



EUROPEAN UNION OF GENERAL PRACTITIONERS

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UEMO 2003/164

Discussion paper CME/CPD

ACCREDITATION

Preamble

At the last CME/CPD working group meeting it was decided to make a position paper on the subject accreditation of education providers.

UEMO's main reason to discuss this subject and formulate policy in the area must be seen on the basis of developments in recent years towards a demand for documentation of the individual practicing doctors' CME. An accreditation system provides quality assurance of CME. However, a real quality assurance of each CME offer or activity would result in an extensive resource-demanding project.

Recognition of CME providers would be a realistic possibility. At the same time, a common accreditation basis on the European level would secure an identical quality of CME offers internationally.

An accreditation concept should consist of both quality assurance and quality development.

An accreditation system would have positive significance not only for those financing and those using the primary health care system, but also for the physicians. It is of interest to all parties that a high-quality CME is stimulated. This would secure the best treatment and utilization of the resources invested. Accreditation is a significant tool in structuring personal CME plans.

Accreditation as an incitement to evaluating CME activities will further a rational planning of CME for the individual as well as providing a superior planning possibility of CME offers and thus a rational utilization of resources in accordance to UEMO's Policy paper on CME. It is every doctor's duty and responsibility to participate in CME. Therefore, it is of interest to the individual doctor that the resources he allocates for these activities are utilized optimally - accreditation would be a tool to further this aim.

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

Definition and limitation

Accreditation

Procedures by which an official organ confers formal recognition of the competence of an organization or individual to carry out specific tasks.

Accreditation of CME is thus a form of evaluation or pre-recognition. Providers and organizers of CME, also in relation to the individual CME offer, can perform accreditation. Accreditation must be seen as part of the quality assurance of CME. Accreditation should be presented as a procedure which currently secures that these demands are fulfilled before an accreditation can take place, on the basis of a number of criteria that define demands to the providers of CME and regarding the presentation of concrete CME activity.

To assure the quality of each of the many CME offers or activities will entail considerable resource consumption. The task would seem insuperable. Recognition or accreditation of the course organizer or organizations give a more realistic possibility for a functioning accreditation system. Recognition of these factors is only partly seen in the UEMS EACCME model, something which has been formulated for several years now in the CME for Canadian general practitioners. That model has also been presented and recognized in the DMA (see document UEMO 2002/150).

Examples of accreditation

The college of family physicians of Canada has described principles for accreditation in the publication, "Mainprof - continuing medical education - guidelines and requirements 1997."

On the basis of 6 guiding principles, to groups of 7 and 3 have been formulated. These guiding principles are as follows:

1. Accreditation must strengthen general medicine as a distinct medical discipline in Canada.
2. Accreditation should be developed and administered by GP's
3. Focus should be placed on GPs in the education of themselves and their colleagues.
4. Efficient CME of GPs demand active planning.
5. The criteria of accreditation principles should be based on principles for adult learning.
6. CME planning should be based on a healthy ethical foundation.

On that basis, 7 criteria have been formulated as follows:

1. At least one from the Canadian organization of general practitioners should have considerable influence on the development of the CME program.
2. The content of the education offer should be relevant for general medicine
3. The aim of the CME should be based on the education needs of the participants and the aim of the course should be accessible for participants before the beginning of the course.
4. The presenters of the CME activity should be precisely instructed in the aim of the presentation and the need of the aim group.
5. The format and conditions in which the CME offer is conducted should be adjusted the aim of good adult learning.
6. The participants should evaluate the CME offer.

7. The planning of the content and the performance of the CME offer should follow accepted ethical standards.

In addition to this, the CME offers should be subjected to the following 3 so-called mainprof C criteria:

1. Learning objectives have been based on an accurate needs assessment of the specific target - its audience
2. Most of the activity is in small groups
3. Participant's knowledge and performance will be evaluated to provide them with specific feedback on the learning.

It is obvious that many of the principles presented by the Canadian accreditation system have already been placed in the quality criteria of the UEMS European Accreditation Council for CME (EACCME). (See also UEMO 2002/068 and UEMS 99/08).

It also can be seen that the earlier presented Danish draft concerning accreditation of CME providers to a large extent follows the above mentioned principles.

Discussion

The UEMO has discussed the possibility of entering into a cooperation with the UEMS EACCME, but any such initiative has been suspended as a result of the obvious considerable resource consumption and the bureaucratic structure behind it.

However, there is no doubt that many of the principles in the UEMS also are relevant to the UEMO. A way to build up and secure a quality improvement of general practitioners' education in Europe could be a common accreditation policy. As mentioned, a concrete accreditation of the individual CME offer is considered too resource demanding. A very generally formulated superior accreditation structure would be relevant and also a realistic goal for the UEMO to aim for.

In addition to the arguments for an accreditation system mentioned last spring I will mention another one here. A larger consistency of CME activities for GPs on a European level, partly explained in a common accreditation policy would support the UEMO's goal for a consistent high CME quality.

Suggestions for an accreditation policy:

Accreditation of provider

A. preconditions:

1. Providers of CME for GP's should have described the superior aims and goal for the activities, and primary function and target group.
2. There should be an accordance between the described aims and the resources and the organizational structure at disposal.
3. CME providers should establish procedures that cover GP's CME needs.
4. Representatives of GPs should be involved in the determination of education needs and planning of the activities.

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5. CME providers' described aims and functions within education of GPs should correspond to the activities offered.
6. Well-described aims of all CME activities should be presented.
7. CME activities should be prepared in form and content according to the activities' aims and target group.
8. Providers should observe the ethical guidelines for cooperation between industry and doctors/established cooperation agreements.
9. CME providers' overall education program and each activity should be evaluated.

B. Recommendations:

1. It is recommended that providers are involved in current research and/or CME development of GPs.
2. It is recommended that providers formulate a policy for their own development and CME.
3. The important part of doctors' CME is self-governed learning. Therefore, it is recommended to support and develop this part of CME by offering education within self-governed learning, to support participation in independent projects, to facilitate access to necessary resources, to offer options within a differentiated education program.
4. It is recommended that providers make it possible for participants to have a documentation of participation in the CME activity.
5. If the provider cooperates with non-accredited providers, it must be secured that these also observe the basic principles of accreditation.