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 Physicians (CNFMCL)
  - Council for the Continuing Medical 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 exercise 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)

- CME in the last version, presented on 22 October 2008 to 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
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