No surgeon would deny the value of continuing his or her medical education. Most of us enjoy enhancing our knowledge and honing our skills by communication and are therefore keen to be involved with the conferences, workshops and masterclasses that help us keep abreast of current data and new techniques. Indeed, without these stimuli our day-to-day tasks might become repetitive and standards could fall. It is therefore self-evident that Continuing Medical Education (CME) is both enjoyable and useful. Some surgeons might, nevertheless, question the need for bureaucratic control of this process. Traditionally our societies and clubs have supported these educational initiatives with the assistance of universities and other teaching institutions. Unfortunately, for a multitude of reasons, not all surgeons avail themselves of these courses. Since it is agreed that surgeons have an obligation to maintain their professional proficiency and development through continuing education, some individual European countries have already developed a system of control over CME accreditation and the European Accreditation Council states that “quality assurance of continuing medical education in the European countries is the responsibility of the national authorities”.

It is therefore only a matter of time before national CME systems are in place throughout Europe. A legal requirement to maintain adequate CME points each year is already being discussed so that it is self-evident that European vascular surgeons must develop a CME process. This process will undoubtedly evolve and adapt over the next decade and any guidelines drawn up must be sensitive to change.

In Vascular Surgery national CME already exists in Great Britain and plans are close to fruition in Holland, Sweden and other countries. The Union Européenne de Médecins Spécialistes Division of Vascular Surgery and the European Board of Vascular Surgery have therefore addressed this issue in order to consider CME for vascular surgeons within the European Union and associated states. As a result of this, a CME sub-committee of the European Board of Vascular Surgery has been formed, with a view to guiding and developing education for qualified vascular surgeons. This appears to be an appropriate position for this committee, since each European nation elects two delegates to the Board, and the sub-committee reports to these elected national delegates. Elected representatives of each nation are therefore involved in the process. The small, workable CME committee is chosen from the members of the Board, but remains responsible to the full Board. The current members are: David Bergqvist, Johan van Bockel, the Chairman of CME and the Secretary and President of the European Board of Vascular Surgery.

We rapidly came to the conclusion that there is a natural split between the providers of CME (societies, universities, vascular units, etc.) and a central organisation that referees these facilities and disseminates the information about the programmes. The CME Committee has a mandate to referee European events and provide appropriate CME points. It would be meddlesome, and entirely inappropriate, for this committee to become involved with local CME or national CME (see below). In the first instance it is likely that CME points will be held at national level and each nation can therefore decide the value of European CME points within it own system. Once courses have been approved for CME points then the UEMS should attempt to disseminate this information to vascular surgeons throughout Europe. We should not, however, make any attempt to provide the courses required. The mandate of the Committee is to act as a facilitator and communicator, providing guidance where there is an apparent shortage of educational activity. For example, when new technology becomes available (such as stent grafting) there is an immediate
need to provide theoretical and practical courses so that surgeons are adept at the techniques and are aware of the problems, before embarking upon their own clinical practice.

The cynics amongst you may consider this is a bureaucratic stamp to a system that is already working effectively. There are certainly well-recognised courses in Europe that we attend. These will receive CME points and it is unlikely that they will change very much. These are, nevertheless, early days and there are many exciting educational initiatives to develop.

It is likely that European CME will evolve as a three-tier system. In order for the system to be simple and transparently fair European vascular meetings (see below) will be valued at one CME point per one hour’s work, whether the education takes the form of a conference, discussion group or workshop.

**Principles of CME guiding the Committee**

1. CME should consist of 3 levels:
   (i) Local CME;
   (ii) National CME;
   (iii) European CME.
2. CME accreditation should be simple and transparently fair.
3. The chairman should ensure that European vascular surgical societies are represented on the UEMS-CME Committee.
4. The CME Committee (four or five members) should be adaptable and therefore needs to be maintained with a changing membership from the nationally elected European Board of Vascular Surgery (3-year term).

**The criteria for CME accreditation and points are as follows:**

1. The meeting has to be European.
2. The meeting should be in English, or there should be simultaneous translation into English.
3. An identifiable unit for European CME accreditation may be available at a national meeting (e.g. a workshop or round table with European specialists taking up a half-day within the national meeting – possibly three hours, therefore three European CME units).
4. The meeting should have clear and specific objectives, which are not directed by an individual sponsor. Product-specific meetings are unlikely to receive CME accreditation.
5. Sponsors should understand that they are promoting a European CME meeting, and open and direct promotion is discouraged. An appropriate sponsorship acknowledgement is given, but “European CME accreditation” should be incorporated in the title.
6. To qualify for European CME there should be at least four European speakers (excluding the host nation) per eight hours of meeting.
7. The detailed programme should be submitted for endorsement four months in advance.
8. CME points will be awarded equally between different types of meeting on the basis of one CME point = one hour of activity (lunch breaks, coffee breaks etc are excluded).

**Application for CME points**

1. The Secretary of the European Board of Vascular Surgery should receive the applications four months...
prior to the meeting date and will respond within three weeks with the appropriate number of CME points for advertising (Professor Christos Liapis, Secretary of the Board, Associate Professor of Surgery, Athens University Medical School, 131 Vas Sofias Ave, 11521 Athens, Greece. Tel: +301-6455183; Fax: +301-6847949).

2. The application should be on a specific form “Application for CME Approval”.

3. On acceptance the meeting organiser will receive a specimen evaluation form. This should be filled in by all the participants. The organiser should prepare a short report from the results and submit the report and results to the Secretary of the European Board of Vascular Surgery within three months.

4. The organiser should provide a CME certificate for each delegate.

To complete the educational loop it is important that the organiser returns the CME appraisal forms from the delegates at the meeting. Only in this way can meetings improve and be sensitive to the needs of the delegates.

References


Accepted 17 June 1999