| CROATIA | Pr A. DRAZANCIC Dr Z. LEPOGLAVEC Pr L. RANDIC | Croatian Medical Association Croatian Medical Chamber Croatian Medical Chamber |
| CZECH REPUBLIC | Dr R. HORKA Dr D. RATH | Czech Medical Chamber Czech Medical Chamber |
| DENMARK | Mrs H. NIELSEN | Danish Medical Association |
| FINLAND | Dr J.P. TURUNEN | Finnish Medical Society Duodecim |
| GREECE | Pr C. PISSIOTIS | Panhellenic Medical Association |
| HUNGARY | Dr Z. MAGYARI | MOTESZ |
| IRELAND | Dr H. FINNEGAN | Irish College of General Practitioners |
| ITALY | Dr A. NEGRI | CME-ICAP |
| NORWAY | Mr E. SKOGLUND | Norwegian Medical Association |
| PORTUGAL | Dr H. VILACA | Ordem dos Medicos |

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|----------------|--|--|
| SLOVAKIA | Pr R. DZURIK | Slovak Medical Association |
| SLOVENIA | Dr Z. FRAS | Medical Chamber of Slovenia |
| SWEDEN | Dr M. SEDERHOLM | IPULS |
| UNITED KINGDOM | Dr M.C. COLLINS Mrs A. JORDAN Dr G. LAYER Dr J. LOWRY Dr M. WATSON | Royal College of Radiologists Royal College of Physicians J.C.C.P.D. of the Senate of Surgery Royal College of Surgeons of England Federation of Royal Colleges of Physicians of the UK |

UEMS Specialist Sections

Dr J.P. AMLIE (Cardiology)
 Dr K. BANDILLA (Rheumatology)
 Pr F. BENEDETTI-VALENTINI (Vascular Surgery)
 Dr E. CABERNARD (Ophthalmology)
 Dr R. DE BEULE (Allergology)
 Pr A. DELARQUE (Physical Medicine and Rehabilitation)
 Dr D. MARCHETTI (Medical Biopathology)
 Dr M. MILCINSKI (Nuclear Medicine)
 Mrs M. PEIL (Urology)
 Pr H. VAN BOCKEL (Vascular Surgery)

European Scientific Societies

Pr W. CANONICA (European Board for Accreditation in Pneumology, EBAP)
 Pr R. STEVENSON (European Board for Accreditation in Pneumology, EBAP)
 Dr D. JASMIN (European Haematology Association, EHA)
 Dr D. LOUKOPOULOS (European Haematology Association, EHA)
 Mrs C. LECOQ (Federation of European Cancer Societies, FECS)
 Dr J.W.H. LEER (Federation of European Cancer Societies, FECS)
 Mrs K. VANDENDAEL (Federation of European Cancer Societies, FECS)
 Pr J. MENDLEWICZ (EACIC)
 Dr R. MICHELS (European Society of Cardiology, ESC)
 Dr J. ORTOLI (European Board for Accreditation in Cardiology, EBAC)
 Dr J. SCARPELLO (European Association of the Study of Diabetes, EASD)
 Dr P. SCHOCH (European Society for Clinical Microbiology and Infectious Diseases, ESCMID)
 Pr D. SCHRIJVERS (European Society of Medical Oncology, ESMO)
 Pr D.B. VODUSEK (European Federation of Neurological Societies, EFNS)

National Scientific Societies

Dr J. ANSORG (Berufsverband der Deutschen Chirurgen)

Observers

Mr S. BASTEN (Serono Symposia International)
 Mrs V. KIRILOVA (Serono Symposia International)
 Pr F. BRAIDO (CME-ICAP associate)
 Dr B. CALDWELL (CMED, United Kingdom)
 Dr N. CHRISTODOULOU (CME Committee of the Pancyprian Medical Association)
 Mr R. KASPROWICZ (PAREXEL MMS Europe Ltd.)
 Dr F. STOMA (European Medical Students' Association, EMSA)
 Pr J.-M. VITON (Physical Medicine and Rehabilitation)
 Dr D. WENTZ (American Medical Association, AMA)

Management Council representatives

Dr H. HALILA (President)
 Dr B. MAILLET (Secretary-General)
 Dr L. HARVEY (Liaison Officer)

Dr G. BERCHICCI (Vice-President)
Dr C. COSTA (Vice-President)
Dr G. HOFMANN (Vice-President)

Dr C.C. LEIBBRANDT (Past Secretary-General)

N. PAULUS (Secretary)