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## The position of the UEMS in regard to the Continuing Medical Education of specialists

The UEMS Charter on CME was adopted in 1994 in London

Continuing Medical Education (CME) is both a necessity and an obligation, which applies to the medical profession as much as to any other. The educational process lasts throughout the specialist's entire career, beginning with basic undergraduate training, carrying on through the specialist training and extending for the remainder of professional life as Continuing Medical Education.

Continuing Medical Education is an ethical and moral obligation.

1. It follows that CME must be organized, managed and supervised by the profession, completely independent from sources of finance, from all trends of opinion, from the economic and political interests of health insurance funds, governing and university authorities.
2. Participation in CME should remain voluntary. It is therefore desirable to create incentives for the medical specialist to undertake this activity.
3. The system of remuneration of all specialists must contain elements of finance to include their activity in CME. However, whatever system is applied in the member state, the specialist must not be financially disadvantaged and therefore should be compensated for his/her CME activity.
4. A specialist who does not participate in any form of CME cannot lose his/her status as a doctor or specialist but must understand that he/she may be personally disadvantaged in other ways.
5. The content of CME for the specialist has multiple aspects: these include the acquisition of scientific knowledge by reading the literature and audiovisual media, attendance at courses and seminars, national and international meetings, participation in scientific fora and the publication of scientific papers. It should remain responsive to future technical-developments. CME is only useful if it affects day to day practice. The specialist is thus the sole individual who can judge the ways in which it can best maintain his/her level of competence.
6. The **quality** of CME contents must be controlled by the profession, preferably by means of committees, which represent the profession itself, scientific societies and universities.

7. **Control** of CME must be in the hands of organizations representing the medical community. CME for the specialist is of a very individual character. A system of assessment by awarding credit points or unities is greatly preferable to those, which involve re-evaluation or recertification of knowledge.

### In conclusion

- UEMS accepts both the Dublin Declaration on CME by the Standing Committee of Doctors of the EU, adopted in 1982 and modified in 1993 and the recommendations of the ACMT published in 1992, addressed to all doctors.
- They nonetheless insist on the fact that the particular circumstances of the specialist with regard to the content and monitoring of CME must be borne in mind.
- The Specialist Sections of UEMS, with the help of their Boards, will decide upon the particular requirements of each discipline in the field of CME, and the result of these discussions will form the basis of a publication.
- A "Charter on CME for the Medical Specialist" is being prepared by the Harmonization Committee of UEMS. It sets out the arrangements, which the profession will have to make in order effectively to organize, manage and monitor CME.

This declaration was adopted by the officers of the Specialist Sections of UEMS at their meeting in Brussels on 25 June 1994, and approved by the Management Council of UEMS in London on 29 October 1994.