

Continuing Medical Education Committee and UEMS-EACCME

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Introduction

Continuing medical education (CME) and continuing professional development (CPD) are the mainstay for ensuring physicians' competence and fitness to practice. At present, the rapidly evolving interplay among society, economy and technology along with rapid migration of patients and doctors within the EU are reshaping medical practice. Knowledge and skills acquired during undergraduate and postgraduate professional medical education are inadequate for ensuring competence and performance throughout a working career. Thorough organized continuing education programmes and individual learning activities are necessary. Health-care professionals are expected to keep their abilities up to date in through efficient knowledge management practices (evidence-informed practice) and self-directed learning strategies (life-long learning) [1]. For this reason the European Union of Medical Specialists (UEMS) has focused on CME-CPD, considering CPD a cornerstone of quality assurance in medical care [2].

In November 2011, Dr. Andrzej Rys, of the European Commission's Directorate-General for Health and Consumers, addressing the first UEMS Conference on CME-CPD held in Brussels, highlighted the importance of health-care professionals updating their knowledge and skills in order to be properly trained to provide high-quality standards of care [3].

CME is fundamental to good medical practice and for delivery of high-quality patient care. Based upon the UEMS Charter on CME of Medical Specialists 1994, chapter 4, article 6, CME also represents a moral and ethical commitment for each medical specialist [4]. CME can be defined as "educational activities serving to maintain, develop or increase knowledge, skills and professional performance and relationships used by physicians to provide services to patients, the public, and the profession". Therefore all continuing educational activities assisting medical professionals in carrying out their duties more effectively and efficiently are encompassed in the definition.

Historically, the CME learning model holds that continuous learning is an adjunct to daily practice. As such, the goal of CME would be restricted to knowledge, rather than doing, changing practice, team management, social communication or research. The term CPD better reflects where CME is heading and covers the continuum of life-long medical education, at all stages of a career. In its 2001 policy paper (the Basel Declaration on CPD) the UEMS defines CPD as "the educative means of updating, developing and enhancing how doctors apply their knowledge, skills and attitudes required in their working lives" [5]. The goal of CPD is to improve all aspects of medical practitioners work performance, and the UEMS remains committed to this concept. This comprises educating medical specialists for the wider responsibilities required for specialty practice [6].

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CME-CPD in Europe

The concept that physicians should commit to continuous learning as members of a knowledge-intensive profession is well established all over Europe. However, there is no consistent strategy or agreement regarding how to agree upon, deliver, document and regulate continuous learning in practice. The CME-CPD system in Europe is heterogeneous in

different aspects: the compulsory nature of CME, the rules and structure of accreditation authorities, and the structure of CME authorities. In some countries, CME is managed at a regional level, in others at a national level. In some countries, CME-CPD is mandatory, in others it is still not subject to regulatory requirements. The lack of fulfilment of the required CME-CPD hours/credits may, in some countries, be followed by sanctions. In Germany, the reimbursement of medical procedures can be reduced or a permit to practice for insurance companies may be withdrawn. In Switzerland, the new federal Law on Medical Professions (2007) stipulates “lifelong learning” and imposes penalties for not fulfilling the required CME-CPD.

Data from a UEMS survey conducted in 34 European states and reported by Dr. Leonard Harvey, UEMS Honorary President, during the UEMS Advisory Council Meeting on CME (Brussels, November 2011), show that CME points are required in 79 % of the states surveyed, CME is mandatory by law in 56 % of these countries, and in 33 % CME credits are coupled with either legal or professional recertification or re-licensing [7]. CME cycles last roughly 4 years, during which medical specialists either have to collect around 46 CME credits per year or have to engage in 13 days of CME activities. A total of 50 CME credits per year is mandatory in Austria, Bulgaria, Cyprus, France, Germany, Hungary, Ireland, Italy, Poland, Slovakia, UK, Switzerland and Turkey.

Horsley et al. of the Centre for Learning in Practice, Royal College of Physicians and Surgeons of Canada, report variation among CPD systems across EU countries, and argue the need for a common set of principles for CPD and a more harmonized approach to accreditation to simplify the process [8].

UEMS-European Accreditation Council for CME and European CME credits

In October 1999, the UEMS set up the European Accreditation Council for Continuing Medical Education (EACCME), with the aim of harmonizing achievement and improving the quality of specialist medical care in Europe, and of promoting in both individuals and institutions the pursuit of the highest quality standards of CME and CPD.

The EACCME started work in January 2000 with the mutual recognition of accreditation of EU-wide and international CME-CPD activities by awarding European CME credits (ECMECs) to individual medical specialists and allowing recognition and exchange of CME credits amongst all European countries. EACCME does not provide direct accreditation of CME activities, but connects the existing accreditation systems within Europe and acts as a clearing-

house for the certification of European CME credits. EACCME cannot evaluate the scientific and educational contents of events. It can only validate and award the number of credits proposed by the qualified expert reviewers of UEMS Specialty Boards and the CME National Accreditation Authority of the country hosting the event.

So far, EACCME credits are recognized by 21 out of 27 European countries (Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Georgia, Greece, Hungary, Ireland, Latvia, Luxembourg, Malta, The Netherlands, Norway, Romania, Slovakia, Slovenia, Spain, Turkey and UK). International mutual recognition agreements are under discussion with the American Medical Association (AMA) and the Royal College of Physicians and Surgeons of Canada. Under the terms of these agreements, the AMA will convert ECMECs for live and e-learning activities to AMA Physician’s Recognition Award Category 1 Credits. Moreover, EU physicians who attend accredited live educational activities held in Canada are allowed to convert Maintenance of Certification (MOC) section 1—Accredited Group Learning credits to ECMECs, and Canadian physicians participating in similar activities in the EU are allowed to convert ECMECs to MOC Section 1—Accredited Group Learning credits.

For the accreditation of live educational events (LEEs), the EACCME credit system is based on one ECMEC per hour with a maximum of three ECMECs for a half-day event and six ECMECs for a full-day event. Fractions of credits are not awarded and no more than six credits per day are allowed, even if the duration of the LEE is more than 6 hours. For e-learning events, ECMECs are awarded according to the duration in minutes, up to three credits for a 210-minutes e-learning module. Three credits is the limit for e-learning module applications. The EACCME task-force states that more than 210 minutes of an e-learning activity gives no additional benefit.

The following is a summary of the EACCME accreditation activity for 2011 extracted from the UEMS 2012/01 Secretary General’s Report [9]:

- a) Accreditation of live events: 1761 events accredited, 40 applications rejected, 184 applications suspended and pending further evaluation.
- b) Accreditation of e-learning materials: 95 applications submitted, 50 applications accredited, 8 applications rejected, 30 applications ongoing.

UEMS/EBNM CME Accreditation Committee

The UEMS Section and European Board of Nuclear Medicine (UEMS/EBNM) CME Accreditation Committee was established in 1999 as the scientific and technical body of

the EBNM with the aim of evaluating and accrediting nuclear medicine CME activities in Europe.

Other goals of the CME Committee are:

- to provide high quality standards of scientific and educational content of CME activities in nuclear medicine
- to ensure transparency and independence of CME programmes from the influence of the healthcare industry
- to assist national and international nuclear medicine societies in planning and implementing CME/CPD programmes
- to monitor CME/CPD activities in the field of nuclear medicine in Europe
- to assess CME needs and outcomes
- to set up and maintain contact and collaboration with different stakeholders involved in CME-CPD within and outside Europe
- to facilitate all types of CME-CPD modalities in nuclear medicine

In 2006 the EBNM signed an agreement with the UEMS-EACCME with nearly all specialty sections and boards. Based on this agreement, the quality assessment of EU-wide CME-CPD programmes in nuclear medicine as well as the proposed number of credits awarded are made by the UEMS/EBNM CME Accreditation Committee according to the EACCME quality standards.

After more than a decade of activity, more than 200 CME events have been accredited by the UEMS/EBNM CME Accreditation Committee, with 26 events in 2012 amongst which were the European Association of Nuclear Medicine (EANM) Annual Congress, the 2nd Molecular Imaging Congress in Radiation Oncology, the 16th European Symposium on Radiopharmacy and Radiopharmaceuticals, Basic and Advanced Courses on PET/CT held in Zurich and Geneva universities, and EANM and ESNM courses and seminars held in Vienna.

It is important to point out that obtaining ECMECs is mandatory for CME events organized by or held under the guidance of the EANM.

In 2012, the lobbying activity of the UEMS/EBNM and its CME Accreditation Committee achieved very important results. Interorganizational and interinstitutional collaborations have been recently established with the International Atomic Energy Agency (IAEA), the American Board of Nuclear Medicine (ABNM), and the Asian Regional Cooperation Council for Nuclear Medicine (ARCCNM).

A consultants meeting on guidelines for awarding CME units for IAEA-NAHU nuclear medicine educational activities has recently been held in Vienna (8–10 October 2012). The main goal of the meeting was to

develop guidelines/criteria for awarding CME points to IAEA-NAHU nuclear medicine educational activities that will be recognized by the accrediting bodies within defined regions (i.e. Europe, Asia, Latin America). The UEMS/EBNM was represented by its President Prof. Durval Costa and the CME Accreditation Committee Chairman, Dr. Teresio Varetto. The IAEA was represented by Dr. Maurizio Dondi, Head of Nuclear Medicine Section Division of Human Health and by Dr. Thomas Pasqual. Other participants were Prof. Frey from the ABNM, Prof. Teofilo San Luis Dean of the Asian School of Nuclear Medicine and Dr. Salah-Eddine Bouyoucef representing the African Nuclear Medicine School.

The meeting provided a great opportunity to establish future cooperation between the UEMS/EBNM and other stakeholders involved in CME/CPD, such as the IAEA and the ABNM. Prof. Kirk Frey, President of the ABNM, was an observer at the UEMS/EBNM Executive Committee and Committees Chairmen meeting in Milan. Several aspects on future collaboration and common strategic actions on syllabus and CME/CPD were dealt with. Other initiatives regarding future CME/CPD collaborative activities are ongoing with the ARCCNM.

EACCME accreditation process

The EACCME accreditation process is fully online at www.eaccme.eu. The process is described step by step on the UEMS/EBNM CME Accreditation Committee website (http://uems.eanm.org/committees/cme_accreditation/comm_cme_accred_process.php?navId=629) or directly on the EACCME website (www.eaccme.eu) where it is possible to find all documents and instructions needed for application, as well as guidelines and criteria to obtain accreditation.

The criteria and mechanisms for accreditation of both LEEs and e-learning materials are extensively and clearly described in the last two documents approved by the EACCME namely “The accreditation of e-learning materials” (UEMS 2011/20) [10] and “The accreditation of live educational events” (UEMS 2011/30) [11]. The UEMS 2011/30 document reports the criteria employed for the accreditation of LEEs, and describes how the organizers of CME-CPD should apply for UEMS-EACCME accreditation. Key points are that CME-CPD organizers will be asked to make a comprehensive assessment of needs and define expected educational outcomes prior to applying for UEMS-EACCME accreditation. The target audience of the events has to be clearly defined. The content of the submitted programmes must be evidence-based, fully referenced and

scientifically balanced. No bias of any nature or advertising is allowed.

Accreditation criteria also include full disclosure of funding and a declaration of potential conflicts of interest by the person in charge of the Scientific Committee (SC), all members of the SC and the Faculty. All programmes will need to show methodologies that assure active engagement of all learners/participants. In addition, LEEs must include a means for learners to provide feedback. The document also encompasses the practical steps through which an application will be reviewed as well as the criteria for granting accreditation.

As for LEEs, for accreditation of e-learning materials (UEMS 2011/20), educational needs assessment, target audience, and expected educational outcomes must be clearly defined. Particular attention must be paid to the description of the material such as content summary, software requirements (Mac OS, Windows), preparation and expiry dates, compliance with ethical and legal requirements related to patient privacy and copyright. The content needs to be evidence-based, free from commercial bias and any form of advertisement. Methods of active learning such as problem-oriented learning and case-based learning are encouraged. User-friendly material containing “hot links” for further relevant information is desirable. For e-learning accreditation, complete information about the provider’s organization, structure and previous experience in e-learning CME must be included in the application form. The application should be submitted by the organizers at least 3 months prior to the start of the CME activity. After submission, the application will be assessed by two expert reviewers selected by the EACCME, one from the national accreditation authority (NAA) of the country where the event will be held and the other from the UEMS specialty section and European board of interest. The CME activity will be accredited after confirmation by both reviewers. In case of rejection, the applicant may appeal within 1 week. In this case the Secretary General of the UEMS will review the programme and all additional information provided on the new application form and will then discuss the new application with the two reviewers. In case of persisting discordance the final decision will be taken by the UEMS Secretary General.

Once the CME activity is approved by both the national CME authority of the host country and the UEMS section, European accreditation is granted by the EACCME. The approval is valid only for the given event. The organizer will receive a letter of accreditation with the number of CME credits granted and an invoice for administrative expenses. A summary of the event will be published on the EACCME website together with the number of CME credits granted.

UEMS/EBNM-EACCME accreditation: practical value

UEMS/EBNM-EACCME accreditation provides extra value for nuclear medicine physicians and CME/CPD organizers. First, the mutual recognition of UEMS/EBNM-EACCME credits (e.g. ABNM and others) offers wider opportunities for recognition of knowledge and experience. This means that physicians from one country can attend a CME programme in another, as credits will be automatically recognized by their NAA. Consequently, an international and intercontinental approach will enrich the CME event. More participants from other countries as well as the US are more likely to register. Second, CME programmes accredited by the UEMS/EBNM-EACCME are carefully selected according to European quality standards for CME activities and thus provide an educational programme of high quality and high scientific value. The CME activity accredited by the UEMS/EBNM through EACCME is distinguished from other potential educational activities by the fact that its quality has been confirmed by an unbiased and independent board of specialists widely recognized in the field of nuclear medicine. EACCME accreditation is a mark of distinction, attracting a greater number of participants from national and international institutions. All events accredited by the UEMS/EBNM and EACCME are listed on the EACCME homepage, allowing nuclear medicine specialists and NAAs to check which event has obtained European accreditation. As far as organizers are concerned, the accreditation process is less resource-consuming and easier since there is no need to apply to each NAA to have an event recognized in every European country. On the basis of UEMS-EACCME accreditation, the approval from the NAA of the country where the event takes place will be automatically recognized by all other European countries.

In conclusion, UEMS-EACCME accreditation has indeed proven to be an optimal approach allowing European doctors to move across countries thanks to the easier transfer of CME credits and enhancing the benefit gained from higher quality international CME/CPD activities.

Future goals of the UEMS/EBNM CME Accreditation Committee

In the future, the UEMS/EBNM CME Accreditation Committee will continue its involvement in accrediting CME/CPD events under the umbrella of UEMS-EACCME. Feedback mechanisms on CME outcomes will be activated and a means to assess educational needs in nuclear medicine will be implemented. Members of the CME Accreditation Committee will be more active in the EACCME task-force, will continue and

will improve cooperation with the IAEA, ABNM and other European and international stakeholders involved in CME/CPD.

Conflicts of interest None.

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