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Editorial Comment

Lessons from comparing CME Accreditation in Europe and the United States

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The Position paper from the Federation of European Cancer Societies (FECS) on Continuing Medical Education (CME) accreditation that appears in this issue is timely and important. It clearly points out the differences between the approaches taken in the United States (US) and in Europe, but it also reminds the reader that tremendous progress has been made in the European Union (EU) and other European countries. The conclusions reached are important for Europeans to discuss further, especially the call to accept a single system to recognise CME activities, e.g. the European Union of Medical Specialists/European Accreditation Council on Continuing Medical Education (UEMS/EACCME) system, and to avoid duplication of efforts in quality assessment. The authors report that a stunning 96% of oncologists surveyed wanted a system of mutual recognition of CME credits for Europe, and we should not ignore the significance of such a statement. It also seems logical that a demand by doctors for CME credit for enduring materials is growing, and that a careful process to certify these for credit must be put in place soon.

At first reading, the authors seem to convey a pessimistic impression of what is going on in Europe. In fact, much has been achieved and the course of events is remarkably on time, even if minor disappointments exist. Multiple conversations are occurring at many levels, and what is happening is quite logical, given the complexities of the continent. The situation in the United States (US) was no less complicated in the 1960s when the American Medical Association (AMA) decided to focus the spotlight on CME, traditionally the third phase of a doctors' educational process. At that time, there were no rules and no methods for evaluating CME activities for quality. Rather than certifying CME activities individually, the AMA moved immediately to a system that relied on well-established health entities to be the sponsors of CME. These organisations would then be the subject of periodic review to assure that quality standards were followed in all activities designated for CME credit. This was an easy decision in the US, because we spoke a single language and well-established facilities for education existed in community and academic hospitals, medical associations and medical schools. The question was the acceptability by the medical licensing boards of each state, e.g. the regulatory authorities, of a system of CME credit that was completely transferable from state to state. To resolve any possible conflicts, the AMA identified Dr Rutledge Howard to spend over a year travelling to each state licensing authority to explain the rationale for the system and to ask for recognition of a single system. The shuttle diplomacy worked, and thus a general system of CME credit (AMA PRA category 1 credit) was born that was acceptable to all regulatory licensing authorities.

The situation in Europe is much more complicated and thus will likely take longer to resolve. Multiple languages exist within the EU, the roles of government national authorities and of medical associations vary greatly, and there are only a few educational institutions that have intra-European recognition and are trusted regionally. In this situation, individual activity-based accreditation is in my personal view the only way to proceed and an initial system for sponsor/provider recognition is not a logical starting point. Thus, the UEMS/EACCME must be complimented for moving logically to do first things first. Standards have been established to assure quality for individual CME activities, and bridges have been built to medical specialty societies and national authorities. In what may have been an important precedent, the European specialty societies and boards, working with the UEMS, succeeded in harmonising the requirements for specialist training. It may be a forerunner for CME and CPD.

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What of the issue of duplication of efforts for quality evaluation? It is an important issue. The UEMS/EACCME has stated that they prefer to be a clearing house of CME credit and thus defer judgement to those most qualified. The specialist organisations, made up of internationally recognised experts in a specialty discipline, are a natural solution. Unless a well-developed national system exists that is based on standards similar to those of the EACCME, it is my view that national authorities should recognise the talent that exists and is readily available, and defer micromanagement of CME approval.

In order to keep the UEMS/EACCME credit certification process efficient and effective, I agree with the authors that a next step could be a pilot project for the delegation of authority to certify CME credit to a few well-established bodies. These need not only be the European specialty societies, but other established accreditation systems, such as the systems in Catalan and in Spain. A key point is the strict adherence to a set of standards, e.g. those enumerated in UEMS document D-9908 [1], with a periodic review of the outcomes.

The reader may misinterpret the authors' statement that "there are no common rules between the EU and the US concerning the sponsorship of CME events". While this is technically true, there is absolute agreement between the AMA and the UEMS/EACCME on shared quality standards. All US providers are held strictly accountable to CME quality standards. Even though some for-profit providers are accredited, they are not the manufacturers of products. In fact, the standards in the US for commercial support of CME are very strict, rigidly enforced, and are recognised as effective in assuring separation of education from promotion by government agencies, such as the US Food and Drug Administration [2,3].

The AMA values our CME/CPD partnership with Europe through the UEMS/EACCME. We believe that it is the basis of developing an international level of CME credit based on shared values, and shared global standards of CME excellence. Other countries and regions of the world are taking note. It is truly remarkable to see the progress that has occurred, and the time seems right for the next steps.

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