

## Global Alliance for Medical Education - Meetings Archive

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### 2005 Meeting Report

#### The Spinning Globe of CME: North to South and West to East

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NEW YORK -- Three presenters provided attendees with updates on continuing medical education initiatives in German, India and Africa here during the Tenth Annual Meeting of the Global Alliance for Medical Education, held June 19-21 at the Westin New York at Times Square.

#### Germany Goes for Mandatory CME

In Germany in 2004, CME became mandatory for ambulatory care physicians, and it will probably become mandatory for hospital-based physicians in 2006, said Daniela Jennifer Kempkens, MD, Research Assistant, Faculty of Medicine, University Witten/Herdecke, Witten, Germany.

Although the specifics have not yet been worked out, Germany plans to institute penalties, such as reimbursement cuts, for doctors who do not obtain the required 250 credits by 2009. But, added Dr. Kempkens, the details have not been worked out and 2009 is very far away.

To ascertain the physician's perspective on CME, the University Witten/Herdecke in cooperation with Bertelsmann Foundation, conducted a national survey of 500 ambulatory care physicians a few months before CME became mandatory. Eighty-four percent of respondents said mandatory CME can only work if the content is of high quality; 73% said it supports doctors in their efforts to keep up to date with new medical knowledge; and 60% said it provides access to new medical knowledge.

However, some doctors expressed a skeptical attitude towards mandatory CME. Two-thirds felt it was an attempt to regulate an autonomous profession; while one-third said it takes up valuable time which could be better used for patient care. And one in five doctors felt that it usually teaches content that is irrelevant for medical practice.

A follow-up survey was conducted after mandatory CME had been in place for 10 months. At that point, 88% of the doctors had already received an average of 75 CME points, and the majority expressed a positive attitude toward the new system: 65% thought that mandatory CME had optimized their patient care.

As for the future, CME has not yet been linked to CPD, knowledge translation, and its impact on the quality of care. In addition, Germany will have to decide whether certification and allocation of CME points should be handled regionally or nationally, said Dr. Kempkens.

#### India Resists CME Regulations

While there are numerous CME activities available in India-produced by medical societies, healthcare communication groups, and pharmaceutical companies-there is no certified CME system, said Sanjiv Malik, MD, National President(elect), Indian Medical Association, New Delhi, India.

There are also no mandatory statutory requirements required for undergoing CME in India. Nevertheless, in May 2001, the Indian Medical Association adopted a resolution that recommended that every physician should participate in 150 hours of CME every five years, on a voluntary basis, said Dr. Malik.

In 2003, the Union Health Ministry introduced a constitutional amendment making CME mandatory and recommended re-registration based on accredited CME. However, "That bill is still in the corridors of Parliament gaining dust," said Dr. Malik. And, the present health minister has mooted a similar proposal. CME professionals need to lobby for the implementation of mandatory CME, he said.

Despite the setbacks, "one must feel that CME will become mandatory a year from now and recertification based on CME will become law," said Dr. Malik. How will doctors react? There's still not unanimous support for CME amongst physicians; however, under increasing pressure from consumer activists, doctors are recognizing that CME can boost their perceived value to patients, Dr. Malik said.

## **Who Weeps for Africa?**

The international community must focus more attention on the health crisis in Africa, said Bruce Sparks, MD, Professor and Head, Department of Family Medicine, University of the Witwatersrand, Johannesburg, South Africa.

In an impassioned address, which moved some attendees to tears, Dr. Sparks said that the world weeps and mourns tragedies such as September 11, 2001, when three thousand people died. But, he said, every day in South Africa 1500 people are infected with HIV. Three-quarters of those infected with HIV/AIDS live in sub-Saharan Africa; by 2010 there will be 20 million children who have lost one or both parents to HIV/AIDS-one-half of those orphans will be African. "But nobody weeps for Africa," he said.

To cope effectively with such an enormous crisis, African CME must focus on bio-psycho social aspects of healthcare, said Dr. Sparks. Doctors in Africa don't need CME on treating AIDS, they have that information, but they don't have the resources to help patients. "How do you survive when you can't afford anti-fungals?" he asked. Physicians need the skills to provide emotional assistance to AIDS-devastated patients. "How are you going to help those families and support them? You look in their eyes and you see terror. Yes, you can look up treatment information on the Web-but you can't look up on the Web how to break bad news to somebody who's lost their whole family."

While there's a vast field of opportunities for CME in Africa, he said, it must be based on health care priorities in the countries. "We need to beware of educational neo-colonialism models from the developed world. Instead, CME must be developed by the people, for the people," said Dr. Sparks.