The position of UEMS regarding Continuing Medical Education and few recent messages from the UEMS Executive

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University Medical Centre Ljubljana, Dpt for Vascular Medicine
Chairman - Committee for PGT, Medical Chamber of Slovenia
UEMS
Union Européenne des Médecins Spécialistes
European Union of Medical Specialists

- Founded in 1958, a year after the Treaty of Rome
- Oldest of the European Medical Organisations
- Represents currently around 1.4 million specialist doctors
- 26 full members, 5 associated members
- Non-governmental organisation
- UEMS registered under Belgian law
- Secretariat (staff 4) in Brussels
UEMS Specialist Sections and their European Boards

- 39 currently representing majority of specialities
- Backbone of UEMS
- 2 members/country
- Around 2000 specialists actively involved in the work throughout Europe
UEMS bodies

- **Council**, 2 representatives/member country, twice a year

- **Executive Committee** (President, Secretary General, Treasurer, Liaison Officer) meets 8-10 times yearly, partly as enlarged executive committee including four Vice-Presidents
UEMS - How does it work?

Executive*
Daily management
President, Secretary General,
Treasurer, Liaison Officer (4)
+ vice-Presidents (4)

Council*
Plenary decisions
2 delegates per country

Board*
Financial matters
1 Head of delegation per country

Specialist Sections*
2 delegates nominated by the
national monospecialist association

European Boards
2 delegates per country
(Balance profession-academia)

EACCME*
European Accreditation
Council for CME
(under the responsibility
of the Secretary General)

Advisory Council
National authorities
and UEMS Sections

Secretariat
Brussels

National Organisations representing medical specialists in the EU-EFTA
Associated Organisations and Observers
National Monospecialist Associations (members of the national representative associations)
EU - How does it work?

**European level**

- **European Commission***
  - Commissioners

- **EU Council***
  - National Ministers (+ Commissioner)

- **European Parliament***
  - MEPs

- ** Committees Implementation**

**European Directives**

**National level**

- National governments
- EU citizens
UEMS Lobbying

- How does it work?

European level

Opinion on legislative proposals

European Commission*
Commissioners

European Directives

EU Council*
National Ministers (+ Commissioner)

European Parliament*
MEPs

Implementation

Commissions

Active involvement

Consultation & Coordination

EMOs:
AEMH
CPME
FEMS
PWG
UEMO

Contacts with MEPs

National level

National governments

National Organisations
Representing medical specialists in the EU-EFTA
UEMS Charters

- Training of medical specialists 1993
- CME 1994
- Criteria for international accreditation of CME 1999
- Quality assurance in medical specialist practice 1996
- Visitation of training centres 1997
- CPD, Basel Declaration 2001
- Promoting good medical care 2004
UEMS Charter on CME (1994)

CME is an **ethical** and **moral** obligation

- CME organized, managed and supervised by the profession
- Voluntary participation
- Incentives for undertaking CME
- Specialist not taking part in CME cannot lose status as a doctor or specialist
- Quality controlled by the profession
UEMS Basel Declaration (2001)

- The UEMS defines CPD as the educative means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working lives.
- The goal of CPD is to improve all aspects of a medical practitioner’s performance in his/her work.
CME/CPD FORMULA

\[ WD_{LB} + LU_{BB} = K + S (+ A) \]

Davidoff, 1995

\( WD_{LB} = \) Write down in the little book
\( LU_{BB} = \) Look up in the big book
\( K + S (+ A) = \) Knowledge + skills (+ attitudes)
CME in Europe

- In most countries the internal structure of CME has been in evaluation

- Mandatory systems (legal, financial or professional) developed in several countries
CME/CPD mandatory by law

Austria
Croatia
France
Germany (in hospitals & practices)
Great Britain
Hungary
Iceland
Italy
The Netherlands (for specialists)
Poland
Slovenia
Switzerland (for specialists)

Ref. CPME 2005/045
CME/CPD recommended for doctors but voluntary

Belgium  Ireland
Cyprus  Israel
Czech Republic  Luxembourg
Denmark  Norway
Estonia  Portugal
Finland  Spain
Greece  Sweden

Ref. CPME 2005/045
CME in Europe

• 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
EACCME®
(European Accreditation Council for CME)

- “A clearing house” for CME credits for the purpose of facilitating CME for specialists
- The Management Council of the UEMS decided to start operation of the EACCME in January 2000.
The practical instrument to improve the quality of CME in Europe will be the facilitation of transfer of credit obtained by individual specialists in CME activities that meet common quality requirement:

- between European countries
- between different specialties
- in the case of migration of a specialist within Europe
- between the European and North American credit systems
Purposes of the EACCME®

- **Harmonization and improvement** of the quality of continuing education in Europe
- **Provision of non-biased education** to European colleagues according to mutually agreed quality requirements
- **Guarding** of the authority of national CME regulatory bodies in the European countries
- **Linking** the national CME regulatory bodies in a system of mutual recognition of accreditation of CME activities
- **Providing** a system in which CME credits obtained abroad in EACCME accredited activities are recognized by the national CME regulatory bodies
- **Providing links** with similar systems outside Europe.
EACCME® criteria for CME

- Review of the objectives of the activity
- Program review
- Provider disclosure of conflict of interest
- A description of the policies relating to commercial interest
- Quality assurance including non-biased, attendance, feedback and self-assessment
• 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
in order to make exchange of credits possible, a system of European credits was set up: the European CME Credits (ECMEC)

the following rule applies: 1 ECMEC equates one hour of CME (with a maximum of 6 hours for a day and 3 hours for a half day)

this would be the basis for international awarding of CME credits

national systems should also use this unit or establish a fixed exchange rate with this unit
Quality assurance

- UEMS current position paper was discussed with a particular emphasis on the role of EACCME in facilitating and recognizing the quality assessment carried out by the Sections & Boards.
- It was emphasized that a genuine assessment could only be made afterward the event by the participants themselves.
with regard to EACCME, UEMS Council had agreed to remunerate the Sections and NAA’s involved at the same rate as that for UEMS-EACCME

the fee continued to be based on a sliding scale dependent on the number of participants.

sharing fees are collected by the UEMS-EACCME

redistributed afterwards to UEMS Sections and national authorities
EACCME®

- Advisory Council meeting yearly (next November 25, 2006 in Brussels)
- Operated at the UEMS office with a wide network
- Over 600 CME events accredited in 2005
- Currently individual events are accredited, in the future possibly CME-providers as well as enduring materials (e.g. internet courses)
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
<td>101</td>
</tr>
<tr>
<td>2</td>
<td>Switzerland</td>
<td>83</td>
</tr>
<tr>
<td>3</td>
<td>Italy</td>
<td>59</td>
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<td>4</td>
<td>France</td>
<td>51</td>
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<td>5</td>
<td>Austria</td>
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<td>Belgium</td>
<td>36</td>
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<td>7</td>
<td>United Kingdom</td>
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<tr>
<td>8</td>
<td>Spain</td>
<td>30</td>
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<tr>
<td>9</td>
<td>Greece</td>
<td>26</td>
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<td>10</td>
<td>Denmark</td>
<td>14</td>
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<td>11</td>
<td>Czech Rep.</td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>Hungary</td>
<td>9</td>
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<tr>
<td>13</td>
<td>Poland</td>
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<tr>
<td>14</td>
<td>Portugal</td>
<td>4</td>
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<td>15</td>
<td>Ireland</td>
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<td>16</td>
<td>Lithuania</td>
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<td>17</td>
<td>Norway</td>
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<td>18</td>
<td>Romania</td>
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<td>Slovenia</td>
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<td>24</td>
<td>Latvia</td>
<td>1</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EUROPE** 564 activities (+38%)  

**WORLD** 40 activities (+73%)

1. Turkey  
2. Un. Arab Emirates  
3. Russia

United States  
Croatia  
Bulgaria

4. Canada  
5. Iran  
7. South Africa

8. Australia  
9. Brasil  
10. India  
11. Japan  
12. Lebanon

**TOTAL** 604 activities
## EACCME Accredited Activities (Example)

<table>
<thead>
<tr>
<th>October 2005/ Date</th>
<th>Venue</th>
<th>Title</th>
<th>Language</th>
<th>European CME credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 - 15</td>
<td>Sophia-Antipolis (F)</td>
<td>Evidence based development of cardiac care</td>
<td>English</td>
<td>12</td>
</tr>
<tr>
<td>17 - 19</td>
<td>Oslo (N)</td>
<td>Diabetes O-21474</td>
<td>Norwegian</td>
<td>18</td>
</tr>
<tr>
<td>20 - 21</td>
<td>Basel (CH)</td>
<td>Basel Heart Imaging 2005</td>
<td>English</td>
<td>9</td>
</tr>
<tr>
<td>20 - 23</td>
<td>Athens (GR)</td>
<td>III European Asthma Congress</td>
<td>English</td>
<td>18</td>
</tr>
<tr>
<td>23 - 26</td>
<td>Berlin (D)</td>
<td>2nd Trends in Medical Mycology</td>
<td>English</td>
<td>15</td>
</tr>
<tr>
<td>25 - 27</td>
<td>Bucharest (R)</td>
<td>ERS School Course on &quot;Tuberculosis&quot;</td>
<td>English</td>
<td>12</td>
</tr>
<tr>
<td>27 - 29</td>
<td>Zurich (CH)</td>
<td>Advanced MR Imaging of the Musculoskeletal System</td>
<td>English</td>
<td>15</td>
</tr>
</tbody>
</table>
EACCME® and American Medical Association

- AMA council on medical education in June 2002 authorized a pilot project for the recognition of CME credits authorized by EACCME

- The project encourages physicians from the US and Europe to collaborate and participate in international congresses and conferences.

- The agreement has been extended in 2006
EACCME® - questions raised

- repartition of tasks
- entry point for applications
- fees to be applied to the organisers
Organiser

Request

> 3 months

UEMS - EACCME

N.A.A.

Evaluation

< 3 weeks

Sections

UEMS - EACCME

Evaluation

Certificate of Recognition

Organisor
ESAB position paper

• decentralisation - centralised system would not work efficiently (?)
  - applications must go primarily to the assessors
  - the authority should be devoted to the bodies carrying the quality evaluation.
• improvement of practical process (?)
  - proposed setting up a one-way process (bypassing EACCME and the national authorities)
  - delegating to the ESABs the transmission of certificates to organisers
  - “only” notification to the NAA’s
• question of fees (?)
representatives of the NAA’s felt this “motion” as a wish to bypass (ignore) NAA’s - they had also wished to remain the entry point for applications
UEMS should also respect the view/position of the majority of Sections
UEMS-EACCME cannot give up its responsibility by officially delegating either the entry point of applications or the delivery of certificates
EACCME® - near future

- emphasis on quality and efficiency
- the immediate transmission of information is needed
- this could be achieved via a central contact point in a single web portal
- protocol was added to the agreements with NAA with regard to financial matters and sharing fees
UEMS View on CME / CPD

- UEMS strongly opposes mandatory CME/CPD, on individual level it is an ethical obligation and participation has to be encouraged
- No proof of usefulness of mandatory systems in quality improvement
- EACCME meant to help colleagues from countries with CME credit systems to benefit from educational events outside of their own country
- A lesson from the Americans to consider: *Jump directly over CME to CPD*
“If you think education is expensive, you should consider ignorance.”

Socrates (469 - 399 BC)
UEMS - current

- **Mid-term strategy (2007-2012)** of the UEMS - including the increased importance of the role and position of the UEMS Sections/Boards
- **EWTD** - survey, questionnaire to NMA’s and UEMS Sections and Boards
- **EACCME** - improvements
- **Position Papers**
  - “*Ensuring the Quality of Medical Care*”
  - “*Postgraduate Training Assessments*”
- **Collaboration with GIN**
UEMS Council Meeting
Budapest, November 2-4, 2006

• **Meetings of the WGs:**
  1. CME-CPD
  2. Postgraduate Training
  3. Relations between Council and the Sections and Boards
  4. Specialist Practice in current Health Systems

• **Discussion Groups** - issues proposed are related to the European Commission’s intent to launch a new initiative on Patient Mobility and Cross-Border Health Services:
  1. Conditions to allow Patient Mobility
  2. Patient Needs and Patient Rights
  3. Patient Information
  4. Quality and Continuity of Care
  5. Professional Mobility
UEMS Council Meeting
Budapest, November 2-4, 2006

• **European Issues**
  - Health Services - public discussion
  - Working Time - Survey
  - Recognition of Professional Qualifications - come into force 10/2007
  - eHealth - involvement of the UEMS

• **Specialist Issues**
  - Report on the Meeting with the Presidents and Secretaries of the UEMS Sections and Boards (Brussels, 20th May 2006)
  - Report from the Sections’ Delegates
  - European Definition of the Medical Act
  - UEMS Sections & Boards and Multidisciplinary Joint Committees
    • Human Genetics
    • Medical Microbiology
  - Guidelines-International-Network
UEMS Council Meeting
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UEMS Mid-term Strategy
2007-2012

For me, the most important issues with this regard are:

- UEMS Leadership.
- Main UEMS Priorities.
- UEMS Integrated Strategic Projects.
- UEMS Strategic Dilemmas.
- Predicting the immediate future.
UEMS Mid-term Strategy
2007-2012

Contents:
• Mission
• Purposes
• Vision
• Niches
• Necessary changes / improvement
UEMS Mid-term Strategy
2007-2012

Vision:

.....By 2012, the UEMS will be internationally more known, better visible, institutionally stable and respected, central and leading European organization for setting standards and consultation in the fields of postgraduate medical training, CME/CPD as well as specialist medical practice Quality Assurance, their harmonization, promotion, and research. We will be continuously and most frequently cited and consulted as the most relevant in our field of representation and expertise.
UEMS Mid-term Strategy
2007-2012

Niches:

- Setting up representative specialist working groups on different issues of interest for both medical specialists as well as for interested third parties and political organizations at European level.
- Setting up general standards on all aspects of postgraduate medical training at the European level.
- Consultation on harmonization of all aspects of postgraduate medical training at the European level.
- Running a general system of accreditation of CME/CPD at European level.
UEMS Mid-term Strategy
2007-2012

Niches....:

• **Research** on all aspects of postgraduate medical training, CME/CPD as well as specialist medical practice QA of international significance in Europe (preferably by conducting pan-European Surveys in these 3 fields of activities/expertise).

• **Creative collaborations** with other medico-professional, educational, scientific, specialist medical care QA organizations as well as general community in Europe.

• **Entrepreneurial business plans** to provide “outside” financial support for programs of research, education, consultation and publication.
UEMS Mid-term Strategy
2007-2012

KEY RESULT AREAS WHERE OBJECTIVES AND STRATEGIES ARE TO BE SET:

- KRA 1. LEADERSHIP AND MANAGEMENT
- KRA 2. POSTGRADUATE MEDICAL TRAINING HARMONIZATION IN EUROPE.
- KRA 3. CME / CPD COORDINATION IN EUROPE.
- KRA 4. SPECIALIST MEDICAL PRACTICE QUALITY ASSURANCE IN EUROPE.
- KRA 5. RESEARCH.
- KRA 6. CONSULTATION.
- KRA 7. MARKETING, IDENTITY AND ENHANCED FINANCIAL STABILITY.
UEMS Mid-term Strategy
2007-2012

STRATEGIC PLANNING PARTICIPANTS

- Strategic Planning Team
- Strategic Planning Co-Chairs
- Strategic Planning Consultants
Further information on UEMS in general, its publications and about EACCME in general is available on the UEMS Website at:

www.uems.net

Thank you! Hvala!