

Achievements of UEMS in CME-CPD

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UEMS - Honorary President

EACCME – Chairman of Governance Board

Declaration of conflict of interest

- **Current Position**
 - **Honorary President & Executive Member - UEMS**
 - **UEMS - EACCME – Chairman of Governance Board**
- **Previous Position**
 - **President, Liaison Officer and Executive of UEMS**
 - **President - Advisory Committee on Medical Training (ACMT) of the European Commission**

UEMS - Seven Phases

- 1. Foundation – 1958**
- 2. A.C.M.T. – 1975 “Doctors Directive”**
- 3. Sections & Boards - 1962**
- 4. EC & Doctors’ Directives - 1975**
- 5. Expansion & Diversity – 1988 on**
- 6. Charter on CME - 1994**
- 7. EACCME - 2000**

WHY CME/CPD ?

Phases of Medical Life:

Undergraduate

- 5 years average
- Exam/Assessment

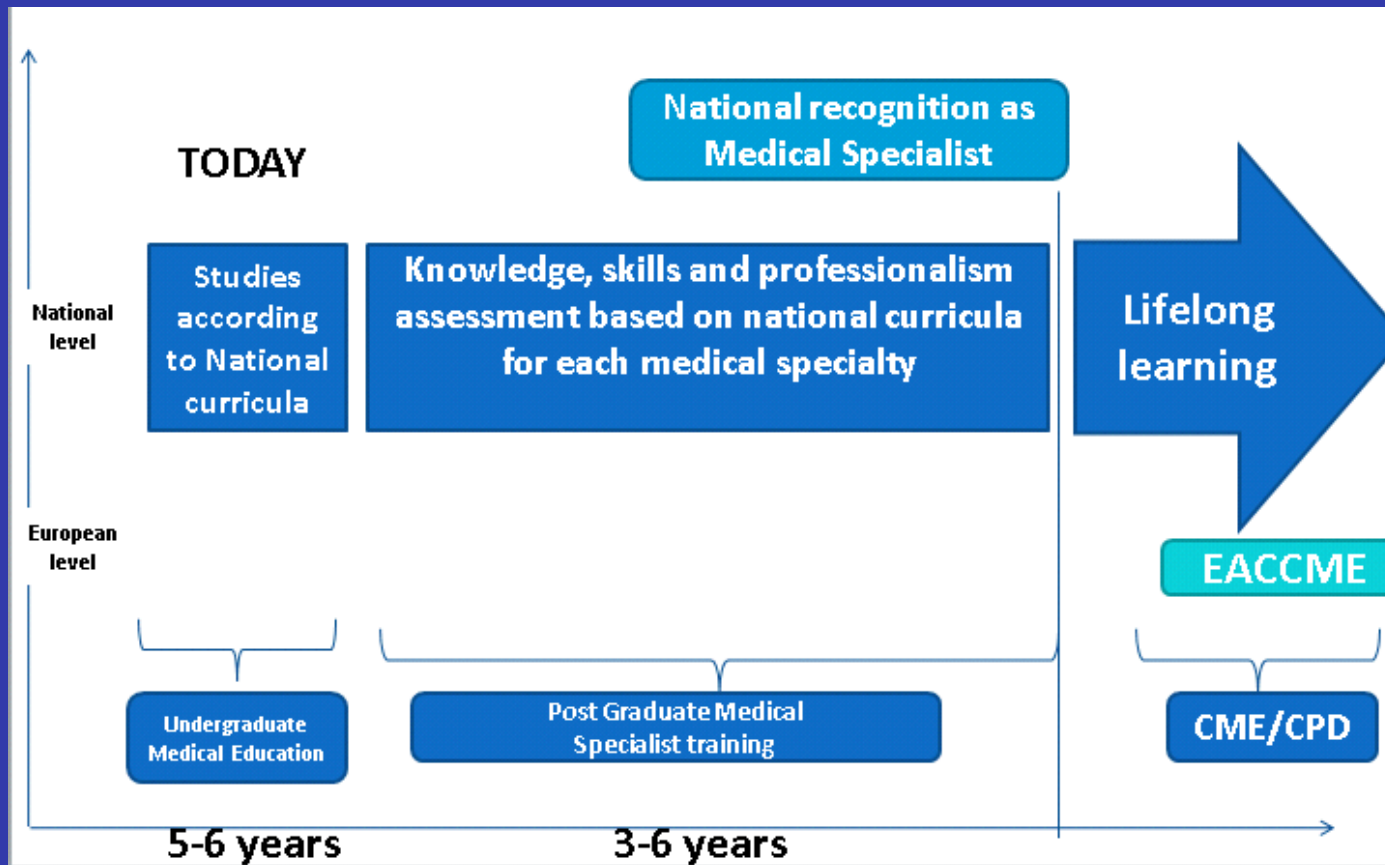
Specialist Training

- 5 years average
- Exam/Assessment

Professional Life

- ? Formal Requirement to show CME/CPD activity

WHY CME/CPD ?



WHY CME/CPD ?

Response to public & political concerns

Traditionally a voluntary professional obligation

Need for the profession to lead

Harmonisation of European CME

Mutual Recognition of CME awards between Member States

CME & CPD

Continuing Medical Education (CME)

Definition:

Maintenance of Academic Knowledge And Skills

Continuing Professional Development (CPD)

Definition:

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 Criteria of EACCME - 1

Quality and effectiveness of the accreditation process and the awarding of international CME credits will be monitored at the European level by the EACCME

Providers must submit to the EACCME proof of the quality and content of the CME activity under consideration

Quality Criteria of EACCME - 2

There are written learning objectives for the CME activity and the target participants are identified (*these must be communicated to potential participants*)

There is a detailed written statement that outlines the content of the programme and the expected outcome based on a needs assessment.

Quality Criteria of EACCME - 3

- **Qualifications of the CME activity director, faculty, and activity staff are given**
- **Documentation of the structure and organization of the provider**
- **Mechanism exists for disclosure of potential conflicts of interest to all attendees**

Quality Criteria of EACCME - 4

Provider responsibility for organizing the CME activity cannot be transferred

There is control and oversight of all commercial support for the CME activity

There is assurance (a guarantee) to all parties that non-biased education is given

Quality Criteria of EACCME - 5

Arrangements for feed back of evaluation data from participants to the provider of the CME activity exist

After the event, providers of approved CME activities will submit an evaluation of the activity to the EAC CME

Factors in Accreditation



The Learner

- **Target audience**
- **Educational needs**
- **The rights of the individual**
- **The responsibilities of the individual**
- **Confirming learner engagement**
- **Feedback**

The Educational Activity

- **International**
- **Defined objectives**
- **Learning methods**
- **Educational material**
- **Details of the activity**
- **Scientific validity and balance**
- **Fulfilment of the educational objectives**

The Activity Developers

- **Organisers**
- **Faculty**
- **A responsible registered doctor**

Ethical matters

- **Conflicts of interest**
- **Funding – Unrestricted Educational Grant**
- **Absence of inappropriate influence**
- **Free from bias**
- **Absence of advertising**

Process

- **Application method**
- **EACCME decision-making**
- **Explicit timescales**
- **Amendment; Appeal**
- **Outcome**
- **Standards for the UEMS-EACCME**

Why Accreditation Matters

- **For:**

- **Doctors - ECMECs, confirmed standards**
- **Providers - confirmation of achievement**
- **CME/CPD - stimulus for improvement**
- **Society - transparency and accountability**
- **Patients - improved education of their doctors**

2014 Survey of CME-CPD in Europe

Mandatory CME-CPD in 21 countries (18 EU)

Voluntary in 13 countries (13 EU)

Re-licensing - 8 countries

CME cycle – All but with an average >40 credits/year

12 countries have linked area of practice with CME-CPD activities

Sanctions - 16 countries have no sanctions

Gradual escalation of sanctions:

- Reminder, Financial measures, Disciplinary measures
- loss of licence (very rare)

Conclusions

EACCME is:

- **Accepted as the European Accreditation Body**
- **Based on mutual trust and understanding between authorities and professional societies**
- **Independent**
- **Clear and transparent criteria**
- **Free of commercial interest**
- **Highly valued by CME providers**
- **Electronic application**
- **Reciprocal agreements with USA & Canada**

Future - EACCME 2

- **Faster and more efficient handling - application, review and accreditation.**
- **Brand-new IT platform to support the process and assist providers.**
- **Embrace new educational material - e.g. e-platforms**
- **Recognition of CME CPD activities beyond live events and e-learning material – publishing, reviewing, lecturing**
- **Trusted provider Status**
- **Quality control of events**
- **Embrace a much broader spectrum of healthcare professionals**

Thank you for your attention