

## Global Alliance for Medical Education - Meetings Archive

---

### 2003 Meeting Report: International Partnership in CME/CPD

---

Although European countries continue to debate the implementation of CME structures within their national boundaries, the European Union of Medical Specialists (UEMS) has forged ahead with a CME credit reciprocity system, stated Hannu Halila, MD, PhD, President, European Union of Medical Specialists; and Head of Education, Finish Medical Association, Helsinki, during a plenary session at the Eighth Annual Global Alliance for Medical Education Meeting, June 22-24, 2003.

The European Accreditation Council for CME (EACCME), created in 2000 by the UEMS, acts as a clearinghouse, facilitating the transfer of credits within Europe and between Europe and North America, explained Dr. Halila. The EACCME's criteria for CME credit approval are consistent with U.S. guidelines; for instance, education must be nonbiased and include disclosures of conflict of interest.

The EACCME does not impinge upon the authority of national CME regulatory bodies, he stressed. For instance, if a European neurology meeting held in Finland wants to apply for EACCME credit approval, the meeting organizers send their application to the EACCME, and then the EACCME sends the application to the Finnish Medical Association to obtain its permission.

In 2002, the EACCME and the American Medical Association initiated an international credit reciprocity agreement, whereby U.S. physicians attending European conferences could obtain AMA PRA credit and vice versa. This agreement has now been extended to 2006, announced Dr. Halila.

Currently, the EACCME only accredits traditional, live events organized by professional medical organizations, clarified Dr. Halila. If, for instance a private organization in the United States, such as a medical education or publishing company, wanted to apply for international credit, it would have to partner with a professional association.

### Successful Export to Mexico

Pri-Med, an ACCME accredited provider, has created an unusual and successful model for educating primary care physicians in the U.S., according to Stever Aubrey, President and Chief Operating Officer, M/C Communications, LLC, Boston.

Partnering with the prestigious Harvard Medical School, Pri-Med holds conferences in five major cities, attracting an average of 5,000 primary care practitioners, explained Aubrey. After achieving tremendous growth in the U.S., "the natural thing for us was to think, 'Where do you go from here?'" said Aubrey. "What's important to us is identifying areas in the world with emerging CME requirements and applying this kind of business model."

So Pri-Med met with Angel Vazquez Hernandez, President, LiveMed S.A. de CV, a CME company that produces academic seminars and symposia, to discuss the possibilities of a partnership.

"The first question was, 'Could Pri-Med be exported?'" said Hernandez. "Would Mexican physicians be interested? What was the financial feasibility-because the U.S. market is 17 times greater than Mexico's."

A key element to Pri-Med's success in the U.S. is the partnerships created with local organizations and thought leaders, said Aubrey. Live Med applied the same philosophy to Mexico. "Physicians don't want to be conquered," said Hernandez. "We have very good local opinion leaders and local institutions." In addition to partnering with international institutions, such as Harvard Medical School, Live Med partnered with the Mexican Academy of Physicians.

Another important component of the Pri-Med business model is that content is scientifically rigorous and free from bias. In contrast, live CME in Mexico is usually commercially-oriented, said Hernandez. Adopting Pri-Med's model made obtaining commercial support difficult, but they managed to convince companies to come on board. "It's not the same country, it's not the same economics, and it's not the same way of doing CME. We didn't change the quality or the ethical part, but we had to tropicalize the concept."

Another barrier was that only specialty physicians were attending live CME. "A lot of people we talked to said that primary physicians would not study-and we proved them wrong," said Hernandez. "Primary care physicians were eager to attend quality CME events." In the first year, Live Med produced programs in ten cities for more than 9,000 physicians. To date, the programs have attracted 15,000 physicians, and now there are waiting lists.

Why did it work? "We're treating primary care physicians like specialists," said Hernandez. "We treat them really well. We make them feel proud of being physicians and that's what they didn't get before." Another draw is that the programs are affordable; because they are held locally, physicians don't incur travel costs.

Now that a brand name has been created, Live Med is planning the biggest academic event ever to be held in Mexico, with an expected 6,000 to 8,000 attendees. The 2004 event will be held in partnership with Harvard Medical School. "This is the first time Harvard is going to Latin America with a program like this," said Hernandez. Live Med also plans to expand into Brazil in 2004, and Chile and Argentina in 2005.

## **Medical School Collaboration with International CME**

Last year, WebSurg, a French web site dedicated to laparoscopic surgeons, set up a partnership with the University of Virginia (UVa) School of Medicine, becoming the first non-U.S. web site to grant CME credit, said Hervé Maisonneuve, MD, MS, CPA, DEA, Editor and Medical Director, WebSurg.

By the end of 2002, the partnership had produced 15 online chapters on operating techniques awarding 11.5 CME credits. In the next phase of the project, the partners will develop online surgical videos, which will also grant CME credits.

In the process, both parties learned a lot about intercultural CME. For example, "In the U.S., the surgeon is on the right side of the patient; in Europe, the surgeon is on the left side," explained Dr. Maisonneuve. The CME activities on the Web site had to include both positions, with an explanation of the differences.

Another interesting point: from January to May 2003, 137 of the 232 credits awarded at websurg.com-59%-were obtained by participants using the one chapter out of 15 that they could access for free. Is free access the rule on the Internet, asked Dr. Maisonneuve. The answer would seem to be yes, he answered. Beginning in June, access to all the chapters was offered for free.

There was also a large learning curve at the University of Virginia. "We had to do lots of negotiating with internal policy makers to allow exceptions so that we could work directly with our colleagues in other countries," said Ronald Murray, EdD, Associate Director, Office of CME, University of Virginia School of Medicine, Charlottesville. "Our accounting people had no clue how to deal with foreign checks. Lots of little things like that have to be taken care of, especially in such a huge bureaucracy. You have to find unique ways to circumvent [the bureaucracy]. Instead of asking for permission, we asked for forgiveness."

The University of Virginia has also collaborated with another French-speaking organization, I.C. Axon in Canada, to develop mypatient.com, a case-based learning system. The site now has 61 one-hour cases offered for CME credit, said Martin Robert, PhD, Vice President, Learning Strategy, I.C. Axon, Montréal.