



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

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European Accreditation Council for Continuing Medical Education Annual Report

**For 2008
UEMS Council Meeting
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1. Background

The EACCME was established by the Management Council of the UEMS in October 1999 and was 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 serves this purpose by assuring 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 in the associated countries. It is managed by the UEMS Executive Committee and has its offices in the premises of the 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 the transfer of CME credits (European CME Credits – “ECMEC”) obtained by individual specialists in CME activities that meet common quality requirements.

It facilitates exchange between European countries, between different specialties and between the European credit systems and comparable systems outside of Europe.

1.2. European CME Credits

In order to render the exchange of credits possible, a system of European credits was set up: the European CME Credits (ECMEC). 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 international awarding of CME credits. National systems should also use this unit or establish a fixed exchange ratio with this unit. The different National Accreditation Authorities and the UEMS-EACCME have to agree upon a Conversion Table for automatic conversion 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 conferring 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 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 22 November 2008. In the course of this very constructive meeting, delegates of the National CME Authorities of many European countries met with the UEMS Executive Committee.

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

The report of the meeting (UEMS 2008/52) is available on the UEMS website.

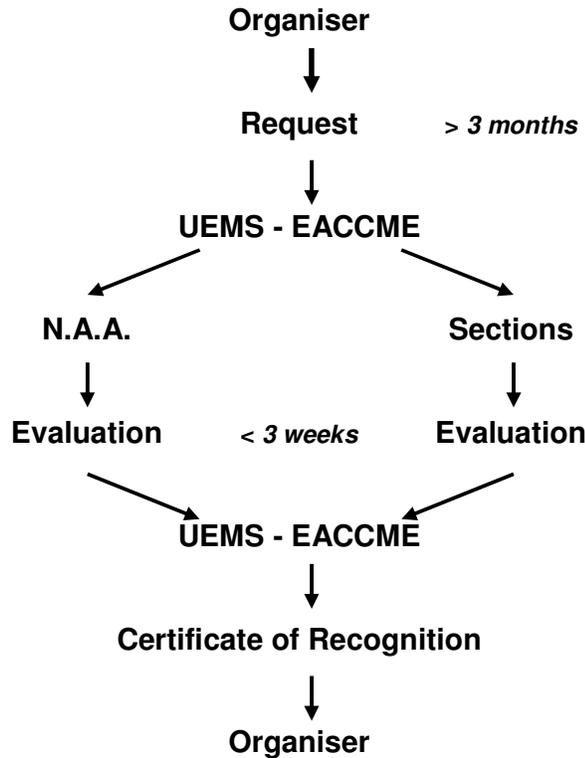
2. Practical operation

2.1. Flow

Ideally the procedure 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 estimate 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 member Countries of the UEMS of the ECMEC's allocated by the UEMS-EACCME to the participants of international events.

The ideal process is depicted in this flowchart:



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 outside Countries member of the UEMS, this procedure is not applied.

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

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

By signing an agreement with EBAP, it is obvious that the UEMS-EACCME is abandoning the harmonious and logical structure of the EACCME with the responsibility lying with the Sections and Boards. By installing and empowering different European Specialty Accreditation Boards (ESAB's) such as EBAC, EBAP and others, a breach is made in our system where the authority and responsibility lies with the UEMS.

This was not the concept behind the creation of EACCME the purpose of which was to create a single entry point for all specialties and for all countries.

With an ESAB for each specialty, the leading role would move from the UEMS, from the umbrella organization and thus from the aggregates of all specialists (the Central Committee, the President alluded to during the meeting of the Sections and Boards in February 2009) towards the different specialties.

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. the UEMS Sections (or European Accreditation Board) and the National Accreditation Authorities.

These agreements aim to clearly determine and clarify 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)

In 2008 agreements were signed with following Sections :

- Genetics (MJC)

National Accreditation Authorities with which agreements were signed :

Until 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
- Hungary
- Norway
- Slovakia
- Turkey

In 2007 :

- Romania
- Slovenia
- Sweden (IPULS)

In 2008 agreements were prepared for signature in 2009 with :

- Regione Lombardia
- Finland

Negotiations are on their way with Germany, the United Kingdom (Royal College of Physicians) and some Italian Regions (Regione Friuli Venezia Giulia as well as Regione Veneto).

Concerning the Sections and Accreditation Boards, agreements were prepared with both EBAP as well as EBAID and were signed early in 2009. Discussions are on their way with Urology.

In 2008 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 conversion table for exchange of ECMEC's with the Spanish Credits (1 ECMEC = 0,12 Spanish Credits).

2.2.2. Mutual recognition

The mutual agreements provide the framework for the activity of the signing parties. They contribute to building up mutual trust between the national CME authorities and from that

moment avoid an unnecessary duplication of work as quality assessments are carried out only once by the relevant national authority in collaboration with the relevant specialist body.

Once accepted, 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 done with Spain where in the agreement the "currency" is specified between the ECMEC and the Spanish Credits (see above).

Similarly, the conversion of credits into the National CME Credits has been clarified with Belgium and Romania, where 1 ECMEC equals 1 CP.

This process of creation of a Conversion Table should be developed in the future so as to avoid confusion and clarify the value of ECMEC's in comparison to the National Credits in the different EU Member States.

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 relation to this, an agreement was signed with the American Medical Association in 2000, which aimed to guarantee the recognition of ECMEC's in the United States to be considered equal to the PRA Category 1 Credits as issued by the AMA.

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. This agreement will be in place until the end of June 2010.

2.2.3. Financial compensation

The mutual agreements offered the possibility for the UEMS Sections and some National Accreditation Authorities to obtain an equal fee for their quality assessment. This financial compensation aims to cover expenses u. m. of travels.

2.3. Quality assessment & Feedback

The guidelines set by UEMS-EACCME still are the documents UEMS 1999/08 and 2001/20 which have been revised in 2007 in the process of the start of 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 application of a CME-CPD event.

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

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

Both issues need further development in the near future and this will be done mainly by the Task Force.

The first meeting of the Task Force was held in November 2007.

In July 2008 the Task Force on CME met in London and in November 2008 in Brussels and discussed some important issues that were implemented in the system. The possibility of a collaboration with other health care professionals was discussed and in July it was felt that only the cooperation with the UEMO seemed reasonable in the views of the Task Force. In November the scope was considered to be extended towards other Health Care Professionals and it was left to the Sections to decide. This would allow our Section of Oral and Maxillofacial Surgery to consider the evaluation of events for Dentists if they wish to do so.

The Task Force discussed the document "Improvement the EACCME (UEMS 2007/23) and also proposed a new document "The Accreditation of e-CME and e-CPD by the EACCME" (UEMS 2008/20), which will be basic document that would allow the start on April 6th 2009 of the approval of e-learning programs by the UEMS-EACCME.

2.4. Integrated system

On January 15th 2008, the web-based application form started to be operational and from April 1st it became the only way to apply for European Accreditation. As expected, at the start, some problems arose which were very professionally and efficiently dealt with by the Office as well as by our Provider.

At the initiative of the UEMS Secretariat and supported by the Chairman of the Task Force Dr. Edwin Borman, a survey was performed in July 2008 on the satisfaction by the providers who apply for CME credits through UEMS-EACCME.

Some 600 forms were sent out and about 93 answers came back. About half of those replies indicated that some providers did not have major problems for introducing their application. Obviously, our efforts will be concentrated on the other half of the providers by trying to solve the problems they experienced and improve the system.

2.5. Structures assisting EACCME.

The Task Force, led by Dr. Edwin Borman performed a tremendous work and made a significant contribution for the improvement of the process of EACCME. At the same time, the so-called Rome Groups worked out some documents are of use in this progress of EACCME.

The Task Force, as was mentioned earlier was set up in 2006, is composed by two delegates from the ESAB's, two delegates from UEMS Sections and Boards, two delegates from the UEMS Executive and is chaired by Dr. Edwin Borman.

The Rome Group is in fact a think tank that has been created in 2004, where we have individuals that are very intensively involved in the CME-CPD arena on both sides of the Atlantic. From the United States we have Alejandro Aparicio (AMA) and Murray Kopelow (ACCME), from Canada Bernard Marlow (College of Family Physicians of Canada) and Greg Campbell (Royal College of Physicians and Surgeons of Canada). For Europe, Ian Starke (UK), Hervé Maisonneuve (France), Hannu Halila (Finland), Alfonso Negri (Italy), Ted Popov (Bulgaria), Johann Weidringer (Germany) Josep Roma I Milan (Catalonia Spain) and myself.

Both the Task Force and the Rome Group are complementary as the Rome Group prepares documents on general issues such as for instance Commercial Support and Conflict of Interest, whereas the Task Force has to advice how the process of the EACCME can be improved.

The Task Force as well as the Rome Group should not be confused with other organizations such as for instance Wentz Miller Associates, which is a commercial company, selling advice on

CME-CPD issues to mainly US providers. Those commercial companies have completely different objectives and goals.

3. Activities

European Accreditation through UEMS-EACCME was progressing with 1030 approved events in 2007 but since the beginning of 2008 a slight decrease is noticed in the number of applications submitted to UEMS-EACCME. We had actually 1015 applications in 2008. This can only be due to the fact that applicants have to get acclimatized to the new web-based application system.

At this stage we want explicitly to thank Ms Nathalie Paulus for her magnificent commitment in managing the daily processing of the events helping the providers with their application. She got excellent assistance from the other Staff members, particularly Ms Bénédicte Reychler.

Nowadays we have also the support of Stagiaires whose input is much appreciated.

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 are obviously very important and have to be developed.

The increased visibility of the process, as well as of the UEMS and the EACCME also, are positive drivers and the information of the involved partners in organizing events, such as Scientific Societies and Organizing Committees have to be increased and improved. This needs active and personal representation at a lot of meetings and activities.

There are still some problems to be solved in order to make the system more of harmonious and to 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