

SERIES
Tips for Researching in the Field of Allergy (II)
(Editor: J.M. Negro Alvarez)

How to fill an application for accreditation of Continuing Medical Education activity in Allergology

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ABSTRACT

Continuing medical education (CME) is a critical tool as well as a generally accepted concern for physicians, while being both a commitment and an obligation for the Administration.

In Spain, during the past decades, CME has been a constant concern of many groups; however, it was not until the end of the eighties when efforts at accreditation began to emerge.

A significant step was the establishment of the Commission on Continuing Education of Health Professions of the National Health System, an agency of the *Consejo Interterritorial* (Inter-regional Council),

whose accreditation system started in 1998, using the figure of Sector Conference, included in Articles 5 and 8 of the *Ley de Régimen Jurídico de las Administraciones Públicas y del Procedimiento Administrativo Común* (Law on Legal Regime of Public Administration and Common Administrative Procedures), as Senior Technical Body on the matter.

Since then, various Regional Committees and the Spanish Accreditation System of Continuing Medical Education (SEAFORMEC) have been created.

Although we earlier published a guide, in this manuscript we have updated the steps that must be taken to apply for accreditation of CME activity in Allergology, explaining the different items in the official application form, clarifying to whom the request should be addressed, and outlining the foundations on which the activities will be evaluated for accreditation purposes, in order to ensure that the training meets the highest standards for quality, so that the objectives that lead to achieving maximum performance and competence of health professionals may be reached.

Key words: Allergy. Continuing Medical Education. Accreditation. Activity Training. Reaccreditation. SEAFORMEC.

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It is difficult to find an activity with so many constant changes as Medicine. These changes occur not only in the basic areas, but they also occur in the diagnostic and therapeutic methods. In recent years, a number of actions have been carried out in order to reduce the variability in clinical practice.

Medical training in the European Union (EU) comprises three stages¹: 1) undergraduate education, which culminates in a medical degree; 2) specialisation or post-graduate training that ends with the gaining of qualifications such as *a) PhD, b) Master, c) Specialist*; and 3) Continuing Education, in which doctors have an ethical responsibility to the society in which they work, throughout their career. The third of these is intended for health professionals who meet the required levels of competence but seek to continue efforts to safeguard the patient's right to health protection.

A WHO experts committee in 1973 defined Continuing Education as "the training that a doctor undergoes after having completed their basic studies, or those additional specializations, which support their ability to improve their competence and not with the aim of obtaining a qualification or a diploma".

More recently, it has been defined as a "set of educational activities designed to maintain or improve professional competence (knowledge, skills or attitudes), once obtained the basic qualifications or expertise which enables an individual to practice"

This definition is consistent with the need felt by the professionals to keep up to date and cover their weaknesses². That is why the training is not regulated and at the end of the training, doctors do not obtain any academic qualifications in the relevant professional field.

European Union of Medical Specialists (UEMS) defined Continuing Medical Education (CME) as an ethical duty and responsibility of the physician throughout his/her career, it is also a right that must be requested³. The Joint Commission on Accreditation of Healthcare Organizations includes as one of the accreditation standards for hospitals that medical staff must have a training programme, and that hospitals must provide facilities for CME, as this training is relevant to every doctor's needs and also for the institution⁴. Despite the delay in introducing this badly needed type of vocational training in our country, the obstacles seem to have been overcome.

The first precedent we know of in Spain dates back to 1984, when the Barcelona College of Physicians organised a symposium which resulted in a publication and which contained many elements that have subsequently been developed. The result of this symposium led to the creation, in 1989, of the Catalan Council of Continuing Medical Education.

The agreement⁵ between the Catalan Council of Colleges of Physicians; the Academy of Medical Sciences of Catalonia and the Balearic Islands; the Inter-University Council of Catalonia; and the Regional Government, the *Generalitat*, represented by the departments of Health and Social Security (the latter currently represented by the Commissioner for Universities Research), led to the start of operation of the Catalan Council of Continuing Educations (CCFMC) in 1991. This in turn led to the creation of the Accreditation Commission in 1997, whose main objective is the accreditation activities of CME. The introduction of the first accreditation criteria allowed the Catalan Health System (SCS) to homogenise the level of quality of the various activities of CME in the Autonomous Region. The credits granted by this system have allowed their professionals to have a curriculum in CME and to orientate the necessary requirements that their own professionals prioritise.

At national level in Spain, since 1994, various scientific societies have integrated into the Federation of Spanish Medical and Scientific Associations (FACME) and launched various training and accreditation programs.⁶ In late 1997, the boards of most societies associated with FACME decided to address the regulation of CME in their particular area and to develop its rules, although that was not put into motion, due to the introduction of the National Health Service's official form. Another attempt at coordination and accreditation activities was conducted through the Institute of Medical Education⁷ from the College of Physicians, whose accreditation system was very short-lived.

The accreditation systems of some scientific societies, including the Spanish Society of Family and Community Medicine (SemFYC) and the Spanish Society of Rural and General Medicine (SEMERGEN) appeared at the same time as the so-called SaAP (System of accreditation for training activities educational in Primary Care), which was established in 1996. The accreditation activity is through the awarding of hour-based credits received by the participating physician and it can be subjected to audit upon conclusion or at a later date.^{8,9}

Other scientific societies that have put into place their own accreditation systems are the Spanish Society of Orthopaedic Surgery (SECOT) (1994), the Spanish Society of Medical Pathology AEBM) (1998), the Spanish Association of Hematology and Hemotherapy (AEHH) (1998) and the Spanish Society of Rheumatology (1998). The level of operation of these systems is very disparate, but all of them, like the European "boards" in which have been inspired, make use of the credit hour as a criterion for the accreditation of educational activities.¹⁰

Some universities had introduced a system of accreditation within their domain; it works for the accreditation of postgraduate educational activities (basically masters and postgraduate courses). For accreditation, they normally follow the criterion of 10 semester hours is equivalent to one credit.

In order to regulate the Accreditation related to this type of activity in Spain, the Commission on Continuing Education of the National Health System was created, using the figure of Sector Conference¹¹, as stated in Articles 5 and 8 of the *Ley de Régimen Jurídico de las Administraciones Públicas y del Procedimiento Administrativo Común* (Law on Legal Regime of Public Administration and Common Administrative Procedures), as Senior Technical Body on the matter.¹² It seeks to establish a voluntary accreditation system that ensures the quality of training to both the promoters and providers of such activities as well as to the students. Understanding accreditation as “the valuation that an external body makes on an individual, institution or an activity using criteria and standards previously established.”

The said Commission is considered as a Standing Committee of *Consejo Interterritorial* (Inter-regional Council) of the National Health System (NHS), in accordance with the provisions of Article 8 of the Internal Regulations.

The Commission on Continuing Education of the National Health System held its founding meeting on January 22, 1998 in Seville,¹³ where agreement was reached on the creation of a study working group; analysis and development of the general criteria for accreditation; and the drafting of the Internal Regulations of the Commission.

During its meeting on July 29, 1999 it approved an agreement on the general principles of organisation and operation of the Accreditation System for Continuing Education Activities¹⁴. By that resolution the Undersecretary of the Ministry of Health set out the minimum requirements that institutions and agencies seeking recognition of accreditation have to fulfil in order to provide continuous education, as well as the characteristics of educational activities to be validated as formative.

The organisational structure of the Committee on Continuing Education of the National Health System is based on three agencies: the Commission on Continuing Education, the Evaluation Committee and the Technical Secretariat.

The March 22, 2002 Resolution of the Undersecretary of the Ministry of Health (which provides for the Resolution of the State Secretary for Education and Universities and the Undersecretary of Health and Consumer Affairs to be issued) on the “Convention of collaboration in the field of continuing educa-

tion in the health professions, held between the Ministry of Education, Culture and Sports and Health, the Ministry of Health and Consumer Affairs and the General Council of Medical Colleges” represents a further step in this matter.¹⁵

In February 2003, the Spanish System of Accreditation of Continuing Education (SEAFORMEC) was created under the umbrella of the agreement signed between the following parties: Ministry of Education, Culture and Sports and Health; the Ministry of Health and Consumer Affairs; the General Council of Medical Colleges; FACME; the Conference of Medical Schools Deans; and the National Board of Medical Specialties.

Although we earlier published a guide,¹⁶ in this manuscript we update the steps that must be taken to apply for accreditation of CME activity in Allergology, by explaining the different items in the official application form, clarifying to whom the request should be addressed, and outlining the foundations on which the activities will be evaluated for accreditation purposes.

COMMISSION ON CONTINUING EDUCATION OF HEALTH PROFESSIONS IN THE NATIONAL HEALTH SYSTEM

On September 14, 2007 The Spanish Official Journal (BOE) published the Royal Decree (RD) 1142/2007 of 31 August which determines the composition and functions of the Commission on Continuing Education of Health Professions and regulates the System of Accreditation of Continuing Education.¹⁷ The aim of this RD is to harmonise the exercising of functions that Health Administrations and other institutions and agencies have in the field of Continuing Education, as well as coordinating the activities being organised in this area.

The Royal Decree has its foundations in Law 16/2003 of 28 May, Cohesion and Quality of the National Health System,¹⁸ which requires the establishment of common criteria for ordering the activities of continuing education, in order to ensure quality in the whole of the National Health System.

It also incorporates the provisions of the Law 44/2003 of November 21 for the Regulation of Health Professions, regarding the composition of the Commission's functions and powers in the area of accreditation activities, centres and professionals.¹⁹

The Commission on Continuing Education of Health Professions is considered as a governing body of Public Administrations, which is attached to the Commission on Human Resources of the National Health System.

Its composition, specified in RD, is as follows:

A) Two representatives from the Ministry of Health and Consumer Affairs, one of whom shall be the President.

B) One representative from the Ministry of Education and Science.

C) One representative from the Ministry of Defence.

D) One representative from each of the autonomous communities in the Interregional Council of the National Health System.

E) The Secretary of the Commission, but without voting rights, this will be an official of the Ministry of Health and Consumer Affairs.

The RD created two technical committees: the Technical Committee on Accreditation and the Technical Committee for Planning and Coordination.

The primary aims of said committees are: to establish procedures, criteria and requirements for the accreditation of Continuing Education Schools and Activities, as well as the accreditation and advanced accreditation for professionals in a specific functional area of a profession or specialty, as a result of the development activities in the Continuing Education.

The Technical Committee for Planning and Coordination was created to respond and aid to analyse, study and assess the needs of professionals and the Health System in the field of Continuing Education, through the adoption of programmes and activities of continuing education for the principal areas of concern common to the whole health system, and for the planning, coordination and harmonisation of all people involved in the field of continuing education for health professionals.

Evaluation committee

Evaluation Committees exist which are dependent on the Technical secretariat. These technically value those training activities that have applied for accreditation. The evaluation committee is composed of three to five experts in Continuing Education. Members of this Committee are appointed by the Commission on Continuing Education of Health Professions of the National Health System, for a renewable period of two years.

Technical Secretariat

In order to make the operative system developed by the Accreditation Committee, there is a Technical Secretariat which reports to the Commission itself.

Activities of Continuing Education

Activities requiring physical presence

They suggest that the relationship between teaching and learning takes place immediately. These are very diverse, basically including:

- Courses, seminars and similar activities.
- Working groups, workshops, interactive workshops, etc., Placements.
- Congresses, symposiums, etc.
- A remaining group that may include clinical sessions, bibliographic sessions, and other similar activities.

Activities not requiring physical presence

These are activities that do not require the simultaneous physical presence of professionals in a classroom. They are based on the learning supported by systematic and joint teaching of several teaching resources. It is provided through printed, mechanical and technological materials, with a physical separation between teachers and students. It encourages independent and flexible learning. Activities include self-learning distance activities whose hardware can be:

- Books and monographs.
- CDs
- Internet, virtual programs and e-learning, etc.

Mixed activities

Those with physical presence and non-attendance components (both with an educational profile).

Criteria for accreditation

The various components are evaluated by an evaluation committee formed by experts, according to a Lickert scale.

Qualitative Component

This is based primarily on the following criteria. Its evaluation is given in Tables I and II.

1. Training Objectives of the activity. The activity's objectives have to be sufficiently explained, distin-

Table I

Assessment Qualitative component

Objectives of the activity. The general and specific objectives described:

- Do not explain with any clarity what is intended to achieve. 0.0
- Do not explain very clearly what they are trying to achieve. 0.1
- Explain what is intended to achieve with intermediate clarity. 0.2
- Explain quite clearly what is intended to achieve. 0.3
- Explain very clearly what is intended to achieve. 0.4

Organisation and Logistics. Human and material resources, number of participants, structure of the activity and the match between the duration and objectives:

- They are not proportionate nor appropriate. 0.0
- They are not very proportionate nor appropriate. 0.1
- They are of intermediate proportion and relevance. 0.2
- They are quite proportionate and relevant. 0.3
- They are very proportionate and relevant. 0.4

Relevance of the activity. The needs identified in the professional business environment would improve with the attainment of the objectives proposed by the activity:

- Not at all. 0.0
- Very little. 0.1
- Intermediate. 0.2
- Fairly. 0.3
- Greatly. 0.4

Teaching Methodology. To achieve the objectives of the education activity, the proposed pedagogical system and supporting material chosen:

- They are not relevant. 0.0
- They are not very relevant. 0.1
- They are of intermediate relevance. 0.2
- They are quite relevant. 0.3
- They are very relevant. 0.4

Evaluation. “The proposed assessment, in relation to the objectives and requirements, embodied in”:

- Unspecified evaluation whatsoever. 0.0
- Opinion poll / student satisfaction 0.1
- Evaluation test developed at any time, without the final score. 0.2
- Evaluation test with final score. 0.3.
- Evaluation test that requires the integration of knowledge, attitudes and skills, with final score. Impact Assessment. 0.4

guishing the general and specific objectives to be achieved in the learning process of the professionals the activity is targeted at. These objectives must be observable and measurable. The first refers to the goal of the training action in its broadest sense, while the latter must be formulated in terms of what training area is considered a priority (abilities or skills, improving attitudes of the professional, etc.). This point is very important because it will influence the valuation of the following headings.

Table II

Weighting of the qualitative component

1. Objectives of the activity	1.0
2. Organisation and logistics	1.0
3. Relevance of the activity	2.0
4. Teaching Methodology	1.5
5. Evaluation	1.5

2. Organisation and Logistics. It should include as accurately as possible a description of the teaching program, teachers and their method of choice, other human resources, material resources, calendar, the criteria for selecting participants and the match between the duration of the activity and goals, faculty and number of hours.

3. Relevance of the activity. The content of the activity must respond to some kind of need or its demand be sufficiently well set out and justified. For example, learning surgical skills could be of interest to a group of surgeons, but is irrelevant to the collective of allergy specialists. It is good to explain how training needs were identified (survey, opinion of professionals, a proposal for a commission, expert opinions, suggestions from the literature, etc). In the 21st century, the characterisation of teamwork within complex organisations, professional organisations themselves have to play a major role when necessary in order to establish the training needs.

4. Teaching Methodology. It is important on each occasion to evaluate the adequacy of the methodology to the stated objectives and the resources available, as well as the degree of interaction between participants and faculty.

5. Evaluation. It is important to specify the use or not of some sort of assessment, either of the participants, teachers, or the activity itself, in terms of its objectives or the training process, etc. The assessments of models that can be employed in our area are shown in Tables III and IV. In the case of activities with physical presence it is not necessary to have a system for evaluating knowledge as a formal requirement for the admission to an activity. To ensure maximum objectivity of the evaluation, those conducted by an agent independent of the promoter of the activity are promoted. Through a process of continuous feedback from the results of the evaluation, we can improve the quality of CME.

In order to qualify for continuing education credits, the result of this qualitative component must be greater than or equal to one.

Table III
Course. Evaluation

- This questionnaire is aimed at knowing your opinions about the this course. Please answer the following questions thoughtfully and objectively, marking an "X" in the appropriate box
- The answer to each question ranges from 1 to 4, with the minimum being 1 and the maximum being 4
- The questionnaire is anonymous

	1	2	3	4
1. The objectives of the course have been satisfactorily accomplished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The course has responded to my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I think that the design of the course is appropriate in relation to the objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The overall organisation of the course has been adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The level which the questions have addressed is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The environmental conditions have been appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The handouts and teaching materials are of good quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The methodology used by the teachers has been adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The animation style and the general atmosphere has been stimulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The subjects taught are applicable to my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of the teacher	Level of knowledge				Communication skills			
	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Express opinions or suggestions regarding the course

Indicate whether you think that other courses that go deeper into the same topics, or any of the matters in greater detail could be better organised:

Quantitative Component

It is based on the duration of the activity. This section is usually subject to some correction by experts mainly in the case of non-attendance and those re-

quiring attendance for a very long-term that tend to weigh the impact on the number of credits. Commissions have taken criteria on the basis of 10, but include weighting factors that give precedence to activities of short duration (40 hours, and especially up

Table IV
Evaluation of the speakers

Subjects Taught: The answer to each question ranges from 1 to 4, with the minimum being 1 and the maximum 4.				
1. Adequacy of the course objectives to the professional needs of the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequacy of the content to the students' level of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The degree of motivation and interest observed in the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evaluation of the group composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relationship between the allotted time and content development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Level of understanding of the subjects by the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Infrastructures supported in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Poll regard to the overall organisation of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Relationship with the Coordinator of the course. Information and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Applicability of the subjects taught in your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express opinions or suggestions regarding the course:				
<ul style="list-style-type: none"> • Point out the positive aspects: • Suggestions for improvement of the course: • Organisational aspects: 				
Contents:				
<ul style="list-style-type: none"> • Aspects to omit: • Other suggestions considered relevant 				
Professor:				

to 20 hours) and penalise longer. To introduce an element of balance in the final score of the activity in terms of its duration, a correction factor is used, according to the scale in Table V.

Allocation of number of credits to an activity

The total credits allocated to a particular activity will be based on the result of the proceeds of scoring the Qualitative Component by the Quantitative Component.

In January 1999, the SEAIC requested the Ministry of Health and Consumer Affairs official accreditation for Continuing Education Courses. We recognise the following credits for each of the courses:

- Food Allergies (3.1).
- Asthma (3.1).
- Immunological basis of type I allergic reactions (2.5).
- Allergy to medicines (2.5).
- Management of an Allergy Service (2.4).
- Information Technology (2.4).
- Quality of Health Care (1.6).
- Immunological basis of type II allergic reactions (1.2).

Table V
Weighting of the quantitative component

Activity duration	
– < 20 hours	1.1
– Between 21 and 40 hours	1.0
– Between 41 and 80 hours	0.9
– > 80 hours	0.7
Extension Factor (EF): number of weighted hours /10.	

- Immunotherapy (1.2).
- Design of research (1.2).

**SPANISH ACCREDITATION SYSTEM
OF CONTINUING MEDICAL EDUCATION
(SEAFORMEC)²⁰**

In February 2002, the Ministries of Education, Culture and Sports, Health and Consumer Affairs, and the General Council of Official Colleges of Physicians signed a collaboration agreement in the field of continuing education for the health professions. The General Council of Official Colleges of Physicians were entrusted with the management of the accred-

itation activities of CME, under the supervision of the same ministries and according to the criteria of the Commission on Continuing Education of Health Professions of the NHS.

In carrying out the responsibilities entrusted to it, the General Council of the Official Colleges of Physicians decided to join forces with the main players in the sector: the Federation of Scientific and Medical Associations Medical (FACME), the Conference of Medical Schools' Deans and National Council of Medical Specialties.

This joint initiative created SEAFORMEC, whose constitutional agreement was signed on February 28, 2003 and its structure and operation are in place.

According to the agreement, the system of accreditation of the General Council of Official Colleges of Physicians should use the same criteria and procedures prescribed by the Commission on Continuing Education of Health Professions of the NHS. SEAFORMEC focuses solely on the accreditation of CME activities, without contemplating the accreditation of provider-institutions when not carried out by the Commission itself.

The accreditation system activities overlap those of the Commission.

The Natural Members of SEAFORMEC (COM, scientific societies, medical specialties and commissions) are the ones who can bring CME activities to accreditation by the system. The accreditation procedure of CME activities organised by other providers, public or private, is subject to special regulations to ensure the transparency of the system.

SEAFORMEC is structured as follows: the supreme body is the Commission on Government, in which there are three representatives of the General Council of Official Colleges of Physicians (one of whom holds the vice presidency); two from FACME (one of whom holds the presidency); one from the Conference of Medical Schools Deans; one from the National Council of Medical Specialties; and the chief technical officer. Within that context, there is a Liaison Committee, a body responsible for establishing relationships with both the Committee on Continuing Education and Health Professions, and with the Ministry of Health and Consumer Affairs, and the Ministry of Education, Culture and Sports. The technical manager, who is ultimately responsible for the technical system, depends on the Commission, which in turn depends on the Technical Secretariat, the Evaluation Committee and the Audit Committee. Unlike the evaluation system of the Commission, SEAFORMEC has a permanent Evaluation Committee, composed of five members elected for a two-year period. The evaluation of an activity subject to accreditation is carried out by three evaluators, one of

whom must necessarily be from the five members of the Evaluation Committee and the other two are selected from the evaluation pool.

The Audit Committee contributes to discipline providers for the benefit of all involved, allowing and maintaining the essential characteristics of the system – voluntary and confidence – which contribute decisively to its feasibility and effectiveness in the real world, away from the rigidity of a system overly bureaucratized, which would be incompatible with the flexibility and spontaneity that characterises CME.

SEAFORMEC has established preliminary contacts with the American Medical Association, the Accreditation Council for CME (ACCME) from USA, and the European system of accreditation (EACCME) from the "Union Européenne des Médecins Spécialistes" (UEMS) with the intention of establishing formal agreements for the mutual recognition of CME credits, which would benefit the medical profession in Spain, and would thus be recognition of its efforts to be competent in the international arena.

The Agreement of the Sector Conference in December 1997, which created the Commission on Continuing Education of Health Professions of the National Health System, specifically addressed the role of the autonomous communities in the field of training and accreditation.

Since the inception of the Committee on Continuing Education in early 1997, the Committees of Continuing Education of the Autonomous Communities have been developing, based on the guidelines contained in the Agreement of the Sector Conference and with a membership consistent with the Committee on Continuing Education of Health Professions of the National Health System, and developed according to the specific characteristics of each region.

Although currently most of the autonomous Committees do exist, not all are operational with regard to the accreditation of CME activities.

So far, there are twelve autonomous regions which have set out the composition and functions of the Commission of Regional Continuing Education, and also the operation of the Accreditation System. The Accreditation System has not been implemented yet in the autonomous regions of the Canary Islands, Cantabria, Asturias, Castilla-La Mancha, and Murcia. There is anticipation of an imminent start of operation of the System in the communities of Murcia, Asturias and Castilla-La Mancha. It should be noted that not all the Autonomous communities with a system in operation value accreditation activities directed at the whole health care professionals, and/or value non-attendance activities. When this is the

case, the accreditation of these activities is carried out by the Administrative Unit of the Ministry of Health and Consumer Affairs, through the Accreditation System.

There are two common application forms for evaluating the activities subject to accreditation.

The accreditation should be implemented necessarily according to the requirements, procedures and criteria established by the Commission on Continuing Education of Health Professions. It will have a national impact, whichever Government issued the accreditation. At any time the government authorities will be able to audit and evaluate. The Ministry of Health and Consumer Affairs and the competent organs of the Autonomous Communities, within their respective spheres of competence, may accredit activities and programmes of action in relation to the continuing education of health professionals. The activities of continuing education that have been accredited may be taken into consideration in the track record for health professionals. Only those continuing education activities that are accredited and may be subsidised with public funds.

ACCREDITATION PROCEDURE

There are currently several possibilities in Spain:

1) Accreditation by a scientific society that has a formal system of accreditation. This is not the case in Allergy.

2) Accreditation by the Commission on Continuing Education of Health Professions of the NHS or any of the autonomous commissions.

3) Accreditation by the SEAFORMEC.

Any activity evaluated by the relevant Accreditation body must be described in a standard form that can be obtained from the relevant Technical Secretariats (Table VI), and which includes the following headings.

1. General information on activity for accreditation and its provisions

- Name and title of the activity, and director responsible.
- Information on the provider of the activity.
- Type of activity.
- Maximum number of participants.
- Expected duration of the activity (in hours).
- Professional group addressing the activity.
- Sources of financing of activity.

2. Information for Qualitative Assessment

- Training Objectives of the activity.
- General description and specific objectives of the activity.
- Organisation and logistics.
- Description and details of the activity programme, teachers, resources available, calendar, number of participants, methods of selecting participants and the match between the duration of the activity and its objectives.
- In the event of non-attendance activities, the type of material for the information (printed materials, CD-ROM, Internet, etc.), should be noted, as well as the system for the development and evaluation of manuals and questionnaires. Similarly, it should indicate the number and qualification of the tutor guardians of non-attendance activity.
- The relevance of the activity, a description of the needs which the activity fills and how these have been detected.
- Teaching Methodology: Description of the teaching methodology to be used and the type of interrelationship among the participants and between them and the teachers.
- Evaluation: Accurate description of the evaluation system that will be used, specifying in each case what is going to be evaluated, participants, teachers, process, activity or impact of the assistance. It is also worth noting the means or system used and the requirements for granting credits. The applicant must clearly specify what the criteria for selection and/or formal registration of participating candidates will be, as well as the requirements that need to be satisfied before the learner can receive the credits granted by the activity.

APPLICATION PROCEDURE AND GRANTING OF ACCREDITATION

A duly completed application form approved by the proper Commission clearly specifying the items.

The form that meets all the formal aspects outlined above is analysed by the Evaluation Committee. The final approval of the accreditation is the responsibility of the agency. If the answer is positive, the course provider will receive notification of the number of credits assigned to the activity in question, and those doctors who participate in it are entitled to benefit from these credits. The degree of usefulness of these credits will be determined by their own administrations, which in the future will have to evaluate them in the process of recruitment and career development. As the continuing education is not designed

Table VI
Useful Addresses for the user

*Commission on Continuing Education of healthcare professions
of the National Health System*

**Comisión de Formación Continuada de las profesiones
sanitarias del Sistema Nacional de Salud.**

Ministerio de Sanidad y Consumo
Paseo del Prado, 18-20
28071 Madrid (Spain)
Tel.: 34 91 596 18 12
Fax: 34 91 596 43 07
E-mail: lpallares@msc.es

Catalan Council of Continuing Medical Education

Consejo Catalán de la Formación Médica Continuada

Córcega, 257, pral.
08036 Barcelona
Tel.: 34 93 218 36 65
Fax: 34 93 416 17 58
E-mail: ccfmc@comb.es
<http://www.ccfmc.cat/>

*Commission on Continuing Education of healthcare professions
of the Community of Aragon*

**Comisión de Formación Continuada de las profesiones
sanitarias de la Comunidad de Aragón**

Vía Universit s, 36, 2.  planta
50017 Zaragoza
Tel.: 34 976 716832
Fax: 34 976 713099
E-mail: cfcacreditacion@aragon.es

*Commission on Continuing Education of the health professions
in the Balearic Islands*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de Baleares**

Tom s Forteza, 40
07006 Palma de Mallorca
Tel.: 34 971 775574
Fax: 34 971 784393
E-mail: msalom@dgaval.caib.es
<http://portalsalut.caib.es/psalutfront/info;jsessionid=4A92CA327643DF9A0904D85199CF5162?lang=es&id=1011&idSubArea=1004>

*Commission on Continuing Education of the health professions
in Andalusia*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de Andaluc a**

Avda. de la Innovaci n, s/n, Edificio Arena, 1
41020 Sevilla
Tel.: 34 955 006341
Fax: 34 955 006474
E-mail: teresa.campos@juntadeandalucia.es
http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/documentosAcc.asp?pagina=pr_formacion4

*Commission on Continuing Education of healthcare professions
of Castilla-Leon*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de Castilla y Le n**

Paseo de Zorrilla, 1
47071 Valladolid
Tel.: 34 98 341 23 06
Fax: 34 98 341 37 45
E-mail: rodlopbe@jcyll.es
http://www.sanidad.jcyl.es/sanidad/cm/profesionales/tkContent?pgseed=1161352998159&idContent=20361&locale=es_ES&textOnly=false

*Commission on Continuing Education of the health professions
in the Community of Extremadura*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de Extremadura**

Jerusal n, 2
06071 Badajoz
Tel.: 34 92 4014750
Fax: 34 92 4260430
E-mail: encarnacion.risco@sc.juntaex.es

*Commission on Continuing Education of the health professions
in the Community of Galicia*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de Galicia**

San L zaro, s/n
15781 Santiago de Compostela
Tel.: 34 98 154 28 87
Fax: 34 98 154 28 97
E-mail: dolores.lopez.fernandez@sergas.es

*Commission on Continuing Education of the health professions
in the Community of La Rioja*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de La Rioja**

C/ Piqueras, 98, 2.  planta
26006 Logro o
Telf.: 34 941 278862
Fax: 34 941 278887
E-mail: cformacion@riojasalud.es
http://www.fundacionriojasalud.org/comision_formacion.html

*Commission on Continuing Education of healthcare professions
of the Community of Madrid*

**Comisi n de Formaci n Continuada de las profesiones
sanitarias de la Comunidad de Madrid**

C/ Gran V a, 27, 7.  planta
28004 Madrid
Tel.: 34 91 3089400
Fax: 34 91 3089464
E-mail: montserrat.castejon@salud.madrid.org
http://www.madrid.org/cs/Satellite?cid=1142324836554&language=es&pagename=PortalSalud%2FPage%2FPPTSA_pintarContenidoFinal&vest=1142324836554

(Continues)

Table VI

Useful Addresses for the user (Continuation)

*Commission on Continuing Education of healthcare professions
of the Community of Navarra*

**Comisión de Formación Continuada de las profesiones
sanitarias de la Comunidad Foral de Navarra**

Irunlarrea, 3
31008 Pamplona
Tel.: 34 848 422007
Fax: 34 848 422009
E-mail: mguembes@cfnavarra.es
<http://www.cfnavarra.es/salud/docencia.investigacion/cfc.htm>

*Commission on Continuing Education of healthcare professions
of the Basque Country*

**Comisión de Formación Continuada de las profesiones
sanitarias de la Comunidad del País Vasco**

San Sebastián, 1
01010 Vitoria
Tel.: 34 945 00 61 91
Fax: 34 945 01 92 80
E-mail: gsanroman@sscc.osakidetza.net
http://www.osanet.euskadi.net/r85-20319/es/contenidos/informacion/formacion_continua/es_1265/for04_c.html

*Commission on Continuing Education of the health professions
in the Community of Valencia*

**Comisión de Formación Continuada de las profesiones
sanitarias de la Comunidad Valenciana**

Juan de Garay, 21
46017 Valencia
Tel.: 34 963 867254
Fax: 34 963 869371
E-mail: moreno_ros@gva.es
<http://www.san.gva.es/cas/prof/eves/continuada/continuada.html>

*Commission on Continuing Education of the health professions
in the Region of Murcia*

**Comisión de Formación Continuada de las profesiones
sanitarias de la Región de Murcia**

Isidoro de la Cierva, 10
30001 Murcia
Tel. 34 968 226489
Fax 34 968 226484
E-mail: Mariat.roldan@carm.es
<http://www.murciasalud.es/acreditacion>

*Spanish System of Accreditation of Continuing Medical Education
(SEAFORMEC)*

**Sistema Español de Acreditación de la Formación Médica
Continuada (SEAFORMEC)**

Villanueva, 11
28001 Madrid
Tel.: 34 91 431 77 80
Fax: 34 91 431 96 20
E-mail: seaformec@cgcom.es
<http://www.cgcom.org>

to confer professional competence in areas other than those that have already been developed by the person concerned, the training freely chosen and performed by each professional within his/her specialised field, should serve for counting credits to obtain the Certificate of Professional Actualization (CAP).^{21,22} The CAP should be evaluated along with other merits and circumstances, and these certificates must constitute essential elements for career development. In this regard, the Law 30/1999 of 5 October of Selection and vacancies of regular staff of Health Services²³, in its Article 5.4 reads: "The scales of merit of the evidence for the selection of graduate medical staff and other health personnel will value at least, the academic record of the person concerned; specialised postgraduate training; accredited continuing education; professional experience in health care institutions in the public sector; and scientific, teaching and research activities". The main purpose of the system is to bring order to the supply of existing activities, clarifying which meet quality standards.

The Ministry of Health and Consumer Affairs and the equivalent bodies of the Autonomous Communities may delegate the responsibility for the management and accreditation of Continuing Education in cooperation with institutions of public law. In any case the accreditation bodies should be independent of the agencies responsible for the provision of continuing education.

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