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2003 Meeting Report: Exporting and Importing Education Programs Matching Resources and Educational Needs Internationally

Expert panelists from the American Academy of Family Physicians, the American Medical Association, the American College of Physicians and a medical education company in Mexico discussed the perils and pitfalls of exporting and importing CME programs during a plenary session at the Eighth Annual Global Alliance for Medical Education Meeting, June 22-24, 2003.

Exporting CME Programs

"As far as going international, I've got to say that you work twice as hard to make half the money. Don't forget the emphasis-half the money is better than none of the money," quipped Bill Fox, Director, International Business & Development, American Medical Association, Chicago.

For the AMA, the effort has been more than worthwhile. The AMA publishes the Journal of the American Medical Association and nine Archives specialists' journals. The combined circulation approaches 1 million per month; about one-third of readers are from outside the U.S. "We're reaching quite a bit of the planet," said Fox, adding that journals are a good vehicle for boosting an organization's brand visibility worldwide.

To increase its international subscriber base, the AMA works with about 60 subscription agents around the world. The AMA also grants other organizations permission to print their content overseas. If you go this route, cautioned Fox, you have to decide whether to arrange for your organization to receive a percentage of gross sales, or to ask for a minimum payment upfront. The AMA prefers the latter method, as it is tough to monitor overseas sales, Fox said.

Reprints, whether in English or translated into other languages, are a good avenue for international CME, he said. It's much easier to distribute existing content into the marketplace than customizing content, he said, advising that if you do choose to have your material translated, "You really need very good translation, otherwise your credibility is lost."

Another distribution outlet for the AMA is the Internet, said Fox. "If you're not [producing CME online], you need to get there, because the Internet really does eliminate borders and creates all sorts of possibilities."

Here are more tips from Fox:

- **Marketing** - "You're only as good as your lists. The Internet makes that a lot easier than it once did. It's quite important to get your email list together."
- **Contract Negotiations** - Make sure your contracts explicit, clearly spell out your goals and expectations, and protect your rights. "When you are working internationally, your brand and your copyright can get trampled on rather quickly."
- **Long-Range Outlook** - Recognize that it may take a long time to see results. "A lot of U.S. companies don't think very far into the future. Don't look to conquer the entire world. You may want to pick out one country to focus on at first. Build a little at a time."

AAFP Hosts Major Conference

The American Academy of Family Physicians (AAFP) is excited about hosting the 2004 triennial World Conference of Family Doctors, known more familiarly as WONCA, announced Daniel Mjölssness, Director, eHealth Business Development, AAFP, Chicago.

The meeting, held in conjunction with the AAFP's Annual Scientific Assembly, is scheduled for October 13-17, 2004, in Orlando, Fla., and is expected to attract 12,000 to 15,000 physicians.

"The AAFP bid for the meeting in 1998 and has been pining for it since then," said Mjölssness, extending an invitation to GAME participants. "You'll hear international speakers address the multiple avenues of family medicine." Sessions will focus on critical care issues, the nuances of cross cultural medicine, current diagnosis, and family practice problems. The

meeting will give participants the opportunity to engage in dialogue about clinical problems, common to all patient populations, such as heart disease.

WONCA is only one of the AAFP's numerous international CME initiatives. The AAFP provides evidence-based CME activities around the world, in countries such as Greece, Haiti, Nepal, Qatar, Uzbekistan, and Greenland. "We're working with experts around the world to identify international publishing and licensing opportunities," Mjølness said.

ACP Markets Self-Assessment

The primary focus of the American College of Physicians' (ACP) international CME initiatives is its medical knowledge self-assessment program (MKSAP), said Sean McKinney, Director, Self-Assessment Education, American College of Physicians/American Society of Internal Medicine, Philadelphia.

These activities address subspecialties, such as cardiology, gastroenterology, and infectious disease. The most recent version, MKSAP 12, was sold in 92 countries, an increase in international sales of 10% over the previous edition, according to McKinney.

ACP/ASIM markets the product through mailings and by working with three major distributors internationally, he continued. The association also has a partnership program, which allows sister societies' members to receive ACP/ASIM services at a discount.

Despite ACP/ASIM's success in marketing the English version of MKSAP internationally, McKinney pointed to a number of challenges, including obtaining reliable lists and gathering intelligence on the educational needs of physicians in various countries. Pricing is another obstacle, as many physicians either can't afford or don't want to pay the costs for the activities. This poses a dilemma, as "we need assurances of a fairly large number of purchases from the distributor before we can start discounting," he said.

Another roadblock is content-related; MKSAP can't reflect all the varying practices of physicians around the world. "Economy prevents us from annotating MKSAP. To some extent, that holds back our sales," added McKinney.

MKSAP is available in translation, and 50,000 units have been sold in Mexico, South America, Europe, and Asia. While revenue from translations comprises less than one percent of MKSAP's total revenue, McKinney says it's worth it, because of ACP/ASIM's limited administrative involvement. "ACP/ASIM develops the contract and monitors the performance, but we have no marketing, no overhead, distribution, printing, and so forth. That's all taken on by the translator."

However, ACP/ASIM retains the exclusive copyright, he pointed out. In addition to bringing in revenue, translations help ACP/ASIM increase the opportunity for future growth. On the down side "the translators expect exclusivity in the market which means you only get a chance to do one deal in that country," he said.

Drug companies fund the translations, although local medical societies and ACP/ASIM chapters oversee the efforts to ensure that the translations are accurate and that the activities adhere to ACP/ASIM standards. Any changes in content are reviewed by us, said McKinney. "We have a template contract that spells out what we expect in terms of maintaining the integrity of the content. If we didn't have such provisions in the contract, presumably the content could be changed in the translation to reflect favorably on the supporting drug company."

Importing CME Programs

Offering a perspective from the other side of the fence, Pedro Vera-Garduño, member, Board of Directors, GAME; Senior Marketing Director, Intersistemas, Mexico, said that outside the U.S., the role and expectations of drug companies are very different. While the pharmaceutical industry underwrites 80% to 90% of CME, "there are no unrestricted grants-most budget decisions are made by product and marketing managers."

CME exporters/importers also need to be aware that supporting companies expect visibility in the form of advertising and recognition on the covers of print materials. He also added that CME providers should be cognizant of how much time it takes to translate materials and to conduct research to ensure that the activities meet the educational needs of the particular country.

An example of a successful import is ACP/ASIM's MKSAP program, which McKinney had discussed earlier. Funded by Aventis and Pfizer, and endorsed by the Latin American Societies of Internal Medicine, the program has been translated into Spanish and Portuguese and has reached 18,000 internists in Latin America.

Overall, CME is healthy and growing in Latin America, he added. "This is like a letter to Santa Claus. What we're expecting in the future is a more organized system [of credit reciprocity between Canada, the US, and Latin America]-to be part of the NAFTA agreement."