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Criteria for international accreditation of CME

(Reviewed July 1999)

Quality of international CME

Quality assurance of Continuing Medical Education (CME see footnote 1 at the bottom) in the European countries is the responsibility of the National Authorities (see footnote 2) European consensus on quality assurance requirements is embodied in the UEMS CME Charter (see footnote 3) with its Annexes and the guidelines implicit in the data to be submitted.

The quality and effectiveness of the accreditation process and of the awarding of international CME credits will be monitored at the European level by the UEMS European Accreditation Council for CME. The UEMS - EACCME can delegate this responsibility to the UEMS Specialist Section concerned.

The provider applying for international certification:

- should conform to the quality criteria set by the relevant national and international Authorities,
- should submit to the European Accreditation Council for CME proof of the quality and content of the CME activity concerned.
- should provide general accessibility to the CME activity.

For this purpose the following data must be submitted for assessment to the EACCME:

1. **Objectives of the CME activity**

- The learning objectives of the CME activity.
- The target participants.

2. **Program**

- A detailed written statement outlining the content of the training program and the expected outcome.
- Specification of the practical organization of the CME activity with description of the premises and their accessibility, hotel accommodation (if applicable), traveling arrangements and time spent on transfers, languages and interpretation.

3. **Provider**

Personal data:

The names and relevant data of the CME activity director and other teachers in the program.

Qualifications:

Relevant qualifications of the staff and secretariat for the CME activity:

- recognized integrity - objectivity - fairness - insulation from political influence
insulation from commercial influence - adequate facilities.

The structure and organization of the provider:

- The structure of the provider with statutes and rules of procedure if applicable and other relevant details.

Previous experience:

- Data about previous conferences organized by the same provider with data about teachers and programs.

Potential conflict of interest:

- Proof of disclosure of potential conflict of interest (e.g. paid consultant, significant investments, research grants) should be made in the printed program (or at least orally before the presentation begins). Disclosure should also be made by members of the Planning Committee.

Individual responsibility of providers:

- Providers will only be awarded accreditation for CME activities that they organize themselves. Providers cannot transfer their accreditation to other parties or let other parties organize the CME activity on their behalf.

4. Commercial interest

- Providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. This support should be subjected to standards.
- The provider must assure that the educational program approved for international CME credit is not influenced or biased by commercial organizations.
- Commercial support may be provided to conferences in a variety of ways: exhibits, advertising, industry meetings and presentations, payment of expenses of faculty or attendees (travel, hotel etc.), educational grants.
- Industry-presented education must be clearly distinguished from CME activities under the control and supervision of the providers CME planning committee. Standard uniform terminology should be used to identify industry-presented education. Industry-presented education should not be scheduled to compete with CME activities.
- Educational grants should always be made with "no strings attached" and should always be acknowledged in the printed program.

5. Quality assurance

Non-biased education

- Providers have to guarantee that non-biased education is given.

Attendance:

- A method of verifying actual attendance of physicians is difficult to implement. This should be a subject for study. One way is random checks and deduction of CME credits when irregularities are discovered. Providers of CME should only be accredited if they address themselves to this point. Physicians can only claim credit proportional to the actual time spent either in participating in a CME activity or in studying self-directed distance-learning material.

Report:

- Providers of internationally accredited CME activities should submit a short report of each CME activity to the EACCME. Apart from the personal data of foreign participants, information including the program, the development of the CME activity and the actual attendance should be reported.

Feed back:

- Arrangements should be made to facilitate feed back concerning the learning process from the participants to the provider of the CME activity. Evaluation of this information should be available to the EACCME if requested

Assessment:

- Self-assessment is necessary, both for the provider and for the participant. Mechanisms for this purpose should be present.

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)