

Position paper

*European Academy of Allergology and Clinical Immunology (EAACI) guidelines for continuing medical education

Essentials for accreditation, standards for commercial support, and system of credits

Buscaglia S, Palma-Carlos AG, Canonica GW. European Academy of Allergology and Clinical Immunology (EAACI) guidelines for continuing medical education. Essentials for accreditation, standards for commercial support, and system of credits.
Allergy 1997; 52: 490–503. © Munksgaard 1997.

**S. Buscaglia¹, A. G. Palma-Carlos²,
G. W. Canonica³**

¹EAACI member, Allergology Section and Board of UEMS; ²President of the Specialty Subcommittee of the EAACI, President of the Allergology Section and Board of UEMS;

³Secretary of the Specialty Subcommittee of the EAACI, Allergology Section and Board of UEMS, in charge of CME; ^{1,3}Allergy and Clinical Immunology Service, Department of Internal Medicine, University of Genoa, 16132 Genoa, Italy; ²First Medical Clinic, Immuno-Allergology Unit, University of Lisbon, Portugal

Dr Sandra Buscaglia
Allergy and Clinical Immunology Service
Department of Internal Medicine
University of Genoa
16132 Genoa
Italy

Introduction

According to the Charter on CME [continuing medical education] of Medical Specialists in the European Union, the Union of European Medical Specialists (UEMS) allergology board, through professional coordinating authority, conducts a voluntary accreditation program for medical institutions and organizations providing CME. The UEMS allergology board recognizes that the professional responsibility of physicians requires continuous and active learning throughout their careers, appropriate to the individual physician's objectives.

In parallel, physicians are responsible for choosing CME activities in accordance with their perceived and practice needs during their careers.

The *professional coordinating authority* is the body responsible for the development and maintenance of CME activities. It is the combination of competent professional, scientific, and university organizations, a national board or college, or a public authority controlled by the profession. It should be organized in sections for each specialty recognized in the member state. The professional coordinating authority members are selected according to UEMS allergology board criteria but may vary from country to country in the European Union (EU).

These guidelines to “Essentials for accreditation, standards for commercial support, and system of credits” have been developed in order to explain in greater detail the meaning and the application

*An identical document was approved and adopted by the board of the UEMS–UEA (Union of European Medical Specialists – Union of European Allergologists) at their meeting in Lisbon, Portugal, on 1–2 November 1996.

of the “Essentials”, to guide sponsors and supporting companies in the management of the “Standards” for commercial support, and to define credits related to CME activities.

The “Essentials” define certain elements of organization, structure, and method which can significantly contribute to the development of CME. The “Essentials” report the fundamental requirements which a sponsor must substantially meet for its accreditation. The “Standards” have been designed to guide the sponsors and supporting companies in the management of financial support dedicated to CME activities.

The UEMS allergology board can periodically review the “Essentials” and “Standards” on the basis of new experience and knowledge coming from their application.

The UEMS allergology board does not accredit individual CME activities, but does accredit medical institutions and organizations offering a CME program consisting of one or more educational activities, planned according to the “Essentials”.

Glossary

The definitions herein reported are fundamental in gaining and understanding the “Essentials”, “Standards”, and the accreditation process of medical institutions and organizations.

Continuing medical education (CME): theoretic and practical educational activities which allow one to maintain, develop, and increase medical knowledge and skill, and to improve the professional performance and relationship that the physician uses to provide services to the patient.

Aim: to ensure a better and up-to-date theoretic medical knowledge and practical skill for patient care. Better and up-to-date knowledge of the medical doctor means better and safer treatment for the patient.

CME accreditation: the recognition of medical institutions and organizations which meet the requirements of the “Essentials” and the “Standards”. Accreditation is granted on the basis of the sponsor’s demonstrated ability to plan and implement CME programs.

CME program: a program of educational activities consistent with the requirements of the “Essentials” and the “Standards”.

CME activity: meetings, seminars, scientific publications, and medical literature study.

Educational targets: the statements reporting what is expected of the CME sponsors and the basis for the objective evaluation of their ability to meet their targets.

CME credit: certification of attendance of the physician at CME activity. Eighty hours of credits

(1 hour=1 credit) are required every 2 years in any specialty of medical science, with a minimum of 20 and a maximum of 40 hours of international meetings.

CME credit calculation: applicants report in a CME logbook/“credit card” (prepared by the professional coordinating authority) their participation in CME activity.

Applicant: physician attending a CME activity.

Sponsor: medical institution/organization assuming responsibility to plan and conduct a CME program/activity.

Joint-sponsor: nonaccredited institution/organization which is allowed to plan and develop a CME program/activity under accredited sponsor auspices and supervision. A partner-sponsored program/activity must be consistent with the sponsor’s educational targets. The accredited sponsor should participate in the planning of the program/activity; it has the same responsibility for the program/activity as for the programs it directly organizes.

Partner: medical specialty societies (for instance, the EAACI) who can keep evaluating sponsors and scientific contents of a CME program/activity.

Essentials for accreditation: the guidelines for the accreditation process which must be met for a CME sponsor to be accredited.

Standards for commercial support: the responsibility of the accredited sponsors when CME programs are entirely or partially supported by funds from a commercial source. The responsibility is established according to the World Health Organization’s (WHO) Ethical Criteria for Medicinal Drug Promotion (April 1995), the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) Code of Pharmaceutical Marketing Practices (August 1994), and national laws regulating medicinal drug promotion.

CME teaching materials: printed, recorded, computer-assisted, or audiovisual teaching materials which can be used at various locations to disseminate CME programs. Reference materials are not included (journal articles, books, etc.).

CME organizations: medical universities, state or multistate medical societies, European medical associations or societies (including specialty societies and family physician associations), hospitals with regular CME activities, other organizations or institutions with regular CME activities, and voluntary health organizations.

CME site visit: a survey committee’s direct evaluation of the CME program/activity proposed by a sponsor. The aim of the visit is to meet the scientific team involved in the program, and verify the teaching environment. The UEMS on-site-survey committee is composed of two UEMS members suggested by the national bodies and one foreign

member directly indicated by the UEMS (formally approved in the UEMS allergology statement, on 1–2 December 1995).

The “Essentials” for accreditation

General information

The “Essentials” include five criteria which eligible sponsors should meet in order to demonstrate their qualification for accreditation by the UEMS allergology board.

Essential no. 1. Task statement: the sponsor should have a written statement indicating the CME task, formally approved by its local governing body

Explanation

The task statement should:

- illustrate the goals of the CME program in a concise manner
- document the processes used to identify CME needs
- indicate the characteristics of the potential applicants
- describe the activities and services provided.

Rationale

A written task statement formally approved by the local governing body guarantees CME quality. With the approved task statement, the CME organization can easily request support (either teaching or financial support) from the local governing body in order to accomplish its goals.

A written task statement clarifies what is expected of the CME organization and allows an immediate objective evaluation of its ability to accomplish the task. The task statement results from the identification of educational needs and interests of potential applicants.

Guidelines

The task statement describes the educational goals of the overall program, including one or more CME activities, in terms of learning content, the physicians for whom the program is designed, and the general educational tools and services which could be used to achieve the goals.

The crucial duty of the sponsor is to identify the educational needs and interests of potential applicants, through epidemiologic data, a patient care audit, survey interviews of potential applicants, research on current literature, or the consensus of an expert panel in a particular field.

The term “need” connotes some degree of necessity and obligation. The necessity arises from the physician’s duty to maintain and improve his or her professional knowledge and skill. The obligation arises from external requirements of the UEMS allergology board through the professional coordinating authority (monospecialist sections and/or national medical authorities) for the physician to obtain relicensure essential in his or her daily professional activity, in the application for advancement to a new position, and in patient recruitment.

The term “interest” connotes an educational desire of potential applicants.

Essential no. 2. CME objectives: the sponsor should have targeted objectives for each CME activity proposed

Explanation

The CME objectives should:

- illustrate the educational needs and interests to which each CME activity is addressed
- indicate the potential applicants for whom each CME activity is designed
- describe the teaching contents and expected learning outcomes in terms of theoretic knowledge and practical skills
- be disclosed to physicians by the sponsor.

Rationale

Clearly stated objectives allow potential applicants to select educational activities which meet their needs and interests. On the other hand, sponsors can target the educational activities to meet participants’ needs and interests on the basis of participants’ requests.

Guidelines

“Targeted objectives” means a clear and detailed description of the educational content with respect to theoretic knowledge and practical skill. “Targeted objectives” may be defined in terms of up-to-date teaching content that can improve attitudes and behavior relating to patient care in line with the desired result of CME activities.

The potential applicant should be informed of the level of knowledge and skill required for full participation in and comprehension of the CME activity. The promotional materials and printed programs should contain this information in order to allow each applicant to review the basic knowledge of the subject for a better understanding.

The physicians are responsible for choosing their own CME activity, in accordance with their

perceived needs, favorite learning methods, and practice setting.

Essential no. 3. CME evaluation: the sponsor should verify the effectiveness of its overall CME program and use this information in CME implementation and planning consistently with the stated objectives

Explanation

The sponsor should:

- evaluate the quality of teaching planning and practice
- assess applicants' perception of enhanced professional effectiveness
- periodically review the scope achieved by the CME program
- employ evaluation results in improving current CME activities and planning future CME programs.

Rationale

Periodical analysis of CME activities in terms of teaching and learning results is crucial for the sponsor to assess the degree to which the CME program fulfils the "task statement".

Guidelines

CME evaluation is a fundamental part of the planning. It should be conducted by the sponsors with the aid of applicants. The sponsor should annually review the "task statement" and the CME activities which have been planned and conducted. The CME evaluation should assess the extent to which the CME objectives have been met, the quality of the teaching process, and the applicants' perceptions of enhanced professional effectiveness.

During and/or at the end of the educational activity, applicants could provide useful data through evaluation forms. The evaluation form allows one to verify the degree of learning by a multiple-choice test, or by direct observation of the participant's ability to perform a new skill. The evaluation form also provides an opportunity for applicants to make suggestions for current and future educational activities. Suggestions might relate to implementation or renewal of CME objectives, as well as to educational material quality in terms of preparation of educational materials; i.e., handouts, slides, audiovisual equipment, etc. Full opportunity should be given to applicants to become involved actively in improving the interest and quality of CME activities.

Essential no. 4. CME management and organization: the sponsor should demonstrate that organizational structures and other necessary resources are available and employed to accomplish its CME task statement

Explanation

The sponsor should:

- provide organizational and administrative structures for CME
- designate responsible persons to maintain organizational and administrative structures, guaranteeing their continuity
- provide and guarantee an adequate budget for the overall CME program and its major components
- recruit competent faculty and provide appropriate teaching facilities
- devise a system to record and verify the participation of applicants.

Rationale

Whether the sponsor is large or small, a high quality of educational activity should be guaranteed through adequate management procedures and financial resources.

Guidelines

The sponsor should maintain an organizational structure (CME committee) with its administration, designating persons to be responsible for CME. CME policies and procedures should be clearly stated. The CME committee should maintain continuity of administration.

The crucial duty of the CME committee and its administration is the preparation of a separate CME budget and the use of fiscal procedures adequate for the overall CME program. The CME committee is responsible for the allocation and utilization of financial resources. The sponsor should select competent faculty members on the basis of their knowledge of the specific subject, their ability to communicate and facilitate learning, and their attitude and manner in treating applicants. The sponsor is responsible for providing appropriate teaching facilities and materials for CME activities. The sponsor is also responsible for promoting publicity for the CME program as an incentive for physician participation.

According to the UEMS specialty section directives, the sponsor should verify physician participation, in order to record credit accumulation for periodic recertification.

Essential no. 5. CME responsibility: the sponsor should ensure that the “Essentials” are met by the CME program it directly develops or cosponsors with nonaccredited institutions

Explanation

The sponsor should:

- design the CME program in accordance with the “Essentials”
- ensure that any CME activity it cosponsors with nonaccredited institutions is designed in accordance with the “Essentials”.

Rationale

The accredited sponsor designs the CME program according to the “Essentials”, and when it agrees to cosponsorship with a nonaccredited institution it should ensure that the “Essentials” are met.

Guidelines

The sponsor ensures that the “Essentials” are fulfilled by any CME activity, whether the sponsor directly develops it or cosponsors it with nonaccredited institutions. In particular, a cosponsored CME activity should be consistent with the sponsor’s task statement. The accredited sponsor is responsible for any educational activity promoted by the partner institution. The accredited sponsor should be named on all promotional materials and programs produced by partner institutions.

The “Standards” for commercial support of CME

General information

The purpose of the “Standards” is to describe the appropriate behavior of accredited sponsors in planning and implementing CME activities for which commercial support is received. The accredited sponsors must ensure that CME activities are primarily designed to enhance physicians’ knowledge and ability to care for patients, in accordance with the “Essentials”.

The “Standards” have been established according to the WHO Ethical Criteria for Medicinal Drug Promotion (April 1995) and the IFPMA Code of Pharmaceutical Marketing Practices (August 1994).

Standard no. 1. Sponsor’s responsibility: the accredited sponsor is responsible for the content, quality, and scientific

integrity of CME activities

Explanation

The accredited sponsor must guarantee that:

- CME activities are free of commercial bias for or against any product
- when CME activities are concerned with commercial products, objective information, based on scientific criteria generally accepted by the medical community, is presented.

Rationale

The accredited sponsor is responsible for identification of CME needs, determination of educational objectives, and selection of faculty, educational methods, and materials.

Guidelines

Objective, rigorous scientific research conducted in collaboration with or directly by commercial companies is essential in the development of new pharmaceutical products or devices. Scientific results must conform to the generally accepted standards of experimental design, data collection, and analysis. Scientific presentation must be a balanced view of therapeutic options.

When commercial exhibits are part of the overall program, arrangements for these must not influence planning or interfere with the implementation and presentation of CME activities. Commercial promotional materials must not be displayed or distributed during CME activities. Representatives of commercial supporters may attend a CME activity, but may not engage in sales activities during such educational activity.

Standard no. 2. Sponsor independence: commercial supporters of CME activities may not control the planning, content, and presentation of such activities

Explanation

The commercial supporter may assist an accredited sponsor:

- in preparation of educational materials
- in educational planning
- in disseminating information about CME activities to the medical community.

Rationale

The accredited sponsor is responsible for the design and production of educational activities, while the

commercial supporter can assist in, but not control, the planning, content, or presentation of such activities.

Guidelines

The commercial supporter may help to prepare educational materials, but the content of slides and reference materials is the ultimate responsibility of the faculty selected by the accredited sponsor. The content and the reference materials must not advance the specific proprietary interests of the commercial supporter. The accredited sponsor must authorize any activity of the commercial supporter related to the CME activity that such commercial supporter finances.

Commercial support must be acknowledged in printed announcements and brochures. Nevertheless, reference to specific products must not be made. An accredited sponsor must have a policy requiring disclosure of the existence of any significant financial interest or any other relationship a faculty member or the sponsor has in or with the manufacturer of any commercial product(s) discussed in a CME activity.

Standard no. 3. Funding arrangements: the accredited sponsor makes all decisions on funding arrangements for CME activities

Explanation

In funding management, the accredited sponsor is responsible for:

- the disclosure policy for all CME activities
- the accountability of commercial support
- payments to faculty and others involved in the supported activity
- financial support of applicants in educational activities.

Rationale

The independence of the accredited sponsor in the use of contributed funds must be ensured.

Guidelines

Funds from commercial sources should be in the form of educational grants. The terms, conditions, and purposes of such grants must be documented by a signed agreement between the accredited sponsor and the commercial supporter. No other funds from a commercial supporter can be paid to the faculty member or others involved in the educational activity. The accredited sponsor must

be prepared to provide the commercial supporter with information on the use of funds provided.

Reasonable honoraria and reimbursement of out-of-pocket expenses for faculty members are proper and customary. Funds cannot be used to pay for travel, lodging, meals, etc. for nonfaculty attendees. Scholarships for medical students or residents selected to attend educational activities are allowed.

The rules for funding arrangements have been established according to the WHO Criteria (April 1995), the IFPMA Code (August 1994), and national laws regulating medicinal drug promotion.

The accreditation process

The UEMS allergology board through the professional coordinating authority evaluates the eligibility for accreditation. UEMS delegates should be selected from among members of international and national specialty bodies recognized by the UEMS. The professional coordinating authority members are selected according to UEMS allergology board criteria, but these may vary from country to country in the EU.

“Accreditation” is the recognition of medical institutions and organizations which meet the requirements of the “Essentials” and the “Standards”. Accreditation is granted on the basis of the sponsor’s demonstrated ability to plan and implement CME programs. An institution or organization submitting an application for accreditation should be prepared to provide information on the planning and implementation of the educational activity. The following institutions/organizations can be accredited:

- medical universities
- state or multistate medical societies
- European medical associations or societies
- hospitals with regular CME activities
- other institutions/organizations with regular CME activities
- voluntary health organizations.

A sponsor requiring a first survey during its initial CME activity should be advised that it is very difficult to assess its ability to comply with the “Essentials” and “Standards” until at least one CME activity has been completed.

The procedure for accreditation requires submission of presurvey materials to the UEMS allergology board/professional coordinating authority. These materials include a presurvey application and all pertinent information.

After preapplications have been submitted and accepted, an extensive description of the CME program(s), including educational objectives, list of institutions and teachers involved, technical

brochures of educational activities, and any other pertinent materials must be sent to the UEMS allergology board/professional coordinating authority.

The application and supporting information are reviewed by the UEMS allergology board/professional coordinating authority to determine whether the application justifies scheduling a survey visit. If the survey visit is scheduled, a UEMS on-site-survey committee is established, and the applicant sponsor is notified of the visit.

The UEMS on-site survey is conducted by two UEMS members nominated by the national societies and one foreign member directly nominated by UEMS (formally approved as UEMS Allergology Statement, on 1–2 December 1995). The UEMS allergology board/professional coordinating authority considers the recommendation of the UEMS on-site-survey committee and takes one of the following actions:

- 1) provisional accreditation for 3 years
- 2) nonaccreditation (in the case of noncompliance with the UEMS guidelines for CME).

The sponsor is provided with an explanation for nonaccreditation, and may reapply according to the comments and suggestions of the UEMS allergology board/professional coordinating authority.

Fig. 1 briefly summarizes the accreditation procedure.

The system of credits

The proposed system of credits requires two crucial bodies:

- 1) a European specialty board (UEMS and professional coordinating authority delegates selected from among members of national specialty bodies according to UEMS criteria) to be dedicated to the selection of national and

international institutions and services appropriate for CME programs

- 2) a secretariat, to be located in a European city, such as Brussels, as headquarters of the UEMS, to collect all the information coming from the board and compile the list of national and international CME programs in order to disseminate it widely throughout Europe, to reach all possibly interested applicants.

A minimum of 80 hours/2 years of CME (with a minimum of 20 and a maximum of 40 hours earned at international meetings) is required in any specialty of medical science under the control of the Harmonization Committee of the UEMS. The European specialty board through the professional coordinating authority annually approves every national and international CME activity and the number of credits assigned to it.

Tables 1 and 2 show an hypothetical list of credit values for the most important CME activities, including CME materials.

All applicants will be provided with a CME “credit card” which will be stamped every time its holder participates in a CME activity. A “CME First International Databank” will be set up in a European city, such as Brussels, as headquarters of the UEMS, in order to collect all the credits from the associated CME databanks established in the EU, at least one for each country.

The physician credited with 80 hours/2 years of CME will earn a renewable 2-year certificate, which will be essential in his or her daily professional activity, in application for promotion to new positions, and in patient recruitment (patients should be informed and encouraged to consult CME-credited physicians).

The UEMS specialty sections and boards/professional coordinating authority will have the crucial duty of screening the CME-accredited institutions

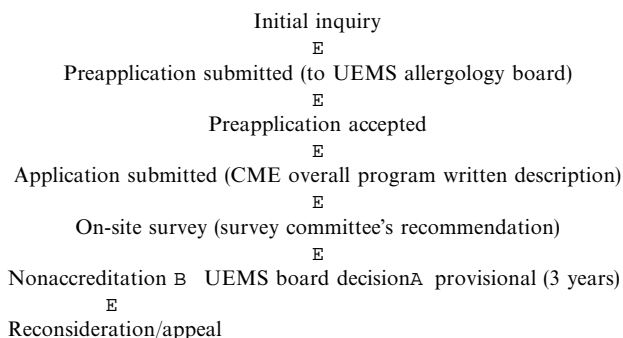


Fig. 1. Application procedure (initial) for training program.

Table 1. Hour-by-hour outline of credits for most important CME activities

CME activities	Credit hours
International and national meetings	
Attending lecture in main session	1
Presenting lecture in main session	3
Attending oral communication/poster session	1
Presenting oral communication/poster	1
International and national seminars	0.5-1
International and national stages (duration \leq 1 month)	To be decided upon approval case by case
International and national postgraduate courses, workshops, roundtables	0.5-1.5
Credits through "accredited" journals	0.1-0.5
2 hours/week reading medical literature	0.05

Table 2. Hour-by-hour outline of credits for CME materials

CME materials	Credit hours
International and national meetings	
Coauthor of lecture in main session	0.5
Coauthor of oral communication/poster session	0.2
International and national journals*	
Coauthor of original article	1
Coauthor of review article	0.8
Coauthor of short communication (including letter to editor)	0.5

* Provisional 3-year period.

and programs, precisely and rapidly disseminating information on these activities, allowing all specialists to know in good time about them. Thus, specialists can adequately plan their CME annual projects, balancing professional duty and educational needs.

CME application form for accreditation

1) GENERAL INFORMATION

Institution/organization's name

.....

Address

.....

Phone

General activity of sponsor applicant (*brief description of clinical and scientific activities of the institution/organization applying for accreditation*)

.....

.....

2) CME PROGRAM

Aim of CME program

.....

.....

.....

.....

.....

Objectives and agendas (*please attach preliminary description and dates of activities*)

.....

.....

.....

Location

.....

.....

.....

Participant/audience profile

.....

.....

.....

3) CME SPONSOR'S RESPONSIBILITIES

Faculty members, including chairmen/moderators (*list of faculty members; please attach brief notes in order to qualify competence of faculty*)

.....

.....

.....

Statement that presentation must be balanced, objective, scientifically rigorous and free of commercial bias

.....

.....

.....

Learning facilities (*audiovisual, computer, etc.*)

.....

.....

.....

Learning methods (*lecture, workshop, roundtable, etc.*)

.....

.....

.....

Approval action of the governing body (*university, teaching hospital agreement*)

.....

.....

.....

CME program chairman's signature

.....

.....

.....

Buscaglia et al.

4) COMMERCIAL SUPPORT

Company's name

.....
.....
.....

Type/grant amount committed

.....
.....

Comments

.....
.....

RESERVED TO CME ALLERGOLOGY BOARD

Approval/disapproval action

Comments and suggestions

.....
.....
.....

List of delegates of allergology board and section (1996)

Prof. Dr A. Palma-Carlos (Portugal) – President
Dr Claude Pinon (France) – General Secretary of the Section (responsible for administrative affairs)
Prof. G. Walter Canonica (Italy) – General Secretary of the Board (responsible for technical and scientific problems)
Prof. Dietrich Kraft (Austria) – Vice-President
Dr Bartold Hornung (Germany) – Treasurer
Dr Robert de Beule (Belgium) – Co-Treasurer
Prof. Hans-Jorgen Malling (Denmark)
Prof. B. Wüthrich (Switzerland)
Dr Niels Hyldebrandt (Denmark)
Prof. Keith Whaley (UK)
Prof. Robert Davies (UK)
Dr Wolfgang Rebien (Germany)
Prof. S. Del Giacco (Italy)
Dr Sandra Buscaglia (Italy)
Dr Cristina Pascual (Spain)
Dr J. M. Cortada-Macias (Spain)
Dr Ritva Sorva (Finland)
Prof. A. Backman (Finland)
Prof. Kalliopi Kontu-Filli (Greece)
Prof. P. Saxoni Papageorgiou (Greece)
Dr Nalle Lindholm (Sweden)
Prof. Ulrich Müller (Switzerland)
Dr Oliver Michel (Belgium)
Prof. A. E. J. Dubois (The Netherlands)
Dr José E. Rosado Pinto (Portugal)
Prof. G. Pauli (France)

CEFCAP representatives (on specialty committee of EAACI)

Dr Franz Marrache (France)
Dr Filipe Inácio (Portugal)

Eastern countries delegates to specialty committee

Prof. Paul Szemere (Hungary)
Prof. Kristof Nekam (Hungary)
Prof. Václav Spičák (Czech Republic)
Dr Jeana Radu (Romania)
Prof. Rakhlim M. Khaitov (Russia)
Dr Natalia Ilyina (Russia)
Prof. Mariana Staneva (Bulgaria)
Prof. Vasil Dimitrov (Bulgaria)
Prof. Yildiz Saraçlar (Turkey)
Prof. Ülker Önes (Turkey)

Acknowledgments

The CME project has been partially supported by SIAIC (Italian Society of Allergy and Clinical Immunology). We also acknowledge the CME-supporting program of ARMIA (Associazione Ricerca Malattie Allergiche e Immunologiche), Genoa, Italy, and the CME-supporting program of Istoria Farmaceutici, Padua, Italy.

References

1. Classification and training duration of the specialties. UEMS Advisory Committee on Medical Training, 1983.
2. Charter on training of medical specialists in the European Community. Harmonization Committee, sixth draft, UEMS, Monospecialist Section, August 1993.
3. Unione Europea dei Medici Specialisti. La formazione dei Medici Specialisti nella Comunità Europea. G Ital Allergol Immunol Clin 1993;3:351-4.
4. Palma-Carlos AG. Allergology Training in Europe. In: Basomba A, Sastre J, editors. Proceedings of the plenary sessions, main symposia and afternoon symposia, XVI European Congress of Allergology and Clinical Immunology. Monduzzi Editore, 1995:989-94.
5. The position of the UEMS in regard to the continuing medical education of specialists and the Charter on Continuing Medical Education of Medical Specialists in the European Union, Management Council, UEMS, October 1994.
6. Breatly S. Medical education. BMJ 1992;304:41-4.
7. Canonica GW, Buscaglia S, Palma-Carlos AG. Postgraduate continuing medical education. In: Basomba A, Sastre J, editors. Proceedings of the plenary sessions, main symposia and afternoon symposia, XVI European Congress of Allergology and Clinical Immunology. Monduzzi Editore, 1995:995-9.
8. Essentials, guidelines and standards for accreditation of sponsors of continuing medical education. Chicago: Accreditation Council for Continuing Medical Education, 1992.
9. FDA Draft Policy Statement. Federal Register 27 Nov 1992;57(229):56412-4.
10. FDA Draft Policy Comments. Federal Register 18 Nov 1994;59(222):59820-6.

11. FDA Policy on industry-supported scientific and educational activities. Food Drug Law J 1992;47(6):629-38.
12. Rosof AB, Felch WC, editors. Continuing medical education. A primer. 2nd ed. Westport, CT: Praeger, 1992.
13. WHO, Ethical Criteria for Medicinal Drug Promotion, April 1993.
14. IFPMA (International Federation of Pharmaceutical Manufacturers Associations) Code of Pharmaceutical Marketing Practices, 31 Aug 1994.

Appendix

The position of the UEMS* on the continuing medical education (CME) of specialists

Continuing medical education (CME) is both a necessity and an obligation which applies to the medical profession as much as to any other. The educational process lasts throughout the specialist's entire career, beginning with basic undergraduate training, carrying on through the specialist training, and extending for the remainder of professional life as CME.

CME is an ethical and moral obligation.

- 1) It follows that CME must be organized, managed, and supervised by the profession, completely independent of sources of finance, of all trends of opinion, of the economic and political interests of health insurance funds, and of governing and university authorities.
- 2) Participation in CME should remain voluntary. It is therefore desirable to create incentives for the medical specialist to undertake this activity.
- 3) The system of remuneration of all specialists must contain elements of finance to include their activity in CME. However, whatever system is applied in the member state, the specialist must not be financially disadvantaged and therefore should be compensated for his/her CME activity.
- 4) A specialist who does not participate in any form of CME cannot lose his/her status as a doctor or specialist but must understand that he/she may be personally disadvantaged in other ways.
- 5) The content of CME for the specialist has multiple aspects: these include the acquisition of scientific knowledge by study of the literature and audiovisual media; attendance at courses, seminars, and national and international meetings; participation in scientific fora; and publication of scientific papers. It should remain responsive to future technical developments.

*This declaration was adopted by the officers of the specialist sections of the UEMS at their meeting in Brussels on 25 June 1994, and approved by the management council of the UEMS in London on 29 October 1994.

CME is useful only if it affects day-to-day practice. Thus, the specialist is the sole individual who can judge the ways in which it can best maintain his/her level of competence.

- 6) The quality of CME contents must be controlled by the profession, preferably by means of committees which represent the profession itself, scientific societies, and universities.
- 7) Control of CME must be in the hands of organizations representing the medical community. CME for the specialist is of a very individual character. A system of assessment by awarding credit points or units is greatly preferable to those which involve re-evaluation or recertification of knowledge.

In conclusion:

- The UEMS accept both the Dublin Declaration on CME by the Standing Committee of Doctors of the EU, adopted in 1982 and modified in 1993, and the recommendations of the Advisory Committee on Medical Training published in 1992, addressed to all doctors.
- The UEMS none the less insist on the fact that the particular circumstances of the specialist with regard to the content and monitoring of CME must be borne in mind.
- The specialist section of the UEMS, with the help of their boards, will decide upon the particular requirements of each discipline in the field of CME, and the result of these discussions will form the basis of a publication.
- A Charter on CME for the Medical Specialist is being prepared by the Harmonization Committee of the UEMS. It sets out the arrangements which the profession will have to make in order effectively to organize, manage, and monitor CME.

Charter* on CME of medical specialists in the European Union

Chapter 1. Professional coordinating authority

CME as structured today in most countries cannot be organized and financed exclusively by the profession, but the profession should be able to guarantee the quality of CME and its independence. There should therefore be an independent professional body at national level charged with assessing and guaranteeing both quality and independence. This could be the national authority which controls postgraduate training. This body will

*Charter approved by the management council of the UEMS, London, 28-29 October 1994.

Buscaglia et al.

also have the power to oversee the participation of medical specialists in CME.

1.1 Article 1

Professional coordinating authority

The professional coordinating authority is the body responsible for the development and maintenance of CME activities in the member state. It could be a combination of competent professional, scientific, and university organizations, a national board or college, or a public authority controlled by the profession. In some cases, the professional coordinating body is organized on a regional basis with national coordination.

1.2 Article 2

Specialty sections

The professional coordinating authority should be organized in sections for each specialty recognized in the member state. These sections should have close links with the national professional organizations in each specialty.

1.3 Article 3

Register of availability of CME activities

The professional coordinating authority or its delegate should keep a register of CME activities both in the country and abroad.

1.4 Article 4

Register of medical specialists

The professional coordinating authority or its delegate is responsible for keeping a register at national level of practicing medical specialists with details of their specialty, additional qualifications, and other relevant matters. This register should be equivalent to the register which is kept by the national authority for other purposes.

1.5 Article 5

Crediting of CME activities

A system of credits should be developed by the professional coordinating authority (or its specialist sections) to express the professional value of CME activities. Each activity should be credited with a certain score, which can be awarded to the participating specialist.

1.6 Article 6

Crediting of CME activities

The professional coordinating authority or its delegate should be able to link data from CME activities to individual specialists.

1.7 Article 7

Appeal report

An appeal body should be set up by the professional coordinating authority in each member state, consisting of independent individuals from different origins in the field of CME, to settle differences of opinion between participants.

1.8 Article 8

Annual report

The professional coordinating authority or its delegate should publish an annual report setting out all CME activities in the previous year in the state concerned, together with the attendance of specialists. Detailed data should be made available as required.

Chapter 2. Structure of CME

The range of CME activities available in the member states (or, if necessary, internationally) should cover all current and important subjects in the specialty concerned within a reasonable time span. Only in this way can the individual specialist be offered a choice of subjects appropriate for his/her needs, in order to continue practice of his/her specialty at an optimal level. The professional coordinating authority should have powers to influence the composition of CME activities.

2.1 Article 1

Diversity of CME

The programs, both theoretic and practical, offered nationally or, if necessary, internationally, should be varied and wide-ranging, so that each practitioner is able to choose freely what he/she needs to improve his/her professional activity.

CME programs should cover the whole field of any one specialty within a reasonable time span. The professional coordinating authority should initiate courses when appropriate.

2.2 Article 2

Volume of CME

The volume of activities should be sufficient to ensure that all specialists have the opportunity to keep their professional standard up-to-date.

2.3 Article 3

International exchange

International exchange of CME programs should be encouraged.

Chapter 3. Availability of CME

CME should remain an ethical obligation subject to the disciplinary authority of the profession itself. CME should be both an individual and also a

collective obligation of the profession; in order to promote and make it effective, each member state must provide the means of making CME available to all physicians.

3.1 Article 1

Specialists in private practice

The medical specialist in private practice should ensure that he/she is able to participate in CME activities appropriate for the type of practice he/she is engaged in. The specialist should be prepared to meet the expenses associated with CME out of the revenue of his/her practice. The remuneration received should include provision for CME activities. The specialist should enjoy tax remission for CME expenses.

3.2 Article 2

Specialists in salaried posts

The medical specialist in a salaried post should be provided by his/her employer with study leave and the means of participating in CME appropriate to his/her type of practice. Adequate compensation for participation in CME activities should be laid down in the employment contract. The specialist should enjoy tax remission for private CME expenses.

3.3 Article 3

Language

The medical specialist should have sufficient linguistic ability to study international literature and to participate in international CME programs.

Chapter 4. Assessment and accreditation of CME

Assessment of CME should follow standard conditions:

- it must be expressed in interpretable results
- it must be reliable
- it must be valid
- it must be widespread
- it must be comparable.
-

4.1 Article 1

Peer review

Assessment and accreditation of CME activities of individual specialists should be performed by members of the medical profession.

4.2 Article 2

Awarding of credits

The professional coordinating authority/specialist sections, together with the national professional organizations in each specialty should credit each CME activity with a certain value, which can be

awarded to the specialist taking part. A system of credits of CME should be developed, based on:

- credit awarded to recognized CME courses and meetings
- insertion of documents relating to the programs of training courses
- declarations of teachers concerning training in technical (surgical) procedures
- inspection of certificates and proof of payment for CME activities.

4.3 Article 3

Accreditation

The professional coordinating authority/specialist sections, together with the national professional organizations in each specialty, determine the level of CME which the individual specialist should meet within a certain time span. A specialist who does not meet the set requirements should receive counseling from the professional coordinating authority.

4.4 Article 4

Assessment

The professional coordinating authority, together with the national professional organizations in each specialty, should develop a system of assessment of the performance of individual specialists.

Self-assessment should be promoted and encouraged. Programs in this field should be developed.

4.5 Article 5

Assessment of teachers

CME is carried out by generally respected peers. The teachers should have the opportunity to undergo an assessment of the quality of the education they provide.

4.6 Article 6

Voluntariness

CME is a moral and an ethical obligation for the individual medical specialist, but, basically, it should be a voluntary responsibility. The representative national professional organization is free to decide, in a democratic manner, to impose a formal obligation to fulfil CME requirements. However, a medical specialist who does not fulfil these requirements cannot lose his/her status as a doctor or specialist, but must understand that he/she may be personally disadvantaged in other ways.

Chapter 5. Quality assurance of CME

The quality of CME should be regularly and objectively assessed and monitored. The independent authority as above should monitor both the provider and the practitioner so that each can assess the results of his/her efforts and the profession can

monitor the effectiveness of the structure as well as control the quality of structure and the quality of the programs.

5.1 Article 1

Quality assurance committee

Quality assurance is the task of the professional coordinating authority. This task can be delegated to a medical audit committee or a “quality assurance committee on CME”, composed of independent individuals from different disciplines.

5.2 Article 2

Documentation and determination of standards

Providers of CME programs should give detailed written statements outlining the content of their training program and the standards they hope to achieve.

5.3 Article 3

Inspection

Mechanisms should be considered to inspect CME programs to ensure that they fulfil the required standards. These mechanisms should not be exclusively based on the performance of the participant. Participants should be encouraged to participate in this process.

A system of visitation of CME programs should be considered; to be carried out, for example, by the quality assurance committee on CME.

5.4 Article 4

Incentives for improvement

Means should be devised (which may include sanctions, such as reduction of credits) of encouraging those programs which fall short of these standards to change and improve their practices. These changes themselves need to be monitored.

5.5 Article 5

Reporting

Reports on training programs should be accessible to both trainers and participants.

Chapter 6. European coordination of CME

European coordination of quality assurance in postgraduate training is carried out by the European specialist boards, which came into being after 1990. The UEMS decided in 1992 that quality assurance in CME should also fall within the remit of the boards.

6.1 Article 1

European board

A European specialist board is a body set up in each specialty by the relevant UEMS specialist

section with the purpose of guaranteeing high standards of care in the specialty concerned by ensuring that both CME and postgraduate training are raised to an adequate level.

This aim is achieved by coordinating the activities of specialist sections of the national professional coordinating authorities. This includes the provision of advice and stimulation, at a European level, in relation to:

- the structure, professional input, and availability of CME
- setting of standards
- assessment and accreditation
- quality assurance
- safeguarding financial independence
- European coordination of programs.

6.2 Article 2

Quality assurance

The European specialist boards may set up a “European quality assurance committee on CME”, or may carry out this task themselves.

6.3 Article 3

Inspection

The establishment of a European system of visitation of CME programs should be considered, to be carried out by the European specialist boards or by their European quality assurance committee on CME.

6.4 Article 4

Incentive for improvement

Mechanisms should be developed at European level to encourage those programs which fall short of standards determined by the European specialist boards to change and improve their practices.

These changes themselves need to be monitored.

6.5 Article 5

System of credits

The credit systems of the different national professional coordinating authorities should be harmonized in order to award the appropriate value to a specialist who participates in CME activities in other member states.

6.6 Article 6

General European coordination

The European specialist boards coordinate the activities of the specialist section of the national professional authorities. The European specialist boards are set up and controlled by the UEMS specialist sections. These are part of the UEMS, and the management council of the UEMS is responsible for the overall coordination of CME at European level.

Chapter 7. Migration of medical specialists within the European Union

There is a need for counseling services for migrating physicians. Although the 1975 EU directives suggested that host countries might set up “information centers” for such physicians, provisions throughout the EU appear to be very patchy, and many physicians find the process of registration and establishment of employment confusing and complex. A proposal in the standing committee to introduce a compulsory period of adaptation was turned down.

7.1 Article 1

Obligation of the specialist

CME in the host country is one of the most important means by which the migrating specialist can become acquainted with the structure and practice of his or her specialty in another member state, and participation in CME in the host country is a paramount obligation.

7.2 Article 2

Obligation of the host country

Medical institutions in the host country, and particularly the professional coordinating authority, are obliged to provide the migrating specialist with induction, information, and counseling services. The professional coordinating authority should provide CME to migrating specialists.

7.3 Article 3

Adaptation period

Migrating physicians may ask the national professional authority of the host country for a supervised adaptation period, and the host country has an obligation to meet this request.

Chapter 8. Financing of CME

CME is an essential element of state-of-the-art medical practice. As such, the necessary expenditure on CME must constitute a natural and mandatory element in the general expenditure on health care.

8.1 Article 1

Financing by the profession

As CME forms an important part of health care, payments by the patient, either directly or in the form of insurance contributions and taxes, should contain an element for this purpose. The appropriation of such sums must be controlled by the profession itself.

8.2 Article 2

Remuneration system

In the system of remuneration for medical services by specialists, both salaried and in private practice, provision should be made to support the CME of the specialist concerned.

8.3 Article 3

Government contributions

As the quality of health care is an obligation for the government, national health-care departments should contribute to CME programs without affecting professional standards.

8.4 Article 4

Contributions from social security or health-care insurance schemes

Health-care insurance systems have an obligation in the field of quality of health care and should support CME without affecting professional standards.

8.5 Article 5

External sources of financing

Given appropriate safeguards, financial support may also be derived from private sources and business communities.

8.6 Article 6

Tax relief

The specialist should be prepared to meet the expenses associated with CME out of the revenue of his/her practice or appointment, but should be granted tax relief for these expenses.

Index

Introduction	490
Glossary	491
The “Essentials” for accreditation	492
The “Standards” for commercial support of CME	494
The accreditation process	495
The system of credits	496
CME application form for accreditation	497
List of delegates of allergology board and section (1996)	498
Acknowledgments	498
References	498
Appendix	499
The position of the UEMS on the continuing medical education (CME) of specialists	499
Charter on CME of medical specialists in the European Union	499