



U.E.M.S.

Union Européenne des Médecins Spécialistes / European Union of Medical Specialists

Section of Rheumatology

European Board of Rheumatology

Charter On Continuing Medical Education In Rheumatology

INTRODUCTION

Post-graduate training leading to recognition as a specialist in Rheumatology should furnish the candidate with knowledge and skills which enable him to be competent in the entire field of Rheumatology.

The purpose of continuing medical education and professional development is to guarantee the maintenance and up-grading of knowledge, skills and competence following completion of post-graduate training. This process of lifelong learning is to enable the individual to expand and fulfil their personal and professional potential and thereby meet the present and future needs of patients and deliver health outcomes within the health care priorities of the population and health care providers.

It is essential that all rheumatologists who have completed their training and who are accredited should continue their medical education throughout their careers. The aim is to maintain and develop their competencies in the management of those people with rheumatological conditions as outlined in the definition of the speciality. These competencies have been previously stated in the UEMS Core Curriculum for specialist training to become recognised as a rheumatologist. In addition to these core competencies, a specialist may diversify and develop additional expertise and competencies which they will also need to maintain.

INDIVIDUAL

Responsibilities

Continuing medical education and professional development is the ethical and moral obligation of each rheumatologist throughout his or her professional career.

All rheumatologists should undertake continuing medical education and professional development on a continual basis through reading relevant literature, seeking new knowledge to manage specific problems, interacting with colleagues and participating in local and external educational activities.

All rheumatologists should broaden their knowledge and competencies and be encouraged to develop and diversify to the benefit of those with musculoskeletal conditions.

Curriculum and standards to be maintained

There should be a 5 year cycle of continuing medical educational activities during which time the specialist should ensure they maintain their competency in those areas outlined within the Core Curriculum through a programme of educational activities as recommended in the EBR Charter for CME which can lead to re-validation.

A rheumatologist should be able to demonstrate that they have maintained their competency to deliver the highest standards of care commensurate with the developments in knowledge and clinical practice of musculoskeletal conditions. This can be demonstrated by participation in educational activities and forms of assessment as recommended in the UEMS Charter for Continuing Medical Education and the position paper by the UEMS Section of Rheumatology / European Board of Rheumatology.

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1

Requirements for CME

CME can be demonstrated by the amount of time that is spent undertaking educational activities. This does not include an assessment of competence, educational need or of what has been gained from this educational activity. These must be measured in different ways.

A CME credit is a unit corresponding to one hour of educational activity. A unit may not necessarily correspond to one clock hour, and different types of activities have different educational values, such as formally planned interactive educational activities in contrast to personal learning activities. Reading authoritative medical literature is another method of CME that is a requirement for all rheumatologists and should be on average at least 2 clock hours per week. The definitions of these different types of CME activities have been agreed by the UEMS (ref).

Formally planned interactive CME (external CME) activities need to be approved according to the UEMS and UEMS Rheumatology Section / EBR Guidelines and recorded in the CME Log Book along with the approved CME credits.

Personal learning activities (internal CME) do not need approval but participation in these activities should be recorded in the CME Log Book along with time spent. CME credits can be gained by these activities as indicated in section x.x.

A total of 250 CME credits are required over a 5 year period for consideration for re-accreditation. No more than 100 should be recognised in any one year.

Out of the total of 250 credits, 150 should be gained by external CME activities and no more than 50 credits should be gained in any area of special interest.

Assessment of educational need

The specialist should ensure, as a minimum, that they maintain their competency in those areas outlined within the Core Curriculum during the 5 year re-accreditation cycle of CME.

The specialist should identify their educational needs to guide their personal continuing professional development. Educational need can be identified in a variety of ways, such as by reviewing their clinical practice and outcomes of care by case-review or audit. A log book of educational activities can be used to identify what areas of the curriculum have been covered. Visitation by colleagues is an alternative method to identify differences in practice and educational need.

Demonstration of Competency by Specialists

The specialist should be able to demonstrate their participation in CME activities by completion of a log book. This should detail the type of educational activity, the date and duration, the agreed credits given to it and what they gained from participating in it. This can then be related to the credit requirements for CME, and the relation of the activity to the curriculum and personal need. The log book should be open to inspection should any issues of competency arise, and it should be possible to validate against any external records of educational activities.

Participation in a process of assessment is encouraged. This may be by the participation in assessments organised during specialist meetings or in journals, or by the visitation of colleagues.

STRUCTURE OF CME

CME Credit System

External

External credits may be earned by attendance at courses, conferences, lectures, scientific meetings, workshops etc where the course has been subjected to prior assessment of content and relevance by the national authority(s) or the EBR/EULAR CME Quality Assurance Committee and meets the EBR recommendations. The specialist must have an adequate understanding of the language of the educational activity for CME credits to be awarded to them.

Internal

Internal credits will be awarded for hospital and locally based educational activities including teaching, audit, and published material as well as self directed learning.

Reading

Specialists should read authoritative medical literature an average of at least 2 hours a week. This comes on top of the external and internal CME credit requirements.

Allocation and Registration of Credits

Any credit system must allow for differences between self-study, local educational activities and other educational activities provided at a national and international level.

There needs to be a standardised system of credit for CME within and between European countries to allow for mutual recognition of educational activities.

A register of educational activities with the allocated credits will be maintained centrally by the EBR and EAC.

It is the responsibility of the specialist to keep their personal record of all their CME activities to enable them to demonstrate, in a way that can be validated, that they have undertaken the required number of CME credits and covered the curriculum so that they are eligible for consideration for re-certification.

Standards for CME activities

For any CME activity to be considered for recognition as part of the external credits, it must meet the guidelines for CME activities that have been established by the UEMS and by the EBR.

Approval system

In each country there should be a named authority that has responsibility for recognising the appropriateness of CME activities and agreeing the credits to be allocated to it. Details of approved CME activities should be made available to the EAC. This information should also be available to the EBR. Any authority that approves CME activities must reflect both academic and professional views.

Organisers of courses and meetings should apply to the appropriate authority in each country for approval.

If the CME activity does not relate to any individual country, then application can be made to the EBR (see application)

Quality assurance

There should be some form of quality assessment of all educational activities that are considered for CME, and this should form part of the report of that event to the approving authority.

EUROPEAN CO-ORDINATION

The EBR has established a core curriculum for CME. Recommendations for the quantity, type and quality of CME are made in this document and associated papers.

European educational activities will be co-ordinated with a diary showing availability of CME activities and agreed credits, and by the organisation of educational events in collaboration with EULAR and other appropriate organisations to meet any deficiencies in provision.

The EBR/EULAR CME Quality Assurance Committee will monitor educational activities for suitability for CME and allocate credits. Quality of educational activities will also be monitored.

The monitoring of the CME of individual specialists will be facilitated by provision of log books, organisation of informal assessments and developing a system of voluntary visitations.

The EBR will develop a system of visitation with criteria to facilitate good rheumatological practice across Europe.