The fundamental change in the last decades is the attitude of the patients and the public in general. Medical expertise of doctors is not being taken for granted any more. People and also governments and insurances want proof that the doctor is able to administer state-of-the-art medical care. There is constant pressure from governments, patients and consumer organizations that doctors make their effort in the maintenance of competence visible.

Governments, that want to prove that they care for quality practice, while at the same time reducing Health Care budgets, have jumped on this bandwagon and are putting CME requirements into legislation, because for them CME is an accessible way to measure competence and they are forced politically to do something.

The professional CME structure in most European countries has grown bottom-up during the nineties. National Specialty based Societies started programmes of accreditation of CME providers, awarding of credits to their members and setting standards, initially rather arbitrarily. No penalties were involved, just counselling. Presently these specialty based structures are being tied together in national CME authorities, usually implemented by the profession.

The UEMS (European Union of Medical Specialists) recognized this tendency early in the nineties and started establishing a European framework for structured CME. The UEMS European CME Charter of 1994 was a milestone in this process. This laid out the direction of CME policy for the later years and was followed in 2000 by the establishment of the EACCME (European Accreditation Council for CME). The EACCME acts as an umbrella structure for the national CME Authorities and makes it possible in Europe to exchange accreditation of providers and recognition of CME credits of doctors between the countries and - not unimportant - between the specialties.

References:  www.uems.be  www.eaccme.be