



Editorial

The Current Accreditation System for Pulmonologists in Spain and Europe



El actual sistema de acreditación para los neumólogos en España y en Europa

Due to rapid advances in medicine in general and pneumology in particular, there is a clear need for the continuing training and accreditation of health professionals involved in the care of patients with respiratory disorders. This training is at the heart of Continuing Medical Education (CME) and Continuing Professional Development (CPD), whose objectives are to improve professional standards, safeguard appropriate patient care, and promote community trust in health professionals (doctors but also respiratory physiotherapists and nurses).¹ The fulfillment of these objectives encompasses not only the transmission and maintenance of knowledge, but also of technical skills, and even of the appropriate professional attitudes. It therefore implies a multi-dimensional approach and a wide spectrum of activities, which in fact should be extended to the whole professional life.² Certainly, there are more critical moments in the latter, such as the interval that goes from obtaining the title of medical specialist until retirement, since in most countries this is generally the least regulated period. Other crucial points are those when the pneumologist/pulmonologist should demonstrate the maintenance of an appropriate level of knowledge (recertification), or even prove that they have reached new specific competences (such as formal subspecialization). Unfortunately, there is still considerable heterogeneity in the regulation of CME and CPD activities amongst different European countries, although many institutions are actively working to bring them closer together.

A CME/CPD program should be ambitious but achievable, with clearly defined objectives and activities, and must be adapted to the professional, legal and social environment. For this purpose, the candidate profile for a learning or certification activity must be clearly defined. In addition, the professional consequences of the activity must be established for each scenario of the healthcare system. Finally, it should not be forgotten that some CME/CPD activities should be periodical in order to incorporate the advances that are constantly occurring in respiratory medicine.

CME/CPD activities may include theoretical background (seminars, sessions, discussion rooms) and/or technical skills (practical sessions, simulations, live demonstrations). Nowadays, they can be face-to-face or via an electronic format, but they must always involve the active participation of respiratory care professionals. The evaluation system is also a very important point, and should

be applied not only to specialists, but also to the program itself and to its medium and long-term outcomes.

A relevant point is to clearly define providers and funders of CME/CPD activities. The Spanish providers are mainly scientific-medical societies such as the *Sociedad Española de Neumología y Cirugía Torácica* (SEPAR) (50%), the national health service (NHS) and its centers (20%), and private industry (mostly pharmaceutical companies) (15%); with the main funders being the latter (60%), followed by the NHS and associated centers (20%) and scientific-medical societies (10%).³ Funding from pharmaceutical companies in particular requires strict rules to avoid any conflicts of interest. It is commonly accepted that the rules should include the fact that educators must be independent or declare their potential conflicts, the program should be independently designed, content and documents must be professionally supervised, and finally the private company areas should be clearly delimited.

Another important issue is to clarify whether a CME/CPD activity is compulsory or voluntary, as well as the inherent benefits for the professional: salary increase, career or academic progression or (as already set in some countries) to be included in a public list of those who have 'passed' the activity or got the certification.

The situation of the CME/CPD in Spain is certainly complex, since M.D. and Ph.D. programs depend on the Ministry of Education, while the medical specialization programs depend on the Ministry of Health.³ Each one of these institutions award their corresponding certification. Moreover, the various regulations dependent on the different autonomous communities should be added to this scenario, although there is a coordinating body that ensures a certain homogeneity throughout the country (*Consejo Interterritorial del Sistema de Salud*). However, in 1998 the first steps of the current Spanish CME/CPD system were taken with the creation of the *Comisión Española de Educación Continua para la Salud*, which was followed by the establishment of the *Consejo Español de Acreditación para CME* (SACCME) in 2003.³ Accreditation of CME/CPD activities can be useful for professional promotion in many Spanish NHS centers but it is still not obligatory (as it already is in other European and North American countries).^{4,5} Furthermore, to date there are no recertification activities for respiratory medicine specialists in Spain.³

The granting of credits in Spain may be at a national or a regional level, although universities, medical societies and medical colleges

are working to make the procedures uniform. The current more standardized process of accreditation involves a request from the supplier of the activity, the review by external experts and the recognition (or not) of the corresponding credits.

The credits granted by SACCME have an established equivalence with those of the *European Accreditation Council for Continuing Medical Education* (EACCME, constituted in 1999) (1 EACCME = 0.12 SACCME). Moreover, SEPAR also carries out CME/CPD activities with its own accreditation system, which is useful for professionals and centers due to the prestige that it holds. Furthermore, SEPAR also supports the HERMES EDARM (*European Diploma in Adult Respiratory Medicine*) program, with local training and preparation activities.³ At the moment, this title carries no legal-administrative consequences in Spain, but it does confer great prestige to the accredited professionals.

At a European level, in 2001, the *European Respiratory Society* (ERS) created the *European Board for Accreditation in Pneumology* (EBAP) at the request of the pulmonology section of the *European Union of Medical Specialties* (UEMS).⁶ This institution works closely with the ERS, the *Forum of European Respiratory Societies* (FERS) and the UEMS, being the entity that reviews and endorses CME/CPD activities related to respiratory medicine at a European level. More specifically, after evaluation of the activity, EBAP grants accreditation to both live or electronic (e-learning) educational activities and materials, journal articles and others (including workshops and even apps). Regarding the *European Respiratory Journal* (ERJ), credits can be obtained by reading articles considered by EBAP as educational, after answering a brief questionnaire.⁷ In addition, the ERS together with the EBAP launched a program to accredit European training centers in adult respiratory medicine in 2014.⁸ This program is part of the general objective of harmonizing training activities of respiratory medicine specialists throughout Europe (the aforementioned HERMES program).^{9,10}

In conclusion, in Spain we are aware of the need for CME/CPD activities of excellence, and we have a standardized procedure for evaluating and accrediting such activities as well as for obtaining the corresponding credits. However, the benefits for pneumologists are not yet clearly defined and nor have they reached equally the whole NHS institutions. It is worth noting that there are still no compulsory activities for the recertification of respiratory medicine

specialists. Finally, there is a clear will among medical professionals and respiratory societies to homogenize the current local procedures with a future shared European system.

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Joaquim Gea

Management Council of the European Board for Accreditation in Pneumology (EBAP), Department of Respiratory Medicine, Hospital del Mar – IMIM, DCEXS, Universitat. Pompeu Fabra, CIBERES, ISCIII, Barcelona, Spain

E-mail address: Quim.gea@upf.edu