
Present : Drs. G. Faure (Biopathology, France), P. Naredi (ACOE, Sweden), A. Van Assche (Gynecology, Belgium), J.W. Weidringer (BAK, Germany) and for the UEMS Drs. H. Halila (President), L. Harvey (Liaison Officer) and B. Maillet (Secretary-General)

Apologies : Drs. S. Del Giacco (Allergology, Italy) and J. Van Bockel (Vascular Surgery, The Netherlands) and for UEMS Dr. V. Lamy (Treasurer).

The meeting was opened by the President of the UEMS welcoming all participants.

The Officers were elected : Dr. B. Maillet as rapporteur and Dr. L. Harvey as chairman.

The e-mail addresses were collected :

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Dr. Len Harvey : leonard.harvey@doctors.org.uk
Dr. Bernard Maillet : bernie.mail@skynet.be

Dr. Len Harvey chaired the meeting starting with a round table of the participants on their experience in Long Distance Learning.

He started suggested that the group might think in two different ways of having LDL :

i) Contemporary congresses that are transmitted or recorded and sent on a CD Rom

ii) Enduring materials : programs that are sold by various providers (many commercial) and designed to achieve CME/CPD credits by the use of CD Roms, Internet and Satellite programmes. The problem is that this is quite ambitious, proper feed-back and validation essential and that the EACCME does not believe that the National Accreditation Authorities will accept these activities.

It has been suggested that isolated GP practice might be improved by giving them access to rapid Internet search programmes such as SKOLAR but specialists already learn from contacts with their colleagues.
**France** (Faure):

2 levels. In immunology, in 1998, there was a start of working through the internet and to give the opportunity to collect more information on immunology by the net. Previously, specialists had relied on textbooks but it was realised by the editors that it become more and more difficult to publish textbooks in French.

There was also a project for a Medical Virtual University, but this did not have much content.

The Ministry started a project of a Numerical Campus in French giving information on the web. Short project but many specialities created a website on this basis. It is free and open to students. It is not interactive but a reference for medical studies.

It costs money so there is now no supply. This can be used for CME.

What is done is exams by the net. Some clinical cases are presented but only few people give input to this system.

The evolution is that nowadays the Ministry will accept other languages in France.

**Sweden** (Naredi):

Their concept is that the future is in Long Distance Learning as they have many specialists far from the main centres and is the only way to provide and maintain the latest advances. Conferences, CD Roms, Education programs are all placed on the Internet.

For them LDL is communication done by the web and their solution is: Connection by: Classical phone lines, or ISDN, or ADSL.

Group discussion between 13 hospitals, which are connected by webcams and computers showing not only faces but more material such as Radiology films etc. They are quite easy systems and all can be handled by the doctors themselves.

You can define yourself the quality you require and what is relevant for doctors.

It can also be a tool for specialist trainees.

This experience can be extended to CME/CPD credits.

**Gynaecology** (van Ascche):

In Belgium the distances are not so large but traffic problems can give trouble to people to attend meetings and live events. EBCOG attempt to have LDL and has the support of the EU by Leonardo da Vinci project.

Funding for tele-conferences in the future may be possible.

It has not been decided in which way it will be done: web based, classic projections or presentations.

Practical: at the KU Leuven every week there are events organised between five sites when a program of 3 hours is transmitted. Easy contact and discussion. The equipment is organised by the University. Every Monday, sessions are organised for the education of specialist trainees.
These LDL sessions of CME are accepted in Belgium by the National Accreditation Authority.

In the future it has to be kept in mind to contact the publishers of speciality publications to help and support this LDL.

**Germany** (Weidringer):

Every region have responsibility for contact with the publishers. If one accepts, the others will also follow, there is a mutual recognition between the Lander.

1 CME credit per unit.

Very important that there is freedom of participation: must be safe and secure with no commercial linking.

At present only 3 per cent of these events are controlled.

Uses broadband internet if possible or a combination of broadband internet / satellite.

They have been very impressed by the Canadian experience and wish to emulate its good points. There will be a workshop on the 28th of October with Dr Paboosingh as guest speaker.

LDL is mainly used for education. Questionnaire id used to ascertain educational values, not for the credits in itself. Participation is important, not the marks the participants can achieve. Feedback is also very important.

**Finland** (Halila):

Also use tele-consultation because of large distances.

Methods to help people to keep their experience and knowledge.

**UEMS (Maillet)**

EACCME works well on CME of events but LDL is completely different.

Quality criteria that we have work well for the traditional events but not for the LDL.

The most things that are working now are more CPD rather than CME.

**General Discussion.**

The chairman conducted a wide-ranging debate on many differing aspects and problems associated with Distance Learning including the following:

- Reference was made to the American GAME meeting (Global Alliance on Medical Education), which is the biggest aggregation of commercial providers of CME who now wish to expand into Europe.
- Structure: there 2 levels of cost - financial as well as time.
- 2 levels: 1) for specialist trainees, they need recognition, not accreditation 2) involvement by established specialists for CME needing accreditation.
The problem with enduring material of how long a particular element of learning can be used; just once or how many times or long?

How should participation and recognition be recognised for any particular activity and what about courses e.g. series of modules?

Quality control of individual and series of modules.

Does recognition only apply to each element or, as in USA, the provider is recognised for a time-frame during which it can produce as many or few as it wishes.

How can commercial exploitation be avoided. Concerning the funding by the pharmaceutical industry it is to be compared with the live events and restricted to educational as opposed to influential participation.

The fundamental requirement remains participation and not some level of marking a test.

Very important is the feedback.

Also a real need have to look at how participation improves quality of care.

Recognition and formal recording is best done by the National Accreditation Authorities but at the European level, then the UEMS Sections and Boards have a major role to play.

CD Roms - UK Royal College of Gynecology edits one every 6 months with 30 different clinical scenarios. This equates to a more developed textbook and is recognised for credits.

Many National Authorities are happy that UEMS is taking responsibility at the European level for this topic.

There would appear to be a need for a questionnaire, send to the National Member Associations and the Sections and Boards, to ascertain the attitudes and acceptance of LDL in the various countries – what has been accepted and planned?

Who should be in control of the process?

It is recognised that some strong specialty societies in Europe also want to have the right to both provide and give accreditation. However, UEMS Management Council strongly feels that in order to be recognised as impartial, it is a fundamental principle that you can not be judge and jury.

UEMS should continue to play a key role through EACCME which can work with the Sections, Boards, Scientific Societies and the National Accreditation Authorities.

It was pointed out that the Accreditation Council for Cancer societies in Europe is independent from FECS.

The Management Council of the UEMS had decided in October 2002 not to start a pilot project on provider accreditation.
Important to inform both the profession and public in Europe about what we are doing. UEMS has a seat on the European Health Policy Forum which is a think tank of the European Union (DG SanCo) and there we can promulgate our work.

Agreed that the principle of 1 hour of activity = 1 credit. Of course every country can then change the “currency” of these credits depending on their own system. The rating of each kind of activity must also remain a national matter which may vary according to interpretation.

A central database needs exist and can be organised by the UEMS but is an expensive matter to set up and maintain on a daily basis.

Recognition that some courses with different modules, e.g hypertension, and giving afterwards some recognition run the danger of creating new sub-specialities.

It must be recognised that LDL is only one of the elements of the CME/CPD of doctors cannot be the only one.

What should be the place of Commercial organisations who organise CME events for profit on CME and can they be accepted?

It is accepted that when only one company organises an educational activity whether live or LDL then there can be a perceived bias, while by a range of pharmaceutical companies this is less the case. Thus it is important to determine ethical codes, delineating the method of sponsorship. So should it be only academic, scientific societies and professional boards who can organise events that can be accredited?

**Future Progress**

How will we proceed? It was decided that the Chairman would prepare a draft questionnaire in the first place to be sent to the all parties in order to obtain an insight into the attitudes to Distance learning in Europe. The draft will be sent to all members of the Working Group by e-mail for refinement. Depending on the results, a report will be prepared after which it may be necessary to have a further meeting before submitting any resolutions to Management Council.

The rapporteur will write the minutes of this meeting.

B. Maillet