



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

Kroonlaan 20 Avenue de la Couronne
B-1050 - BRUSSELS
www.uems.net

tel: +32-2-649.51.64
fax: +32-2-640.37.30
uems@skynet.be

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Improving the EACCME

Update report

Introduction

At its meeting in October 2007, held in Bratislava, the UEMS Council supported a paper on "Improving the EACCME". This is a short update on progress on the proposals included in that paper.

Need for reform to the EACCME

Proposal 1: *the EACCME must continue to develop, changing where appropriate, in order to incorporate proven improvements in the area of CME/CPD.*

The EACCME has developed successfully, with the largest number of applications (more than 1000) dealt with in one year being achieved in 2007, and major improvements in the processing of applications already being achieved in 2008. Further details are provided below.

Application system

Proposal 2: *all documents explaining the purpose and function of the EACCME must be kept up-to-date, and must be displayed on the UEMS website in an easily accessible area designated to the EACCME.*

All relevant documents have been revised, but these have yet to be uploaded on the UEMS website (www.uems.net)

Proposal 3: *standard application forms, the requirements for applications, and the schedule of fees must be readily accessible on the EACCME area of the UEMS website, thus enabling applications to be made in an informed and streamlined manner.*

All components of this proposal have been achieved.

Proposal 4: *the EACCME must ensure that all applications can be, and are made by a web-based system that is readily accessible, clearly displayed and easy to use.*

With the introduction of the new web-based EACCME application system, all components of this proposal have been achieved.

President: Dr. Zlatko Fras
Treasurer: Dr. Vincent Lamy

Secretary General: Dr. Bernard Maillet
Liaison Officer: Dr. Gerd Hofmann

Criteria for decision-making

Proposal 5: *the mechanism and criteria for determining the outcome of an application must be made clear, and reference must be made to these when an application is declined EACCME accreditation.*

The mechanism and criteria are more clearly stated, but I have not been able to confirm that reference is being made to these when an application is declined EACCME accreditation.

Proposal 6: *in order to encourage the continuing improvement in the quality of CME/CPD activities, core principles must be established allowing these criteria to be updated to reflect established and developing good practice in CME/CPD accreditation.*

A draft paper on “The Accreditation of e-CME and e-CPD by the EACCME” has been prepared, and will be distributed for comment. It is hoped that a decision on this subject can be made at the second UEMS Council meeting of 2008.

The EACCME Taskforce will continue its work on developing core principle to encourage the continuing improvement in the quality of CME/CPD activities.

Processing of applications

Proposal 7: *the timescales involved in processing applications must be publicised, and must be adhered to by all elements of the EACCME system.*

While this has been agreed in principle, this information is not displayed on the EACCME website.

Proposal 8: *it must be made possible for applicants, via the UEMS website, to track the progress of their application for EACCME accreditation.*

This is now possible with the new web-based EACCME application system

Governance arrangements

Proposal 9: *an EACCME Review Board must be established, comprised of representatives of National Accreditation Authorities, European Speciality Accreditation Boards, UEMS Specialist Sections, and the UEMS Executive; in addition to dealing with matters by email, this Review Board must meet twice a year.*

This proposal has been considered by the UEMS Extended Executive, and a formal proposal will be brought to the Council for decision.

Proposal 10: *the executive functions of the EACCME must be performed by designated members of the UEMS Secretariat; these functions should be managed by the UEMS Executive, with formal reporting arrangements to the EACCME Review Board.*

This is being achieved, with Secretariat time more clearly allocated to the work of the EACCME, and greater efficiency being delivered by the web-based application system.

Future developments

Proposal 11: *a system must be developed to ensure that specialists, who take part in EACCME-accredited CME/CPD activities, are able to provide confidential feedback on the quality of these via the UEMS website.*

This was the basis for a bid by the UEMS to the European Commission for “Leonardo” funding. This application was not successful, but it is proposed that further efforts are made.

Proposal 12: *the UEMS should explore the development of part of its website to provide links to EACCME accredited e-CME activities.*

This is a key component of the draft paper on “The Accreditation of e-CME and e-CPD by the EACCME”.

Edwin Borman
for the UEMS Council
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