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GAME NEWS

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THE OFFICIAL NEWS ORGAN OF THE GLOBAL ALLIANCE FOR MEDICAL EDUCATION

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Fifth Annual GAME Conference

AMA-UEMS Reciprocity Agreement Announced at Meeting

A record audience featuring more than 100 worldwide industry CME experts witnessed history when the American Medical Association (AMA) and the Union of European Medical Specialties (UEMS) revealed they had reached agreement on reciprocity for CME credits during the Fifth Annual GAME Conference, held June 25-27, 2000, at the Princeton Club in New York.

Without question, the most striking symposium highlight occurred when Drs. Dennis Wentz of the AMA and Leonard Harvey of the UEMS announced that programs accredited under the rules established by the European Accreditation Council for Continuing Medical Education would be eligible for Category 1 credit toward the AMA Physician Recognition Award in the U.S. and—subject to national authorities in Europe—the reverse would also be true.

There was a distinctly international flavor evidenced at this year's symposium as CME representatives from a cornucopia of countries gathered in the Big Apple. The global gathering included attendees from Brazil, Canada, Colombia, Italy, Japan, Mexico, Spain, Sweden, Switzerland, the United Kingdom, the United States and Venezuela.

"The Fifth Annual GAME Conference served as an excellent international networking opportunity as it brought in experts from Europe, Asia, Latin America, the United States and Canada to meet with attendees in small-group

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Gonzalo Lopez, Ivo Sapunar and Ing. Pedro Vera Cervera

Annual GAME Meeting Report

Around the World of CME in 80 Minutes

Focus on Europe

Leonard Harvey, LLM, FRCOG
External Liaison Officer
Union of European Medical Specialists (UEMS)

Dr. Harvey enlightened the attendees with an insightful overview of the current state of CME throughout Europe and discussed the myriad objectives of the UEMS, which is the representative organization to the European Commission and Parliament for over one million medical specialists. The UEMS strives to:

- Defend the title and status of specialists at the international level.
- Study, promote and defend the quality of specialist care.
- Establish tighter bonds between professional organizations and specialists.
- Contribute to the creation or maintenance of solidarity among European specialists.

Leonard Harvey, LLM, FRCOG
UEMS

During his lecture, Harvey also shared the results from a comprehensive CME study that was conducted to identify and address some of the crucial CME concerns in Europe. When the questionnaires were compiled, the most pressing topic identified was the question of mandatory versus voluntary CME. While most European countries have opted for the voluntary mode, Dr. Harvey stressed that most lawyers and insurance companies are applying subtle pressure to conform to a mandatory form of CME. "It has been voluntary CME — an ethical obligation of doctors to maintain their skills," explained Dr. Harvey. "America has lived with mandatory CME for many years, but for Europeans it's a very new concept."

When addressing the topic of working with international partners, he explained that the UEMS now has established the European Accreditation Council for Continuing Medical Education (EACCME) for the recognition of CME activities in Europe by physicians. Dr. Harvey stressed that CME is intrinsically an internal matter in each country; the EACCME only intercedes when CME transcends country borders. Another key issue is increasing concentration on self-directed learning and shifting from a bottom-up as opposed to the more traditional top-down approach.

James Geraghty, M.D., Ph.D.
Chairman, Advisory Group
Federation of European Cancer Societies (FECS)

Dr. Geraghty, who also serves as chairman of the European Societies of Surgical Oncology Education and Training Committee, expressed the opinion that over the past decade, "There is widespread acceptance that individuals who have finished their formal training and entered into independent or consultant practice need to maintain their knowledge by embracing the concept of CME. As a result, an already very busy set of individuals now find themselves in a position of having to divert more time to keep abreast of changes in their fields."

While he agreed that European countries consider CME very important, Dr. Geraghty also explained that it is not formalized in most countries and that not all believe CME is a measure of knowledge and expertise. He stressed that the key to CME success was to discern just how well versed the medical practitioner is in a specific area. "The level of knowledge of the individual is very, very important," stated Dr. Geraghty. "It's a marker of quality patient care. You have to find the knowledge level of that individual."

This becomes especially important when you consider that different countries require different work ethics of their medical practi-

tioners. For example, junior doctors work significantly less hours in Italy and Luxembourg than those in Ireland and the United Kingdom, who must shoulder a lengthier and more laborious workload.

Dr. Geraghty also touched on the role of CME in the oncology discipline, explaining that it is characteristically multidisciplinary in nature and targets groups both nationally and internationally. He explained that the FECS oversees the ESSO, EACR, SIOP, ESO, EONS, ESMO, ESTRO and EORTC, adding that the Accreditation Council for Oncology in Europe consists of one member from each of the aforementioned organizations.

On the issue of voluntary vs. mandatory CME, Dr. Geraghty said, "It is in the interest of everyone that as Europe shifts from a voluntary perspective towards a compulsory standpoint, freedom of mobility and freedom of choice to access CME is maintained. Present day information technology allows educational activities or events to be transmitted around the world and this will impact on the need for individuals to travel to access CME."

Focus on Spain

Alex Ramos, M.D.
Director of CME
Catalan College of Physicians

Dr. Ramos, who is involved in the design, coordination and research of CME activities at the Barcelona College of Physicians, discussed the current status of CME throughout Spain and at his institution. The Barcelona College is involved in several CME areas, including accreditation, publishing the Edition of the Good Practice Notebook for the college's 21,500 members and coordinating approximately 90 activities per year.

Currently, 80 percent of Spain's 150,000 physicians (who serve a population of 40 million) are employed by the government, with 50 percent serving as general practitioners and 50 percent practicing as specialists. The Spanish CME system is voluntary, open to all private and public providers and comprises a formal credit award structure that is similar to the AMA's Physician Recognition Award. According to Dr. Ramos, 75 percent of physicians participate in CME activities, with 11 percent attending regular meetings and 10 percent frequenting one-day seminars.

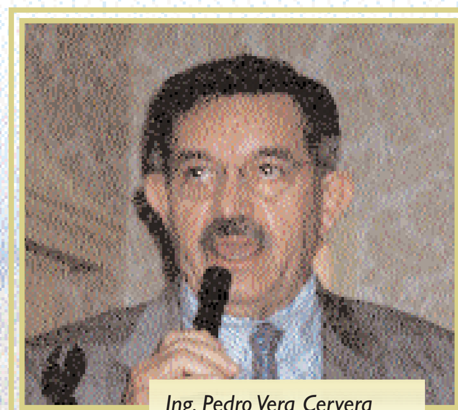
"In our country, the main challenges are funding, accreditation standards and having a comprehensive framework to work with," said Dr. Ramos, who also believes that although CME participation is voluntary, it is the responsibility of all doctors to participate in activities that enhance and maintain their skills. In terms of augmenting international partnerships, Dr. Ramos says this could be achieved by exchanging accreditation experiences and fostering Spanish-language distance learning programs between Latin American counties, the United States and Spain.

Focus on Mexico/Latin America

Ing. Pedro Vera Cervera
Director General
Intersistemas, Mexico/Latin America

The CME system in Mexico is one of the most advanced internationally, and Mr. Cervera provided ample statistics that helped illustrate his declaration. The country's first board certification was implemented in 1963 and 48 current boards of certification exist. Additionally, as of 2001, all specialists must receive board certification.

Mr. Cervera summarized the Mexican health care landscape, which consists of 53,400 certified physicians, with the largest numbers comprising pediatricians, surgeons and family physicians. A hefty 65% work for the government; 37% are certified specialists. Most opinion leaders received their postgraduate education at U.S. medical schools, which has led to major collaboration between the U.S. and Mexico on CME issues.



Ing. Pedro Vera Cervera
Intersistemas

CME offerings include training courses and hospital workshops, books, journals, medical congress, meetings, graduate and postgraduate courses, home study programs and enduring materials. All CME suppliers need to qualify by and fulfill the national standards required to coordinate activities.

Mr. Cervera also provided an overview of the state of CME in an array of Latin American countries, which he says is well established in areas such as Argentina and Costa Rica. However, he claims it will take five to 10 years for other areas to reach the same level of CME sophistication. Following is a summary of CME practices in various Latin American territories:

Argentina - The government created a national committee for mandatory board certification that features 42 specialties for certification.

Brazil - No official board certification; however, medical societies have established standards for certifying and updating members, led by medical schools' mandate to reduce the number of new physicians.

Chile - Has certification board through diploma. Government health authorities and CAM are considering CME and board certification rules for all specialists.

Costa Rica - Voluntary board certification exists for almost all medical specialties. Certification is required by the government for employment. Board certification and re-certification is led by CMCME.

Focus on Japan

Toshiyaki Shichino
President
Synergy International, Inc.

As president of Synergy International, which plans and develops CME materials for physicians and other health care profes-

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sionals, Shichino gained firsthand knowledge of the current CME climate in Japan. His presentation covered a range of topics and revealed the immense breadth and scope of the country's CME structure, which encompasses 248,600 physicians who serve a population numbering 125,470,000.

Several CME organizations exist in Japan, including the Japan Medical Association (JMA), which serves 152,000 members (80,000 private practitioners; 72,000 physicians working in hospitals) and the Japanese Association of Medical Sciences (JAMS), an academic organ with JMA comprising 93 specialist medical societies. The third CME alliance, the Council for Accreditation System in Medical Societies (CAS), consists of 48 specialist medical societies, many of which overlap with those encompassed with JAMS.

JMA's Council for Promotion of CME, which is based on a voluntary, self-learning/self-reporting system, revealed in 1998 that 56 percent of its membership submitted CME attendance data. Learning categories included seminars, case conferences, presentations to scientific sessions and submissions to medical journals.

Currently, each individual medical society develops its own accreditation system, which frequently results in conflicts between the JMA, which is general practitioner-oriented, and the CAS, which is academically oriented. In regard to license status, physicians are not subject to official judgment after they receive their licenses, nor will they lose them except in the event that an illegal or criminal act is exposed. Key CME trends include a move toward evidence-based medicine, adherence to clinical guidelines and the establishment of national long-term care insurance.

Focus on the United States

Dennis Wentz, M.D.
Director, Division of Continuing Physician Professional Development
American Medical Association (AMA)

The theme of Dr. Wentz' address centered on the need to achieve globalization of CME—a daunting task that took a giant step toward attainment when the Dr. Wentz announced that the AMA and the UEMS had reached agreement on reciprocity regarding CME credits. "We are hearing common themes about CME from around the world. The goal of CME is globalization and this is happening—it's happening in other industries, maybe not as fast as in some areas like banking, but it is happening. Today we are being told that CME is happening globally according to shared standards around the world—and I think this is thrilling."

Following the initial letter of intent between the AMA and the UEMS, which stressed the need to work toward common accreditation goals, a two-year trial project was established last summer that encouraged AMA acceptance of European/international credits that were intended for an international audience and vice versa. During the two-year pilot program, only live activities such as international congresses will qualify for reciprocal accreditation.

"Quality CME should be interchangeable and doctors should be able to choose where they go to receive that," urged Dr. Wentz. To qualify for reciprocity and earn AMA-PRA category 1 credits, international CME organizations must implement quality assurance in CME planning and provide documentation of quality assurance and verification of physician participation.

The AMA also is looking into ways in which U.S. physicians can be informed that international conferences have been approved by the AMA for PRA credit or through reciprocity with the European Accreditation Council for Continuing Medical Education, which was formed as an offshoot of the UEMS in January 2000. ■

Continued from page 1

settings," stated Mark Connors, who served as the conference's program chair. "This reflects the vision of GAME, which is to serve as a forum for the exchange of ideas among nonprofit and for-profit organizations involved in the development and marketing of CME and health education programs."

Additional conference highlights included:

- Overviews of CME in Latin America and Japan were presented effectively by a six-member panel, including Dr. Pedro Vera Cervera of Mexico, Toshiyaki Shichino of Japan and Dr. Alex Ramos of Spain.
- An inspiring keynote speech from Dr. Richard Goodstein of the Bayer Corporation concerning how CME will affect the delivery of health care around the world within the next few years.
- A panel of pharmaceutical executives representing North America, Europe and Latin America described how their companies utilized high-quality CME and health education in the therapeutic areas they emphasize, what benefits they expect and how CME providers can build relationships of mutual trust and collaboration with their companies

Trends in Internet usage were also delineated by a panel of professionals, including Marcia Jackson of the American College of Cardiology and Al Lever of the American College of Chest Physicians, both specialty organizations with major interests in having a strong Web presence for international as well as U.S. members.

In other conference news, Mark Connors was elected president of GAME for the upcoming year, succeeding Lew Miller. Chris West was appointed as vice-president and Gonzalo Lopez as secretary. Fred Wilson will continue as treasurer. ■

The Technology Behind "Need-to-Know" CME Delivery

Jean Lalonde, who served as moderator of "The Technology Behind 'Need to Know' CME Delivery" forum, provided GAME News Senior Writer Scott Colton with an insightful analysis of the issues discussed during the session. "The topic of the Internet and CME is always hot, so the audience was primed with questions," explained Lalonde, who is president and CEO of IC Axon Inc. "After attending a session the day before, I felt it was useful to invigorate the crowd and ensure that people left with all of their questions heard or answered."

In his role as moderator, LaLonde quickly assessed the audience, with the hope of anticipating what type of questions might be posed to the panelists—and interjecting some levity into the proceedings. "Although everyone in the room of 100 people had an interest in online CME and a concern for how it would change their professional lives, only about 15 people had actually ever undertaken an online course in CME," he revealed. "From my outlook at the podium, I observed a room full of fairly conservatively-dressed people and remarked that as the Internet becomes a bigger part of the CME world, we were going to see a lot more people at these events wearing nose rings and sporting tattoos. I said this because at IC Axon, we have a staff of 200 people working in online medical education, and the average age is 27."

Lalonde had high praise for his fellow panelists, who gladly shared their keen insights with the eager audience. "Michael Pote from Healthstream revealed that the most persistent 'learners' were the ones who paid for courses versus those who preferred 'free' CME. Michael also mentioned that the amount of time continuously spent online to complete a course was much smaller than expected—I believe around 10 to 15 minutes."

Another discussion revolved around what kind of online CME people prefer and the panelists referenced buzzwords like "high-quality", "branded", "compelling", "streaming video" and "quick." Lalonde revealed that at IC Axon, "We had a vision for online CME that revolved around the five C's: convenient, collaborative, case-based, continuous and customizable. Above all, when doctors do online CME or CME in general, they seek to learn about themselves more than the content they are exposed to."

Dr. Marcia Jackson disclosed that the American College of Cardiology (ACC) and the American Heart Association (AHA) are collaboratively developing a knowledge object database. The "knowledge objects" within the database will be used for multiple education and information services, including the delivery of "just in time" knowledge and information.

According to Dr. Jackson, the database will help the ACC and the AHA work together to reduce death and disability from cardiovascular disease and stroke by providing a credible digital source of cardiovascular information and education ("knowledge delivery") for health care professionals, patients and the public to influence behaviors relating to this outcome. The two organizations are currently in the pilot phase and a prototype on the topic of congestive heart failure is expected to be available by March 2001.

Following are pertinent quotes that were extrapolated from the "The Technology Behind 'Need to Know' CME Delivery" forum:

Jean Lalonde
President & CEO
IC Axon Inc.

"There is a lot of variety and it causes blurring. And there's a vocabulary problem regarding what online CME actually is. How do you describe CME? Most of the time we are looking to change behavior, skills and attitudes, and we realized a long time ago that online offers the opportunity to change behavior. Behavior change is the destination whether its using lecture cases or online services. We must have good educational design behind all these programs."

Beth Weinstein Nash, M.D.
Chief Medical Officer
Mediconsult.com, Inc.

"The Internet will revolutionize CME. It provides the opportunity to do things you cannot do otherwise, such as asynchronous communication. Doctors can communicate at any time over any issue, such as controversies over journal article data. It's an excellent medium and it's up to all of us to maximize it. You need to marry doctors' needs with Internet technology. The technology is still in its infancy and there will be many changes and improvements."

Michael Pote
Senior Vice President
HealthStream

"Maybe CME is not the hook. We have bundled programs into a single product containing 61 courses and then we sold 10 times more—the hook was board review. We are not turning our attention to individual courses but rather certificate programming with other levels of meaning and broader value to be derived from courses."

Marcia J. Jackson, Ph.D.
Senior Associate Executive Vice President, Education
American College of Cardiology

"Doctors pay for things that bring value, save time and meet a need—like programs that bring experts the opportunity to interact with peers, to interact with other experts regarding current practice and science as well as a chance to get away, relax and learn. I believe that online programs will pay for themselves in time, but services that also save time, meet needs and bring value to their practice—if you can demonstrate that you can deliver that over time —then doctors will pay for it."

Alvin Lever
Executive Vice President and Chief Executive Officer
American College of Chest Physicians

"I'm a big believer in market drivers. Main market drivers are licensing and maintenance of hospital privileges. But the biggest is young physicians coming in with data in front of them because they have been trained on computers and the Internet. That's when the changes will occur." ■

Annual GAME Meeting Report

The Role of Pharmaceutical Companies in the Physician Education Continuum

An array of professionals took part in a lively discussion centering on the "The Role of Pharmaceutical Companies in the Physician Education Continuum." Following are the panelists who participated in the seminar and a select summary of the topics they discussed.

Céline Monette and Maud Linde Hansson

Maud Linde Hansson
Education Affairs Manager
Novo Nordisk Scandinavia

Linda Klein
Director, Professional Education
Aventis

Céline Monette
Director of Professional Education and Scientific Communications
Aventis

Mark F. Partridge
Senior Commercial Director - Latin America
Wyeth-Ayerst International

Frederic S. Wilson
Manager of CME Activities
Procter & Gamble Pharmaceuticals

What are your company's goals pertaining to education?

Monette replied that Aventis' objective is to fulfill the educational needs of health care professionals and patients through evidence-based education interventions developed in partnership within a range of therapeutic areas. Wilson explained that Procter & Gamble's support of CME provides health care professionals with current information they will use to maintain or improve health care. The company's three major goals are to facilitate easy and accurate diagnosis of diseases, ensure proper prescribing of Procter & Gamble products and target patient compliance with therapy. At Novo Nordisk, the focus is on establishing serious and qualitative participation with all partners, including all sectors of the health care system and various specialists in academia.

What is your philosophy on new avenues of education, such as direct-to-consumer (DTC) advertising vs. education or Internet promotions, and how do you think this will effect traditional educational vehicles?

Partridge of Wyeth-Ayerst stated that the starting point revolves around the company's relationship with the health care professional. He stressed there are emerging areas involving Web health topics but he also has questions concerning how to leverage the Web without substituting day-to-day marketing. Although Internet CME is growing in popularity, Klein from Aventis remains unsure of its effectiveness because the absence of measurement techniques and the lack of regulation make it a wide-open area. According to Hansson, "We at Novo Nordisk believe that the Internet and thereby DTC have come to stay, so we are building interactive community sites on the Web. We are also developing our courses by using the Internet. We believe in using the new technology and traditional education hand-in-hand."

Wilson also believes the combination of DTC advertising and CME will prove to be incredibly synergistic. "Just as the purpose of CME is to enhance the physician's ability to care for patients, DTC advertising should enhance a patient's ability to assume some responsibility for his own health care. With regard to Web-based CME, although its use is near doubling annually, based upon the ACCME Annual Report Data for 1999, Internet CME still accounts for less than five percent of the CME enterprise utilized by U.S. physicians. Personally, I don't believe 'live' Internet CME will ever account for a significant percentage, but I think enduring Internet material will eventually become a major form of CME—as soon as there are wireless hand-held computers to actualize just-in-time learning."

What is the best way to partner with a drug company?

According to Monette, the key is to "understand the needs of the pharmaceutical company CHE department. You have to see the drug company as a customer—this is the start of partnering. Other important aspects are trust, shared respect, commitment and last but not least accuracy in terms of time lines and dollars and quality of program." Hansson's reply was brief but succinct: "The best way is collaboration. You have to have honesty from both partners and trust in each other. You must create a win-win situation." Partridge said the keys are "understanding the needs

and adding clarity to the issues. In partnership you need to support the therapeutic area, and you need clarity to do this. The relationship will bring value to the medical community. We need a partner there for the long term."

Wilson claimed that "The best way to approach the pharmaceutical industry is to recognize industry as an educational partner, with vast resources beyond funding. CME sponsors should understand that at least the research-based pharmaceutical companies may know a disease area and their therapeutic category perhaps better than the related thought leaders. Not only do companies know the category's medical thought leaders, they know which ones can teach effectively and engage an audience."

Philosophies on new avenues of education?

Partridge expressed the opinion that "There will never be any technology that will replace direct contact. That said, emerging opportunities such as the Web are important. We are looking at how to leverage the Web without substituting day-to-day contact with health care professionals." Wilson is confident that Procter & Gamble "will be big in DTC. The combination of DTC and CME will prove to be synergistic because it will enhance the health provider and enhance a patient's ability to take care of his own health. The combination of learned and informed patients should have a big impact on health care outcomes."

At Novo Nordisk, the goal is to move boldly into the future. "We cannot stay where we are and where we have been," stressed Hansson. "We have to develop technology and use that new technology. We think we can really educate and provide education about diseases like diabetes. We think we can make programs for doctors and consumers and work with health care professionals and authorities in the medical field." ■

Word of Mouth

Rick Lione
Infomedica, Italy

"It's good what's happening in Europe, that things are moving forward in CME," said Lione, who serves as director of three CME offices in Italy. "It's interesting to see how some groups have organized themselves into a pretty well-structured CME framework with accreditation. In my view, medical societies will have a big role and a local role in developing CME programs and therefore be directly involved in the whole accreditation process."

Jose Salomoa
EPUC Publishers, Brazil

"Everyone experiences opportunities and challenges in CME. In Brazil, we don't have a CME system but in the United States the system is in place and the pharmaceutical companies are involved, which is important. I came here to learn more about CME. For us in Brazil, CME can be of great interest to physicians because it can provide useful information to physicians to help them with their patients."

Arlene Muzyka
Medical Action Communications, United States

"I think it's critical for people in the medical communications business to be up to date in the latest CME developments. Without this knowledge we are at a disadvantage in providing the partnerships that we need to offer. To come to this meeting, to be this current, is a tremendous advantage."

Frederic S. Wilson
Procter & Gamble Pharmaceuticals, United States

"I think the miniaturization of computers and the attractiveness of just-in-time learning will significantly change the way many physicians sharpen their medical and pharmacological skills. In the United States, the pharmaceutical industry must improve its self-regulation, and live by both the ACCME Standards for Commercial Support and the AMA Code of Medical Ethics. This should obviate government interventions to regulate the practice of CME and level the playing field concerning companies' inducements or perks for physicians to attend CME activities."

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June 24-26, 2001

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GAME Conference
New York City

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About GAME

The Global Alliance for Medical Education (GAME) was established in June 1995 to serve as a forum for the exchange of ideas among nonprofit and for-profit organizations involved internationally in the development and marketing of CME and health education programs. The original name, International Alliance for Health Education, was changed in 1998 because of possible confusion with another organization (International Association of Healthcare Educators).

Our Objectives

By participating in GAME meetings and programs, you will be able to achieve the following membership objectives:

- to share market experiences in the continuing globalization of physician and consumer health education
- to meet new potential partners in educational and/or business development
- to learn from experts about new trends and how they may affect you

GAME Membership

Membership in GAME will pay for itself through increased knowledge and skills, as well as through opportunities to be more effective as a developer, marketer, or purchaser of CME and health education.

As a member you have access to several key benefits:

- reduced fee for the annual meeting
- copies of available presentations from the annual meeting
- access to the Internet World Wide Website for discussion groups
- opportunity for interchange with other members
- regular newsletter
- exchange of information on trends in CME and health education around the world.

A GAME membership application is available online at **www.game-cme.org**. Print out the application and mail it together with membership dues. You can benefit from substantially reduced rates by including additional members from your organization. ■

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Newsletter Chairman – Richard F. Tischler Jr, PhD
Newsletter Committee – Jay Magrann
Don Nelinson, PhD
Art Director – Gabriel Landry
Senior Writer – Scott Colton

Editorial Offices
RF Tischler Jr & Associates, Inc.
1109 Village Gate Court
Mt. Airy, MD 21771
Email: rtisch@erols.com