



GAME

NEWS

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THE OFFICIAL NEWS ORGAN OF THE GLOBAL ALLIANCE FOR MEDICAL EDUCATION

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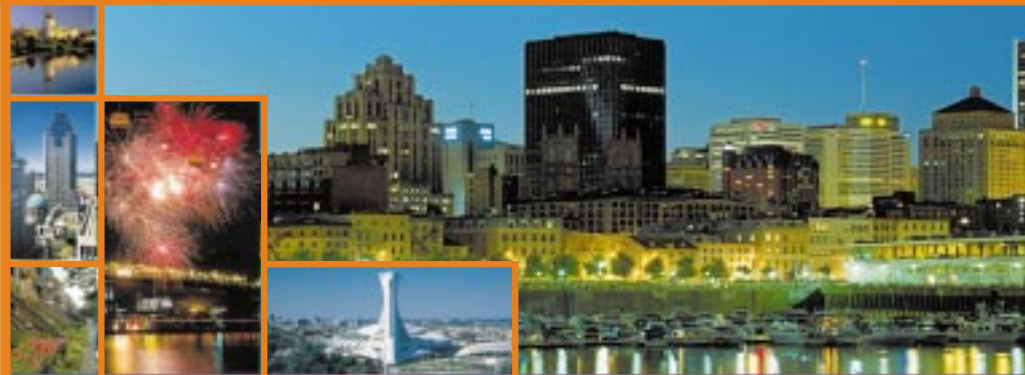
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2002 GAME Meeting

Exploring Physician Learning Preferences Around the World

By *Tamar Hosansky*, Editor, *Medical Meetings Magazine*

The Seventh Annual Meeting of the Global Alliance for Medical Education (GAME), scheduled for Sunday, June 23 through Tuesday, June 25, offers plenty of new and exciting features, starting with the meeting venue—the McGill Faculty Club in Montréal, Québec.

“It’s a big step for GAME to move away from our home base in New York, but it does reflect directly on the mission of game, which is to serve the global community,” said **Christopher West**, President, GAME, and Chairman and CEO, Pegasus Healthcare International in Montreal.

The three-floor facility, a restored 19th-century mansion, is not only opulent and elegant, said West, it is also particularly conducive to this year’s program, which offers small-group break-outs—something that wasn’t possible in the Princeton Club in New York. Focusing on the theme of

how physicians learn around the world, the meeting agenda is jam-packed with content about hot CME issues, remarked West.

The program reflects attendee requests. “People want to be pushed,” West noted. “They’ve said, ‘I want solid, wall-to-wall content.’ This year, the conference provides just that.”

The keynote address, “Globalization—Its Meaning to Medicine and Medical Education,” will be given by **M. Roy Schwarz, MD**, President, The China Medical Board of New York. Dr. Schwarz, who is leading efforts to establish international requirements for today’s physicians, “has access to the kind of data and policy initiatives that should be fascinating for GAME attendees,” said West. “It’s not often you meet someone who is so knowledgeable about what is being done to establish global medical standards.”

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GAME President's Corner



Christopher West

Here are my top ten reasons for attending this year's GAME annual meeting, June 23-25, in Montréal:

1. **The people.** GAME is your preeminent opportunity to meet, hear from, mingle with and connect with an outstanding international roster of CME experts.
2. **The theme.** This year's theme — How Physicians Learn Around the World — is a vital one for all CME players whose programs or products are crossing borders.
3. **The format.** A GAME meeting is small enough to be truly interactive, engaging, intimate and friendly, yet large enough to constitute a United Nations-like forum for CME.
4. **The program.** From the global sweep of Dr. Roy Schwarz's keynote address, to very practical breakouts on cultural differences in physician learning; from the essentials of evidence-based CME, to straight talk from big pharma on how doctors learn about drugs, and much more, you will be informed, challenged and inspired.

5. **The low Canadian loonie (dollar).** Your marks, pesos, yen, escudos, U.S. dollars, and pounds go much much further in Canada. One U.S. dollar buys 1.6 Canadian loonies. From the cost of your hotel room at the Delta — only \$105 U.S. — to high fashion at Holt Renfrew or tea at the Ritz, everything here is effectively 40% less than in the States. Shop till you drop!

6. **The McGill Faculty Club.** On the campus of historic McGill University, tucked into the slopes of Mount Royal, in the centre of Montréal, and only minutes from the Delta Hotel, lies the beautifully restored 19th century mansion which will be the gracious home of this year's GAME annual meeting.

7. **Montréal!** Come to the most European of North American cities: bilingual hospitality, bistros, baguettes, joie de vivre, the old port, fine dining, night life par excellence, horse-drawn carriages, cobblestones, flowers and wine are but a few of the pleasures you will encounter in magical Montréal. www.tourisme-montreal.org

8. **Jazz.** If you are a jazz lover, you are doubly in luck. Two days after the conclusion of GAME, on June 27, the Montreal International Jazz Festival kicks off — 11 days of glorious music throughout the city from around the world. Book your tickets now. www.montrealjazzfest.com

9. **Québec City and Ottawa.** Québec's and Canada's capital cities, each steeped in history and old stones, reflecting the two founding cultures of Canada, are both an easy day trip from Montréal. Explore!

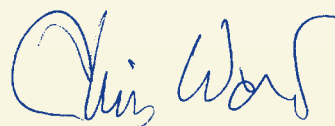
10. **Location, location, location!** Montréal is much easier to get to than many GAME members may realize. Some sample flight times: Boston — 1 hr., 10 min.; Chicago — 2 hrs., 25 min.; Los Angeles — 4 hrs.; Miami — 3 hrs.; New York — 1 hr., 20 min.; Philadelphia — 1 hr., 30 min.; Toronto — 1 hr.; Vancouver — 4 hrs., 35 min.; London — 6 hrs., 30 min.; Paris — 7 hrs.

So there you are...ten great reasons to come to GAME this June in Montréal. I hope I can count on seeing you there. You have my personal commitment to making it a memorable and richly rewarding journey.

Lastly, I can't emphasize enough the importance of registering and booking now. The block of Delta hotel rooms are being reserved for GAME at the special rate of approximately \$105 U.S., only until May 23rd. After that we can no longer guarantee the rate.

Looking forward to seeing you soon in Montréal,

Yours sincerely,

A handwritten signature in blue ink that reads "Chris West".

Christopher West
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Chairman & CEO
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What Are the Biggest Obstacles to Commercial Support of Global CME?

The pharmaceutical industry's role in funding CME is under serious attack. So declared **Lewis A. Miller**, GAME founder, and chairman of Intermedica, Inc., Darien, Conn., in an article he wrote for the December 2001 issue of *Medical Marketing & Media*. In the article (available online at www.cpsnet.com), Miller outlined the various threats to industry/CME provider relationships in the U.S. We asked Miller and several other CME experts to discuss how these trends, and other developments in the United States and throughout the world might affect global CME partnerships.

U.S.-centric Marketing

The core obstacle in obtaining industry support for international CME programs is that pharmaceutical companies outside the U.S. still do not understand the value of CME, said Miller. And that lack of understanding is reflected in their marketing approach.

"Although pharmaceutical companies frequently say that they have a global approach to marketing, when it comes down to it they tend to have a 'U.S.' approach and then maybe a 'rest of the world' approach," Miller said. "The pharmaceutical marketing structure in the U.S. is acclimated to our system of mostly mandatory CME. Outside the U.S., that's not the case."

Howard Young, MD, Vice Dean, School of Postgraduate Medical Education, University of Wales College of Medicine, Cardiff, Wales, concurred. "Pharmaceutical companies outside the U.S. really are not

that concerned about the impact of CME. It relates to the fact that in most European countries, except for the United Kingdom, CME is still not mandatory—although that is starting to change. Also, it is likely that the drug companies will tailor their resources to their potentially largest markets, i.e. the United Kingdom, Spain, Italy and Germany."

Where in the World are the Fred Wilsons?

Another impediment to international CME provider/industry partnerships is that "while U.S. pharmaceutical companies have offices of medical education or professional relations that specifically deal with CME," said Miller, "there are very few of those offices in the global headquarters—even if they are located in the next building. There isn't any counterpart for **Fred Wilson** [Director of Professional Relations, Procter & Gamble Pharmaceuticals, Mason, Ohio] in the global headquarters of U.S.-owned pharmaceutical companies."

As Wilson explained, "Because of the virtual autonomy with which P&G Pharmaceuticals' divisions function within each country, I receive limited input on issues concerning international CME. Consequently, we have no global CME partnerships in sight, a limiting condition that will only be corrected as other countries adopt CME to enhance their physicians' performance."

Until the situation changes, CME providers seeking international com-

mercial support have to deal with global product managers in the case of a new product launch or individual country marketing managers in other cases, said Miller. As he explained in his *MM&M* article, "The marketing managers may make decisions about which programs to support without fully appreciating the benefits of making purely educational grants. Instead, they may contribute to the rise of promotionally based education—which in turn brings down the wrath of physician leaders."



Fred Wilson

Education of Pharma

One reason product managers make those decisions is because they haven't been educated about the value of CME. "I don't think that the Union of European Medical Specialists or the European Accreditation Council for CME (EACCME) have made much of an effort to reach out to the pharmaceutical industry," said Miller. "It's important for CME leaders to spearhead such education," he added.

"In my opinion, CME providers should work more closely with pharmaceutical companies to help them understand the difference between promo-

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tion and education, and how to make their programs credible,” agreed **Gonzalo López, MD**, GAME Vice-President, and Director, Educacion Medica Continua, Ltda., Santa Fe de Bogotá, Columbia. “As a result, either medical doctors or local medical societies will perceive the CME programs delivered by pharma companies as a resource. In the region where we are selling CME programs (Colombia, Chile, Ecuador, Peru and Venezuela), we are implementing workshops for product managers and marketing directors. For example, **Hank Slotnick*** was in Colombia several times in 2001 to give a presentation on ‘How Physicians Learn from Pharmaceutical Representatives.’ It was a success. So, at least in our region, pharmaceutical companies have an awareness of CME, the importance on academic detailing, and the difference between promotion and education.”

*Henry B. Slotnick, PhD, PhD, will be speaking at this year’s GAME conference. See Meeting Preview article beginning on page 1.

Stricter Standards

But even with education, pharma firms sometimes attempt to mix promotion and education—to the consternation of CME providers. As Miller reported in *Medical Marketing & Media* last summer, the Accreditation Council for CME (ACCME) in the U.S. held a hearing about its Standards for Commercial Support. CME leaders from medical societies and medical schools expressed their concerns that pharmaceutical support of CME resulted in the commercialization of education. The ACCME is now considering how to revise the standards—no one knows yet whether the revisions will involve merely tightening and clarifying the rules or whether there will be more substantive changes. (See News Briefs, page 7.)



Gonzalo López

“My gut feeling is that the Standards won’t become a lot more stringent. But I could be wrong about that,” stated Miller. “Most people seem to feel comfortable with them.” If the U.S. does impose stricter standards, how will that affect international CME partnerships? Such changes “will almost certainly lead to a contraction in support outside the U.S.,” predicted Dr. Young.

But new standards could offer a chance to spread the word about CME, said Dr. López. “With all due respect, the ACCME is not well known in Latin America. This is a great opportunity for the ACCME to contact local academies, colleges or schools of medicine in the region and develop an accreditation system for Latin America. Local pharma companies, especially multinationals, will be more interested in delivering accredited programs through academic detailing and will accept the standards required.”

But will the rest of the world abide by stricter ACCME standards? Miller doesn’t think so. “The EACCME guidelines say content shouldn’t be influenced by the commercial supporter—and that’s probably about as far as they will go.” Nevertheless, in his *Medical Marketing & Media* article,

Miller wrote that as mandatory CME systems evolve in countries such as France, Italy, the Netherlands, and Switzerland, “all will contain some reference to distinguishing between education and promotion. Industry in many countries isn’t accustomed to accepting such standards, but that may change as pressures to limit commercial involvement increase.”

Banning Bribes

There is also rising worldwide pressure to limit pharma companies’ gifts to physicians. Increasingly, governments are cracking down on drug companies’ “gifts” (or bribes, as some people refer to them) to doctors. A case in point: German authorities are now investigating allegations that hundreds of doctors took bribes from Smith-Kline Beecham in return for prescribing certain drugs. A voluntary code of conduct for pharma company/doctor relationships was adopted in Germany in 2000, after the bribes were alleged to have been made. (Visit www.game-cme.org for more details.) In Spain, the government has cracked down on pharma “gifts,” because those “gifts” cost the government money. As Miller pointed out, 90% of all medical care, including prescriptions, is paid for by the government in Spain. “Governments are going to be more concerned about those practices because they’re really paying for drug costs one way or another,” he said.

Despite ethics codes and regulations, the problem is continuing, and drug companies are not the only culprits. “In the U.K., the Association of Pharmaceutical Industries (ABPI) has a strict code about gifts, entertainment etc.,” reported Dr. Young. “It can censure a company and does have some teeth. International meetings have contributed to the problem by courting the

companies for 'monies in kind'. The rapid increase in more and more meetings by a proliferation of medical societies has exacerbated the problem. It is time that the medical societies came together, became more responsive to CME and more responsible to their members and to the changing demands on health care."

Will the growing censure of drug companies' gifts affect international CME? Miller doesn't anticipate much fallout, though the trend could preclude pharma firms from paying for doctors to attend meetings outside their home countries.

And that's exactly what has happened in Japan. "Japanese pharmaceutical industries, including major domestic and inter-

"As CME gains importance among doctors internationally, pharma companies worldwide will recognize the value of accredited education."

- Miller

national pharmaceutical companies, have already adopted a promotional code under the supervision of the Anti-Monopoly Committee," reported **Toshiaki Shichino**, President & CEO, Synergy International, Inc., Tokyo. "The Anti-Monopoly Act prohibits excessive giveaways to physicians and bans pharmaceutical companies from paying physicians' travel expenses for attending medical conferences, especially international meetings."

CME's Role in Re-certification

Another potential threat to commercial support of international CME is the maintenance of certification (MOC) movement. This approach, which is being adopted in the U.S., and tested in Canada, Australia, and the U.K., stresses education in practice settings. The key question for industry, said Miller, is the

extent to which these new components, such as peer and patient assessment and practice diaries, will affect traditional credit-hour CME. "If the primary focus of life-long learning becomes quality improvement as measured by practice performance, that could change the meaning of accredited CME and thus substantially reduce the opportunity of the pharmaceutical industry to support such programs," Miller wrote in his article.

Does the MOC mandate, with its emphasis on localized education, have a potentially negative impact on industry support of global CME? Not necessarily, answered Dr. López. "Regarding localized CME, I think that in our region the American influence in medicine is very important.

So, if doctors have the opportunity through pharma companies to get American CME programs, updated and in Spanish, they will feel more confident in their practices due to the credibility that an American academy or college of medicine program represents."

And localized CME will not obviate the need for multinational conferences, added Dr. Young, "The local approach is more cost effective but there needs to be a balance with international meetings. If there were fewer or better targeted meetings, then they can be a useful adjunct. Here in the U.K., 50% of my continuing professional development (CPD) has to be external—national or international meetings, distance learning or visits to other centers."

Future Forecasts: Global CME Growth

The experts we talked with agreed that the move toward mandatory CME and re-certification is gaining ground around the world. "Certification will be the trend around the world," forecasted Dr. López. "It is very important to improve the performance of medical doctors and patient outcomes. Without mandatory CME requirements for re-certification, a great percentage of physicians never touch a book after they finish their training."

Giving the Japanese perspective, Shichino remarked, "We cannot expect drastic change, but it is gradually changing. For example, in Japan, CME is still voluntary. But recently, the Japanese government has loosened the hospital advertisement regulations. Hospitals and clinics can now advertise their physicians' CME backgrounds and certification to the public. This may be an incentive for physicians to acquire CME credit from each medical society."

As CME gains importance among doctors internationally, pharma companies worldwide will recognize the value of accredited education. Change has already begun, Miller said. He has noticed that there is more effort being made toward cooperative interchange of information between U.S. and non-U.S. world headquarters in terms of educational initiatives.

"There is a slow but steady movement toward CME in Latin America and Europe," Miller concluded. "While at the moment, the money that drug firms spend on CME is barely a blip on the screen compared to the money that's spent in marketing, that is going to change. In the next three to five years you'll see a fairly significant change in all of these countries." ■



2002 GAME Meeting

Exploring Physician Learning Preferences Around the World

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This year, instead of panelists updating attendees about overall CME developments in their countries, all sessions will focus on the main conference theme, explained West, beginning with the Monday morning plenary session, "How Physicians Learn Around the World." The session features the following speakers:

- **Henry B. Slotnick, PhD**, Visiting Professor, School of Medicine, University of Wisconsin, United States
- **Suzanne Murray** CEO, AXDEV Group Inc., Montréal, Québec; and Co-Founder, Research Centre on Aging, Faculty of Medicine, McGill University
- **Mary Lou Fuller, PhD**, Professor Emeritus, Department of Teaching and Learning, University of North Dakota, United States
- **Hervé Maisonneuve, MD**, Editor and Medical Director, *Webs'surg*; and former Evaluation Director and Clinical Guidelines Director, Agence Nationale d'Accréditation et d'Évaluation en Santé, France

The discussion will be followed by breakouts where the speakers will further explore cross-cultural learning differences and similarities, and examine how to make use of those physician education preferences when designing multinational marketing strategies.

At the other sessions, a global array of experts will analyze how the latest CME developments relate to physician learning styles.

Highlights include:

Technological Trends

This session is back by popular demand—attendees usually give it the highest marks on their evaluations, said West. In addition to covering online

CME trends, speakers will discuss how hand-held computers can be employed in physician training and point-of-care based CME. **R. Mark Evans, PhD**, Director, Healthcare Education Products and Standards, American Medical Association, Chicago, United States, returns as moderator; but this year's speakers are not affiliated with tech companies, a departure from previous years, stated West. The aim is to provide attendees with a broader view. Speakers include:

- **Bernard Sklar, MD**, Graduate Fellow in Medical Information Science, University of San Francisco, United States
- **Goutham Rao, MD**, Director of Medical Informatics and Predoctoral Education, University of Pittsburgh School of Medicine, United States

Evidence-Based Medicine: White Knight or Ivory Tower?

The moderator, **Gordon Guyatt, MD**, Professor, Clinical Epidemiology and Biostatistics and Medicine, McMaster University, Ontario, Canada, is "the godfather of evidence-based medicine," said West. "Dr. Guyatt is credited with coining the term evidence-based medicine in 1990."

Speakers include:

- **Nancy Davis, PhD**, Director of CME, American Academy of Family Physicians, United States. In January, the AAFP became the first organization in the U.S. to launch a system for accrediting evidence-based CME. Davis will share the lessons the AAFP has learned about initiating and administering such a system.
- **Céline Monette, BSc**, Co-chair, Continuing Health Education Working Group, Canada's Research-Based Pharmaceutical Companies; and Director, Scientific Communications and Professional

Education, Aventis Pharma, Laval, Québec, provides the pharmaceutical perspective.

- **Richard Ward, MD**, MAINPRO-C Coordinator, CME & Professional Development, University of Calgary, addresses the practicing doctor's point of view.

How Physicians Learn About Drugs

The session will be moderated by **Robert F. Orsetti, MA, FACME**, Vice President, Jobson Education Group, United States. Through support of CME programs, the pharmaceutical industry makes significant contributions to physician understanding about the proper and safe use of medications, according to Orsetti. This session will define and explain methods, techniques and programs used by pharmaceutical companies to foster physician learning both domestically and globally. Participants will learn why the pharmaceutical industry supports CME and how it measures value received. The session will also feature:

- **Michael Lange, PhD**, Product Manager, Aventis Pharma, Laval, Québec, who will provide a global perspective

Evaluation of a CME Program using Pre- & Post-Tests

The conference will conclude with this session, which will explore a range of evaluation approaches. Speakers include:

- **Linda Casebeer, PhD**, Associate Professor, University of Alabama School of Medicine, and President, Outcomes, Inc., United States
- **Edwin M. Borman**, Chairman, International Committee, British Medical Association, and U.K. Representative to the European Union of Medical Specialists.
- **Lewis A. Miller**, Chairman, Intermedica Inc., and Past-President and Founder, GAME, United States.

In addition to learning and networking, West encouraged attendees to enjoy the city of Montréal. "Montréal is my hometown. I work here and I live here," he says. "I extend the warmest welcome to CHE/CME professionals from around the world. We would like to see a big crowd here, and we promise you a good, good time."

Visit www.GAME-cme.org for the full program and registration/hotel information.

Tamar Hosansky is Editor of Medical Meetings magazine. GAME members can receive automatic, free subscriptions to Medical Meetings magazine, can find CME news and trends posted daily in the Capsules section of Medical Meetings online at www.meetingsnet.com, and can publicize their educational events by posting them at no charge on Medical Meetings' Meeting Finder.



The Montreal International Jazz Festival at Place des Arts



Notre-Dame Basilica

News Briefs

ACCME's Vision for a Global CME Community

The Accreditation Council for Continuing Medical Education (U.S.) and the Association of Canadian Medical Colleges have developed a framework for their vision of a global CME community. Their statement is offered to begin discussion of the issue and focuses on "substantial equivalency" of accreditation systems throughout the world.

The statement will be posted on the ACCME website at www.accme.org and is currently posted on the GAME website at www.game-cme.org (click on "Media Center" and then "Latest News").

Update on ACCME's Internet Policy and Standards for Commercial Support

At its March 2002 meeting, the Accreditation Council for Continuing Medical Education (U.S.) adopted a policy concerning CME on the Internet. After the required 45-day waiting period, the policy will be disseminated in late April. A draft policy was distributed for comment in 2001, and the final policy is the result of the Council's consideration of comments submitted by the CME community.

The Council is also continuing its deliberations on an update to the Standards for Commercial Support, the original version of which was published in 1992. A draft is expected to be finalized in April 2002. That draft will be discussed at the July 2002 Council meeting, after which ACCME expects to distribute revised Standards to the CME community for comment.

FDA Issues Statement Regarding Distribution of Enduring Materials and Support of CME by Industry

In a January 28, 2002, letter, the FDA refused to change its position that dissemination of off-label drug information (for example, through distribution of journal reprints or enduring materials or through support of CME activities) could be used as evidence for an enforcement action against a pharmaceutical company. Companies under FDA jurisdiction are prohibited from promoting unapproved usage of products.

The FDA did state, though, that "Dissemination of enduring materials or support of CME as the only evidence of unapproved use is unlikely to result in enforcement action. These materials will be viewed within the context of other activities as a way to determine manufacturer intent."

The FDA's guidance on industry support of educational activities, published in 1997, lists a number of criteria the FDA would use to determine independence in the production of such activities.



Lew Miller

Lew Miller Receives 2002 ABM Lifetime Achievement Award

Lew Miller, founder and current Board member of GAME, has been honored as the 2002 winner of the Crain Award for lifetime editorial achievement. The award, presented at a luncheon ceremony at the Waldorf Astoria, New York City, is given annually by American Business Media (ABM). It is named for G.D. Crain, the founder of *Advertising Age*.

Congratulations, Lew, on this well-deserved honor. ■

See You There!

June 23-25, 2002

Seventh Annual GAME Conference McGill University, Montréal

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- Links to CME providers, journals, and resources worldwide
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- The Members' Zone, featuring a membership directory, a reference database, presentations from past meetings, and more.

Word of Mouth

"At the 2002 meeting, CME providers, medical doctors and pharma companies will be able to exchange ideas; since GAME is a multicultural group, attendees will better understand the different processes of learning around the world."

Gonzalo López, MD

"The GAME meeting is so important to attend this year because if people in the CME field want doctors to come to their meetings, they need to show that despite the attacks of September 11 they feel comfortable about flying to Montréal to attend an outstanding program about how physicians learn around the world."

Lew Miller

"As a member from industry, where the coming globalization of CME will essentially globalize my function, it is obviously imperative that I attend the annual GAME meeting. It is the only meeting of the year where peers and I can meet with leaders in medical education from around the world, to learn the status, as well as help shape the future, of CME accreditation—a key system for enhancing physician performance and subsequently improving peoples' healthcare."

Frederic S. Wilson

"Attending a GAME meeting enables you to participate in the forefront of global continuing medical education. You have a chance to learn of other CME delivery methods and how they may be applied internationally. Every attendee takes back to their country a better understanding of the issues we all face to better physician learning around the world. One of the most beneficial aspects of the GAME meeting is the opportunity for future collaboration with partners involved in all phases of CME."

Celene Chasen

GAME NEWS

THE OFFICIAL NEWS ORGAN OF THE
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