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**AMA, American Medical Association  
UEMS, European Union of Medical Specialists**



**D 0234**

Memo to: AMA Council on Medical Education  
Subject: Informational Update on Pilot Project with the UEMS for International CME  
From: Dennis K. Wentz, MD (AMA)  
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Date: June 13, 2002

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The Council on Medical Education in June, 2000 authorized a Pilot Project for the recognition of continuing medical education (CME) credit authorized by the European Accreditation Council for Continuing Medical Education (EACCME), an organization developed by the European Union of Medical Specialists (UEMS). In authorizing this pilot, the Council noted the [1998 letter of intent](#) between the AMA and the UEMS to work together cooperatively toward a system of shared international standards for the designation of CME credit. The pilot program is limited to "live" events. Under the terms of the pilot program, the AMA Division of Continuing Physician Professional Development (CPPD) developed a system to review international activities granted EACCME approval for European credit, in order to assure that the activity meets equivalent standards called for when AMA PRA credit is designated. This report provides the Council of Medical Education with an update on the progress the two organizations have made together.

## Background

The AMA and the UEMS began to work in 1997 to explore a transatlantic strategy in CME. The UEMS is headquartered in Belgium and has close ties with its sister organization for general practitioners, the Union of European Medical Organization (UEMO). It is a democratic organization composed of 17 national associations from the countries of the European Union, and 37 specialist organizations which bridge the continent. The UEMS was established in 1958 to help medical specialists in the countries of the European common market develop more uniform standards in medical education. The UEMS is concerned about the implications of free migration of physicians between the European

countries. It believes the field of continuing medical education is a logical place to establish uniform standards, and they have looked for guidance from the AMA and the AMA PRA system of credit.

One of the first goals of this pilot project was to establish a system of "International Credit" on a transatlantic basis. The credit could be converted and transferred for approved activities. This encourages physicians from the US and Europe to collaborate and participate in international congresses and conferences, and eventually web-based CME.

## Update

The European Union of Medical Specialists established a European Accreditation Council for Continuing Medical Education (EACCME) in 1999, and it began operation in January, 2000. The EACCME is an institution governed by the UEMS. It connects the existing and emerging national programs on CME accreditation and acts as a clearing-house for CME certification of CME credits in Europe. It does not provide accreditation of CME activities directly. As such, it does not supersede the national authority on accreditation of CME, nor does it create another layer of bureaucracy. The EACCME reviews, approves, and catalogues CME activities meeting the agreed quality criteria and approved by the appropriate authorities, including those at a professional level and the national CME authority of the country where the activity takes place. This system of accreditation and its designated number of CME credits are recognized by all the national authorities of the countries of the European Union. Individual physicians are awarded the designated number of European credits. Other European organizations working with the EACCME include the European Boards and many other European professional institutions, such as the Federation of European Cancer Societies and the European Federation of Neurological Sciences.

The benefits of developing and using the EACCME have already been recognized. European physicians benefit by being assured of the quality of the approved programs. Doctors have expanded options for earning CME in other European countries and participation in CME activities offered in the US for AMA PRA credit. National authorities benefit by using the expertise of the EACCME and letting it serve as a central point for handling of accreditation.

The EACCME has established basic requirements for defining quality CME. The quality

criteria are consistent with those specified by the AMA PRA program and include:

- 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-bias, attendance, feedback and self-assessment

Other issues the EACCME will include:

- Credits issued by international and/or European professional societies in the field
- A compatible system of accreditation and awarding credits through the EACCME
- A commitment from the national authorities
- International societies must agree to award an identical number of CME credits to the same activity

EACCME procedures include notification of approval and accreditation to the provider. Once confirmed by the EACCME, the provider is required to provide a mechanism with a prescribed format to serve as a proof of attendance for the physicians. The event is then registered by EACCME. The AMA is notified of each event that is international in scope and maintains a database with records on the activity. The number of conferences registered over the two year period with the AMA is eighty-nine (April, 2002).

Financing for the EACCME was provided by the UEMS for an introductory period. It is now self-sufficient and operations will be supported through administrative fees charged to the participating CME providers.

## Next Steps

The need to adhere to common quality requirements for medical practice in Europe is increasing, and subsequently mandatory CME is in the process of being established in the individual countries. Prior to this, European physicians were not in danger of losing privileges to practice for not meeting CME requirements. Integrating the EACCME in the national procedures benefits the national organizations by broadening their authority and by positioning them to exercise influence on CME obtained abroad.

In addition to this, working groups of the EACCME are convening in 2002 to address three key issues.

#### **EACCME accreditation of providers for a fixed period of time**

At the present time, national CME authorities need to be approached for each activity. This is a slow process and pressure is starting to mount to accredit CME providers to offer programs over a fixed period of time. If this continues to develop, consultation could be sought with the Accreditation Council for Continuing Medical Education (ACCME), who accredits providers within the United States, for their expertise in provider accreditation.

#### **EACCME accreditation of distance learning programs**

There is pressure to incorporate various modalities of distance learning including printed materials, audio and visual, CD-ROM, and web-based programs. This was not authorized by the national CME authorities at the start of the operation of the EACCME. Each of the national authorities will need to be approached in order to incorporate these types of activities.

#### **CPD incorporation into the EACCME**

A shift from the traditional course/congress based CME to the concept of Continuing Professional Development (CPD). CPD is a wider concept incorporating total professional development. Individual assessment of CPD will use several methods of peer review. When on a national level some form of re-licensing is implemented, it is to be expected that the results of these reviews will be used in this process. CME will remain part of the process, but methods need to be developed to incorporate CME credits into this system. The United Kingdom and the Netherlands already have some elements of this system in operation.

### **Recommendations**

The pilot project has been in the interest of doctors on both sides of the Atlantic Ocean. Common quality principles have been defined and effected. Further convergence of policy is needed. Many European doctors have already benefited from the wide recognition of the AMA PRA credits, thus facilitating and increasing participation of European doctors in CME activities held in the US. To date, few American doctors have actually benefited from the AMA recognition of EACCME European credits. This may be attributed to the small size of the operations of the EACCME, but this will change and grow as CME becomes mandatory in more European countries, and as the EACCME expands its operations.

It is recommended that the pilot project continue, providing mutual recognition of the AMA PRA and EACCME credits, with another interim report to the Council within two years, and a final report in 2006.

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### Report AMA Council on Medical Education meeting, June 14, 2002:

The AMA Council on Medical Education, on behalf of the AMA in charge of educational matters, convened on 14 June 2002, chaired by Dr Rebecca J.Patchin. The meeting was attended by the Secretary-General of the UEMS Dr Cees C.Leibbrandt. The Council approved the report and its recommendations unanimously.

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