



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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Criteria for international accreditation of CME

Quality of international CME:

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Quality assurance of Continuing Medical Education (CME) in the European countries is the responsibility of the National Accreditation Authorities, considering European consensus on quality assurance requirements laid down in the UEMS CME Charter 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 granted at the European level by the European Accreditation Council for CME. The EACCME will liaise with the appropriate UEMS Section for the evaluation of events.

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.

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. Programme:

- A detailed written statement outlining the content of the event / training programme and the expected outcome.
- Specification of the practical organization of the CME activity with description of the premises, languages and interpretation.

3. Provider:

Personal data:

The names and relevant data of the programme director who is ultimately held responsible by EACCME for the event including conflicts of interest issues.

Qualifications:

Relevant qualifications of other lecturers / presenters to the event.

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 programmes.

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 programme (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 programme 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 participants (travel, hotel etc.), educational grants.
- Industry-presented education must be clearly distinguished from CME activities under the control and supervision of the provider's CME planning committee. These events cannot be recognized for ECMEC credits. 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 must always be made with "no strings attached" and should always be acknowledged in the printed programme.

5. Quality assurance:

Non-biased education:

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

Attendance:

Verifying the actual attendance of physicians at events whilst difficult to implement must be addressed. 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 long distance-learning material.

Report:

Providers of internationally accredited CME activities should submit a short report of each CME activity to the EACCME, including the analysis of the participant's feedback forms. Apart from the personal data of foreign participants, information including the final programme, the development of the CME activity and the actual attendance should be reported.

Feed back:

Arrangements must be made to facilitate feed back concerning the learning process from the participants to the provider of the CME activity.

Assessment:

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

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