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1. INTRODUCTION

CME/CPD accreditation by EBAP is a voluntary process and aims to satisfy the following criteria:

- **Encourage providers** of CME/CPD to improve the quality of their activities.
- **Promote learning** by participants so that their clinical practice will improve, to produce better clinical outcomes.
- **Reassure learners** that educational activities are free from commercial bias.
- **Confirm educational quality and independence** of the activity.

EBAP accreditation criteria are divided into:

- **Basic standards**: criteria that **must** be attained for eligibility
- **Quality development standards**: criteria that are highly **recommended** but not compulsory.

Excellent learning activities that meet a number of quality development standards will be granted EBAP’s **Mark of Excellence** and be awarded additional CME credits. To learn more about Mark of Excellence, please visit [www.ebap.org](http://www.ebap.org).

EBAP accredits the following CME/CPD learning activities:

- **Live educational events** including congresses, conferences, courses and workshops.
- **Certification programmes** using multiple teaching methods and assessing the learner’s performance.
- **Distance learning** including HTML courses, live online web courses, webinars, pre-recorded webcasts, CD-ROMs, apps as well as journal articles and books.
- **Assessments** such as knowledge-based examinations.
- **Reviewing activities** including reviewing of articles, books/chapters, abstracts, clinical cases and e-learning activities.
- **Authorships** including Multiple Choice Questions (MCQ) writing, authorship for articles and books.

This document will provide you with EBAP accreditation criteria for each of these activities, except for Certification Programme, for which detailed guidelines are available at [www.ebap.org](http://www.ebap.org).

In addition, EBAP proposes short, smart guides to help CME/CPD Providers. These guides and related template documents are available at [www.ebap.org/library](http://www.ebap.org/library) and cover the following topics:

- How to organise an event
- Conflicts of interests
- Needs assessments and outcome management
- How to write suitable MCQs

The following related document templates are also available on [www.ebap.org/library](http://www.ebap.org/library). Providers are encouraged to download and tailor them to their needs.

- Event organisation budget template
- Event organisation timetable template
- Contract for unrestricted grants template
- COI declaration template
- COI declaration slide
- Needs Assessments template
- Post-event evaluation template

For assistance during the application process or if you have queries, contact us at [ebap.info@ebap.org](mailto:ebap.info@ebap.org)
EBAP REMIT

- EBAP is focused on European and/or international CME and CPD accreditation in the field of respiratory medicine.
- EBAP accreditation of national events is possible if a national event attracts foreign participants.
- EBAP's accreditation does not replace nor supersedes accreditation by the relevant national accreditation authority.
- EBAP defines learners as healthcare professionals working in research and clinical care, such as doctors, scientists, specialist nurses, physiotherapists and technicians.
- EBAP will decide to award either CME or CPD credits, depending on the type, objective, topic and content of the activity.
- EBAP reserves the right to reject any application that does not comply with the accreditation criteria outlined in this document. Providers can appeal of this decision by following the appeal procedure described in these guidelines.
- EBAP reserves the right to use and/or share anonymised data that providers submit to EBAP for research purposes.

CRITERIA APPLICABLE TO ALL CME/CPD ACTIVITIES

A. ACTIVITY ELIGIBILITY

Basic standards
1. Only activities with a clear educational value will be granted accreditation.
2. Activities directly organised by pharmaceutical or equipment commercial companies will not be accredited.
3. The content or format of a CME/CPD activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial entity.
4. Activities promoting recommendations, treatment, or manners of practicing medicine that are not within the definition of CME/CPD, or are known to have risks or dangers that outweigh the benefits, or are known to be ineffective in the treatment of patients cannot be accredited.
5. CME/CPD programmes devoted to advocacy of unscientific modalities of diagnosis or therapy are not eligible for accreditation.
6. Activities must have a scientific / organising committee that includes representatives of the intended target audience. The scientific / organising committee is the group responsible for all decisions related to the activity and its content. The scientific / organising committee may consider data or advice from all sources, but must ensure that decision-making related to the following is under its exclusive control:
   • Identification of the educational needs of the intended target audience
   • Development of learning objectives
   • Selection of educational methods
• Selection of speakers, moderators, facilitators and authors
• Development and delivery of content
• Evaluation of outcomes

Any of these activities can be delegated by the scientific or organising committee, provided that the final decision with these matters remains with the scientific or organising committee. Representatives of a commercial sponsor or any organisation hired by a commercial sponsor cannot participate in decisions related to the above programme elements.

7. The provider must supply the name and affiliation of a medical practitioner or scientist who will take responsibility for the CME/CPD activity and with whom EBAP can discuss any points which arise during the activity’s review.

8. The provider must state the educational objectives in the context of the previously determined needs assessment and gap analysis. This requirement applies not only to live events, but also to distance learning products (i.e.: articles, books, e-learning activities, apps).

9. A process must be in place to ensure that those responsible for developing and delivering content are informed about:
   • The identified needs of the target audience.
   • The need to ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area.
   • The intended learning objectives for the activity, ensuring that the description of therapeutic options utilise generic names and do not reflect exclusivity and branding.

The organising or scientific committee and faculty must take full responsibility for the activity and its content.

10. The educational material must be presented in a user-friendly way and preferably using plain English to influence the learner’s clinical practice and strategies. The activity must be balanced and content adapted to the needs of the targeted audience.

11. All the recommendations involving clinical medicine in a CME/CPD activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research (such data should be referenced in the presentations) referred to, reported, or used in CME/CPD in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. International terminology for procedures and therapeutic agents must be used.

12. The activity will be organised and conducted in compliance with all relevant ethical, medico-legal, regulatory, industry-based and legal requirements. The target learners must be described in terms of type, sub-speciality and seniority.

13. When submitting their accreditation, providers must supply full details of the activity’s organisation and must specify all sources of funding, particularly in relation to commercial sponsors.

14. A provisional accreditation may be granted for applications which do not have full funding details at the time of application submission.

15. Social activities associated with CME/CPD activities cannot occur at a time or location that interferes, competes with or takes precedence over accredited activities.

16. Activity files and records of CME/CPD activity planning and presentation must be retained for 12 months after the event. EBAP reserves the right to review these files if deemed necessary.

17. EBAP reserves the right to ask providers for copies of the contract between the organiser and the activity’s sponsors and copies of the sponsorship budget and financial breakdown.
B. PROVIDER DUTIES AND CREDENTIALS

Basic standards

1. The provider actively promotes improvements in health care and not proprietary interests of a commercial organisation.

2. The provider must maintain a clear separation between promotional activities and education at every step of the process (from beginning to the end of programme).

3. The provider must advise if faculty, planners, teachers, authors and reviewers receive honoraria for performing their duty and the amount and source of funding.

4. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for faculty, planners, teachers, authors and reviewers.

5. The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

6. No other payment shall be given in relation to the accredited activity, to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

7. The provider must give a description of their statutes and/or mission in order that potential conflict of interest can be ruled out.

8. The provider is responsible for supplying all information and documents as described in the application form.

9. The provider will preferably be an educational or academic institution such as a faculty of medicine, hospital department or division, medical society, medical association, medical academy, physician research organisation, or health authority not linked to government agency, etc.

10. Commercial CME/CPD providers such as Professional Congress Organisations (PCOs) and Medical Education Companies (MECs) can apply for accreditation for the CME/CPD activities that they organise on behalf of third party, provided that both the provider and the activity fully meet the accreditation criteria, and in particular those related to commercial interests and sponsorship.

11. Where the activity has been organised by a commercial CME/CPD provider, the representative of an academic, educational or scientific institution hosting the event must provide written confirmation that they take overall responsibility for the content and independence of the activity.

12. In cases where there is an exclusive relationship between the commercial sponsor and the commercial CME/CPD provider, EBAP will regard the provider as a subsidiary of the commercial sponsor and will decline the application.

13. For printed material, the provider may be a publisher operating either independently or in association with an educational institution.

14. A provider who fails to disclose relevant information, in particular (but not limited to) with regards to the activity's funding, will be barred to apply for accreditation for a period of three years.
C. ASSESSMENT OF EDUCATIONAL NEEDS AND OUTCOME MEASUREMENT

Needs assessment (gap analysis)

Basic standards

1. Accreditation of CME/CPD must depend on demonstration that a need exists for education in the topic concerned. Providers must therefore conduct a needs assessment and gap analysis.
2. The data collated in the needs assessment and gap analysis process will be used to identify the target learners, topic, learning outcomes and educational methods suitable for the specific activity.
3. When specifying learning outcomes, the provider will use action verbs (e.g. analyse, create, compare, evaluate).

Outcome measurement and feedback from learners

Basic standards

1. The provider must provide a reliable and effective means for the learners to provide feedback on the activity, including the extent to which the educational objectives of the activity were met.
2. Feedback forms shall include questions related to the educational format, the quality of the presenters and the presentations. Logistic considerations in relation to venue, auditoria and facilities can also be included.
3. Learners must be required to indicate their future needs in relation to gaps in their knowledge and competence when they complete the post-event evaluation form.
4. Providers must include this information in their application for accreditation of subsequent events, and commit to make available to EBAP a report on the learners’ feedback.

D. AWARDING CME/CPD CREDITS TO LEARNERS

Basic Standards

1. CME/CPD credits can only be awarded to those learners taking part in the accredited activity.
2. Providers must ensure that participants applying for CME/CPD credits do not receive more than the maximum number of credits awarded for the activity and that the number of CME/CPD credits stated in the CME/CPD certificate reflects the participant’s contribution and engagement in the activity.
3. CME/CPD certificates can only be delivered after the activity.
4. Providers are responsible for issuing the CME/CPD certificate in accordance with the preceding points.

Excellent learning activities that meet a number of quality development standards will be granted EBAP’s Mark of Excellence and be awarded additional CME credits. To learn more about Mark of Excellence, please visit www.ebap.org.
E. ACTIVITY FUNDING

All criteria related to an activity’s funding are basic standards and must be complied with in order to receive accreditation for the learning activity.

Relationship with commercial interests

1. The provider and/or scientific or organising committee must ensure that their interactions with sponsors meet professional and legal standards, including the protection of privacy, confidentiality, copyright and contractual law regulations.

2. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as condition of contributing funds or services.

3. The provider is responsible for maintaining a clear separation between the funder and the learners.

4. The provider, scientific / organising committee must recognise and disclose to participants all financial and in-kind support received from sponsors of CME/CPD activities as part of a sponsorship acknowledgement page (for written materials) or on a slide preceding the presentation (for live events) separate from the educational content, in accordance with local regulations on data protection. Such acknowledgement should be given appropriate prominence and be accessible to all participants.

5. Beyond the standard acknowledgement statement of financial and in-kind support outlined above, the linking or alignment of a sponsor’s name (or other branding strategies) to a specific educational session or section of an educational programme within an accredited group learning activity is prohibited.

Commercial support

1. Financial support is acceptable if the provider does not enter into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfil the accreditation requirements.

2. Preferably, activities will be sponsored through educational grants. In the case of an educational grant, the providers are wholly independent in their use of contributed funds. In this situation, the provider receives the funds from the commercial company and then settles all expenses, including faculty honoraria.

3. Restricted grants are permitted unless the activity is mono-sponsored. It should be subject to a written agreement between the provider and the sponsor, and should aim to reimburse expenses for presenters/contributors not selected by commercial entity (all expenses, travel only, accommodation only, honorarium, etc.), and/or support catering and other expenses (e.g. catering, printed materials, etc.). In the case of restricted grants, industry should not provide honoraria, accommodation or travel expenses directly to specific speakers or members of the scientific or organising committee, but will provide a lump sum to the provider who will be responsible for covering these costs.

4. In-kind support is permitted (e.g. equipment loan for skills/hands-on courses and workshops) unless the activity is mono-sponsored. The provider will, whenever possible, provide equipment from several companies, that are competitors.

5. Travel grants to participants are permitted unless the activity is mono-sponsored. This is allowed provided that the selection of the travel grant recipients is not influenced by the sponsors and that the grant is not paid by the sponsors directly to the participant. Travel, lodging or other out of pocket expenses of spouses, partners or other family members of the scientific / organising committee, speakers, moderators, facilitators, authors or participants cannot be paid for or subsidised by the provider, sponsor or any organisation hired by a sponsor.
6. Preferably, and whenever possible, activities will be multi-sponsored, by companies in competition. Although accreditation of mono-sponsored events is possible, these requests will be subject to greater scrutiny, in particular if the event is not organised by an independent scientific/academic society or institution (e.g.: non-profit scientific/academic organisation/society, university, hospital, etc.). In cases where all sponsoring companies belong to the same group or corporation, the event will be considered as mono-sponsored.

7. Mono-sponsored activities are subject to the following additional criteria:
   a. Financial support must be provided in the form of an independent educational grant and must be of a reasonable amount in line with standard event organisation budgeting and in relation to the country where the activity is taking place.
   b. The organiser must be active in the field of respiratory medicine and have a good track-record of pneumology-related events organisation.
   c. The provider must confirm, in writing, that: the sponsor has no influence on the choice of the programme, organising committee members, chair or speakers, nor has any influence with regards to the content of the slides and talks.

8. A written agreement is mandatory between the sponsoring companies and the provider of the CME/CPD activity, stating that the activity is educational and non-promotional, and that the supporting companies will play no role in the design, content or conduct of the activity. EBAP reserves the right to ask for copies of these agreements as part of the application process.

9. The provider must be accountable, and upon request be able to report information concerning the expenditure of funds received from the supporting company. As such, the provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. EBAP reserves the right to ask for these receipts.

10. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with presentations, nor can they be a condition of the provision of commercial support for CME/CPD activities.

**Communication, advertisement, website**

The following criteria apply primarily to commercially-sponsored activities

1. In the case of commercially sponsored activities, there should be no communication between the sponsors or sponsors’ medical advisers and the learners in relation to the educational activity.

2. Learners should be able to choose not to be exposed to promotional activities from the commercial sponsor. As such, product-promotion material or product-specific advertisement of any type is prohibited in or during CME/CPD activities. Within the accredited activity, there should be no juxtaposition of editorial and advertising material. Educational materials that are part of an activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message. Where accredited activities and non-accredited activities are part of the same event, the commercially sponsored activity and its representatives should be clearly identified as such. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME/CPD.

   • For print, advertisements and promotional materials must not be interleaved within the pages of the CME/CPD content. Advertisements and promotional materials must be clearly separated from the CME/CPD written material and clearly identified as promotional material so that learners can choose not to be exposed to promotional material.

   • For digital, advertisements and promotional materials will not be visible on the screen at the same time as the CME/CPD content and not interleaved between computer ‘windows’ or screens of the CME/CPD content. Also, providers may not place their CME activities on a website owned or controlled by a commercial interest. The learners must be able to complete the CME/CPD activity
without being exposed to promotional material

- For audio and video recording, advertisements and promotional materials will not be included within the CME/CPD. There will be no ‘commercial breaks.’
- For live face-to-face CME/CPD, providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CME/CPD activity.
- For journal-based CME/CPD, none of the elements of journal-based CME/CPD can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

3. The activity cannot be promoted by the sponsors directly.
4. The activity website cannot be hosted on the sponsors’ websites, and cannot be labelled with the sponsors’ logos. However, it is permitted to have one section or page of acknowledgement that includes the sponsors’ logo.

Registration to the activity

1. Registration to the activity cannot be done through the sponsor, the sponsors’ local medical advisors, or the sponsors’ website.
2. The organiser must confirm that the sponsors have no influence on the overall participant’s selection and invitation. As such, registration with “promotional codes” or selection of participants by the sponsors is not permitted.

Faculty

1. The supporting companies will not select the presenters, contributors, authors, reviewers or the organising committee.
2. Sponsors’ employees are not permitted to contribute to the programme nor to the activity’s organising, educational or scientific committees.
3. The sponsors’ staff or executives cannot give talks or lectures during the activity.
4. Only members of the organising, educational or scientific committee may review the presentation content and make suggestions regarding the content for cosmetic or formatting purposes, or to improve the quality of presentations (e.g. by identifying redundant content or suggesting additional interactive content). This is permitted as long as the decision over the final content of the presentation remains with the presenter. Anyone making suggestions over the content of presentations should provide a COI declaration.

F. MANAGEMENT OF CONFLICT OF INTEREST (COI)

Basic Standards

1. The provider must ensure that the following decisions are made without influence/control from the sponsors / commercial interests.
   - Identification of CME/CPD needs
   - Determination of educational objectives
   - Selection and presentation of content
   - Selection of all persons and organisations that will be in a position to control the content of the CME/CPD
   - Selection of educational methods
2. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. EBAP defines relevant financial relationships as financial relationships in any amount occurring within the past 3 years that create a conflict of interest. Providers must request that members of the organising, educational/scientific committee, chairs and speakers disclose any conflict of interest in relation to the event. The appropriate disclosure form has to be signed by the presenters and scientific/educational organising committee members and be made available for consultation by the learners.

3. An individual who refuses to disclose or deliberately fails to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, speaker or an author of CME/CPD, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME/CPD activity. It is the responsibility of the organisers to ensure speakers, chairs, authors and reviewers have disclosed their COI as part of the activity. For live events, providers must request speakers to disclose their COI at the beginning of their presentation. A template disclosure COI slide is available on www.ebap.org/library.

4. The provider must have implemented a mechanism to identify and resolve all COIs prior to the educational activity being delivered to learners.

5. Disclosures must never include the use of a corporate logo, trade name or a product-group message of a commercial interest.

6. Declarations of COI must be retained at least one year after the event for potential review by EBAP.

4. ADDITIONAL CRITERIA SPECIFIC TO EACH ACTIVITY TYPE

ADDITIONAL CRITERIA FOR LIVE EDUCATION EVENTS

Following EBAP’s cooperation agreement with EACCME, EBAP will review all accreditation requests related to live events in respiratory medicine. For live event accreditation, EBAP will follow recommendations outlined in UEMS/EACCME’s accreditation guidelines as well as the present document. This is particularly important with regards to the accreditation of industry-sponsored events. We strongly recommend providers to first carefully read the complete UEMS/EACCME guidelines prior to applying for accreditation. Live event accreditation requests can be submitted through EBAP or EACCME online accreditation platform.

Basic standards

1. Live events must be as interactive as possible and engage learners. In this respect, providers are encouraged to use modalities of proven benefit such as pro and con debates, meet the professor seminars, and Q&A sessions with expert panels, etc.

2. Providers must be free to decide how they will achieve audience participation and should include details of the type of audience participation in the event programme.
Rapporteur
In certain circumstances when a doubt arises regarding the independence and educational quality of an event, EBAP reserves the right to appoint a rapporteur to conduct further assessment onsite. The following rules will apply:

1. The accreditation of the event will be subject to the positive results of the rapporteur’s assessment and final decision by the EBAP Management Council.
2. The accreditation will only be provided after the event has taken place. Appointed rapporteurs can either be EBAP reviewers or participants registered for the event.
3. EBAP will be the sole judge in deciding if one of its reviewers needs to be appointed, or if it is sufficient to assign the task to a registered participant.
4. In case EBAP sends one of its own reviewers as a rapporteur, the event organiser will be charged an extra Rapporteur Fee (see EBAP fee table). Failure to settle the rapporteur fee will lead to rejection of the application.
5. Providers who do not agree to have a rapporteur assess their live events on-site will be automatically rejected.

Number of CMEs
- Meetings are granted credits on the basis of 0.5 credit per 30 minutes of education.
  - Half day meetings will receive a maximum of 4 credits.
  - Whole day meetings will receive a maximum of 8 credits.
  - Exceptions to the above are events granted with EBAP’s Mark of Excellence, which will be provided with an additional 1 credit per half day or 2 credits per full day.

GENERAL CRITERIA APPLICABLE TO ALL DISTANCE LEARNING

Activities that fall under the distance learning category are e-learning activities (comprising HTML courses, clinical vignettes, etc.), pre-recorded webcasts, CD-ROMs, live online lectures/courses, webinars, journal articles, book, apps. All requests for accreditation must be made via http://my.ebap.org unless advised otherwise by the EBAP office. The following general criteria apply to all distance learning material, irrespective of their type.

Basic standards
1. The activity must include CME/CPD questions to test the learner’s knowledge.
2. The preferred language is English. In case the activity is not designed in English, translation to English must be provided in order to permit an appropriate review.
3. The provider must supply details of the production of the distance learning activity and related material, including the names and affiliations of all faculty involved.
4. The funding source or sources must be stated including any links with the pharmaceutical or equipment industry.
5. The provider must affirm that learners’ privacy and confidentiality will be respected in relation to online interactive material.
ADDITONAL CRITERIA FOR HTML MODULES, WEBCASTS, DVDS

Basic standards
1. Only finished products can be assessed. The provider must supply a link to the activity, in order for reviewers to go through it.
2. Modules of HTML courses and conference webcasts must incorporate questions related to sections that must be answered correctly before the programme continues.
3. A programme of 30 – 40 minutes must contain 4 – 5 multiple choice questions. Providers will ensure that the CME/CPD questions are appropriate and are related to the activity’s content.
4. EBAP requires 75% of the questions to be answered correctly to qualify for credits.
5. The learner must be advised if the answer is correct and be provided with substantial feedback on each question including reference and potentially further reading material.
6. Learners must not be able to go back to the question to correct the answer.
7. Learners can be given the possibility to re-do the CME/CPD test, however it is recommended that this is not done immediately and that a maximum of three attempts are allowed.
8. When applicable, potential conflict of interest must be disclosed at the start of the activity.

ADDITONAL CRITERIA FOR LIVE ONLINE LECTURES AND WEBINARS

Basic standards
1. Online courses and webinars must be as interactive as possible, within technical possibilities related to online courses and webinars.
2. The content of the programme must be balanced and adapted to the audience.
3. Providers must be free to decide how they will achieve audience participation, and should include details of the type of audience participation on the online course and webinar programme.
4. Providers should ask session chairs to ensure that speakers have disclosed their COI in a manner that learners will understand.

ADDITONAL CRITERIA FOR JOURNAL ARTICLES AND BOOKS

Basic standards
1. CME articles and book chapters must include 4 – 5 questions for each section of 3,500 – 4,500 words to test the learner (i.e. 1 question per 900 words).
2. Providers will ensure that the CME questions are appropriate and are related to the activity’s content.
3. EBAP requires 75% of the questions to be answered correctly to qualify for credits.
4. All authors must disclose their affiliations and whether they are medical writers, or if they have received assistance from medical writers or medical writing companies.
**APPS**

We highly recommend that providers send an official application request including all content to EBAP before publishing. This would enable EBAP to assess the educational content of the app; if the review is positive, a provisional accreditation can be granted. EBAP accepts accreditation requests for MCQ and other educational or knowledge-based apps. App accreditation is valid for three years from date of approval under condition that there are no major changes in the programme content or funding.

**Number of CMEs**
- **HTML modules, webcasts, DVDs** are accredited on the basis of 0.5 credit for each 30 minutes of education.
- **Live online lectures and webinars** are accredited on the basis of 0.5 credit for each 30 minutes of education.
- **Journal articles** are accredited on the basis of 1 credit for 3,500 – 4,500 words.
- **Books** are accredited on the basis of 1 credit per chapter of up to 4,500 words, and an additional 1 CME credit is attributed for every other 4,500 words written, unless otherwise agreed with the publisher.
- **Apps** are accredited on a case-by-case basis, depending on the nature of the app. In case of question based apps, 1 credit will be awarded for 10 questions.
- Exception to the above are activities granted with EBAP’s Mark of Excellence, which will be provided with an additional 1 credit per 1-4 credits awarded.

**ASSESSMENTS**

The provider should preferably be an academic or official institution (University, international or national scientific society, health ministry, etc.). The assessment will be aimed at an international audience, in which case it should be in English. Assessments designed for a national or local audience can be in the national language, but the content needs to be translated to English for accreditation purposes.

**Basic standards**
1. There must be a robust methodology in place to:
   - Write the questions and design the assessment.
   - Define which questions are appropriate, select/reject the questions or define assessment criteria. Appropriate standard settings methods in relation to the assessment type and format must be used to rate the questions or assessment criteria (Angoff, modified Angoff, Nedelsky, Ebel, etc.).
   - Determine the pass/fail limit that is appropriate to the type and format of the assessment. The provider must advise how this is achieved and who determined the pass/fail limit.
2. The provider must ensure that the candidate’s privacy and confidentiality will be respected, and that results will not be shared with third parties unless it is specifically agreed by the candidate.

**Number of CMEs**
- If the assessment is accredited, all candidates will receive 2 credits per hour of examination, irrespective of if they pass or fail.
- An additional 0.5 credits per examination question will be granted to candidates who pass the examination.
REVIEWING ACTIVITIES

Only activities where reviewers are likely to gain or improve their knowledge or skills can be accredited. As such, reviewing of articles, books/chapters, e-learning activities, abstracts and clinical cases can be recognised as a CME/CPD activity.

Reviewing of live event programmes cannot be considered for accreditation.

Review of industry-sponsored articles, chapters or books cannot receive accreditation.

For abstract reviews, priority will be given to well-established CME/CPD providers, which are either scientific societies or academic institutions who have a record of past CME/CPD-accredited activities.

As for any other CME/CPD activity, the publisher will be responsible for issuing the CME/CPD certificates to its reviewers, and for making sure reviewers are only awarded CME/CPD credits in relation to the work they have performed.

Basic standards

1. The provider must confirm that reviewers’ privacy and confidentiality will be respected. Their names will not be disclosed unless they have agreed to it.
2. The provider must confirm that reviewers were requested to disclose any potential COIs.
3. The provider must have a system in place to assess the quality of the review and only award CME/CPD credits to those reviewers who have completed their task in a satisfactory manner.
4. Accredited reviewing activities cannot be sponsored. This will guarantee the independence of the review process and content.

Number of CMEs

- Reviewing of journal articles can be accredited on the basis of 1 credit for reviewing an article of 2,000-4,500 words.
- Reviewing of books can be accredited on the basis of 1 credit per chapter.
- Reviewing of abstracts and clinical cases can be accredited on the basis of 1 credit for 15 abstracts or clinical cases. A maximum of 4 credits should be awarded to reviewers for the whole abstract review process of one activity.
AUTHORSHIP ACTIVITIES

MCQ-writing for assessments, as well as articles and book authorship, are very demanding activities that require extensive research. EBAP recognises that, while doing so, authors learn a great deal and therefore consider this as a valid CME/CPD activity.

In case of MCQ-writing, priority will be given to MCQ-writing for assessments that have received EBAP accreditation, as the providers will have demonstrated the solid mechanisms, criteria and methodology in place to select the writers and questions.

Authorship for industry-sponsored articles, chapters or books cannot receive accreditation. Similarly, professional medical and/or ghost writers cannot request CME/CPD credits.

As for any other CME/CPD activity, the publisher/provider will be responsible for issuing the CME/CPD certificates to its authors and for making sure authors are only awarded CME/CPD credits in relation to the work they have performed.

Basic standards

The provider must confirm that authors were requested to disclose any potential COIs in relation to the material that they have written.

Number of CMEs

- Articles: Journals that have been accepted by EBAP will be entitled to award 1 credit for >1,500 words articles and 2 credits for >3,000 words articles, to a maximum of 2 selected authors for each article. The journal will be left to decide if they want to grant the credits to the first or last authors, or to the first and corresponding author, etc. up to a maximum of 10 CMEs/year.

- Books: 2 credits per written chapter, or 2 CME per 3,000 words written with a maximum of 10 credits per year.

- For MCQ-authorship, 2 credits per accepted MCQ, with a maximum limit of 10 credits per year in total per MCQ author can be awarded.
5. REVIEWING CYCLE

The following describes the EBAP reviewing cycle. Should you have any questions, please do not hesitate to contact the EBAP office at ebap.info@ebap.org.

I. Providers collate all the necessary information and required documents, complete the relevant accreditation request form via my.ebap.org. In the case of live educational events (LEE), the application must go through the EACCME’s online platform.

II. The EBAP office will ensure that the application form is complete and check that all documents are in order.

EBAP staff will also determine if the activity is eligible. Should any information or documents be missing, the EBAP office will request them from the provider, directly through my.ebap.org.

III. EBAP staff will issue an invoice to the provider. This must be settled before the review process can be initiated.

IV. Once all documents are in order and EBAP fees have been settled, the EBAP office will initiate the review process.

V. The application will be sent to two specialists in respiratory medicine who have experience in the activity’s topic area.

VI. In the event of a discrepancy between the 2 reviewers, the EBAP office will ask a member of the Management Council to make a final decision. For live events (LEE), a rapporteur can be sent onsite to check the quality and independence of the event.

VII. The EBAP office will convey the decision to the provider through my.ebap.org, including possible areas for improvement.

For LEEs, when necessary:
Rapporteur is sent onsite to check event quality and independence => Accreditation only granted after the event

(1) Once all documents in order and provider has settled EBAP invoice
(2) In case of a LEE, decision also conveyed to EACCME

+/- 4-8 weeks
6. **APPEAL PROCEDURE**

Providers can appeal EBAP’s decision. In order to do so, they must follow the subsequent process:

I. Contact the EBAP office through [my.ebap.org](http://my.ebap.org) and appeal, outlining the reasons why you are appealing EBAP’s decision.

II. The EBAP office will issue a separate invoice for the appeal process to cover the additional administrative costs. The appeal process will only begin once the invoice has been settled.

III. An EBAP Secretary or President will review all elements of the application as well as the reviews. They may decide it is necessary to discuss the reviews with the reviewers, in which case this will be done either via email or by teleconference.

IV. The final decision will be convened to the provider, including justification for the decision. EBAP endeavours to give a final decision within two weeks.

V. The appeal decision by EBAP will be final.
## 7. EBAP FEES

The following fees will be charged for processing the activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>EBAP Administrative Fee</th>
<th>Accreditation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live educational events*</td>
<td>€200</td>
<td>€1 per participant</td>
</tr>
<tr>
<td>Distance learning (articles, e-learning)</td>
<td>€200</td>
<td>€250</td>
</tr>
<tr>
<td>Webcast of previously accredited events</td>
<td></td>
<td>€50 per module</td>
</tr>
<tr>
<td>Books</td>
<td>€200</td>
<td>€1000</td>
</tr>
<tr>
<td>Apps</td>
<td>€200</td>
<td>€250</td>
</tr>
<tr>
<td>Question-based Apps</td>
<td>€200</td>
<td>€1000</td>
</tr>
<tr>
<td>Assessments</td>
<td>€200</td>
<td>€10 per candidates receiving credits</td>
</tr>
<tr>
<td>Rapporteur Fee</td>
<td>€1000</td>
<td>€250</td>
</tr>
<tr>
<td>Reviewing / Authorship activities</td>
<td></td>
<td>€250</td>
</tr>
<tr>
<td>Certification programmes</td>
<td>€200</td>
<td>€1000</td>
</tr>
</tbody>
</table>

*In the case of submitting an application for live educational events to EBAP as well as EACCME, 1/3 of the accreditation fee already paid by the provider to EACCME will be deducted from the EBAP invoice.*
8. GLOSSARY OF TERMS AND ABBREVIATIONS

**Blended learning:** refers to activities combining live educational events with distance learning elements, in particular e-learning activities such as online modules, webinars, etc.

**Certification programmes:** educational programmes combining a series of courses (theoretical and practical) covering the knowledge, skills, attitudes and research approaches defined in the programme curriculum. Learners obtain certification after demonstrating that they have acquired the knowledge, skills and attitudes through an assessment.

**CME (Continuing Medical Education):** education designed to help medical practitioners in maintaining, enhancing and developing new competences. CME is designed by experts for experts and encompasses activities such as live events, distance learning, blended learning, certification programmes, etc.

**COI (Conflict of Interest):** situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person’s self-interest and professional interest or public interest.

**Commercial Sponsors:** for-profit companies developing and/or producing pharmaceutical products/therapies, or medical technologies providing funding for the development of the activity. Sponsorship can be in-kind (e.g. medical equipment) or financial, restricted or unrestricted.

**CPD (Continuing Professional Development):** refers to the skills, knowledge and attitudes that are gained through formal and informal learning, to maintain one’s credentials. This can include attendance to courses, conferences, and also consultation, coaching, personal study, mentoring, reflective supervision and the development of skills, which may include technical or soft skills.

**Gap analysis:** see needs assessments

**Live events:** face-to-face educational activity (courses, seminars, conferences, etc.) where the physical presence of both learners and teachers are required.

**Learning outcomes:** desired outcome the activity will have on the learners practice, and ultimately patient outcomes. These should be SMART (specific, measurable, acceptable, relevant and time-bound).

**MEC (Medical Education Company):** for for-profit organisations that are involved in developing all aspects of a CME activity. MECs can be mandated by pharmaceutical or medical technology companies to organise CME activities or write papers on their behalf.

**Needs Assessment:** method used to determine the gaps between what is and what the desired situation should be in order to take appropriate measures.

**Outcome measure:** assessment of the result or impact of the activity compared to the desired learning outcomes. It feeds into the needs assessment in order to initiate corrective measures.

**Formative Assessment:** an in-process evaluation of the learners’ progresses.

**Summative Assessment:** the evaluation of the learners’ progress at the end of a training period.

**PCO (Professional Congress Organisers):** for-profit organisations who are involved in organising CME activities; they usually focus on the logistical aspects (abstract management, registrations, logistic and travel arrangements, etc.). PCOs are usually mandated by sponsors, scientific societies or academic institutions who will organise their congresses, courses or seminars.

**Mono-sponsored:** activities that are sponsored by one commercial company, or by several commercial companies belonging to the same conglomerate.

**Unrestricted grant:** a lump sum paid by the sponsor (commercial or non-commercial), with no restriction (not related to a specific purpose).

**Restricted grant:** a lump sum provided with a clear use and/or purpose (e.g. travel grants).

**Webcasts:** presentations available on the internet that can be accessed live or on demand by multiple learners.

**Webinars:** live internet meetings, courses or conferences taking place in real-time. Participants and faculty connect to the webinar through internet.