

Appendix 1

EACCME Working Group “Expansion of recognition of professional qualifications”

Chairman: Prof. Hans Perrild (Hans.Joergen.Duckert.Perrild@regionh.dk)

Members:

UEMS Sections and Boards:

Anna Malisiova	Anaesthesiology
Bobek Ilona	Anaesthesiology
Fernandez Gonzalez Angel Luis	Cardiothoracic Surgery
Petr Arenberger	Dermato-Venereology
Marko Potočnik	Dermato-Venereology
Hans Jørgen Duckert Perrild	Endocrinology
Alessandra Renieri	Medical Genetics
Ulf Kristoffersson	Medical Genetics
Gerhard Schroth	Neuroradiology
Daniel Zweifel	Oro-Maxillofacial Surgery
Martin White	Paediatrics
Paolo Ricci	Radiology
Francesco Tanzi	Radiology
Joseph Weerts	Surgery
Nabil Chakfé	Vascular Surgery

European Specialty Accreditation Boards (ESABs):

Norbert Mülleneisen	EBAACI (Allergology)
Christian Loewe	EBR/ACI (Radiology)
Monica Gil	EBR/ACI (Radiology)
Lino Goncalves	SACC/ESC (Cardiology)
Line Joubert	SACC/ESC (Cardiology)

National Accreditation Authorities:

Branimir Lodeta	Croatia
Kristiina Patja	Finland
Charalampos Koulas	Greece
Hilary Hoey	Ireland
Sean Tierney	Ireland
Bumbulut calin	Romania
İskender Sayek	Turkey

Background

- We need to move beyond EACCME 2.0 and expand to the recognition of professional qualifications
- We need to respect the basic EACCME principles (no influence from industry, assessment component...)

The work of this Working Group was to identify:

- Which professional qualifications the UEMS-EACCME wants to start with (eg. first ten priorities that can be judged and measured)
- Ways to accredit them
- What kind of system and infra structure

Definition of recognition of CPD/CME activities

The EACCME® all ready recognises the following activities, and have issued ways to qualify request for recognition through the EACCME web site, and the fee 20 Euro

1. Reviewing scientific and educational material (REV) –
2. Publishing scientific and educational material (PUB) -
3. Learning by Teaching (LbT) – faculty presentation/participation during the main scientific programme of an EACCME® accredited event.
4. Examiner in a UEMS exam (free)

Working group statement:

The working group has exchanged views and suggestions and arranged one telephone conference 6.9.2017

The working group has agreed on a list of **Personal competences/skills/activities that can be verified** and we have a suggestion have to proceed that through the EACCME structure.
(A)

We have discussed whether a fee of 20 euro is reasonable or even might prevent users from applying.

We also list a number of **non verifiable activities** that are an essential part of each doctors CME/CPD (B)

We recommend that UEMS promote a list of competences that should be part of the CME/CPD of specialist doctors with the 7 competences as the back bone.

The list of ways of achieving CME/CPD in the local setting is long, and it would take a lot of work and effort from the individual doctor to obtain a letter of confirmation for every activity and further for a review system to handle it.

Many European countries already have such a system working with easy access personal portfolio and a yearly appraisal process.

We believe the economy involved in multiple and continuous recognition through EACCME system would prevent many doctors from actually using this solution.

Documentation of individual CME/CPD activity should be based on trust (read a book, local teaching session, patient communication etc) and an ethical and moral obligation. Supporting this as the trust we have in individual doctors to have gained CME/CPD from the EACCME accredited congress etc without testing/ asking for more documentation but having been there.

If quality is the issue we can recommend eg the Canadian quality control system visiting ½% doctors of doctors documenting their CME/CPD of non-verifiable activities. The Finns have taken the Canadian system into their advanced web site and base 50% on trust and 50 % on control. The Irish make quality control in 3%.

We also have to respect autonomy, that is, I as a doctor I am the best to know what I need to learn, and trust this.

Finally we must remember that many specialist doctors in private practice are not doing research, education and other verifiable activities, and there should also be a CME/CPD system for them.

UEMS could discuss a system of bench marking (quality control of national CME/CPD programs) on the bases of listing competences as we suggest.

A.

Personal competences/skills/activities that can be verified

1. Mentorship for Juniors
2. Online teaching courses, establish online educational tools,
3. Clinical guidelines preparation, consensus papers, writing editorials, log book writing, (some maybe all ready included in the EACCME recognition protocol)
 - a. Clinical guideline preparation (peer review paper or local (verified by director)
The type, scope (institutional, local, national, international) and length of the Guidelines as well as the effort put into it: authoring, reviewing, should be taken into account.
4. Contributors to MCQ writing groups
5. Supervising MD/PhD thesis and master classes
6. Active membership in scientific society
7. Preparing an event
 - a. Definition of Event preparation is needed: being a course director for an event, being a member of the scientific committee, involved into the scientific content elaboration, being a speaker or a moderator of a session.

Process through EACCME website

Personal competences/skills/activities that can be verified

Scope of recognition:

To be expanded for each selected topic

Reviewing process:

Applications must be submitted on the EACCME® website www.eaccme.eu.

The reviewing process will take two weeks from the date of receipt of the application.

Material to be submitted through the EACCME® website:

For issues 1-7 you will submit

- Application form with: o Name of the activity, paper specified, the written documentation from academic officer, chief of staff, editor, society (to be expanded), the event manager

Fee:

Allocation of credits:

Suggested points

Mentorship for Juniors	4 points
Online teaching courses, establish online educational tools, Clinical guidelines preparation, consensus papers, writing editorials, log book writing,	6 points
Contributors to MCQ writing groups	6 points pr day
Supervising MD/PhD thesis and master classes	6 points
Active membership in scientific society	2 points
Preparing an event	12 points

B.

Non verifiable CME/CPD

Performance improvement (eg the 7 competences)

1. Professionalism.
2. Communication.
3. Management,
4. Professionalism in cooperation
5. Professionalism in research
6. Professionalism in education
7. Health advocate and literacy

EG

Professional skills :

Reading scientific articles in peer reviewed journals/ Reading books, Participate in live-streamed discussions or lectures (both for participant and lecturer).

Professionalism

Reflecting experience and knowledge, patient care competence and communication

Work place teaching, in the context where learning is needed.

- Lecturing in house in non-accredited events
- Unaccredited rounds, journal club small groups and conferences
- Committees: patient care quality and ethical and educative committees
- Patient education activities

On behalf of the working group

Hans Perrild 30.9.2017

CME/CPD/PDP in European countries 2017 (30.9.2017)

Overview of the current European situation in Endocrinology in the countries who have responded to the Working Group's request. Many countries have or are creating systems.

The summary describes the following points:

1. Voluntary or mandatory
2. CME and CPD is organised by who
3. Who is monitoring?
 4. Are you using CME points
5. Who are accrediting events and or providers and do you have national CME credit point authority?.
6. Do your country have an agreement with EACCME?
7. Who asks for CME/CPD data
8. Recertification?
 9. Are there any consequences to fail?
 10. How many endocrinologists (in %) participate in a voluntary or mandatory system
11. Financing of CME/CPD for the individual doctor and events
12. Is there a quality assurance/Postevaluation system of events
13. Do you have or have plans for a national e learning platform

A number of further questions were asked of the practical handling of registration and collections of CME/CPD, what more than accredited events can be used for CME/CPD appraisal and what is the step for step procedure in countries with a recertification process.

Additional questions with focus på real life handling of CME/CPD and recertificatin:

A

Do individual doctor collect the points electronically or paper or

B

What activities (accredited events ? national? International? C

What about events not accredited (reading books, journals, writing papers etc. Do you have a list of possibilities.

D

How are the points delivered once a year or continuouslyE

Do you have a local appraisal procedure in the hospitals

.F

What are the process/step by step of recertificationWhat do you have to deliver for recertifikation. CME points and what else. Is there also an interview. Are you called/reminded or own initiative?

What happens if you not do it. Who takes the decision for consequences Whar happens if you do not have data for recertifikaiton.

Belgium (2017) no change 24.9.2017

1. Voluntary, but higher fees can be claimed (more euros/ consultation reimbursed to patients by the health care system as well as yearly fix amount of now around 500 euro via the State insurancesystem)
2. Organised by the State insurance system.
- 3.+4. Monitoring of individual credit points by the state insurance system and societies and universities.

- 5+6. Accreditation of events is decided by a national selection committee and organized by societies and universities.
7. Hospitals and also societies or individual physicians may ask for CME data
- 8+9. **Recertification** every 3 years needed on basis of credits assembled within the 3 preceding years/ credits include presence to lectures that are approved for cme credits. Within the total amount of credits a certain well defined number of lectures and credits should be on a topic of ' ethics and economics of health care. Doctors should also be member of a regional group of peers that have to organize meetings 4 times yearly. There is evaluation every 3 years but no exam. Doctors have just to sent their certificates of participation to the state insurance system if they want to be (re)certified

10. Participation rate = high probably near to 100 % for endocrinologist since payment depends on certification
11. Financing by the state insurance system
- 9.

A

B+C

Only activities for which an official accreditation have been asked can be included

D

Every 3 year we are asked for recertification. Documents are scrutinized and we receive a written answer. There is no "diploma" like document. The process is done by the health care system, they know whether the doctor is certified or not when they have to reimburse patients (the reimbursement rate is different)

E

When working in a hospital where patient payment is managed by the hospital the doctors only send a copy of the letter they have received after recertification, to the local administration.

F

In Belgium, we have no e-learning platform but we were interested by the proposition Respondants:

Patric Petrossians

Philippe Damoiseaux

Cyprus (2017) 24.9.2017

1. Voluntary (moves to make it mandatory by law). **YES**
2. Organised by the Cyprus Medical Association **YES**
3. +4 +5+6 CME committee of the Cypriot Medical Association grants CME points to scientific events. in order to receive CME credits (1 point for every teaching hour) , the doctor has to attend a medical conference, **OR PUBLISH A PAPER** which is organized by an official Medical Association or Scientific Society .the rest of the points remain unchanged.

7. Nobody ask for CME data **YES**

8.+9 No recertification. But a minimum collection of 150 CME points for 3 years still no penalty **YES**

10. Participation rate 30% **YES**

11. Financing is an individual responsibility **YES**

4.

Do you have a list of events and activities that you can include **NO**

Do you have an official document you use as a certificate **YES - GIVEN ONLY TO PAEDIATRICIANS FROM THE PAEDIATRIC SOCIETY STATING THAT YOU HAVE COLLECTED MORE THAN 150 CME WITHIN 3 YEARS**

Do you have a local appraisal in the hospitals **NO**

And what about the practitioner **NONE**

There is no postgraduate training in Endocrinology in Cyprus.

Most of the Endocrinologist receive their training in Greece, UK and USA.

respondant

Nicos

Denmark(2017) 24.9.2017

1. Voluntary
2. Organised by the Danish Medical Association , the Danish society of endocrinology.
3. + 4A personal portfolio possibility available in web based registration system (DMA), seldom used
- 5 + 6.No event accrediting system. EACCME is used
7. Nobody ask for CME point except in some regions where annual job planning (PDP) talks is part of Hospital routine. Selfreported CME activity and specialist competence (+ CPD competence) is becoming integrated part of the annual job planning talk
8. +9 .10.No recertification.

11. Part of contract: 10 days pr year salary paid for CME activities, in some areas of Denmark some funding available from hospital.

Plans for a national e learning platform has been discussed for years, no progress

Finland (2017) 24.9.2017

1. Voluntary (proposal for legislation of CME/CPD).
2. Organised by the National Evaluation Council for CME with the Finnish Endocrine Societies and Universities
3. + 4 Monitored in a Personal Electronic Portfolio for CME activity (FMA).
5. + 6. + 7. Quality criteria for accreditation of events and providers have been established by universities. Nobody asks for CME data
- 8.+ 9. No recertification
10. Participation rate 10% (only the endocrinologist in training)
11. financing: Hospitals pay for 8,5 days of training per year

Plans for a national e learning platform has been discussed. The Finnish Endocrine Society has updated basic learning material for their website, but not much other activities lately

If you arrange a course you apply in the university for accreditation. The doctor registers international events like EASD, not points, not local teaching learning, reading journals etc

You bring the list of events you have registered to yearly hospital appraisal interview.

Sponsored events do not count so hospitals pay for the participation

Kristina says that they have adapted the Canadian system that is a registration of also non accredited activities included in the 7 competences and 50 % is registered by trust and 50% by control.

respondant:

Saara Metso

4. ?

Postgraduate

In Finland, we have 6 years of Medical school. After that we have 3 years of practical training. From it the trainee has to work 18 months in primary health care and 18 months in hospital (6 months research also accepted). After that 3 years in endocrine training. So after medical school it is minimum 6 years training for endocrinologist.

Most of the Finnish endocrinologists still make first the speciality of internal medicine (3 year basic and 3 years internal medicine).

After that one needs only 2 year for endocrinology, because 3 years basics and 1 year of speciality are similar for both internal medicine and endocrinology. There is a mandatory exam in the end of training organized by the universities.

GREECE (2017): 24.9.2017

1. Voluntary
2. Organised by Panhellenic Medical Association
3. + 4. Monitoring of individual points: Yes each doctor collects
5. + 6. Accreditation of events/providers. Who is the national CME credit point authority: Panhellenic Medical Association
7. Who asks for CME data: Each national society who organizes the meeting ask for CME point
8. +9. Recertification/consequences: None at the moment. A new law is pending
10. How many endocrinologists (in %) participate in a voluntary or mandatory system: Approximately 50% for the voluntary system
11. Financing: National societies
12. Postevaluation of events: Yes but rare

I

postgraduate

For Greece nothing has changed. Six years is needed for the specialty, 2 in Internal Medicine and 4 in an Endocrinology department.

After 6 years, exams. After that the title of Endocrinologist is acquired and you can practice either as a private doctor or under the umbrella of National Health system.

The same applies for Pediatric Endocrinology. Two years in Pediatrics and 4 years in an Endocrinology department.

Respondant
Gerry Krasimos

Iceland

1. Voluntary
2. Organisation with IMA and university discuss possible accreditation programme in 2004
3. Nobody monitors individual points
4. No accreditation of events
5. Nobody ask for CME data
6. No recertification
7. Participation rate ?
8. Two weeks abroad paid by the employer
9. ?

no representative 2017

Luxembourg.

1. Voluntary
2. Organised by profession (who)
3. No Monitoring of individual points
4. No Accreditation of events
5. Nobody ask for CME data
6. No Recertification
7. Participation rate ?
8. financing?
9. ?

no representative 2017

Malta (2011)

1. Voluntary
2. Organised by individual local associations on an ad hoc basis, Also individual initiative on the part of the individual specialist to attend international courses, updates, and conferences
3. No monitoring of individual points
4. No accreditation of events except international meetings given ECMEC etc. Malta College of Family Doctors provides its own accreditation for meetings and local conferences can apply to the MAM for accreditation on payment of certain related dues
5. Currently no body asks for CME data
6. No Recertification required so far
7. Participation rate All endocrinologists participate in at least one form of CME

which also cover journal subscriptions, memberships of societies etc.

8 Eligible for paid study leave to attend conferences etc. Limited CME/CPD funds available

10. No formal postevaluation of events mandatory. In a number of instances the organising committee asks for participant feedback.

no representative 2017

Norway (2015)

1. Voluntary
2. There is no formalized organisation of CME activities
3. No monitoring of individual points
4. No accreditation of events
5. Nobody ask for CME data

6. No Recertification (recertification is debated)
7. Participation rate: Very few doctors report CME activities
8. financing: The employers have some responsibilities to support CME (aprox. 1200E a year) and the norwegian society for physicians also have some funding aprox 1200E a year for consultants
9. No

Portugal (2017) 24.9.2017

1. Totally dependent on each one will.
 2. No one organize meetings under these objectives.
 - 3.+4. There is no organization that monitors or studies this kind of evaluation.
 - 45.+6. The scientific events have no accreditation.
 57. Nobody asks for CME data.
 8. **recertification** is made by an oral and written examination and not every year. It is made only in public health system for climbing in the career. -
- Some of our endocrinologists are certificated by UEMS. They are less than 10%
- 11.. All the events are sponsored directly or not, by industry.
 12. After all meetings or sessions, we do not ask, usually, their evaluations.

We have no e-learning platform.

In the Amsterdam meeting AEMH represented by dr Joao de Deus

Asking a number of questions

CME points measure time used, and how to translate that to patient quality
 He is an eye doctor. When finishing specialization he was tested in all aspects and now he is "only" a cataract surgeon, what should he be recertified in?
 He can, however, use EACCME as add on to his professional review board meeting/PDP arranged by the profession in Portugal.
 He advocates for European certification in leadership

Respondant

Mara da Conceição Pereira

Post graduate

After the first six University training years we have a written test for choosing speciality field.
 AfterAt final five years of training speciality we have an exam with an oral,oral, writtencurricular discussion and patient proof evaluation examination for getting speciality title.

The answers to your questions are:

1. In the end of the training period of five years there is an examination with three parts: curriculum discussion, clinical patient examination with history elaboration and diagnosis argumentation and finally a theoretical questions.

2. With the classification they may run in a context for a place in **Hospital Carrier** and they may acquire a title of **Specialist** and getting a place in hospital as **Assistant**.
3. The government open special dates for acquire next step graduation: **Consultant** that gives the possibility of getting a place as **Hospital Graduated Assistant**. They have to submit to an examination once more with the same three parts as already said. The classification will decide who gain the place/s.
4. After this, the next and finally examination is for getting the last grade: **Hospital Assistant Graduated Senior** title. There are always several candidates and a few places. The selection is made by another examination running by a context with curricular discussion and thoughts about organization issues.
5. There are no known years or dates for getting any title. Depends on the will of each hospital or/and government.
6. If you don't want to do anything but only treated patients didn't occur any problem but it is impossible to climb on the carrier.

Best regards.
Conceição Pereira

Sweden (2014)

1. Voluntary
2. No Organised
3. No monitoring of individual points
4. No accreditation of events
5. Nobody ask for CME data
6. No Recertification
7. Participation rate ?
8. financing?
9. ?

Stefan Sjöberg,

The item has been discussed. However, there are no plan for the introduction of a e-learning platform in Sweden. Why not one for Europe?

Semimandatory

Spain

1. Voluntary
2. Organised by 17 Regional Autonomous Authorities with CME commissions and IFMC have developed CME structure
3. Monitoring of individual points
4. The Spanish Medical Association (Consejo General) has developed its own system and have signed a mutual agreement for recognition of credits with EACCME.
5. Nobody ask for CME data
6. No recertification
7. Participation rate ?

8. financing?
9. ?

Mandatory by law.

Austria (2017) 24.9.2017

1. Participation mandatory by law (Austrian Medical Law)
2. Organised by Austrian Medical Chamber (AMC) (Diplom Fortbildungsprogramm (also on line)
 - 3.+4. Monitoring of individual points (250/5years) by the Austrian Academy of Doctors (Österreichische Akademie der Ärzte)
5. + 6. Accreditation of providers by Austrian Academy of Doctors
7at present no uniform checking of requirements by authorities and employers. For doctors practising in an office outside of a hospital, it is checked by a quality assessment agency, at the moment self-assessment with random controls
8. Recertification (Guideline AMC (§2)): non participation does not lead to restrictions with regard to medical license or certification as long as you work in a hospital
- 11Financing on an individual basis, CME programme financed by Austrian Medical Chamber
12. Quality assurance and postevaluation systems exist

e learning platform exists

A all individual doctor collect the points both, electronically and paper possible

B

We have a list where all of the cited possibilities are listed and can be submitted

D

Points delivered continuously or whenever submitted

E

We have a local appraisal procedure i in some hospitals and departments,

F

Submission of attended meetings or other activities, then receipt of certificate

We deliver CME points and what else see above

No interview

Own initiative but reminder if no or insufficient points have been submitted

Academy of Doctors or Chamber of Doctors, who are responsible for acknowledging the submitted points/documents. Measures from employers depend on employer

Respondant Anton Luger

Postgraduate

0.75 yrs (basis) +

2.25 yrs internal med +

3 yrs endocrinology

are correct. Thus the 6 years internal med and 3 years endocrinology listed at the bottom are history and should be deleted.

Also since July 2015 exams in internal medicine after 3 years of training and in endocrinology after another 3 years are mandatory, the first exams in endocrinology will take place at the end of the year. Until present we only had board exams in internal medicine which included approx 7-10 % of questions in endocrinology.

Czech Republic (2017) 24.9.2017

1. CME/CPD mandatory for members of Medical Chamber (all active physicians should be members)
2. Organised by Medical Chamber, societies of the Czech Medical Association, and Universities. Includes long-distance learning.
3. Monitoring of individual points by Czech Medical Chamber upon request of individual physician.
4. Accreditation by Medical Chamber and Czech Medical Association. Medical Chamber is the national CME credit point authority.
5. CME data are asked for by Medical Chamber and Health Insurance Companies (for agreements with physicians)
6. **Recertification** is provided by Medical Chamber.
7. About 60-70% of endocrinologists participate in the system.
8. Financing: The participants normally pay for the event.
9. No postevaluation.

Vaclav hana and jan skrha
Written and oral exam after postgr training

Václav Hána,
Prague, Czech Republic

Let me answer you questions in the text:
have some additional questions concerning CME/CPD in your country

A
The individual doctor collect the CME points by paper

B og C
Activities collected. - national , internat. events, publications , giving lectures, study of profes. literature with audiodidactic. tests, e-learning, "clinical days" , educational visits

D
If you want to get certificate , you have to collect 150 points in 5 years. You deliver these points once after 5 years. That certificate is necessary, if you want to have some very small advantage from health insurance in your private practice, or if you want to get an approval for some leading position in the health system from the Medical Chamber . You recertificate after 5 years.

E
No local appraisal procedure in the hospitals

F

You recertificate after 5 years. The process is voluntary.

You only deliver CME points

It is your own initiative

Nothing happens if you not do it.

Estonia (2009)

1. Mandatory
2. Organised by the medical professional organisation
3. The medical organisation monitor the CME points (250/5 years)
4. ?
5. ?
6. ?
7. ?
8. ?
9. ?

France (2016)

1. Mandatory for all physicians by law (2009 / 07 / 21) and now effective after State Council decisions since the 2014 / 01 / 01. CPD includes MCE and PPE (Professional Practice Evaluation).
2. Organised by the Ministry of Health and/or the Regional Health Agencies with national and/or regional CPD priorities subjects voided by the Independent Scientific Commission. The Independent Scientific Commission is composed by delegates of the National Specialities Councils (as Endocrinology, Diabetes and Metabolism, Cardiology, Gynaecology... and General Medicine). Each National Speciality Council have one delegate in the Independent Scientific Commission. For our speciality was created a specific OGDPC (Organism for Management of Continuous Development), which received an official agreement in February 2014.
3. + 4. No monitoring of individual credit points but participation at one accredited CPD event per year is asked..
- 5.+6. Accreditation of CPD events by the Independent Scientific Commission. Providers of accredited events have homologation and periodic evaluation by the Independent Scientific Commission. For now only *a posteriori* controls will be performed
7. The National Order of Physicians asks to the doctors for annual CPD data and has information from the accredited DPC providers.
8. Certification for 5 years under authority of the National Order of Physician according to the rules of the Independent Scientific Commission. The National Order of Physician will organise one personalised CPD for one uncertified physician every 5 years and if this program is insufficient this physician would be considered impeached.

9.+10. Specific formation in our speciality began in 2014. For now 40 participants in a meeting concerning diabetes in old people. Two another formations will be organized next November about thyroid nodules.

11. Financing of participants and teachers is under the control of the National Manager Organisation for CPD. In fact, the national health insurance system finances CPD of doctors with private practice and the hospital finances CPD of doctors with public practice.

12 No information concerning postevaluation

Are the CPD data delivered by electronic collection or paper

What is the content of the annual CPD data (

national? International? What about events not accredited (reading books, journals, writing papers etc. Do you have a list of possibilities.

Do you have a local appraisal procedure in the hospitals

Post graduate

In France Nutrition and Endocrinology-Diabetes were separated for thirty years. An Order of November 13, 2015, from the Ministry of Education and Research, reinstated the Nutrition in the speciality within an Endocrinology, Diabetes, Metabolic Diseases and Nutrition diploma. Content of the training between these disciplines is currently discussed.

Likely for all specialties in France, we are moving towards one short training of 4 years, and another longer of 6 years only for physicians intended to Hospital and University.

Very friendly

Respondant

Jean-Louis Wémeau (Lille)

Germany (2017) 24.9.2017

1. Mandatory for all doctors in national health care (Law: GKV Modernisierungsgesetz). First evaluation for hospital doctors (30.6.2010) and Panel doctors (30.6.2009) There are 2 years "nachfrist" (extra time) to gain the 250 points.
2. Organised by regional chambers of physicians
3. + 4. 250 CME points in 5 years (CME activities are in 7 categories with a fairly wide choice from what category to choose). Every doctor have a "fortbildungsnummer" and an electronic register has been established where individual CME point are registered (A Central Server run by Bundesärztekammer (in practice Landesärztekammer Bayern). Every doctors obligation to send in after each CME event. A certificate is issued to the doctor.
- 5.+ 6. No accreditation of events ? (events certified by doctors appointed by the BÄK?)
7. Some regions and health insurance agencies ask for CME data
8. + 9. Recertification. But the both hospital doctors and private (Panel through KV system) doctors will be reduced in earnings 10% and 25% after 3 years without CME
10. Participation rate: 100% for Panel doctors (n=60 in private praxis) and 100 % for scientists and pure clinicians (n=160)

11. Financing: every doctor has to pay for himself. Even qualification agreements with insurance companies and hospitals do not lead to funding of CME
12. Evaluation of events is voluntary and is used increasingly.

German procedure for CME/CPD

F

Responsible for accreditation of events and doctors:

17 medical chambers in 16 states responsible

Mandatory membership

How do they do it

The chambers accredit events (in 2014 349.622 events)

Each doctor collects 250 points / 5years

Each doctor scan a barcode at events, and the provider rapport the activity to the chamber

Submit application to chamber when the event is abroad

Hospitals have to take care that each doctor is in line with CME/CPD

Consequences

1. Reduced salary
2. License revoked

Joerg Bojunga Reinhard Finke

post graduate training

Nothing has changed in Germany concerning graduate training times.

Respondant

Reinhard Finke

Hungary 2017 24.9.2017

1. Mandatory for specialists since 2005.
2. Organised by National Accreditation Authority
3. Monitored by the Government through the 4 Medical Schools. Individual points system (250/5 years).
4. Accreditation of events by the 4 Medical Schools (Government). There is a National CME Authority which approves licencing at the end of the five years period. Continuous CME registration is performed by the 4 Medical Schools.
5. Every specialist has to collect 250 CME points per 5 years. For the last 10 years, a national online system lets participants to follow the CME collection process.
6. **Recertification** is mandatory, failure results in the revoking of the license. All endocrinologists participate.

7. One course per cycle, ie. 50 CME per cycle is state financed. The rest is financed by the practitioner (sponsors are possible).
8. Yes.
9. No.

A

Individual doctor collect the points electronically.

B

Local and national events' organizers may apply for pre-accreditation. A national board decides how many points are assigned. International events may earn points if returning participants request on an individual basis. Papers in peer-reviewed journals earn points for the authors (they should request them). Reading books and journals do not earn points.

D

The points delivered **Continuously. We can follow it online.**

E

No local appraisal procedure in the hospitals.

F

If the required points collected, you fill out a form and recertification is an automatic process.

You deliver CME points and **personal data/professional data. Points are provided and shown by the system.**

There is no interview.

You are sent the form and the description of what your choices are, a few months ahead.

If you not do it the license is suspended. You may continue work under supervision of a registered specialist. You are given 6 months to apply or collect the missing points. The process is supervised by the National CME Body.

If not recertified License is revoked. If you decide to apply again later, a more complex recertification process with exam(s) and/or supervised work will follow.

Best regards

Endre Nagy

nagy@internal.med.unideb.hu

Ireland (2017) 24.9.2017

1. Mandatory
2. CAS (competence assurance) is overseen by the Medical Council but endocrinologist is required to register activity and receive annual certification by the Royal College of Physicians of Ireland (or other designated body).
3. Mandatory collection of individual's CME points 50 per year and 250 over 5 years (internal, external, personal learning) submitted annually to the Royal College of Physicians of Ireland (or other designated body). Website available (Which appears to be a clone of UK site ?)
4. Advance accreditation is available for events
5. State contracts include days for CME
6. Evidence of annual CPD necessary to practice. No certificate of competence renewal as of now.
7. Participation rate thought to be high
8. Doctor to pay a fee to the organisation which he chooses to register his / her CME with (eg Royal College of Physicians of Ireland). In region of 200 euros per annum.

9. ? Not aware that this is possible

In Ireland there are no national elearning plans that I am currently aware of.

A

Individual doctor collect the points on Paper. Then they manually type a description in to a web portal for an assessment date each May.

B

Activities to be accredited must apply and pay for credits to be issued

C

There is one section for journal reading etc. However, you also need to separately score enough points in the external section.

D

Points have to be entered to the web portal by each May. You can do this day by day or all in one go..

E

No local appraisal procedure in the hospitals.

F

There is no recertification

But Email comes out to remind you to complete CPD web portal by May.

And if you do not do it.

You get contacted. I have not seen this but suspect you would be allowed to correct any admin by entering it then. I have not heard of anyone not completing this each year.

The decision for consequences is taken by Medical Council the consequence might be stopped practicing but this would not be immediate.

Respondant

Roberts, Graham

Italy (2017) 24.9.2017

1. Mandatory since 2002
2. Organised by scientific societies, medical council, commercial companies through providers who ask for certification to the Ministry of Health through a specific agency (AGENAS)
3. Each physician must check his CME situation on specific website . Each physician must collect individual points (150 points/3 years). There are specific national obligation and also some regions have added further restrictions.
4. Starting from 2012 CME events are accredited directly by providers, (which accredited by Ministry of Health through AGENAS) according to rules established by Ministry of Health. Events are placed by providers on the web. Quality of providers is assessed by scientific commission of Ministry of Health It works.
5. Each provider is responsible for the certification of credit to the participants checking, the presence during the events, by a electronic control. Each provider send the list of participants and the credit collected to Ministry of Health

6. No recertification. At present there are no consequences in case of not collecting CME/CPD
7. Participation rate is high.
8. Events can be financed by scientific societies, medical council, private funds of the commercial industry.
9. Starting from 2012 it is working on e learning and long distance learning always managed by the recognized providers who establish the amount of credits for each lesson, considering the time necessary for learning and assigning 1 credit per hour. The learning is verified by multiple answers quiz (4 for each credit assigned) and an immediate certification of credit is delivered all on the web. Real quality control of events should be forwarded to the Ministry of Health by immediate participant evaluation.

Do you have CME points for activities which has not got an accreditation.

Respondant

Professor Jannini ejannini@gmail.com

Enrico Papini

Latvia (2017) no change since 2014

1. Mandatory
2. Organised by the medical professional organisation
3. The medical societies are monitoring the CME points (250/5 years)
4. Accreditation of events by medical societies and universities. The national CME credit point authority is the Latvian Medical Society (Latvijas Arstu biedriba)
5. Societies are asking for CME data
6. Societies ask for **recertification**. It is mandatory to be recertified every 5 years
7. 100 % participation is demanded by societies
8. Individual members are financing exams and postgraduate courses,
9. Sometimes organisers are asking to fill-up evaluation questionnaires.

Inga Leitane

Lithuania (2017) 24.9.2017

1. Mandatory
2. CPD programs are organised by the appointed Universities. Meetings with CME credits are usually organised in cooperation with professional societies or private institutions who have permission from State Health Care Accreditation Agency to organize courses.
3. An individual is responsible for collection of required amount of CME hours (120 hours/5 years). Some employers monitor individual points and in case there is not enough points collected during five years, may send employees to the courses.
4. State Health Care Accreditation Agency under the Ministry of Health is responsible for specialist accreditation; Universities appointed by the Agency are in power to accredit the CME events. Ministry of Health may regulate some meetings with CME points that are organized by professional societies.
5. Data is collected by the individual and presented to the Agency in form of certificates at the end of 5 year accreditation period.
6. CME is one of prerequisites **for re-certification**. Failure leads to suspending of licence to practice.
7. Up to 100% participate as the system is mandatory.
8. Participation may be financed by the individual, employer, Ministry of health, commercial sponsors. Events may be co-funded by the Universities and professional societies.

9. University and postgraduate training programs are accredited by the Universities accreditation body, audited by external authorities and are re-evaluated every 5 years. Professional societies or private institutions are responsible for the quality of meetings with CME points; programs of the meetings must be revised and agreed with Universities or Ministry of Health. Feedback questionnaires may be provided for participants.

The individual doctor collect the points Mainly paper - as certificates of attending different education events
activities

1. National conferences, organized by university or specialists' society (or both).
2. International conferences. But certificates should be translated, confirmed by translator etc.
3. Publications in national and international journals give certain amount of hours. Presentations at national and international scientific events are also calculated into hours (if program provided). Extension of license every 5 years is mandatory. For his CME hours should be provided to State Health Care Accreditation Agency under the Ministry of Health along with some other documents (confirmation about continuous clinical practice, health status confirmation from GP, request, passport copy). Hospital usually reminds about the time of license extension. Some hospitals (e.g. university hospitals) have appraisal interviews before contract extension (as it is usually for 5 years only), the others - no. There is no interview at Accreditation service level. Extension of license is not possible without providing evidence of 120 hours CMA during 5 years. If not done on time, license is stopped.

respondant

Prof. Birutė Žilaitienė

Netherlands. (2017) 24.9.2017

1. Mandatory
2. Organised by professional societies (accreditation committee)
3. Monitoring of individual points by the individual .
4. Accreditation of events by professional societies (internal medicine society committee act as national CME authority)
5. CME data are shown to the quality site visit personel with maximum 5 year interval (organized mainly by national professional society, paid by society and doctors visited)
6. **Recertification every 5 years** (regular practice of speciality only demand) but also site visit programme checking CME that might lead to non prolongation of acknowledge by society. Ministry and professional societies (certification and recertification committee)
7. Participation rate 100%
8. individual or with pharmaceutical industry support (50% of the total amount) 9. postevaluation Do all individual doctor collect the points electronically og paper??) what activities (accredited events ? national? International? What about events not accredited (reading books, journals, writing papers etc. Do you have a list of possibilities.

A

We have an electtronical system GAIA for most conferences etc, internation conferences can be added by scanning certificates of attendance or on paper. So far we do nat accredit reading books and pappers, some on line courses fi new England get pointD

The points are delivered continuously

E

A national appraisal procedure

F

Recertification. every 5 year people get a message that they have to recertificate and they send in how much hours they work and a copy of the cme credits form gaia and other certificates if necessary

No interview no

Reminded by letter (from me)

Poland (2016) 24.9.2017

1. mandatory by law 2004
 2. The profession is responsible for CME
 3. CME/CPD point system (200 points /4 year)
 4. Local chambers of Physicians collect, control and document
 5. CME/CPD points collected every four years from 2008. Is in effect.
 6. CME documents in license to practice. Whenever the license to practice is needed for example a new position, applying for funds for postgraduate education or projects. Consequences are not clearly described. Practically none. No recertification?
 7. Participation rate is not clear. Data not available . Are send to local chambers of physicians
11. Financing: individual or supported by the sponsor

A

individual doctor collect CME points on **paper**

B

NOT Answered

what activities (accredited events ? national? International? - all of them, and scientific degrees, specialty are considered proportionally

What about events not accredited (reading books, journals, writing papers etc. Do you have a list of possibilities. - all of them, ranging system, decision by commission in local physicians chambre

D

The points delivered - **every 4 yrs**

E

Local appraisal procedure in the hospitals - **yes**

F

Every doctor should submit to the chambre

Deliver CME points and **process documents to the chambre**

No interview

own initiative

If you not do it. **In theory consequences possible, but in practice not yet**

This can work only, when somebody applies for the new position, and members of the qualifying commission have doubts to his/her quality, experience etc.

respondant

Marek Bolanowsky

17.3

, but answering the question of Hans, yes we have in Poland board exam in specialty of endocrinology (diabetology is separate specialty).

Marek

Romania (2017):

1. Mandatory for all physicians by law
2. CME is organized by the Romanian College of Physicians. CPD is organized by the Ministry of Health and local universities of Medicine and Pharmacy
3. The individual points are monitored yearly by the Romanian College of Physicians (200 points/5 years).
4. The national CME credit points authority and also the authority who is accrediting events is represented by the Romanian College of Physicians
5. The CME/CPD data is collected by the Romanian College of Physicians
6. The certificate is validated every year by the Romanian College of Physicians. If the doctor does not collect 200 points in 5 years, the certificate **will not be revalidated.**
7. The participation rate is high.
8. The financing of the CPD events is supported individually.
9. No postevaluation of CPD events.

I am trying to respond your questions:

A

1. In Romania each individual doctor has to collect credit points. These are written on a certificate (offered) by the College of Physicians. At the level of this institution functions an appraisal service.

B

There are accredited local, national and international professional meetings. The other actions you mentioned are not accredited.

D

The points are delivered once a year. We need 50 credit points/year. The number of points depends on the duration of the event, prestige and so on.

F

For recertification, I prepare a dossier with all the diplomas (certificates) obtained. On each diploma appears the number of credit points.

We do not need other documents and we do not have an interview.

Both: own initiative and a call.

No know situations in which colleagues (academic staff) did not have the necessary data.

Some practitioners might be in such a situation. Theoretically they do not obtain the right of medical practice. The College of Physicians controls and punishes these cases.

If you need additional informations I can offer you.

With my best wishes,

18,3

In Romania Endocrinology is separated from the Diabetes, Nutrition and Metabolism Diseases. Endocrinology specialty comprises the following:

- I. Common trunk: 12 months, including:
 1. Cardiology: 4,5 months
 2. Gastroenterology: 2 months
 3. Nephrology: 3 months
 4. Neurology: 2 months
 5. Bioethics: 2 weeks
- II. Endocrinology: 24 months

III. Diabetes: 12 months

After 4 years, in order to obtain the Specialist degree, the candidate must pass an exam.

Bets regards,
Ioana Zosin

Switzerland (2012)

1. Mandatory from 2002
2. Organised by societies and medical association
3. Monitoring of individual points Each individual collects 150 points pr 3 years.
4. ~~Specialist societies accredit event~~
5. Cantonal and federal governments ask for CME data (according to federal law on medical profession act 40+41 2008)
6. Recertification/consequencies ~~membership of F. medicorum Helvetica lost (loss of contract)~~ The title is not lost, but there can be problems with the insurances. Furthermore there could be a fine to be paid up to 20'000.- CHF
7. Participation rate is very high
8. financing by the individual doctor
9. ?

Slovakia (2017) 24.9.2017

1. Mandatory by law
2. Organised by Slovak Medical Chamber from 2014
3. Monitoring of individual points by the Slovak medical chamber
4. The Slovak republic has an agreement with EACCME. Accreditation of events by societies and universities
5. The Slovak medical chambers ask for CME/CPD data
6. Recertification is provided by the Slovak Medical Chamber every year
7. All doctors participate
8. There are no part evaluation system. Only some events have questionnaires for evaluation by participants
- 9.
10. Plans for a national e learning are under discussion
11. ?

Ivica lazurova

A

1. All individual doctors collect the points via papers, I think last 2-3 years it is possible to collect points also electronically via card of the Slovak Medical Chamber.

B

Activities that are collected are: accredited events- national as well as international congresses, meetings, seminars. Also writing publications, books and education of PhD students or trainee doctors are included.

D

If electronically, the points are delivered continuously. However the evaluation is only once per 5 years.

E

We dont have a local appraisal procedure in the hospitals, we have local Medical Chambers in cities and regions of Slovakia, they are responsible for this procedure.

F

- . For medical praxis, we need specialization exam (internal medicine, or endocrinology, or cardiology etc) and 200 credits collected within 5 years. No interview is needed.

Every five years we are called to prove 200 points – it is under evidence by Slovak Medical Chamber

there are possibilities.

First, Slovak medical Chamber challenges all doctors who did not prove points.. to do it (time approx. 6 months).

Secondly: if not, after 6 months – penalty up to 1000 EUR

Third: if doctor does not have sufficient amount of points, it is possible they may lose the licence.

Respondant

Ivica Lazúrová

Slovenia: (2017)

1. Mandatory since 1992
2. Organised by Medical Chamber of Slovenia (issues licences to practice as an MD)
3. Monitoring of individual points (75 pr 7 years). All mentors (of fellows) have to gather 50 pt each year in order to be allowed to continue mentorship (since 2009)
4. Accreditation of providers: Slovene Medical Society and scientific societies (Slovenian Endocrine Society)
5. Who asks for CME data: Medical Chamber of Slovenia
6. **Recertification** mandatory every 7 years, for mentors every year
7. Participation rate: all doctors
8. Financing: the organizer of an event pays the fee to the Medical Chamber. All MDs are obligatory members of the Medical Chamber of Slovenia and are paying a membership fee each month – the issuing of a licence is not charged.
9. At some events there are questionnaires to be filled out by participants – to evaluate the event. There is no mandatory evaluation by a third party.

How do the individual doctor collect the points (electronic, paper??) do the provider issue credit points and how what activities (accredited events International? What about events not accredited (reading books, journals, writing papers etc. Do you have a list of possibilities.

How are the points delivered and to who. Once a year or continuously.

Do you have a local appraisal procedure in the hospitals

.

What are the process/step by step of recertification.

What do you have to deliver for recertification. CME points and what else

Is there also an interview

Are you called/reminded or own initiative?

What happens if you not do it. Who takes the decision for consequences

What happens if you do not have data for recertification

Dear Hans,

I have corrected the numbers of years in ppt version. Explanation: in SLO there isn't a special programme for endocrinology. We specialize internal medicine for 6 years. Last 2 years the programme is optional - one can spend these 2 years at endocrinology department and becomes an endocrinologist.

Best wishes,

Misa

Prof. dr. Marija Pfeifer, dr. med.
Endokrinološki oddelek

12.4

Dear HANS,

In Slovenia the rules are the same.

Best wishes,

Misa

UK (20170) 30.9.2017

1. Mandatory
2. The documentation of individual CPD (250/5 years) on CPD website developed by the Royal colleges. Colleges audit random collection (5%) each year to ensure accurate reporting (which is effective),
3. External events/activities are accredited for CME/CPD by Royal College and listed on the website and point click to your file service which works easily. Events are added to planned activity and evaluated after the event. Also unlisted events can be added to diary and count.
4. Part of current NHS contract is annual job-planning talk and appraisal with a statement to document CPD.
5. Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer. The GMC has set the standards for revalidation, and the medical royal colleges and faculties have defined the requirements for doctors practising in a particular specialty. Revalidation started on 3 December 2012 and the first cycle of revalidation of the majority of licensed doctors in the UK will have been completed for the first time by March 2016.

No specific financing but all NHS consultant medical staff have an annual entitlement to study leave to attend appropriate CPD meetings with a limited budget (eg 800 pounds per year)?

Proces seems to be (according to dr Sparrow in Cofu)

In each hospital a nominated person call for yearly appraisal

The doctors bring a list from the "file service" where accredited events are listed but you can also add other events (is there a list eg of local teaching or do you just add??

Is it only points or also events. The appraisal list also contains fire training, resuscitation, hand wash. Every five years the "returning officer" in the hospital sends the data to General medical counsel

What happens if you do not turn up or deliver points/CME events
Are there also a local interview.? Does that include other elements

Respondant Richard

A

They can keep either paper certificates or electronic pdfs of file. They submit their CPD returns online via the RCP-CPD portal, but do not need to upload the actual certificates. However, they may be randomly asked by the Royal College of Physicians CPD office to provide these on request for audit purposes.

B

It costs money to get events accredited with the college, so in general, these are the National & Regional ones. Local and International ones are generally not pre-accredited.

C

Reading books, journals, writing papers etc. All of these are possible, but you have to put in a lot of description, whereas much of this information is already pre-filled by the organisers of accredited events.

D

Every year, but also on a 5 year cycle

E

Yes – peer-appraisal annually is mandatory

.F

Every 5 years, the appraisal process is done in greater depth and with mandatory multi-source colleague and patient feedback. The Medical Director of one's institution then makes a submission to the Regulator (GMC) with one of 3 options: "Recommend revalidation", "revalidation deferred pending further evidence" (which doesn't mean that you have to stop practicing, or "failed to engage with revalidation process", which the Regulator will likely wish to pursue.

Audit, research, teaching, clinical practice and management quality data, workload data, current CV and job description

Yes, with peer, as per annual appraisal

Reminded

Hospital Medical Director informs national regulator. Both have a role in determining consequences

Initially, the regulator is informed and you are given more time and allocated a mentor to support you in this, but persistent failure to engage can lead to action by both Employer and regulator

Quinton, Richard

No e learning platform & No plans for it.

comment: Revalidation is the process by which all licensed doctors now have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise.

One aspect that needs to be **complete for revalidation is** CPD. This may be clinical or non – clinical, including training for educational supervision, management, or academia. Mandatory employer training may also be included where this is supported by reflection, and where relevant practice change.

Normally there should be an achievement of 50 credits [hours] per year of the revalidation cycle, and at least 250 over a 5 year cycle.

16.3

Nothing has changed for the UK, although we have an ongoing national "Shape of Training Review" in relation to ALL specialist training programmes that is likely to emphasise general internal medicine over specialty. It is potentially of some concern. Quinton, Richard

Croatia,

1. Mandatory from 1995.
2. Organised by Institute of Licensure and re-licensure also National Authority for CME/CPD.

3. Collection of points by the Croatian Medical Chambers (obligatory to be member) book of regulation.
4. Accreditation of events by the societies, scientific associations, universities, .
5. Who ask for CME?
6. **Recertification every** 5 years (formal exams??)
7. Participation rate ?
8. financing?
9. ?

no representative

Associate Members

Turkey (2017) 24.9.2017

1. Voluntary.
2. Organised by Turkish Medical Association
3. The CME accreditation Council of Turkish Medical Association has accredited meetings etc since 1994 (10000 hours pr year).
4. Ethical standards for providers have been established by Turkish medical association. All meetings are accredited and participants electronically monitored
5. The Ministry of health asks for CMP from the physician working at state hospitals
6. Depends on the effort of different medical associations. Some of them are organizing board exams on a regular basis **and recertificate the** members due to the exam results. Some others certificate the members(especially senior members) without exam and recertificate them by looking at the CMP they had collected. Around 90% of endocrinologists are willing to collect CMP to use in the cases of certification/recertification or to declare to the Ministry of Health they are working for. **However participation rate of the first board exam organized by SEMT(Society of Endocrinology and Metabolism of Turkey) was rather low(around 10%).** SEMT is preparing the second board exam and discussing how to recertificate the members.
7. Organisers of meetings are responsible for financing
8. Medical Associations themselves are evaluating the quality rate of the event and in some occasions they may ask for help from Turkish Medical Association
9. There are some local e.learning organizations but at least for the short future there is no preparation for Nation Wide e.learning education in Turkey.

The Turkish Medical Association wants CME to be mandatory.

Respondant

Goksun Ayvaz

. The lenght of post graduate training for internal medicine specialization is 4 years(including cardiology, pulmonology, infectious diseases, emergency service, ICU and all the internal medicine rotations) and for endocrinology and metabolic diseases (which includes diabetes as well) is 3 years.

A

Individual doctor collect the points electronically or by filling forms.

B og C

All national and international meetings in case of admitting to TMA(Turkish Medical Association) can be credited. Additionally submitting a case to a journal, or comments on a case in journals and published articles also provide a fix point of credit.

D

Turkish Medical Association records the points continuously but SEMT(National Endocrin Society) asks for the points every 5 years.

E

Local appraisal procedure in the hospitals but it is not educational measurement basis but for performance payment purposes.

F

Members are recertified every 10 years but the points collected in the last 5 years are used for resertification. Both methods are accepted by SEMT :

1) The rules for recertification set by TMA

2) Excell form set by SEMT which needs 40 points minimum in the last 5 years

you have to deliver for recertification.

1. National and international CME points
2. Published articles in national and international peer reviewed journals and book chapters
3. Memberships of Editorial Boards of Journals
4. Reviewing as referee
5. Lecturer and trainer in national and international scientific meetings
6. Master and PhD degree obtained within the last 5 years
7. CME activities in accredited national journals
8. Thesis
9. Taking place in organizing committees of scientific meetings
10. Prizes
11. Oral and poster presentations in national and int. Meetings
12. Class lectures in institutions
13. Projects
14. Certification obtained from any other medical association

No interview

You are called by SEMD

It is not mandatory and there is not any written rules about that. However according to agreement the member who is not certified can not join in some activities organized by SEMT (e.g. to be speaker in meetings) and to be certified is an advantage during exams for associate professorship

Hans Perrild 24.9.2017