



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

EUROPEAN UNION OF MEDICAL SPECIALISTS

U.E.M.S.

UEMS Specialist Section of Otorhinolaryngology

January 2000

Charter on Continuing Medical Education (CME) approved by the UEMS Section of Otorhinolaryngology

INTRODUCTION

CME in ORL has been introduced in a number of European countries in recent years. In some countries proof of involvement in CME is required by employing authorities, professional licensing bodies and medical insurance companies. In other countries CME has been set up voluntarily by the ORL Speciality 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. Governmental and consumer pressure for enhanced quality assurance in medicine will strengthen the case for mandatory CME. The ORL Section will continue to promote, facilitate and organise CME at local, national and international level.

Member states have entirely different work practices and systems of organisation of speciality training in medicine. These guidelines have been drawn to allow a flexible solution to participation in CME for all European Otorhinolaryngologists. In some states CME will be organised by the same National Authority which is responsible for the qualification of medical specialists. In others there may be colleges or speciality associations. CME should ideally be organised by the same national body responsible for Post Graduate training, as from an organisational viewpoint these areas are mutually supportive.

DEFINITION

1.0:

Continuing Medical Education in ORL is designed to maintain and upgrade knowledge skills and competence following completion of Post Graduate training. CME is an ethical and moral obligation for all medical doctors throughout their professional career.

1.1:

UEMS - ORL Section recommends Continuing Medical Education as the most important and efficacious method for keeping abreast of the newest techniques and information in our speciality and for maintaining and enhancing competence.

1.2:

UEMS - ORL Section believes that there should be entitlement to study leave and financial support for the purpose of participation in a recognised CME Programme.

MAIN RECOMMENDATIONS:

2.0;

UEMS -ORL Section considers it essential that all who have completed their training and who are accredited should continue their medical education throughout their careers.

2.1:

UEMS - ORL Section recognises that mandatory CME has already been introduced in some countries. UEMS - ORL Section will act as promoter and facilitator of CME in Europe and will encourage the Specialist Otorhinolaryngology Bodies in each country to establish and promote CME on a regular 5 year cycle in order that a comprehensive re-education programme is achieved in that time scale.

2.2:

A credits system for CME drawn from that employed in North America and the United Kingdom should be utilised based not only on credits gained for attendance at and contributions to approved meetings, workshops, refresher courses and conferences herein after, referred to as courses, but also on credits gained for other learning activities and teaching and research activities as described below. UEMS - ORL Section recognises the limitations of CME based only on attendance at scientific meetings. It also recognises the potential of distance learning by personal education programmes and self-assessment, as well as teaching and research experiences and will recognise these activities for credits as set out below.

2.3:

A minimum of 250 credits will be accepted in a 5 year cycle, for each of the three credits categories as described below (See article 4, 5 and 6).

2.4:

Each National Authority or its delegate ORL Speciality Body will assess each course for its educational content and relevance and award an appropriate number of CME credits. It is recognised that some countries do not yet have a formal National Authority for the purpose of controlling/monitoring CME. In these circumstances the Speciality Body in charge of Post Graduate Otorhinolaryngological Education is the appropriate body to fulfil these purposes and would continue to organise, facilitate and validate CME for the individual Consultant Otorhinolaryngologist.

2.5:

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 - ORL Section. The CME Quality Assurance Committee of UEMS ORL Section shall audit arrangements at National level once every five years and make recommendations for improvement in National ORL CME if appropriate. Each National Authority or delegate ORL Body will write to UEMS CME committee each year setting out their CME programme for the year. It is proposed that at National level random detailed spot checks should be carried out on individual Otorhinolaryngologists to ensure compliance. This should be organised by the National Authority or its Delegate ORL Body.

CREDITS

3.0:

A credit is a unit of CME; and usually corresponds to one hour of education.

3.1:

The required number of credits over a five year period for reaccreditation is 250. Otorhinolaryngologists should participate on an average of 50 per year, so that over a specific five year period they will have completed the 250 CME credit hours required. The number can be achieved by any type of credits as described below (see articles 4, 5 and 6).

Article 3.1 is for guidance only. Variability in allocation of credits is anticipated, particularly during implementation of CME,

3.2:

In cases where 250 credits are not achieved there will be an appeal system for extenuating circumstances. Otorhinolaryngologists who fail to achieve 250 credits in 5 years should receive counselling from National Authority.

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

3.4:

Credit cannot be earned for service on committee or working parties whether local national or international.

AWARD OF CREDITS FOR ATTENDANCE AT COURSES AND CONTRIBUTIONS TO APPROVED MEETINGS, WORKSHOPS AND CONFERENCES

4.0:

Course organisers are required to apply prospectively to the National Authority 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 should also identify the group(s) likely to benefit from participation. 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:

The National Authority or its delegate Otorhinolaryngological Body through its CME Committee will consider the educational content of the course and prospectively award an appropriate number of credits to courses.

4.2:

UEMS-ORL Section recognises the importance of attendance at courses run by other specialist groups in order that Otorhinolaryngologists are aware of current practice and innovations, which may impact on ORL. Credits for attendance at such courses will be on the basis of those awarded by the host speciality. Documentation supporting the Otorhinolaryngologists participation to be provided.

4.3:

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

4.4:

UEMS-ORL Section may develop a unified model for bookkeeping of credits (CME log sheet). Courses organised by the National Authority or its delegate ORL body will be dealt with locally. The National Authority or its delegate ORL Body will maintain a National CME record. The National attendance records should be retained for eight years and should be available to UEMS-ORL Section for inspection as part of Quality Assurance review.

4.5:

Credits will be logged by each participant in a special diary or on a computer disc. Documents supporting attendance at courses should be retained as evidence for validation.

4.6:

Attendance at international meetings may attract CME credit. The UEMS-ORL Section will draw up a list of generally approved international meetings.

AWARD OF CREDITS FOR OTHER LEARNING ACTIVITIES

5.0.

Other learning activities credits will be awarded for:

5.1:

Formal local hospital educational activities e.g. Grand Rounds; regular organised small group meetings, journal - clubs, etc.. 1 hour of credit per meeting awarded. Supporting documentation to be provided.

5.2

Self-Directed Learning: UEMS-ORL Section recognises the importance of self-directed learning by reading books, journals, etc. and by studying ORL using audio-visual and computer based programmes. Consequently up to 10 credits of self-directed learning credit per annum may be recognised.

AWARD OF CREDITS FOR TEACHING AND RESEARCH ACTIVITIES

6.0:

Credits may also be gained for: -Preparation and delivery of formal lecture or seminar: Preparation and publication of article in recognised peer reviewed medical or scientific journal: Preparation and authorship of book or chapter. . Preparation and presentation of poster or audio-visual display:

NOTIFICATION OF CURRENT CME STANDING

7.0:

In each country at the end of each year every Otorhinolaryngologists will retain a copy of his/her credits and may submit a record on diary or computer disc to the National Speciality body for validation and record keeping.

7.1:

To ensure participation in CME programmes the National Otorhinolaryngological CME Committee will remind Otorhinolaryngologists of their obligations by means of regular publications and/or personal letters.

7.2:

Professional and scientific societies are encouraged to promote the concept of CME programmes within their membership. Official authorities e.g. National Health Services, Universities or Governmental agencies will be encouraged to facilitate CME participation as part of the individual contract of employment.

return to / retour vers: [HOMEPAGE UEMS](#)

#