Continuing medical education for nephrologists in Europe

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Introduction

The European Union of Medical Specialists (UEMS) was founded in Brussels on 20 July 1958, with one of its objectives being to study, promote, and defend the quality of a comparably high level of specialist care given to patients in the European Community (Article 2 of the statutes of the UEMS). The UEMS acts as an Advisory Body to the Advisory Committee in Medical Training (ACMT), which is a Statutory Committee of the European Union. Specialist Sections were created for a number of specialties at that time but the Specialty Section in Nephrology was not formed until 2 April 1993. It has previously published in Nephrology Dialysis Transplantation in 1996 a programme for harmonization of training in Nephrology in the European Union.

The Specialty Sections of the UEMS have been asked to make recommendations for Continuing Medical Education (CME) as part of Continuing Professional Development for their individual specialty. The following guidelines have been drawn up by the Specialty Section in Nephrology of the UEMS to support the introduction of CME for Nephrologists working in the countries of the European Union.

The concept of CME has been introduced in a number of countries in the European Union but remains, at the present moment, voluntary in all of these countries. However, it seems likely that in time, given the pressure for quality assurance in medical practice, that CME will become mandatory for re-accreditation or re-certification. It is recognized that each country will develop CME appropriate to the circumstances within its own health service but to facilitate movement by specialists in Nephrology between European countries it was felt appropriate to suggest general guidelines.

CME should ideally be organized by the same professional body responsible for postgraduate training in any country as from an organizational perspective these areas are mutually supportive. The following guidelines are based on experience in the United Kingdom and the recommendations for CME by the Specialty Section in Radiology of the UEMS.

It is recognized that these guidelines will require to be kept under review in the light of experience of CME at national and European levels. Innovation in the provision of CME opportunities is to be encouraged.

Definition

Continuing Medical Education in Nephrology is a programme of educational activities to guarantee the maintenance and upgrading of knowledge, skills and competence following completion of postgraduate training in Nephrology. CME is an ethical and moral obligation for each Nephrologist throughout his or her professional career in order to maintain the highest possible professional standards.

Recommendations

1. The Specialty Section in Nephrology considers it is essential that all nephrologists who have completed their training and who are accredited should continue their medical education throughout their careers.

2. It is recommended that the professional body responsible for CME in each country should establish a 5-year cycle of CME re-accreditation/re-certification.

3. A credit system for CME similar to that employed in North America and the United Kingdom should be utilized.

4. Category 1 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 appropriate national authority.

5. Category 2 internal credits will be awarded for hospital and locally based educational activities including teaching, audit, and published material as well as self-directed learning.

6. Courses provided by the national specialty body in each country should be automatically recognized by the national authority, as should be courses and meetings organized by the European Renal Association.

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Association and other International Renal Associations and Societies

7. Courses recognized in one country for CME should be automatically recognized for equal credits by the appropriate authorities in other countries.

8. A credit is a unit of CME corresponding to 1 h of educational activity; 250 CME credits will be required over a 5-year period for qualifications for re-accreditation/re-certification. At least 125 of these credits should be category 1 external credits. It is strongly recommended that 50 of the 250 credits should be in general internal medicine in recognition of the requirements for such continuing medical education for specialists in Nephrology.

9. Registration for CME should be organized by the appropriate authorities in each country. A system should be introduced in each country for appeals in extenuating circumstances where the required number of credits are not achieved. In addition specialists in Nephrology who fail to achieve 250 credits in 5 years should receive counselling from the appropriate authority in each country.

10. Credits in excess of the required 250 will not be carried forward to the following 5 year cycle.

11. Organizers of courses and meetings should apply to the appropriate authority in each country for the award of credits and the number of these given for attendance at such courses should be included in advertising. Organizers should provide documentation to support the award of credits.

12. The award of category 2 internal credits:
   (a) Local hospital educational activity
   (b) Preparation and delivery of lectures or seminars
   (c) Preparation and delivery of audit reports
   (d) Visits to other departments to learn new techniques/knowledge.
   (e) Preparation and publication of a paper in a recognized peer reviewed journal (maximum 5 credits)
   (f) Preparation and authorship of book or chapter (maximum 10 credits)
   (g) Each preparation of an abstract for verbal or poster presentation (maximum 3 credits).

13. Each specialist in Nephrology should submit a copy of his or her CME credit record to the appropriate national authority for validation and record-keeping annually.

14. The national authority should remind specialists in Nephrology at the end of the third year of cycle of the requirements for the last 2 years.

15. The CME programme for individual specialists in Nephrology should begin immediately on receipt of their accreditation by the appropriate authority.

16. Entitlement to study leave and financial support for the purpose of participation in a recognized CME programme should be contractual rather than discretionary. For Nephrologists in private practice a proportion of fee income should be set aside for the financing of CME.

17. The appropriate authority in each country should also produce an annual report on Continuing Medical Education in Nephrology.

The Specialty Section in Nephrology would welcome comments or suggestions on these proposals. Correspondence should be sent to: Dr B. J. R. Junor, Secretary, Specialty Section in Nephrology, Western Infirmary, Renal Unit, Dumbarton Road, Glasgow G11 6NT, UK. Fax: +44 (0)141 211 1711.