EHA|CME
Accrediting Education in Hematology

EHA-CME, a body of accreditation in European Hematology

From Then to Now: Challenges Ahead

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Disclosures

- Prof. of Medicine (Emeritus) University of Athens
- Present here as Member of the European Hematology Association
  2002-2206 Chair of the **European Accreditation Council for Hematology;**
- 2006- now Member (ex officio) of the Unit for **Accrediting Education in Hematology**

No commercial affiliations

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Outline

- Accreditation on CME in Hematology
- Benefits of attending CME activities
- The EHA-CME Unit
- Accreditation of Accreditation
- Key questions
- Conclusion and Recommendations

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ACCREDITATION of CME in HEMATOLOGY

- **Hematology:** rapid development over last thirty years; in addition to its clinical interest it is a fascinating specialty because it uses sophisticated laboratory techniques exploiting information technology and bioengineering

- The **European Hematology Association (EHA)** supports CME in hematology and offers a variety of learning opportunities through the **Educational Programs of its annual Congress, Workshops, Master Class and the fellowships.**

- The **EHA –CME Unit accredits this continuing education** in parallel with several similar activities carried out by other National Hematological Societies and the European School of Hematology.

- The EHA-CME only accredits meetings organized by **academics**. Hence, no meetings organized by pharma or so called medical education organizations.

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Participating in continuing medical education activities:

- increases personal satisfaction with acquisition of new knowledge, builds up self-confidence, and
- may alter the behaviour of the physician towards his patients by creating a confidence relation between them, and by introducing new techniques and novel therapies.

CME becomes a personal moral obligation of the physician towards himself and his patients.

Moreover, CME contributes in harmonizing the practice of medicine across all European countries in order to guarantee that optimal care is provided at an **equal level to all European citizens** and it offers assurance **that the ever expanding mobility of physicians (South-North) ensures optimal care for all patients**

CME is also an obligation of the Health Authorities because patients are all (European) tax-payers who deserve the best possible, hence the most updated, treatment by their physicians. Therefore, the Health Authorities have every interest to encourage all practicing physicians to obtain CME.

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CME rationale

Physicians are asked to report spending an average of 50 hours yearly CME activities for performance improving → optimization of the outcomes for patients

This investment of time and effort demands that the CME be:

- of the highest quality
- free of any potential bias such or influence of the pharmaceutical industry and other political or financial restrictions

To ensure all of the above CME must be duly accredited and, to this effect, several Medical Societies, Organizations and even Professional Companies are now offering various programs of accreditation.

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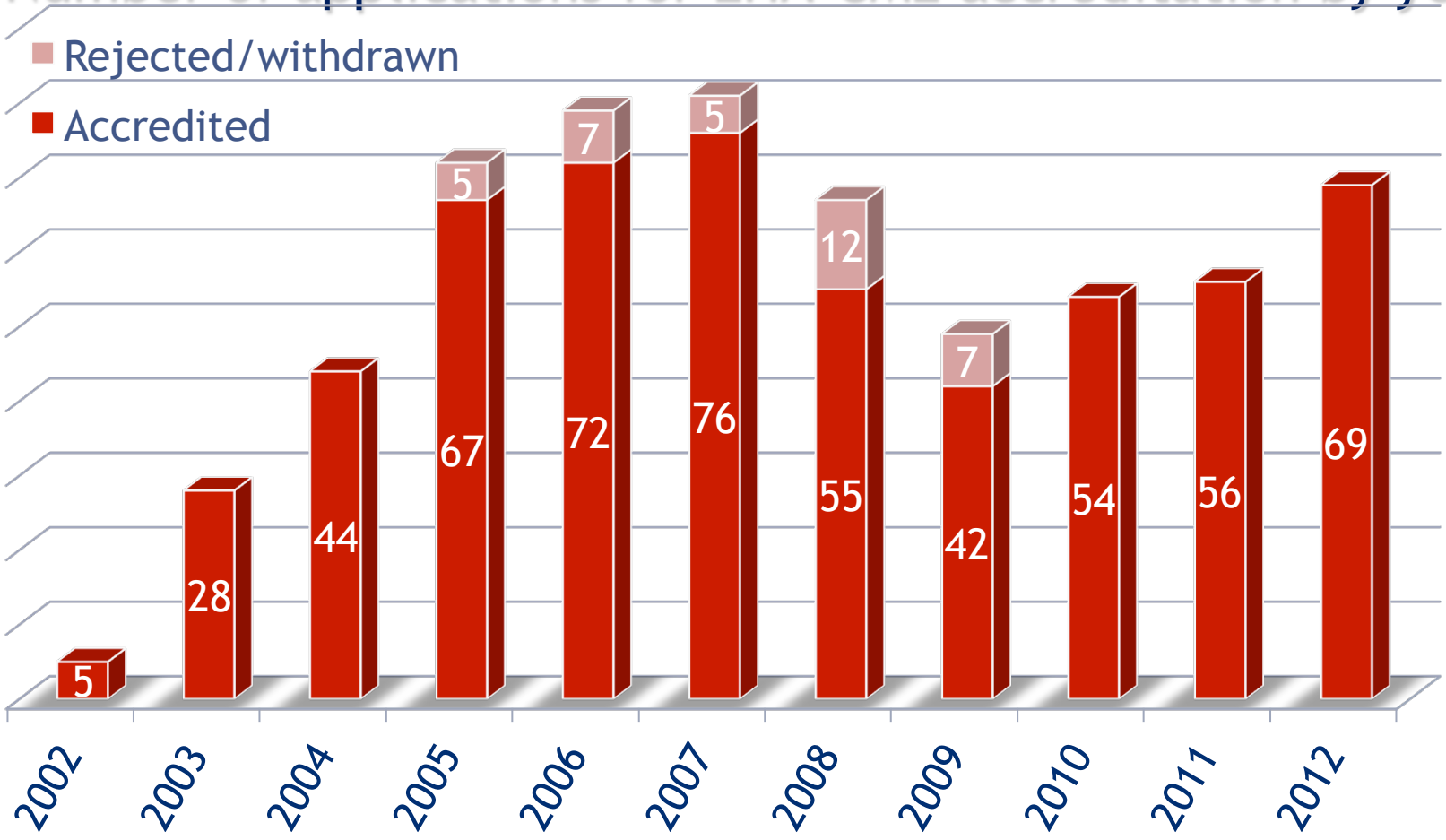
Number of applications for EHA-CME accreditation by year



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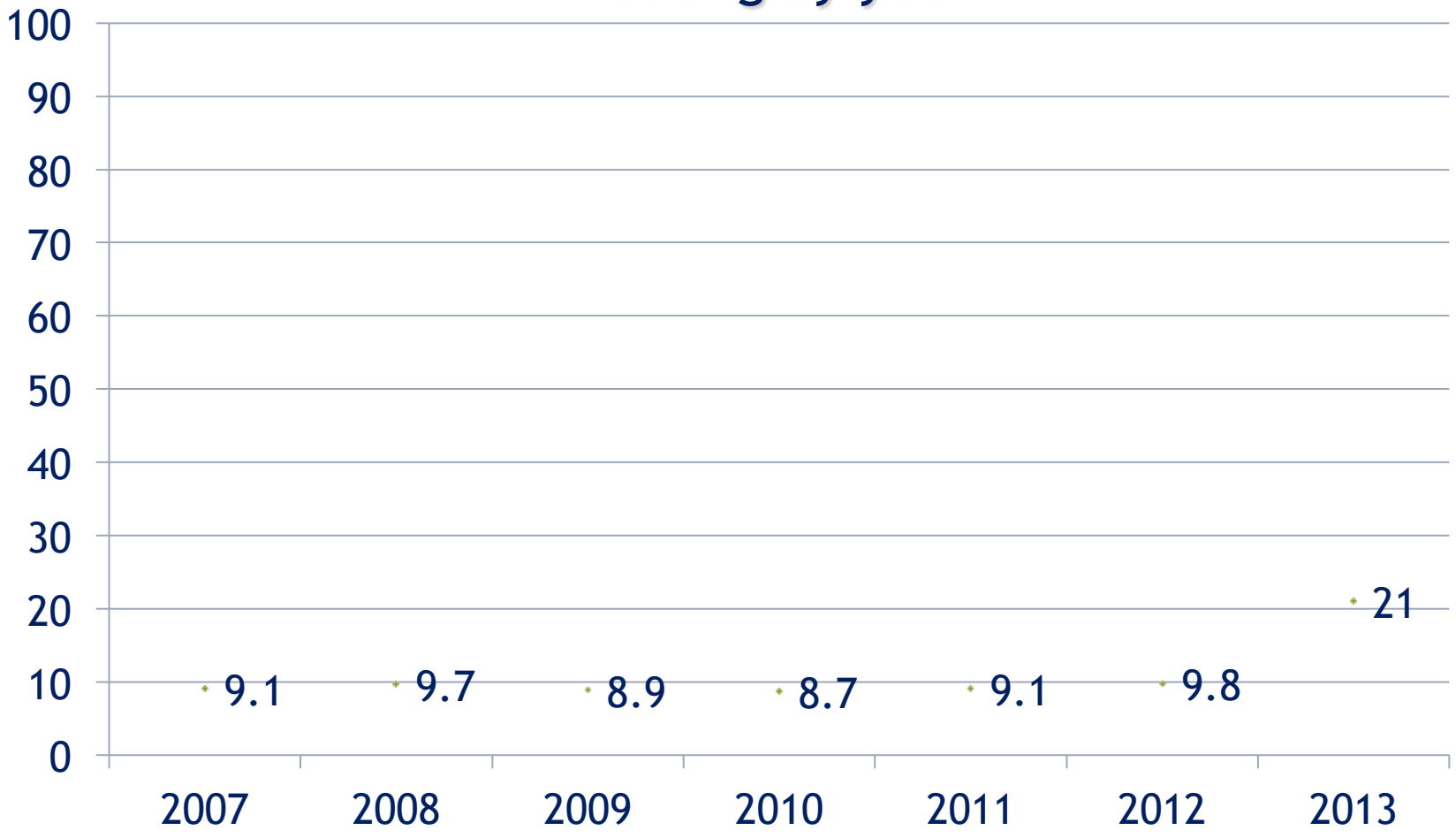
Average % of claimers of EHA-CME credit points per meeting by year



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- The EHA-CME Unit awards credit points after thoroughly reviewing the application, the CVs of the organisers and faculty, the program of each educational event (including the financial support), by at least two reviewers.
- Of course, we thoroughly observe all principles pertaining to:
  - Definition of learning objectives,
  - Independence,
  - Transparency,
  - Objectivity, etc.
- **However, the system is far from being ideal because it considers loosely or not at all a number of important questions which will be addressed next.**

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First, **for the time being we are counting didactic hours ; we do not carry out a quantitative evaluation of the impact of each type of CME on learning , an issue which may differ significantly between "important" and "less important" topics, between large conferences and small targeted meetings, between evidence based guidelines and simple case reports, between "research " and simply "didactic" sessions .**

The distinction between didactic and interactive sessions is a major example:

Didactic sessions → passive, large group presentations and lectures, which require the physical presence and attention of the participants.
Interactive sessions → small group rounds, refresher courses, seminars, hands-on workshops, evaluation of articles by specific questionnaires, web-lectures with e-evaluations et the end.

Moreover, the "quantitative" assessment of the offered CME is expected to help in:

- improving the methods of offering this activity,
- improving selection and provide the appropriate guidance to the faculty,
- exploring didactic methods aiming to maximize the potential benefit of the participants and assess it in an objective and fair manner

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Second, **still in several Conferences (including some of EHA and its providers; also in the US) the "active" participation of the audience cannot be confirmed in a satisfactory manner.**

- Is physical presence alone adequate to warrant credit points?
- Is the simple check of evaluation questions on the form adequate to confirm active participation ?
- How can the interactive events lead to awarding of credit CME points ?
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These questions, be they simple, require an immediate answer if we do not want to continue awarding "unequal" CME credit points.

Third, **we do not adequately evaluate whether the offered CME may have contribute in changing the behaviour of the learner physicians towards their general approach and therapy of their patients?**

This is the most important question because it reflects the final goal of the CME program. This is not simple and requires both retrospective controlled studies and prospective analyses.

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OTHER KEY QUESTIONS

And NOW, **assuming that all of the above have been ideally resolved, remain to be answered the following crucial questions :**

1- How is the information acquired through the various evaluations used to improve the procedures and guide the faculty and organizers?

2- Why, apart the personal satisfaction, should a physician seek to acquire CME credit points?

3- How can this impact be further implemented and/or even magnified?

Should the accreditation of CME:

remain optional and voluntary or

should it become mandatory for all practicing physicians.

4- In what way can the Medical Societies along with the various CME accrediting bodies contribute in these processes?

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Impact of awarding and acquiring CME credit points:

For the participant-learner

personal satisfaction
more self confidence in his performance of medicine
professional recognition of the invested effort

For the patients

better, up-to-date treatment
improved approach and psychological support

For the Public Health System

novel therapies, less expensive devices and medications
(possibly) less iatrogenic medicine
Increased efficacy / decreased cost
more effective patient care

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Should (accredited) CME remain optional and voluntary or should it become mandatory for all practicing physicians?

In many European countries, CME is not a legal prerequisite for the long term for the practice of medicine.

Once the graduate obtains his diploma in Medicine (or his licence to practice) he is formally allowed to provide medical services to whoever seeks them for as long as he can.

The law may intervene only when the physician commits errors or deviations from what is formally regarded as good medical practice. In this sense, the physician has no legal obligation to formally continue his medical education and the only reason which may prompt him to do so is his personal satisfaction and competiveness to his colleagues.

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HOWEVER, as maintaining good health of all citizens is the major responsibility of the Health Authorities of each country, the Continuing Medical Education of all practicing physicians is the best guarantee that the services they provide are the best possible.

This condition will be inevitably imposed not only by the National Health Authorities but also by the various Health Insurances which gradually take over an ever increasing part of health care and demand CME because the application of updated guidelines and therapies has more chances to make medical services more effective and less expensive.

In this sense, CME must become mandatory, quality accredited and occasionally directed*

(: addressing specific groups such as old age, migrant populations etc., or specific topics such as "the end of life" a theme recently introduced theme in several CME programs : end of life)*

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In what way can the various CME accrediting bodies (in conjunction with the Medical Societies and Boards) contribute in this process?

Obviously, convincing and not obliging is the best approach.

Mandatory CME is already in effect in a few European countries and in the USA.

A mandatory CME accreditation is supposed to function in some countries, but this is not being adequately controlled.

There is vague information as to how is this obligation enforced in countries where mandatory CME is in effect, i.e., what are the real consequences in case of non-compliance.

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For the time being, the main effort is focused in convincing. Within this context, EHA, but also many other European Medical Specialty Societies and CME accrediting Institutions, try to promote Continuing medical Education by :

- Improving the quality of the offered learning events

To be discussed :

- Honouring the loyal participants by awarding specific diplomas or certificates
- Symbolic awards, such as waiving a conference registration, offering travel grants, journal subscriptions etc.

Consider also :

- Putting pressure to governments, hospitals, companies to preferentially hire staff with consistently accredited CME points
- Prompt the appropriate authorities to grant privileges or promote selectively hematologists who put up every possible effort in order to comply with the appropriate CME regulations

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Conclusion and Recommendations

-Accreditation of CME is a valuable tool to guarantee that the offered CME is relevant, timely, transparent, unbiased, patient-oriented, useful for the faculty and precious both for the National Health Care and the budget.

- Continuing Medical Education is a must for all practicing physicians and should be implemented in any possible way.

-The European Hematology Association (as well as many other Medical Societies) have implemented several systems of accreditation, most of which are effectively functioning.

- All systems leave room for important improvements. EHA and all other Societies must work towards this goal.

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Recommendations

- Increase the public perception that a well informed physician may offer better services than that who is not interested in renewing his knowledge ;

- Convince the Authorities that they must set up and enforce a (national) CME system, to the benefit of both the citizens and the budget.

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Thank you.