



3rd Annual Meeting

of the European CME Forum

NH Berlin-Friedrichstrasse Hotel,
Berlin, Germany

16–17 November 2010

Sponsored by:



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The European CME Forum provides a platform from which healthcare professionals across Europe can address the status of Continuing Medical Education (CME) and Continuing Professional Development (CPD) and the important roles of all the stakeholders involved.

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Welcome to the Meeting



Welcome to Berlin and the third annual meeting of the European CME Forum. This year we have come close to the centre of Europe to create an environment where free-flowing dialogue can continue between the various stakeholder groups in European CME.

We listened to the feedback from last year's meeting and, with ongoing dialogue with speakers and members of our target audience, we have structured a programme that approaches the issues that affect European CME specifically, sometimes taking a topic and expanding it further.

For the decade that European CME has been running in its current form there has been much discussion about minimum requirements, but it is only recently that we are starting to see the emergence of standards to meet these requirements. It is not just being driven by the CME accreditation bodies but also the providers creating the educational content and the supporting pharma companies too.

We will hear about some key developments in systems; there are some significant updates to the accreditation of programmes both nationally and on a European level. But these changes are also driving another change in our environment and that is a need to develop new relationships. We are seeing more parties now taking an interest in CME and some new dialogues are now taking place whether it is with payers, patients or just developing a closer dialogue with the learners.

And we will start the meeting with one theme that caused a large amount of interest when we touched on it last year: the voice of the patient.

As with previous years we will be maintaining a free-flowing format for the meeting, with less time on formal presentations and more time for panel and free discussion, workshops and Q&A. The keypad technology will allow us great flexibility in extending the discussion to the floor; everyone will be able to participate easily, at the discretion of the Session Chair naturally. This sums up the aims for the format of this meeting: it is not to just for us to watch and listen, but to understand the discussions, to participate in the dialogue, and to make sure we do not leave with any unanswered questions still ringing in our heads. We may also have some input from the outside world, from the people who will be following proceedings on Twitter (the hashtag is #3ECF).

My thanks go to everyone who has helped make this meeting possible, the speakers as well as many participants and observers of European CME who have helped to shape this programme. We are keen for this communication to continue, please let us know what you think of this meeting and how it can be improved for next time and if there is anything else you think would help the European CME environment.

Finally, as ever, my thanks to Peter Llewellyn for steering our group through the various hurdles to ensure this meeting and all the associated activities, come to fruition.

I wish you an interesting and inspiring few days!



Eugene Pozniak
Programme Director

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Programme

Day 1 – Tuesday 16 November

8.00 Registration opens.
Tea/coffee and pastries available

9.00–10.00 **Introductory session:** Assessing our own educational needs

Tea/coffee break

10.30–12.00 **Session 1:** Putting the patient first

Conference lunch

13.30–15.00 **Session 2:** Setting standards in CME

Tea/coffee break

15.30–17.00 **Session 3:** Implementing standards in CME

18.00–19.30 Networking drinks reception

Day 2 – Wednesday 17 November

8.30–10.00 **Session 4:** Question time

Tea/coffee break

10.30–12.00 **Session 5:** New developments and relationships in CME

Conference lunch

13.30–15.00 **Session 6:** Learning about learning

Tea/coffee break

15.15–16.00 **Session 7:** The CME unsession

Introductory session:

Welcome address

Eugene Pozniak
Programme Director

Assessing our own educational needs

Lawrence Sherman
SVP Educational Strategy, Prova Education

Session 1:

Putting the patient first

This session is dedicated to the voice and the role of the patient in the education of the healthcare professionals, elucidating the voices that are important and focussing on the interactions that can help forge a positive relationship in this area.

Chair: **Ian Starke** (*Director of CPD, Royal Colleges of Physicians*)

Speakers: **Alex Wyke** (*CEO, PatientView*),
Jan Geißler (*Co-Founder, CML Advocates Network*)

The mobilisation of patients in Europe

Alex Wyke
CEO, PatientView

Alex Wyke will talk about the Europe-wide patient movement, its growth, size and shape. How some organisations are being signed up as members of the healthcare establishment, and why others remain on the fringe. She will also discuss the widening sphere of influence of these groups, and, in particular, the role they play in Brussels. She will look at how the thoughts and actions of patient organisations throughout Europe can end up influencing local general physicians (the medical profession see the patient movement as an increasingly important ally in its own lobbying activities). Patient groups hold the key to how patients think, and know what sort of communication patients would like with their doctor. Alex will unveil some preliminary results of her October-November 2010 survey on doctor-patient relations. 1,500 patient groups from across the world are offering the survey key strategic suggestions as to how doctor-patient communications can be improved.

Patient information – and how patient advocacy strengthens education and best practice

Jan Geißler
Co-Founder, CML Advocates Network

- Traditionally, patient groups have been playing a key role in **providing information to patients** about diseases, therapy options and clinical trials to those affected with life-threatening diseases like cancer
- Through in Internet age, **patient advocacy groups have strongly evolved** from being mainly volunteer-driven, regionally focused support organisations towards well-connected advocacy organisations. Many of them are key information hubs, shareholders in health policy, and research allies in clinical research today.
- Over the past years, many of the groups have also built **global networks of patient advocacy organisations**, being fully up to date regarding news in science, clinical research and best standards of care.
- At the same time, **involvement of patient groups is more and more required**, e.g. in calls for public research funding. HTA assessments require measurement of Quality of Life, where input by patient groups can be very helpful. Furthermore, information provided by medical associations and patient groups on the Internet can influence patient-doctor communication.
- Patient group activities have strong implications not only on research, but also on **educational activities for doctors and also nurses**.
- **Some practical examples where advocacy influences professional education:** Review of “informed consent” documents and best practice how to communicate research – feedback of doctors and nurses following online patient communities e.g. like **leukaemie-online.de** to be up to date on newest developments in leukemias – communicating research results in different languages and a more digestible format (also to nurses and doctors) – patient advocacy sessions in scientific congresses like EHA 2010, ECCO 2009, ESMO 2010 – patient presentations at satellite symposia e.g. at EHA 2010 about situation of newly diagnosed patients.
- **Summary:** Involvement of patients in doctor and nurse education provides complementary insights, e.g. on patient centricity, on identifying unmet needs, on recording and improving quality of life, on how to make doctor-patient communication more effective, how to improve informed consent and trial recruitment.

Session 2:

Setting standards in CME

As European CME evolves and becomes increasingly important to European doctors – becoming mandatory in more countries and more closely monitored in others – each stakeholder group in Europe is looking closer at the rules of engagement. Edwin Borman will lead this session with an overview of the pressing issues being considered by the CME accreditation bodies. The Good CME Practice Group – a group of leading European CME Providers – will present details of what they consider to be the quality standards that providers in Europe should follow. Also the viewpoint from the pharmaceutical industry and the challenges they face when supporting CME in Europe. Should pharma be adopting US rules globally? Or will local country implementation suffice when it comes to being seen as responsible partners in European CME in a transparent and credible way that satisfies all the required standards, from the healthcare professionals' perspective, regulatory and legal requirements including the Foreign Corrupt Practices Act (PCPA).

Chair: **Edwin Borman** (*Chair, UEMS-EACCME CME Taskforce*)

Speakers: **Maureen Doyle-Scharff** (*Senior Director, External Medical Communications, Pfizer*), **Thomas Kleinoeder** (*Chief Medical Officer, KWHC*)

The value of an industry alliance

Maureen Doyle-Scharff

Senior Director, External Medical Communications, Pfizer

There has been significant change over the past 20 years in the world of CME, and in particular with respect to commercial support of CME. Fortunately, a small group of industry executives had the foresight in the early days of change to form an organization, the Pharmaceutical Alliance for CME (PACME), to serve as a convener, facilitator and voice for industry professionals who work to support CME. Today, PACME has grown to include over 100 members, representing most pharmaceutical companies in the United States. As a member section of the Alliance for CME, PACME works collaboratively with other stakeholder groups to help set standards for CME. The force behind PACME has made significant contributions to the improvement of CME in the US, and serves as an example of the power and value behind a compliant, intentional, coordinated effort of like stakeholders in shaping the future of quality CME, supported, designed and implemented to meet the true needs of learners, leading to improved patient care and outcomes.

European CME: European continuous medical evolution?

Thomas Kleinoeder

Chief Medical Officer, KWHC

The European CME Scene is working on further development of standards in order to guarantee high quality medical education. Different Stakeholders are observing the discussion with a close look of their positions and future implications. Last year leading agencies involved in European CME programme development established the Good CME Practice Group (www.gCMEp.eu). The aim of the Good CME Practice Group is to develop appropriate operating standards for CME development. Over a dozen education agencies are now collaborating to ensure high quality medical education and to build a bridge to the fundamental guidance that is given by the national and European CME-bodies. The group is in close discussion with other stakeholders like CME bodies and sponsors like the pharmaceutical industry. Until now a basic set with core principles is agreed: "Appropriate Education", "Fair balance", "Transparency" and "Effectiveness". The gCMEp principles take into account that agencies in the CME field must work in a highly transparent setting that focuses on learner's needs and expert knowledge with a clear policy for dealing with conflict of interest.

Session 3:

Implementing standards in CME

This session will look at practical examples evaluating current experiences, as well as novel techniques that are being employed in Europe which are pushing the CME agenda forward. Delegates will also get a thorough overview of the principles of Performance Improvement in CME

Chair: **Roland Kaiser** (*Medical Director, Hesse Chamber of Physicians*)

Speakers: **Helmut Madersbacher** (*Chairman, EU-ACME Committee*), **Gerhard Qitterer** (*District President Lower Bavaria, Bavarian GP Association*), **Peter Posel** (*CEO, QUAIMÉ*), **Suzanne Murray** (*President and Founder, AXDEV Global International*)

From attendance control to knowledge assessment

Helmut Madersbacher
Chairman EU-ACME Committee

Beata Adamczyk
Manager EU-ACME

Five years after its foundation, the European Urology-Accredited Continuing Medical Education (EU-ACME) programme has attracted the participation of more than 18,000 urologists from 21 (inter)national urological associations. About 40% actively collect CME/CPD credits, reflecting the importance of the EU-ACME programmes amongst urology professionals.

Although the attendance control using scanners and membership card is a process that is already well instituted and accepted by many, we also believe that the time a person has spent in the lecture room says little about the knowledge he or she has actually gained.

The EU-ACME and the European Board of Urology (EBU) were discussing the issue on how to refine the methods of evaluating the knowledge gained by participants during, for example, European School of Urology (ESU) courses.

As a result the EU-ACME – together with the EBU and the ESU – has started a pilot project at the European Association of Urology (EAU) congress in Barcelona this year.

For the first time in two ESU courses the gained knowledge was assessed by pre and post knowledge assessment by using the MCQs. The participants were asked to answer the MCQs before the course starts and again the same MCQs after the course.

Course 4 – Retropubic radical prostatectomy – tips, tricks and pitfalls

– Chair: H. Van Poppel, Leuven (BE)

Course 9 – Advanced management of urethral stricture disease

– Chair: C.R. Chapple, Sheffield (GB)

Educational Course of the Austrian School of Urology – Austrian Urological Society – Bad Aussee, June 2010

Moreover 3 months after the course participants were contacted to ask them about an ongoing benefit of these courses (method/pilot).

The tests give useful and interesting information about the participants (gain of knowledge), as well as about lecturers (estimation of knowledge of the participants), structure of questions, and will be presented.

Future aspects

- To improve pre and post course evaluations
- Implementation for more (for all?) ESU courses

- Implementation at national meetings for some parts of the scientific programme with logistic support of the EU-ACME office.

Addressing the needs of general practitioners: will trust and acceptance of learning services follow? A practical example

Gerald Quitterer
District President Lower Bavaria, Bavarian GP Association

Peter Posel
CEO, QUAIMÉ

Ernst Engelmayr
Member of the Board, Bavarian GPs' Association, Germany

Based on a needs assessment (NA) within the community of Bavarian family physician on the topic of depression and diabetes, we selected areas that lead us to obstacles, challenges and highlights in the daily practice. Especially we targeted in the first step 3 barriers: lesser knowledge about the drug mode of action in modern therapeutic concepts; lack of knowledge of drug interactions especially in the care of the elder patient with chronic diseases and more than 3 drugs a day; also we identified barriers in the communication between specialists and family physicians. More than 1000 replies of physicians could be evaluated.

Based on our findings in the NA we agreed with the involved groups to build learners value by delivering a medical education and performance management process, service and solution in an innovative and cost effective way whilst actively engaging the learner to improve.

We design a pilot for 240 family physicians and the referring specialists together. This modularised program is based on a triangular method of combining knowledge transfer with clinical trainings and personal exchange. We shape platforms and form communities with 20 participants each based on continuing evaluation, feedback and analytics. This program will be currently started and the first feedback of the community is positive, especially the specialists – family physicians – communication initiatives. So we are convinced that the results of the needs assessment have permitted us to design of CME/CPD-services, supposed to encourage the GPs to effectively take care of the patients and to successfully implement optimized therapeutic plans in close cooperation with their patients and the specialists.

Workshop: Measuring outcomes and performance improvement in CME

Suzanne Murray

President and Founder, AXDEV Global International

The international CME environment is evolving and transforming. Learn how global stakeholders are changing and adapting to this transformation. From CME that has focused on increasing knowledge to moving toward education interventions that are improving competencies and impacting professional and system improvements in healthcare. This highly interactive session will support attendees in participating and learning of the global changes in education design, strategic positioning, assessment and evaluations and impact on the return of Education.

Session 4:

Question time

Robin Stevenson leads a panel of experts to address recent "hot topics" in European CME answering delegates' questions and delving deeply into the issues that drive the CME environment in Europe.

Chair: **Robin Stevenson** (*Immediate Past-President, European Board for Accreditation in Pneumology*)

Panellists: **Jan de Monchy** (*Chairman, UEMS Section and Board Allergology and Clinical Immunology*), **Carry Pesch** (*Senior Operations Director, PRIME Oncology*), **Jonas Nordquist** (*Director, Medical Case Centre, Karolinska Institute*), **Maureen Doyle-Scharff** (*Senior Director, External Medical Communications, Pfizer*)

Session 5:

New developments and relationships in CME

This session will look at some developments in CME accreditation and how recent changes are moulding new relationships in European CME.

Chair: **Alfonso Negri** (*Technical-Scientific Secretary, Italian Federation of Scientific Medical Societies and Chair, Rome CME-CPD Group*)

Speakers: **Arcadi Gual** (*Coordinator, Professional Area of the Spanish Medical Council – CGCOM. General Secretary of Spanish Accreditation Council for CME – SACCME*), **Bernard Maillet** (*Secretary General, UEMS-EACCME*), **Philipp Leuschner** (*Medical Scientific Liaison Manager, EIMSED*), **Thomas Kellner** (*Global Leader Medical Education, MSD*)

How recent CME developments are changing the way people approach CME in Italy

Alfonso Negri

Technical-Scientific Secretary, Italian Federation of Scientific Medical Societies and Chair, Rome CME-CPD Group

CME in ITALY

Who are the decision-makers?
Who are the providers?
What are the educational objectives?
What are the incentives?
Does recertification exist?

Who are the providers?

- TODAY – 2002/2010**
- **12.000 Providers / Organizers**
Health Ministry Website
over 400.000 events in 8 yrs
[Single Event Accreditation](#)
- TOMORROW - 2011**
- **A few Hundreds with rigid criteria**
[Providers accreditation](#)

Continuing Medical Education: the Italian system

- **Provider Accreditation**
- **Individual educational project**
- **Registration and certification of CME credits**
- **Conflict of interest regulation**
- **Educational modes including Distance Learning, Self Learning**

Continuing Medical Education: the Italian system

- Practical Info:**
- **Oct 2010: Deadline Educational programs for 2011**
 - **Costs for Program Accreditation:**
 - **Provider:** € 2.582 /year –registration
 - **Accreditation Fees:**
 - **Residential:** € 258 -up to 10 cr> €1.500 max € 30/cr
 - **Distance Learning:** € 2.582 up to 5 credits/1.000 learners, double for more credits/participants
 - **Reports, inspections, sanctions, pharma codes, certification**

Spanish CME is growing. Are we on the correct direction?

Arcadi Gual

Coordinator, Professional Area of the Spanish Medical Council – CGCOM. General Secretary of Spanish Accreditation Council for CME – SACCME

The Spanish accreditation system for CME was approved in 1998 by Department of Health, on the bases of Catalan experience developed under the direction of Dr. Helios Pardell in 1995. At present, there are two gates to access at the accreditation process of CME: one gate is through the health administration of the 17 Autonomous Communities and the other is through the Spanish Medical Council (CGCOM).

After twelve years' experience the number of CME accredited activities is growing as fast as the accreditation's administrative structures. However, at present, it is neither clear what will be the use and what utility will the CME credits have, nor the administration or the industry interests in the development and control of the CME accreditation's process.

In the meanwhile, the territorial professional organisations, the 52 Colleges of Physicians under the umbrella of the Spanish Medical Council (CGCOM), are working on the first Spanish experience of professional self-regulation. The process approved unanimously last December by the General Assembly of Spanish Medical Council is now under the validation period.

Basically, the Periodic Revalidation Process will be for periods of 6 years and require four elements, i) certification of Good Praxis, ii) declaration and compromise of health maintenance, iii) certification of employer, and, iv) a minimum requirements of FMC/CME credits.

The collaboration of the professionals and their organisations is granted. We are looking for the collaboration of other stakeholders, mainly medical scientific and specialty societies, patients and the health administration. Moreover, the international professional institutions advice and support are needed.

New developments and relationships in CME

Bernard Maillet

Secretary General, UEMS-EACCME

According to the latest information available, the total annual CME budget is still over 2 Billion dollars in the US, industry funding represents about 60% of the expenditure for CME-CPD.

We can assume a similar proportion is spent in Europe.

Physicians seem to be reluctant to pay for their participation in CME-CPD due to the historic and heavy funding by the industry for attending educational meetings. In some European countries, some funding and general support such as study leave is provided by the employers (health services, hospitals, universities)

and, to a lesser extent, by governments or insurance companies. However, the industry remains the largest contributor and seems to contribute approximately 50-60% to CME support and (in)direct commercial funding to complement other financial resources seems unavoidable. This may argue against the axiom saying that CME is 'education for doctors, written by doctors and presented by doctors'.

Controversy around industry funding

The medical industry, physicians, institutions and regulatory bodies are seen as stakeholders of CME, which is a position that may generate conflicts of interest. A conflict of interest is defined in healthcare as 'a set of conditions in which professional judgment concerning a primary interest tends to be unduly influenced by a secondary interest (such as financial gain)'.

While there are several ways to deal with conflicts of interests (e.g. avoiding, disclosing, managing), and while a conflict of interest does not necessarily mean bias but rather a potential for/tendency towards bias, national (e.g. by Mdeon in Belgium, ACCME in the US) and even global (e.g. by EACCME, Rome Group guidelines) rules are set up to ensure the independence of CME activities. Indeed, on both sides of the Atlantic, regulations have been provided to control the process. In Europe, a Directive of the European Commission (Directive 2001/83 EC) has been issued that needs to be implemented in national legislation by all the EU Member States.

However, this has not been done by many countries and the way the evaluation is organised varies.

Despite strict rules (with respect to the CME content, financial support and disclosure of conflicts of interests) and the lack of evidence about the effects of company sponsorship on quality of CME under current guidelines, there are continuing concerns about potential commercial bias.

Increased scepticism led to Pfizer's decision in July 2008 that it will no longer back CME courses provided by for-profit, third-party companies, though it does not affect its sponsoring for courses offered by medical schools, teaching hospitals and medical societies. Those criticising the system propose to use a blind trust funded by industry's financial contribution, from which independent parties organising CME activities would be able to draw. In addition, efforts have been made to offer CME providers and policymakers tightened control on their programmes by using tools to assess (risk of) commercial bias. Probably, the whole discussion will end up in a trend towards clearer separation between funding and delivery, and strengthened standards, because an industry ban does not seem to be the best solution.

For EACCME since the introduction of e-learning material in the process, the issue of Conflict of Interest was taken very seriously and new rules issued. Those stricter rules will in the near future been "retrofitted" to the criteria regulating the live events.

Benefit from the perspective of the healthcare industry

While CME activities certainly differ from promotional/product educational activities and financial support has no direct return-on-investment, the healthcare industry gains benefit from its financial input. The support of CME by industry translates into corporate goodwill, related to being associated with high quality educational activity, increase in trust and personal contact (i.e. 'image/corporate identity branding'). Moreover, CME can create noise in an area of interest and achieve increased therapeutic awareness (i.e. 'disease/condition branding').

One of the possible problems of commercial support is that it directs or selects "topics" that will be more easily considered to be organised as it is the domain of new products or services that obviously will attract more companies to be involved and supporting the activity.

In addition, the pathways in clinical decision making can be elucidated and better understood, which gives the potential for competitive advantage. However, it has to be kept in mind that financial support cannot be evaluated by traditional metrics; even newly devised calculations of return-on-education investment from the US do not translate well to European CME. In fact, high quality activities such as accredited CME are mostly considered by companies in market leader positions, when all promotional routes are actively engaged.

Update of the criteria for commercial support

With the introduction of the e-learning material in the UEMS-EACCME package of CME accreditation, the criteria for the evaluation by the experts have been revised and put to a much higher level so that the UEMS-EACCME will be one of the most demanding systems worldwide in order to guarantee the highest quality for the CME activities provided to the health care professionals.

Global agreements of mutual recognition

The UEMS-EACCME and the AMA signed an agreement first in 2002 concerning the mutual recognition of their credits as a pilot project that was then considered as a full agreement in 2006.

In July 2010 it was decided to renew the agreement and even extending it to the e-learning materials for a period of 4 years.

Clearly, this agreement can serve as an example to have similar contracts with other areas of the world such as for instance Canada, Discussions could be engaged with Australia and New Zealand as well as the Middle East.

Needs and outcome assessments as opportunities to establish relationships between the CME provider and the health care professional

Philipp Leuschner

Medical Scientific Liaison Manager, EIMSED

Needs and outcome assessments are key elements encompassing the educational planning and the implementation of a CME activity. They should be viewed as dynamic processes feeding into each other, rather than self-contained steps that take place strictly one after the other. In addition to the educational activity itself, needs and outcome assessments furthermore provide ideal opportunities to engage with the learner facilitating the formation of mutually beneficial relationships between the provider and the learner that ultimately may lead to an enhanced learning success. Involving the faculty members in these processes may provide additional benefits improving the quality of the educational activity on the whole.

Value to public health and business value to commercial supporters: can there be an appropriate match?

Thomas Kellner

Global Leader Medical Education, MSD

This question creates a lot of controversy. Policies stating education must be without financial interest have to be strictly followed by industry whilst other providers of education use CME as a component of their fund raising tactics. Both under the flag of contributing to public health maintenance via improved patient care. Beyond all the controversy there is an increasing demand for post graduate education: flat healthcare budgets driven by an ageing population and continuing innovation require more effective resource allocation. Medical education, respectively CME, is increasingly becoming a key component to manage these challenges. Pharma and device companies still have an obligation of educating those who purchase and use their products. On top of that education is becoming an element of product labels and associated risk mitigation strategies.

The question is, if and how an appropriate match between the business interest of a commercial supporter and the value to public health maintenance can be defined. Analyzing existing care gaps in professional performance and disease management and identifying those being in synergy with business might be an appropriate option for the engagement of commercial supporters.

The focus of support needs to be on the primary goals of medical education: improving knowledge, competence and skills of healthcare professionals and respective healthcare teams. This requires an appropriate

definition and a better differentiation of education versus promotion. Defining education is currently almost not recognized by national and regional (EFPIA) policies and codes of conduct. In absence of a clear understanding of professional medical education these policies become rather barriers for evolving educational standards then giving guidance to supporters and providers. In order to reduce the risk of increased public scrutiny these gaps need to be closed as soon as possible.

For avoiding inappropriate influence several components can help ensuring fair balance by increasing quality and efficiency:

- Involvement of independent 3rd parties (CME providers)
- Educational needs assessment involving the target group
- Appropriately defined learning objectives
- The right scope of a program
- Program faculty and speaker selection by the provider
- Peer review of program content
- Outcome measurement (at least level 3 based on the model suggested by Moore et al.)

The delegation of some responsibilities to 3rd parties does not implicate Pharma shall be completely firewalled from education or will have to support any type of program without any decision rights. A component to ensure this collaboration is maintained appropriately is the recruitment of education managers. Education teams should be in charge of decisions related to medical education and manage the collaboration with providers. Moving budget ownership for medical education out of marketing departments, as often practiced in the US, will not necessarily guarantee programs will be of higher quality or less biased.

If the collaboration between supporter and provider is well maintained, kept transparent and controls to avoid abuse are in place, there is a benefit to all stakeholders: patients, medical professional associations, payers and industry.

Session 6:

Learning about learning

Going beyond systems, standards and relationships, this workshop will examine how adults learn, enlightening the educators in CME how to address expert learners in a medical setting: how to keep their attention and best ways to present new concepts.

Workshop led by: **Jonas Nordquist** (*Director, Medical Case Centre, Department of Medicine, Karolinska Institute*)

Educational Design: a workshop on how adult learning research impacts on modern educational design

By attending this workshop, you will improve your ability to design relevant, authentic and effective learning activities in the area of continuing medical education.

After this workshop the participants should be able to:

- list some basic key adult learning principles, based on educational research.
- describe how these principles translate into designing educational activities in the domain of health professional education.

A number of adult learning principles will be presented and discussed during the first part of this workshop. Based on these principles, the second part of the workshop will elaborate on the consequences and impact these principles have on the design of different kinds of learning activities. Understanding these principles and the consequences they bring is important to be able to improve already existing teaching and learning activities, as well as educational programs.

One learning activity that is aligned with adult learning principles is case-based learning. Case-based learning originates from Harvard Law School in the second half of the 20th century and is often used in business, political science and medicine. Case-based learning departs from a case; a written material that has four distinctive characteristics: 1) It is written from one person's perspective, 2) it has a narrative 3) it is open-ended Cases should be authentic, but disguised in such a way that individual persons or organizations will be protected. A brief introduction will be made to case-based learning. The workshop is highly interactive and participants are encouraged to contribute with their knowledge and experience.

Session 7:

The CME unsession

The final session of the meeting is one with no agenda and where the audience will make up the discussion panel.

Lawrence Sherman
SVP Educational Strategy, Prova Education

Speakers

Dr Edwin Borman



Edwin Borman works as a Consultant Anaesthetist and Clinical Director at University Hospitals, Coventry. He chairs the UEMS Working Group on CME/CPD (1999–present), during which it has produced policy documents on CPD (The Basel Declaration) and on other elements related to the

quality of medical care. He also chairs a Taskforce on the EACCME that is engaged in reforming its governance, and in developing higher standards for the accreditation of educational activities. Additional posts held: Chairman BMA Junior Doctors Committee (1991–1994), Chairman BMA International Committee (1999–2007), Member GMC Council (1994–present), Co-Vice President UEMS (2006–present). He also has a life outside Medicine and Medicopolitics.

Maureen Doyle-Scharff



Maureen Doyle-Scharff, MBA, FACME joined Pfizer in the fall of 2007, where she is Senior Director, Medical Education Group, a part of the US External Medical Affairs team. Having worked in the pharmaceutical industry for nearly 18 years, Maureen has held a number of leadership positions

including healthcare education, advocacy development, policy and reimbursement, brand management and managed care strategies, all with a particular emphasis on partnerships, continuing medical education and continuing professional development.

Maureen frequently lectures on Provider/Industry Collaboration and Alliance and Advocacy topics, serves on the Board of Directors for the Alliance for Continuing Medical Education, (Secretary/Treasurer), and the Global Alliance for Medical Education, is a member of the AMA National Task Force on Provider/Industry CME Collaboration, past chair of PACME, the Pharmaceutical Alliance for Continuing Medical Education and is the founder and president of the Ohio Affiliate of the Healthcare Businesswomen's Association.

Maureen received her undergraduate degree from the University of Michigan, and her MBA from St. Joseph

University. She will begin work on a PhD in Higher Education from Ohio University in January, 2010. She currently resides in Columbus, Ohio with her husband and their three children.

Jan Geißler

Co-Founder, CML Advocates Network

Chair, Leukämie-Online, Germany

Board Member, European Forum for Good Clinical Practice, Belgium

Co-Founder, European Cancer Patient Coalition (ECPC)



Jan Geißler studied business at the University of Regensburg (Germany) and Aston University (Birmingham, UK), graduating with a university diploma in Business Administration. He then worked for more than 4 years for the media company Bertelsmann (Germany). In 2000, he

co-founded Bertelsmann's in-house startup BeMobile, heading product management, business development and marketing. In 2003, he joined Vodafone Group R&D (Germany) where he headed business modelling teams in Germany and The Netherlands and leading multinational and multicultural innovation projects until 2008.

The reason for engaging in cancer advocacy in July 2001 was that Jan received his diagnosis of a rare cancer, Chronic Myeloid Leukemia (CML) at the age of 28 years. He then joined a phase I/II clinical trial. He started to simplify and translate medical publications into German language. In 2002, he founded the online patient community Leukämie-Online (<http://www.leukaemie-online.de>), which is one of the most frequented patient websites on leukaemia in the German speaking Internet today. In 2007, Jan has co-founded the CML Advocates Network (<http://www.cmladvocates.net>). It connects 51 leukaemia patient groups from all continents, sharing best practice in cancer patient advocacy and running joint campaigns.

He also co-founded the European Cancer Patient Coalition (ECPC, <http://www.ecpc-online.org>) in 2003 to represent the views of cancer patient organisations in the European healthcare debate, as well as to provide a forum for European patients to share best practice on patient advocacy. In the first years, Jan has been a founding member and Vice President of ECPC. At that time, his activities included getting more than 315 ECPC member organisations in 42 countries connected, to speak on behalf of cancer patients at conferences, as well as working with various stakeholders to make information about clinical research more available

to patients. In 2008, Jan left telecommunications to turn his increasing volunteer work for cancer patient organisations into his profession by becoming the first full time Director of the Coalition.

Today, he acts as a freelance consultant in patient advocacy and social media.

Jan today also acts as a Board Member of the European Forum for Good Clinical Practice (EFGCP), as Coordinator Communications for the International CML Foundation (iCMLf), is registered as an independent EU expert for ethics reviews of FP7 projects, and a patient representative of the EU Commission's Committee of Experts on Rare Diseases (EUCERD).

Dr Arcadi Gual



Arcadi Gual was born in 1950 in Barcelona, Spain, he studied Medicine at Barcelona University (1968-1973) and obtained his PhD from the University of Valladolid (1974-1979). He did his post-doctoral postdoctoral studies in Neurophysiology at the University of Utah. Later on he had several periods as a

visiting professor at the University of Utah and Massachusetts General Hospital-Harvard University.

He began his university career as assistant professor in physiology at the Barcelona University and in 1998 obtained the position of Physiology Professor. Since 2009 he is the Chairman of the Department of Physiological Sciences of the Medical School at the University of Barcelona.

His role and responsibility on teaching developed his interest for new educational methodologies and learn the state of the art of medical education. He became member of different societies and associations related with medical education. He was a founding member in 1989 of the Catalan Association for Medical Education. At present, he is General Secretary of the Spanish Society for Medical Education and Chief Editor of the Journal "Educación Médica" and the "CME-CPD Bulletin" both in Spanish language.

His knowledge on evaluation methodologies facilitated his incorporation to several evaluation committees of CME-CPD. Currently he is the General Secretary of Spanish Accreditation Council for CME (SACCME/SEAFORMEC), Madrid, Spain, and Coordinator of the Professional Area of the Spanish Medical Council (CGCOM).

Dr Thomas Kellner



Thomas Kellner holds a medical degree from the University of Munich. After his internship he began working as an e-strategy consultant in a new media company, quickly rising to leader of the healthcare division. In 2001, he joined MSD Germany, managing a portal for healthcare professionals in

collaboration with Yahoo. In 2004, MSD re-launched the portal as the independent brand, univadis®, integrating eCME. In 2005 Thomas was promoted to Manager for univadis® Europe Middle East, Africa & Canada, in 2009 to Regional Leader CME and since September 2009 Thomas has been Global Leader Medical Education.

Dr Thomas Kleinoeder



Dr med. Thomas Kleinoeder works as Chief Medical Officer at KWHC GmbH in Uelzen, Germany. He is responsible for Medical Content and Medical Education at the company with a focus on Medicine, Media and Marketing. In this context e-Learning and CME is a major aspect of his work. The Company is

an experienced provider of Medical Education. He has established a service of Medical Review Services with an interdisciplinary team of clinicians.

He has been working at the University Hospital Goettingen and is specialist in Internal Medicine (1995-2002). As Head of Applications in Research and Teaching of the Medical Computer Centre at the University Hospital Goettingen he was responsible for e-Learning, Content-Management and it-based Evaluations and Examinations at the Medical Faculty (2002-2008).

From 1997 to 2004 Thomas Kleinoeder was managing Editor of the Electronic Services of the International Medical Informatics Association (IMIA). He is member of the Germany Society of Internal Medicine (DGIM) and the German Medical Informatics Society (GMDS). He is teaching at the University of Goettingen.

Dr Philipp Leuschner



Philipp Leuschner PhD is Medical Scientific Liaison Manager EIMSED – European Institute for Medical & Scientific Education Vienna, Austria

2007–2008 Post-doc IMBA - Institute of Molecular Biotechnology of the Austrian Academy of Sciences, Vienna, Austria

2004–2007 Graduate student – Molecular Biology University of Vienna / IMBA – Institute of Molecular Biotechnology of the Austrian Academy of Sciences, Vienna, Austria

Prof. Dr Helmut Madersbacher



Helmut Madersbacher was born and raised in Innsbruck, Austria and he received his medical degree from the University of Innsbruck. He obtained the Austrian specialist degree in Urology in 1969, completed his PhD in 1975 and was appointed Associate Professor of Urology at the Innsbruck University

hospital in the same year. His interest already at that time was lower urinary tract dysfunction. In 1969 he visited the Institute of Urology in London and the Spinal Cord Injury Centre in Stoke Mandeville, in 1970 at the Karolinska Hospital in Stockholm and in 1973 he was working with Prof. Brantley Scott at the Baylor College in Houston (Texas). His main interest became neuro-urology. Between 1973 and 1993 he was consultant urologist in a nearby Spinal Cord Injury Centre, he set up a neuro-urology service there and started the neuro-urological care of children with myelomeningocele at the University Hospital of Innsbruck. In 1995 he became head of a newly founded Neuro-Urology Unit at the Innsbruck University Hospital.

He is a founding member of the working group on Lower Urinary Tract Dysfunction and Female Urology of the German Urological Association, in 1996/97 he became Council member of the International Medical Society of Paraplegia. He founded the Austrian Continence Society in 1989, was President of the Austrian Urological Society 1993/95 and became a Board member of the International Consultation of Incontinence, in 1998 and 2001 as chairman, in 2004 as vice-chairman of the committee on the conservative management of neurogenic urinary incontinence. He was President of the European Board of Urology between 2000/2002 and is still a Board member of the European Urologic Association as chairman of

the European Urology – Accredited Continuous Medical Education (EU-ACME) Office.

He is honorary member and member of several international scientific societies and published more than 290 papers in national and international scientific journals including several contributions to textbooks and handbooks, mainly dealing with lower urinary tract dysfunction and neuro-urology.

He is a member of the ICS since 1973, organized the Annual Meeting of the ICS in Innsbruck in 1994 and is currently member of the Education Committee of the ICS and responsible for CME.

Synopsis of area of interest:

Dr. Madersbacher's research interest is clinical Neuro-Urology including long term care of patients with myelomeningocele and electro neurophysiologic testing of lower urinary tract function.

Dr Bernard Maillet



Bernard Maillet qualified as an MD at Antwerp University and did his postgraduate training in Surgical Pathology at the Academic Hospital of the Free University of Brussels (VUB). During his training, his research topic was the pathology of the gastro-enterologic tract and more precisely the pancreas.

This resulted in many publications as co-author and communications with his mentor, Prof. Dr Günter Klöppel in pancreas carcinoma and chronic pancreatitis. Soon he was involved in the Professional Organisation of Pathology in Belgium, first as a member of the Board and then as one of the Secretaries. This was the introduction for involvement in the Belgian Medical Specialist Organization GBS-VBS, initially as a delegate for the Pathologists in the General Assembly, leading to the post of Deputy Secretary-General and he is now the Treasurer of the VBS-GBS. This organization proposed Dr Bernard Maillet as candidate Secretary-General for the UEMS in 2002.

Prof. Jan de Monchy



Jan de Monchy is Professor of Allergology at the University Medical Centre Groningen and Chairman UEMS Section and Board Allergology and Clinical Immunology.

He has performed or been associated with many clinical and laboratory studies on allergy and asthma. He is director

for the training program of internists specialising in allergology. He participates in training of pulmonary physicians and dermatologists and teaches allergology to medical and dental students. He is regularly involved in post graduate training programs for medical specialists and general practitioners.

Other official functions:

- Member of the working group Bronchial Challenging of the European Association of Allergy and Clinical Immunology;
- Referent of several international and national scientific papers;
- Member Scientific Advisory Board "Alba" CIVO TNO;
- Member Concillium Allergologicum (NL);
- Chairman complaints committee Dutch Society of Allergology;
- Member of the working group of the "Productschap voor granen, zaden en peulvruchten" (bakery's industry);
- Member committee asthma and allergy national board of health.

Suzanne Murray



Suzanne Murray is the President and Founder of AXDEV Group International.

Her career and academic accomplishments, from McGill University and Concordia University, span over 25 years in organizational development, management, healthcare research, education, and performance improvement

in Canadian and international health systems.

She is a Board Member of the Canadian Association of Continuing Health Education (CACHE); and the Global Alliance for Continuing Education.

Is Co-chair for the CME International Congress 2012 to be held at the University of Toronto.

She is co-founder of the Canada-wide, 15 academic site Consortium in clinical cognitive research as well as,

Co-founder and Administrative Director, for 18 years, at McGill University's Centre on Aging.

She has several published peer reviewed articles and presented at international conferences.

Ms. Murray has won numerous awards for collaboration in CME and Performance Improvement in healthcare, and won business women of the year in 2007 as well as business of the year in Quebec from the Federation of Chambers of Commerce.

Dr Alfonso Negri



SSIF – Scientific Seminars International Foundation, Rome, President

The Rome CME/CPD Group, Secretary General, USA-EU Committee – EU Task Force for CME/CPD

FISM – Italian Federation of Medical Societies, Foreign Committee member

GAME – Global Alliance for Medical Education, New York, Board member

EAACI Sections & Boards Committee – CME member

Technical Secretary of the Accreditation Committees of:

EAACI – Eu Academy of Allergology and Clinical Immunology

ERA-EDTA – Eu Renal, Dialysis and Transplant Association

ESNR – European Society of Neuroradiology

ESH – European Society of Hypertension

Dr Jonas Nordquist



Jonas Nordquist, PhD, is the director of the Medical Case Centre at Karolinska Institutet, Sweden. He is also the associate director for residency programs at the Karolinska University Hospital where he is in charge of strategic educational development. Jonas Nordquist has founded a new international

program on educational leadership in health professional education together with the British Medical Journal (BMJ) (bmj.com/leadforchange). He has been a WHO expert on medical education in different projects and he is actively involved in international development. He has been involved in education in many parts of the world. His latest book on case-based learning as a tool for professional education is to be published in early 2011.

Nordquist, J. Sundberg, S & Johansson, L (2011). *Learning with Cases – An Important Tool in Professional Education*, Liber Publishers, Stockholm

Carry Pesch



Carry Pesch MSc is Senior Operations Director at prIME Oncology, a professional with over 17 years of experience within the Pharmaceutical industry and has worked in sales, marketing, medical information and medical education departments of several large and well-known Pharmaceutical

companies. She received her Bachelor of Educational Science degree and her Masters degree in Phonetics at the University of Utrecht in the Netherlands.

After her graduation she joined Smith Kline Beecham and started as a successful Hospital representative in the anti-infectives unit and switched from sales to Medical Information where, amongst others, she was responsible for defining and building Q & A procedures and a database to serve the needs of physicians and patients who required information on psychiatric disorders. At Sanofi-Aventis she entered the area of Oncology and Medical Education. Here, together with her team, she successfully developed and implemented multi-disciplinary meetings in the area of Colorectal Cancer.

Within Janssen Cilag she headed the team responsible for developing a close cooperation with the stakeholders in haematology, resulting in several successful media exposures, such as a unique press release in cooperation with the patients' association covering

the issue of 'expensive medicines'. In 2007 she single-handedly initiated a road show in the Netherlands with International KOL Prof. Sundar Jagannath from the Comprehensive Cancer Centre, New York. She also was responsible for starting several E-business initiatives, such as a Web-TV program, a website and an E-detailing device for the sales force. This initiative was followed by the European Medical Education Department and since then has been considered as a perfect example how to establish added value through the development of Medical Education within the area of haematology.

As the senior Operation Director within prIME Oncology, her main responsibilities are the successful operation of live medical education activities, the maintenance and improvement of quality standards. For prIME Oncology she is the specialist in the area of European CME Accreditation.

Dr Peter Posel



Dr med. Peter C Posel is currently CEO of QUAIME AG, Flüelen, Kanton Uri, Switzerland (since 2007)

Third career: 2005–2007 Consultancy in eLearning and media Health on World GmbH

Second career: 1992–2005 Different leading positions in the pharmaceutical

industry; Lederle, Wyeth, Biogen, national/international

First career: 1979–1992 Anatomical Institute of the University of Munich, Department of Clinical Anatomy, Member of the Committee of "New Media in Education"

Studied Medicine at the Universities of Regensburg and Munich (1973–1979)

Received his license to primary care medicine in Munich (1979)

PhD thesis in medicine (1981); General Practitioner license (1985)

Active membership for many years in different medical societies, such as World Forum CPD in medicine, ECTRIMS, AAN, and German Anatomical Society.

Eugene Pozniak



Eugene Pozniak is Managing Director of Siyemi Learning, an independent European CME provider. He has worked in the medical sector for over 20 years: following a degree in Chemistry, he initially worked across various functions in marketing and medical communications. Since 2000 he has worked

exclusively in CME.

As well as running CME-accredited meetings, Eugene developed the first pan-European CME accredited e-learning (launched in 2002), national CME-accredited portals and has worked on European journal CME. In addition, he has developed a number of bespoke CME and 'non-CME-non-promotional' projects. Eugene has experience of CME across Europe, USA, Asia Pacific and Latin America.

In 2006, Eugene founded Siyemi Learning; an independent provider of CME products and related services, which also supports the European CME-CPD Academy, an independent platform for accredited e-learning in Europe. He is also the co-founder and Programme Director of the European CME Forum.

Dr med Gerald Quitterer



General practitioner in Eggenfelden since 1986, experience in acupuncture and travel medicine. Member of Bavarian GP's association since 1986, assistant commissioner for medical education, District President Lower Bavaria. President of medical district association. Member of the IhF (Institute of general

practitioner's medical education) advisory committee. Activity as a referent and trainer in medical education.

Education

Study of medicine at the Ludwig-Maximilian's-University of Munich, graduated as a doctor of medicine in October 1982, examination as a general practitioner and doctorate in February 1986. Additional qualifications in acupuncture and travel medicine.

Lawrence Sherman



Lawrence Sherman FACME CCMEP is Senior Vice President of Prova Education, an affiliate of Omnia Education, an ACCME-accredited provider. Prova Education designs, develops and implements strategic continuing medical education initiatives globally that are based on

comprehensive needs assessments, utilize methodologies designed to help learners improve patient outcomes, and that are evaluated using a variety of outcomes measures. Prova Education collaborates with other accredited and non-accredited providers, content delivery experts, and academic institutions to insure that the educational activities developed are of the highest quality and reach the largest possible audience.

Lawrence often moderates consensus panels and curriculum development meetings and also leads the podium skills training sessions during speaker training meetings. In January 2007, Lawrence was named a Fellow of the Alliance for Continuing Medical Education (FACME). In July 2008, Lawrence was among the first to successfully pass the NC-CME certification examination, making him one of very few to have both the FACME and CCMEP designations. Lawrence is also a site surveyor for the ACCME, and is a past member of the Board of Directors of the North American Association of Medical Education and Communications Companies (NAAMECC), and has served as an appointed member of the Professional Education Committee of the American Heart Association.

Lawrence is a Clinical Instructor in Emergency Medicine for the Emergency Medical Institute and Center for Learning and Innovation of the North Shore Long Island Jewish Health System in Long Island, NY.

Lastly, Lawrence frequently lectures around the world on topics including:

- regulations and guidelines in CME
- international/global CME and CPD
- faculty development
- needs assessments and outcomes measurements in CME
- the use of emerging technologies in medical education
- strategic medical education.

Having once been a stand-up comedian in New York, his lectures and presentations tend to combine humour, compelling content, and audience involvement.

Dr Ian Starke



Dr Ian Starke qualified from Guy's Hospital in London in 1972 and undertook postgraduate training in General Medicine, Chest Medicine and Medicine for the Elderly. He was appointed Consultant Physician in Geriatric and General Medicine to University Hospital Lewisham in 1988, and was

Clinical Director for Older People's Services from 2002 to 2007.

Dr Starke has a career-long commitment to high quality medical education and training, and has contributed at all levels. He was appointed RCP Regional Adviser in 1999 and Chair of the Specialty Advisory Committee in Acute and General Medicine in 2002. He was appointed Director of CPD to the Federation of Royal Colleges of Physicians in 2004 and Medical Director for Revalidation to the Royal College of Physicians of London in August 2007. He has worked closely with colleagues in Europe and North America to promote the harmonisation of CME/CPD and is now working on ways to improve the effectiveness of CPD for revalidation in the UK.

Prof. Robin Stevenson



Professor Robin Stevenson is a recently retired consultant physician in respiratory medicine from Glasgow Royal Infirmary. His main clinical interest was Intermediate Care in COPD and he pioneered the use of Hospital at Home for patients with acute exacerbations. He continues to be involved in

training and CME accreditation at the European level and is the immediate past-President of the European Board for Accreditation in Pneumology and serves on the Hermes taskforce which has published a European curriculum for respiratory medicine and has also established a European examination in pneumology. Robin is a member of the UEMS Working Group on CME/CPD and is the immediate past-President of the Pneumology Section & Board of the UEMS.

Dr Alexandra Wyke



Alex Wyke is is CEO and Founder of The PatientView. From 1996 to 2000 Alex Wyke was responsible for creating and running a successful international healthcare publishing unit at The Economist Intelligence Unit. She was previously business and science correspondent for

The Economist (also writing for the Harvard Business Review, the Daily Telegraph, and The Economist's The World in 1995, 1996, etc). Her book, 21st-Century Miracle Medicine, was published by Plenum in 1997. Alex was elected by the BBC in 1996 to participate in a small team assessing the Corporation's radio and TV coverage of technology.

As well as lecturing and chairing healthcare forums worldwide Alex sits on the advisory board of the healthcare initiative of INSEAD management school, Paris, and has worked for television and radio, appearing in an expert capacity in many programmes.

Alex has a PhD in biochemistry from St. George's Medical School, London.

Delegates

Beata Adamczyk, *EU-ACME, The Netherlands*
Linda Banks, *PMLive, UK*
Beverley Barr, *Pope Woodhead & Associates, UK*
Judith Black, *Management Forum, UK*
Chris Bolwell, *Imedex, USA*
Edward Briffa, *BMH Group, UK*
Brian Carey, *EASD, Germany*
Rita Cimenti, *AO Foundation, Switzerland*
Yann Colardell, *MedEd Global Solutions, France*
Sonja Dauth, *IML, Germany*
Tim Dean, *Wley-Blackwell, UK*
Thom Duyvene de Wit, *EHA, The Netherlands*
Allison Eades, *AXDEV, Canada*
Gareth Evans-Jones, *EHA, The Netherlands*
Sheelagh Farrow, *International Medical Press, UK*
Vladimir Finsterle, *Pears Health Cyber, Czech Republic*
Cate Foster, *Watermeadow Medical, UK*
Darren Gillgrass, *Informa Healthcare, UK*
Jennifer Gordon, *Royal College of Physicians and Surgeons of Canada, Canada*
Nigel Gower, *Takeda Pharmaceuticals Europe, UK*
Tracy Grove, *EASD, Germany*
Monika Grusser, *EASD, Germany*
Rachel Hatfield, *DDB Seven, UK*
Jeanette Huebsch, *Grünenthal GmbH, Germany*
Belinda Hunt, *Biogen Idec, USA*
Edgar Ingold, *Physicians World Europe, Germany*
Alessandra Ingrosso, *VivforPharma, Switzerland*
Paul Jacobs, *Medicus International, UK*

Saurabh Jain, *Indegene India*
Linda Johansson, *Karolinska Institute, Sweden*
Onno Kaagman, *MEDCON International, The Netherlands*
Erna Kimp, *Elsevier, The Netherlands*
Petra Klassan, *Nestle, Switzerland*
Doug Klein, *University of Alberta, Canada*
Johanna Lackner Marx, *San Lucas Medical, UK*
Peter Llewellyn, *NetworkPharma, UK*
Seun Moses, *San Lucas Medical, UK*
Axinja Munkel, *Bayer Schering Pharma, Germany*
Laura Muttini, *Abbott, USA*
Jovanic Nebojsa, *The Republic of Srpska Medical Association, Bosnia And Herzegovina*
Rien Nijman, *EU-ACME, The Netherlands*
Clare Nolan, *Recognition Academy, UK*
Karen Overstreet, *Lippincott CME Institute, USA*
Carrie Pesch, *prIME Oncology, The Netherlands*
Chris Pym, *Oxford University Press, UK*
Ann Rogers, *Eli Lilly and Company, USA*
Chonell Roy, *PMLive, UK*
Madeleine Schaffer, *EIMSED, Austria*
Robin Stacey, *IML, UK*
Chris Stevenson, *Haymarket, UK*
Jack Torr, *iS Academy, UK*
Hans van Veggel, *EWISE, The Netherlands*
Rian Visser, *MSD BV, The Netherlands*
David Williams, *3C Strategy, UK*
Sophie Wilson, *International Medical Press, UK*
Nahida Zaman, *San Lucas Medical, UK*



**For information about proceedings from this meeting,
further information about future meetings,
and updates on other European CME activity**

Please visit

www.europeanCMEforum.eu

The Good CME Practice Group

The aim of the Good CME Practice Group is to look specifically at how the European education provider/agency community works in CME and to develop the appropriate operating standards

At the Spring meeting in London, May 2010, members of the gCMEp Group agreed to pursue the definition of the standards of Good CME Practice along 4 Core Principles:

Appropriate education

Educational programmes should address pre-identified educational needs.

Fair balance

Educational programmes should be fair balanced.

Transparency

Relevant relationships between individuals and organisations, sources of funding, sources and generation of content, should be transparent.

Effectiveness

Programmes should be reviewed and evaluated for their effectiveness.

These principles will continue to be discussed and developed and the group will meet for its Autumn Meeting while in Berlin and present key findings at the 3rd Annual Meeting of the European CME Forum.

For more information see:
www.gCMEp.eu





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The European CME Forum provides a platform from which education and healthcare professionals across Europe can address the status of Continuing Medical Education (CME) and Continuing Professional Development (CPD) and the important roles of all the stakeholders involved.

This initiative is organised by European CME Forum Limited.

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