

## Guidelines

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# Charter on continuing medical education/continuing professional development approved by the UEMS Specialist Section and European Board of Anaesthesiology\*

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### Summary

The mission of the Section and Board of Anaesthesiology of the European Union of Medical Specialists (EUMS/UEMS) is to harmonize training and medical practice in all European countries to continuously improve the quality of care. The need for continuous medical education in the field of anaesthesiology has long been recognized. However, specialty-based competencies are not the only requirements for successful medical practice. The need to acquire medical, managerial, ethical, social and personal communication skills on top of specialty-based competencies has developed into the principle of continuous professional development, which embraces both objectives. The Section and Board of Anaesthesiology of the EUMS/UEMS has approved a proposal of its Standing Committee on Continuous Medical Education/Continuous Professional Development to adopt the following charter on the subject.

**Keywords:** GUIDELINES; EDUCATION MEDICAL CONTINUING; EDUCATION MEDICAL GRADUATE.

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### Introduction

The UEMS Specialist Section (UEMS) and European Board of Anaesthesiology, Reanimation and Intensive Care (EBARIC) present these guidelines for the development of formal opportunities for Continuing Medical Education (CME)/Continuing Professional Development (CPD) in all member states for anaesthesiologists and practitioners in intensive care medicine.

### Definition

In the UEMS there is a move from CME to CPD. The term CPD acknowledges the wide-ranging

competencies needed to practice high quality medicine, including medical, managerial, ethical, social and personal skills. CPD therefore incorporates the concept of CME, which generally is taken to refer only to expanding the knowledge and skill base required by doctors.

### The bases for CME and CPD

CME/CPD in anaesthesiology, intensive care medicine, pain medicine and emergency medicine is a programme of educational activities to guarantee the maintenance and upgrading of knowledge, skills and competence following completion of post-graduate training. Patients should have a reasonable expectation that any registered specialist who is treating them is maintaining such competencies to provide an efficient, safe and high quality service. CME/CPD can be viewed as a part of the quality improvement systems.

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\*The areas of expertise of Anaesthesiology are: Perioperative Anaesthesia care, Emergency Medicine, Intensive Care Medicine, Pain Medicine and Reanimation.

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CME/CPD is a moral and an ethical obligation for every anaesthesiologist and practitioner in intensive care medicine throughout his/her professional life in order to maintain the highest possible professional and continually rising standards of the medical care provided to the population. To achieve its greatest potential, CME/CPD must be truly continuous/continuing, not casual or sporadic. The UEMS and EBARIC will act as promoter and facilitator of CME/CPD in Europe and will encourage the Specialist Anaesthesiology Bodies in each country to establish and maintain monitoring of CME/CPD.

Every anaesthesiologist and practitioner in intensive care should be entitled to have access to a system for CME/CPD and encouraged and assisted to exercise that right. Appropriate resources must be made available by employers for CME/CPD including protected time, adequate funding and educational opportunities.

### Learning methods

Traditional CME schemes are based on acquiring credits awarded for attendance at teacher-initiated activities (e.g. conferences or lectures). There is a shift from relying on passive learning to a greater emphasis on active learning in which the individual is expected actively to seek appropriate educational opportunities, synthesize these and apply them to their own practice. These include problem-based learning, self-assessment of multiple-choice questions, visiting a department other than their own for the purpose of learning new techniques, the use of anaesthesia simulators, multimedia and Internet. The learning is self-directed, a characteristic of adult learning. Research activity, publication of an article in a peer-reviewed scientific journal, teaching and reading scientific journals should be recognized. There is no single correct method of doing CME/CPD and the method chosen by the anaesthesiologist will depend on personal needs and appropriateness. One of the characteristics of a professional should be to reflect on his or her own performance and ability to take appropriate actions to close the gap between actual and desired level of competence.

The UEMS and EBARIC recognizes the importance of attendance at educational activities organized by other specialist groups so that anaesthesiologists and practitioners in intensive care are aware of current practice and innovations which may impact on anaesthesiology, intensive care, pain medicine and emergency medicine.

### Verification

Every anaesthesiologist should be able to verify their involvement in CME/CPD. This can be readily

achieved via a personal portfolio in which all relevant information is gathered. Ideally this would include a documented overview of the doctor's clinical activities and documentation of sources of learning followed by an assessment of CME/CPD needs and a proposed CME/CPD programme.

Notification and verification of CME/CPD activity as well as quality control of CME/CPD providers are national duties. National bodies and societies should establish a system recognizing time spent on educational pursuits that can be justified and validated, e.g. credit-based systems. Recognition should be given for attendance at approved courses and educational meetings, conferences, lectures and workshops, both within and out of the normal workplace of the anaesthesiologist and the practitioner in intensive care.

National bodies and societies should accept that self-directed learning can be a part of personal educational programmes. Attendance on management courses which, while not directly relevant to the clinical activities of an anaesthesiologist or a practitioner in intensive care medicine, but which would contribute to their broader CPD objectives, should be also recognized. National bodies and societies should establish and maintain monitoring of CME/CPD on the basis of a 5-yr cycle.

National societies should establish a national authority which will carry the responsibility for assessing the justification and validity of courses and other educational programmes, and prospectively allocating CME recognition.

### International accreditation of CME and CPD

To facilitate mutual recognition of CME/CPD activity, it is recommended that member states should agree on a standard recognition system. European coordination is established by affiliation to the European Accreditation Council for CME (EACCME), which acts as an umbrella structure for the national CME/CPD authorities and makes it possible in Europe to exchange accreditation of providers and recognition of CME credits of doctors between the countries and between specialities.

### Credit system

An hours-based credit system to quantify educational activities is still used by many European countries. A credit is a unit of CME and corresponds to 1 h of approved educational activity. Credits may be categorized to whether they are earned outside the workplace (Category 1) or within it (Category 2). The total credits per 5-yr-period should be comprised equally of both Categories 1 and 2 type credits. The UEMS and EBARIC

recognize the limitations of CME based only on attendance at scientific meetings. It also recognizes the potential of distance learning by personal educational programmes and self-assessment, as well as teaching and research experience and will recognize these activities for credits as set out below.

Category 1 credits are earned for attendance at CME approved external courses and educational meetings, conferences, lectures and workshops, for interactive learning, and for study in an approved institution for a supplementary competence. The maximum number of credits that can be earned for a full day is six credits and for a half day three credits.

Category 2 credits are earned for a variety of educational activities within the individual's workplace:

- formal local hospital educational activities, e.g. lectures, seminars, workshops, grand rounds;
- preparation and delivery of a formal lecture or seminar (five credits);
- preparation and publication of a paper in a peer-reviewed medical or scientific journal (maximum 10 credits);
- preparation and publication of a book or chapter (maximum 10 credits);
- preparation of an abstract for verbal or poster presentation at a national or international meeting (maximum five credits);

- self-directed learning (maximum 10 credits per annum).

It is recommended that the required number of credits over a 5-yr-period is 250.

### Recommendations

The UEMS Specialist Section and EBARIC recommends that anaesthesiologists:

- maintain proper standards;
- keep abreast of new developments in anaesthesiology, intensive care medicine, pain management, emergency medicine, and in medicine in general;
- develop new interests and new skills throughout their professional career, thereby improving the standards of patient care and providing improved work satisfaction;
- respond to pressures from patients and legislators for a fully competent service by demonstrating that they are capable of providing the most advanced service available;
- actively promote and pursue the requirement for contractual provision of study leave and financial support for CPD and CME.

These guidelines are consistent with the UEMS policy on continuing professional development (Basel Declaration, October 2001; Charter on Continuing Medical Education, October 1994).

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