UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
EUROPÄISCHE VEREINIGUNG DER FACHÄRZTE
UNIONE EUROPEA DEI MEDICI SPECIALISTI
EU RO PE SE SPECIALISTEN VE R E N I G I N G
EUROPEAN UNION OF MEDICAL SPECIALISTS
UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
E U RO OPAN E R I K O I S L Ã ÃK Ä RI L I I T T O
DEN EUROPAEISKE FORENING AF SPECIALLAEGER
ΕΥΡΩΠΑΙΚΗ ΕΝΩΣΗ ΕΙΔΙΚΕΥΜΕΝΩΝ ΓΙΑΤΡΩΝ
UNION EUROPEA DE MEDICOS ESPECIALISTAS
UNIÃO EUROPEIA DOS MÉDICOS ESPECIALISTAS
DEN EUROPEISKE FORENING FOR LEGESPESIALISTER
EUROPEISKA SPECIALISTLÄKARORGANISATIONEN

Secretariat-Siège: BE-1040-BRUSSELS
Rue de l'industrie, 24
e-mail: info@uems.eu

Tél: +32-2-649.5164
Fax: +32-2-640-3730
www.uems.eu

History of the UEMS-EACCME®, personal notes

European Union of Medical Specialists – European Accreditation Council for Continuing Medical Education.

Dr C.C.Leibbrandt[1], UEMS Secretary-general 1999-2002

February 2017

Accreditation of postgraduate and continuing medical education

Professional, national and European levels in the field of medical specialists

Historical notes 1986-2002

[1] Dr. C.C. Leibbrandt
Graadt van Roggenstraat 33
tel: +31-24-360.7236
NL - 6522 AW Nijmegen, Netherlands
e-mail: cc@leibbrandt.net

History of the UEMS[2]-EACCME®, personal notes

European Union of Medical Specialists – European Accreditation Council for Continuing Medical Education.
Dr C.C.Leibbrandt, UEMS Secretary-general 1999-2002

February 2017

Accreditation of postgraduate and continuing education

Professional, national and European levels in the field of medical specialists
Historical notes 1986-2002

1 - Early start of professional quality policy; the Charter on Postgraduate training 1993

When I became delegate on behalf of the Dutch association of medical specialists in the eighties, the prevailing mood in the UEMS Management Council was that quality of postgraduate training Europe-wide could be and should be accomplished by European Union legislation. This was a continuation of UEMS policy in the sixties and early seventies. In that period the UEMS and its specialist sections had been successfully providing the European Union the materials for the drafting of the ''doctor's Directive''. In this directive minimum requirements for the quality of postgraduate training were laid down. This was a condition for the required Europe-wide recognition of national diplomas of medical specialists.
The latter was part of the introduction of the common market by the EU, providing free exchange of goods, capital, people and services[3], including medical services.
Therefore the care of this directive was task of the EU Directorate Internal Market. Its focus in the medical sector is free exchange of diplomas and free movement of doctors. This became effective in 1975 with the Doctor's Directive[4] and its later updates (presently Directive 2005/36/EC). After that time quality of medical care became a side issue (and a nuisance) for the EU. Updating of the directive was limited to administrative details. The profession was expected to take care of quality policy by itself.

---

[2] UEMS, European Union of Medical Specialists, www.uems.eu info@uems.eu
BE 2040 Brussels, Belgium, Rue de l'industrie, 24

[3] Free exchange of goods, capital, people and services: the four freedoms as formulated by the EEC (European Economic Community), the predecessor of the European Union.

[4] This was the only reference to health care in the original Treaty of the European Union. However, the Treaty of Maastricht (1992) put Public Health on the agenda of the EU. This was incorporated in the Directorate of Social Affairs of the EU. It is outside the field of curative medicine.

However, at that time the UEMS Management Council pursued its policy of producing motions, some concerning very trivial issues. These were sent by way of the Standing Committee of European Doctors and the European Union ACMT (Advisory Committee on Medical Training) to the Directorate of Internal Market. The idea was that these motions would be incorporated in later updates of the Directive.
I did some research into the effectiveness of this approach, and came to the conclusion that this was a dead end[5].
In the plenary UEMS Council meeting in Athens October 1986 there was some concern about this matter, but the discussion was confused and the president (dr M.Fanfani) broke off the discussion without conclusion and adjourned for coffee break.
Subsequently during a chance meeting in the lavatory of the Athens Conference Palace I ventilated my concern to Jacques Gruwez[6]. He shared my feelings and we decided to do something about it.
We gathered some younger colleagues in the UEMS Management Council and together we started the preliminary UEMS ‘’Harmonisation Committee”, initially rather informal. Formal establishment of this committee by the Management Council took place in 1988. Jacques Gruwez became president, I was secretary.
Under the auspices of this committee I gathered the requirements of postgraduate training separately for each member state and for all specialties. This was a huge and time consuming task. At last the data were laid down in the UEMS Compendium (1992).
This compendium brought to light that the medical profession really had a problem in Europe, due to the wide diversity of postgraduate training content.
But at the same time there was a growing feeling nationally that existence of some sort of European standard might be helpful for national organisations to improve their level of postgraduate training and facilities.
Bringing up the requirements for state of the art postgraduate

[5] The ACMT (Advisory Committee Medical Training) is an institution of the Directorate Internal Market, set up in 1975, with the task to establish contact between the Directorate and representatives of organisations in the field. Its advices are only rarely taken over in the updates of the Doctor’s Directive. Furthermore, the ACMT had in fact been powerless most of the time due to lack of funding.
[6] Jacques Gruwez, head of the Belgian delegation in the UEMS, professor of surgery in Leuven.

training Europe-wide needed independent action by the profession itself. Therefore I started working on the first UEMS Charter in this field (postgraduate training). The subsequent draft evoked a lot of criticism in the Harmonisation Committee, which was endured by Jacques Gruwez with grace.
I evaluated all criticism and we did some networking. Half a year later we presented the draft with the required improvements. To our surprise it was adopted without much discussion in the Harmonisation Committee. It took some effort to convince the Management Council of the UEMS, but the Harmonisation Committee provided the necessary drive, and the UEMS Charter on Training of Medical Specialists in the EU was adopted with a substantial majority by the Management Council (president dr A.Kuttner) in its Berlin meeting October 1993.
For the following Charters the same procedure was followed. That went much easier.

2 - Continuing Medical Education and Professional Development[7], Charter 1994

In the mean time I had been thinking about CME. Traditionally Continuing Medical Education had been free of obligations and rules in the countries of the European Union. But in the early nineties awareness was growing that this could not be continued. And it was clear also that the profession should take the lead in developing quality control, both in postgraduate and in continuing medical education.
In my own country (the Netherlands) there was already a functioning system of accreditation of CME and awarding of credits in my own specialty Otolaryngology. But I had also seen a lot of practice in this matter during my frequent travels to the USA. In those days I was heavily involved in the development of ear surgery and head and neck surgery (that could be done together in those days) in the university hospital in Utrecht.

So in the UEMS I focused on CME as well. This was more difficult. The prevailing mood in the European countries was that CME was

[7] CME, also more accurately called ‘’CPD, Continuing Professional Development’’. For easy reference in this document the acronym ‘’CME’’ is used exclusively.

an individual responsibility. Very evident deviations should be taken care of by disciplinary measures. But the mood was changing. So I started again in the UEMS Harmonisation Committee to lobby to get CME on the agenda. It was an uphill struggle with initially not much support. But due to the efforts of Robert Peiffer, at that time secretary-general of the UEMS, as a first step agreement on a UEMS position paper on CME was achieved with the support of the UEMS specialist sections (June 1994).

In the mean time I was a step further. I had been working on a Charter on CME using bits and pieces from several countries and associations. It was a hell of a job to get some form of consensus for this document, again starting in the Harmonisation Committee. But it was approved in the UEMS Management Council meeting in October 1994 in London (president Mr L.Harvey) with not too many abstentions and just one vote of the delegates against (without any explanation).

Just as in postgraduate training there was a growing feeling nationally that existence of some sort of European umbrella organisation for CME outside commercial interests would be desirable. Most doctors were already familiar with this phenomenon in the US. So there was work to do. But it went slowly.
We did not have actual plans for a follow-up at that time. In the years afterwards our first task was to gather support from national organisations of medical specialists in Europe. This also was an uphill struggle and involved a lot of traveling and usually a lukewarm reception.
Among others I was invited by the Royal College of Physicians in London to present the case for a European approach in March 1995. I was not in the best mood at that time (my wife had died a week earlier) and I was treated in the discussion rather roughly. Just as in 2016 the UK was weary of European structures. But after the meeting the president came to me and said ‘’you are on the right track, please go on’’.
Another accidental meeting during that meeting is worth mentioning. As I mentioned before, in the October 1994 meeting

there was one vote against the CME Charter. The delegate concerned explained to me afterwards that he considered any ruling of CME unethical. But in London the president of that particular national association happened to be present. I sat down with him during lunch and told him what had happened in Brussels and asked for an explanation. He exploded, stressed that the vote was against policy of his organisation and promised to do some homework. The result was that we never saw that particular delegate again in Brussels.

3 - EACCME®, establishment and early history

Progress was slow in putting together the elements of a working European structure. It was envisaged as a clearing house for CME credits, but it soon became a structure that we called the European Accreditation Council for CME (EACCME®). Basic principles had to be defined, as well as principles of operation including a financial paragraph. In comparison with other CME organisations the UEMS was operating on a shoestring and there were predators around.
At some time I was invited to join a meeting of executives of a large European Association in a particular specialty. It was held in a small castle outside Brussels. I arrived there by train (second class). I just saw the president of the meeting arrive in the biggest Mercedes I have ever seen. Snacks and drinks were excellent. In their meeting a European Accreditation *Committee* on CME (EACCME) to organise CME in their specialty was presented. My contribution was that establishment of a European CME structure by specialty seemed to me unwise. There was need for cooperation. Back in Brussels my first job next day was the setting in motion of European registration of the acronym EACCME and its meaning. We just beat them.

A lot of thought was given in those years to defining principles and quality requirements for the accreditation system for CME credits. This process and its outcomes are described in the UEMS papers extensively and do not need to be repeated here[8].

[8] A summary is given in the 2008 document ‘’A history of the UEMS-EACCME on the occasion of the UEMS 50th anniversary symposium in 2008.

A very positive point was our relation with the AMA (American Medical Association). One of our section members reported to the UEMS office in Brussels, that he had met an AMA representative during a European scientific meeting who was there as observer. His task was to evaluate a request by that particular society for AMA CME credits. His report was not taken very seriously at first, but it crossed my desk and I contacted the AMA. There my letter reached the desk of Dennis Wentz, who appeared to be looking for some form of structured awarding of American credits to European CME activities. Therefore he needed contact with a European umbrella organisation of European national professional associations, and the UEMS was just what he was looking for.
Dennis Wentz together with his right hand man Mike Gannon came to Brussels in November 1997. There the executive committee of the UEMS (of which I became member in 1996) met with them. We quickly discovered that our organisations were very different but our goals and background very similar. So it was decided to proceed to cooperation. A Letter of Intent was drawn up and approved. Furthermore they offered assistance where ever it was useful.

In June 1998 I went to Chicago to present the case to the Council of Education of the AMA. My presentation was favourably received and the green light was given for cooperation of the AMA and UEMS / EACCME in the field of reciprocal recognition of European and American CME credits. However, I was mandated by the UEMS, but the Council of Education of the AMA was not. That needed the approval of the Chief Executive Officer of the AMA (past Surgeon General of the US Air Force), and he was not available due to the pressures of the AMA General Assembly taking place at that time (which is a huge affair with more than 1000 delegates).
However, quite accidentally I met him under 4 eyes in the revolving door of the hotel where the meeting took place. He saw my tie, which was (quite accidentally) a tie of the Dutch Air Force. He pointed to the tie and asked: “what is that”. I saw the opportunity and explained that I had been a medical officer in the Dutch Air Force long ago. He asked then, in which airbase. This was

Soesterberg Airbase, and he said ‘’that is where I have served as well’’ (there was an American squadron on that very airbase in those days). His next question was ‘’what are you doing here?’’ I explained (all in the revolving door) that I was representing the UEMS and was discussing with the AMA Council on Medical Education the possibility of exchanging CME credits between the European Union and the USA, but that we had not been able to make an appointment with him. He said ‘’this mutual recognition is a great idea; let my people prepare the papers and I will sign them as soon as they reach my desk’’. And that is what happened.

In its October 1999 meeting in Vienna (president Mr L. Harvey) the Management Council of the UEMS formally established the EACCME® and also enacted the quality document D 9908. On the first of January 2000 the EACCME became operational. At that time the agreement with the AMA also became operational as a pilot project. In 2002 it became a formal agreement, which was extended every 4 years ever since.

4 – Conclusion

In hindsight the year 1986 mentioned above marked the shift of European medical specialist policy in the UEMS from lobbying European legislation towards independent European professional policy in our field. We did not know it at that time, but it was an opportune moment. 1989 saw the collapse of the Soviet empire and the start of the gradual integration of the former European Soviet satellite states into the free world and the European Union. The UEMS was able to provide models for independent medical organisations in those countries. I remember that there was pressure in those days from the colleagues in these countries to provide Charters and other material when the ink was still wet.
Still it took the UEMS nearly a decade to reach consensus and to formulate its European policy in the crucial fields of medical specialist training, continuing education and medical practice.
Its conclusions were taken up by national authorities, both medical and non-medical. This shows the principle of subsidiarity, which is anchored in the EU treaty. Contrary to general perception the EU

does not show a trace of meddlesome EU policy in the medical field. The ‘’doctor’s’’ Directive 2005/36/EC in its article 25 states only minimum requirements for medical specialist training and the minimum periods of training are very short indeed (annex V-1-3). Further filling-in is left to national or in our case professional European organisations in accordance with the subsidiarity principle.
Life-long learning is specifically excluded from EU legislation in the Directive (preamble point 39). Member States should adopt the legal arrangements in this matter.
Unfortunately the medical profession is increasingly constrained by national organisations (for instance health insurance funds) and authorities in the member states, while on the other hand commercial multinational organisations are free to follow their own policy without hardly any limitations by European legislation.
There is no easy approach to these difficulties. Strengthening of the position of the medical profession itself in Europe is part of the answer. This what we should keep doing.

#

Cees Leibbrandt

Curriculum vitae of Dr. C.C.Leibbrandt
cc@leibbrandt.net

Cees Leibbrandt, born 1935, is a Dutch otolaryngologist with training at the university hospital in Utrecht. His practice focused on oncological surgery and otology. He introduced the cochlear implants in the Netherlands.
He practiced otolaryngology in the University Hospital in Utrecht and in the regional Hospital ‘’de Lichtenberg’’ in nearby Amersfoort.
During his professional career he was member of the boards of several medical organisations in his country, both on local and on national level.
In 1986 the Dutch Order of Medical Specialists delegated him to the UEMS, the European Union of Medical Specialists, the umbrella organisation of the associations of medical specialists in the European Union.

Under his guidance the UEMS set up a program to harmonize and improve the quality of training and practice in the countries of the European Union. As secretary of this program he was instrumental in the codification of European requirements for postgraduate and continuing training of medical specialists. In the early nineties this resulted in the UEMS Charters for Postgraduate Training and Continuing Medical Education, still valid today.

In 1996 he retired from his private and university practice and became member of the Executive Committee of the UEMS, in which he served in several functions.
From 1999 till 2002 he was Secretary-General of the UEMS. In this period he founded the EACCME, the European Accreditation Council for Continuing Medical Education, which became operational in 2000. In this function he negotiated the agreement with the American Medical Association concerning reciprocal recognition of AMA and EACCME continuing education awards.
He is honorary member of the UEMS and bearer of the Hippocrates Award of the Global Alliance for Medical Education.

September 2016