



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

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**D 0444**

**EACCME  
Advisory Council for CME**

*Meeting held in the premises of MAI (Brussels)  
on 27<sup>th</sup> November 2004 (10:00-16:00)*

**1. Approval of the agenda**

Dr. Halila welcomed and introduced the participants. He informed the Advisory Council ("AC") of the latest evolutions in UEMS membership, i.e. the enlargement of full membership to nine out of the ten new EU Member States (*Cyprus, Czech Republic, Estonia, Hungary, Latvia, Malta, Poland, Slovenia, Slovakia*) and the dismissal of France.

- ***The agenda was unanimously approved.***

**2. Approval of**

**2.1. the report on the meeting on 29.11.2003 (D 0401)**

Page 3 should be amended with regard to UK, the Netherlands and Cyprus.

- ***The report was unanimously approved with the changes.***

**2.2. the EACCME annual report 2003 (D 0406)**

Dr. Maillet presented the main items of the annual report for 2003. He notably pointed out the increase of applications in 2004 (more than 400 up to now) and the European standard (ECMEC).

Pr. Goncalves pointed out the concern on ensuring the quality of accreditation and the need to better coordinate the exchange of information between EACCME and the Sections and Boards. Dr. Negri raised the question of harmonised forms between EACCME and national authorities.

Dr. Pissiotis raised the problem of late application for EACCME credits. The lack of assessment of late application was pointed out and UEMS was called on to act as a filter. Dr. Maillet recalled UEMS working method and stressed the need to thoroughly inform all stakeholders.

The question of private funding of accreditation events was also pointed out. Dr. Maillet recalled that this was taken into consideration for the application. Dr. Fras asked to adopt a policy statement on this. Dr. Harvey recalled the EACCME statements with regard to private funding and sponsoring of events.

- ***The report was unanimously approved.***

### **3. Update review of national situations (D 0409)**

Dr. Harvey recalled the importance of national reports and emphasised the need to update information. He also highlighted the distinction between “voluntary” and “mandatory” CME-CPD and asked the participants for comments.

Representatives of National Authorities and Observers were given the floor to present the recent evolutions in their country, Section Society. (See D 0445)

Dr. Harvey asked participants to send their contribution in order to include them in his report.

Dr. Halila recalled the importance of two documents produced by UEMS with regard to CME-CPD: the Basel Declaration and the UEMS Declaration on Promoting Good Medical Care.

### **4. Agreements with national authorities**

#### **4.1. Greece**

- ***The agreement was signed by Dr. Halila and Dr. Pissiotis.***

#### **4.2. Ireland**

- ***The agreement was signed by Dr. Halila and Dr. O’Higgins.***

### **5. Agreement with the UEMS Section of Physical Medicine and Rehabilitation**

- ***The agreement was signed by Dr. Halila and Dr. Christodoulou.***

## 6. Practical operation of the EACCME

Dr. Kopelow acknowledged the importance of EACCME in the aim to harmonise CME at world level. He recalled the framework of CME accreditation in the USA, which consists in CPD, CME and governmental professional licensing. He also pointed out the accreditation of providers and the possible conflicts of interest. He indicated that within the US CPD system, long-distance learning was recognised. He also pointed to the need for harmonisation at international level and mentioned some innovations: incremental changes, same language, etc. Dr. Kopelow recalled that CME was no guarantee but was associated to it. He questioned the attendance on the time spent for CME and emphasised the aim of CME, i.e. “reducing the gap of knowledge”.

Dr. Kopelow insisted on the effectiveness of learning and the importance of the different steps: knowledge, competences, performance.

He also pointed to the long process to mature the system. In the USA, it took about 20 years. It was first started by volunteers and the job has now been taken over by an ever-increasing staff.

With respect to quality control, he recalled the compulsory nature of CME and CPD.

Concerning the accreditation of events vs. providers, Dr. Kopelow insisted on the easiest way according to circumstances and working method.

Dr. Kopelow also indicated the difficulty to assess CME achievements in the improvement of practice and stressed the need for transparency. In this respect, he personally considered the accreditation of readings as being unhelpful and unproductive.

Dr. Maillet informed the AC of the possible developments from the signing of the agreements and emphasised the key role of national accreditation authorities: for national meetings, national authorities are the key player; for international meetings, Sections and Boards are involved to assess the quality and evaluation of activities even though national authorities guarantee the equivalence. EACCME objective is to achieve agreements with each EU country to harmonise the process. Three main elements were pointed out: adaptation, cooperation and trust.

Dr. Halila gave the floor to the AC for their comments on ways to improve the system.

Greater severity for late or incomplete applications was called on.

It was pointed out that Sections and Boards needed wider guidelines than the ones of EACCME. Therefore EACCME was asked to send clear information. Dr. Maillet agreed that harmonised forms should be discussed and fully supported this idea. He also recalled the main objectives of the EACCME system. Dr. Pissiotis called for better coordination between EACCME and Specialised Boards in this respect and suggested better informing stakeholders (notably via medical publications). Dr. Oberhansli Weis and Pr. Goncalves raised the question of defining harmonised requirements and credits for CME activities. However, Dr. Bischof pointed out that national events should first receive national accreditation before being granted ECMEC.

Pr. Goncalves pointed out the core role of national authorities and his Board's intention to build up a real teamwork. He recalled the objectives of the Boards remained guaranteeing quality.

Dr. Shooter questioned the working method of EACCME. Dr. Mailllet clarified his concerns.

Dr. Negri pointed to the assessment of satellite events. Dr. Mailllet made sure that the current system was able to genuinely deal with this question. Pr. Goncalves indicated that EBAC gave no accreditation to satellite symposia because they are considered as "publicity-driven".

Dr. Bischof raised the point of the workflow. Dr. Halila made sure that UEMS would elaborate a policy on EACCME working method.

Dr. Halila informed the AC of the recent developments on the Proposal for a Directive on the recognition of professional qualifications. According to the first proposal, the number of recognised specialities was expected to decrease from 52 to 17. Dr. Halila recalled the evolutions with regard to the number of countries needed to recognise specialities: the new principle retained would be 2/5. UEMS position remains the "two or more" principle. UEMS is also clearly against the recertification process at European level and this should not change compared with the current Doctors Directive. Dr. Harvey added that, with regard to the free movement of professionals in the framework of the recognition of qualifications, the legal provisions of the country of establishment will apply to moving professionals.

## 7. Any other business

- ***The next meeting will be held on 26<sup>th</sup> November 2005 in Brussels.***

Frédéric Destrebecq

*Assistant to the Secretary General*