WHERE ARE WE NOW WITH CME IN FRANCE?

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FRENCH CME'S HISTORY (1)

- April 1996: Juppé's Ordonnances
- CME became mandatory.
- ☐ March 2002: Act on Patients Rights and Quality of Care
- Mandatory and sanctioning CME
- ☐ February 2004:CNFMC set up
- Council for the Continuing Medical Education of Independent Physisicians (CNFMCL)
- Council for the Continuing MPedical Education of SAlaried Non-Hospitals Physicians (CNFMCS)
- Council for the Continuing Medical Education of Physicians, Biologists, Odontologistes and Pharmacists working in public health establishments (CNFMCH)
- August 2004: New social security act

FRENCH CME'S HISTORY (2)

- April 2005: Decree on Professional Practices Assessment (PPA)
- July 2006: Decree on CME
- May 2007: French presidential election
- November 2008:New healthcare reform, called law relative to « Hospital, Patients, Health and Territories »
- = 12 years, 6 Ministers of Health, 4 laws and a new one submitted to Parliament in January 2009

THE 3 CNFMC'S MISSIONS PRESENTLY

- Accrediting medical education providers
- Establishing a CME scale of accreditation
- Defining public health national orientations
- Drawing up a Code of Good Practices with pharmaceutical firms (« Charte du Leem »)
- Advising the Minister of Health on CME matters

CME IN PRACTICE

All doctors in exercice have to work towards collecting **250 credits** over a **5-year period**.

CME categories:

- Category 1: formal learning opportunities provided by recognised and accredited educational institutions.
- > 8 credits for a 1-day course
- > 4 credits for an evening or half-day course
- Category 2: e-learning and articles reading
- Category 3: educational activities (supervision of PhD students and interns, research activities...)
- Category 4: PPA, which aim is to improve quality of care by providing doctors with peer feedback on their pattern of practice

WHERE ARE WE NOW WITH ACCREDITED CME PROVIDERS?

- Applications:
- **625** CME providers have applied for CNFMC accreditation
- 285 CME providers already accredited
- **106** CME providers **rejected**
- 272 applications not examined yet

Funding

• CME receipts in 2007: **53 075 092** €

- Social welfare: **19 258 209 €**

- Health firms : **6 267 736 €**

- Registration feeds: 11 358 346 €

- Members feeds: **2 230 821 €**

CME PROVIDERS' ACTIVITY IN 2007

- All accredited CME providers have to report to CNFMC.
- Thanks these reports we have a better representation of CME in France.
- 143 378 participations of physicians
- 96 945 participations of independent physicians
- 94 396 different physicians involved in CME actions
- 1 346 363 credits delivered

CONFLICTS OF INTEREST

- 82% of accredited CME providers have a declaration of conflict of interest policy for direction.
- **84%** for scientific directions
- 84% for trainers and experts
- 86% of CME providers regularly update the declarations of conflict of interest.
- 81% of CME providers communicate them to physicians involved in CME actions.

« HOSPITAL, PATIENTS, HEALTH AND TERRITORIES » ACT (1)

- <u>CME in the last version, presented on 22 October 2008 to</u> the Ministers Council
- Mandatory CME
- CME objectives:
- Professional Practices Assessment (EPP)
- Improvement of knowledge
- Improvement of healthcare quality and patients safety
- Taking into consideration the public health priorities
- Medicalized control of health expenditures

HOSPITAL, PATIENTS, HEALTH AND TERRITORIES » ACT (2)

- The French Board of Doctors makes sure that all doctors meet their obligations of CME.
- State council decrees will set the conditions of CME application and quality criterias of CME actions.
- In 2009, thanks a new French Health Minister...

BEING A GENERAL PRACTITIONER IN FRANCE...

- While waiting a French strengthened system, the European system harmonisation has to be build.
- The French general practitioners are not represented at UEMO, because there is not structure representing them in France.
- In the following days, will be formed the first French College of General Practitioners...

CME IN EUROPE...

- It seems to me that we have to harmonize our agreement and validity criterias of CME programs in Europe and in the North USA.
- We should issue CME credits without consideration of places of CME actions or nationality of participants, for general practitioners with UEMO, and as medical specialists have done yet with UEMS.

CONCLUSIONS...

■ I hope we will talk soon about that...

It is the message I would like to deliver here...

Thanks for your attention.

Dr Bernard ORTOLAN