CONFERENCE REPORT

Proceedings from the second UEMS Conference on CME-CPD in Europe, 28 February 2014, Brussels, Belgium

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Abstract

Over a year since the implementation of the new UEMS-EACCME® accreditation criteria for Live Educational Events (LEEs), the second Union Européenne des Médecins Spécialistes (UEMS) Conference on continuing medical education and continuing professional development (CME-CPD) in Europe was a much anticipated event. The conference, which took place 28 February 2014 in Brussels, Belgium, provided an important opportunity for stakeholders to discuss and debate:

- The role of accreditation in CME-CPD, with a focus on EACCME® accreditation as a means of assuring the quality of CME-CPD in Europe.
- The UEMS-EACCME®’s accreditation process.
- Implementation of the new criteria for the accreditation of LEEs.

A key theme of the event was increased collaboration and dialogue amongst the various stakeholders in international CME-CPD. This was exemplified by the diversity of the faculty members, as well as the full-house audience of approximately 300 international delegates representing accrediting bodies, medical societies and associations, education providers, industry supporters, and European regulators and legislators. In addition to views on CME-CPD from several of the stakeholder groups, sessions provided a glimpse into the European political environment, CME-CPD statistics, and practical discussions on needs assessment, learning objectives, outcomes measurement, and conflicts of interest management.

The day’s full agenda also included reiteration of the need for self-regulation of European CME-CPD and commitment to the shared goal of improving patient care by providing high-quality, accredited educational initiatives.

Keywords: CME, CPD, Europe, UEMS-EACCME, accreditation, criteria, live educational event

Introduction

On 28 February 2014 in Brussels, Belgium, the Union Européenne des Médecins Spécialistes (UEMS) convened the second Conference on CME-CPD in Europe and welcomed approximately 300 participants to discuss the role of continuing medical education (CME) and continuing professional development (CPD) in contributing to higher standards in medical care.

The UEMS was founded in 1958 with the aim of representing the interests of specialist doctors at an international level. The UEMS is a non-governmental voluntary organisation comprising the national medical organisations that represent medical specialists in the European Union and in associated countries. With a current membership of 34 countries, and 39 specialist sections, the UEMS...
provides for the representation of approximately 1.4 million medical specialists working in Europe. The UEMS established the European Accreditation Council for Continuing Medical Education (EACCME®) in January 2000, with the aim of encouraging high standards in the development, delivery, and harmonisation of CME.

During the more than 14 years that the UEMS-EACCME® has been accrediting international medical education, the value of traditional CME has been the target of substantial questioning. Is the existing system reliably providing quality and effective education? Is content independent and free from bias? Is there sufficient transparency regarding the role of sponsors? As a result, a climate of change has dominated the international CME-CPD scene over the past several years. While these issues were becoming more and more important, CME itself was constantly developing and expanding. Participation in CME and formal registration of CME activities has become common and in many countries obligatory.

Consequently, in October 2011 the UEMS-EACCME® implemented criteria for the accreditation of e-learning materials and 1 year later, in October 2012, also adopted a substantially revised set of criteria for the accreditation of Live Educational Events (LEEs) (UEMS 2012/30). This much anticipated revised policy went into effect for all applications made after 1 January 2013 and would be a primary focus of the second UEMS Conference on CME-CPD in Europe. In order to appreciate the importance of the topic for conference participants, it is helpful to review the path leading to the new criteria and their implementation.

In the June 2012 letter to CME-CPD stakeholders, the UEMS President Dr Romuald Krajewski and Secretary General Dr Edwin Borman wrote:

The UEMS-EACCME® recognises that the accreditation process and standards that are being proposed will be a major development in raising requirements for the provision of CME meetings. The UEMS-EACCME® believes strongly that, given major developments being prepared by the Commission, and as already have occurred in other parts of the world, it is essential that the medical profession in Europe takes the lead in demonstrating a commitment to high standards and full accountability.

Now after more than 2 years since the first conference and over a year of accrediting events under the new set of criteria, the UEMS-EACCME® convened the second UEMS Conference on CME-CPD in Europe to discuss important concepts surrounding international CME-CPD, with a specific focus on the new UEMS-EACCME® accreditation process and criteria for the accreditation of LEEs. This report provides a summary of the programme and content from this important international event.

**Conference programme and session summaries**

<table>
<thead>
<tr>
<th>Session</th>
<th>The Political Environment</th>
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<tbody>
<tr>
<td>11 November 2011</td>
<td>First UEMS conference on CME-CPD accreditation in Europe with formal presentation of the early set of revised accreditation criteria for LEEs (UEMS 2011/30).</td>
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<tr>
<td>1 January 2012</td>
<td>Initial go-live date of new criteria.</td>
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<tr>
<td>20 February 2012</td>
<td>Letter confirming that criteria had not been implemented and requesting further comment from stakeholders on the proposed policy.</td>
</tr>
<tr>
<td>1 May 2012</td>
<td>Subsequent planned go-live date.</td>
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<tr>
<td>22 June 2012</td>
<td>Letter communicating that further consultations on the new criteria would be conducted before proposing a finalised policy document.</td>
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<tr>
<td>19 October 2012</td>
<td>Second revised set of criteria (UEMS 2012/30) confirmed and formally adopted by the UEMS Council.</td>
</tr>
<tr>
<td>1 January 2013</td>
<td>Final and actual entry into force of new criteria for LEEs (UEMS 2012/30).</td>
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On one hand, this indirect and at times unclear path to implementation understandably resulted in a certain degree of confusion and frustration within the European CME-CPD community. However, on the other hand, it also demonstrated that the UEMS was willing to involve a broad group of stakeholders in the policy making process and take the time necessary to ensure that the final criteria would be of the level required to promote quality, effective, independent, and transparent accredited CME.

**Session 1: The Political Environment**

Chair: Dr Romuald Krajewski, UEMS President

**The political environment**

Speaker: Dr Andrzej Rys, Director, DG Health & Consumers, European Commission

As the first formal presentation of the conference, Dr Rys painted a picture of the political environment and current healthcare systems in Europe relating to patient safety and high quality healthcare. Dr Rys summarised that achieving
these shared goals is dependent on having a well-trained, efficient health workforce with the right skills and in sufficient numbers. He began by highlighting several European Commission initiatives supporting these workforce development efforts.

**Council recommendations on patient safety**
According to the Council recommendation on patient safety in 2009, Member States are encouraged to include patient safety in undergraduate and postgraduate education, on-the-job training, and also the CPD of health professionals. The Commission’s report of 2012 notes that although overall progress has been made, safety continues to be inadequately addressed. As such, curriculum guidelines for education and training are to be included in the Commission’s second report expected to be issued in May 2014.

**Joint action on patient safety and quality of healthcare**
This initiative supports the implementation of the above Council recommendations while promoting collaboration among Member States on aspects of quality of healthcare and also patient empowerment.

**Directive on patient rights in cross-border healthcare**
This European directive allows for patients to choose and be reimbursed for treatment in another country. National Contact Points are available to provide information to patients, including on CPD in quality and safety guidelines, and European Reference Networks provide cross-border postgraduate training to build innovative medical practices. The promotion of mobility in specialist medical fields is also important within the context of the EU cross-border healthcare directive. The directive will set up a European network of centres of expertise at the EU level to provide the quality of care for patients suffering from highly complex diseases in areas where the necessary expertise is rare.

**Erasmus+ 2014–2020**
Cross-border postgraduate training can add considerable value toward acquiring knowledge and building EU capacity in innovative medical practice. The new Erasmus+ may provide a funding mechanism to support such exchanges for medical specialists in training. It looks to establish strategic partnerships for cooperation on various learning and skills transfer and dissemination of best practices.

Dr Rys went on to explain that the health sector currently represents approximately 8% of all jobs in the European Union and is expected to add more than 1 million new jobs in the period spanning 2010–2020. He further described that the action plan for developing this vital health workforce comprises a combination of European initiatives to improve planning, recruitment and retention, international ethical recruitment, and better anticipation of the needed skills. He underlined the importance of lifelong learning and CPD systems and practices in these efforts. However, he also outlined how CPD in Europe currently suffers from discrepancies in approaches, a lack of a common understanding or definitions, and little country-specific data. In response, the European Commission is undertaking a mapping study of CPD of the health professions in Europe in an effort to provide a comprehensive overview, review emerging trends, promote transparency and understanding, assess the benefits of European cooperation, and share good practices between countries. Final results of the study are expected by the end of 2014. Dr Rys concluded by reiterating that patient safety, quality of care, and development of the health workforce remain top priorities on the European political agenda.

**Recognition of professional qualifications**
Speaker: Mr. András Zsigmond, Policy Officer, DG Internal Market & Services, European Commission

Mr. Zsigmond began by describing how mutual recognition of professional qualifications amongst European Union Member States is a key element in the free movement of professionals, including the healthcare workforce. European legislation in this regard is detailed in Directive 2005/36/EC. The directive allows for mutual recognition of formal qualifications of professionals considered fully qualified in the home Member State. For seven professions, including five healthcare professions, this directive also provides for the automatic recognition of the qualifications by laying down harmonised minimum training requirements. The directive covers cases where professionals become established in another Member State, and also cases where professionals temporarily provide services in another Member State. In early 2010, evaluation of this important directive began and culminated with considerable amendments recommended and finally adopted in December 2013. Included in the new Directive 2013/55/EU, amending Directive 2005/36/EC, was an update of the minimum training and CPD requirements. Mr. Zsigmond described that according to the directive, CPD should comprise, amongst others, technical, scientific, regulatory, and ethical subjects; with the responsibility on Member States to ensure that professionals are able to update their knowledge, skills, and competences. Inclusion of such language in the adopted directive formally recognises the importance of continuous professional development in maintaining a safe and effective medical practice.

**Session 2: The View of the Profession**

**Implementation of the new criteria for the accreditation of LEEs**
Chair: Dr Zlatko Fras, UEMS Liaison Officer
Speaker: Dr Edwin Borman, UEMS Secretary General

This much anticipated presentation provided the audience with insight into the practical implementation and learning points regarding the new criteria. Dr Borman began by categorising the changes as an ‘evolutionary revolution’ characterised by increasing emphasis on the quality of CME-CPD, attention to outcomes, focus on the learner,
and need for greater transparency and accountability throughout. Dr Borman also reiterated a key theme of the conference which was the move toward greater cooperation amongst stakeholders, while still recognising the importance of maintaining clearly demarcated boundaries between the groups.

Of great interest to the audience were the statistics from the past year of EACCME® applications. Data showed a 22% decrease in the number of new applications submitted in 2013 (1451) compared to 2012 (1871). Dr Borman indicated that this was an anticipated decrease and that by the end of February 2014, the number of applications compared to the same time last year was already up 31%. This increase 1 year later seems to indicate that providers are now getting used to the new criteria and application procedure (Figure 1).

Dr Borman went on to provide some practical recommendations and learning points garnered from experiences of the past year.

- It is strongly recommended to apply at least 14 weeks prior to the LEE start date; all information and payment must be received by the EACCME® no later than the official 12 week deadline.
- An application amendment process exists whereby at any time during the review period the EACCME® may ask for additional information from the provider, who then has 1 week to submit the requested material.
- Declare the total number of expected participants, both physician and non-physician; this number may not be reduced after application and providers are required to report actual attendance after the event.
- Signed conflict of interest forms must be submitted with the application for members of both the scientific and organising committees; providers must demonstrate how actual conflicts have been resolved.
- All sponsorship and advertising components must be clearly separated from the scientific and educational elements of the event (for example, no company names, logos, or product information in the programme, separation of the exhibitor listing, etc.).
- All industry funding must be declared and documented for transparency purposes.
- Events provided by the pharmaceutical and medical equipment industry will not be considered for accreditation.
- Until accreditation is received, the UEMS logo may not be used and the only approved wording in promotional materials is “An application has been made to the UEMS-EACCME® for CME accreditation of this event”.

Recent developments and upcoming trends in CME-CPD in Europe
Chair: Dr Zlatko Fras, UEMS Liaison Officer
Speaker: Dr Len Harvey, UEMS Honorary President
Dr Harvey began by describing his recent updated UEMS survey currently underway which aims to provide a profile of CME-CPD in 29 EU/EEA Member States, Armenia, Israel, Turkey, Canada, and the USA. The survey began in December 2013 and final results are expected for the end of 2014. Dr Harvey presented initial data outlining the following trends and statistics in CME-CPD.

CME-CPD is becoming increasingly mandatory
- 21 countries now have obligatory systems (either professional or legal), while 13 still have voluntary structures (but even in these, CME is actively supported) (Figure 2).

CME credits are key to fulfilling national requirements and European CME credits help physicians collect their CME-CPD credits
- Eight countries have implemented a relicensing programme.
- Six countries do not have a proper CME cycle.
- 28 countries have cycles averaging 3–7 years with an average minimum requirement of 40 credits annually.
- 12 countries require that CME-CPD activities be linked to the area of practice.

Gradual Implementation of Sanctions Promoting Engagement
- 16 countries have no sanctions for failure to engage in CME-CPD activities.
- 18 countries have sanctions that include reminders, financial measures, disciplinary measures, or even loss of license (rare).

CME-CPD is most often financed by the individual physician and/or employer
- In 29 countries, CME-CPD is financed directly by the individual doctors.
- Other contributors include employers, state bodies, or providers.

<table>
<thead>
<tr>
<th>Year</th>
<th>New applications</th>
<th>Difference</th>
<th>%</th>
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<tbody>
<tr>
<td>2010</td>
<td>1524</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>1740</td>
<td>+216</td>
<td>+14%</td>
</tr>
<tr>
<td>2012</td>
<td>1871</td>
<td>+131</td>
<td>+7.5%</td>
</tr>
<tr>
<td>2013</td>
<td>1451</td>
<td>-420</td>
<td>-22%</td>
</tr>
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Figure 1. Live educational events, new applications 2010–2013 (reproduced from the presentation by Dr Borman).
Increasing variety of activities approved for credit

- Recognised formats in the surveyed countries vary with LEEs remaining the most prominent; personal learning, internet study, lecturing, and publishing activities are gaining ground.

The international perspective and the UEMS-AMA collaboration
Chair: Dr Zlatko Fras, UEMS Liaison Officer
Speaker: Dr Alejandro Aparicio, Director, Division of Continuing Physician Professional Development, American Medical Association

Dr Aparicio began by describing how after several years exploring the idea of a transatlantic collaboration in CME, the UEMS-EACCME® and the American Medical Association began a pilot programme in June 2000 of mutual recognition of credit points awarded for participation in LEEs. Based on the success of the pilot, in June 2006 the agreement status was changed from pilot to an on-going arrangement, reviewed and renewed every 4 years. The landmark agreement was amended in 2010 to also include recognition of credits awarded for participation in e-learning activities.

Dr Aparicio went on to outline the CME system in the United States, describing the accreditation systems of the American Academy of Family Physicians (specialty specific, event accreditation), American Osteopathic Association (osteopathic medicine specific and awarded by osteopathic institutions), and American Medical Association Physician Recognition Award (PRA).

The PRA and credit system were created in 1968 to recognise those physicians committed to continually expanding their knowledge and improving their skills by participating in CME. There are two types of credit: AMA PRA Category 1 Credit™ (awarded by an accredited provider or directly by the AMA as owners of the credit system) and AMA PRA Category 2 Credit™ (credit claimed by individual physicians for participation in non-certified activities). The AMA PRA Category 1 Credit™ system is in part provider based using the American Council for Continuing Medical Education (ACCME) accreditation system, with the AMA itself being an ACCME accredited provider.

The AMA approved learning formats for use by ACCME accredited providers are live activities, enduring materials, journal, test item writing, manuscript review, performance improvement, and internet point-of-care learning. The AMA also recognises and directly awards AMA PRA Category 1 Credit™ for other activities such as teaching at a live event, lead authorship on a published article, or being first author of a presented poster, among others. In addition to the agreement with the UEMS, the AMA has a similar agreement with the Royal College of Physicians and Surgeons of Canada and also has an International Conference Recognition Program which directly certifies qualified international events for credit.

The international perspective and Accreditation Council for Continuing Medical Education accreditation
Chair: Dr Zlatko Fras, UEMS Liaison Officer
Speaker: Dr Murray Kopelow, President and CEO, Accreditation Council for Continuing Medical Education

Dr Kopelow followed by further describing the Accreditation Council for Continuing Medical Education (ACCME)
accreditation system and how it differs from the other nationally established CME accreditors like the American Academy of Family Physicians and the American Osteopathic Association. The ACCME accreditation requirements vary from those of the other national accrediting bodies and the ACCME is provider-based, wherein the American Medical Association allows organizations accredited by the ACCME to designate individual activities for AMA PRA Category 1 Credit™. Through the ACCME’s network of directly accredited providers and recognized state medical societies, approximately 130,000 CME activities were produced by providers accredited in the ACCME system in 2012 (Figure 3).

Dr Kopelow continued by underlining that accredited CME is accountable to the public for presenting clinical content that supports safe and effective patient care. He outlined the fundamentals of the ACCME system: content driven by professional needs, not funding (20% of ACCME accredited CME activities are commercially supported); resolution and disclosure of relationships with industry; and CME that is truthful, evidence-based, and “by the profession, for the profession”. Dr Kopelow also provided five current highlights of the ACCME accreditation system.

Simplification
In March of 2013, the ACCME streamlined its accreditation system by removing non-essential criteria while maintaining high standards and continuing to support CME as a strategic asset to healthcare improvement initiatives.

International
The ACCME is one of the founding members of the International Academy for CPD Accreditation. Established in 2013, the Academy serves as a platform that facilitates peer-to-peer support for leaders of CME-CPD accreditation systems and encourages networking, mentoring, and interactions on common issues.

Interprofessional
Launched in 2009, Joint Accreditation is a collaboration of the ACCME, the Accreditation Council for Pharmacy Education, and the American Nurses Credentialing Center. Joint Accreditation offers organizations the opportunity to be simultaneously accredited to provide medicine, pharmacy, and nursing continuing education activities through a single, unified application process, fee structure, and set of accreditation standards. Joint Accreditation promotes interprofessional education activities specifically designed to improve interprofessional collaborative practice in healthcare delivery.

Competency based CME
The ACCME accreditation system aims to provide CME activities designed to facilitate measurable changes that go beyond improving knowledge, to improve physician’s competence and performance, and ultimately patient outcomes. To date, the compliance rate is approaching 100% for activities designed to change competence (knowing how to do something, attitudes, skills, knowledge in action).

CME as a strategic asset
Dr Kopelow finished by describing how accredited CME can in due course be called upon to play a strategic role in addressing nationally identified gaps in public health outcomes. United States federal agencies, including the Food and Drug Administration, Centers for Disease Control and Prevention, National Coordinator for Health Information Technology, and Agency for Healthcare Research and Quality, have recognized accredited CME as a strategic partner in their public health initiatives.
**Session 3: The View of External Partners**

**The view of European organisations: Eucomed standards**

Chair: Dr Romuald Krajewski, UEMS President  
Speaker: Aline Lautenberg, Eucomed General Counsel, Director Legal & Compliance

Eucomed is a member organisation representing the medical technology industry in Europe. Ms. Lautenberg discussed how Eucomed and its member companies recognise that adherence to ethical standards and compliance with applicable laws are critical to the medical technology industry’s ability to continue its collaboration with healthcare professionals. As such, Eucomed provides guidelines on the interactions of Eucomed member companies with healthcare professionals and healthcare entities in the form of a Code of Ethical Business Practices (currently under revision). Ms. Lautenberg went on to outline the five Eucomed documents comprising the code:

- Compliance and Competition Law Guidelines
- Guidelines on Interactions with Healthcare Professionals
- Q&A on the Guidelines Interactions with Healthcare Professionals
- Procedural Framework
- Opinions and Advisory Interpretations of the (independent) Compliance Panel

Ms. Lautenberg further described the independent Conference Vetting System, EthicalMedTech, which was launched in March 2012. The system reviews the compliance of third-party educational conferences with the Eucomed Code of Ethical Business Practice. Events are found to be either compliant or non-compliant. The decisions of the CVS are binding on Eucomed members, which mean that if an event is found to be non-compliant, member companies may not sponsor healthcare professionals to attend. Decisions are posted on the EthicalMedTech website.

**The view of European organisations: COCIR code of conduct**

Chair: Dr Romuald Krajewski, UEMS President  
Speaker: Nicole Denjoy, COCIR Secretary General

Ms. Denjoy began by introducing COCIR, a non-profit trade association, founded in 1959, representing the European radiological, electromedical, and healthcare IT industry. Ms. Denjoy went on to describe the challenge faced by the industry as a result of the proliferation and lack of harmonisation of national regulations in Europe, all the while the industry is developing innovative technologies which are sold globally. In response to this complexity, COCIR continuously monitors for its members the regulatory environment as well as other matters important for its industry. In the field of ethics, in 2006 COCIR formed a committee composed of lawyers from all its company members. The COCIR Code of Conduct, publicly available, is focusing on interactions with healthcare professionals and is substantiated with Q&A, do’s and don’ts, as well as a freely available e-learning course. The COCIR Code of Conduct is based on four main principles: separation, proportionality, transparency, and documentation (Figure 4).

Ms. Denjoy went on to explain that COCIR members may support meetings and conferences if the location is selected based on objective criteria, honoraria represents fair market value, expenses are reasonable, the event organiser controls all content, and member support is clearly disclosed. She finished by outlining under which conditions research, gifts/donations, and consultancy are allowed.

**The view of providers**

Chair: Dr Hannu Halila, UEMS Past President  
Speakers: Julie Simper, International CME-CPD Consulting (formerly with Kenes Education); Eugene Pozniak, Managing Director, Siyemi Learning; Dr Sophie Wilson, Director, CME Services, International Medical Press; Rachel

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**Figure 4.** COCIR code of conduct four main principles (reproduced from the presentation by Ms. Denjoy).
Clark, CEO, Serono Symposia International Foundation (SSIF)

Several providers who submitted applications to the EACCME in 2013 were invited to comment on their experiences implementing the new criteria. Speakers represented a wide range of provider types and brought decades of expertise in organising both live and online international CME-CPD. Each faculty member highlighted their experiences accrediting events varying in size, complexity, content, and levels of industry support. However, regardless of the type or scope of the activities organised, the providers all expressed similar views and experiences, highlighted as follows.

Professionalization of the provider role

- Committed to providing high quality CME-CPD that contributes to improved patient care.
- Desire to fully satisfy the revised criteria and comply with all related guidelines.
- Importance of the provider to “translate” the criteria from concepts to practice.
- Imminent need to educate faculty and expert collaborators on changing requirements.
- Pledge to uphold the highest ethics and transparency throughout.

Necessary resources to ensure compliance

- Have had to create or modify procedures and policies.
- Increased workload to satisfy the requirements is a strain on resources.
- Have needed to increase planning and accreditation fees.

Practical implementation challenges

- Accreditation deadline of minimum 12 weeks is extremely challenging, if not impossible, for some planning timelines.
- Delays in accreditation decisions are hindering timely organisational planning.
- Where and how to acknowledge company support is unclear in many circumstances; what is considered transparency and what is considered advertising?
- Disclosure and management of potential conflicts of interest is challenging for larger events with hundreds of faculty.
- SSIF announced it was changing its name to avoid any erroneous linking with Merck Serono.

Collaboration with the UEMS-EACCME®

- Variation and subjectivity amongst UEMS-EACCME® reviewers on how the criteria are to be actually implemented is challenging.
- Significant need for additional support, guidance, and more timely responses.
- Eagerness to increase collaboration with the UEMS and other CME-CPD stakeholders.

The view of funders

Chair: Dr Edwin Borman, UEMS Secretary-General
Speakers: Maureen Doyle-Scharff, Pfizer; Maria Grazia Cali, Merck Serono; Jean-Jacques Murama, Lilly

The informal conversation between Dr Borman and the pharmaceutical industry professionals representing three leading companies was a welcome addition to the programme. The panelists discussed their companies’ goals and approaches to supporting CME-CPD in Europe. They explained how they were looking to contribute to improved patient outcomes by supporting well-designed educational initiatives that address identified gaps in physician competence, performance, or patient outcomes. The speakers described how many of the elements of a grant request mirror the various accreditation criteria, especially the focus on achieving measurable and improved outcomes. Ms. Doyle-Scharff said she believed that the educational standards set by the pharmaceutical industry’s grant systems exceeded those of the accrediting bodies; hence actively contributing to raising standards in CME-CPD even further. The interesting conversation also touched on challenges around the international implementation of transparency initiatives on both sides of the Atlantic; the Sunshine Act in the United States (and the impact it’s also having internationally) and the EFPIA transparency code in Europe.

Session 4: Team-Working Forums

After a networking luncheon, participants were divided into six groups and assigned to separate classrooms. Each breakout forum was headed by a chair who welcomed three rotating faculty who addressed each of the topics below. Speakers made short presentations and led group discussions during which participants were strongly encouraged to share their own experiences and examples, as well as ask questions related to the practical application of the concepts.

Needs assessment, learning objectives, educational outcomes

Speakers: Dr Edwin Borman, UEMS Secretary General, Dr Christos A. Pissiotis, PanHellenic Medical Association

This session addressed three fundamental components of educational design and accreditation of LEEs. Performing a needs assessment, elaborating clear learning objectives, and identifying the educational outcomes are key to the effectiveness of any CME activity.

Needs assessment

Criterion 11 of the new criteria states that the provider must structure the LEE to fulfil defined educational needs. Identifying what learners should learn in order to increase their knowledge and competencies and make changes
to their professional practice is the first step in the educational planning process. Various methodologies for performing a needs assessment were discussed, including previous event evaluations, surveying learners prior to the event, expert planning committee input, epidemiological data, clinical guidelines, etc.

Learning objectives
Based on the identified educational needs, objectives should clearly and concisely communicate what a learner is expected to know and/or do after participating in the activity. Objectives are not a simple description of the event but rather an important tool for planning activities and helping potential attendees decide if the event meets their own educational needs. Criterion 18 of the new UEMS-EACCME® policy requires confirming learner engagement with the LEE in order to fulfill the educational objectives. Various methods for doing so were explored, such as smart cards for verifying attendance, online evaluation systems, question and answers with learners, etc.

Educational outcomes
Criterion 13 states that the provider must identify and communicate the expected educational outcomes of the event. These must be explained in terms of the expected educational impact in knowledge, skills, attitudes or behaviours, or ethical lessons, and where in a doctor’s practice this will have an impact. These outcomes are most often translated into objectives, as described above. The effectiveness of an educational activity should be measured by collecting and analysing data directly related to how well the expected outcomes were achieved. Participants discussed several outcomes assessments tools, including the omnipresent evaluation, attendance records, audience response systems or key pads, focus groups, targeted attendee interviews, and follow-up surveys several weeks or months after the event. It was reminded that whatever the methodology, the point is to go beyond measuring satisfaction to assess if and to what degree the expected educational outcomes were met.

Conflicts of interest: actual, potential, and resolution
Speakers: Dr Martin Balzan, President of the UEMS Section of Pneumology; Prof Reinhard Griebenow, European Board of Accreditation in Cardiology
The session began by defining a conflict of interest on a general level and then more specifically as it relates to contributions to CME-CPD activities. Faculty explained the mandatory steps for managing conflicts of interest as outlined in the new UEMS-EACCME® criteria 24–27.

Identify relationships and conflicts of interest
All planning committee members and faculty must declare potential or actual conflicts of interest, whether due to a financial or other relationship. The disclosure of relationships and conflicts of interest is only the first step in the efforts to mitigate bias.

Resolve conflicts of interest
Once conflicts are identified, measures to address or resolve the conflicts must be taken in an effort to ensure that the CME-CPD event provides a scientifically balanced perspective of the subjects. Resolution might include removal of the conflicts or relationships, exclusion from the activity, recusal by the faculty member, and various transparency efforts.

Communicate all disclosed information to learners
Transparency regarding all relationships is mandatory and all disclosed information must be made available to learners prior to the event in order to provide time to reflect thereon and form the basis for balanced judgement of the presented content.

Questions and further discussions from participants illustrated the practical challenges of managing conflicts of interest. How do you do so when you have hundreds of faculty? What if a speaker doesn’t disclose prior to the event? Why isn’t a slide at the beginning of the presentation sufficient? Faculty closed by acknowledging that conflict of interest management is indeed one of the most challenging aspects of accredited CME-CPD, but that it is also one of the most critical for preserving the public trust and ensuring content is free from bias. As such, policies and procedures must be strengthened, effective declarations of conflicts of interest implemented, and transparency increased (Figure 5).

The future: further development, new technologies, should EACCME accredit other learning formats?
Speakers: Dr Jacques Gayraud, European Board of Accreditation in Allergology and Clinical Immunology; Dr Hannu Halilla, Past UEMS President
Currently, the UEMS-EACCME® only accredits live and e-learning activities on a per activity basis. This final session described several initiatives under consideration by the UEMS-EACCME®. Firstly, as a possible step toward provider accreditation, the UEMS Council has established the status of “frequent provider”. Although it’s unclear to most providers what this designation means or what benefits it procures, it does demonstrate a certain level of recognition by the UEMS of those quality providers and their role in consistently implementing the criteria. Faculty went on to explain that the UEMS-EACCME® is also assessing examples found in other international CME-CPD accreditation systems and is considering accrediting other educational formats, such as manuscript review, test writing for journal content, lecturing at a live event, or poster presentation. Participants had many questions and concerns about what the practical implementation of these new accredited activities would look like and whether the benefit would outweigh the increased demand on already limited resources. This session was not as practically relevant as the previous two and seemed to leave attendees with more questions than answers, but it did demonstrate the UEMS’ intent to continually develop its accreditation system and explore ways to
more effectively respond to the changing educational needs of European physicians.

Session 5: Looking Ahead
Towards a shared agenda that will support self-regulation
Speaker: Dr Edwin Borman, UEMS Secretary General

After the group forums, participants reconvened to the plenary hall for the final session exploring core principles for engagement in CME-CPD and also how best to work together to achieve progress. Dr Borman began by again underlining the importance of self-regulation of European CME-CPD. He challenged participants on whether agreement could be found on several fundamental guiding principles, beginning with the shared desire to ultimately improve patient care through quality and ethical CME-CPD. He sought affirmation that all stakeholders could support a set of core ethical and practical principles for achieving this goal. He continued by rallying participants to take responsibility in their own areas of expertise for ensuring that the principles are consistently followed. He also reiterated that CME-CPD accreditation is a recognised and important medium for promoting and confirming the high standards. Although some discussion ensued on the details, all agreed on the common commitment to the fundamental principles presented throughout the day and summarised by Dr Borman.

Conclusion
The second UEMS Conference on CME-CPD in Europe was a welcome opportunity for the approximately 300 participants to gather and discuss the role of international CME-CPD in contributing to higher standards in medical care. The UEMS was applauded for investing the necessary time and resources to host such an important event, gather an impressive panel of expert faculty, and promote cooperation amongst the various stakeholders. However, discussions amongst participants during and since the conference indicate that although recognising the significant efforts made by the UEMS, many attendees left wanting more.

In a letter distributed to providers the month before the conference, the UEMS-EACCME® itself recognised that over the past year, the majority of providers have embraced the new criteria and are reflecting this in their applications; with only a small number of providers seemingly not taking the criteria fully into consideration. However, further in the letter, several items were identified as still causing important delays or difficulties in the accreditation process, and this for all providers submitting applications. It was also communicated that after a year of allowing for some flexibility, the UEMS-EACCME® would be applying the criteria more strictly going forward; insisting that all criteria be fulfilled in their entirety. The letter closed by saying that these and other issues would be considered in more detail and opened for discussion at the UEMS conference in February.

As a result, and given the stakes involved in organising and obtaining accreditation for a LEE, many attendees came in search of very practical information regarding the actual implementation of the new criteria. Indeed, a vast majority of conference participants have advanced along the change continuum from asking why to asking more specifically how. It seems the UEMS may have underestimated these expectations and educational needs of its own learners. Although not all questions can be answered in a 1-day conference, many seemed to be left unanswered,
and important gaps still remain in regard to the practical application of the new criteria.

During the conference’s closing address, Dr Romuald Krajewski, UEMS President, reminded the audience that it is critically important to self-regulate and that each of the various stakeholders has an important role to play in ensuring the highest quality CME-CPD. He also asked for a show of hands on whether the conference should be repeated each year or every other year. Roughly 60% indicated every other year, with the remaining 40% preferring an annual event. Either way, attendees recognised that the second UEMS Conference on CME-CPD in Europe was a valuable initiative that should be repeated. A date for the third iteration of the event is eagerly awaited.


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