



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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UEMS 2008 / 02 en European Accreditation Council for Continuing Medical Education Annual Report

For 2007
UEMS Council Meeting
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1. Background

The EACCME was established by the Management Council of UEMS in October 1999 and started to operate in January 2000.

The purpose of UEMS-EACCME is to harmonise and improve the quality of specialist medical care in Europe.

In the field of Continuing Medical Education (CME) and Continuing Professional Development (CPD), the EACCME serves this purpose by insuring accessibility to quality CME activities and securing European exchange of CME credits for medical specialists in Europe.

1.1. Basic principles

The EACCME was set up as a UEMS body and is ruled by the UEMS Council, which is made up of the representative professional specialist associations in the member countries of the European Union and associated countries. It is managed by the UEMS Executive Committee and has its offices in the premises of UEMS in Brussels. Partners in the operation of the EACCME are the national professional CME authorities and the professional specialist organisations and societies in Europe.

The practical instrument to improve the quality of CME in Europe will be the facilitation of transfer of CME credits (European CME Credits – “ECMEC”) obtained by individual specialists in CME activities that meet common quality requirements :

- Between European countries;
- Between different specialties;
- In case of migration of a specialist within Europe;
- Between the European credit system and comparable systems outside Europe.

1.2. European CME Credits

In order to make exchange of credits possible, a system of European credits was set up: the European CME Credits (ECEMEC). The following rule applies: 1 ECMEC equates one hour of CME (with a maximum of 6 hours for a full day and 3 hours for a half day activity). This would be the basis for international awarding of CME credits. National systems should also use this unit or establish a fixed exchange rate with this unit. A kind of Conversion Table could be agreed on between the different National Accreditation Authorities and UEMS-EACCME in order to clarify this translation of ECMEC's into National Credits and vice versa.

1.3. Subsidiarity

The EACCME will not provide accreditation of CME activities directly, but it will connect the existing and emerging accreditation systems in Europe and act as a clearing-house for accreditation of CME and credits in Europe. As such it does not supersede National CME Authorities, nor does it create another layer of bureaucracy.

1.4. Advisory Council

The EACCME Advisory Council links the accrediting bodies participating in the process. Partners in the Advisory Council are the National Accreditation Authorities and European and the UEMS Specialist Sections and Accreditation Boards. They all provide the EACCME with expert knowledge in their sphere of competence and participate in the quality of the process.

The Advisory Council convened in Brussels on 24 November 2007. In the course of this very constructive meeting, delegates of the National CME Authorities of many European countries met with the UEMS Executive Committee.

Some agreements were signed at this meeting.

The active participation of Dr. Alejandro Aparicio, the Director for CME-CPD of the American Medical Association is very much appreciated. He could indicate to us the evolutions that are taking place on the other side of the Atlantic Ocean.

There was an important input from the UEMS Sections and Accreditation Boards discussing the improvement of the practical operation of the whole procedure.

The report of the meeting will be published as soon as possible on the UEMS website (UEMS 2007/27).

2. Practical operation

2.1. Flow

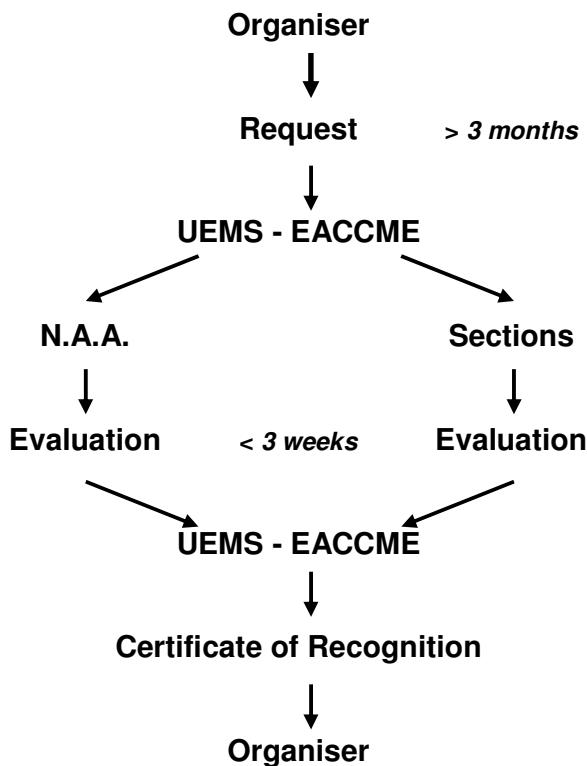
Ideally the flow of operation should guarantee the equal standing of each partner involved. One has though to remind that only the national accreditation authorities have a final say in the process. The central role if the UEMS-EACCME is justified by its bridging role between national authorities and the Specialist Sections or Accreditation Boards.

It is obvious that in a process where two equal partners have to evaluate the value of an event only a simultaneous parallel track process can be used. This is the only way to guarantee the recognition by the National Accreditation Authorities of the European Member States and the other Countries member of the UEMS of the ECMEC's allocated by UEMS-EACCME to the participants of international events.

The National Accreditation Authority that is responsible for the evaluation in this process is the Authority of the country and/or region where the event is organized. For worldwide events, outside the European Union or the Countries member of the UEMS, this track is skipped.

The involved Section or Accreditation Board that will evaluate the scientific value of an event is determined on the topic of the event or the target audience.

The ideal process is depicted in this flowchart:



The November EACCME Advisory Council largely discussed this issue. It was clear from the debate that the flowchart of the management of the applications, as proposed by the UEMS-EACCME was maybe not the most ideal, but at least the best possible compromise for all involved partners.

2.2. Mutual agreements

In order to ensure a smooth and transparent implementation of this system, mutual agreements were proposed to all the partners involved in the process, i.e. UEMS Sections (or European Accreditation Board) and National Accreditation Authorities.

These agreements aim to clearly determine and fix the practical details

2.2.1. UEMS Sections and National Accreditation Authorities involved

Up to 2005 the following specialities signed a mutual agreement with the UEMS-EACCME:

- Dermatology & Venerology
- Paediatric Surgery
- Physical and Rehabilitation Medicine

In 2006 agreements were signed with following Sections :

- Anesthesiology
- Child and Adolescent Psychiatry and Psychotherapy
- Endocrinology
- Geriatrics
- Intensive Care (MJC)
- Internal Medicine
- Neurology
- Neurosurgery
- Nuclear Medicine
- Oral and Maxillofacial Surgery
- Pathology
- Plastic Surgery

In 2007 agreements were signed with following Sections :

- Cardiology (EBAC)
- Sports Medicine (MJC)

Until 2005 the following National Accreditation Authorities we had already agreements with :

- Cyprus Medical Association
- Medical Association of Malta
- Pan-Hellenic Medical Association
- Royal College of Physicians of Ireland
- Royal College of Surgeons of Ireland
- Spanish Accreditation Council for CME

In 2006 agreements were signed with following National Accreditation Authorities :

- Belgium
- Luxembourg
- Hungary
- Norway
- Slovakia
- Turkey

In 2007 agreements were signed with following National Accreditation Authorities :

- Romania
- Slovenia
- Sweden (IPULS)

The agreement with the Spanish Accreditation Council was updated at the meeting of the Advisory Council in November and includes now also the fee as well as a translation table for exchange of ECMEC's with the Spanish Credits (1 ECMEC = 0,12 Spanish Credits).

An ultimate goal of the UEMS-EACCME in the field of CME is to establish a world-wide network of commonly accepted quality requirements.

In this goal, an agreement was signed with the American Medical Association in 2000, which aimed to guarantee the recognition of ECMEC in the United States.

The EACCME and the AMA recognise each others CME credits since 2000, and the mutual agreement with the American Medical Association was renewed for a further period of four years as from 1st July 2006.

2.2.2. Mutual recognition

The mutual agreements provide the framework where the signing parties operate. They also contribute to build up mutual trust between the national CME authorities and then avoid an unnecessary duplication of work as quality assessments are carried only once by the relevant national authority in collaboration with the relevant specialist body.

Once agreed, CME events will be granted a certain amount of ECMEC, which can be automatically transferred into every national system.

Some work will have to be done in extending the conversion table as it has been started with Spain where in the agreement the "currency" is specified between the ECMEC and Spanish Credits.

2.2.3. Financial compensation

The mutual agreements introduced the possibility for the UEMS Sections and some National Accreditation Authorities to get an equal fee for their quality assessment. This financial compensation aims to cover the expenses incurred notably in terms of travels.

2.3. Quality assessment & Feedback

The guidelines set by UEMS-EACCME remain the documents UEMS 1999/08 and 2001/20 but those have been revised in 2007 in the process of starting the webbased application form.

These revised documents, 1999.08 Rev2007 and D201.20/Rev2007 are available on the web such as the Reference Guide, which entails all the information needed for going through the process of the application of a CME-CPD event.

These rules set out only the basic requirements that need to be fulfilled whereas every specialty or national authority can define stricter standards according to their particular situation.

The possibility to introduce feedback mechanisms in the EACCME system was looked into. No decision was taken so far.

Both issues need further development in the near future.

2.4. Integrated system

Much work was carried in the setting up of an integrated system, i.e. a single web portal which will allow a computerised management of the accreditation procedure and an easy transfer of information between all the partners.

This web portal will contain a harmonised request form based on the reasonable standard requirements asked by the majority of Sections or Accreditation Boards.

It will also contain all the documents and information related to the accreditation process in order to increase the efficacy of the process.

The webbased portal is scheduled to be active as from January 15th 2008.

3. Activities

It is a constant issue that European Accreditation through UEMS-EACCME is gaining success and in 2007 we granted credits to 1030 events (+ 9 %, the amount perceived increased accordingly) and even more applications are expected in the following years thanks to an increased visibility of the UEMS-EACCME.

The strengthening of the links between UEMS-EACCME and the two major partners in the Accreditation process : the National Accreditation Authorities and the UEMS Sections and Accreditation Boards has of course also helped this increase.

The increased visibility of the process also is a positive driver and the information of the involved partners in organizing evens such as Scientific Societies and Organizing Committees have to be increased and improved.

Despite the big success of UEMS-EACCME the process can be more efficiently managed and therefore a taskforce was set up in order to look into improvements to the current system of the UEMS-EACCME. Unfortunately, this Task Force, under the chairmanship of Dr. Edwin Borman only met the day before the Advisory Council meeting in November 2007 and so did not achieve much yet.

There are still some problems to be solved in order to make the system more harmonized and have all the Sections and Accreditation Boards as well as all the National Accreditation Authorities involved in a similar way in the process and agreeing in signing a formal agreement with UEMS-EACCME.

Dr. Bernard Maillet
Secretary-General