Furthering Globalization, Reciprocity and the Substantial Equivalency of Systems of Accreditation and Credit in Continuing Medical Education and Continuing Professional Development

Background and Rationale

It is agreed that reasonable uniformity between nations in the principles and outcomes in the accreditation of CME/CPD and providers and organizers and credit systems would be valuable. Physicians could obtain credits for different local, national and international organizations that require CME /CPD for maintenance of status purposes. In addition, physicians attending activities, and organizations that value accredited CME / CPD could be assured of education that is of good and predictable quality. Among the many important elements of continuing medical education and professional development (CME/CPD) systems are **1) physician-learners** involved in learning projects in support of their personal CPD, **2) providers and organizers** of educational activities (or events) that are an educational resource to physicians and **3) accrediting organizations** that certify that the providers and organizers of educational activities meet certain accreditation standards so that 'credit' can be awarded for participation in the activity.

Therefore representatives from organizations within the CME/CPD accreditation and credit systems of Bulgaria, Canada, France, Germany, Italy, Spain, UK, the USA and the European Union have arrived at a **Consensus** that the following are shared and enduring values of a CME / CPD accreditation and credit system as well as essential and basic or core responsibilities of provider/organizers, within such systems. It is felt that the integration of these elements into CME/CPD systems will facilitate the free movement of learners between the various nations' CME /CPD systems. The participants in this consensus building process believe that the implementation of CME/CPD systems that are built using these **Values** and **Responsibilities** will lead to mutual recognition and reciprocity while at the same time maintaining each other's cultural and historical uniqueness.

Participating Organizations

International
European Accreditation Council for Continuing Medical Education

National
Accreditation Council for Continuing Medical Education (USA)
American Medical Association (USA)
Bulgarian Union of Scientific Medical Societies (Bulgaria)
College of Family Physicians of Canada (Canada)
Federation of Royal Colleges of Physicians (UK)
French National Medical Council (France)
Italian Federation of Scientific Medical Societies
National CME Commission of the Italian Ministry of Health (Italy)
Royal College of Physicians and Surgeons of Canada (Canada)
Spanish Accreditation Council for CME

Regional
Bavarian Chamber of Physicians (Germany)

Consensus on Basic Values and Responsibilities Underlying the Substantial Equivalency of CME and CPD Systems

1. Values

CME/ CPD systems should be based on the following enduring values,

Continuing medical education and life-long learning which,

1.1 Enhances physician performance and thereby improves the health of people.

1.2 Is based on information concerning the educational needs of physicians with the ultimate aim of helping them improve health.

2. Responsibilities in the System

Responsibilities of CME/CPD Accrediting Bodies

Accrediting organizations must demonstrate,

2.1 Fairness, validity, innovation, honesty and consistency in accreditation practices.

2.2 Reasonable standards and criteria for CME/CPD providers/organizers.

2.3 Accountability, responsiveness, and leadership.

2.4 That the accreditation process includes verification that the required responsibilities of providers/organizers are carried out.

2.5 The promotion of continuous quality improvement of the accreditation process as well as the education systems it supports.

2.6 Collaboration and partnership between and among accreditation bodies, and between accreditation bodies and providers/organizers.

Responsibilities of the learner --- to be fulfilled in order to claim credit,

Learners have responsibility for,

2.7 Participating in CME/CPD that is based on their individual educational needs

2.8 Ensuring that the needs are relevant to their professional practice and development aimed at improving patient care and health.

2.9 Evaluating the extent to which their needs have been met, in the context of a change in knowledge, competence or performance.

2.10 Verifying that mechanisms are in place to keep educational activities free of commercial bias.

Responsibilities of the provider/organizer of CME/CPD activities --- to be fulfilled in order to grant credit,

2.11 Any commercial sponsorship or interests of the activity planner, presenters, or facilitators must be disclosed to the provider / organizer, the learners and the accrediting bodies.

2.12 Any support, sponsorship or funding by commercial health care organisations must not influence the structure or content of the educational activity and should be made clear to the participants and the accrediting bodies.

The provider / organizer must,

2.13 Ensure there are outcome measures of education effectiveness expressed in terms of meeting the knowledge, competence or performance objectives of the activity.

2.14 Be able to make available a confirmation of participation, at a frequency and nature appropriate to regulatory requirements.

2.15 Ensure that the learning objectives are specifically defined in terms of knowledge, competence or performance, and are appropriate for the target audience

2.16 Ensure that the teaching methods used are appropriate to the stated learning objectives.

2.17 Be able to show that they have evaluated the quality of any previous education activities and have made improvements, where necessary.