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2004 Meeting Report Globalization of CME: How Close Are We?

NEW YORK -- "I believe we can develop a global system of continuing medical education based on shared values and aspirations," said Murray Kopelow, MD, MSC, FRCPC, Chief Executive, Accreditation Council for Continuing Medical Education (ACCME), Chicago, Illinois, here at the Ninth Annual Meeting of the Global Alliance for Medical Education.

Those shared values must include a commitment to independent, unbiased CME that is in the public interest. "[CME] is not a business opportunity-it is a professional opportunity," Dr. Kopelow underscored.

For example, while all patients who have heart attacks should be prescribed beta-blockers when they're released from the hospital, only about 50% of patients are given them. It is in the best interests of everybody-from the pharmaceutical industry to the government to the public to the medical profession to get that number up to 100%, Dr. Kopelow said. On the other hand, if a new medication for airway resistance results in only a 4 percent improvement in treatment compared to older drugs, it is in the drug maker's interest to boost usage of that new drug-but not in the public's interest.

CME professionals around the world are discussing their values and working on a system of CME equivalency. At the third annual International Reciprocity of CME Credits meeting, held in Rome in April, participants developed a set of basic CME criteria that are similar to the U.S. and Canadian models, Dr. Kopelow reported. He expects the criteria to be released within the next few months.

In another development at the Rome conference, an alliance has been formed between the International Association of Medical Regulatory Authorities and CME organizations, in order to further partnerships between national licensing authorities and the CME organizations in their countries.