



## EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO  
European Union of General Practitioners – UEMO  
Europäische Vereinigung der Allgemeinärzte – UEMO  
Union Européenne des Médecins Omnipraticiens – UEMO  
Unione Europea dei Medici di Medicina Generale – UEMO  
Europese Huisartsen Vereniging - UEMO  
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## UEMO 2002/028

### Note concerning letters from Dr. Leibbrandt

As a result of the change in chairmanship of the UEMO, there has not been an opportunity for a concrete discussion of the invitation from UEMS put forward by its Secretary General, Dr. Leibbrandt, for UEMO to participate in UEMS's EACCME. Two letters about this have been received with largely the same content.

The letters invite UEMO to cooperate with UEMS in the area of CME registration. The starting point of the letters is the UEMS European Accreditation Council on CME (EACCME).

The main argument for such a cooperation is that UEMS is experiencing increasing political pressure toward the concept of re-registration based on mandatory CME. In an attempt to control this pressure, UEMS has established this CME clearing house on the European level. This is a coordinating body to rubber-stamp nationally recognized CME activities on the European level to help facilitate the individual physician's possibilities to incorporate activities throughout Europe in his or her CME point register. The point system has a quantitative nature which reflects the teaching hour. The qualitative side - the effort to approve the individual CME arrangements/organizers is only at an embryonic stage in this concept.

The EACCME concept seems immediately logical in light of the CME needs of the UEMS interest organizations. Clearly, the small specialties require a CME offer internationally because a certain consumer capacity is required to secure the quality of CME. With regard to financial resources, an appropriate capacity is also required to maintain and develop the quality of a CME offer for the individual specialties. This need makes a European structure for gathering credits reasonable. Generally, credits (in the form of hours employed on CME) may be viewed as a practical means of making CME participation visible.

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#### UEMO – PRESIDENCY

c/o Swedish Medical Association, P.O. Box 5610, Villagatan 5, SE-114 86 Stockholm  
Tel: +46 8 790 34 52, Fax 46 8 20 57 18, E-mail: [info@uemo.org](mailto:info@uemo.org)

A factor in the UEMS's EACCME concept seems to be the accreditation of CME activities and organizers. Here the focus must essentially be placed upon accreditation of CME organizers as it has been documented that accreditation of individual CME offers is resource-consuming and not always an assurance of quality. It is reasonable that such an accreditation institute, from the point of view of the smaller specialties, be established on the European level.

However, the question is whether general practice, as Europe's largest specialty, has a need for a European institution with an aim such as that set forth in the UEMS. The most significant part of the GP's CME takes place either nationally or locally. This is closely connected with the GP's role which is largely formulated locally. CME for GPs also is established locally on the background of a sufficient consumer basis. As far as the need of general practitioners for CME takes its starting point in the teaching process in the local society in cooperation with practicing colleagues and doctors in the secondary sector. European credits seem less relevant in this respect. Local or national registration systems that demonstrate that CME is taking place and secure quality are more relevant with regard to the relationship between resource consumption and outcome. General practitioners' CME on the European level could easily be incorporated in local registration systems.

Accreditation of training activities both with regard to CME offers and organizers will for general practice to a great extent be amenable to establishment on the local/national level. The resource consumption with regard to larger international structures for such activities for general practice will not measure up to the offers as theoretical international experience could be incorporated in national models.

While the UEMS initiative to establish the EACCME seems to be well based and desirable, for the UEMO to engage itself in the project seems unrealistic and unnecessary - partially as described above, but also on the background of resource problems. An engagement by UEMO in a continuing project such as EACCME would hardly seem possible manpower-wise, and economically would seem unrealistic.

It might also be thought that the institution of the EACCME as established and its function encourage - and not, as thought, prevent the political forces in Europe that aim to set up re-registration and mandatory CME. And this is contrary to the policy formulated by the UEMO.

Dr. Peter Mortensen

15 April 2002