



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

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The European Accreditation Council for Continuing Medical Education (EACCME)[®]

History and political background

Continuing Medical Education (CME) has been a major concern of the UEMS since 1993 when the Charter on Continuing Medical Education was published. Voluntary CME is enshrined in UEMS policy, but in several European countries steps are being taken on national level towards mandatory CME, coupled with legal or professional re-certification or re-licensing, financial incentives or coupled with contracts with insurances and hospitals. This will lead towards an increasing need for European exchange of CME credits, obtained by individual doctors outside their own country.

In 1999, the Management Council decided to establish the EACCME. The EACCME will facilitate access to quality CME for European doctors, contribute to the quality of CME in Europe and make exchange of CME credits in Europe possible.

Quality control of CME activities is a key element in this process. It was decided to effect this in a decentralized manner, using the expertise of existing European and national professional bodies active in this field. This is effected by the EACCME in everyday practice with one important addition. This is the political necessity to conform to the political authority of national professional regulatory bodies in the field of CME. These bodies are in charge of registration of doctor's CME/CPD in their country and therefore insist to be in charge of accreditation of CME and the awarding of credits. In some countries this is, or may be in the near future, linked to recertification.

Structure of the EACCME

The UEMS is the political representative umbrella organisation for Specialists in the European Union and associated countries. Its governing body is the Management Council in which the national associations in each member country have voting rights.

The Management Council elects an executive committee consisting of the President, the Secretary-General, the Treasurer and the Liaison Officer. The executive committee reports to the Management Council. The EACCME is governed by the Management Council of the UEMS.

The Management Council decided in 1999 to establish the EACCME, with the EACCME becoming operational in January 2000.

A second body of the EACCME is the UEMS Advisory Council on CME in which the national CME regulatory bodies are directly represented. For many countries this representation is identical to the representation in the Management Council, but there are important exceptions such as Belgium, France, Germany, Ireland and the UK. For this reason the Advisory Council is a key element in the EACCME. In the Advisory Council the EACCME can also accommodate relevant professional bodies.

The daily proceedings of the EACCME are managed by the executive committee of the UEMS and its Brussels Secretariat.

Right from the start of the EACCME it was clear that the national professional regulatory bodies could approve a structure making CME credits in Europe exchangeable, but only with the condition that they will remain firmly in charge of events in their own country and that they would have a decisive vote in the governing body of the EACCME. This is a political reality. In some countries it is based upon the expectation that within a few years mandatory recertification will occur and that CME credits will play an important role in this recertification.

The EACCME received its mandate from the national regulatory bodies, but with several distinct conditions:

- The National Authority ([see footnotes](#)) should be maintained. The EACCME should not become a supranational body, but a link and clearing-house between the national regulatory bodies.
- The final word concerning accreditation of each activity should thus rest with the national regulatory body in the country where the activity takes place.
- The Brussels administration should be as lean as possible.
- Quality assurance and determination of number of credits of separate CME activities should be decentralized. Here the EACCME should rely upon the expertise of professional bodies in each specialty such as the UEMS Sections/Boards and national/European professional societies, thus avoiding duplication of quality assurance proceedings.
- There should be no accreditation of commercially biased activities, internet activities and for the time being each activity should be judged separately. So providers are not accredited for series of activities stretching over years.
- Administrative expenses of the EACCME should be borne by the providers of activities applying for European accreditation. The expenses should be limited, avoiding duplication in Brussels of work done already in the professional bodies. Only within the framework of these conditions do the national regulatory bodies guarantee recognition of EACCME credits obtained by doctors in their country. The EACCME has been working strictly within this mandate. This means that the procedure is as follows:
 - The provider of a CME activity requests European Accreditation of that event with the EACCME at its Brussels office. Full details concerning the activity should be provided together with the application. This will be judged against the UEMS Quality criteria.
 - The EACCME requests professional advice from a professional body, which may not be the provider itself. The professional body such as the UEMS Sections/Boards and national/European professional societies have the final say in the determination of the number of credits based upon the "credit-hour". Often the provider has already obtained such accreditation, which can be forwarded to the EACCME together with the formal application.
 - The EACCME requests approval from the national regulatory body. When this is obtained the EACCME grants European accreditation.

This procedure meets the political requirements of the national regulatory bodies. The added value of the EACCME is the link between the professional societies, and others, who are the providers of CME and the national regulatory bodies. Any change to this procedure would need the consensus of the national regulatory bodies. Any deviation from this consensus would defeat the purpose of the EACCME and it would also mean loss of the agreement with the American Medical Association concerning mutual recognition of EACCME and AMA credits.

The added value for providers is that they will attract more participants from abroad and also from the USA. The long term benefit is the link with the national regulatory bodies. These bodies are very keen to preserve their national authority in the awarding of credits to the doctors in their own countries. The EACCME offers an institution in which they participate and have authority. In this way the profession facilitates exchange of CME credits in Europe in a similar way as postgraduate diplomas are mutually recognized on the basis of European law.

At present in 2001 the exchange of CME credits is not urgent as systems of mandatory are not yet operational in Europe. At the moment providers look at European Accreditation mostly as an additional mark of quality and they are willing to reimburse the administrative expenses for this reason. The EACCME started with a charge of 100 euro, but in the future there will be a sliding scale depending upon the size and duration of the actual activity. 1000 euro will be the upper limit for activities with tens of thousands participants and a budget of many millions.

In the Management Council there was a debate as to the right time to start operation of the EACCME. It was judged to be better to start in a period before possible mandatory European accreditation. This provided the opportunity to gain experience and commence on a smaller scale without much extra infrastructure and to develop gradually.

The ultimate goal is to develop a system that makes life easier for our colleagues and to provide them with recognized quality CME with the guarantee that they can use the CME credits they obtain to meet their national requirements. The system should be decentralized, using expertise in quality assessment available in the existing professional structures, and should be governed by the responsible national professional bodies participating in the UEMS and the EACCME structure.

Footnote: 1 CME (Continuing Medical Education) is part of the broader concept of CPD (Continuous Professional Development)

Footnote: 2 The National Authority is the national professional or equivalent authority that is in charge of accreditation of CME providers and the awarding of credits to individual medical specialists in the countries of Europe.

Footnote: 3 UEMS Charter on CME, issued 1994 (text: see Website: CME Charter)

Additional information is available in the UEMS documents:

D 9907, European Accreditation of CME, EACCME

D 9908, Criteria for International Accreditation

D 9935, Purpose, structure and mode of operation of the EACCME.

These documents are available on the UEMS Website and can be downloaded as a PDF file.

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