

## News and commentaries

# Continuing Medical Education: an international reality

We are all aware today of the growing interest in continuing medical education (CME) programmes in many European Countries and it is important to understand why and how CME could become an international reality. It is obvious that patients need a good doctor – the best possible – as far as medical knowledge, attention to the patient's quality of life and cost-control is concerned. All European health care systems have to take into consideration everything that causes patient dissatisfaction, risk management and unjustified expenses. An example is the increase of claims and complaints against doctors and the strong attention of patients to medical procedures. In other words, medicine worldwide is becoming a service industry and has to consider quality and quantity of performances as well as to pay attention to personal responsibility. The object of our work is to evaluate the CME systems present in Europe, to show the work done on CME by the CME Committee of the European Academy of Allergology and Clinical Immunology and to highlight the Consensus Report on CME approved by an international panel of CME experts.

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The EAACI CME Accreditation Committee

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### European CME systems: an overview

Continuing medical education (CME) is certainly a tool to improve knowledge and hopefully performance, but CME systems in European Union (EU) member-states and future members are very different.

In some countries, CME is essentially an ethical and moral obligation whereas in others there is a semimandatory system meaning that CME is not a legal obligation but is required by the profession, insurance or other bodies involved in health care.

In countries such as Belgium and Norway, for example, updating knowledge translates into salary increases. In a growing number of countries such as the Netherlands, Austria, Switzerland, Spain, Hungary and Italy, CME is mandatory. Also the actual regulatory body can also be different; for some it is represented by the government, in others by professional bodies, Universities or Scientific Societies, examples being the Instituto de Formación Medica Colegial in Spain, Royal Colleges in the UK, the Ordinos dos Medicos in Portugal and the Lander in Germany.

Italy deserves a special mention. Since April 2002, a mandatory CME system was deliberated. It is regulated by a Government body that accredits, supported by scientific referees, CME activities. Twenty credits in 2003 must have been achieved with the number increasing to 50 in 2006.

The Italian system is unique because it does not only involve doctors but also all the professions related to health care (e.g. nurses, pharmacists, biologists, etc.) (1). That is nearly 800 000 people.

There are almost 10 000 Registered CME organizers which have produced more than 100 000 educational events in 1 year. The average credit value for CME activity was 12.42, with a mean credit/h value of 0.87 and a calculated cost for each residential credit of 21 €.

For the above-mentioned reasons, the Italian CME system is a reference point and the experience acquired so far advises the need for the introduction of new educational formats (such as the distance learning), accreditation of providers like in the USA (no more accreditation of activities but accreditation of providers), and the assurance of quality and educational impact on daily practice.

It is therefore clear that a harmonized system of CME throughout Europe is inevitable in the next few years. The latter is a necessity. According to the Maastricht Treaty every European citizen is free to move, live and work in any of the members states. This means that they have the right to update their professional knowledge anywhere they go. On the other hand, the patients of any European country should have access to doctors, with the same level of updated knowledge. If we analyse the situation today it is very difficult to consider the possibility of an international authority that governs the CME of each European state. But there is the necessity of a body that can harmonize the National CME systems and function as a clearing house for CME activities and credits of the member states. In other words, what has happened for the currency (the euro) should also happen for educational credits. The European Union of Medical Specialists (UEMS) (2), through the European Accreditation Council for Continuing Medical Education (EACCME),

is working hard in this direction and with the same aim of European Academy of Allergology and Clinical Immunology (EAACI).

**International Consensus Workshop on CME**

In April 2004, a group of the most important institutional representatives of CME met in Rome. Present at the meeting were representatives of American Medical Association (AMA), American Accreditation Council for CME (AACME), UEMS, Italian Federation of Scientific Societies (FISM), CME Italian Ministry of Health Commission, Spain CME Commission, EAACI CME Committee, Royal Colleges of Physicians, Bulgarian and Eastern European Countries. The group developed a Consensus Report based on the concept that CME has to be accountable, effective, linked to quality and safety, free of commercial bias and its content has to be valid (Table 1).

**EAACI CME Committee activities**

The EAACI interest in CME began in the 1990s and in 1997 guidelines on essentials and standards for CME

accreditation and commercial support were published in *Allergy* (3). These were based on the USA CME model and experience. In 2000, the EAACI created the CME Accreditation Committee, whose fundamental activities have been to start the accreditation of CME activities and to update the EAACI CME guidelines. In these years, the CME Committee has worked hard on the promotion of CME and the establishment of links within the national European CME bodies as well as applying a system of accreditation for international residential CME activities and helping the growth of CME where a national CME authority is not present.

The accreditation process adopted by EAACI has four steps: a formal application to the technical EAACI CME secretariat, the evaluation of scientific quality, the EAACI certification and the monitoring of the educational activity.

If the application fulfils the essential and standard requirements, the secretariat submits the educational material to the EAACI CME committee members for the evaluation of its scientific quality and the proposal for the number of credits. If the activity is creditable, the committee sends the request to the EACCME for the European approval of the number of credits.

The EAACI Committee monitors the development of the accredited activity and requires from the organizer a

Table 1. Consensus on basic values and responsibilities underlying the substantial equivalency of CME and continuing professional development (CPD) systems

Values	Responsibilities	
<b>CME/CPD systems should be based on the following enduring values – continuing medical education (CME) and life-long learning</b>	<b>Responsibilities of the learner – to be fulfilled in order to claim credit – learners have responsibility for</b>	<b>Responsibilities of the provider/organizer of CME/CPD activities – to be fulfilled in order to grant credit</b>
<ol style="list-style-type: none"> <li>1 That enhances doctor performance and thereby improves the health of people</li> <li>2 That is based on information concerning the educational needs of doctors with the ultimate aim of helping them to improve health</li> </ol>	<ol style="list-style-type: none"> <li>1 Participating in CME/CPD that is based on their individual educational needs</li> <li>2 Ensuring that the needs are relevant to their professional practice</li> <li>3 Evaluating the extent to which their needs have been met, in the context of a change in knowledge, competence or performance</li> <li>4 Verifying that mechanisms are in place to keep educational activities free of commercial bias</li> </ol>	<ol style="list-style-type: none"> <li>1 Any commercial sponsorship or interests of the programme planner, presenters or facilitators must be disclosed to the provider/organizer and the learners</li> <li>2 Any support, sponsorship or funding by commercial health care organizations must not influence the structure or content of the educational programme</li> </ol> <p>The provider/organizer must</p> <ol style="list-style-type: none"> <li>1 Ensure that there are outcome measures of education effectiveness expressed in terms of meeting the knowledge, competence or performance objectives of the activity</li> <li>2 Be able to make available a confirmation of participation, at a frequency and nature appropriate to regulatory requirements</li> <li>3 Ensure that the learning objectives are specifically defined in terms of knowledge competence or performance, and are appropriate for the target audience</li> <li>4 Ensure that the teaching methods used are appropriate to the stated learning objectives</li> <li>5 Be able to show that they have evaluated the quality of any previous education activities and have made improvements, where necessary</li> </ol>
<p>A process for the accreditation of providers/organizers of CME/CPD activities that includes</p> <ol style="list-style-type: none"> <li>1 Fairness, validity, innovation, honesty and consistency in accreditation practices Reasonable standards and criteria for CME providers/organizers</li> <li>2 Accountability, responsiveness, and leadership of accreditation bodies</li> <li>3 The promotion of continuous quality improvement of the accreditation process as well as the education systems it supports</li> <li>4 Collaboration and partnership between and among accreditation bodies, and between accreditation bodies and providers/organizers</li> </ol>		

Table 2. EAACI CME Committee accreditation activity during the first semester 2004 (January–June)

	Event	Reference	Venue (date)	Credits
1	Immune Mechanism of Allergy	Prof. Cezmi Akdis	Davos CH (9 January)	10
2	Debates sobre Alergología	Alergoaragon Zaragoza	Formigal, Spain (1–5 February)	15
3	Basic and Clinical Allergy	Prof. A. B. Kay, N.H.L. Institute, Imperial College, London, UK	London, UK (19–22 April)	27
4	CIPP IV Paediatric Pulmonology	Prof. J. Rosado Pinto	Lisbon, Portugal (28 February)	7
5	Allergy and Aeds – Food proteins	Prof. Aless Fiocchi	Milan, Italy (22–24 January)	10
6	9th Symposium on Food Allergy	Prof. Kristof Neckam	Budapest, Hungary	18
7	EFA. The European experience	Prof. Svein Erik Myrseth	Oslo (24–26 June)	17
8	SEAIAC Allergy Section	Prof. Carlos Lahoz	Barcelona, Spain (27 March)	5
9	II World Congress Immun. Resp. Allergy	Prof. Sepiashvili	Moscow, Russia (14–17 May)	21
10	XXIII EAACI Congress	Prof. Gerth van Wijk	Amsterdam (12–15 June)	35

EAACI, European Academy of Allergology and Clinical Immunology; CME, continuing medical education.

report on participant attendance, perceived quality and the scientific assessment. We put particular attention on the scientific quality of the events that represents about the 60% of the credit value. The CME procedures are also an important part of the process especially for what may concern the impact of the activity on knowledge, daily practice and participant expectations.

The beginning of the EAACI Accreditation process coincided with the start of the activities of the EACCME that recognized only 16 CME activities in 2000, however, increased considerably to 104 in 2001 and reached 190 in 2002 and 268 in 2003. In the first year, the programme involved seven European countries that became 21 in 2001, 22 in 2002 and 34 in 2003, showing a growing interest in CME.

As far as the EAACI is concerned, it accredited seven events in 2001, 16 in 2002, 20 in 2003 and 10 in the first 4 months of 2004 (Table 2).

In the first year, the EAACI CME activities involved 14 000 European doctors and gave about 200 000 credits. The work done placed the Allergology at the third place of the list of the disciplines in term of number of accreditations in 2002 and at the fourth in 2003.

The current main topics the EAACI CME Committee is working on are distance learning, provider accreditation, international reciprocity and Continuing Professional Development (CPD) (4).

Data related to the CME activities preferred by the UK doctors after 5 years of CME, show a growing interest in e-learning and enduring materials thus it is obvious that these sources of knowledge will become of crucial importance in the next years.

### From Continuing Medical Education to Continuing Professional Development

What is clear is that adult learning processes are quite different from those for children. The term 'andragogy', introduced by Knowles, refers to 'the art and science of helping adults to learn' (5). It is based on five assumptions regarding how adults learn and their attitude towards and

motivation for learning. Andragogy differs from pedagogy because of the differences in knowledge, skills, attitude that characterize adult learners. Compared with children, adults are more independent and self-directing, have accumulated a great deal of experience which begins a resource for learning, value learning that integrates with demands of their everyday experience, are more interested in immediate, problem-centred approaches than in subject-centred ones, are more motivated to learn by internal drives than by external ones. Therefore, CME activities should be developed to prepare for change or to consider a possible change, making the change or seeking specific skills, solidifying the change or ensuring maintenance of competence. It is also clear that this is not an easy process therefore different educational formats are necessary to achieve results (6). This is the reason behind the shift from CME – improving knowledge – to CPD, that is the educational means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes required in their working life (7). Some strategies, such as outcome measurements, are available to reach this objective. Lastly, the international reciprocity of the CME activities is essential for the scientific community and a first step in this direction is the agreement of reciprocal recognition of credits between EACCME and North American CME regulatory bodies, presently valid till 2006.

Continuing Medical Education is a process fully developing in all the European Countries and it represents the instrument through which health care system are trying to optimize patient care (8). In conclusion, in the complex CME universe we are sure that in next years the three issues doctors will have to cope with are Competence, Performance and Revalidation.

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