The present and future role of UEMS - EACCME

Speaking a common language across European CME

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Phases of Medical Life

- Undergraduate
  - Exam/Assessment
  - University

- Specialist Training
  - Exam/Assessment
  - University and Profession

- Professional Life
  - Formal Requirement to show CME/CPD activity
  - Profession

- Lifelong
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
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
Purpose UEMS policy

- Same procedure for each Specialty
- Same procedure for each Country
- Harmonisation of the fees
- Avoid multiplication of the process
- Have one entry
Organiser

Request > 3 months

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N.A.A.

Evaluation < 3 weeks

Sections

Evaluation

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Certificate of Recognition

Organiser
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
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 Requirements CME

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

Non-biased education, either commercial or otherwise
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
What means “Mandatory”

- Only theoretical measures
- “Last call”
- Real effect on the license to practise or on the payment of the practitioner

“Mandatory” is not always what we think it means…
Voluntary versus Mandatory CME

• Motivation
• Incentives
• Control mechanisms

The carrot is more effective than the stick…
Minimal Criteria

- Non-biased education
- Control of attendance
- Report after the event
- Have clear learning objectives
- Precise the target audience
Credits

Full credits (E CME C)
No weighted factors
1 ECMEC per hour of activity
3 ECMEC for a half day / 6 ECMEC for a full day activity

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
Formal Agreements with National Accreditation Authorities

Current:
Spain, Cyprus, Greece, RCSI, Malta, RCPI, Turkey, Slovakia, Norway, Luxemburg, Belgium Romania, Slovenia, Sweden

Soon:
Regione Lombardia, Czech Republic

Near Future:
France, Regione Veneto, Regione Frluli...

Future:
Germany, Italy , UK (RCoP),...
Updating of Agreements

- **Spain**
  
  Financial aspects (fee)
  Credits translation table
  
  1 ECMEC = 0.12 Spanish Credits

- **Belgium**
  
  1 ECMEC = 1 Belgian Credit

- **Romania**
  
  1 ECMEC = 1 Romanian Credit
**Fees**

- Based on a sliding scale
- Number of participants (expected)
- Three invoices can be expected:
  - UEMS
  - Section
  - National Accreditation Authority
Agreement with the American Medical Association on Mutual Recognition of Credits

Till June 30th 2006:

- Pilot project for 2 years each time

From July 1st 2006:

- Real agreement for 4 years
Future

- Systematic evaluation of meetings by the participants
- Long Distance Learning
- More agreements with the Sections
- More agreements with the National Accreditation Authorities
- Contacts with other parts of the world
- Contacts with UEMO
e-Learning

- Start from January 1st 2009 on
- Principles similar to live-events
- Practical issues to be formalized
  - Credits allocated
  - Fee
  - Process fine-tuning
Formats for e-Learning

Delivery of CME-CPD by:

- recorded audio
- recorded video
- CD
- DVD
- PDA

Not:

- printed material
Minimal Criteria for e-Learning

- Educational objectives
- Learning needs
- Description of the material
- Nature of the material
- Details of the Provider
- Quality assurance by the Provider
Accreditation Requests

Number of Accreditation Requests from 2002 to 2007:
- 2002: 200
- 2003: 400
- 2004: 600
- 2005: 800
- 2006: 1000
- 2007: 1200
U.E.M.S.

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

www.uems.net
Schön dank
Merci
Mult obrigado
Dank U
Muito obrigado
Dekuji
Thank you
Muchas gracias
Grazie mille
Kiitos
Köszönöm
спасибо
Tack
εφευρεστώ
Đakujem
Molodobravo