1. Background

The EACCME was established by the Management Council of the UEMS in October 1999 and was operational in January 2000. The purpose of the UEMS-EACCME is to harmonise and improve the quality of specialist medical care in Europe. In the field of Continuing Medical Education (CME) and Continuing Professional Development (CPD), the EACCME serves this purpose by assuring accessibility to quality CME activities and securing European exchange of CME credits for medical specialists in Europe.

1.1. Basic principles

The EACCME was set up as a UEMS body and is ruled by the UEMS Council, which is made up of the representative professional specialist associations in the member countries of the European Union and in the associated countries. It is managed by the UEMS Executive Committee and has its offices in the premises of the UEMS in Brussels. Partners in the operation of the EACCME are the national professional CME authorities and the professional specialist organisations and societies in Europe. The practical instrument to improve the quality of CME in Europe will be the facilitation of the transfer of CME credits (European CME Credits – “ECMEC”) obtained by individual specialists in CME activities that meet common quality requirements.
It facilitates exchange between European countries, between different specialties and between the European credit systems and comparable systems outside of Europe.

1.2. European CME Credits

In order to render the exchange of credits possible, a system of European credits was set up: the European CME Credits (ECEMEC). The following rule applies: 1 ECMEC is equivalent to one hour of CME (with a maximum of 6 hours for a full day and 3 hours for a half day activity). This constitutes the basis for international awarding of CME credits. National systems should also use this unit or establish a fixed exchange ratio with this unit. The different National Accreditation Authorities and the UEMS-EACCME have to agree upon a Conversion Table for automatic conversion of ECMEC’s into National Credits and vice versa.

1.3. Subsidiarity

The EACCME will not provide accreditation of CME activities directly, but it will connect the existing and emerging accreditation systems in Europe and act as a clearing-house for conferring accreditation of CME and credits in Europe. As such it does not supersede National CME Authorities, nor does it create another layer of bureaucracy.

1.4. Advisory Council

The EACCME Advisory Council links the accrediting bodies participating in the process. Partners in the Advisory Council are the National Accreditation Authorities and the UEMS Specialist Sections and Accreditation Boards. They all provide the EACCME with expert knowledge in their sphere of competence and participate in the quality of the process.

The Advisory Council convened in Brussels on November 28th 2009. In the course of this very constructive meeting, delegates of the National CME Authorities of many European countries met with the UEMS Executive Committee.

There was an important input from the UEMS Sections and Accreditation Boards in discussing improvement of the practicability of the whole procedure.

The report of the meeting is published on the UEMS website (UEMS 2009/52).

1.5. EACCME Task Force
In order to revise the document D9908 which was the reference concerning the quality criteria that would regulate the approval by EACCME of live events and make those criteria compliant with the requirements that are nowadays used, a Task Force was set up by the UEMS Council.

Here the UEMS Executive invites some delegates from the UEMS Sections and Boards, the European Specialty Accreditation Boards (ESAB’s) as well as from the National Accreditation Authorities to propose new documents regulating the procedure for the EACCME.

Important issues such as Conflict of Interest, are obviously topics that will be discussed by this Task Force led by Dr. Edwin Borman.

2. **Practical operation**

2.1. **Flow**

Ideally the procedure should guarantee the equal standing of each partner involved. One has though to remind that only the national accreditation authorities have a final say in the process. The central role if the UEMS-EACCME is justified by its bridging role between national authorities and the Specialist Sections or Accreditation Boards.

It is obvious that in a process where two equal partners have to estimate the value of an event only a simultaneous parallel track process can be used. This is the only way to guarantee the recognition by the National Accreditation Authorities of the European Member States and the other member Countries of the UEMS of the ECMEC’s allocated by the UEMS-EACCME to the participants of international events.

The ideal process is depicted in this flowchart:

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Organiser
    ↓
Request  > 3 months
    ↓
UEMS - EACCME
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-3-
The National Accreditation Authority that is responsible for the evaluation in this process is the Authority of the country and/or region where the event is organized. For worldwide events, outside the European Union or outside Countries member of the UEMS, this procedure is not applied.

The involved Section or Accreditation Board that will evaluate the scientific value of an event is determined by the topic of the event or by the target audience.

The November EACCME Advisory Council largely discussed this issue. It was clear from the debate that the flowchart for the management of applications, as proposed by the UEMS-EACCME might not be the most ideal. At least, it is the best possible compromise to all the involved partners.

In order to harmonize also the procedure as well as the fee issue concerning the ESAB’s, some meetings were organized on the initiative of the Accreditation Council for Oncology in Europe (ACOE) and first steps were proposed. This is the start of the process but many problems have still to be taken. The final aim of this initiative in to “harmonize” the processes through the ESAB’s so that the whole UEMS-EACCME system remains very similar independently from the specialty or the country where the activity is taken place.

2.2. Mutual agreements
In order to ensure a smooth and transparent implementation of this system, mutual agreements were proposed to all the partners involved in the process, i.e. the UEMS Sections (or European Accreditation Board) and the National Accreditation Authorities. These agreements aim to clearly determine and clarify the practical details.

It was decided by the UEMS to have two kind of agreements, one is the so-called “classical agreement” and the other the so-called “ESAB-agreement”.

As one the ESAB’s who wished to rejoin the UEMS-EACCME was not happy with the classical agreement we have with our UEMS Sections and Boards, a new kind of agreement was set up but some important requirements were needed to accept to go for the ESAB agreement: there should be already a working distinct website, there should be a system to control the quality of the activity and there should be a minimal number of applications that would be processed through the UEMS-EACCME.

After the signing of the agreement with that particular ESAB, other UEMS Sections and Boards having similar but not identical requirements were also willing to have an agreement of the ESAB kind with UEMS-EACCME.

Nowadays, not only UEMS Sections and Boards are willing to have an ESAB agreement but also National Accreditation Authorities would like to have this kind of agreement.

For both partners in the UEMS-EACCME process, the National Accreditation Authorities as well as the UEMS Sections and Boards, the minimal required criteria must have to be fulfilled in order to be able to apply for the so-called “ESAB agreement”.

2.2.1. UEMS Sections and National Accreditation Authorities involved

Up to 2005 the following specialities signed a mutual agreement with the UEMS-EACCME:
- Dermatology & Venerology
- Paediatric Surgery
- Physical and Rehabilitation Medicine

In 2006 agreements were signed with following Sections:
- Anesthesiology
- Child and Adolescent Psychiatry and Psychotherapy
- Endocrinology
- Geriatrics
- Intensive Care (MJC)
- Internal Medicine
- Neurology
- Neurosurgery
- Nuclear Medicine
- Oral and Maxillofacial Surgery
- Pathology
- Plastic Surgery

In 2007 agreements were signed with following Sections:
- Cardiology (EBAC)
- Sports Medicine (MJC)
- Emergency Medicine (MJC)
- Oncology (ACOE)

In 2008 agreements were signed with following Sections:
- Genetics (MJC)
- Surgery
- Infectious Diseases (EBAID)

In 2009 agreements were signed with following Sections:
- EBAP (Pneumology)
- Microbiology
- Hand Surgery (MJC)
- Urology

In 2010 agreements were signed with following Sections:
- Vascular Surgery
- Gastroenterology
- Allergology
National Accreditation Authorities with which agreements were signed:

Until 2005:
- Cyprus Medical Association
- Medical Association of Malta
- Pan-Hellenic Medical Association
- Royal College of Physicians of Ireland
- Royal College of Surgeons of Ireland
- Spanish Accreditation Council for CME

In 2006:
- Belgium
- Luxembourg
- Hungary
- Norway
- Slovakia
- Turkey

In 2007:
- Romania
- Slovenia
- Sweden (IPULS)

In 2008:
- Georgia

In 2009:
- Regione Lombardia
- Finland (ProMedico)

In 2010:
- Austria
- Czech Republic
Negociations are on their way with Germany, the United Kingdom (Royal College of Physicians on behalf of the Federation of Royal Colleges) and some Italian Regions (Regione Friuli Venezia Giulia as well as Regione Veneto).

Concerning the Sections and Accreditation Boards, agreements were prepared with both EBAP as well as EBAID and were signed early in 2009. In early 2010 the agreement was signed with the Section of Urology.

In 2008 the agreement with the Spanish Accreditation Council was updated at the meeting of the Advisory Council in November and includes now also the fee as well as a conversion table for exchange of ECMEC’s with the Spanish Credits (1 ECMEC = 0,12 Spanish Credits).

After heavy discussions and intensive exchanges of views, it was agreed by the UEMS Executive to introduce a two tier agreement pathway for the UEMS Sections. On the one hand, the so-called “Classical pathway” and on the other hand the so-called “ESAB-pathway”.

By signing an agreement with EBAC in 2008 the way was paved to introduce this ESAB pathway under three very clear conditions: the ESAB should have a webpage for the application, there must be a very strong way to check the quality of the evaluation of the CME-CPD activities and there must be some minimal number of application that has to be dealt by the ESAB.

Whilst both pathways are to be considered equal in the interest of harmonization and acceptance by the Authorities, a way has to be found to abolish the differences and end up with only one process.

Negotiations are on the way to work on a harmonized fee structure between the different ESAB’s so that a first step in this direction is already undertaken.

2.2.2. Mutual recognition

The mutual agreements provide the framework for the activity of the signing parties. They contribute to building up mutual trust between the national CME authorities and from that
moment avoid an unnecessary duplication of work as quality assessments are carried out only once by the relevant national authority in collaboration with the relevant specialist body.

Once accepted, CME events will be granted a certain amount of ECMEC, which can be automatically transferred into every national system.

Some work will have to be done in extending the conversion table as it has been done with Spain where in the agreement the “currency” is specified between the ECMEC and the Spanish Credits (see above).

Similarly, the conversion of credits into the National CME Credits has been clarified with Belgium and Romania, where 1 ECMEC equals 1 CP.

This process of creation of a Conversion Table should be developed in the future so as to avoid confusion and clarify the value of ECMEC’s in comparison to the National Credits in the different EU Member States.

An ultimate goal of the UEMS-EACCME in the field of CME is to establish a world-wide network of commonly accepted quality requirements.

In relation to this, an agreement was signed with the American Medical Association in 2000, which aimed to guarantee the recognition of ECMEC’s in the United States to be considered equal to the PRA Category 1 Credits as issued by the AMA.

The EACCME and the AMA recognise each other’s CME credits since 2000, and the mutual agreement with the American Medical Association started in 2002 and was renewed for a further period of four years in 2006.

An important evolution now is the renewal of the agreement from July 1st 2010 that also includes e-learning material. Both processes were reviewed and considered equivalent. As long distance learning is becoming a very important tool in the education it was obvious that it would have to be also part of the agreement.

The issue of territoriality is stressed very much in the last version of the agreement consolidating the fact that both organizations are fully responsible for the activities taking place or organized in their remit.
Recognizing the responsibility that both the AMA and the UEMS have for ensuring that the activities in their respective geographic areas are conducted in a manner consistent with local norms and regulations, the agreement also establishes that live activities that are certified for AMA PRA Category 1 Credit™ and held within UEMS member countries are not eligible for conversion of those credits to ECMEC credit. The CME provider may, however, follow appropriate procedures to apply to the EACCME for ECMEC credit prior to the activity taking place. By the same token, if an activity approved by EACCME for ECMEC credit takes place within the U.S., the ECMEC credit is not eligible for conversion to AMA PRA Category 1 Credit™. The CME provider may however follow appropriate procedures to have the activity certified for credit by a U.S. accredited CME provider or directly by the AMA.

E-learning activities need to be certified for credit by the process in place where the CME provider is based, i.e. AMA PRA Category 1 Credit™ for U.S. CME providers and ECMEC credit for organizations in countries that are represented by the UEMS.

2.2.3. Financial compensation

The mutual agreements offered the possibility for the UEMS Sections and some National Accreditation Authorities to obtain an equal fee for their quality assessment. This financial compensation aims to cover expenses u. m. of travels.

2.3. Quality assessment & Feedback

The guidelines set by UEMS-EACCME still are the documents UEMS 1999/08 and 2001/20 which have been revised in 2007 in the process of the start of the webbased application form. These revised documents, D99.08 Rev2007 and D0201.20/Rev2007 are available on the web such as the Reference Guide, which entails all the information needed for going through the process of application of a CME-CPD event.

These rules define only the basic requirements that need to be fulfilled whereas every specialty or national authority can prescribe stricter standards according to their particular situation. The possibility to introduce feedback mechanisms in the EACCME system was considered. No decision was taken so far.
Both issues, the update of the criteria on the one hand and the feed-back by the participants of the CME-CPD activities on the other hand, need further development in the near future and this will be done mainly by the Task Force.

The first meeting of the Task Force was held in November 2007.

In July 2008 the Task Force on CME met in London and in November 2008 in Brussels and discussed some important issues that were implemented in the system. The possibility of a collaboration with other health care professionals was discussed and in July it was felt that only the cooperation with the UEMO seemed reasonable in the views of the Task Force. In November the scope was considered to be extended towards other Health Care Professionals and it was left to the Sections to decide. This would allow our Section of Oral and Maxillofacial Surgery to consider the evaluation of events for Dentists if they wish to do so.

The Task Force discussed the document “Improvement the EACCME (UEMS 2007/23) and also proposed a new document “The Accreditation of e-CME and e-CPD by the EACCME” (UEMS 2008/20 Rev), which is the basic document that allowed the start on April 6th 2009 of the approval of e-learning programs by the UEMS-EACCME. This was a major step forward.

In 2009 the Task Force continued its activity and wrote and finalized some important documents that will be submitted to the Advisory Council of the EACCME first and then for approval by the UEMS Council later on. This concerns:

“Guidelines for Commercial Support for CME-CPD events”,
“The avoidance of Bias in Educational activities”,
“The use of the UEMS-EACCME name and logo”,
‘UEMS - EACCME, Mission and Objectives”,
“UEMS – EACCME recommendations for Continuing Medical Education Providers”.

2.4. Integrated system

On January 15th 2008, the web-based application form started to be operational and from April 1st it became the only way to apply for European Accreditation. As expected, at the start, some
problems arose which were very professionally and efficiently dealt with by the Office as well as by our Provider.

It became very soon clear that the first webmaster of UEMS-EACCME was not really providing the organization a very helpful and user friendly application form and many providers were very disappointed. This was reflected in a serious decrease in the number of the applications in 2008 and 2009 and the UEMS Executive decided in the second half of 2009 to look for a new webmaster in order to improve the website.

The result of this decision is also very clear for all of us as both the applicants as the experts who have to review the applications are much more happy with this new system.

The advantage of the actual webmaster of the UEMS-EACCME is that he is not only a specialist in iT but also a physician so he understands what we are looking for and can much better integrate our requests in the website he is designing.

Obviously, the result of this improved website is that the number of applications is growing again very quickly and this increases the visibility and performance of the UEMS-EACCME and all its partners.

2.5. e-learning as part of EACCME.

On April 6th 2009 an important step was taken by introducing the EACCME procedure e-learning materials. This was awaited for a long time and a lot of discussions were hold before deciding to include long distance learning in our accreditation system. The Task Force worked out a new set of quality criteria that will be first applied for e-learning material but will be later on retrofitted to live events.

Obviously, we started the process in April 2009 but as things are coming in, we have to realize that some of our rules have to be somewhat adapted and fit to the reality of the applications we receive.

The numbers of application for each provider seems to be very different and we will have to consider some solution for organizers that apply for a large number of events.
Clearly, we will stick to the basic principle that UEMS-EACCME is working on an event by event accreditation but for some organizers, a “provider-status” could be envisaged but the criteria and requirements will have to be very strict in order to avoid problems.

2.6. Structures assisting the UEMS-EACCME.

The Task Force, led by Dr. Edwin Borman is performing a tremendous work and made a significant contribution for the improvement of the process of EACCME. At the same time, the so-called Rome Groups worked out some documents which are of use for the progress of the EACCME.

The Task Force, as was mentioned earlier was set up in 2006, is composed by two delegates from the ESAB’s, two delegates from UEMS Sections and Boards, two delegates from the UEMS Executive and is chaired by Dr. Edwin Borman.

It is considered that in the future, this Task Force could act as a kind of Governance Board helping in the more practical issues concerning EACCME.

Obviously, as EACCME is an integrate part of the UEMS, the final decisions on how EACCME will work have to be taken by the UEMS Council.

3. Activities

European Accreditation through UEMS-EACCME was progressing with 1030 approved events in 2007 and in 2008 we noticed a slight decrease in the number of applications submitted to UEMS-EACCME with 1015 applications. In 2009 we had 1068 applications. This was mainly due to the fact that applicants have to get acclimatized to the web-based application system. As this problem has been solved early 2010 we expect again an increase in applications.

At this stage we want explicitly to thank Nathalie Paulus for her magnificent commitment in managing the daily processing of the events helping the providers with their application. As she is mainly active in this field she got the title of “CME Coordinator”. She got excellent assistance from the other Staff members Fred Destrebecq, Jean-Baptiste Rouffet and Bénédicte Reychler.
Nowadays we have also the support of Stagiaires whose input is much appreciated.

The strengthening of the links between UEMS-EACCME and the two major partners in the Accreditation process: the National Accreditation Authorities and the UEMS Sections and Accreditation Boards are obviously very important and have to be developed.

The increased visibility of the process, as well as of the UEMS and the EACCME also, are positive drivers and the information of the involved partners in organizing events, such as Scientific Societies and Organizing Committees have to be increased and improved. This needs active and personal representation at a lot of meetings and activities.

There are still some problems to be solved in order to make the system more of harmonious and to have all the Sections and Accreditation Boards as well as all the National Accreditation Authorities involved in a similar way in the process and agreeing in signing a formal agreement with UEMS-EACCME.

There are some signs that this is may-be going to happen in a near future and this can only strengthen the UEMS-EACCME and all the partners involved in the process such as National Accreditation Authorities and UEMS Sections and Boards (including the MJC’s).

Dr. Bernard Maillet

Secretary-General