



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

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UEMS 2011 /41

**Meeting of the
UEMS Advisory Council on Continuing Medical
Education**

Saturday 19th November 2011

from 10.00 to 16.00

Maison des Associations Internationales

Rue Washington 40 – 1050 BRUXELLES

Draft Report

Dr Fras opened the meeting and welcomed the participants. Dr Maillet also greeted the participants and proceeded to the roll-call of delegates.

1. **Approval of the minutes of the last meeting (Brussels, 27th November 2010)**

Approval of the agenda

The minutes of the last meeting were circulated during the meeting and were to be adopted during the next meeting. The agenda of the meeting was approved.

2. **Discussion and feedback on the UEMS Conference on CME (Brussels, 18th November 2011)**

Dr Fras reported on the UEMS Conference on CME-CPD which was held the day before and stated that it had been a real success for the UEMS. He received many congratulations from participants and thanked Dr Borman and the staff for their efficient work. He emphasised the excellent impact of this conference on UEMS position at the European level.

Dr Fras gave details with regard to the financing of the Conference and stated that the registration fee aimed at covering the Lunch and coffee breaks.

Dr Borman was proud that the UEMS succeeded in organising this conference. He congratulated the Executive for initiating this conference and the Staff for their involvement in the practical organisation of this event.

Prof. Faure (S. Medical Biopathology) welcomed the initiative and suggested to have informal meetings between Providers and Reviewers in order to exchange views and opinions.

Dr Bisdorff requested clarifications with regard to the rationale for having set specific workshop for reviewers and for providers.

Dr Borman explained that the workshops had been voluntarily separated in order to target the different audience involved in accreditation (providers and reviewers) and prevent potential conflict of interests. Providers had different needs than reviewers and vice versa.

Prof. Polonius (S. Surgery) commented on the afternoon session and stated that the allocated time for the workshops was too short as both providers and reviewers needed clarifications on the new criteria on accreditation. He pointed to some new criteria which were too idealistic and not easily

implementable for providers. He added that some terms used in the document ought to be better defined as he believed that Providers and Reviewers had not the same understanding of the criteria.

Dr Fras stressed the importance to make a glossary and Frequently Asked Questions for providers as well as Guidelines for reviewers.

Dr Borman acknowledged the potential sources of misunderstanding and said that the feedback form which had been disseminated during the Conference would be carefully examined. The outcome of this analysis would be used to draft FAQ and Reviewers Guidelines.

Dr Fras raised the issue of the periodicity of the Conference and asked the Advisory Council whether an annual event would be appropriate.

The Advisory Council on CME voted in favour of an annual event.

With regard to the registration fees, Dr Fras requested the views of members of the Advisory Council as to the 'right' amount that can be charged to participants.

Whereas some pointed to the need to have a balanced budget and therefore to charge attendees with registration fees up to 250€ for non UEMS members, others voiced the concern that both UEMS image and Conference attendance could be significantly impacted should such high fees be requested.

Dr Berchicci strongly advocated for a cheaper venue for the next event and suggested to organise the Conference at the MAI.

3. Presentation of the EACCME Annual Report 2010

Dr Maillet presented the EACCME Annual Report and informed the audience that a new version of the report would be made available in the coming days.

He notably asked National Accreditation Authorities to inform UEMS about the conversion of European CME credits into National credits in order to create a conversion table.

Dr Fras thanked Dr Maillet for his excellent work in the framework of EACCME and invited Dr Aparicio to give an overview of the situation of CME in USA.

Dr Aparicio congratulated the UEMS Executive for the Conference held the day before and highlighted the growing importance of UEMS in the CME world. He added that the AMA was

working on relicensing and recertification and notably on how to integrate CME into these processes.

Discussions:

Prof. Black (EBAID) suggested that the fees for accreditation be increased for large CME events since providers often request a payment to participants to receive their CME certificate.

Dr Fras said that the sliding scale for the fees had been updated in order to better stick to the reality.

Ms Adamczyk (S. Urology) pointed to the letter sent to the UEMS Executive with regard to the application fee for small CME events.

Dr Maillet answered that there were still room for improvement as far as small meetings were concerned. He illustrated his view by saying that for events attracting 20 to 50 participants, providers had to pay the same amount (350€) as providers organising an event for 250 participants. As a result, he pointed to the cost per participant which was higher in the first case. He suggested to further work on this issue so as to achieve the consensual goal of 1€/participant.

Dr Fras emphasised the role of accreditation by EACCME which should be seen and promoted as a quality mark assessing the quality of the event which received European accreditation. For this purpose, he favoured the idea to keep the fees as a fair recognition of EACCME value.

He also stressed that the work done by reviewer did not depend on the number of participants. Though he acknowledged that it could prevent some providers to apply for European Accreditation, he maintained that the value of the reviewing process should be somehow reflected in the cost of application.

Dr Patja (Finland) recalled the aim of EACCME accreditation which was to increase the quality of CME events in Europe. She advised to introduce quality criteria in the accreditation process in order to reinforce EACCME position as a quality mark.

Dr Borman welcomed this idea and encouraged Finland to join in the EACCME Taskforce.

Dr Fras also addressed the issue of the recognition of ECMECs and pointed to the difficulties encountered in Germany, Italy and France.

As per France, Dr Maillet explained that though CME was mandatory by law for individual doctors there was no authority responsible for CME.

In Italy, Dr Fras recalled the discussion he and the President of FNOMCEO had earlier this year with an aim to create a national entity which would federate different regions.

Dr Abt (Germany) provided information on the situation of CME in Germany and explained that the Landers in charge of CME required providers to apply via their own accreditation portal which was said to be more detailed than EACCME application form.

Dr Fras concluded the discussion by pointing to the challenges still to be addressed through EACCME to improve CME in Europe.

4. Report from the EACCME Taskforce

Dr Borman thanked again the members of the Taskforce and the staff for their active involvement in organising the UEMS Conference on CME. He emphasised the need to focus on the future work that the EACCME Taskforce would undertake.

He told the Advisory Council that the Taskforce would work on Frequently Asked Questions for providers and guidelines for reviewers so as to provide them with accurate information.

Dr Borman stated that the current EACCME® website was better than the previous one but needed to be improved in order to integrate the new criteria. He also requested that the Executive would increase the Staffing in Brussels Office in order to enable good running of EACCME® always-increasing workload.

Dr Borman also advocated for more involvement from the members of UEMS Sections and Boards in EACCME® in order to ensure that accreditation is provided on time in a proper manner.

The Taskforce also drafted a document aiming at proposing a structure for the Standing Committee on CME that ought to be created further to the adoption of new Statutes in 2010. Dr Borman encouraged members of the Advisory Council to send him comments and views on this document.

Dr Francheschetti (Switzerland) suggested that UEMS publish the results of the work done so as to be more visible.

5. Revised criteria for Live Educational Events and e-learning

Dr Fras informed the Advisory Council that the new criteria would be in force as of 1st January 2012. He pointed to the need to better define some terms used in the document as many providers misunderstood them.

- *Definition of Provider*

The definition of Provider was said to be problematic as it was unclear whether some organisations could be considered as CME providers.

Some members of the Advisory Council stated that non medical organisations were often asked to organise a CME event on behalf of another organisation.

Dr Borman recalled the obligation for CME providers to include a Medical Doctor responsible for the event in order to make sure that CME events are not in the hands of “non-medical people”.

Dr Berchicci gave an overview on the situation in Italy where Accredited Providers were mainly Pharmaceutical Companies which grant CME credits to attendees and did not always check the attendance.

Dr Stark (United-Kingdom) suggested having a glossary of terms so as to prevent potential misunderstanding of the new criteria.

- *Definition of Disclosure*

Dr Bisdorff (S. Neurology) requested clarifications on the interest for a speaker to disclose potential his affiliations as a way to prevent conflict of interests

Dr Borman explained that this criteria (§29) aimed at providing attendees with additional information on the credibility of the speakers and eventually challenge him/her should there be clear conflict of interests.

Dr Reuter (S. Dermatology) suggested to have clear definition of conflict of interest and added that it should not cover only links to the Pharmaceutical Industry but also with insurances and governments as it could potentially be seen as a biased.

Dr Borman pointed to the §32 which stated that “all source of funding should be provided”. This paragraph enabled EACCME to check whether the speakers are free from bias.

Prof. Faure asked whether reviewers could receive a feedback from their evaluation. Dr Borman suggested organising specific workshops for reviewers in order to harmonise the evaluations of CME events.

6. **Nomination of e-learning reviewers**

Dr Fras reminded the audience that there was currently a lack of reviewers and especially as far as e-learning was concerned.

Dr Borman added that the current reviewers are overloaded with evaluation and suggested that new reviewers join in.

He reported on the payment of reviewers and presented the three options existing:

- The reimbursement for evaluation went to the reviewer who kept it for himself
- The reimbursement went to Section which kept it. The review was considered as a contribution from members to the Sections' work
- The reimbursement went to Section which then shared with the reviewer

Dr Borman explained that EACCME applications were expected to increase in the coming years.

Prof. Faure pointed to the huge amount of work needed to evaluate e-learning materials since it required to run through all the modules and examine whether it met EACCME criteria. He pleaded for the organisation of a specific workshop for e-learning materials reviewers in order to exchange views on how to evaluate such modules.

Prof. Black (EBAID) suggested that e-learning material be sent to President of UEMS Sections who would then take the responsibility to evaluate the module or have it evaluated by a member of the Section.

Prof. Mercier (S. Paediatrics) made a parallel between the evaluations of scientific articles and the evaluation of e-learning modules. In his opinion, the first work was more rewarded and recognised than the second one. He suggested exploring possible ways of increasing recognition of the work done to evaluate e-learning modules as he very much valued the involvement needed to perform a good evaluation.

Prof Faure added that reviewing e-learning material was more difficult than reviewing scientific articles since e-learning eventually covers all medical specialties whereas peer review covers only the specialty in which the reviewer is an expert.

Dr Borman agreed that reviewing e-learning modules was a challenging and demanding task which enabled the reviewer to gain knowledge in various fields but emphasised the real benefit for the reviewer.

7. Transition toward creation of a Standing Committee for CME

Dr Fras gave background information on the reasons underpinning the creation of Standing Committees. He recalled the changes in the Statutes and the creation of Standing Committees in the three areas of interest for the UEMS: CME, PGT and QA.

The EACCME taskforce drafted a document which was debated in Naples aiming at proposing a structure for these Standing Committees. The Council did not take any decision on this issue as more time was felt necessary to think about the proper functioning of these Committees. Dr Fras explained that an improper implementation of these committees could question the UEMS Structure as a whole.

Dr Borman reported on the comment from the Section of Ophthalmology with regard to the nomination of external experts which could potentially take the place of a nominated member. He therefore proposed that external experts be invited for a specific mission with a definite time.

8. National reports: update on CME-CPD in Europe

Dr Harvey presented an updated summary of the situation of CME in Europe and thanked the national associations which answered the internal consultation launched for this purpose. He pointed to the countries which did not provide a reply and reminded that the information provided by UEMS members was of great importance to keep this survey accurate.

Dr Fras asked whether a clear distinction between re-certification and re-licensing had been set in order to prevent any potential misunderstanding.

Dr Harvey acknowledged the fact that these terms could be understood differently given the variety of cultures in Europe. He explained that re-certification was the requirement from the National Competent Authority that the Medical Doctor's competence be again certified whereas the re-licensing was covering the ability to practise Medicine legally. He noted that the authorities responsible for re-certification and re-licensing could be different in many European countries.

Dr Fras then asked representatives from National Accreditation Authorities to briefly comment on the situation of CME in their country should it have changed.

- Cyprus:

Dr Yiannakas pointed to the fact that CME was to become mandatory in Cyprus in the coming months as the Parliament was to vote in this issue. Medical Doctors had to be re-certified by the Cyprus Medical Association.

- Finland:

Dr Patja reported on the current Finnish tool coming from Canada and aiming at summarising CME activities of Medical Doctors into an online platform in order to compare or analyse them. She added that this tool was on a pilot phase but according to the pre feedback received, it was a promising tool.

- Greece:

Dr Constantinos PAPAPOLYCHRONIADIS explained that CME was handled by the Pan Hellenic Medical Association. He reported on the proportion of CME event accredited by the PhMA: 10% were international events.

- Poland:

Dr Krajewski explained that the Polish Chamber of Physicians had adopted the UEMS ECMEC system and limited the number of credits to 6 per day.

Dr Maillet raised the issue of the agreement between UEMS and PCP for EACCME.

Dr Krajewski replied that the accreditation was performed by regional chamber but the Ministry of Health was working on a central agreement with National Chamber.

- Armenia:

Dr Yaghjyan stated that the Parliament was to adopt a new Law on CME which would be mandatory. He added that the CME cycle lasted 4 years and Medical Doctors needed 175 credits. He ended his presentation by stressing that UEMS rules as regard CME were closely followed by the Armenia Medical Association.

Dr Fras then asked representatives of National Member Association of UEMS to provide an update of the CME situation in their country.

- Austria:

Dr Holzgruber highlighted the creation of electronic portfolio for Medical Doctors which included their CME activities. Nearly one MD out of two was said to have created his/her online portfolio. CME certificates can be downloaded from the portfolio.

- Belgium:

Prof. Gruwez mentioned the work done by the Steering Group on CME which was to draft a document ensuring that CME providers are either Association of Doctors or a Scientific Society.

- France:

Prof. Mercier explained that the situation of CME in France was rather complicated. There was currently no National Authority for CME despite the fact that CME is mandatory by law.

- Germany:

Dr Abt affirmed that the German accreditation process of CME events was much more demanding than EACCME's. He notably pointed to the conflict of interest which was much more scrutinised in order to prevent any bias.

Dr Polonius added that in the NHS physicians had to collect 250 credits over five years. Failure for them to fulfil their obligations, a reduction of fees could be applicable.

- Hungary:

Dr Magyari informed the Advisory Council that the Government introduced changes as regard CME. The Chamber was now in charge of checking whether Medical Doctors complied with their obligations. Doctors were therefore obliged to undertake CME activities – reluctantly for some of them

- Iceland:

Dr Pálsson explicated that Icelandic physicians were very involved in CME and that the Icelandic Medical Association was in charge of the management of CME.

- Luxembourg:

Dr Bisdorff said that CME was mandatory in Luxembourg but regretted the absence of control and sanction on Medical Doctors. The Luxembourg Medical Association did not have the authority to impose a mandatory system.

- Slovenia:

Ms Vrekar highlighted the new electronic system enabling the Slovenian Medical Chamber to assess CME activities of Medical Doctors. Dr Fras added that the current system required 20 credits per year and pointed to the will of the Slovenian Medical Chamber to increase this number but stressed the reluctance of trade unions.

9. **Any other business**

Dr Borman added that he had reviewed quickly the feedback form on the UEMS Conference and stated that more than 60% seemed satisfied with the Conference.

Dr Fras thanked the Advisory Council for the good and healthy years of collaboration during his mandate.