

Position Paper

# Continuing medical education and its accreditation—an overview of the situation in the European Union and in the United States

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One of the aims of the Federation of European Cancer Societies (FECS) is to promote and harmonise the recognition of accreditation of continuing medical education (CME) in oncology in Europe. In order to have a clear overview of the situation, FECS undertook a survey on CME systems, structures and rules in all the European Union (EU) Member Countries. This article on CME and its accreditation outlines the disparities between EU Member States. It describes the process and the principles of the European Accreditation system established by the European Union of Medical Specialists (UEMS), the remaining issues to be solved and why these issues exist. It also provides an overview of the key differences between the European and the United States (US) systems of accreditation of CME activities. Finally, it concludes with FECS recommendations to streamline the process of European accreditation. This article was written by FECS in the context of its CME project supported by the European Commission Leonardo da Vinci programme aimed at raising the quality standards of CME in oncology in Europe. It hopes to provide health professionals in oncology with a better understanding of the situation on CME accreditation in Europe.

## 1. Mutual recognition of CME credits in Europe—not yet a reality!

### 1.1. No standard rules and structures for CME in Europe

At present, there are no standard rules and structures in Europe for CME. The EU institutions have no competence in CME. As per the subsidiarity principle, this is a national responsibility.

A survey performed by FECS demonstrates the heterogeneity of the systems between EU countries (see [Appendix](#)). The heterogeneity concerns different aspects including the compulsory nature of CME, the CME rules and the structure of the CME accreditation authorities.

Some EU member states have established CME systems with a legal obligation to collect CME credits in order to continue to practice medicine (France, Italy, Austria and the United Kingdom (UK)). Other countries have no compulsory systems, but incentives for doctors (Belgium, Ireland and The Netherlands). Others have no legal obligations and CME is considered only as an ethical and moral responsibility (Germany, Greece, Portugal, Luxembourg, Spain and the Nordic countries). Consequently, the CME rules (e.g. number of credit points to be collected per year, the eligibility of different types of CME activities, etc.) vary from one country to another.

The heterogeneity also lies in the way CME authorities are structured. In some countries, CME is managed at a regional level, in others at a national level. However, the tendency is to have a national body in charge of CME accreditation. For example, Spain and Sweden have recently established national accreditation authorities. In The Netherlands, a common system is being developed by the Dutch Medical Registration Committee trying to consolidate the CME rules of some 35 specialty associations. In Italy, the Health Ministry now has sole powers for CME accreditation.

All these aspects imply that the accreditation of CME and its mutual recognition throughout Europe also differs according to the country.

### 1.2. The UEMS/EACCME procedure

Identifying the need for common quality criteria for CME in Europe, the UEMS took the initiative to develop a European accreditation system. In January 2000, it established the European Accreditation Council on Continuing Medical Education (EACCME) with the

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aim of allowing health professionals to use their CME credits obtained abroad to meet their national requirements. This system of Eurocredit points which was supported by the member states is based on the mutual recognition principle.

The EACCME plays the role of a clearing house facilitating the endorsement of the accreditation between national CME regulatory bodies. However, the final word concerning accreditation of each CME activity rests with the national regulatory body in the country where the activity takes place. According to the system, as soon as this national regulatory body approves the accreditation of an event in its country, the regulatory bodies in the other European countries are supposed to endorse this accreditation enabling their health professionals to participate to CME events abroad and claim the awarded credit points.

Nevertheless, the heterogeneity of the CME rules and structures and the fact that these structures are evolving in many countries imply that the process is not yet operational in all EU countries. For the time being, only Austria, Denmark, Greece, Ireland, Portugal and the UK are participating in the mutual recognition process of the EACCME system (see [Appendix](#)), but are duplicating the quality evaluation, adding unnecessary delay without any benefit in terms of quality.

The fact that some countries do not subscribe to the EACCME system implies that there is not yet a guarantee for all EU participants to have their credit points recognised by their own national authority. This is for the time being a real issue in Italy where CME is compulsory, but where the national authority refuses to recognise credit points obtained abroad and refuses also to accredit itself an event organised in another Member State. This is also an issue to a certain degree in Belgium and The Netherlands where Doctors have incentives to collect credit points, but where the national authorities do not participate in the mutual recognition process.

### *1.3. Quality evaluation and assurance: a key element to be solved*

‘Quality evaluation’ remains a key element in the accreditation process. The EACCME system stipulates that it “relies on the expertise of professional bodies in each specialty area such as national or European professional societies and the UEMS section Boards”. For a number of specialties, European professional societies had already identified (before the setting-up of the UEMS/EACCME system) the need for physicians to get access to CME activities and therefore to provide valid Eurocredits for activities in their field. This is the case of the European Accreditation Council of Oncology in Europe (ACOE) established by FECS in 1999 to assess the educational value of CME activities addressed to an international audience in the field of oncology.

Nevertheless, now that more and more countries are establishing or structuring their CME authorities, these authorities see their role as being to perform the quality evaluation and to award credits to CME activities taking place in their country. They therefore often duplicate the quality assessment of CME events which was usually performed by one of the above mentioned bodies.

This duplication does not seem to add any value since no national authority can offer the international multidisciplinary dimension a body like ACOE is offering for the quality review of oncological events. Indeed, ACOE is a unique, international, multidisciplinary body of educational experts representative of the complete spectrum of oncology health carers from all over Europe (see list of Councillors on ACOE website [www.acoe.be](http://www.acoe.be)). ACOE ensures that the events submitted by the organisers receive a review of high quality, performed by a group of international experts in all the disciplines involved in oncology (medical oncology, radiotherapy, surgical oncology, nursing oncology, paediatric oncology, basic research etc.), according to the strict rules defined by the EACCME.

## **2. CME accreditation: the European system versus the US system**

### *2.1. The US system*

While in Europe it is a decentralised process with the national authority having the final word on the accreditation of events taking place in its country, in the US it is a centralised process with a two-part system ([Table 1](#)). The American Medical Association (AMA) has responsibility for the rules of designation of credit (AMA PRA category 1 credit). The US Accreditation Council on Continuing Medical Education (ACCME) accredits ‘CME organisers’. First time accreditation is given for a 2-year period, but can be renewed after assessment for a series of 4 years. Only US based organisations can be accredited by the ACCME. These organisations cannot award credits to non-US licensed physicians, unless approved to do so by the AMA for a specific activity.

### *2.2. Important differences—quality assurance and quality criteria*

The different systems imply different approaches towards quality assurance. In the US, CME organisers are accredited for a period of time. In Europe, the EACCME relies on the UEMS sections or national/European professional societies to perform the quality assessment. Therefore, the EACCME only awards European accreditation to events on a case-by-case basis. The main reason invoked is that the national authorities have the possibility to control the European accreditation for events in their country.

Table 1  
Some key distinctions

The European system	The US system
<p>Accreditation of events on a case-by-case basis: A decentralised accreditation process operated by the European Accreditation Council on CME (EACCME) established by the European Union of Medical Specialists (UEMS) with the national CME authority having the final word for the events taking place in its country.</p> <p>Events are accredited on a case-by-case basis. The EACCME rules stipulate that “the provider must ensure that the educational programme is not influenced or biased by commercial organisations and that industry educational activities must be clearly distinguished from CME activities under the control of the providers’ CME organising Committee.”</p> <p>There is no European policy concerning the accreditation of enduring materials. Some professional societies and national CME accreditation authorities have developed their own rules.</p>	<p>Accreditation of CME providers/organiser for a certain period of time: A centralised process with a two-part system:</p> <ul style="list-style-type: none"> <li>• the US Accreditation Council on CME (ACCME) accredits CME organisers which can then accredit their own events for a certain period of time</li> <li>• the American Medical Association (AMA) has responsibility for the rules for the designation of CME credits (AMA PRA category 1 credit)</li> </ul> <p>The ACCME does accredit private ‘for profit’ educational/medical communication companies, sometimes directly under the influence of industry, providing that they meet the ACCME rules to get accredited as a provider and the AMA rules to grant credit.</p> <p>Enduring materials are accredited. Rules have been defined by the AMA. The accredited CME organiser designate the number of credits to its enduring materials.</p>

An important distinction in the quality criteria between the European and the US accreditation systems concerns the rules on sponsorship. The ACCME does accredit private ‘for profit’ educational/medical communication companies, sometimes directly under the influence of industry, providing that they meet the ACCME rules to get accredited as a provider and the AMA rules to grant credit. The EACCME rules stipulate that “the provider must ensure that the educational programme is not influenced or biased by commercial organisations and that industry educational activities must be clearly distinguished from CME activities under the control of the providers’ CME organising Committee”. Within these boundaries, professional associations which perform the quality control have adopted EACCME strict rules concerning sponsorship. Some of them, like the Accreditation Council of Oncology in Europe (ACOE) in the field of oncology, apply stricter rules.

So, there are no common rules between the EU and the US concerning the sponsorship of CME events.

### 2.3. Agreement between the European and US systems

The EACCME and AMA have been recognising each others credits since 2000. There is an agreement to maintain this arrangement until 2006 when an evaluation will be performed. US doctors with a certificate of attendance of an EACCME accredited activity should present the certificate to the AMA. The AMA converts the credits into AMA PRA credits valid throughout the US. The process works *vice-versa* on the following conditions: the US organiser has informed AMA of the participation of European professionals in its event. The US organiser can then award credits points to the European participants. In order for the European

participant to claim the credit points at home, the home country must genuinely participate in the EACCME system. For example, as Italy restricts the accreditation and credit hours to activities taking place in their country, Italian physicians cannot have the CME credits recognised by their national authority when participating to an ACCME/AMA accredited conference in the US.

Since there are no common rules concerning sponsorship, as explained above, this mutual agreement should be a further incentive to develop a quality policy on a more universal scale. The ultimate goal is to establish a set of common quality requirements for CME. As regards the views of health professionals in oncology in the EU, a survey performed by FECS in 2002 in the context of a Leonardo project supported by the European Commission outlined that 51% of the health professionals from EU countries who participated to the survey expressed concerns about CME activities being driven by industry (cf. *EJC News*, 39:3, 2003).

### 2.4. Enduring materials

There is also a major difference between the EU and the US concerning the accreditation of so-called enduring materials (on-line, printed materials, CD-ROM, etc.). While enduring materials are accredited in the US, there is no European system in place.

US guidelines for AMA PRA credits have already existed for a number of years. The accredited provider designate PRA credits (1 PRA credit per hour of study) to the enduring material. Among the requirements to be designated for AMA PRA category 1 credit, an enduring material must include some type of student interaction such as a series of thematic questions. Providers will then score the examination and return it to the physician

along with the credit certificate. However, there is no obligation to reach a certain percentage of successful responses to obtain the certificate.

In Europe, there is no European system for the accreditation of CME enduring materials. Some countries such as Austria have already developed their own rules and the provider has to deal with each individual CME authority. The main issue linked to the development of a European policy invoked by the UEMS is that such accreditation would bypass the role of national CME authorities.

The survey conducted by FECS in the context of a Leonardo da Vinci project supported by the European Commission on the users' needs showed that 80% of the respondents from EU countries would be in favour of the accreditation of enduring materials (cf. *EJC News*, 39:3, 2003). On that basis, the ACOE has developed some internal rules and will launch a pilot project in 2004 for the accreditation of enduring materials produced by FECS full member societies. After evaluation, the accreditation might be open to all providers of CME enduring materials in the field of oncology.

### 3. FECS conclusions and recommendations

1. At the time when the European Commission is building a single market with free movement of goods, citizens and professionals; is discussing the recognition of professional qualifications underlying that it is important to facilitate the movement of professionals to offer the possibility to get access to specific training abroad, FECS considers it is of utmost importance to streamline the process of European accreditation. The overall process could be greatly improved if all the countries would accept the UEMS/EACCME system developed with them in 2000 namely:

- acknowledge the quality assessment of professional societies and avoid duplication of quality assurance
- apply the principle of mutual recognition of credits awarded by the above mentioned quality assessment body and endorsed by the national authority where the event takes place in order to give health professionals access to Eurocredits.

An effective and efficient mutual recognition of CME credits was presented as a main wish among the oncology community in a recent survey performed by FECS (cf. *EJC News*, 39:3, 2003). Indeed, 96% of the 541 EU health professionals in oncology who participated in the survey indicated that they believe that a system of mutual recognition of CME credits in Europe is needed. Half the respondents from Central and Eastern Europe consider the fact that CME credits are not recognised in their country as an appreciable weakness in the current system.

2. FECS is also encouraging the EU to progress in accreditation in the field of enduring materials giving health professionals the possibility to divide their CME activities between events and web-based or written CME materials. This will become more important as CME is becoming mandatory in more and more countries. In addition, CME enduring materials can give access to CME activities to professionals who cannot always afford to participate in live CME events.

3. FECS would be in favour of having in the future some well known national/European professional societies authorised for a certain period of time to review and accredit events. This would be a way to facilitate and speed up the process without having to reach the level of the US where providers can even accredit their own event.

**Appendix****CME Policies and participation in the EACCME system****Inventory of EU countries**

August 2003

Note: this inventory has been compiled on the basis of direct contacts with the national authorities in charge of CME and accreditation.

## 1) Austria

The Austrian Medical Chamber has a system for qualifying events taking place in Austria since 1995. Each certified event gets point of dfp (Diplom-Fortbildungs-Programme). All certified events are posted on the Austrian Medical Chamber Internet database ([www.arztakademie.at](http://www.arztakademie.at)).

In 2002, the Austrian Medical Chamber adopted guidelines on CME and accreditation pursuant to the Austrian Medical Law. The Austrian Medical Chamber advocates the duty of the medical profession to undergo continuing medical education. Medical practitioners are under the obligation to participate continuously in accredited CME programmes of the Medical Chamber at province or at national level, or in approved international CME programmes, in order to be able to exercise their profession according to the state of the art.

Definition of CME points: unless otherwise determined in the course of accreditation, 6 CME points are credited for CME events of one day and 3 CME points are credited for a half-day.

### *Participation in the EACCME system*

The Austrian Medical Chamber participates in the EACCME system established by the UEMS.

## 2) Belgium

The accreditation of medical doctors was introduced for the first time in 1993 as a national agreement between health professional organisations and the medical insurance sector. An Accreditation Steering group was established to manage the accreditation system. In order to be accredited, a doctor needs to fulfil requirements in relation to two areas:

- 1) The practice
- 2) The continuing medical education

As regards their daily practice, doctors have to participate in local evaluation groups to discuss guidelines, costs and results for their practice.

Concerning CME, a Joint Committee is established for each specialty composed of doctors representing the profession, the universities and scientific organisations. These Committees allocate CME units to CME events (no fixed rule, for example, 1 hour of CME activity can be allocated 10 CME units). A doctor needs to collect at least 200 CME Units for a twelve months period.

The whole system is voluntary but includes various incentives including the possibility for accredited doctors to have higher fees and to receive a yearly premium.

### *Participation in the EACCME system*

Belgium is not taking part in the EACCME system established by the UEMS. There will be no automatic recognition of the CME points gained when participating in an event outside Belgium. The Accreditation Steering Group will evaluate on a case by case basis if it recognises the CME credits awarded to a Belgian doctor who participated to an event outside Belgium. The organisers of CME events have to apply directly to the relevant Joint Committee to get their events accredited.

## 3) Denmark

Continuing Medical Education is voluntary in Denmark. It is the responsibility of the Danish Medical Association together with the National scientific Societies. However, some specialist societies have developed recommendations or guidelines referring to CME credit points. Given the fact that CME is not mandatory, there is no official consequences.

### *Participation in the EACCME system*

The Danish Medical Association participates in the EACCME system. However, Danish doctors do not have to claim CME credits since CME is voluntary in Denmark.

## 4) Finland

CME is voluntary in Finland. However, a national evaluation Council has been established and is currently developing a policy on accreditation.

### *Participation in the EACCME system*

According to the Chief of Education at the Finnish Medical Association, it is most likely that it will participate in the EACCME when a policy is in place.

## 5) France

No authority is in place despite the fact that CME is mandatory in France.

## 6) Germany

CME is voluntary in Germany and has been controlled by the regional authorities. They are now developing a unified structure with the German Medical Assembly (Bundesärztekammer). In May 2003, the German Medical Assembly is due to decide about the certificate of continuing medical education of the State Chambers of Physicians.

### *Participation in the EACCME system*

The German Senate on Continuing Medical Education had a meeting in January 2002 and adopted a Recommendation to the State Chambers of Physicians to accept the accreditation of other national authorities in Europe which are members of the EACCME.

## 7) Greece

The Panhellenic Medical Association is following criteria and regulations concerning the credits awarded for Continuing Professional Development, set forward by the European Accreditation Council for Continuing Medical Education (EACCME). Therefore it automatically recognises any CME credits awarded by EACCME. However, for the events taking place in Greece, the Panhellenic Medical Association first awards the credits for CME (as the relevant statutory body) according to the criteria of EACCME and then forwards them to EACCME for European Accreditation.

### *Participation in the EACCME system*

The Panhellenic Medical Association participates in the EACCME system.

## 8) Ireland

Accreditation of CME is divided between the Royal College of Physicians of Ireland (RCPI), the Royal College of Surgeons in Ireland and the Irish College of General Practitioners (ICGP) representing respectively internal medicine and its subspecialties, surgery and related disciplines, and general practice. All CME activities are accredited by one of these three institutions.

### *Participation in the EACCME system*

The Royal Colleges recognise EACCME credits obtained abroad by health professionals in Ireland i.e. a meeting held in another European country recognised by the national authority in that country will also be recognised by the Royal Colleges.

## 9) Italy

CME is mandatory in Italy since 1999. The national CME Committee is directly managed by the Italian Health Ministry. CME providers apply directly to the Ministry for the accreditation of their events. Only Italian CME organisers can apply for events taking place in Italy. The application must be made on line. The Italian Ministry established a website for on line application ([www.ministerosalute.it](http://www.ministerosalute.it))

### *Participation in the EACCME system*

The national CME Committee does not participate in the EACCME system. Italian health professionals cannot claim credit points to their national authority for their participation in CME events taking place outside Italy.

## 10) Luxembourg

CME is voluntary in Luxembourg. At the moment, the specialised societies develop their own guidelines. However, a National Council on CME is under development.

## 11) The Netherlands

There is not a national policy on CME in the Netherlands. The 35 specialty associations have their own CME rules. These include the Dutch Association for Radiotherapy and Oncology which has developed the following rules

applicable since January 2000: one hour of CME activity is awarded one credit point with a maximum of 6 CME points per day and 25 CME points per Congress. This is valid for local, national and international events. Oncology specialists must collect a total number of 40 CME points per year.

There are discussions for the development of a common system at the level of the Dutch Medical Association Registration Committee. An accreditation working group has been established.

#### *Participation in the EACCME system*

According to Royal Dutch Medical Association, the common system to be established will most likely integrate the EACCME system.

### **12) Portugal**

Ordem dos Médicos (Portuguese Medical Association) is the national authority to regulate medical training and registration of doctors.

Considering the organisational conditions of the provision of health care in Portugal, it is the policy of the Ordem dos Médicos not to establish a system of recertification based on CME credits. Ordem dos Médicos has sought to develop a system based on quality i.e. quality improvement as well as quality assurance. Thus, for Portuguese doctors, CPD and CME are only one way of reaching high quality medical practice and, like others, are included in their ethical obligations.

The Ordem dos Médicos also made an agreement with the pharmaceutical industry established in Portugal to guarantee that it will only sponsor scientific events considered to be of quality by the Ordem dos Médicos. In this sense, and in accordance with requests, the “speciality colleges” assess and establish credit points that may be useful for foreign doctors who attend such events in Portugal.

It is also the opinion of the Ordem dos Médicos that there should be a total separation between providers of CME and bodies that accredit CME at a national and international level.

#### *Participation in the EACCME system*

Ordem dos Médicos has taken an active role in the work of the EACCME and recognises the UEMS, associated to the CPME (Standing Committee of European doctors), as the organisation particularly dedicated to the education of medical specialists and seeks to accept the system of the credit points awarded by the EACCME.

### **13) Spain**

CME is voluntary in Spain. The Spanish Medical Organisation (Consejo General de Colegios de Médicos) jointly with the Spanish Federation of Medical Societies, the Spanish Assembly of Deans of Medicine Schools and the Spanish Council of Medical Specialties built the Spanish Accreditation Council of CME (SACCME) with the aim of accrediting-certifying CME activities. SACCME recognises the accreditation provided by European professional organisations for events in Spain. It will be optional (and recommendable) for providers to submit the CME activity to SACCME for accreditation.

#### *Participation in the EACCME system*

The SACCME intends to participate in the system of mutual recognition of CME credits with EACCME.

### **14) Sweden**

CME is voluntary in Sweden. There is no national CME authority. In order to administer CME, the Swedish Medical Association, the Swedish Society of Medicine and the Federation of County Council have recently created an institute for professional development of Physicians (IPULS). One of the main task for this institute will be to accredit CME activities in Sweden and to transform EACCME credits into the Swedish system of accreditation.

Registration of individual CME credits is not possible on a general national basis in Sweden. However, some of the medical societies have worked out their own system for voluntary registration of CME credits.

#### *Participation in the EACCME system*

According to a representative at the Swedish Medical Association, The EACCME will be IPULS’ natural partner at the European level. The medical societies will most likely recognise EACCME credits.

## 15) United Kingdom

CME is mandatory in the UK. The CPD (Continuous Professional Development) scheme came into effect in 1999 replacing the CME scheme. The accreditation of CME events is handled by the various Royal Colleges. The organisers have to apply to one College for CPD approval. The Royal Colleges have agreed to use the same application form and the same criteria for assessing events.

### *Participation in the EACCME system*

The Royal Colleges participate in the EACCME system and will recognise the CME points collected by UK doctors abroad if these events have been approved by the national authority where the event took place. The guidelines for CME organisers stipulate that “organisers wanting to apply for EACCME accreditation are required to apply for UK approval first.”

### European Accreditation Status report

Country	Participate in EACCME <sup>1</sup>	Support EACCME in principle but reviewing their national system <sup>2</sup>	Accreditation systems in place but do not participate in EACCME
Austria	✓		
Belgium			✓
Denmark	✓		
Finland		✓	
France	Regulation but no authority		
Germany		✓	
Greece	✓		
Ireland	✓		
Italy			✓
Luxembourg			
The Netherlands		✓	
Portugal	✓		
Spain		✓ (near future)	
Sweden		✓ (near future)	
UK	✓		

### European Accreditation Status report

Country	Participate in EACCME <sup>3</sup>	Doctors collect credit points because CME is mandatory or incentives to do so	Voluntary system
Austria	✓	✓	
Belgium		✓	
Denmark	✓		✓
Finland			✓
France	NA (no authority)		
Germany			✓
Greece	✓		✓
Ireland	✓	✓	
Italy		✓	
Luxembourg			✓
The Netherlands		✓ (recertification)	
Portugal	✓		✓
Spain			✓
Sweden	✓ (near future)		✓
UK	✓	✓	

<sup>1</sup> To participate in EACCME means that the national authority recognises EACCME credits obtained abroad by health professionals in their country.

<sup>2</sup> Indicated intention to participate in EACCME.

<sup>3</sup> To participate in EACCME means that the national authority recognises EACCME credits obtained abroad by health professionals in their country.