

CME Guidelines in dermato-venereology

**Report for European Board of Dermatology and Venereology
UEMS**

Final Revised Version January 1999

Working Party Members:

D Barlow, J Debois, G Frentz, HJ Hulsebosch, M Lecha, I Rosdahl

Continuing Medical Education in Dermatology and Venereology

Introduction

In 1994 the Union Europeenne des Mediciens Specialistes approved a 'Charter on Continuing Medical Education of Medical Specialists in the European Union'. Following recommendations of the UEMS in Brussels that the UEMS Section of Dermatology and Venereology should consider continuing medical education (CME), a working party was convened that studied the 1994 Charter and prepared a document on CME specifically related to dermatology and venereology. The resulting draft document was discussed at the full meeting of the Section in Strasbourg, April 4, 1998. The resulting final document was adopted at the meeting of the Section in Nice, October 10, 1998.

The recommendations of the 1994 UEMS Charter on CME are accepted with the following specific details regarding Dermato-venereologists (DV), Dermatologists (D) and Venereologists (V):

Charter 1.3 - The National Co-ordinating Authority or its delegate should keep a register of CME activities undertaken both in own country and abroad.

Charter 1.6 - The National Co-ordinating Authority or its delegate DV, D and V specialty body should be able to link data from CME activities to individual specialists.

Charter 1.7 and 1.8 - there should be an appeals body to an annual report at national level

Charter 2.1 and 2.2 - the diversity and volume of CME should be such that the whole field of one specialty can be covered in a reasonable time span e.g. 5 years.

Charter 4.6 - CME is a moral and ethical obligation for the individual medical specialist, but basically it should be a voluntary responsibility. The Representative National Professional Organisation is free to decide in a democratic manner whether to impose a formal obligation to fulfil Continuing Medical Education requirements. However, a medical specialist who does not fulfil these requirements cannot lose his/her status as a doctor or specialist but must understand he/she may be disadvantaged in other ways.

Preamble

The Dermato-Venereology (DV) section of the Union Europeene Des Mediciens Specialistes (UEMS) have drawn up these guidelines to support the introduction of Continuing Medical Education (CME) for dermatologists (D's), venereologists (V's) and dermato-venereologists (DV's) in countries represented through their national societies of DV, D and V and professional bodies.

CME in DV, D and V has been introduced in a number of European countries in recent years. In some countries, proof of involvement in CME is required by em-

ploying authorities, professional licensing bodies and medical insurance companies. In others, CME has been set up voluntarily by the DV specialty, while in the remainder CME programmes have not yet been established.

It is recognised that each country will develop CME appropriate to the circumstances pertaining within its own health service. Government and consumer pressure for enhanced quality assurance in medicine will strengthen the case for compulsory CME. The UEMS/DV Section and Board will continue to promote, facilitate and co-ordinate CME on a voluntary basis at local, national and international level so that all Dermato-Venereologists, Dermatologists and Venereologists are prepared for the challenge of compulsory CME and/or CME-based re-accreditation, should this arise.

Member nations have entirely different work practices and systems of organisation of specialty training in medicine. These guidelines have been written to allow a flexible solution to participation in CME for all European Dermato-Venereologists, Dermatologists and Venereologists.

It is recognised that these guidelines will need to be kept under review in the light of experience of CME at National and European levels.

Definition

Continuing Medical Education (CME) in DV, D and V is a programme of educational activities designed to guarantee the maintenance and upgrading of knowledge, skills and competence following completion of Specialist training. CME is an ethical and moral obligation for each DV, D and V throughout his/her professional career in order to maintain the highest possible professional standards.

1.1:

The UEMS DV Section and Board recommends Continuing Medical Education since it enables specialists to keep up to date with the most recent knowledge and techniques in our specialty and because it maintains and enhances competence.

1.2:

The UEMS DV Section believes that entitlement to study leave and financial support for the purpose of participation in a recognised CME Programme should be contractual rather than discretionary and that, for DV's, D's and V's in private practice, the costs of CME may derive from a proportion of fee income set aside, commercial support (with appropriate safeguards), or, ideally, from a central funding authority. If CME is funded from private practice fees or other professional income, tax relief must be given.

Main Recommendations

2.1

The UEMS DV Section and Board consider it essential that all DV's, D's and V's who have completed their training and who are accredited should continue medical education throughout their careers.

2.2

The UEMS DV Section and Board will act as promoters and facilitators of CME in Europe and will encourage the Specialist DV, D and V Bodies in each country to establish and promote CME on a regular cycle which may be every 1, 3, or 5 years. Credits may be accumulated over any period of up to 5 years.

2.3

While The UEMS DV Section and Board recognise that they have no statutory authority in this area, both groups fully support Continuing Medical Education as a moral obligation on each DV, D and V to be undertaken on a voluntary basis as a practical contribution to enhancing patient care.

2.4

A credit system for CME based on two categories is suggested. Category 1 credits may be earned by attendance at courses, conferences, lectures, scientific meetings, workshops etc. (hereinafter referred to as courses) where the course has, ideally, been subject to prior assessment of content and relevance by the UEMS DV Section and Board or by the National Authority, Board or College or its delegated DV Specialty body which organises DV CME.

2.5

The UEMS DV Section and Board recognise the limitations of CME based only on attendance at scientific courses and conferences. Accordingly Category 2 credits are being introduced. These will be awarded for hospital and locally based educational activities as well as teaching, audit, published work etc. A maximum of 50% Category 2 credits will be accepted in any given cycle.

2.6

Courses recognised by the UEMS DV Section and Board or associated/affiliated subspecialty groups will be automatically recognised by each National Professional Authority or its delegated DV, D and V Specialty Body for equivalent CME credit. The National Authority or its Delegated DV, D and V Specialty Body will (usually prospectively) assess each course for its educational content and relevance and award an appropriate number of Category 1 CME credits. It is recognised that some countries do not yet have a formal National Authority for the purpose of controlling/monitoring CME. In those circumstances the Specialty Body in charge of Specialist DV, D and V Education may, for the time being, be the appropriate body to fulfil

these purposes and will continue to organise, facilitate and validate CME for the individual consultant dermato-venereologist, dermatologist and venereologist.

2.7

In order to encourage cross fertilisation of ideas and harmonisation of practice across Europe, attendance at, and contributions to, courses recognised in one country will automatically be recognised for equal credits by the authorities in the other European countries.

2.8

The effectiveness of the procedures outlined in these GUIDELINES will be audited at European level by a Quality Assurance Committee on Continuing Medical Education. This committee is to be drawn from the UEMS DV Section and Board. The CME Quality Assurance Committee of UEMS DV Section shall audit arrangements at National level once every five years and make recommendations for improvement in National DV, D and V CME if appropriate. The National Authority or delegate DV, D and V Specialty Body will write to UEMS CME Quality Assurance Committee each year setting out the CME programme for the year, when established.

2.9

Attendance at management courses relevant to organisation of DV services and Departmental Management will also earn Category 1 credits on the basis of one credit per hour for attendance.

CREDITS

3.1

A credit is a unit of (either category 1 or 2) and corresponds to one hour of educational activity.

3.2

Category 1 credits can be earned by attendance at dermato-venereology, dermatology and venereology courses with prior CME approval. Courses organised by other medical specialties and scientific societies where the course content is relevant to DV, D and V practice and where there is prior CME approval by the host specialty or society may be recognised for Category 1 credits.

3.3

The required number of credits over a five year period is 250 i.e. an average of 50 credits per year. The number can be achieved solely as Category 1 credits or alternatively can be achieved as a minimum of 125 Category 1 credits, the remaining 125 to be achieved as Category 2 credits (see below).

3.4

In cases where 250 credits are not achieved there will be an appeal system for extenuating circumstances. The National Professional Authority or its Delegated DV, D and V Specialty Board will be expected to take appropriate action when 250 credits have not been achieved in a 5-year period.

3.5

Credits in excess of the required 250 will not be carried forward into the following 5 year cycle.

3.6

Credits cannot be earned for service on committees or working parties whether local, national or international.

4.0

Course organisers are required to apply prospectively to the National Professional Authority or its Delegated DV, D and V Specialty Body for CME credit by submitting a copy of the course programme. This should set out the educational goals of the programme, course content and expected learning opportunities. It may also identify the group(s) likely to benefit from participation including those outside DV, D and V. Should a course be repeated, renewed approval will be required and organisers must submit a further application. This applies to all annual courses and meetings.

4.1

Award of Category 1 credits

The National Authority or its delegated DV, D and V Body through its CME Committee will consider the educational content of the course and award an appropriate number of Category 1 CME credits.

The UEMS DV Section and Board recognises the importance of attendance at courses run by other specialist groups and scientific societies in order that DV's, D's and V's are aware of current practice and innovations which may have relevance to DV, D and V. Credits for attendance at such courses will be on the basis of those awarded by the host specialty or society. Documentation supporting the relevance of the DV's, D's and V's participation should be provided. Such credits should not amount to more than 10% of total CME credits.

4.2

Course organisers will be notified as to the number of Category 1 CME credits awarded and may be asked to include this figure in their advertising.

4.3

The UEMS DV Section and Board will develop a common format for recording credit points (CME log book or diary). This will be used for European Subspecialty courses. Courses organised by the National Authority or its Delegate DV, D and V Body will be dealt with locally. A National CME record will be maintained by the National Authority or its delegated DV, D and V Specialty Body. It is recommended that CME records should be retained for ten years and should be available to UEMS for inspection as part of Quality Assurance review.

4.4

Credits should be logged by each participant in a special diary or on a computer disc. Conferences may provide a detailed list of individual credit points by means of a special computer programme. Documents supporting attendance at courses and other CME activities should be retained as evidence by each DV, D and V.

4.5

Attendance at international courses may attract CME Category 1 credits granted on the same basis as in the host country.

4.6

A rapid response mechanism should be available to consider those local courses where normal advance notice to attendees has not been possible. In such circumstances course organisers should contact the approved National DV CME Authority as quickly as possible with details of the course or lecture. The number of Category 1 credits awarded for attendance (if any) can subsequently be notified to the organisers. The same strict criteria required for prior approval will apply.

5.0

AWARD OF CATEGORY 2 CREDITS Category 2 credits will be awarded for:

5.1

Formal Local Hospital Educational Activities e.g. Grand Rounds (Hospital meetings, open to all, where cases or recent medical developments are presented), regular organised small group learning activities, e.g. journal clubs, clinical audit meetings (re-visiting and re-setting standards of structure or process, such as the mechanisms for reporting skin biopsies - are they timely and accurate - or adherence to agreed prescribing policies), etc.

5.2

Preparation and delivery of formal lecture or seminar

4 Category 2 credits (to a total maximum of 8 per year) will be awarded as long as the lecture or seminar takes place as part of an event itself recognised for CME. Undergraduate teaching does not earn credits for CME.

5.3

Preparation and delivery of audit report

4 Category 2 credits (to a total maximum of 8 per year) will be awarded.

5.4

Visit to another department to learn new techniques or update existing DV, D and V or management skills.

Credits to be granted on individual basis on application to the National DV CME Committee who will allocate credits to a total maximum of ten per year. A detailed written submission setting out the educational objectives, learning opportunities and benefits accrued to be submitted with supporting documentation and detailed validation by the head of the host department.

5.5

Preparation and publication of a paper in a recognised peer-reviewed medical or scientific journal.

Up to 10 Category 2 credits per year may be granted for authorship. Request for CME credits to be forwarded with details of publication to National DV Committee for validation.

5.6

Preparation and authorship of book or chapter.

Up to 10 credits per chapter may be awarded per year. Details of publication to be forwarded to National DV Committee for validation.

Preparation and presentation of poster or audio-visual display.

Up to 3 Category 2 credits per presentation may be awarded.

5.7

Journals of DV, D, or V might consider running a regular series of update articles covering a broad range of topics (special CME supplement of journal?). A Multiple Choice Questionnaire test based on the update material could be completed by an individual dermato-venerologist and returned within one month to the journal offices for validation and award of one or more Category 2 credits per issue. National and Subspecialty journals or newsletters may consider similar initiatives. The Internet may be used to facilitate this process.

5.8

Self Directed Learning

The UEMS DV Section and Board recognise the importance of self directed learning by reading books, journals, etc. and by studying DV, D and V using audiovisual and computer based programmes both freestanding and linked through the Internet. However, such activities are seen as a normal part of a specialist's workload and no credits will be awarded for these activities.

6.0

NOTIFICATION OF CURRENT STANDING

6.1

In each country each Specialist DV, D and V will submit a copy of his/her CME credit record on diary or computer disc to the National Authority or its Delegated DV, D and V Body for validation and record keeping. The frequency of submission should be determined by the National Authority or its Delegate DV, D and V Body but clearly should be at least once every five years.

6.2

Professional and scientific societies are encouraged to promote the concept of CME programmes within their membership. It is important that Official authorities e.g. National Health Service, Universities, Governmental agencies, as employers, support CME participation financially as part of any contract of employment.

6.3

For DV's, D's and V's in private practice, the fee structure should take account of the difficulty of financing Continuing Medical Education. External sources of financing CME may be explored, including commercial companies with appropriate safeguards. Where the specialist is obliged to meet the costs of CME from the revenue of his/her private practice or appointment, tax relief must be granted for these expenses.

7.0

DATE OF COMMENCEMENT

7.1

Continuing Medical Education schemes for DV's, D's and V's are already in operation in some countries e.g. Austria, Belgium, France, Ireland and the United Kingdom.

7.2

A CME programme for each individual DV, D and V should normally begin on the 1st of January following the receipt of a Certificate of Completion of Specialist Training (this may have a different name in different countries) so that there is continuity between Specialist Training and Continuing Medical Education.

7.3

It is recommended that the National DV Body in each country where CME has not already been introduced should put in place a CME programme based on these Guidelines. It is the responsibility of the individual representatives on the UEMS to inform their National Societies that the proposed timescale allows planning during 1998/99 with implementation in the year 2000 at the latest. The CME year runs from January 1st each year.

7.4

DV's, D's and V's in countries where CME is already established should continue with their CME cycle from the date of initiation of DV CME at national level or from the date of award of their Certificate of Completion of Specialist Training, whichever is appropriate.

8.0

DV Publications at National and International level should be encouraged to advertise and promote all National and International courses suitable for CME. Details of the course contents, objectives and CME credit rating should be included.

9.0

There should be a CME cycle i.e. over the course of that time span (e.g. a 5 year cycle), a comprehensive re-education programme should be provided by a combination of European and National activities. Supporting documentation of completed CME should be provided

AIMS

The UEMS DV Section and Board recommend participation in CME programmes in order that DV's, D's and V's may:

- a) keep in touch with new developments in DV, D and V and medicine in general, thus maintaining and enhancing competence
- b) maintain proper standards
- c) refresh their interests and help to develop new skills over a professional lifetime thereby improving the quality of patient care and providing work satisfaction for the DV, D and V.
- d) respond to pressure from patients and legislators for a competent service by demonstrating that they are up to date and capable of giving the most advanced service available.
- e) support the contractual provision of study leave and the financial support for Continuing Medical Education and the recognition of protected time for teaching, audit etc.

APPENDIX

A) UEMS is a representative organisation of all medical specialties in the European Union. UEMS is constituted by the representative organisations of medical specialists in the UE member states and EFTA countries as well as associate members from other European countries.

B) A Specialist Section in the UEMS is the representative body of physicians in the EU in any given specialty. Members of the Specialist Sections are appointed from the scientific and/or professional organisations of the specialists in EU member states and EFTA countries in accordance with UEMS rules. The Specialist Sections deliberate and make proposals on matters of concern to their particular specialty and submit their findings to UEMS in order that they may be coordinated as necessary with the interests of other specialists and the profession as a whole.

C) A National Board or college is the (representative) national (professional) organisation which monitors the training of medical specialists in each of the member states. Its task includes setting of national standards and supervising the following:

1. Duration of training
2. Contents of training
3. Quality control
4. Control of capacity of training according to demand procedures for entrance to training
5. Assessments of other means of qualifications.

D) A European Board is a body set up by a relevant UEMS Specialist Section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EU member states by ensuring that the Post Graduate Training and Continuing Medical Education of specialist doctors is raised to an adequate level.

This aim is achieved by the following means:

1. By providing recommendations for setting and maintaining standards of training
2. By providing recommendations for training quality
3. By providing recommendations for setting standards and recognition of training institutions
4. By monitoring of the contents and quality and the evaluation of training in the EU member states
5. By facilitation of free movement of specialist doctors in the EU

E) A National Authority is the body responsible for qualification of medical specialists in each EU member state. It can be a combination of competent professional or university organisations, a national board or college or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and EU legislation as well as considering UEMS/European Board recommendations. In some cases, the National Authority is organised regionally within the country with national coordination.

F) The same National Authority, Board or College should ideally organise both post-graduate training and continuing medical education.

G) There should be a close connection between the National Authority and existing structures and the National Authority may choose to delegate the organisation of continuing medical education, at specialty level, to the appropriate existing body, e.g. Royal College, Faculty etc. etc.

David Barlow, August 1998