



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

AVENUE DE LA COURONNE, 20

BE- 1050 BRUSSELS

www.uems.net

T +32 2 649 51 64

F +32 2 640 37 30

info@uems.net

UEMS 2012 / 25

Report on the European Accreditation Council for Continuing Medical Education

Update on the Accreditation of CME-CPD

Mutual Recognition Agreements

The UEMS has renewed its mutual recognition agreement with the Royal College of Physicians and Surgeons of Canada for a further three years. This permits European colleagues to use their CME credits gained from attending live educational events (LEEs) in Canada, and Canadian colleagues to use ECMECs gained in Europe.

The EACCME Taskforce met in London to consider the many responses to the consultation on the criteria for the accreditation of LEEs as had been set out in UEMS 2011/30. A further internal consultation on the revised draft was performed, and the amended document is on the Council agenda for adoption.

EACCME

Requests for accreditation by the EACCME continue to be a considerable component of the UEMS's functions and a major element of the work performed by our Secretariat.

My thanks to all representatives of Sections and Boards, National Accreditation Authorities and European Speciality Accreditation Boards for their contributing work that helps to make the EACCME so successful. If you're not yet involved, please become so!

The figures for Live Educational Event applications to the EACCME for accreditation from 1st January to 31st August 2012 are:

- Total of new events received during the period: 1350
- Accreditation: 1087
- Rejection: 27
- Suspension: 54
- Reviewed by Section: 1200
- Reviewed by NAA: 988

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- Reviewed by both Section and NAA: 909

The figures for e-learning applications to the EACCME for accreditation from 1st January to 14th September 2012 are:

- Total number of applications: 57
- Number of accredited applications: 26
- Number of applications in amendment: 21
- Number of applications in review: 9

1. Background

The EACCME was established by the Management Council of the UEMS in October 1999 and became operational in January 2000. The purpose of the 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 achieves this purpose by assuring the quality of CME activities and securing the international exchange of CME credits for medical specialists in Europe.

1.1. Organisation

The EACCME was established as a UEMS body and is governed by the UEMS Council, which is comprised of the representative professional specialist associations of the member countries of the European Union and wider Europe. It is managed by the UEMS Executive and has its offices in the premises of the UEMS in Brussels.

1.2. European CME Credits

A key development in achieving the goals of the UEMS-EACCME was the establishment of CME credits: European CME Credits – “ECMECs”. These facilitate the exchange of CME credits between

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European countries, between different specialties, and between the European credit systems and comparable systems outside Europe.

In order to make possible this exchange of credits, the following rule applies: 1 ECMEC is equivalent to one hour of CME (with a maximum of 6 hours for a full day and 3 hours for a half day activity). This constitutes the basis for the international awarding of CME credits. National Accreditation Authorities and the UEMS-EACCME have agreed a Conversion Table for the automatic conversion of ECMECs into National Credits and vice versa.

1.3. Subsidiarity

The EACCME acts as a clearing-house for conferring accreditation of CME and credits in Europe. As such it does not supersede National CME Authorities.

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 (NAAs), UEMS Specialist Sections, European Speciality Accreditation Boards (ESABs) and UEMS Council; all of which provide the EACCME with expert knowledge in their sphere of competence.

1.5. EACCME Task Force

The implementation of the strategic direction of the EACCME is achieved by the EACCME Task Force, a body established by the UEMS Council. This body is comprised of experts from UEMS Sections and Boards, the European Specialty Accreditation Board (ESAB), National Accreditation Authorities and UEMS Council.

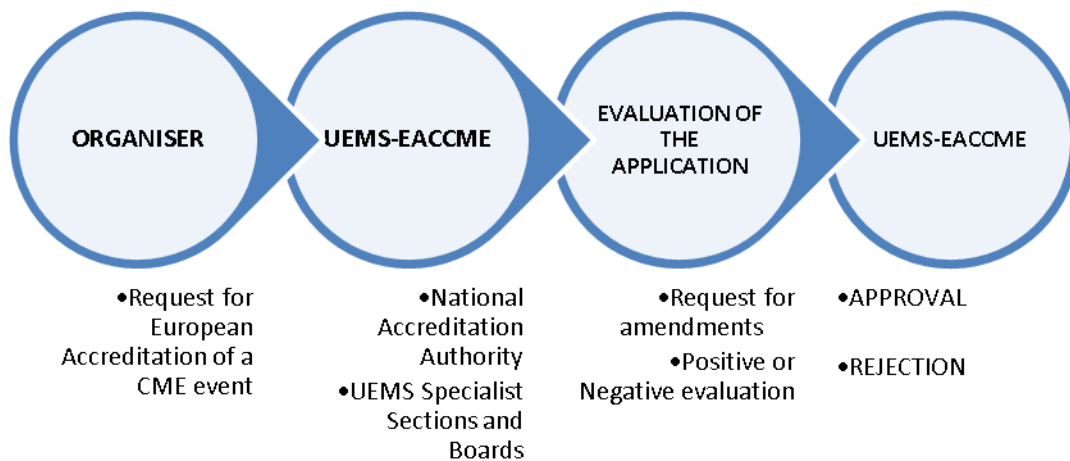
1.6 Partnership

The EACCME brings together organisations that have an interest, and demonstrated expertise, in the delivery of accreditation of specialist medical education. A key element of this partnership is that all parties work together on the basis of equality, partnership and co-operation.

2. Practical operation

2.1. How an application is processed

The following flow chart provides a summary of the system followed by the UEMS-EACCME, working with its partners, to deliver robust accreditation of applications.



The National Accreditation Authority that is responsible for the evaluation in this process is the Authority of the country and/or region in which the event is being held. For events outside the European Union and for events in countries that are not UEMS members, this procedure is not applied. The UEMS Section and Board, or the European Speciality Accreditation Board that will be responsible for evaluating the scientific value of an event is determined by the topic of the event or by the target audience.

2.2. Mutual agreements

In order to ensure the smooth and transparent implementation of this system, mutual agreements have been developed between all the partners involved in the process, i.e. the UEMS Sections and Boards, the European Speciality Accreditation Boards and the National Accreditation Authorities.

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The agreements with NAAs are key to the recognition and acceptance of ECMECs within each European country, and by the American Medical Association (AMA) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

As long the application was:

- made through the EACCME website, or via that of one of its partner organisations;
- has been evaluated through the EACCME parallel tier system, involving both the relevant NAA, as well as the relevant UEMS Sections and Boards, MJC , or the relevant ESAB;
- has received positive evaluations by both tiers of the EACCME system;
- each of which confirms and agrees on the appropriate number of ECMECs,

then the EACCME will confirm accreditation and, via the mutual agreement mechanism, that accreditation will be accepted automatically by all the NAAs.

Only in this case, can European Credits be converted into AMA PRA Category 1 credits™ and be accepted, in like manner, in the Canadian system.

2.3 Routes for making an application

The UEMS has determined that it will be permissible for the EACCME to have two mechanisms by which Providers can make applications for accreditation. These are based on two different types of agreements: the “classical agreement”, and the “ESAB agreement”.

Under the “classical agreement” the application is made directly to the EACCME system; under the “ESAB agreement” the application is made via the EACCME-partner system, and referred on to the EACCME system. Important requirements for the “ESAB agreement” are that: there should already be a working distinct website; there should be a system to control the quality of the activity; and there should be a minimum number of applications that would be processed through the UEMS-EACCME.

2.4 Record of Agreements

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

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



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In **2006** agreements were signed with:

- Anaesthesiology
- 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:

- Cardiology (EBAC)
- Sports Medicine (MJC)
- Emergency Medicine (MJC)
- Oncology (ACOE)

In **2008** agreements were signed with:

- Genetics (MJC)
- Surgery
- Infectious Diseases (EBAID)

In **2009** agreements were signed with:

- EBAP (Pneumology)
- Microbiology
- Hand Surgery (MJC)
- Urology

In **2010** agreements were signed with:

- Vascular Surgery
- Gastroenterology
- Allergology

National Accreditation Authorities with which agreements have been signed are:

Prior to, and in **2005**:

- 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**:

- Belgium
- Luxembourg

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- Hungary
- Norway
- Slovakia
- Turkey

In 2007:

- Romania
- Slovenia
- Sweden (IPULS)

In 2008:

- Georgia

In 2009:

- Italy (Regione Lombardia)
- Finland (ProMedico)

In 2010:

- Austria
- Czech Republic

In 2011:

- United Kingdom (Federation of Royal Colleges of Physicians)

Negotiations continue to provide for the entry of Germany and of some Italian Regions (Regione Friuli Venezia Giulia and the Regione Veneto).

2.5 *Mutual recognition within Europe*

Mutual agreements provide the framework for the responsibilities of the signatories. They contribute to the development of trust between national CME authorities, and minimise duplication of work as quality assessments are performed once, by the relevant NAA, and once, by the relevant specialist body.

For some national jurisdictions (eg. Spain, Belgium, Romania) conversion tables define the means by which ECMECs can be converted into the national CME point “currency”.

2.6.1 *Mutual recognition throughout the world – the United States of America*

An ultimate goal of the UEMS-EACCME is to establish a world-wide network of mutual acceptance of CME/CPD accreditation.

In relation to this, an agreement was signed with the American Medical Association (AMA) in 2000, which aimed to guarantee the recognition of ECMECs in the United States to be equivalent to the PRA Category 1 Credits issued by the AMA.

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Following initial agreement, the EACCME and the AMA have recognised each other's CME credits since 2000. A formal mutual agreement between the two organisations was signed in 2002, was renewed for a further period of four years in 2006, and renewed again, for a further four years in 2010. The earlier agreements only addressed live education events, but the agreement in 2010 has also provided for the mutual recognition of accreditation of e-learning materials.

Recognising the responsibility that both the AMA and the UEMS have for ensuring that the activities in their respective geographic areas are conducted in a manner consistent with local norms and regulations, the 2010 agreement also establishes that live activities that are certified for AMA PRA Category 1 Credits™ and held within UEMS member countries are not eligible for conversion of those credits to ECMEC credits. The CME provider may, however, follow appropriate procedures to apply to the EACCME for ECMEC credit prior to the activity taking place. By the same token, if an activity approved by EACCME for ECMEC credit takes place within the United States, the ECMEC credit is not eligible for conversion to AMA PRA Category 1 Credits™, and the CME provider must follow appropriate procedures to have the activity certified for credit by a AMA accredited CME provider, or directly by the AMA.

E-learning activities are accredited in accordance with the region in which the CME provider is based, i.e. AMA PRA Category 1 Credit™ for U.S. CME providers and ECMEC credit for organisations in countries that are represented by the UEMS.

2.6.2 Mutual recognition throughout the world – Canada

In April 2011, the UEMS and the Royal College of Physicians and Surgeons of Canada signed a mutual recognition agreement that establishes the basis for co-operation between the UEMS-EACCME and the Canadian accreditation system. This agreement covers live educational events, and is valid for the period until April 2012.

2.7 Financial compensation

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The agreements between the UEMS, UEMS Sections and Boards, European Speciality Accreditation Boards and National Accreditation Authorities are based on the principle of equal distribution of remuneration to each of the three parts of the accrediting system.

2.8 *Key documents*

The key documents covering the function of the UEMS-EACCME system are UEMS 1999/08 and 2011/20, both of which are accessible via the UEMS website: www.uems.net. Also available on the web are guidance documents such as the Reference Guide, which covers all the information needed for going through the process of application of a CME/CPD event.

2.9 *The UEMS-EACCME Task Force*

The UEMS Council established a Task Force, that met for the first time in November 2007, for the purpose of determining the strategic direction for EACCME accreditation, and working for the implementation of necessary developments. The Task Force has met approximately once every four months, and is fulfilling its remit thoroughly.

Key outcomes of the EACCME Task Force have included:

Updating guidance documents:

- “*Guidelines for Commercial Support for CME-CPD events*”,
- “*The avoidance of Bias in Educational activities*”,
- “*The use of the UEMS-EACCME name and logo*”,
- “*UEMS - EACCME, Mission and Objectives*”,
- “*UEMS – EACCME recommendations for Continuing Medical Education Providers*”

and introducing new accreditation criteria:

- “*The Accreditation of e-learning materials by the EACCME*” (UEMS 2008/20), and later updated as (UEMS 2011/20),
- “*The Accreditation of Live Educational Events by the EACCME*” (UEMS 2011/30).

2.10 *An integrated system*

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In January 2008, the UEMS-EACCME web-based application system became operational, and from April 2008 it became the only way to apply for European Accreditation. As appears to be the norm for major IT projects, problems have occurred from time to time. The UEMS has ensured that these have been resolved professionally and efficiently. The current webmaster support for the EACCME is based in Slovenia, and has the advantages of being both a medical specialist and an expert in information technology.

2.11 The accreditation of e-learning materials

In April 2009 the UEMS took the important step of introducing a process whereby the EACCME could accredit e-learning materials. This brought the UEMS-EACCME to the forefront of international accreditation systems, a position that it has maintained by refining these criteria in the light of experience. It is anticipated that, with the near-exponential growth in the availability of e-learning materials, this aspect of the EACCME's work will take on increasing importance.

2.12 The potential for Provider Accreditation

The EACCME provides a system of accreditation that is based on considering applications related to individual live educational events and individual e-learning materials.

With the increase in applications that has occurred over the last decade, it has become apparent that some providers submit many CME/CPD materials or meetings for accreditation. When such a provider consistently has such applications approved as fulfilling the EACCME's criteria for accreditation, this confirms the quality of the provider and their CME/CPD materials.

Accordingly, the EACCME is exploring the potential for a system of "Provider Accreditation" that may be suitable for such providers. In doing so, the EACCME is considering the suitability of such a system within the European context, noting the experience of such systems in the USA. It is important to emphasise that, until a policy decision is made by the UEMS Council, such work does not commit the EACCME to such a system, nor does it exclude the potential for this.

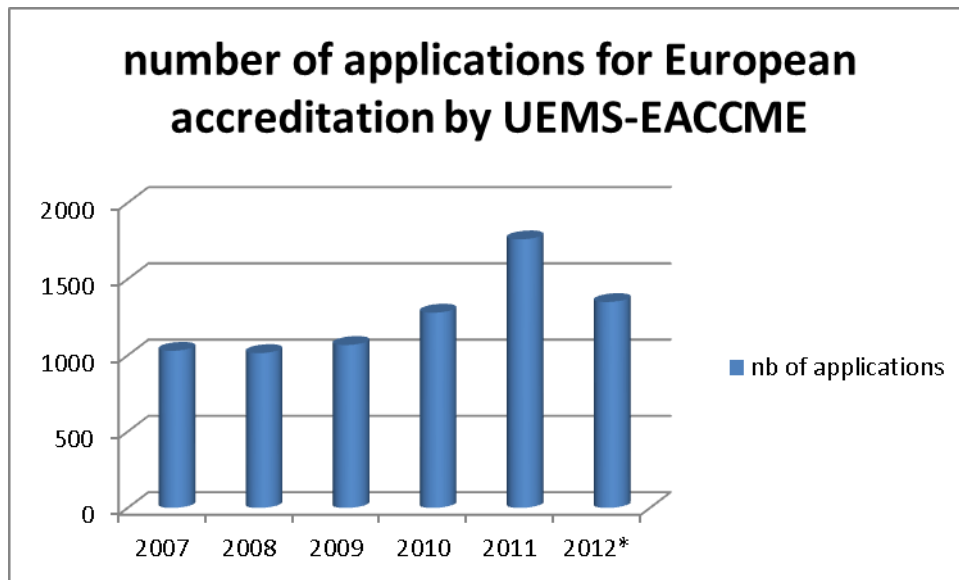
3. Activities

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With few exceptions, the EACCME has experienced year-on-year increases in the number of applications for accreditation that it has received since it commenced function in 2000. For recent years, and live events, this has involved:

- 1030 applications in 2007;
- 1015 applications in 2008;
- 1068 applications in 2009;
- 1280 applications in 2010;
- 1761 applications in 2011
- 1350 applications in 2012 (* 31.08.12)



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This workload is efficiently dealt with by the UEMS Secretariat, for whom I record considerable appreciation of their efforts.

4. The future

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The increased visibility of the process, and of the UEMS and the EACCME, are positive drivers for improvements in the quality of CME/CPD for doctors throughout Europe, and in the transparency regarding the funding and development of educational events and materials.

Both of these rapidly-developing fields; the UEMS-EACCME, working with partner organisations, is ensuring that these challenges are being met, and that, in the future, the UEMS-EACCME will be at the forefront of development in these areas.

This is essential because improved education of doctors translates into improved quality of care for their patients.

Dr Edwin Borman

Secretary General