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### 2004 Meeting Report Issues in CME Accreditation Around the World

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NEW YORK -- Four noted experts in international continuing education discussed the current issues affecting CME accreditation around the world during a plenary session here at the Ninth Annual Meeting of the Global Alliance for Medical Education.

#### Canada's Challenge: a Unified System

Currently, Canada has four accreditation systems, said Craig Campbell, MD, FRCPC, Director of Professional Development, Royal College of Physicians and Surgeons of Canada, Ottawa, Ontario. "In my view, they all look very much the same. They all have the same intent and roughly the same criteria, although there are nuances [that are different]," he said. "The challenge is the development of one national accreditation system for all CME/CPD providers."

Meanwhile, the individual systems are developing new components. The College of Family Physicians of Canada accredits activities, rather than providers. In 2001, the college added a new type of credit, called MainPro C. To qualify for this credit, activities must include a reflective component, and the majority of learning must take place in small groups. "Mainpro C credits are certainly a step up," said Dr. Campbell.

In other news, the Royal College of Physicians and Surgeons of Canada developed a maintenance of certification program in 2001 that is mandatory for members. Physicians have various CPD options under the program, including participating in written self-assessment programs. These programs are more extensive than the ones in other countries, he said. "Many types of self-assessment programs that I've seen, particularly in the U.S., would not qualify for this [system]. This is an in-depth assessment of a physician's knowledge in a particular discipline to identify potential gaps in knowledge or skill."

#### CME Crosses Borders in Europe

The purpose of the European Accreditation Council for Continuing Medical Education (EACCME) is to improve the quality of CME in Europe and to make life easier for doctors by giving them access to international programs, said Bernard G. Maillet, MD, Secretary General, Union of European Medical Specialists-European Accreditation Council for CME (UEMS-EACCME), Brussels.

Under the EACCME's credit exchange system, physicians who travel to other countries can attend programs can get credit for their education at home, said Dr. Maillet. The EACCME only grants accreditation for single events, not for providers.

The EACCME system makes sure to respect each national authority, Dr. Maillet said. In fact, before providers can submit a program for EACCME credit, the activity must be approved by the regulatory body in the country where the event is being held.

To apply to the EACCME for credit, providers must submit a written statement detailing the program's learning objectives. In addition, providers must develop a mechanism for gathering attendee feedback, and obtain disclosures of potential conflicts of interest. Education must be nonbiased-promotional events do not receive accreditation, Dr. Maillet said.

In general, three credits are awarded for half-day events, six credits for full day events. There are no additional credits for satellite seminars. At the present time, only live activities are accredited but there is a working group considering accreditation of enduring materials.

Dr. Maillet also gave the update on the European scene regarding mandatory versus voluntary CME. CME is mandatory by law in Austria, France, Italy, the Netherlands, and Switzerland. There are financial incentives for participating in CME in Belgium and Norway. In Germany, the United Kingdom, Ireland, and Spain there are professional pressures to participate; while CME remains voluntary in Iceland, Sweden, Finland, Denmark, Luxembourg, Portugal and Greece.

#### U.S. Issues New Standards for Commercial Support

The Accreditation Council for Continuing Medical Education (ACCME) has issued a draft version of the new Standards for Commercial Support of Continuing Medical Education. The most important aspect of the revised guidelines is that

everybody involved in planning the CME activity-not just faculty members- will be required to disclose their relevant financial relationships with commercial interests, explained Kate Regnier, MA, MBA, Deputy Chief Executive, ACCME, Chicago, Illinois.

"Relevant" is defined as any financial relationships that occurred within the past 12 months. Individuals who refuse to disclose will be disqualified from participating in planning CME activities. CME providers will then need to resolve the conflicts of interest that are identified through disclosure. This is the requirement that is generating the most questions from CME providers, she said.

One tool that providers can use to resolve conflicts of interest is the content validation statement the ACCME adopted several years ago, which states that all clinical care recommendations must be evidence based, Regnier said.

She also offered another example: "If I'm the accredited provider and I find out that you are on the speakers bureau of a pharmaceutical company, I'm not going to include you in deciding the objectives and format of the activity. I may ask you to speak about the disease state or the background of the subject matter, but I'm not going to ask you to speak about the treatment option because of your relationship" with the drug firm.

If the proposed Standards are approved by the ACCME's seven member organizations, the ACCME will explain the new requirements and talk with providers about strategies for resolving conflicts of interest, she added.

### **U.S. Incentives for Evidence-Based CME**

The U.S.-based American Academy of Family Physicians, is considering incorporating incentives into its system for accrediting evidence-based CME activities, said Daniel J. Ostergaard, MD, Vice President, International and Interprofessional Activities, American Academy of Family Physicians, Leawood, Kansas. Applying for evidence-based CME credit is a lot more work for providers and physicians, he said.

One idea under consideration is to offer "two-for-one" credits-so that evidence-based CME is worth double the credits of activities that are not evidence-based, he said. The AAFP is also considering requiring its members to earn a certain number of evidence based CME credits. Members must earn 150 AAFP CME credits every three years to retain membership. Starting out small, the AAFP might require ten of those credits to be evidence-based CME. Explained Ostergaard: "We want to increase visibility for this process and put some teeth into our system."