



EUROPEAN UNION OF GENERAL PRACTITIONERS

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UEMO 2002/151

Questionnaire on the wish to take part in cooperation with the UEMS EACCME

The following countries have answered the questionnaire:

Finland, Portugal, UK, Spain, Denmark, Sweden, The Netherlands, Norway, Switzerland, Germany, Belgium.

The answers must be seen in the light of the letter from Dr. Leibbrandt, UEMS General Secretary, on 6 November 2001.

The issue was debated at the UEMO meeting in May in Sicily. No agreement was reached at the meeting to the handling of the invitation to start cooperation with the UEMS EACCME. It was agreed to hold a meeting with Dr. Leibbrandt to clarify the situation. The arguments submitted in the national responses and the general tendency has been used in connection with the meeting with Dr. Leibbrandt.

1. The Finnish delegation suggested that the cooperation with the UEMS on the EACCME project might be useful and desirable under the condition that UEMO has influence on the system!
2. The Portuguese delegation states that the Ordem dos Medicos is already participating in the EACCME project, but this does not imply a consent to the point system's infallibility in registration and quality development of CME/CPD. A common European accreditation model is desirable. All in all the Portuguese response is perceived to be in favour of cooperation with the UEMS.
3. The UK is not directly in favour – it seems too expensive and with negligible outcome.
4. The Spanish delegation does not approve cooperation.
5. Nor does the Danish delegation approve cooperation although pointing out that the development and coordination of accreditation models in the CME systems on a European level might be desirable.

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6. The Swedish Medical Association has already accepted cooperation with the UEMS EACCME. However, they present certain preconditions. There seems to be a positive view of the project.
7. The Netherlands is not open to cooperation with the UEMS. However, they suggest that in future there might be a need, especially in light of the policy development in the health care area- the content of the Directive with demands for continuing education.
8. Norway has a greater need to qualify national accreditation models and do not immediately have a need for European models.
9. Switzerland does not seem to have a need to enter into cooperation with the UEMS EACCME.
10. Belgium expresses a wish for a cooperation model.

All in all, there seem to be approval from 4 out of 11 responses and rejection from the seven remaining responses.

The conclusion is that on the basis of the responses there is not sufficient political support in the UEMO to enter into cooperation with the UEMS in this area. However, there seem to be a certain support for keeping the contact to the UEMS with a view to a revision if the situation changes.

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September 2002