

Accreditation : Position of the EU

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Secretary General
UEMS - EACCME



U. E. M. S.

- **Union Européenne des Médecins Spécialistes**
- **European Union of Medical Specialists**

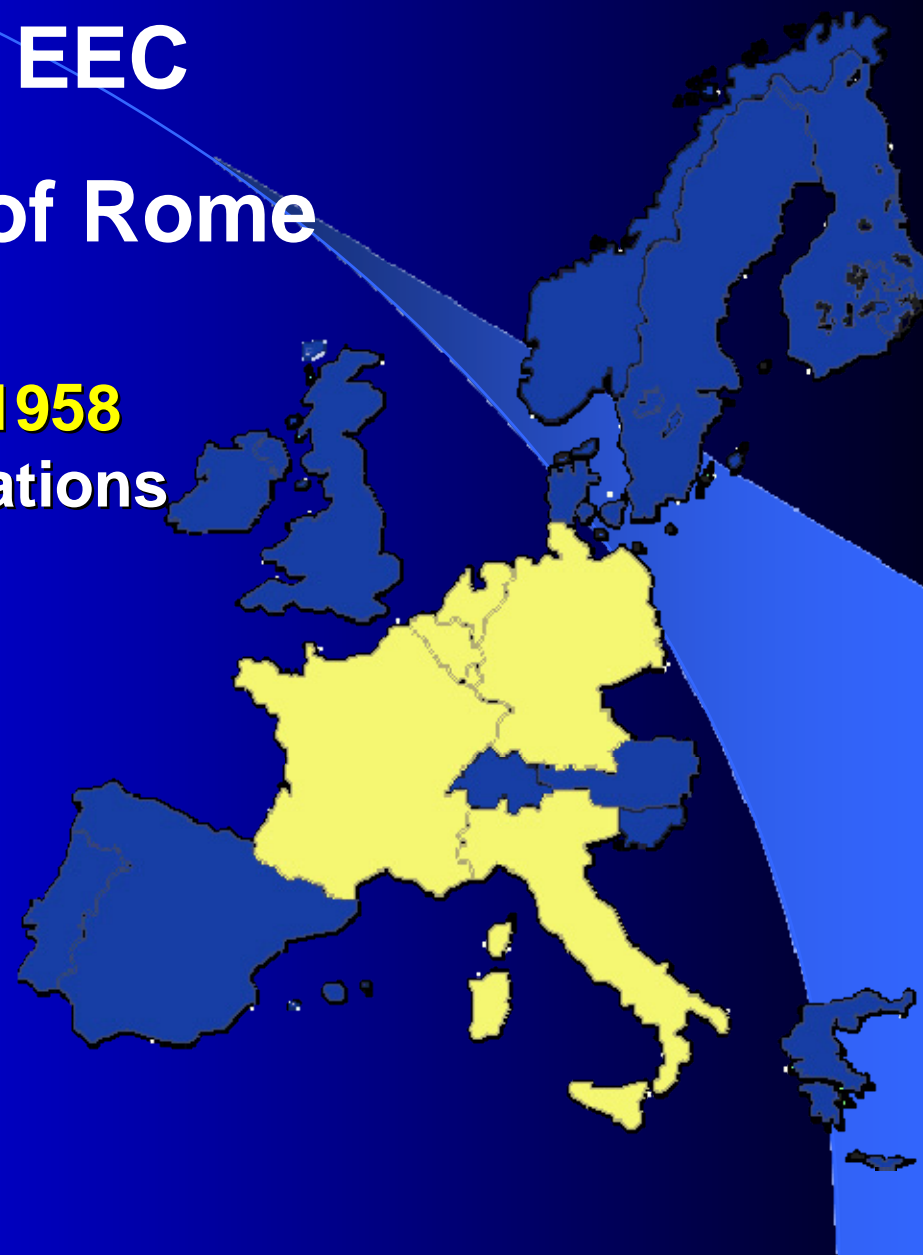
Umbrella organization of National Associations of Medical Specialists located in Brussels



1957 EEC Treaty of Rome

Foundation of the UEMS in **1958**
by the professional organisations
of medical specialists of

Belgium
France
Germany
Italy
Luxembourg
the Netherlands





Structure

National Medical Associations

Sections and Boards

EACCME



National Medical Associations

- 24 EU Full Members**
- 3 EEA Full Members**
- 4 Associate Members**
- 1 Observer Member**



National Medical Associations

Meet in the Council of UEMS

Parliament of the UEMS

Can adopt or endorse documents presented by other organs of the UEMS to be distributed on to the National Medical Associations



Structure

Management Council

National Medical Associations

Executive Committee

President

Treasurer

Liaison Officer

Secretary General

4 Vice - Presidents



Executive

1st January 2006

President :	Dr. Zlatko Fras (Slovenia)
Treasurer :	Dr. Vincent Lamy (Belgium)
Liaison Officer :	Dr. Gerd Hofmann (Germany)
Secretary General :	Dr. Bernard Maillet (Belgium)
Vice President :	Dr. Giorgio Berchicci (Italy)
	Dr. Edwin Borman (U.K.)
	Dr. Gunilla Brenning (Sweden)
	Dr. Zoltan Magyari (Hungary)



Sections and Boards

Are a fundamental and specific structure

Are the backbone of the UEMS

Propose minimal training schemes for specialisation

Facilitate the harmonisation of training

About 2000 specialists active in the work in Europe



Sections and Boards

37 Sections

Subsections

Divisions

Commissions

6 Multidisciplinary Joint Committees



European Accreditation Boards

Sections and/or Boards of the UEMS

Advisory Bodies to EACCME :

European Specialty Accreditation Boards

E A C C M E

Purpose UEMS policy

- **Contribute to quality and harmonization of CME in Europe**
- **To make life easier for our colleagues by easing access to international CME**
- **Developing quality guidelines**
- **Maintaining national authority**

Continuing Medical Education (CME)

**Maintenance of Academic Knowledge
and Skills**

Continuing Professional Development (CPD)

- **Means of Updating, Developing and Enhancing how Doctors apply the Knowledge, Skills and Attitudes required in their working lives.**
- **The Competence development includes CME + Personal, Managerial, IT, Communication and Social skills.**

Phases of Medical Life

- **Undergraduate**
 - 5 years average
 - Exam/Assessment
- **Specialist Training**
 - 5 years average
 - Exam/Assessment
- **Professional Life**
 - Lifelong
 - Formal Requirement to show CME/CPD activity

Procedure

- **Application form**
- **Quality Assurance of the activity**
- **National approval**
- **Normally for single events and accreditation is granted only on a case by case basis**
- **Confirmation of European Accreditation**

Procedure

- **Proof of Attendance**
- **Quality requirements**
- **Administrative expenses of EACCME**
- **Registration by the EACCME**

Quality of CME

- **No scientific proof of efficacy of attending congresses, courses, symposia by individual professionals.**
- **Abundant evidence of rapid improvement of medical practice through utilisation of new developments.**

Quality aspects CME

Need orientation:

- Definition learning objectives**
- Description target audience**
- Assessment relevance CME objects**
- No accreditation promotional activities**
- No accreditation useless activities**

Quality Requirements CME

- **Written statement learning objectives**
- **Submitting full data provider**
- **Disclosure potential conflict interest**
- **Attendance, mechanism for feed-back**
- **Report, assessment by Provider**

Non-biased education, either commercial or otherwise

Mandatory CME

Austria

Croatia

France

Germany (in hospitals & practices)

Great Britain

Hungary

Iceland

Italy

The Netherlands (for specialists)

Poland

Slovenia

Switzerland (for specialists)

CME/CPD recommended for doctors but voluntary

Belgium

Cyprus

Czech Republic

Denmark

Estonia

Finland

Greece

Ireland

Israel

Luxembourg

Norway

Portugal

Spain

Sweden

Financing of CME

CME is paid by patients

- insurance premiums
- hospital and other bills
- fees of doctors and other professionals
- taxes
- prices pharmaceutical products
- outside funding is the exception

E A C C M E

- **UEMS policy first defined in the UEMS Charter on CME 1994**
- **A need for a system for the exchange of CME credits at European level for countries where credit points are used**
- **The Management Council of the UEMS decided to develop such a system in March 1998**

E A C C M E

- **Gives European accreditation for international CME events based on national accreditation by relevant CME authority and consultation with European speciality based accreditation boards (e.g. EBAC for cardiology) and/or UEMS Specialist Sections and Boards**
- **UEMS/EACCME has signed agreements on mutual recognition of CME events with national accreditation authorities of several EU countries (Greece, Spain, Cyprus, Ireland)**

Shift to mandatory CME in Europe

- **Policy UEMS : CME is an ethical obligation and should not be mandatory**
- **Voluntary CME is effective on macro-level**
- **But, on individual level participation has to be encouraged**

Mandatory CME is not effective in the weeding out of bad apples

Effects Mandatory CME

- Recognition CME credits by a National Regulating body, preferably a professional body
- Quality of CME activities is being assessed by a scientific body

End of freedom of CME providers to determine the content of their programs themselves

Requirements for European accreditation

- **Quality assessment by independent professional organization, such as European Boards, national and European Societies (guidelines D 9908)**
- **Assessment and approval by the national CME regulating body of the country where the activity takes place**
- **Guarantee of recognition of EACCME credits**

See UEMS Documents D 0134 and D 0140

What Activities are granted?

- **Currently:**
 - **Individual Events**
 - **Conferences**
 - **Scientific Meetings**
- **Future:**
 - **CME Providers**
 - **Enduring Materials – CD Rom**
 - **Internet Courses**

Draft Flowchart Accreditation in Europe

National Accreditation
Authorities

Event

National

International

European
Accreditation Bodies

Draft Flowchart Accreditation in Europe

Event

National

**National Accreditation
Authorities**

Evaluate the value of the meeting

Grant the credits according to the National rules

Draft Flowchart Accreditation in Europe

Event International

European Accreditation Bodies

**Evaluate the value of the meeting
Propose a number of credits**

National Accreditation Authorities

**Accept the scientific evaluation by the UEMS Sections and Boards
Apply the number of credits relating to the national rules**



Accreditation

Two major partners in the process :

- **European Specialist Accreditation Boards**
- **National Accreditation Authorities**

Scientific approval

Done by Accreditation Boards of the involved specialty :

- **UEMS Sections and/or Boards**
- **European Specialty Accreditation Boards**



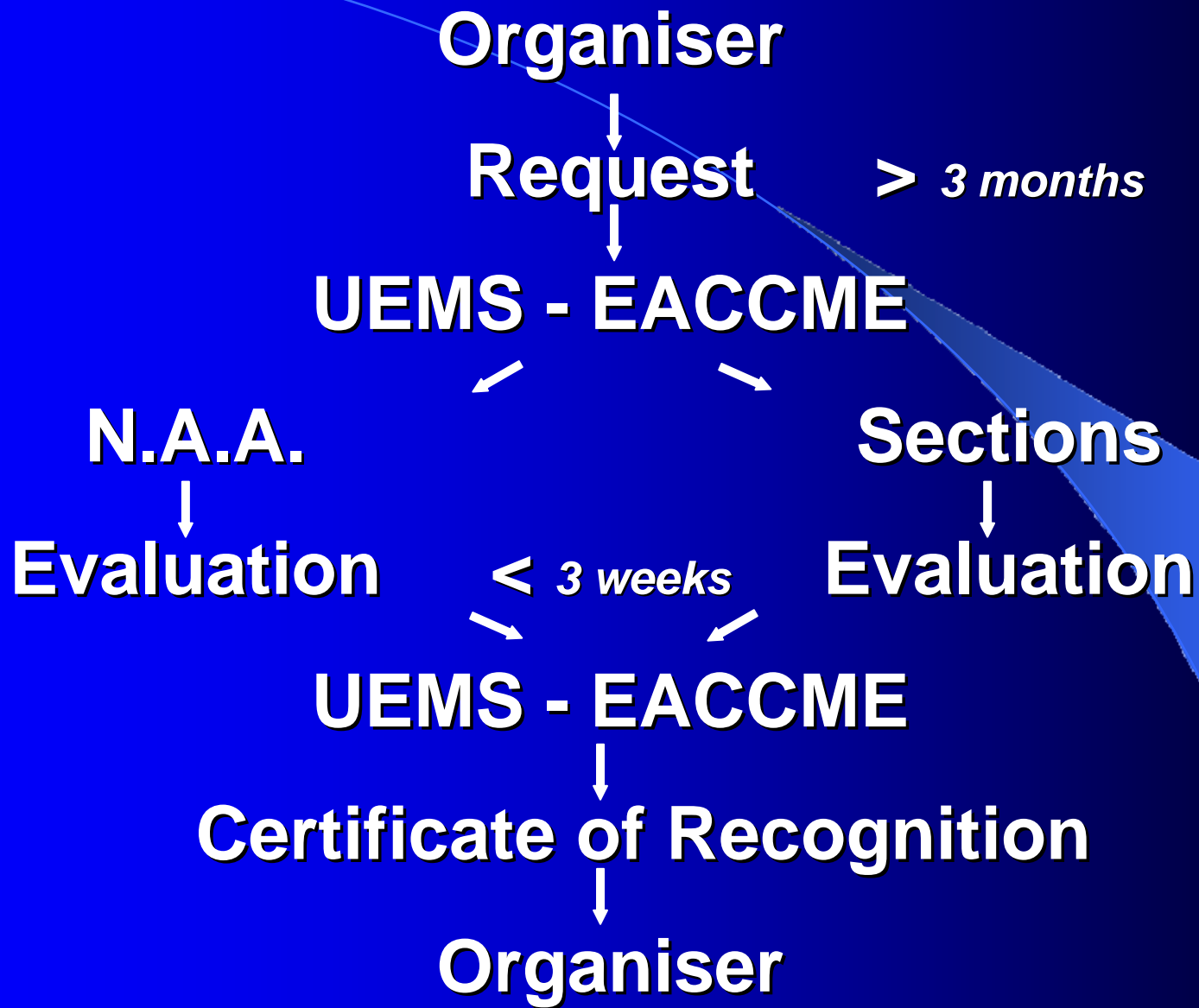
European Specialist Accreditation Boards

- **Collaboration between the UEMS Sections and the European Scientific Societies in the Field of the Specialisation**
- **Section or Board of the UEMS**



National Accreditation Authority

- **Ministry of Health – Health Authority**
- **Ministry of Social Affairs**
- **Professional Bodies**
- **Medical Associations**
- **Universities**
- **Not existing**



System of Mutual Recognition of Graduate Training in Europe

Postgraduate training is different

Goes along with knowledge and skill

**Is depending on the national
capacities**

Continuum Graduate - Post-Graduate Training

Knowledge is not perpetual

**Knowledge must be implemented in
daily practice**

**A good collaboration between the
Academic and the Professional world
is fundamental**

Conclusion

Collaboration between the Scientific and the Professional Organisations is fundamental

We need each other

We have to collaborate together as equal partners in the process

Summary

- **Harmonisation**
- **Simplification**
- **Same criteria**
- **Two major partners :**
 - **National Accreditation Authority**
 - **European Accreditation Boards**

Draft Flowchart Accreditation in Europe

Credits

UEMS suggestion

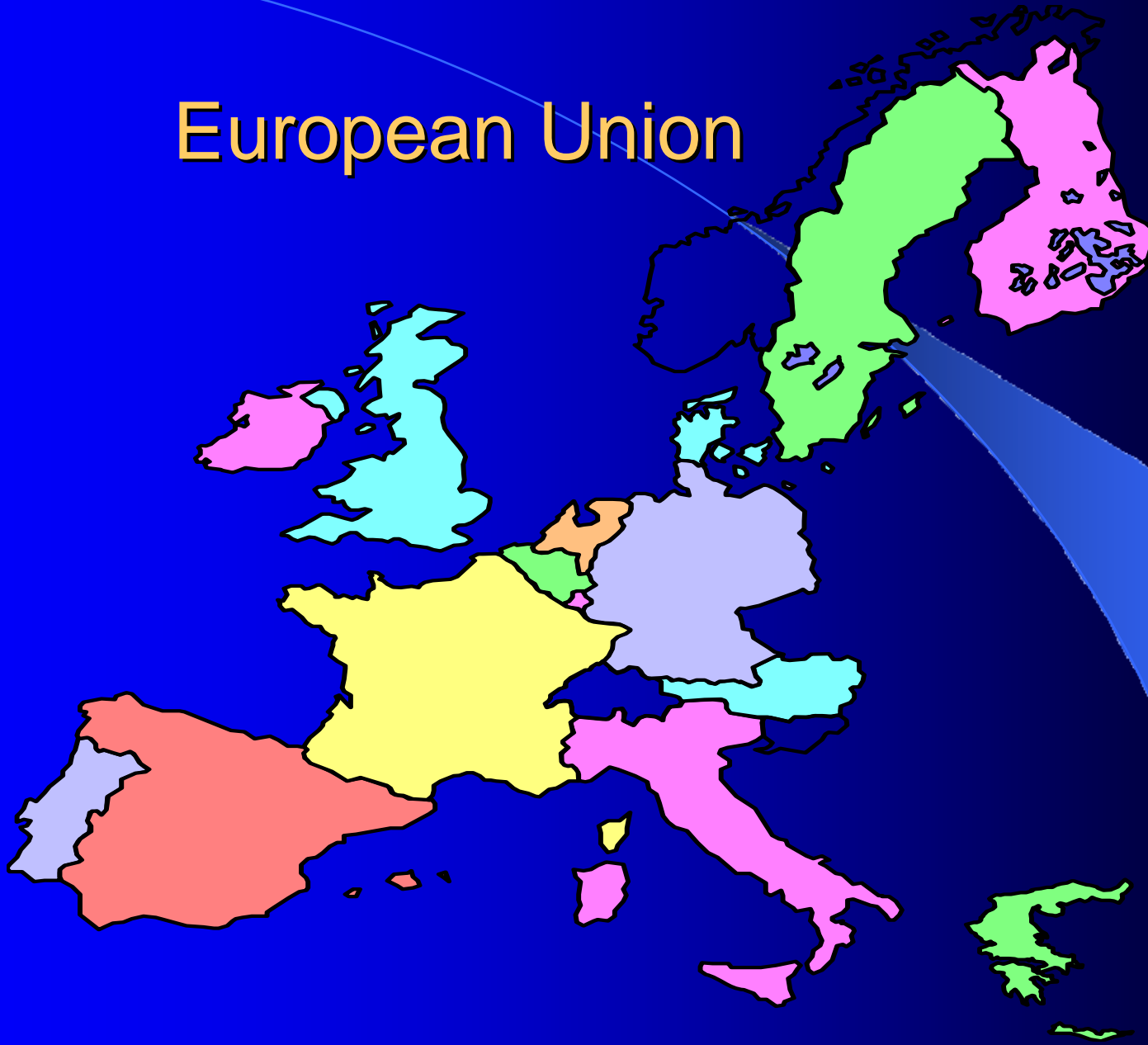
Full credits (E CME C)

No weighted factors

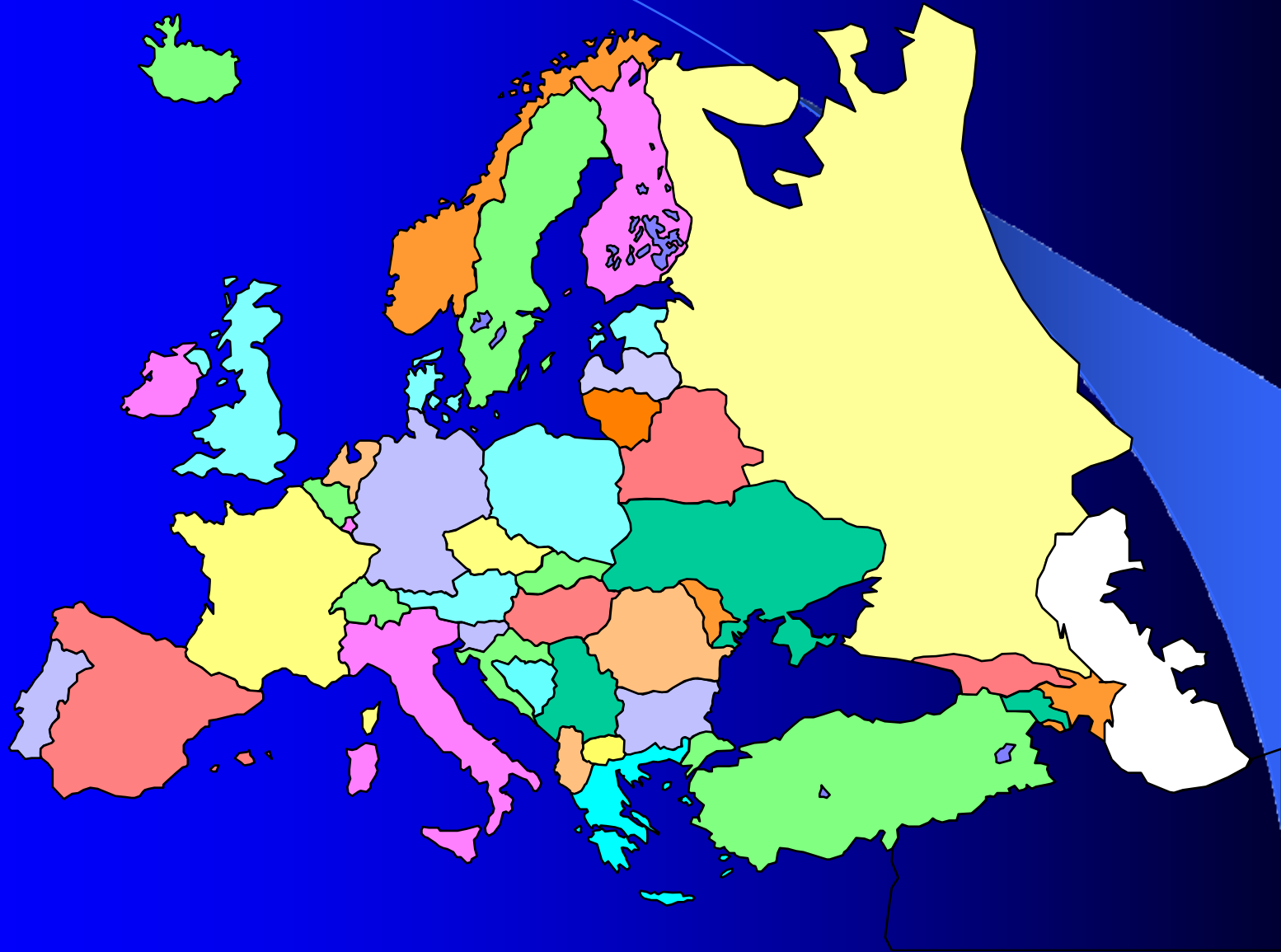
Translation of these E CME C's to National credits can follow the rules of the National Accreditation Authority

For instance : can have a maximum
 weighting factors can be introduced nationally

European Union



Greater Europe





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www.uems.net

