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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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Sixth Annual GAME Meeting



2001 Meeting to Focus on New Pathways and Opportunities in International CME

The Sixth Annual Meeting of the Global Alliance for Medical Education (GAME), which will be held June 24-26 at The Princeton Club in New York, promises to be a must-attend event for export-minded CME professionals. The two-day conference will focus on the theme "Beyond Borders: New Pathways and Opportunities in International CME" and is expected to attract a record 125 attendees. "Partly because of trends in the administration of medicine around the world, which started in North America and Europe, there is a booming demand for international CME," said GAME Vice President Christopher West, who also serves as program chair of this year's symposium. "More and more licensing bodies, insuring bodies, hospitals and medical regulatory bodies of all kinds are requiring that to be a continuing member—and to keep those vital letters after your name—a physician must stay current and up-to-date. And this is where

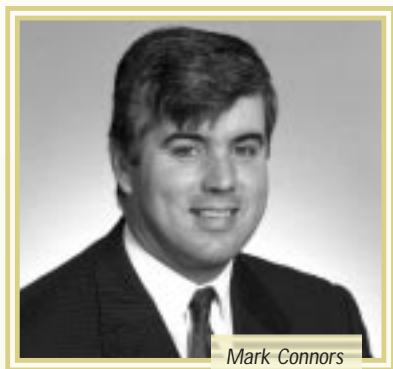
he international CME business arises. It's an increasing trend toward mandatory post-graduate medical education."

The meeting's keynote address on "Global CME—A World of Opportunity," will be given by Martin Cernal, President and CEO of Physicians World/Thomson Healthcare. In addition, a range of insightful and interactive sessions will be presented during the gathering such as:

- Beyond Borders: East Meets West...North Meets South
- Case Studies in CME Importing and Exporting: A Primer on Successful Border Crossings
- Beyond Outcomes: Does Return on CME Investment Depend on Your Point of View?
- Beyond Distance: How Technology Is Both Shrinking and Expanding the CME World

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GAME President's Corner



Mark Connors

At the GAME Board Meetings this past year, we have focused on specific strategic goals that will help GAME to achieve its mission to serve as a forum for the exchange of ideas among non-profit and for-profit organizations involved internationally in the development and marketing of CME and health education programs.

One of the high-priority goals that we set as a Board is to increase membership in the organization, and especially to attract international members. In this regard, we have recruited Celene Chasen to serve as the new Chairperson of our Membership Committee. As her first order of business, Celene has worked on her own and with the able assistance of Lew Miller, to acquire international membership mailing lists.

Monitoring their efforts, I have been amazed by the number of countries they have found that have an organized approach to CME. We've obtained mailing lists from Kuwait, Pakistan, Thailand, and Australia to supplement those that we have from European countries. We hope to reach individuals and organizations in these countries and others and convince them to become members to help us to provide a better

insight into CME and health education programs in each region and country of the world.

As an example of the global push toward education, please take a look at the following representative website from Hong Kong, www.hkam.org.hk, and note their detailed year-round CME schedule. The fact that we have been able to utilize the power of the Internet to locate and reach potential GAME members has also given me a renewed sense of the importance that the Internet will have on global CME-related collaborative efforts.

In my own business, working with medical societies to provide abstract management services to assist them in organizing the scientific research presented at their annual meetings, I see a trend toward a fuller integration of U.S.-based specialty organizations and their International sister societies in a number of ways. For example, in many of our client organizations, a liaison from each sister society from each part of the world sits in on the meeting program committee meeting to make sure that there is an international perspective from the first development stage of an annual meeting. These relationships normally result in our U.S.-based client organizations jointly sponsoring plenary and other types of sessions with their foreign counterparts.

Even more telling is an increasing number of joint meetings that we developed based on membership feedback on the need for international collaborative scientific efforts. For example, an Asian-Pacific or European meeting is now being combined with a U.S.-based meeting. Finally, the percentage of international authors who submit

scientific research (in the form of medical abstracts) at these annual meeting research forums now exceeds 60% of all abstracts submitted from across our client base. Furthermore, our clients report a slow but steady increase in the percentage of international attendees to the meetings themselves.

These trends in medical research mimic the trends we have seen in CME, where there has been an increasing globalization of CME standards and reciprocity in granting CME among international organizations (for example, the announcement at last year's GAME Annual Meeting that the programs accredited under the rules established by the European Accreditation Council for CME would be eligible for Category 1 credit in the U.S., and, subject to national authorities in Europe, the reverse could be true).

On a different note, I'm proud to report on the growth of the organization and the efforts of our dedicated Board of Directors.

- **Website:** Last year, GAME launched its current website at <http://www.game-cme.org>. I'm pleased to report that under Lew Miller's leadership, IC Axon, a leading provider of technology-based customer learning management solutions to the health-care industry, has agreed to assist us to redesign and re-deploy a fuller and more functional website under the same URL. Our objectives include the creation of a *members only* area, the creation of a news section, a discussion group section, and a section that will contain links to other CME sites. Finally, we expect to enhance the site in a way that will enable those responsible for a section to interact with the site in order to efficiently update the content.

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Trend Lines

Focus on Global Postgraduate Education:

Do American CME Trends Parallel Those in Other Countries?

In the January/February 2001 issue of *Medical Meetings* magazine, the Eighth Annual Physician Preferences Survey revealed an array of emerging CME trends currently taking place throughout the United States. *GAME News* recently discussed these developments with several CME experts from around the globe to glean their opinions regarding the similarities and/or differences regarding the medical education environment in their regions.

GAME Board Secretary Dr. Gonzalo Lopez and GAME Board Director Dr. Howard Young graciously took time out of their busy schedules to provide Senior Writer Scott Colton with an enlightening overview of the CME climate in their countries. Following are their insights regarding the American survey results and how they pertain to global CME programs:

1) According to results tabulated in 1994, every respondent to the Physician Preferences Survey planned to attend at least one out-of-town CME meeting. In 2001, 34% say they didn't attend any meetings requiring travel last year. Is local CME becoming more prevalent, and if so, why?

"Local CME is no more prevalent than external CME in the United Kingdom, where the Royal Colleges and Faculties require that at least 50% of CME is external in nature," said Dr. Young. "This has resulted in individuals targeting their CME, particularly that which is external. In the rest of Europe, CME is very much in its infancy. The main CME provider, which may be an official body, often is also the accrediting organization. This has implications in the validity of the CME and whether

alternates can provide CME that is accredited."

Similarly, Dr. Lopez stated that, unlike the decrease in external CME in the U.S., "Latin American physicians love to go out-of-town for CME meetings. It has become part of their travel arrangements every year. I do not have statistics available regarding percentage of attendance either out of town or local because my company mainly provides enduring materials."

2) In the U.S., physicians are earning fewer American Medical Association Category 1 CME credits per year than they used to. Why do you think this is happening?

As is the case with many professionals in today's frenetic world, Dr. Young expressed the opinion

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- **Newsletter:** Rich Tischler and his committee not only upheld last year's excellent standard, but furthered that outstanding standard with the delivery of this issue and the preceding issue. The newsletter is one of the member-benefits to joining GAME.
- **Non-Profit Status:** GAME Treasurer Fred Wilson was able to complete the paperwork to become a 501(c)(3) nonprofit organization. Fred also was responsible for setting up our first Visa/MasterCard account.
- **Membership:** Under Celene Chasen's leadership, there has been a great deal of progress made in developing a new membership

brochure to help increase GAME membership. At last year's annual meeting, we had over 100 attendees, and many of the attendees became members.

- **Program:** Chris West has been diligently working on this year's annual meeting program since early last summer and has put together an outstanding faculty list, which is featured elsewhere in this newsletter. We anticipate even greater interest and higher levels of attendance at this year's annual meeting.
- **Organizational Planning:** Mark Evans has been working hard to finalize the logistics for this year's annual meeting, as well as planning

for next year's meeting in Montréal. Finally, Mark is working to identify and recommend solutions to selecting a more permanent office location for GAME headquarters.

Please forward any comments that you have about GAME or suggestions for improvement. If I can't act on your recommendations myself, I can assure you they will get the proper visibility at the next Board Meeting.

Sincerely,



Mark Connors ■

that increasing time constraints are forcing physicians to cut back on their CME participation. “The main problem for all physicians is time,” he stressed. “To attend and participate in a CME activity, especially when an activity is off-site, has major impacts on overall service delivery. It invariably means that individuals are very selective in what they attend.”

Dr. Lopez explained that because AMA Category 1 credits are not offered in Latin American territories, with the exception of Mexico, he would be hard-pressed to offer an educated opinion on the topic. However, he did note that “So far, any medical society is giving credits. In addition, we are working in the Latin American region to explain how the AMA’s credit accreditation process is working in the U.S.”

3) *Physicians are not having as much of their meeting participation expenses covered as in previous years, which may explain the drop in overall participation. Do you agree or disagree with this statement?*

“In the U.K., the study leave budget for career grade staff (i.e. consultants) is limited and can vary from UK£100 to UK£1000 depending which hospital you work in,” said Dr. Young. “As a consultant I am entitled to 10 days study leave per annum or 30 days every three years. There is no guarantee that if approved one will get reimbursement of expenses, and many physicians pay out of their own taxed income for their CME.”

Dr. Young also touched on a salient issue regarding why more U.K. physicians choose not to attend CME activities in the U.S. “U.S. meeting organizers often do not realize that U.K. participants cannot obtain tax relief on their meeting fees or travel,” he explained. “So,

attending an American meeting is more costly—even if transatlantic air fares may be cheap—than it is for U.S. citizens. This is a fact that very few seem to understand and may be one reason why overseas attendance is limited. Also, most NHS hospitals will not reimburse airfares out of the U.K. and will only pay travel to the point of departure. Some European countries may allow tax relief, so there are differences.”

Dr. Lopez’s response to the same query was concise. “This issue is not applicable because all physicians in our region have a [pharma industry] sponsor,” he stated. “There is no other way to attend CME meetings—whether domestically or internationally based.”

4) *The physician population is growing younger, and as a result, CME attendance is dwindling because youthful physicians are less compelled to stay up-to-date on their specialties because their medical school days are not that far behind them. Do you agree or disagree?*

“We are now in a climate of critical assessment of physicians,” said Dr. Young. “In the U.K., appraisal of consultants as a mandatory yearly activity took effect in April 2001, and we will also have personal portfolios in which we will have to demonstrate that we are undertaking continuing professional development (CPD) on a regular basis throughout the year. Being a young physician will not be an excuse for not undertaking CPD. I should point out that CME will be considered to be part of CPD, but the emphasis will be on CPD overall.”

Dr. Lopez agreed with the assertion that young physicians are less compelled to stay up-to-date on their specialties because their medical school days are not that far behind them. However, he added

that “In the Latin American region, the pharmaceutical companies are behind young physicians—mostly those who have a specialty—to provide CME enduring materials.”

5) *Online CME is not the all-pervasive source of credits the industry thought it would be, but it is carving out a defined niche. Do you agree or disagree?*

Dr. Young was adamant in his belief that online CME will not be a frequently used tool in the U.K. for a variety of reasons. “Online CME has as yet to take off because no one knows how to accredit enduring material and also how to assess how individuals learn using online material,” he explained. “Part of this is due to concern over validity of information. Also, U.K. doctors would not pay for online CME, with the reasons being limited budgets and the lack of tax relief.”

According to Dr. Lopez, “The only statistics we currently have concerning CME and the Internet come from the U.S. On average, only 1% of physicians are using the Internet in the U.S. for CME programs. Therefore, in our region in which the majority of physicians are not technically oriented, statistics must be lower. We have been working since last year with pharmaceutical companies on this matter, but so far we do not have any firm outcomes. I only have knowledge of one pharmaceutical company offering CME online to cardiologists. The outcomes have apparently been acceptable, but no additional data is available.”

6) *According to a recent survey, Friday is the preferred day to start a three-day conference, followed by Thursday. Similarly, March and October are the two most popular months for conferences and meetings. What are the preferences in your region of the globe?*

Dr. Lopez agreed that these preferences also were applicable in the Latin American CME climate, although he pointed out that it varied according to the medical specialty. However, Dr. Young explained that the same could not be said for the CME environment in the U.K. and throughout Europe.

“Most meetings are held Wednesday through Friday, or else Monday through Wednesday,” remarked Dr. Young. “Inursion into the weekend is avoided at national meetings, be they in the U.K. or Europe. European-wide meetings may include a Saturday or start on a Sunday to enable individuals to take advantage of APEX (a class of discounted) fares with a Saturday night stay requirement. The cost of flying around Europe is expensive unless

APEX or budget airlines are used. In regard to the most popular months, there is invariably a surfeit of CME activity in the spring (March-June) or autumn (September-November). July is holiday month for Northern Europe, while August is traditionally known as holiday month for Southern Europe. Some meetings may be tied in with the skiing season, especially those for orthopaedics.”

Dr. Young concluded by stressing that “We are in a very dynamic environment. CME or CPD is becoming more formalized and demonstration of regular involvement is going to become the norm. However, the stages of implementation are variable between EU member states, with the U.K. certainly more advanced than the rest. In the U.K., with annual

appraisal and five yearly revalidation—plus maintenance of personal portfolios now starting—the need for quality CME as part of CPD is enormous. It will still consist of internal and external components, although the major threats to this are time and cost.”

“One final hobby horse of mine as an educationalist refers to the U.S. CME model of points,” he added. “Cognate points do not imply cognition. Given that we have to be able to demonstrate our skills and competencies, more thought will be needed on how we accredit, monitor and evaluate activities. This is one reason why CPD, rather than CME, is what physicians portfolios will concentrate on for the appraisal process.” ■

Pharma Industry Support of U.S. Meetings and Events

In a recent Scott-Levin Physician Meeting and Event Audit, which examined the increasingly symbiotic role of pharmaceutical companies in relation to financially supporting American-based physician meetings and events, the statistics are indeed startling. In a six-year stretch spanning from 1993 through 1999, the number of pharmaceutical company-sponsored physician meetings and events skyrocketed from 70,000 to 280,000.

According to the audit, meetings and events continue to be an effective way to get a doctor's attention as the physicians surveyed said they attended almost half (47%) of the events they were invited to in 1999. The doctors polled also stated they were more likely to accept invitations to events associated with a pharmaceutical company. While physicians replied affirmatively to just 40% of invitations not associated with a manufacturer, they accepted 49% of the solicitations associated with a drug firm.

Additionally, because the competition to attract physicians to meetings has become

so prevalent, pharmaceutical companies are becoming increasingly creative by coordinating celebrity autograph signings, wine tastings, mystery dinner theaters and other such outings. To garner additional insight, *GAME News* asked Dr. Gonzalo Lopez and Dr. Howard Young to comment on these trends and discuss whether the explosion of drug company involvement in American programs was comparable to that seen in their CME markets.

“The pharmaceutical industry has not been that involved in CME in Europe and the United Kingdom,” stated Dr. Young. “They may sponsor satellite meetings at major conferences or fly some delegates in from some countries, but rarely do they organize it directly. The only exception is if they are doing some form of product launch; if so, such events will not get CME approval in the U.K. because all reference to drugs must be generic—not product-specific. In many instances, physicians may not wish to be associated with direct involvement with a pharmaceutical event, often for the

reasons stated above regarding probity and transparency.”

Dr. Young also was quick to dispel the notion that promotional activities such as wine tastings and mystery dinner theaters are part of the European CME agenda. “Extrinsic events do not occur,” he asserted. “In the United Kingdom, the Association of British Pharmaceutical Industries (ABPI) has strict guidelines on sponsorship and what is acceptable. Trips on the Orient Express were known to occur 15 or 20 years ago. Nowadays, most physicians would keep well away from such questionable offers from an ethical and fraud position.”

“In Europe, other governments have also tightened down on such activities,” he added. “For example, in Italy a drug company has to give several months prior notice to the appropriate authorities if you are providing a free lunch to support a lunchtime meeting. With ever increasing transparency required, physicians who avail themselves of such lures—excluding the

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UEMS/EACCME Meeting Held

BRUSSELS—The European Union of Medical Specialists' European Accreditation Council for Continuing Medical Education met late last year in Brussels to discuss the EACCME's progress in serving as a clearinghouse for CME credit in Europe.

The EACCME Executive Committee and national delegates and the UEMS Advisory Committee met in Brussels on November 18, 2000, and reported significant progress in developing the EACCME's credit system. Dr. C.C. Leibrandt, Secretary-General of the UEMS, noted that "despite teething difficulties, the system is operational and European accreditations are being awarded."

Attendees at the meeting discussed a variety of challenges facing the EACCME and its new system, including:

- Unifying the specialties in each country to prevent an inter-country disconnect.
- Securing national approval for programs, due to a lack of clearly defined authority in some countries.
- Receiving accreditation requests from providers that contain insufficient information to pass along to the appropriate national CME authority for program quality assessment and approval.
- Receiving accreditation requests from providers too close to the date of the program, which does not allow sufficient time for the EACCME process.
- Planning a course of action regarding distance-learning and Internet-based CME activities. Currently the EACCME only considers live activities suitable for accreditation.
- Initiating cooperation with European general practitioners. To that end, the UEMS has been in contact with the UEMO president, who is in favor of such cooperation.
- Publicizing the EACCME's existence to help increase the number of accreditation applications.

The EACCME also reported at the meeting that mandatory CME systems are present in the Czech Republic, Switzerland, France,

Italy and Croatia; that a system of incentives is present in Belgium; that an already existing mandatory recertification system will be linked to CME shortly in The Netherlands; and that a mandatory CME/CPD system is being developed in the United Kingdom.

A full report of the meeting can be accessed at the EUMS web site (www.uems.be).

U.S. Courts Rule in Favor of FDA

WASHINGTON, D.C.—Two court decisions have left in limbo a six-year legal battle over U.S. Food and Drug Administration regulations regarding industry dissemination of article and textbook reprints that discuss off-label uses of drugs or medical devices or unapproved drugs or medical devices.

A February 2000 ruling by the U.S. Circuit Court (D.C.) and a subsequent denial of a Washington Legal Foundation (WLF) motion by U.S. District Court (D.C.) Judge Royce Lamberth in November 2000 appear to have left intact the FDA's ability to enforce its guidelines—at least for now.

According to a representative from the WLF, "It is not at all clear what the FDA is and is not prohibited from doing right now." The WLF representative stated that the WLF does not anticipate filing a new suit against the FDA "unless and until [the] FDA actually tries to bring an enforcement action against a manufacturer that disseminates information protected by Judge Lamberth's [original 1998] decision."

The courts' recent decisions allow the FDA to try to enforce its regulations on reprints contained in Section 401 (21 CFR Part 99) of the FDA Modernization Act of 1997 (FDAMA), as well as its final guidance on industry-supported scientific and educational activities (CME) that was published in the Federal Register on December 3, 1997. The Dec. 3, 1997 FDA guidance detailed the 12 factors that the FDA will use in determining whether a drug/medical device manufacturer, through its support of scientific and educational activities, evidenced a "new use" of its drugs or devices.

The WLF had taken legal action against the FDA to prevent it from enforcing its original guidance on industry distribution of reprints discussing off-label and unapproved drugs and devices. That guidance document was later superseded by similar regulations in FDAMA. Judge Lamberth had provided injunctive relief in two previous court decisions in 1998 and 1999 that prevented the FDA from disciplining pharmaceutical and medical device manufacturers who did not follow the FDAMA regulations related to industry distribution of article or textbook reprints discussing off-label drug usages or unapproved drugs to health care professionals.

GAME members whose organizations conduct CME activities in the U.S. are strongly urged to review the FDA regulations.

Upcoming CE Meetings

GAME: 6th Annual Meeting
June 24-26, 2001
New York, New York
www.game-cme.org

UEMS/EACCME: Annual Meeting
November 24, 2001
Brussels, Belgium
www.uems.be

ACCME: Accreditation
Workshops
July 28-29, 2001
December 7-8, 2001
Chicago, Illinois
www.accme.org

ACPE: 9th Invitational
Conference on CPE
November 1-4, 2001
Scottsdale, Arizona
www.acpe-accredit.org

**ALLIANCE
FOR CME:** 27th Annual Conference
January 30 –
February 2, 2002
Coronado Springs
Resort, Florida
www.aone-assn.org ■

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“What I’m so pleased about with our program this year is that we’re attracting speakers and panelists not just primarily from North America but from all over the world,” stated West. “We have representation for the first time from Australia in Neil Paget, who is the Director of Education at the Royal Australasian College of Physicians in Sydney.”

As West alluded, this year’s GAME meeting will feature a range of accomplished speakers who represent all aspects and global areas of the CME realm. The list of distinguished presenters includes:

- Dr. Gonzalo Lopez, Manager, Educacion Medica Continua Ltda, Colombia
- Dr. Cees Leibbrandt, Secretary-General, European Union of Medical Specialists, Belgium
- Pedro Vera Cervera, President, Intersistemas, Mexico
- José Salomão, CME Marketing Manager, Editora de Publicacoes, Brazil
- Jim Hughes, Vice President, Medical DecisionPoint, Dowden Health Media, United States
- Dr. Howard Young, Deputy Director of Postgraduate Studies, University of Wales, College of Medicine, United Kingdom
- Alexander Szucs, Manager, Corporate Planning, Knoll Pharma, Ontario, Canada
- Linda Snell, McGill University School of Medicine, Montréal, Canada

“I’d like the attendees to feel they’ve accomplished at least two things when they leave the conference,” stressed West. “I would like to think they gained some practical insights for new knowledge into how they can advance the interests of their organization. And the program this year is particularly skewed toward practical issues, such as reciprocity of credits between Europe and North America and a section on case studies in successful importing and exporting. The second take-away for conference attendees is that they are going to meet people they can do business with—people who can lead them to new ideas and new opportunities in any CME organization or business.”

“There are two big trend lines that GAME is serving and tapping into,” added West. “One is the global trend from voluntary to mandatory postgraduate medical education, which is fueling a rising tide of CME business. The second factor is technology. There are physicians who are logging thousands and thousands of hits on medical education web sites. But there is only one organization in the world that provides a forum for CME players, whether they come from the academic side of the fence, the business side of the fence or the regulatory side of the fence. There’s only one forum that serves the interests of people who are looking at CME as a business that is beyond borders. And that’s the annual conference of the Global Alliance for Medical Education.” ■

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occasional lunch, however—are placing themselves in potentially compromising situations.”

In Latin America, however, pharmaceutical company support has been embraced much more readily than it has in regions such as the United Kingdom and Europe.

THE TOP 10 PHARMACEUTICAL COMPANIES IN REGARD TO EVENT SPENDING IN THE FIRST HALF OF 2000 AND THE PERCENT CHANGES NOTED FROM 1999 AS CITED IN THE SCOTT-LEVIN AUDIT

<i>COMPANY</i>	<i>\$\$\$\$</i>	<i>% CHG from 1999*</i>
Pfizer	135,205,000	3.8
Merck	89,412,000	29.5
Bristol-Myers Squibb	58,361,000	39.9
Glaxo Wellcome	50,745,000	60.4
AstraZeneca	45,922,000	18.6
Eli Lilly	45,553,000	18.8
Pharmacia	41,424,000	8.6
Johnson & Johnson	38,509,000	8.6
Smithkline Beecham	36,475,000	47.6
Aventis	32,916,000	- 23.2
All others	246,579,000	19.9

*First half of 2000

SOURCE: SCOTT-LEVIN, 2000

“It provides good will to the company involved and changes physicians’ opinions regarding sales representatives,” explained Dr. Lopez. “For live CME events, pharmaceutical companies spend their budgets mainly in launching new products. However, physicians do not like to attend a local CME event sponsored by only one company because they believe that these meetings are product-oriented. It is a different story when they have to travel internationally because they are usually attending American or European society meetings.” ■

**Save this
Date!**

June 24-26, 2001

**Sixth Annual
GAME Conference
New York City**

**GAME BOARD OFFICERS AND DIRECTORS
AND COMMITTEE CHAIRS 2000-2001**

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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. ■

GAME NEWS

THE OFFICIAL NEWS ORGAN OF THE
GLOBAL ALLIANCE FOR MEDICAL EDUCATION

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