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Preface

Over the past decades Radiology has been developing dramatically and unremitting progress has been made.

The improvements in CT, MRI and Ultrasound have enabled Radiology to investigate diseases in great depth down to the molecular level. It is therefore essential that the radiologist maintains and develops great expertise not only in the use of new equipment, but also in taking advantage of the involved diagnostic capabilities.

This can be achieved through Continuing Medical Education (CME) and Professional Development (CPD) and should be done in a structured way. The policy outlined in this document is designed to focus on the radiologist's continuing development and is organised to enable considerable personal flexibility for this continuing educational process.

The cornerstone of continuing education remains major educational and scientific meetings such as the European Congress of Radiology, meetings of the European Subspecialty Societies as well as National Societies and many courses in individual countries run by experts. However, continuing education is much broader and involves reading journals, writing papers, doing audit and research as well as spending time with experts and thereby learning new techniques in and out of an individual radiologist's workplace.

This policy paper outlines all of these different methods and provides a credit rating for them. In many countries it is necessary for radiologists to show to their registering authorities that they have undertaken this process. It is important to underline that the credit system is widely used in both Europe and the United States of America. The policy document identifies a distribution of credits which again allow flexibility.

The European Association of Radiology (EAR) has developed this programme in conjunction with the Radiology Section of the UEMS and in particular this policy document which was put together by the EAR Education Board under the leadership of Professor Pierre Schnyder. EAR is extremely grateful to him and his Committee for all of their hard work on this policy and recommend to National Societies to use it as a basis for their CME and CPD programmes.

Executive Bureau of the European Association of Radiology, November 2004

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Guidelines for Continuing Medical Education (CME) and Continuing Professional Development (CPD)

Preamble

The European Association of Radiology (EAR) and the Union Européenne des Médecins Spécialistes (UEMS) Radiology Section and Board have drawn up these guidelines to support the introduction of Continuing Medical Education (CME) and Continuing Professional Development (CPD) for radiologists in countries represented through their National Societies of radiology and professional bodies.

CME in radiology has been introduced in a number of European countries in recent years. In some countries employing authorities, professional licensing bodies and medical insurance companies require proof of involvement in CME. In others, CME has been set up voluntarily by the radiology specialty, while in the remainder CME programmes have not yet been established.

It is recognised that each country will develop CME appropriate to the circumstances pertaining within its own health service. Government and consumer pressure for enhanced quality assurance in medicine will strengthen the case for mandatory CME. The EAR/UEMS Radiology Section and Board will continue to promote, facilitate and organise CME on a voluntary basis at local, national and international levels so that all radiologists are prepared for the challenge of mandatory CME/CPD and/or CME/CPD based re-accreditation should this arise.

EAR member states have entirely different work practices and systems of organisation of specialty training in medicine. These guidelines have been modified to allow a flexible solution to participation in CME and CPD for all European radiologists.

CME/CPD should ideally be organised by a single professional body and preferably the same professional body responsible for postgraduate training, as, from an organisational perspective, these areas are mutually supportive.

The development of these guidelines has resulted from an analysis of the existing (1994) CME programmes in EAR member states. The guidelines of the Royal College of Radiologists (RCR) of the United Kingdom, introduced as of January 1st 1994 (1), which is similar to the one being in place in North America for some years, served as a model for the initial EAR/UEMS guidelines.

These revised EAR/UEMS Radiology Section and Board Guidelines have been modified to take account of the European Charter on Continuing Medical Education (UEMS) (2) and also to reflect recent and anticipated developments in Continuing Medical Education and the concept of Continuing Professional Development. This document has been ratified by the Joint Commission EAR/UEMS Radiology Section and Board.

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

Introduction

Definition

Continuing Medical Education (CME) in Diagnostic Radiology is a programme of educational activities to guarantee the maintenance and upgrading of knowledge, skills and competence following completion of post-graduate training. CME is an ethical and moral obligation for each radiologist throughout his/her professional career in order to maintain the highest possible professional standards.

Continuing Professional Development (CPD). This deals with the acquisition and maintenance of new knowledge, skills, attitudes and values in order to ensure that radiologists are able to maintain and improve their competence to practice in their specialist area as well as in any area of additional responsibility in education or management. This improves the overall quality of service to patients.

CPD is a process of life-long learning for the individual, which enables the needs of patients to be met and the health outcomes and priorities of the employing institution or practice to be delivered. CPD provides the educational structure to broaden and modify roles as part of career developments. CPD should improve patient care, maintain competency and expand knowledge base.

Changes in career emphasis may occur over time within an organisation. The development of new radiological techniques will require an educational plan to gain the appropriate competencies. Management roles may be undertaken as department or practice chief. Educational roles might require increased specific teaching or organisational skills involving further training and research interests regarding the understanding of new techniques or principles.

CPD will therefore be directed by the varying learning needs of the individual radiologist, which must be a planned personal career development. The services that the organisation wishes to provide and the role that the radiologist within it wishes to play needs to be defined. It is essential that this personal development is undertaken in conjunction with colleagues within a department or practice in line with the objectives of the institution. The personal development plan must be regularly redefined and should remain flexible so that appropriate unplanned learning opportunities are not excluded.

Radiologists may need to take time out of the workplace to undertake professional development, including hands-on experience with specialists in recognised training departments. Management roles may be developed through courses, appropriate workshops, the undertaking of post-graduate diplomas or degrees in management and related subjects. Similarly educational roles may be developed through corresponding education-based courses and qualifications.

1. Implementation

- 1.1 EAR/UEMS Radiology Section and Board recommend Continuing Medical Education and Continuing Professional Development as the most important and efficacious method for keeping abreast of the newest techniques and information in our specialty and for maintaining and enhancing competence.
- 1.2 Entitlement to study leave and financial support for the purpose of participation in a recognised CME CPD Programme should be contractual rather than discretionary.
- 1.3 For radiologists in private practice a part of fee income should be set aside for the financing of CME.



2. Main Recommendations

- 2.1 EAR/UEMS Radiology Section and Board consider it essential that all radiologists who have completed their training and who are accredited should continue their medical education throughout their careers.
Credit targets should be set regardless of whether a specialist is working part time or full time and the five-year average will enable those who may have been sick or absent for work for other reasons to achieve their total over the five-year period.
- 2.2 Both EAR and UEMS Radiology Section and Board will act as promoters and facilitators of CME/CPD in Europe and will encourage the Specialist Radiology Bodies in each country to establish and further CME/CPD on a regular five-year cycle in order that a comprehensive re-education programme is achieved within that time scale.
- 2.3 While EAR and UEMS Radiology Section and Board recognise that they have no statutory authority in this area, both groups fully support Continuing Medical Education as a moral obligation on each radiologist to be undertaken on a voluntary basis as a practical contribution to enhancing patient care.
- 2.4 A credit system for CME/CPD should be utilised. Category I credits may be earned by attendance at courses, conferences, lectures, scientific meetings, workshops etc. (hereinafter referred to as courses) where the course has been subject to prior assessment of course content and relevance by European Accreditation Council for CME (EACCME), EAR/ UEMS Radiology Section and Board or by the National Authority, Board or College or its delegate Radiological Speciality Body which organises radiological CME/CPD.
- 2.5 Attendance at management courses relevant to organisation of radiology services and Radiology Departmental Management will also earn category I credits.
- 2.6 EAR/UEMS Radiology Section and Board recognise the limitations of CME/CPD based only on attendance at scientific courses and conferences and wishes to increase the scope for other externally validated academic activities to be included in this category.
- 2.7 Therefore, category II credits will be awarded for self-directed learning, hospital and locally based educational activities as well as teaching and audit. A maximum of 125 category II credits will be accepted in a five-year cycle. This reflects the EAR/UEMS Radiology Section and Board's recognition of the value and the potential of self-directed learning by personal education programmes and self-assessment especially with regard to CPD.
As the majority of radiologists who take on additional organisational or educational roles maintain their primary clinical commitment, it is essential that CME continues to form a significant proportion of their CPD credits. It is the view of the EAR/UEMS Radiology Section and Board that CME activities require a minimum of 50% of the category I/II credits in the five-year cycle.
- 2.8 Courses provided by EAR or associated/affiliated subspecialty groups and each National Professional Authority or its Delegate Radiology Speciality Body will be automatically recognised by EACCME for equivalent CME/CPD credit. The National Authority or its Delegate Radiology Speciality Body will prospectively assess each course for its educational content and relevance and award an appropriate number of category I CME credits. It is recognised that some countries do not yet have a formal National Authority for the purpose of controlling/monitoring CME. Under those circumstances the Speciality Body in charge of Post-Graduate Radiological Education and CME is the

appropriate body to fulfil these purposes and will continue to organise, facilitate and validate CME for the individual consultant radiologist.

- 2.9 In order to encourage cross fertilisation of ideas and harmonisation of practice across Europe attendance at and contributions to courses recognised for a specific number of credits by a National Professional Authority or its Delegate Radiological Speciality Body in one country will be recognised for equal credits by the authorities in the other European countries through the EACCME.
- 2.10 A Quality Assurance Committee on Continuing Medical Education/Continuing Professional Development drawn from the EAR and UEMS Radiology Section and Board in conjunction with EACCME may be established to audit arrangements at national level and make recommendations for changes, if appropriate. Audit should be carried out on individual radiologists at national level to ensure compliance. This should be organised by the National Authority or its Delegate Radiology Body.

3. Credits

- 3.1 A credit is a unit of CME and corresponds to one hour of educational activity.
- 3.2 Category I credits can be earned by attendance at radiological courses with prior CME approval from the national professional authority or its delegate radiological specialty body, including courses on departmental organisation and management. Courses organised by other medical specialities and scientific societies where the course content is relevant to radiological practice and where there is prior CME approval by the host specialty or society will be recognised for category I credits. As radiology deals with referrals from all other medical disciplines this provision will underwrite the commitment of radiologists to keep up to date with all aspects of medicine.
- 3.3 **Automatic Accreditation**
Annual congresses of national European societies of radiology are automatically recognised as category I CME. Number of credits is one CME credit per hour, according to the published programme. Internationally recognised radiology congresses such as ECR, RSNA, ISC and annual meetings of European and International Subspecialty Societies of Radiology such as ESGAR, ESNR, ESSR etc. are automatically recognised as category I CME. The number of credits is one CME credit per hour, according to the programme. Recognition of these courses will be given by EACCME.
Courses must enable the Radiologists attending to provide the proof of their attendance to the educational and scientific programme, such as with code-bars and a statement of attendance together with the number of granted CME credits as required by the European Accreditation Council for CME (EACCME).
- 3.4 The required number of credits over a five-year period for re-accreditation is 250. The same number should be obtained in those countries where formal re-accreditation is not yet practised. The number can be achieved solely as category I credits or alternatively can be achieved as a minimum 125 category I credits, the remaining 125 to be achieved as category II credits. However, countries where travel is limited either by geography or because of limited financial resources may wish to adjust this percentage.
- 3.5 In cases where 250 credits are not achieved there will be an appeal system for extenuating circumstances. Radiologists who fail to achieve 250 credits in five years should receive counselling from the National Professional Authority or its Delegate Radiological Speciality Body.



- 3.6 Credits in excess of the required 250 will not be carried forward into the following five-year cycle.
- 3.7 Credits cannot be earned for service on committees or working parties whether local, national or international.

4. Award of Category I Credits

- 4.1 Course organisers are required to apply prospectively at least three months in advance to the National Professional Authority or its Delegate Radiological Speciality Body for CME or where not available a specialty-based accreditation institution by submitting a copy of the course programme. This should set out the educational goals of the programme, course content, with exact times for all academic sessions, titles of lectures, names of lecturers and expected learning opportunities. It should also identify the group(s) likely to benefit from participation including those outside radiology. Should a course be repeated, renewed approval will be required and organisers must submit a further application. This applies to all annual courses and meetings. The national accreditation or specialty-based institution will apply for EACCME accreditation as defined in D9908 (criteria for international accreditation of CME).
- 4.2 The national authority or its delegate radiological body through its CME committee will:
 - a) Consider the education content of the course
 - b) Consider if the involved lecturers are national or international reference.
 - c) Prospectively award an appropriate number of category I credits.

EAR/UEMS Radiology Section and Board recognise the importance of attendance at courses run by other specialist groups and scientific societies in order that radiologists are aware of current practice and innovations which may impact on radiology. Credits for attendance at such courses will be those awarded by the host specialty or society. Documentation supporting the radiologists participation should be provided.

- 4.3 Course organisers will be notified as to the number of category I CME/CPD credits awarded and may be asked to include this figure in their advertising.
- 4.4 In order to be awarded category I CME/CPD credits organisers of courses should provide attendees with an evaluation form dealing with the quality of the lecture presentation, background and utility.
- 4.5 EAR/UEMS Radiology Section and Board may develop a unified model for the recording of credit points (log-book or diary). This will be used for ECR and European Radiological Subspecialty courses. Courses organised by the National Authority or its Delegate Radiological Body will be dealt with locally. The National Authority or its delegate Radiological Speciality Body will maintain a national CME/CPD record. National CME/CPD records should be retained for eight years and should be available to EAR/UEMS for inspection as part of quality assurance review.
- 4.6 Credits should be logged by each participant in a special diary or on a computer disc. Large conferences such as the European Congress of Radiology (ECR) may provide a detailed list of individual credit points by means of a special computer programme (voucher system). Documents supporting attendance at courses and other CME/CPD activities should be retained by each radiologist as evidence for validation.

- 4.7 Attendance at international courses may attract CME/CPD category I credits granted on the same basis as in the host country.
- 4.8 A rapid response mechanism should be available for consideration of those local courses for which the normal advance notice to attendees has not been possible. In such circumstances course organisers should fax to the approved National Radiological CME Authority details of the course or lecture. The number of category I credits awarded (if any) for attendance will be notified to the organisers subsequently. The same strict criteria required for prior approval will apply.
- 4.9 The followings can be considered as category I credits with a maximum of 20 CME/CPD credits per year (this number however remains under the decision of the National Authorities CME Committee):
- a) Preparation and delivery of formal lecture or seminar: Four category I credits awarded. Supporting documentation has to be provided.
 - b) Preparation and publication of a paper in a recognised peer-reviewed medical or scientific journal. Up to ten category I credits may be awarded for authorships. The proposed repartition of credits among several authors is following: first author - ten credits, second and last author - five credits, others - one credit.
 - c) Preparation and authorship of book or chapter. Up to 15 credits, one by chapter may be awarded. The repartition among authors is the following: first author - 15 credits, second and last authors - eight credits, others - four credits.
 - d) Preparation and presentation of poster or audio-visual display. Up to ten category I credits may be awarded for authors with a similar repartition as proposed above for preparation and publication of papers.
 - e) The journal European Radiology may run a regular series of updated articles covering a broad range of topics in a special CME supplement of the journal. An MCQ test based on the updated material could be completed by an individual radiologist and returned to the journal offices for validation and award of one or more category I credits per issue. National and Subspecialty journals or Newsletters may consider similar initiatives. The Internet may be used to facilitate this process. Request for CME credits have to be sent with details of publication to the National Radiological CME Committee for Validation.
 - f) Organised training secondments to work with recognised specialists or managers in order to learn new skills will be recognised for credits. A formal programme and time-table will be required with clearly outlined educational goals and assessment of achievement by the specialist. Three credits a day can be awarded with a maximum of 15 credits. This will be awarded as category II (if the secondment takes place in the radiologists own centre).



5. Award of Category II Credits

Category II credits will be awarded for

- 5.1 Formal local hospital educational activities, e.g. grand rounds, lectures given by visiting lecturer, regularly organised small-group teaching activities, e.g. journal clubs, clinical audit meetings, grand rounds etc. one credit per meeting awarded. Supporting documentation has to be provided.
- 5.2 Self-directed learning. EAR/UEMS Radiology Section and Board recognise the importance of self-directed learning by reading books, journals, etc. and why studying radiology using audio-visual and computer based programmes both free-standing and linked through the Internet. Consequently a maximum of 20 category II credits per annum is recognised for this activity on an annual basis.
- 5.3 Organised training secondments to work with specialists or managers in order to learn new skills will be recognised for credits. A formal programme and time-table with prior, clearly outlined, educational goals and assessment of achievement by the specialist will be required. Three credits a day can be awarded with a maximum of 15 credits.
- 5.4 Learning or updating computer skills particularly in order to improve educational skills and for departmental uses including PACS will be recognised for CPD credits. A formal programme of training will be required with appropriate quality assurance. A maximum of ten credits will be available for this type of activity with one credit for a half-day session.

6. Notification of Current CME/CPD Standing

- 6.1 In each country all consultant radiologists will submit a copy of their CME credit records on diary or computer disc to the National Authority or its Delegate Radiological Body for validation and record keeping. This submission should be in a form acceptable to the National Authority or its Delegate Radiological Body (e.g. form, diary or computer disc). The frequency of submission should be determined by the National Authority or its Delegate Radiological Body, but should clearly be at least once every five years.
- 6.2 To ensure participation in CME/CPD programmes the National Radiological CME Committee should remind radiologists of their obligations by means of regular publications and/or personal letters.
- 6.3 Professional and scientific societies are encouraged to promote the concept of CME/CPD programmes within their membership. Official authorities, e.g. national health service, universities, governmental agencies as employers will be encouraged to facilitate and support financially CME/CPD participation as part of the individual contract of employment.
- 6.4 The fee structure should take account of the necessity to finance Continuing Medical Education. The CME/CPD related costs should be entirely tax deductible.

7. Re-accreditation

All radiologists should be prepared for the possibility of re-accreditation in those member states where it is not currently practised. Both EAR and UEMS Radiology Section and Board recommend participation in CME/CPD programmes so that radiologists may:

- a) Keep abreast of new developments in radiology and medicine in general, thus maintaining and enhancing competence;

- b) Maintain proper standards;
- c) Refresh their interests and help to develop new skills over a professional life-time, thereby improving the quality of patient care and providing work satisfaction for the radiologists;
- d) Respond to pressure from patients and legislators for a competent service by demonstrating that they are up to date and capable of giving the most advanced service available;
- e) Support the contractual provision of study leave and financial support for continuing Medical Education and the recognition of protected time for teaching, audit etc.

8. Date of Commencement

- 8.1 A Continuing Medical Education scheme for radiologists has already been established in some countries, such as Belgium, Ireland, Italy, France, Switzerland, the United Kingdom, Finland, Norway, Germany, Denmark and Spain.
- 8.2 A CME/CPD programme for each individual radiologist should begin immediately on receipt of Certification of Completion of Specialist Training (CCST) so that there is continuity between Postgraduate and Continuing Medical Education.
- 8.3 It is recommended that the National Radiological Body in each country where CME/CPD has not yet been introduced should put in place a CME programme based on these Guidelines for radiologists in receipt of CCST and/or those radiologists who are established in practice. (Individual countries may wish to run a pilot scheme.) The CME year runs from January 1st each year.
Radiologists in countries where CME/CPD is already established should continue with the five-year cycle from the date of initiation of radiological CME at national level or from the date of award of CCST whichever is appropriate.

- 9. The European Journal and radiological publications at national and subspecialty level may advertise all EAR/UEMS Radiology Section and Board as well as national and international courses, including those of recognised EAR subspecialty groups. Details of the course contents, objectives and CME/CPD credit rating should be included.

- 10. There should be a five-year CME/CPD cycle, i.e. over the course of that time-span a comprehensive re-education programme should be provided by a combination of European and national activities.
 - The recommendations of the Charter on Continuing Medical Education (UEMS) are accepted and the following specific provisions of the Charter are emphasised.
 - Charter 1.3 - The Professional Co-ordinating Authority or its Delegate Radiological Speciality Body should keep a register of CME/CPD activities in its own country.
 - Charter 1.6 - The Professional Co-ordinating Authority or its Delegate Radiological Speciality Body should be able to link data from CME activities to individual specialists.



- Charter 1.7 and 1.8 - There should be an appeals body and an annual report at national level.
- Charter 2.1 and 2.2 - The diversity and volume of CME should be such that the whole field of one specialty can be covered in a reasonable time span, i.e. five years.
- Charter 4.6 - CME/CPD is a moral and ethical obligation for the individual medical specialist, but basically it should be a voluntary responsibility. The Representative National Professional Authority is free to decide in a democratic manner to impose a formal obligation to fulfil Continuing Medical Education requirements. However, a medical specialist who does not fulfil these requirements cannot lose his/her status as a doctor or specialist, but must understand that he/she may be disadvantaged in other ways.

Appendix

- (A) UEMS (Union Européenne des Médecins Spécialistes) is the representative organisation of all medical specialists in the European Union. UEMS is constituted by the representative organisations of medical specialists in the EU member states and EFTA countries as well as associate members from other European countries.
- (B) A specialist section in the UEMS is the representative body of physicians in the EU in any given specialty. Members of the specialist sections are appointed from the scientific and/or professional organisations of the specialists in EU member states and EFTA countries in accordance with UEMS rules. The specialist sections deliberate and make proposals on matters of concern to their particular specialty and submit their findings to UEMS in order that they may be co-ordinated as necessary with the abreasts of other specialists and the profession as a whole.
- (C) EAR (European Association of Radiologists) is the confederation of national radiological societies or colleges throughout Europe (both EU and non-EU member states) and the formally structured subspecialty radiological societies.
- (D) A National Board or College is the (representative) national (professional) organisation, which monitors the training of medical specialists in each of the member states according to the rules existing within the EU and within EU member states. Its task includes setting of national standards and supervising the following:
1. Duration of training,
 2. Contents of training,
 3. Quality control,
 4. Control of capacity of training according to demand procedures for entrance to training,
 5. Assessment of other means of qualifications.
- (E) The Education Committee of the EAR has representatives of the UEMS Radiology Section and functions as a European Board, which is a body set up by a relevant UEMS Specialist Section with the purpose of guaranteeing the highest standards of care in the specialty concerned in the EU member states by ensuring that the Post Graduate Training and Continuing Medical Education of specialist doctors is raised to an adequate level.
3. Providing recommendations for setting standards and recognition of training institutions,
 4. Monitoring contents and quality and the evaluation of training in the EU member states,
 5. Facilitating exchange trainees between EU member states,
 6. Facilitating free movement of specialist doctors in the EU.
- (F) A National Authority is the body responsible for the qualification of medical specialists in each EU and non-EU state. It can be a combination of competent professional or university organisations, a national board or college or a national governmental authority advised by a professional authority. It sets standards in accordance with national rules and where appropriate EU legislation as well as considering EAR and UEMS/European Board recommendations. In some cases, the National Authority is organised regionally within the country with national co-ordination.
- (G) The same National Authority, Board or College should ideally organise both Postgraduate Training and Continuing Medical Education.
- (H) There should be a close connection between the National Authority and existing structures and the National Authority may choose to delegate the organisation of Continuing Medical Education at specialty level to the appropriate existing body, e.g. Royal College, Faculty, Radiology Association etc.

References

1. Continuing Medical Education, The Royal College of Radiologists, London, 2000
2. Continuing Medical Education, Swiss Society of Radiology, Geneva, 2000
3. Charters on Continuing Medical Education, UEMS, 1993
4. European Accreditation Council for Continuing Medical Education, UEMS, Dec. 15, 1999

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This aim is achieved by the following means:

1. Providing recommendations for setting and maintaining standards of training,
2. Providing recommendations for training quality,



Summary of Continuing Professional Development Credits

Category

Rate of Accrual/Number of Credits

Category I (External Category)

Educational meetings accredited for CPD	1 per hour
Prepare and deliver formal lecture/seminar at accredited meetings	4 per presentation
Learning new techniques under supervision at specialist centre	3 per day
Setting FRCR Part I or Part II examination questions	5 per exam
Postgraduate examining	5 per sitting (up a maximum of 10 per year)

Category I (Personal Category)

Publications (up to 20 per year from this category):

Book chapter	15 for first author (8 for last author, 4 for others)
Paper in peer-reviewed journal	10 for first author (5 for last author, 1 for others)
Abstract/poster presentation at national meeting	5 for first author (2 for last author, 1 for others)
Editing/assessing grant applications/refereeing publications	1 per paper
Courses for postgraduate qualifications (MBA, MSc etc.)	50 for degree, 30 for diploma
CME accredited journal reading and MCQ	1 per journal (up to 3 per year)
Internet/computer-based interactive CME/CPD package	2 per ICE
RCR accredited tape/CD ROM package	2 per package
Other personal learning/CPD	RCR individually assessed

(CPD should never exceed 50 % of educational activity. CME must contribute at least 50 %)

Category II (Local Category)

Clinical review, audit and other multidisciplinary meeting	1 per hour
Other hospital/regional postgraduate meetings	1 per hour
Formal teaching to postgraduates	1 per hour
Local attachment for skill training to support service or academic work	3 per day

It can be seen from the categories and sections listed above that these relate to CME and CPD. Accreditation will be given for both as part of continuing professional development. As stated above it is important that the medical education component is always at least 50 %.

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