

## Focus on Europe

# The State of CME in Europe

### *A Work in Progress*

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PMN78-04



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This article is part of the October 2008 issue of *Pharma Marketing News*.

For other articles in this issue, see:

<http://www.news.pharma-mkting.com/PMNissueOct08archive.htm>

**C**ontinuing Medical Education (CME) in Europe has undergone some major shifts in recent years. These have varied across Europe: from national changes in which systems have moved from being voluntary to mandatory, to the establishment of more formal systems to guide physicians on how to keep up-to-date with latest clinical practice.



**Pozniak**

“While for some, CME has become clear and straightforward, for the majority, European CME still remains a cacophony of disparate rules shrouded in mysterious regulations,” says Eugene Pozniak, Managing Director of Siyemi Learning, and Programme Director of the

European CME Forum, which will be held in London in November, 2008 (see box, below).

In addition to CME, the idea of Continuing Professional Development (CPD) is gaining traction as part of the process of educating physicians. CPD looks at overall Physician competence to practice, as well as education in related areas, such as practice management, interpersonal skills, IT skills, etc.

The pharmaceutical industry in Europe has a stake in physician education through CME and CPD programs (see box, pg. 4)

### Is CME Mandatory in Europe?

There are many countries in Europe that say that CME is mandatory, but what does it mean in practice?

“The over-riding ‘problem’ is authority,” said Pozniak. “This question of authority over CME highlights the major differences between US and European CME. Broadly speaking, in the US CME has relatively more legal weight and is run professionally, with charters, regulations and quality standards with well accepted recognition procedures in place. CME is used in relicensing the physician to practice medicine, by insurance companies, by employers, with legal recourse and certain powers. We are just not at that stage yet in Europe; CME can be seen to be is mostly run by healthcare professionals for themselves, as a check-list of things to do in order to keep up to date,” said Pozniak.

### Routes to Accreditation in Europe

There are various routes to “accreditation” in Europe, including:

1. National Accreditation Authorities (NAAs)
2. European Specialty Accreditation Bodies (ESABs): Pan-European structures usually associated with European Medical Societies (e.g. EBAC, ACOE, etc).
3. EACCME, sounds like ACCME, but there are some crucial differences. EACCME works by developing relationships with NAAs and (some) ESABs to allow for mutual recognition. Important organisation for harmonisation of CME Credits. Run their own ECMEC system (European CME Credits)
4. Accredited providers. Being looked at carefully, Italy has them, started in France, may be the way forward in other countries/systems.

### eCME in Europe

While online CME (eCME) is very popular in the US, most CME in Europe is done via live meetings.

“There are opportunities to develop education that utilises multiple forms of delivery,” says Lawrence Sherman, CEO of The Physicians Academy for Clinical and Management Excellence. “Not all CME should and can be in the form of live meetings.

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### Where to Find More Information

#### The Changing Face of CME in Europe: Where Are We Now?

This review by Eugene Pozniak provides a robust definition of CME and its purpose, details the wide-ranging activities considered worthy of accreditation and looks at industry involvement in CME activities, exploring the many pitfalls and benefits. See <http://tinyurl.com/5278vg>

#### European CME Forum

London, 4-5 November 2008

<http://www.europeancmeforum.eu/>

An impressive faculty of speakers are gathering at the Novotel London West, London, 4-5 November 2008 to discuss the current status of Continuing Medical Education (CME) and Continuous Professional Development (CPD) for healthcare professionals across Europe and the important role the pharmaceutical industry plays as supporters of such activity.

Country	Stated	Reality
UK	Mandatory	A broad spectrum of activities can be assigned to being a CPD activity, including many self-learning routes. In many cases physicians need to “prove” that they are meeting their annual learning objectives.
Spain	Voluntary	There are a number of routes for accrediting CME, but it is getting well organised and is being increasingly well respected.
France	Mandatory	What system? The new one (started 2006) has just collapsed and a newer one is being implemented for 2009. More details are expected to emerge in November.
Italy	Mandatory	Not really- National and regional accreditation exists, and at the moment they have moved from one or two, to hundreds of CME accredited providers! System due for change—but has been under review for years now! Easy rules though: they only accept Italian CME carried out in Italy, for Italians, by Italians—but this too likely to change soon.
Germany	Mandatory	Really leading Europe with well organised CME. Since the Regional Chambers have come to agreement, a national system is now working—but not without teething problems. e.g. Problem recently with industry-led eCME being perceived as “anti-competitive” and is currently under review by the Federal Cartel Office—but pharma is now restructuring its funding support ahead of findings.
Austria, Switzerland	Mandatory	It is working well, looking to lead from Germany.
Netherlands	Mandatory	First mandatory system in Europe. Now more voluntary in practice.
Hungary	Mandatory for some	It is voluntary for hospital doctors who said “no” when it was first made mandatory and government didn’t offer any tax-breaks.
Ireland, Croatia, Slovenia	Mandatory	Apparently it is mandatory and works well.
Cyprus, Czech Rep. Poland, Romania, Slovakia	Mandatory	All say that it is mandatory, but in practice many countries still do not even have systems in place.
Belgium	Voluntary	Voluntary, but if physicians keep up with their CME they can charge an additional premium on their invoices.
Nordic countries (NO, SE, FI, DK, IL)	Voluntary	Voluntary, but Norway initiated the first mandatory system in Europe for its GPs (It has since relaxed the rules). But CME is well funded and well respected.
All the rest	Voluntary	With varying degrees of engagement by physicians, but overall it is recognised as a valuable thing to participate in.

**Table 1.** Where CME is “Mandatory” in Europe. Eugene Pozniak provides comments in the column labeled “Reality.”

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### The pharmaceutical industry and CPD in the UK

By Richard Tiner, Medical Director, Association of British Pharmaceutical Industry (ABPI)

The pharmaceutical industry is a crucial provider of healthcare in the UK and as such has a key interest and role in the provision of Continuing Professional Development (CPD). The robust and well-respected ABPI Code of Practice lays down the rules under which companies must work when supporting CPD for healthcare professionals.

Pharmaceutical companies, as the developers of the medicines used in UK healthcare, have a legitimate right to provide evidence-based information to healthcare professionals on their products and the role of such products in preventing or treating disease. They also have a long tradition in sponsoring CPD, without which CPD activities for healthcare professionals would be considerably diminished, leading to an adverse effect on patient care. Compliance with the ABPI Code of Practice has meant that such support rarely leads to justified adverse criticism.

Enduring activities, either printed or online, allow education to occur when and where the learners want and need it. “

2008 is fast becoming a very important year for the accreditation of e-learning: currently accredited by a few National Accreditation Authorities and one European Specialty Accreditation Board (ESAB). “Within a few months we may be hearing from at least two further ESABs and possibly the EACCME themselves, announcing that e-learning is now an accreditable CME activity,” said Pozniak. “This may be the single most important catalyst to help European CME achieve the critical mass and influence that has been desired for so long.”

### The Other French Paradox: CME

*(This section was contributed by Denise Silber)*

The original French paradox that drinking red wine improves longevity, is well-known to many Americans. But there is a second French paradox that has not crossed the Atlantic. France has been struggling for 12 years to make mandatory CME, well, ... mandatory! Explanation follows.

CME in France is known by a three-letter acronym, FMC (“formation médicale continue”), which literally translates to continuing medical education. Organized CME in France traces back to the late 1940’s, with the creation of “Post-University

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**Silber**

Teaching Sessions” or “EPU” wherein French medical school professors organized lectures on the state of the art for local practicing doctors.

Since then, thousands of physician-managed, non-profit CME associations of all sizes have sprouted up. In 1978, a first federation of CME associations was created,

under the name of Unaformec and has since distinguished itself for its pedagogical methods and resources.

The principal physician trade unions also have opened CME departments offering programs in most regions of France through local organizations. These national networks enable physicians to share expertise and resources and still “act locally.”

### French Regulatory Activity

In 1996, the then Prime Minister ruled that CME would become mandatory. But the obligation was never officially enacted, despite all the regulatory activity that has followed for the past 12 years, including:

- A National Council of CME (CNFMC) was created with three sub-councils, one for private practice physicians, one for hospital physicians, and one for salaried physicians. One of the main tasks of this council was to accredit CME associations and organizations, so that their programs would generate credits for the participants. More than 200 such accreditations were distributed.
- A Public Health Law in 2004 established a point system, based on a requirement of 250 points split in two parts, with 150 points for CME and 100 for « EPP » or the Evaluation of Professional Practices. This was an attempt by the legislators to put an end to an old quarrel of the merits of CME versus evaluation of quality. The 250 points were to be collected in five years, based on participation in a) on-site meetings b) distance programs c) on the job learning.
- Participation in an on-site meeting generates 4 credits for an evening or half-day and 8 credits for a full day.
- Distance programs include a) ordinary journal subscriptions for a maximum of 10

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credits in 5 years b) subscriptions to journals that meet certain criteria (40 credits in 5 years) and c) Internet-based programs (40 credits in 5 years).

- Professional training programs could bring 100 credits in 5 years. They include: public health and prevention initiatives, activity as a trainer, personal research and publications

### Most CME in France is Meeting Based

Despite all of the organizational details mentioned above, and despite physician use of the Internet, the vast majority of CME has remained on-site meeting-based...and more importantly, the credit system was communicated to physicians but never officially adopted. Many began to keep records of their CME activity but had no place to report the numbers.

### Pharma Sponsorship of CME in France

Why were things not finalized? The reason appears to be political, and there are issues on two fronts:

- 1) Who should evaluate the quality of physician training? Their peers or an independent authority? Other than the physicians themselves, many felt the system in place was not going to be strict enough.
- 2) Who should finance? There is public funding that enables doctors who attend certain programs, not only to attend for free, but also to claim

indemnities for the patient-time missed, approximately 15 appointment-equivalences per day. (In France, appointments are reimbursed by Social Security if the physician respects the official tariffs). However, pharma funding is the largest chunk, and no one wanted to officially accept or reject this private financing.

So, the CME system remained in a no-mans' land with official, reimbursed point-generating sessions and pharma-sponsored sessions running side-by-side, but no recognition of the points. During all this time, the pharmaceutical industry has continued to finance mono-sponsored CME meetings, congresses, ads in scientific journals, web sites and e-learning tools.

### Is CME Mandatory in France?

Is CME required in France for doctors to be licensed? In theory, yes, but French doctors are used to waiting for that next piece of legislation that will let the system get started. And the present is no exception. Meanwhile, the Sarkozy government has proposed a new law regarding "Hospitals, patients, healthcare, and territory," which will make CME "mandatory" for all and managed by the CNMFC, an organization with the same name as the previous one, but different members and a different role!

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### CASE STUDY:

#### BlogFMC.fr, a multi-author blog to discuss CME, sponsored by Pfizer France

Pfizer France wanted to demonstrate its commitment to CME by proposing a blog platform for physicians to post comments regarding CME issues. But, as this was the first such initiative in France, the company wanted to be sure to satisfy regulatory requirements.

As a first step in implementing its plan, Pfizer approached Basil Strategies, an e-health consultancy and asked if it were possible for the organization to take on management and editorial responsibility.

Following an initial feasibility study, performed by Basil Strategies and partner Boomerang Pharma, the team proposed "BlogFMC.fr" (FMC = CME in French), a multi-author blog with suggested topic categories and an easy-to-use back office.

Basil also designated a "chief blogger team" of two to develop an editorial platform including video-interviews and scan the web to attract physicians and physician CME associations. Boomerang was put in charge of platform execution and the optimization of BlogFMC for search engine visibility as well as managing search engine keyword campaigns.

After just four months, BlogFMC had surpassed the Alexa traffic ranking of professional sites that had been active on the web for years, including doctors' union websites or the official French CME information portals. The site is certified by HON; 27 French physicians are registered authors; and the French Medical Communication Festival awarded it the CME prize in June 2008. Blog FMC includes a listing of accredited CME organizations and will be integrating other new services in the fall of 2008.

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