



ICS Education Committee Meeting Minutes

7th February 2016

Room: Hong Kong Room, Skyline Hotel, Heathrow, London

Ervin Kojancic (Chair), Frankie Bates, Alex Digesu, Enrico Finazzi Agro, Nadir Osman, Chris Payne, Marijke Slieker Ten Hove, Kari Tikkinen, Nikolaus Veit Rubin.

Also In Attendance: Avicia Burchill, Dan Snowdon, Dominic Turner

Apologies: Margot Damser, Naoki Yoshimura

	Montreal meeting minutes approved
1	<p>ICS 2016 workshop review</p> <p>The workshops for 2016 were selected, the list is annexed to the minutes.</p> <p>The following was discussed:</p> <ul style="list-style-type: none">• Consider getting rid of coffee break in 3 hour workshops.• Committee to investigate other options to reduce times of workshops i.e. AD suggested to accept all applications and have a place for lower scored workshops, even coaching sessions. EK felt that the ICS does not use the whole day of the meeting and that there are options for early morning activities.• EK suggested to cancel 240 minute option and have 60, 90 and 180 option only for interactive workshops. <p>ACTION POINT: Office to amend workshop application guidelines for 2017 submission to cancel 240 minute workshop option and amend online application form.</p> <p>A discussion was held around acknowledging the workshop chairs further. Considering the financial year a reduction of registration is unlikely. EK suggested that they are given a special certificate, access to VIP room and the general secretary to acknowledge them at the AGM/closing ceremony.</p> <p>ACTION POINT: Office to create certificate for workshop chairs and ensure access to VIP room and forward request to General Secretary to acknowledge the workshop chairs during the AGM/Closing Ceremony.</p>
2	<p>Improvements to Workshop Evaluation Form</p> <p>A discussion was held about the quality of the workshop evaluation form, its results and number of completed forms. AB explained that Carlos D'Ancona from the Board of Trustees will be reviewing the main post-meeting evaluation form and that it would be a good time to review the workshop forms. It was agreed that KT would assist office in reviewing evaluation. FB suggested that paper format on-site gets the best results if the form was simpler. AB explained why the process is electronic.</p> <p>ACTION POINT: DS to provide CME requirements for completion of workshop evaluations</p> <p>ACTION POINT: KT to prepare a paper for the forum. Skype call with KT/AB 18th Feb onwards.</p> <p>Improvements to Handouts-</p> <p>A discussion was held as to whether handouts were really required in view of range of varying size</p>

	<p>and quality and effort required by office to collect them. NV suggested that the handouts could be a kind of abstract format with suggested reading. MCP explained that people picture the slides anyway and this is very distracting for the speakers. EK felt that writing handouts is painful process and wanted the committee to consider dropping handouts. NV suggested that people should just review the video once they go home. AB explained the time delay between meeting and producing the webcast. AB suggested a template which would be uniform to all workshops. i.e. suggested reading, take home messages, learning outcomes. It was agreed that MS to work with office to develop a template.</p> <p>ACTION POINT: Office to work with MS to develop a template for completion by the workshop chair and speakers which is shorter and easier to complete.</p> <p>ACTION POINT: EK to develop a chairmans message and house rules to be circulated to the workshop chairs before and at the workshop – to include about video/picture taking of slides.</p> <p>ACTION POINT: In order to reduce number of pictures/video taken during workshops, office to ask in advance for approval to release powerpoints in pdf format immediately after the meeting. Office to remove intimate photos before pdf. Then pdf's of slides should be available via the website. Workshop chairs to announce this before the workshop starts to reduce picture taking.</p>
3	<p>Outstanding actions from Montreal minutes:</p> <p>CME requirements – EF (FOR SLIDES SEE APPENDIX)</p> <p>EF provided an update on requirements for CME points in different countries and for different specialties. EF explained that within Europe all countries have a CME system and for some its compulsory and others voluntary. Also sometimes its compulsory but not checked by any authority. Each country then has different credits and in different number of years. Most however provide 1 credit for 60 minutes but not all places. The USA is difficult as each state is different and requirements are different by state. In Canada its over a period of 5 years, 400 credits, 40 per year as a minimum. In Japan is seems to be voluntary option to obtain CME, 60 credits in 3 years. China, 25 per year and in different categories. India is different per medical councils across the country. UEMS has signed agreements of recognition with different countries. DS explained that this is the system ICS uses when not in US or Canada. EF explained for elearning the max is smaller than live events. EK asked how we can integrate this into our system. DT explained that in order for EUACME to accredit you have to prove several things, pre questionnaire, prove they watched video, post watching questionnaire and then need the quiz module. EF explained the costs involved for 3 credits is €2200 which is more than live events. DT explained the investigative process whereby the ICS could become a provider but that it was declined by UEMS as we would have been a competitor and also within the US route but you cannot do that unless you are based in the US which is currently being looked into by the Board of Trustees. MCP suggested to create ICS points but issue is that not every country does self-learning.</p> <p>ACTION POINT: Committee to explore within in each of their countries whether self-learning is accepted and whether presenting abstracts are accepted.</p> <p>EF suggested that if you could get a company to pay for the CME. i.e. Laborie could cover the costs of an urodynamics elearning course. EK explained that the committee would have to put the business plan to the board for this.</p> <p>ACTION POINT: NV & EF to put together a business plan for board as to whether it would be</p>

	possible for companies to cover the costs for providing the CME on online learning.
4	<p>e-learning: (FOR SLIDES SEE APPENDIX)</p> <p>NV presented his slides on elearning. DT explained that the current elearning section online is very old but the new ICS TV platform currently in progress fits all of NV's suggestions. DT proposed that we take down current elearning section on the website. It was discussed whether it would be useful to use an existing platform to create the elearning modules. MCP showed the platform that she uses.</p> <p>ACTION POINT: NV to look into costs of an existing elearning platform and prepare a plan for consideration.</p> <p>EK questioned live streaming and that Adobe Connect is brilliant and could be a real income generator. DT explained that live surgery is incredibly hard for a number of reasons and that a scoping exercise would be useful.</p> <p>ACTION POINT: DT to provide the list of currently recorded material.</p>
5	<p>New Trends in Education:</p> <p>EK ask FB to put into a paper format for submission. It was agreed there was a need to contact Frederico before proceeding and also MS to add the physiotherapy relevant sections.</p>
6	<p>New opportunities for early career professionals:</p> <p>KT explained the PCC are trying to get more content and activities for the early career professionals but that he had declined to join their committee at this stage. KT explained that he was mainly working on the early career session. This year Chris Chapple will present "Communication skills for academic progress". EK asked if they were preparing anything specific to with Asia in mind, perhaps with a young urology/gynaecology meetings in Asia. AB explained the ambassador scheme and that the office is trying to make contact.</p> <p>ACTION POINT: KT to make contact with young urologists/gynaecologists in Asia area through ambassador scheme and other contacts and to create a flyer to make introductions. KT to ask Stacey Loeb to help disseminate over social media.</p>
7	<p>CP update from the Board of Trustee Meeting</p> <p>CP wanted to recognise the committee work with regards to cost and budget activities. CP explained that the with regards to speaker and course planning the Board has requested that the Education Committee focus on looking further ahead and how to insert ICS speakers into the standard meetings of all the professionals i.e. a nurses Italian meeting into that meeting a year before 2017. The Board want to see a longer term strategy. In parallel to look to these standard meetings to assist with annual meeting advertising the Board also want the committee to investigate getting a strategy as to how to get into the developing world. CP the Board also are concerned about how the committee measure the effectiveness of the speakers we send to events and therefore the Board has request that an ICS member is only allowed to speak once per year when funded by the ICS. CP explained that the Board want to know what is the business plan for next year, what are the priorities, what is free education that the ICS offers and what do we have to charge for, what do education committee need to get this done and therefore the Board needs a business plan. CP explained that future face to face meetings are questionable and therefore the committee should look into how to minimise costs by maybe meeting at other events as travel is going to very tight for the foreseeable future. MS stated that if the face to face meetings will be cut then the committee should have a longer meeting time at the annual meeting. EK agreed that we</p>

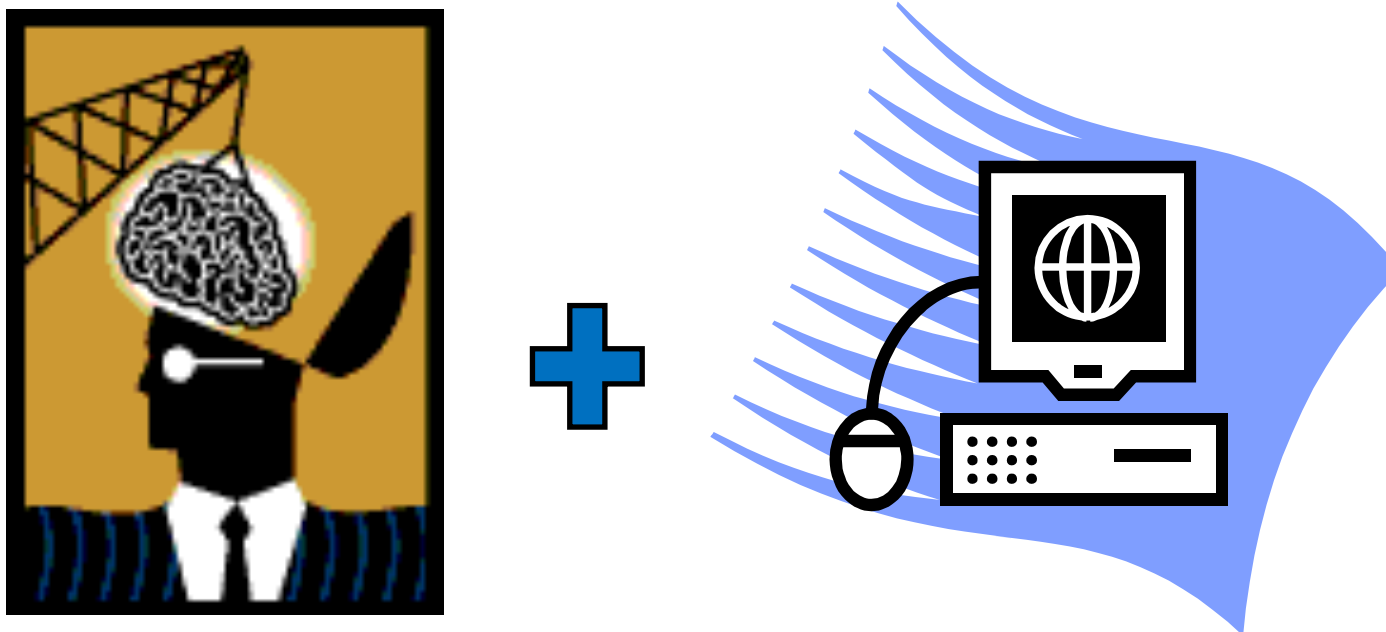
	<p>need to look for generating income activities. CP continued with the new initiative to develop a group to look into a clinically focused profit making meeting in the continent that does not have the meeting in that year. The aim is to try to attract those with interest but would not necessarily fly to the annual meeting. EK will be asked to be on the task force and any others who may be interested. EK said he would be happy to help and explained that Mexico was not considered for suitable site for annual meeting and that it could be a great option for N American.</p> <p>ACTION POINT: Education Course guidelines to be updated to reflect limitations number of times ICS members can speak per year.</p>
8	<p>AUA/SIU Lectures</p> <p>EK updated the committee and explained that we cannot have a speaker at AUA this year but we have been asked to join SIU in Lisbon. The new concept is to give all societies a bigger slot, parallel sessions, zero cost to societies. EK explained that we can find a speakers who are already attending to minimise costs.</p> <p>ACTION POINT: Office and EK to investigate speaker for SIU.</p>
9	<p>EAUN</p> <p>AB provided and update on the request from EAUN in Munich in March and that Kari Bo has been asked to speak on behalf of the ICS in this joint nurses meeting. MS & FB said that there needs to be more cross collaboration between the disciplines and therefore it's a good idea that a physiotherapist is speaking at an nurses event. It was agreed to make contact with Donna Bliss, Nursing committee chair to advise</p> <p>ACTION POINT: Office/EK/FB to make contact with Donna to advise re invite to nurses meeting</p>

e-LEARNING



Nikolaus Veit-Rubin
ICS EC - meeting
London, 07/02/2016

DEFINITION



*Use of Information with Computer technologies
to create **learning experiences***

DEFINITION

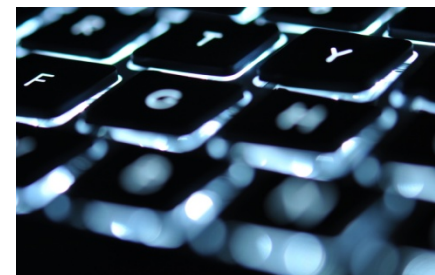
*“Learning that is delivered, enabled or mediated using electronic technology for the **explicit purpose of training in organisations**”*

or

*“Any form of learning that utilises a network for delivery, interaction or **facilitation**... The learning could take place individually or as part of a class”*

WHAT'S IT ALL ABOUT?

- **Technology** enables and provides support
- Increase the **effectiveness** and **access** to learning
- the Learner/User has **control** over **What, When and Where** he/she Learns.
- E-learning can be an initiated program in a **corporation, institution** or at **individual** level
- Focus on **Learner/User/Member**
- Effective use of **time**
- **Overcoming time differences**
- **Economies** of scale for all parties



IT HAS TO BE...

➤ Convenient



- self-service (mix and match)
- on-demand (anytime, anywhere)
- private learning
- self-paced
- flexibility: (modular package)

➤ User-friendly and media-rich



- Easy to use
- Easy to understand
- “Nice to look at”

➤ Repeatable



- “As many times as you like”

➤ Easy to monitor progress



Web Catalogue

- Sharing of resources
- Supported by images, audio, simulation and multimedia

Online Forum

- Synchronous discussions/Group discussions
- Q&As and requests for participants
- Community participation
- Collaborative learning
- Feedbacks from diverse culture

Video Conference/Webinar

- Live lecture supported by audio, chat and whiteboard
- Live communication with colleagues
- Recordable and reusable lectures
- Demo (eg surgery)

CHALLENGES

- Organisational **Change**
- Administrative **structure**
- Technical **expertise, support and infrastructure**
- Social interaction (face-to-face) & program **quality**
- Threat of Technology (fear of the unknown)
- Legal Issues (**data protection**, cross country)
- Evaluation and **Effectiveness**
- **Access**



WHAT DO WE HAVE?

Home

International Continence Society

ICS

News

Meetings & Courses

Publications

Members

Public

About

Contact

Annual Meetings

- 2016 Tokyo
- 2017 Florence
- 2018 Philadelphia
- *Past Annual Meetings*

Educational Courses

- Feb 2016 Japan
- Apr 2016 Japan
- *Past Educational Courses*

eLearning Courses

- Basic Neurourology
- Brain and Bladder
- Headache in the P...
- Overactive Bladder...
- Urodynamic equipm...

Continence Calendar

- Feb 2016 - ICS Guest Lecture...
- Feb 2016 - Masterclass on Fe...
- Feb 2016 - Cadaver Surgical...
- Mar 2016 - 1º Congreso Inter...
- Mar 2016 - 17th Internationa...
- Apr 2016 - ICS international...
- Apr 2016 - 5th International...
- Apr 2016 - ICS Roundtable at...
- *More Continence Events*

Ⓢ Promote My Event




Nikolaus Veit-Rubin
 Committee Member

2014 LUTS-FORTA* Co
beneficial rating
 Prescribing information and adverse event r





Prepare for 2016 abstract submission
Opening 1st March



ICS 2016 State of the Art Lectures Confirmed!
 01 February 2016



Top tips for Submitting an Abstract to ICS 2016
 29 January 2016



New year and new projects for the Nursing Committee
 22 January 2016



ICS 2018 - new meeting date
 19 January 2016

WHAT DO WE HAVE?



ICS Continenace Society
Education

The official site of the

INTERNATIONAL CONTINENCE SOCIETY

Registered UK charity #1074929

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eLearning Home

 ICS Home

 ICS eLearning Centre

-  Basic Neurourology
-  Brain and Bladder
-  Headache in the Pelvis - chronic pelvic pain
-  Overactive Bladder - Do we need a new paradigm?
-  Urodynamic equipment - limitations and challenges

ICS Courses

Please find the following ICS accredited online courses - please note that this is an active ICS project with more courses being developed. Please check back here periodically for new courses.

 Basic Neurourology BETA	   2 hours
 Brain and Bladder Registered	 2 hours
 Headache in the Pelvis - chronic pelvic pain Registered	 3h 15m
 Overactive Bladder - Do we need a new paradigm? Registered	 1h 30m
 Urodynamic equipment - limitations and challenges Registered	 1h 15m


5 ICS eLearning Courses are currently available.

Educational Resources from around the World

The ICS is not responsible for the content on these external websites - they are intended to be useful resources but the ICS does not necessarily endorse their content nor have they been reviewed by ICS.

 American Association of Gynecologic Laparoscopists	Delete Edit
 American College of Osteopathic Obstetricians and Gynecologists	Delete Edit
 American Society of Reproductive Medicine	Delete Edit
 American Urogynecologic Society	Delete Edit

WHAT DO WE HAVE?



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eLearning Home

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Basic Neurourology BETA

Practical management of neurogenic bladder in patients with different pathologies worldwide.

Accreditation:
2 EU-ACME Accredited CME Points (*Recognised and transferrable with AMA*)

Target Audience:
This Educational course is for doctors, nurses and physiotherapists, who are interested in Neuro-Urology. We assume, that the participants have no or only little experience with this subspeciality.

Aims & Objectives:
The main focus will be on the every-day care of a patient with neurogenic bladder and on the therapy which is available in every centre.


Educational Outcomes:
Having participated in this course, which will also include case presentations, you should have a basic knowledge on neurogenic lower urinary tract dysfunction, its pathophysiology and its diagnostic workup, moreover you should be aware what can be offered to the individual patient nowadays.


Topics & Speakers:

- 


Introduction to Basic Neurourology by Helmut Madersbacher
[Helmut Madersbacher](#), Neurourologist, Austria 
- 

Neurogenic lower urinary tract (LUT) dysfunction - from Neurophysiology via Pathophysiology to Clinics
[Yasuhiko Igawa](#), Urologist, Japan 
- 

Diagnostic workup: How informative are basic diagnostics, are urodynamics essential?
[Jean-Jacques Wyndaele](#), Urologist, Belgium 
- 

Maintaining normal renal function, achieving continence / managing incontinence - Therapeutic strategies with overactive detrusor
[Piotr Radziszewski](#), Urologist, Poland 
- 

Maintaining normal renal function, achieving continence / managing incontinence - Therapeutic strategies with underactive (acontractile) detrusor
[Helmut Madersbacher](#), Neurourologist, Austria 





2 hours

View Course

WHAT DO WE HAVE?








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ICS Continence Society **Education**

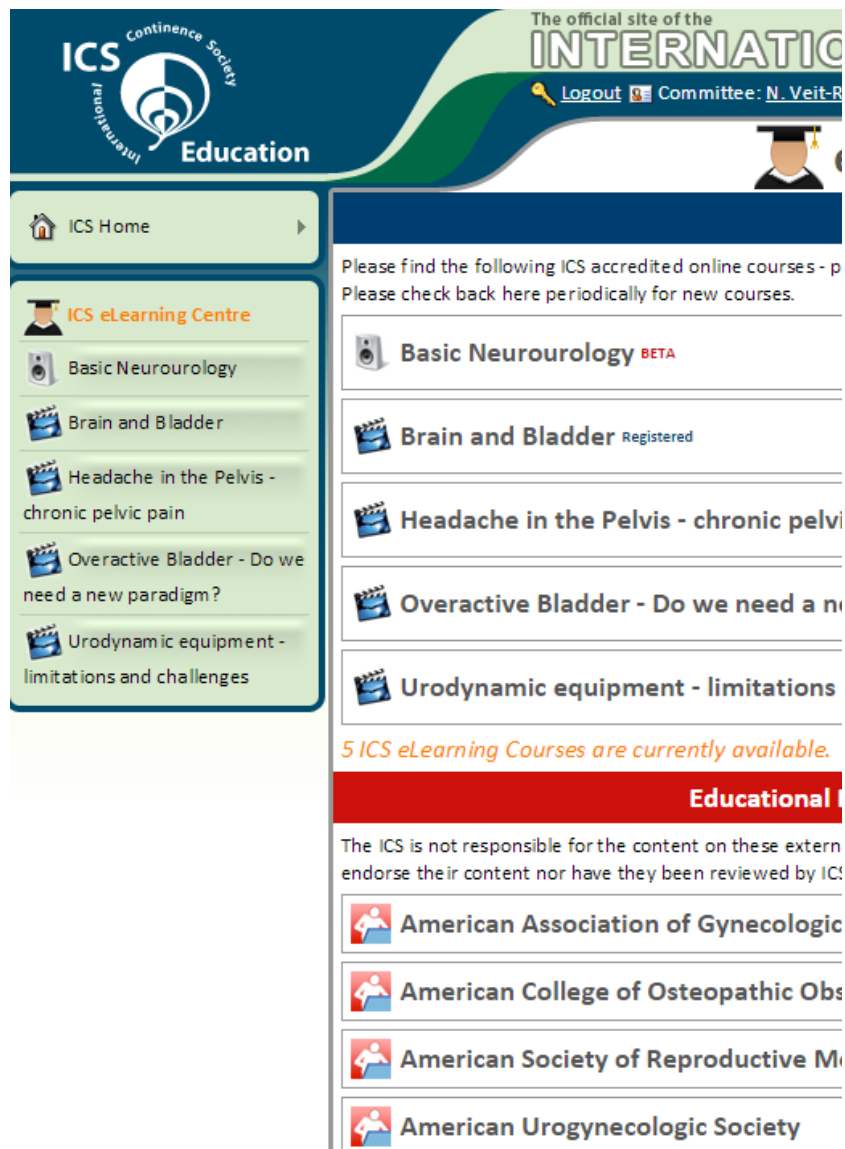
Basic Neurourology BETA

ICS Courses

-  [ICS Home](#)
-  [ICS eLearning Centre](#)
-  [Basic Neurourology](#)
-  [Brain and Bladder](#)
-  [Headache in the Pelvis - chronic pelvic pain](#)
-  [Overactive Bladder - Do we need a new paradigm?](#)
-  [Urodynamic equipment - limitations and challenges](#)

 Watch a presentation to access the questions related to that topic.

WHAT DO WE HAVE?



The screenshot shows the ICS eLearning website. The header includes the ICS logo and the text 'The official site of the INTERNATIONAL CONTINENCE SOCIETY'. A navigation menu on the left lists various eLearning courses. The main content area displays a list of available courses with icons and titles.

ICS Continence Society
Education

The official site of the
INTERNATIONAL CONTINENCE SOCIETY

Logout Committee: N. Veit-R

ICS Home

ICS eLearning Centre

- Basic Neurourology
- Brain and Bladder
- Headache in the Pelvis - chronic pelvic pain
- Overactive Bladder - Do we need a new paradigm?
- Urodynamic equipment - limitations and challenges

Please find the following ICS accredited online courses - p
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- Brain and Bladder **Registered**
- Headache in the Pelvis - chronic pelvi
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- Urodynamic equipment - limitations

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Educational I

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- American Association of Gynecologic
- American College of Osteopathic Obs
- American Society of Reproductive M
- American Urogynecologic Society



✓ Convenient

✗ User-friendly

✓ Repeatable

✗ Progress monitoring

WHAT'S OUT THERE?



 **HARVARD**
UNIVERSITY | Online Learning

Home icon | COURSES | Search courses

Courses

Find online courses and a wide range of related learning content from across Harvard's schools, initiatives, and programs.

SORT BY

Just Added

FILTER BY

- + Category
- + Eligible for
- + Platform
- + Cost
- + Learning Experience
- + Instructional Level
- + Level of Engagement



MEDICINE & PUBLIC HEALTH

Harvard School of Dental Medicine Collection (DASH)

A central, open-access repository of research by members of the Harvard School of Dental Medicine community.

Free

Other



EDUCATION & ORGANIZATIONAL DEVELOPMENT

Harvard Graduate School of Education Collection (DASH)

A central, open-access repository of research by members of the Harvard Graduate School of Education community.

Free

Other



GOVERNMENT, LAW & POLITICS

Harvard Law School Collection (DASH)

A central, open-access repository of research by members of the Harvard Law School community.

Free

Other

WHAT'S OUT THERE?

Web catalogues

+ Category

+ Eligible for

- Platform

- ☐ HARVARD EXTENSION SCHOOL
- ☐ EXECUTIVE EDUCATION
- ☐ HARVARDX
- ☐ HBX
- ☐ ITUNES
- ☐ SOUNDCLLOUD
- ☐ YOUTUBE
- ☐ OTHER

+ Cost

- Learning Experience

- ☐ COLLECTION
- ☐ COURSE/PROGRAM
- ☐ DIGITAL PUBLICATION
- ☐ HYBRID
- ☐ PODCAST/AUDIO
- ☐ EVENT

+ Instructional Level

+ Level of Engagement



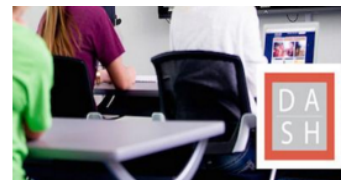
MEDICINE & PUBLIC HEALTH

Harvard School of Dental Medicine Collection (DASH)

A central, open-access repository of research by members of the Harvard School of Dental Medicine community.

Free

Other



EDUCATION & ORGANIZATIONAL DEVELOPMENT

Harvard Graduate School of Education Collection (DASH)

A central, open-access repository of research by members of the Harvard Graduate School of Education community.

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Other



GOVERNMENT, LAW & POLITICS

Harvard Law School Collection (DASH)

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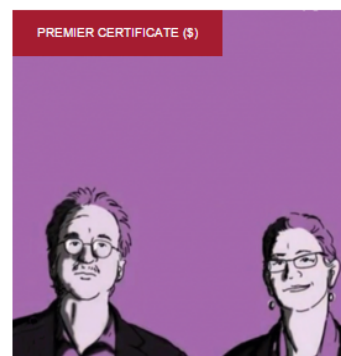
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Other



EDUCATION & ORGANIZATIONAL DEVELOPMENT

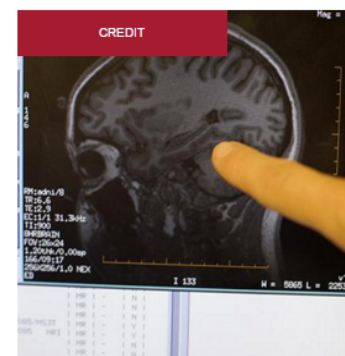
Making Learning Visible: The Power of Group Learning and Documentation in Classrooms and Communities



EDUCATION & ORGANIZATIONAL DEVELOPMENT

Including Ourselves in the Change Equation: Personal Learning for Organizational Performance

Discover the research-based Immunity to




MEDICINE & PUBLIC HEALTH

Alzheimer's Disease

This course will provide an update of the rapidly accumulating knowledge of Alzheimer's, highlighting what clinicians need to know about

WHAT'S OUT THERE?

Web catalogues

 **DASH** DIGITAL ACCESS TO SCHOLARSHIP AT HARVARD [LOGIN](#)

► [DASH Home](#) » [Harvard Law School](#) » [Browsing Harvard Law School by Submit Date](#)

Browsing Harvard Law School by Submit Date

Jump to a point in the index:

Or type in a year:

Sort by: Order: Results:

Now showing items 1-20 of 2258 [Next Page](#)

Justice Kennedy and the Unfolding Doctrine of Corporate Religious Sincerity
Churchill, Spencer (2015)

Territoriality in Search of Principles and Revenue: Camp and Enzi
Shay, Stephen E.; Fleming, J. Clifton, Jr.; Peroni, Robert J. (*Tax Notes*, 2013)

Jobs, Deficit Reduction, Revenues, and Fundamental Tax Reform
Shay, Stephen E. (*Tax Notes*, 2011)

Fairness in International Taxation: The Ability-to-Pay Case for Taxing Worldwide Income
Shay, Stephen E.; Fleming, J. Clifton, Jr.; Peroni, Robert J. (*Florida Tax Review*, 2001) [Link to Published Version](#)

The David R. Tillinghast Lecture - What's Source Got to Do with it - Source Rules and U.S. International Taxation
Shay, Stephen E.; Fleming, J. Clifton, Jr.; Peroni, Robert J. (*Tax Law Review*, 2002) [Link to Published Version](#)

Commentary: Ownership Neutrality and Practical Complications
Shay, Stephen E. (*Tax Law Review*, 2009) [Link to Published Version](#)

Designing a U.S. Exemption System For Foreign Income When the Treasury is Empty
Fleming, J. Clifton, Jr.; Shay, Stephen E.; Peroni, Robert J. (*Florida Tax Review*, 2012)

Designing a 21st Century Corporate Tax — An Advance U.S. Minimum Tax on Foreign Income and Other Measures to Protect the Base
Shay, Stephen E.; Fleming, J. Clifton, Jr.; Peroni, Robert J. (*Florida Tax Review*, 2015)

The Lawyer as Friend: The Moral Foundations of the Lawyer-Client Relation
Fried, Charles (*Yale Law Journal*, 1976)

Corporate Philanthropy as Signaling and Co-Optation
Shapira, Roy (*Fordham Law Review*, 2012) [Link to Published Version](#)

Pro-Constitutional Representation: Comparing the Role Obligations of Judges and Elected Representatives in Constitutional Democracy
Jackson, Vicki C. (*William & Mary Law Review*, 2016)

Interlocking Directorates in the European Union: An Argument For Their Restriction
Petersen, Vidir Smari (*European Business Law Review*, 2016)

Implementing Legal Strategies for Creating Safe and Supportive School Environments
Cole, Susan (*Journal of Applied Research on Children: Informing Policy for Children at Risk*, 2014) [Link to Published Version](#)

Thoughts on the Liberal Dilemma in Child Welfare Reform
Bartholet, Elizabeth (*William & Mary Bill of Rights Journal*, 2015)

Medical Care in Armed Conflict: International Humanitarian Law and State Responses to Terrorism
Lewis, Dustin Andrew; Modirzadeh, Naz Khatoun; Blum, Gabriella (*Harvard Law School Program on International Law and Armed Conflict*, 2015) [Link to Published Version](#)



Convenient



User-friendly



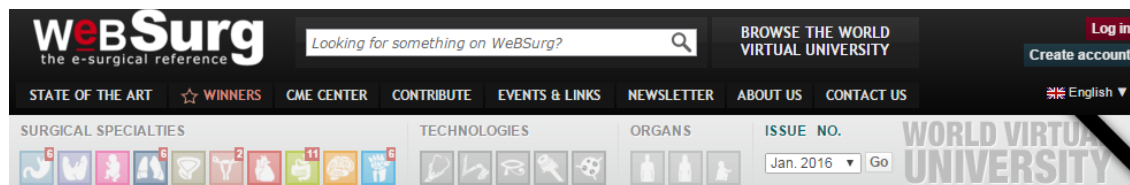
Repeatable



Progress
monitoring

WHAT'S OUT THERE?

Recorded surgical videos



DISCOVER WEBSURG

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Multiple specialties in multilingual content

All the scientific editorial content is **translated into 6 languages**.

10 surgical specialties:

General and digestive surgery (colorectal, bariatric surgery, ...), Endocrine surgery, Pediatric surgery, Thoracic surgery, Urology, Gynecology, Cardiovascular surgery, Endoscopic surgery (Gastrointestinal), Neurosurgery - ENT - Skull base, Arthroscopy and Upper Limb Surgery.

5 technology-related specialties:

Natural Orifice Transluminal Endoscopic Surgery (NOTES), Robotic surgery, Telemicrosurgery, Equipment, Single port surgery.




WHAT'S OUT THERE?

Recorded video lecture


WebSurg
the e-surgical reference

SUMMARY CHAPTERS COMMENTS ASK THE EXPERTS


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Cochrane Anterior compartment : PP mesh vs native tissue



Advantages Mesh	Disadvantages Mesh
↑ subjective RR: 1.57	↑ Operating time MWD: -18.57
↑ objective RR: 3.35	↑ Blood loss MW -64.04
↓ Reoperation for POP	↑ POP apical/posterior RR: 1.89
	↑ De novo SUI RR: 1.75
	mesh exposure: 11.6%
	reop exposure: 6.6%
No difference: QoL or dyspareunia	<u>↑total reoperation:</u> <u>2X</u>



ircad

WHAT IS THE FUTURE OF VAGINAL MESHES

Authors
M Cosson

Abstract
In this key lecture, Professor Cosson reviews the future of vaginal meshes in urogynecology. Different aspects are discussed including mesh composition, its mechanical properties in relation to the female pelvic tissue. The author also addresses the variability of propylene mesh quality and he proposes new materials, which can be used in the distant future.

Media type		Popular	
Duration	26'20"	Favorites	♥
Publication	2015-12	Audio	🇬🇧

E-publication
WeBSurg.com, Dec 2015;15(12).
URL: <http://www.websurg.com/doi-10.03encosson006.htm>

Select video quality: **streaming (recommended)** | Progressive (if you experience bandwidth problems)

WHAT'S OUT THERE?

Progress track

WebSurg
WINNERS PROJECT

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BROWSE THE WORLD
VIRTUAL UNIVERSITY

Nikolaus
Veit-Rubin


STATE OF THE ART WINNERS CME CENTER CONTRIBUTE EVENTS & LINKS NEWSLETTER ABOUT US CONTACT US

YOUR GATE TO ASSISTED TRAINING IN GYNAECOLOGICAL ENDOSCOPY!

ISSUES NO. Feb. 2016

WINNERS PROJECT

MY WINNERS PROGRESS



Login with your WebSurg account ✓

↓

Confirm that you want to be a Winner ✓

↓

You now have access to the **BACHELOR Level**. ✓

↓

Please study all the media content and answer all quiz questions correctly. **Training**


↓

All quizzes in this level have been validated. You may now access the certification exam. 🚫

↓


Please enrol to take the **CERTIFICATION** exam put together by the Academy. 🚫

↓



ECRES Level in Reproductive Endoscopic Surgery


WINNERS CERTIFICATION





25 %


Training for:
BACHELOR IN ENDOSCOPY LEVEL


MY WINNERS ID: 316285

 **MY PROGRESS**

 **MY WINNERS TEST**

 **MY HISTORY**

 **MY CERTIFICATES**

 **MY JOB OFFERS**

WHAT'S OUT THERE?

Progress track

GET : PRACTICAL - Information about skills

☆ BACHELOR IN ENDOSCOPY LEVEL

The theoretical content of the first level of the WINNERS PROJECT focuses on general laparoscopic knowledge and is particularly suited for beginners.

Suturing

Completed!

More details

Anatomy from a laparoscopic point of view

Completed!

More details

Ways of entry

Completed!

More details

Exposure techniques

Completed!

More details

Use of energy

Completed!

More details

Understanding laparoscopy and basic rules

Completed!

More details

Complications

Completed!

More details

Principles of hysteroscopy

More details

Hysteroscopy complications and management

More details

☆☆ MINIMAL INVASIVE GYNAECOLOGICAL SURGEON (MIGS)

The media found at this level corresponds to standard procedures.

Total laparoscopic hysterectomy

not accessible

Myomectomy

not accessible

Chronic pelvic pain and anterior ligamentopexy

not accessible

- MY WINNERS TEST
- MY HISTORY
- MY CERTIFICATES
- MY JOB OFFERS



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around the
world

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theAcademy of
Gynaecological
Surgery

WHAT'S OUT THERE?

Charged courses



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Webcasts

eLearning Self Studies

Free CPE credits

CPE Additional Information

**PDP's 2015
Publication and On-
site Training Catalog**

[Download ▶](#)

**2015 Annual Seminar
Schedule**

[Download ▶](#)

PDP's 2015 Scheduled (Public) Seminars

We're pleased to release our 2015 Scheduled Seminar calendar of Events! These CPE-eligible live seminars are open to the public and offered in a variety of cities across the US at predetermined dates, time and locations. Events featured include our popular PDP Current Developments Series along with our NEW Deep Dive Technical Series launching this fall.

Current Developments (Industry Hot Topics)

NEW!! Deep Dive Technical Series

Delivery Method:	Course Title:	Location:	Date/Time:	Price (per participant):	Detailed course description:
	Fair Value Accounting Registration and Event Logistics	New York	11/02/15 1:00 PM – 5:00 PM (ET)	\$398	
	Hedge Funds Registration and Event Logistics	Chicago	11/05/15 1:00 PM – 5:00 PM (CT)	\$398	
	Complex Securities: Swaps Registration and Event Logistics	New York	11/05/15 1:00 PM – 4:30 PM (ET)	\$348	
	Private Equity Funds Registration and Event Logistics	Boston	11/16/15 1:00 PM – 5:00 PM (ET)	\$398	

WHAT'S OUT THERE?

Webinar/Video conference

The screenshot displays a webinar interface. The central area shows a presentation slide with the following text:

The Ulf Ulmsten Lecture
The 40th Annual Meeting of IUGA
Nice, France, 2015

Can we Predict and Prevent Pelvic Floor Dysfunction?

Professor Ian Milsom M.B., Ch.B., Ph.D.
Dept. of Obstetrics & Gynaecology,
Gothenburg University, Sweden

On the left, the 'Events Index' sidebar lists the following items:

- Intro [0:00:00]
- misom [0:07:00]**
- rufus [0:42:38]
- video misom [0:55:14]
- veit-rubin [0:55:32]
- video misom [0:57:02]
- veit-rubin [1:01:37]
- Wrap-up [1:08:07]

On the right, the 'Video (2)' section shows two participants: Ian Milsom and Dudley Robinson. Below this, the 'Attendees (23)' section lists:

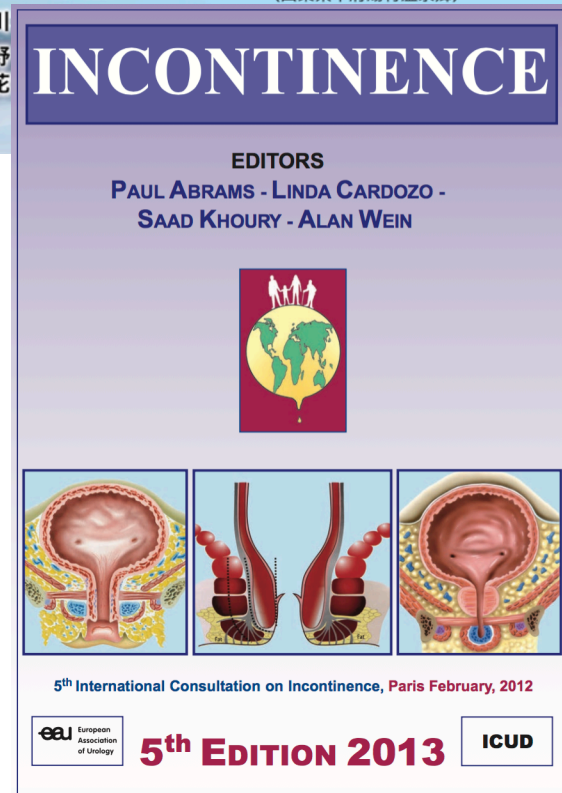
- Active Speakers**
- Hosts (3)**
 - Amanda Grabloski
 - Chuck Shields
 - IUGA Office
- Presenters (4)**
 - Dudley Robinson
 - Ian Milsom
 - Nikolaus Veit-Rubin
 - Rufus
- Participants (16)**
 - Amy Cassini
 - Beth Shelly

At the bottom right, there is a 'Q & A' section. The bottom of the interface features a progress bar and a timestamp of 0:07:02/1:12:58.

INTERACTIVE



Female Urology





- Main „ICS topics“
- Selected **lectures** of annual and local meetings
- ICS **courses** (cadaver, masterclasses,...)

Web catalogues

Webinars

Webforums/chats



TO THINK ABOUT...

- ONLINE **certificates**
Urodynamics course,...
- ONLINE **Handouts**
password protected, standard control
- **PAID** courses
- **Mobile APPS**
- **Impact tracking/feedback**



TO THINK ABOUT... E-LEARNING SOFTWARE

1. - moodle

2. - Blackboard®

3. -  CENGAGE
Learning® |  aplia™

PEOPLE'S
CHOICE
AWARDS

- Make it work?
- Work on the **layout**
- Build a **homogenous structure**
- Ease access
- Create **mobile applications?**



e-LEARNING



THANK YOU!



CME POINTS: UPDATE ON THE REQUIREMENTS FOR CME POINTS IN DIFFERENT COUNTRIES AND DIFFERENT SPECIALTIES

ENRICO FINAZZI AGRO'



Table 2. Synthesis of information collected by the research about European CME systems.

Country	Presence of a CME system	CME requirement	Credit/year	CME credits (credits/minutes)	E-learning recognised	CME target
Austria	Yes	Compulsory	150/3	1/45 min	Yes	All medical doctors
Belgium	Yes	Voluntary	60/3	1/60 min	Yes	All medical doctors
Bulgaria	Yes	Compulsory	150/3	1/45 min	Yes	All medical doctors
Cyprus	Yes	Voluntary	150/3	1/60 min	Yes	All medical doctors
Czech Republic	Yes	Compulsory	120/5	1/45 min	Yes	All medical doctors
Denmark	Yes	Voluntary	200/5	1/60 min	Yes	All medical doctors
Estonia	Yes	Voluntary	300/5	1/45 min	No	All medical doctors
Finland	No	Voluntary	Not based on credits	-	Yes	All medical doctors
France	Yes	Compulsory	250/5	1/45-60 min	Yes	All medical doctors, dentists and hospital pharmacists
Germany	Yes	Compulsory	150/3 - 250/5	1/45 min	Yes	All medical doctors
Greece	Yes	Voluntary	100/5	NA	No	All medical doctors
Hungary	Yes	Compulsory	250/5	1/60 min	Yes	All medical doctors, dentists, pharmacists and clinical psychologists
Ireland	Yes	Compulsory	250/5	1/60 min	Yes	All medical doctors
Italy	Yes	Compulsory	150/3	1/60 min	Yes	All the health professionals
Latvia	Yes	Compulsory	250/5	1/60 min	Yes	All medical doctors
Lithuania	Yes	Compulsory	120/5	NA	Yes	All medical doctors

**Table 2.** Synthesis of information collected by the research about European CME systems.

Country	Presence of a CME system	CME requirement	Credit/year	CME credits (credits/minutes)	E-learning recognised	CME target
Luxembourg	Yes	Voluntary	NA	NA	NA	All medical doctors
Malta	Yes	Voluntary	NA	NA	NA	General practitioners
Netherlands	Yes	Compulsory	200/5	1/60 min	Yes	All medical doctors, pharmacists, physiotherapists, healthcare psychologists, psychotherapists, dentists, midwives and nurses
Poland	Yes	Compulsory	200/5	1/60 min	Yes	All medical doctors and dentists
Portugal	Yes	Voluntary	Not based on credits	-	No	All medical doctors
Romania	Yes	Compulsory	200/5	1/60 min	Yes	All medical doctors
Slovakia	Yes	Voluntary	250/5	1/60 min	Yes	All medical doctors, dentist, nurses, midwives and assistants in learning activity
Slovenia	Yes	Compulsory	75/7	1/60 min	Yes	All medical doctors and dentists
Spain	Yes	Voluntary	NA	1 ECMEC credit = 0.12 SACCME	Yes	All medical doctors
Sweden	Yes	Voluntary	Not based on credits	-	Yes	-
United Kingdom	Yes	Compulsory	250/5	1/60 min	Yes	All medical doctors

A·C·C·M·E

ACCREDITATION COUNCIL FOR
CONTINUING MEDICAL EDUCATION



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EVENTS NEWS & PUBLICATIONS ASK ACCME REQUIREMENTS

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& HEALTH CARE
PROFESSIONALS

FOR THE
PUBLIC

FOR THE
MEDIA



Program and Activity Reporting System (PARS)

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Activities

View Activities

Add an Activity

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View Participant Summary

Please do not use the 'Back' or 'Forward' buttons on your browser when navigating in PARS.

2015 Program Summary

Reporting Year 2015

I Attest that Data is Complete for 2015 Reporting Year

Total amount of monetary commercial support received (aggregated from information about your individual activities): USD

2. Total advertising & exhibit income received in 2015
Advertising and exhibit income received in support of your CME program (Required. If none received, type "0.00") USD

3. Total registration fees received in 2015
Registration fees received from CME activity participants. (Required. If none received, type "0.00") USD

4. Total government monetary grants received in 2015
Monetary grants received from federal, state or local governmental agencies in support of your CME Program. (Required. If none received, type "0.00") USD

5. Total private monetary donations received in 2015

Complete Your 2015 Year-End Reporting

Enter data for your 2015
activities and program summary
in PARS by March 31, 2016. >

- Submit Your Comments
- Workshop Registration Open
- Complete Your 2015 Year-End Reporting**
- CME that Counts for ABIM MOC
- Physicians: Find a CME+ABIM MOC Activity

NEWS

JANUARY 28, 2016

Accreditation Council for CME Announces the Recipient of the 2015 Robert Raskowski, MD, PhD, ACCME...

JANUARY 12, 2016

Accreditation Council for CME Opens Call for Public

EVENTS

FEB
10

Accreditation Review Committee (ARC) Meeting,
February 2016

MAR
10

ACCME Board of Directors Meeting, March 2016

HIGHLIGHTS

JANUARY 29, 2016 | Posted by Tamar Hosansky
ACCME Discusses Future of CME at Alliance Conference

JANUARY 29, 2016 | Posted by Tamar Hosansky
ACCME and Recognized Accreditors Discuss Driving



Continuing Medical Education for Licensure Reregistration

Sixty-two boards require continuing medical education (CME) for license reregistration (Table 21). Some states also mandate CME content, such as HIV/AIDS, risk management, or end of life palliative care. In addition, many states also require that a certain percentage of CME be *AMA PRA Category 1 Credit™* or equivalent. Forty-three states accept the AMA PRA certificate or application as equivalent for purposes of licensure reregistration. Some states also accept certificates/awards of the American Osteopathic Association (20), American Board of Medical Specialties (30), a state medical society (13), and a national specialty society (8) as well as completion of graduate medical education residency/fellowship programs (36).

Additional Notes for Specific Licensing Jurisdictions

California MD and DO—All general internists and family physicians who have a patient population of which more than 25% are 65 years of age or older must complete at least 20 hours of mandatory CME in geriatric medicine or the care of older patients.

All physicians and surgeons (except pathologists and radiologists) must complete mandatory CME in the subjects of pain management and the treatment of terminally ill and dying patients (one-time requirement of 12 credits). Physicians must complete this requirement by their second license renewal date or within four years, whichever comes first.

State Medical Licensure Requirements and Statistics, 2013 / 65

Florida DO—*First time license renewal*: one hour HIV/AIDS, professional and medical ethics, Florida laws and rules, controlled substances; two hours domestic violence and prevention of medical errors. Of the remaining required hours, at least 20 must be AOA Category 1-A. *Second and subsequent renewals*: one hour each in professional and medical ethics, Florida laws and rules, and controlled substances; two hours each in domestic violence and prevention of medical errors. *Every third renewal*: two hours of domestic violence. *For each license renewal*: Of the remaining required hours, at least 20 must be AOA Category 1-A; all other hours (including those in the required content categories) can be either *AMA PRA Category 1 Credit™* or AOA Category 1-A credit.

CME on professional and medical ethics, Florida laws and rules, controlled substances, and prevention of medical errors must be obtained by completing live, participatory attendance courses.

Maryland—Partial CME credit is offered for ABMS certification, select peer review, serving as an intervenor or monitor on a physician rehabilitation committee or professional committee, and serving as a preceptor for resident physicians or medical students. For first license renewal, the CME requirement is waived, but the licensee must have completed an approved orientation program.

Missouri—The CME license renewal requirement can be met by a) completing 50 hours *AMA PRA Category 1 Credit™*, AOA Category 1-A or 2-A credits, or American



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CanMEDS Interactive

Information you need to integrate CanMEDS into your program

- Filter and sort milestones by Role or stage
- Search by key word or hot topics (e.g. handovers)
- Generate fully customized and exportable material
- Get practical tips and tools to teach and assess all 7 Roles



Media Centre



01/02/16 - **Public Notification** - Medical Genetics' proposal to change...

27/01/16 - **CEO Message**: Read what over 2K members told us about our communications



13/01/16 - **Dialogue** - The January issue of Dialogue is now online.



In Canada, certification is provided by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians Canada (CFPC).

The RCPSC is responsible for the development and implementation of all certifying examinations in each specialty other than Family Medicine. Specialist physicians who join the Royal College as Fellows maintain their knowledge, skills, competence and performance through participating in the Maintenance of Certification Program.

For each five year cycle, fellows of the college are required to document 400 credits, with a minimum of 40 credits obtained in each year of the cycle. Credits are earned at one to two credits per hour, based on the type of learning activity. The CFPC requires 250 credit-hours over a five year cycle. Fifty credits must be obtained for each year of the cycle.



Summary of JMA's CME Program 2010

Program eligibility: In principle, JMA members are eligible for the program, but non-members can also participate. Physicians may participate immediately after earning their medical license in order to ensure broad participation in the program. (This means that a physician may receive a CME Completion Recognition Certificate as early as three years after obtaining a medical license).

Credits: One credit is equivalent to learning time of one hour or more (the smallest credit is 0.5 for 30 minutes).

Curriculum code: Based on the CME Curriculum 2009, 84 curriculum codes are designated as study areas. Up to two curriculum codes are granted per credit. Curriculum codes will only be counted once, even if participants earn the same curriculum code more than once.

Method of earning credits and curriculum codes:

- Answering questions posted in the Nippon Ishikai Zasshi
- Answering questions posted on e-learning
- Attending lectures, seminars, workshops, conferences
- Hands-on learning (observations of autopsy and operation, clinical conferences, and other learning through hospital-clinic and clinic-clinic cooperation)
- Serving as a supervisory physician in undergraduate and postgraduate clinical training programs
- Preparation for national medical exams
- Writing of medical papers and books

Duration: All credits and curriculum codes earned in a fiscal year (from April to March of the following year) are reported.

Reporting procedure: Same as procedures through fiscal 2009; depending on the region, par-



Fig. 2 JMA's CME Completion Recognition Certificate

ticipants use the consolidated reporting system, or send a self-report form to local medical associations.

Credit Certificate: Based on the credits and curriculum codes reported by the last day in April, a Credit Certificate noting the credits and curriculum codes earned, is issued around October every year.

CME Completion Recognition Certificate: CME Completion Recognition Certificate with a three-year term of validity is issued to those who have had a total of 60 or more credits or curriculum codes for three years in a row (the same curriculum code cannot be added twice) (Fig. 2).



China

A national mandate requires physicians to have 25 CE credits per year^{6,7}:

- 5–10 credits must be Category 1 credits achieved by attending CE programmes approved by a national-, provincial- or municipal-level agency.
- Physicians can achieve 1 CME credit by attending a learning course of 2–3 hours.
- The balance, 15–20 Category II credits, may be achieved by self-learning, archives study, a research project or hospital-based learning activities.



- Goa Medical Council: 30 credit hours every 5 years⁸
- Gujarat Medical Council: 30 credit hours per year for a total of 150 credit hours every 5 years⁹
- Karnataka Medical Council: 30 credit hours every 5 years¹⁰
- Kerala Medical Council: 30 credit hours every 5 years¹¹
- Maharashtra Medical Council: 30 credit hours every 5 years⁴
- Punjab Medical Council: 50 credit hours every 5 years (10 per year)¹²
- Rajasthan Medical Council: 30 credit hours every 5 years¹³
- Tamil Nadu Medical Council: 30 credit hours every 5 years¹⁴
- Uttar Pradesh: 30 credit hours every 5 years¹⁵



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UEMS 2011 / 20

The Accreditation of e-Learning Materials by the EACCME



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UEMS 2012 / 30

The Accreditation of Live Educational Events by the EACCME®

Adopted by the UEMS Council on 19th October 2012 in Larnaca (Cyprus)

Entry into force: 1st January 2013



**European Accreditation Council for Continuing Medical Education
Institution of the UEMS**



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

Membr

To date the UEMS-EACCME has signed agreements of recognition of EACCME credits with the following countries in Europe:

- Austria
- Belgium
- Croatia
- Cyprus
- Finland
- Georgia
- Greece
- Hungary
- Ireland
- Regione Lombardia
- Luxembourg
- Malta
- Norway
- Poland
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Turkey
- United Kingdom

In addition, the UEMS-EACCME has mutual recognition agreements with the American Medical Association (for live events and e-learning materials) and the Royal College of Physicians and Surgeons of Canada (for live events only).



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Entry into force: 1st January 2013

ESSENTIALS CRITERIA (LIVE EDUCATIONAL EVENTS -LEE)

- i. The Provider must structure the LEE to fulfil defined educational needs.
- ii. The Provider must define the “target audience” for whom the LEE is most likely to be suitable.
- iii. The Provider must identify and communicate the expected educational outcome(s) of the LEE.
- iv. The Provider must provide the title of the LEE, its venue, date(s), and a clear description of the nature of the event.
- v. The LEE must be presented in a manner suitable for an international audience.

ESSENTIALS CRITERIA (LIVE EDUCATIONAL EVENTS -LEE)

- vi. The LEE must include methods to promote active learning.
- vii. The Provider must provide detailed information on the duration of the LEE.
- viii. The Provider must indicate the mechanism(s) by which it will be verified that the Learner has engaged with the LEE in order to fulfil the educational objective(s).
- ix. The LEE must be conducted in compliance with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements.
- x. The Provider must provide a short description of the Provider organisation(s).

ESSENTIALS CRITERIA (LIVE EDUCATIONAL EVENTS -LEE)

- xi. The Provider must state the names and job titles of the individual(s) responsible for preparing the LEE.
- xii. The Provider must provide the name, title and contact details of a medical practitioner who will take responsibility for the application for accreditation of the LEE. This doctor must be registered with a Medical Regulatory Authority, and his/her registration details must be provided.
- xiii. The Provider must provide the name(s), job title(s) and contact details of the head, and all other members of the Scientific and/or Organising Committee.
- xiv. The Provider must ensure that all members of the Scientific and/or Organising Committee provide written declarations of potential or actual conflicts of interest.
- xv. The Provider must confirm that any actual conflicts of interest have been resolved.

ESSENTIALS CRITERIA (LIVE EDUCATIONAL EVENTS -LEE)

- xvi. The Scientific and/or Organising Committee must ensure that the LEE will provide a programme that presents a scientifically balanced perspective of the subjects included.
- xvii. The Provider must ensure that all members of the Faculty provide written declarations of potential or actual conflicts of interest.
- xviii. The Provider must provide the latest version of the programme of the LEE at the time of application.
- xix. The source(s) of all funding for the LEE must be declared, and be made available to Learners in a readily accessible manner.
- xx. The Scientific and/or Organising Committee must confirm that it has determined the content of all aspects of the LEE to be free of any attempt by sponsors to influence the Committee's decisions.

ESSENTIALS CRITERIA (LIVE EDUCATIONAL EVENTS -LEE)

- xxi. The Provider must submit information regarding the expected total number of Learners attending the LEE and the schedule of fees for these Learners.
- xxii. All educational material must be free of any form of advertising and any form of bias.
- xxiii. The Provider must confirm that it will comply with the applicable national rules, regulations and industry standards regarding exhibition areas where companies are permitted to present their products.

Timeline

Appendix 3

EACCME	EACCME weeks	Providers	Provider weeks
		Recommended time for submission of application	18
EACCME Office The application will be rejected at this stage if it is not complete or if payment has not been received	0	Latest date for receipt of <u>fully</u> completed application and confirmed payment of EACCME fee	14
Review process commences (application sent to reviewers)	1		13
EACCME Office (reminders sent to reviewers)	5		9
Processing time <ul style="list-style-type: none"> - Usually no more than 3 weeks for reviewers - Internal reconsideration - Amendment procedure (if necessary) 	6		8
EACCME Decision	10	Decision received	4
Appeal decision (if activated)	12	Appeal decision received	2
	14	LEE	0

Criteria and Decision-Making for Accreditation

42) The Material and the application form will be reviewed simultaneously by the two EACCME® designated evaluation bodies: a) the National Accreditation Authority of the country within which the LEE will be held, and b) the relevant Speciality-based organisation, whether UEMS Section and Board, or partner European Speciality Accreditation Board. The EACCME® will be solely responsible for appointing these designated evaluation bodies.

Allocation of European CME Credits (ECMECs) for live educational events

Appendix 4

The EACCME® awards ECMECs on the following basis:

One hour	1 ECMEC
Half a day	3 ECMECs maximum
Full day	6 ECMECs maximum

It must be emphasised that:

- the EACCME® does not award fractions of credits.
- these are maximum allocations, ie. no more than six ECMECs per day can be awarded, even if the LEE lasts for longer than six hours.

Fees

51) The fee for an application to the EACCME® for the accreditation of LEEs is determined in accordance with the expected total attendance of Learners and is not dependent on the number of ECMECs awarded. As with any contractual agreement, all invoices must be paid. The EACCME® scale of fees is:

- From zero to 250 participants: 350 Euros
- From 251 to 500 participants: 650 Euros
- From 501 to 1000 participants: 950 Euros
- From 1001 to 2000 participants: 1250 Euros
- From 2001 to 5000 participants: 2450 Euros
- More than 5000 participants: 4250 Euros

The Applicant will have no right to reduce the expected number of participants after submission of the application.

The full amount paid by the applicant will only be refundable if the EACCME® cannot provide the Applicant with a decision within ten weeks of the confirmed “starting date” of the application, or within twelve weeks if the amendment procedure was activated.

Appeal

49) Should both EACCME® designated evaluation bodies reject the application, the Applicant may still appeal. A decision to appeal must be lodged within one week and must be accompanied by full payment of the appeal fee. The appeal process will require a further two weeks from the date that the appeal was received. The fee will be 250 € for all such appeals.



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UEMS 2011 / 20

The Accreditation of e-Learning Materials by the EACCME

ESSENTIALS CRITERIA (E-LEARNING)

- The Provider must state, in a readily-accessible manner, that the Material has been prepared in order to fulfil stated educational needs, and indicate how this will be achieved.
- The Provider must state in a readily-accessible manner, the expected educational outcome(s) of the Materials.
- The Provider must clearly define, and state in a readily-accessible manner, the “target audience” for whom the Materials are most likely to be suitable.
- The Provider must clearly explain, and state in a readily-accessible manner, in a brief summary, the content of the Material.
- The Provider must respect and confirm the privacy and confidentiality of the Learner, and confirm that any information provided by the Learner will only be utilised for the specific purposes of completing the Material.

ESSENTIALS CRITERIA (E-LEARNING)

- The Provider must clearly state, in a readily-accessible manner, the likely duration that the Learner will need to engage with the Material in order to fulfil the educational objective(s).
- The Provider must clearly state, in a readily-accessible manner, compliance of the Materials with all relevant ethical, medico-legal and legal requirements.
- The Provider must clearly state, in a readily-accessible manner, the date of preparation of the Material, any substantial revisions to its content, and expiry date.
- The Provider must clearly state, in a readily-accessible manner, the required format for use of the Material, and must provide contact details for the provision of assistance.
- All content within the Material must be evidence-based, with notes on the level of evidence (where applicable), and suitable references.

ESSENTIALS CRITERIA (E-LEARNING)

- The Material must encourage the Learner to employ methods of active, adult learning to achieve the educational objective(s).
- The Material must include a means of confirming Learner engagement, and achievement of the educational objective(s).
- All content must be free from any commercial or other forms of bias.
- All content must be free of any form of advertising.
- All content should be suitable for an international audience.
- The Provider must provide, in a readily-accessible manner, a short description of the Provider organisation.
- The Material must state, in a readily-accessible manner, the names and qualifications of the individual(s) involved in preparing the content.

ESSENTIALS CRITERIA (E-LEARNING)

- The Material must provide the name and title of a medical practitioner who will take responsibility for its content. This doctor must be registered with a Medical Regulatory Authority, and his/her registration details must be provided.
- There must be a full declaration of actual or potential conflict of interest of the individual(s) involved in preparing the content of the Material.
- The source of all funding provided for the preparation of the Material must be declared, and stated in a readily-accessible manner.
- The Provider must provide confirmation that it has had the Material quality-assured prior to application to the EACCME for accreditation.
- The Provider must provide a reliable and effective means for the Learner to provide feedback on the Material, and must make available to the EACCME a report on this feedback and on its responses to this.

ESSENTIALS CRITERIA (E-LEARNING)

- The Provider's evaluation record for previous or on-going modules or programmes must be satisfactory or, where not, reasons for unsatisfactory ratings must have been addressed.
- On application for accreditation by the EACCME, the Provider (in this section known as the "Applicant") will provide:
 - the Material;
 - a fully completed EACCME application form, confirmed by the medical practitioner who is taking responsibility for the Material;
 - full payment of the application fee.

ESSENTIALS CRITERIA (E-LEARNING)

- **Desirable criteria**
- All content should be easy to use.
- The Material should provide “hot-links” to further relevant information.
- The Provider should make available for the Learner technical support related to the Material.

Allocation of European CME Credits (ECMECs) for e-learning materials

Appendix 3

45 – 90 minutes	1 ECMEC
91 – 150 minutes	2 ECMECs
151 – 210 minutes	3 ECMECs

The EACCME does not award half credits.

The EACCME will not award more than 3 ECMECs for an individual module as it considers that a doctor is unlikely to derive additional benefit if engaged in e-learning for more than 210 minutes.

Providers are advised to link shorter educational materials to ensure that the 1-ECMEC minimum requirement is fulfilled and to divide longer educational materials to ensure that they do not last longer than the 3-ECMEC maximum.

Fees

55) The fee for an application to the EACCME for its accreditation of e-Learning material will be:

750 € to be paid when submitting the materials to be considered for accreditation.

This amount will be fully refundable, at the request of the Provider, if the EACCME cannot provide the applicant with a decision within eight weeks of the submission of the application.

If the application is granted more than 1 ECMEC, the Provider will be liable for an additional fee of 750 € for each additional educational hour accredited.

- 1 ECMEC: 750 €
- 2 ECMECs: 1500 €
- 3 ECMECs: 2250 €

56) Should an Applicant appeal, in accordance with the procedure set out in this document, the EACCME will charge an additional fee of 375 €.

Appendix 4

The EACCME provides a system of accreditation that is based on considering applications related to individual educational live events and individual e-learning materials.

With the increase in applications that has occurred over the last decade, it has become apparent that some providers submit many CME/CPD materials or meetings for accreditation. When such a provider consistently has such applications approved as fulfilling the EACCME's criteria for accreditation, this confirms the quality of the provider and their CME/CPD materials.

Accordingly, the EACCME is exploring the potential for a system of "Provider Accreditation" that may be suitable for such providers. In doing so, the EACCME is considering the suitability of such a system within the European context, noting the experience of such systems in the USA. It is important to emphasise that, until a policy decision is made by the UEMS Council, such work does not commit the EACCME to such a system, nor does it exclude the potential for this.

Providers are encouraged to submit applications for the accreditation of individual e-learning materials which, if accredited, will continue to strengthen their reputation as a high-quality provider.