



Transcript from November 15, 2010 to November 19, 2010

All times are Pacific Time

November 15, 2010

- 10:55 am **networkpharma:** Looking forward to see you here Clare, #3ECF RT @Clarejo Looking forward to 3rd Annual CME forum in Berlin this week
- 10:57 am **networkpharma:** C U there! RT @jangeissler Speaking Tuesday at European CME Forum about role of patients in education of HCPs <http://bit.ly/14t9Gp> #3ECF
- 6:41 pm **meducate:** @cmeadvocate #3ECF
- 6:45 pm **cmeadvocate:** Use hashtag #3ECF to follow the tweetstream from the 3rd Annual European CME Forum - main event begins tomorrow!
- 8:24 pm **CMEComplyQueen:** sorry to miss #3ECF. Looking forward watching it unfold here.

November 16, 2010

- 12:58 am **EuropeanCME:** Preparing for #3ECF starting Tuesday am in Berlin. <http://bit.ly/9WJQPF> for some thoughts.
- 7:54 am **jangeissler:** #3ECF starting now. Surely loads of new perspectives for me as patient advocate. RT @EuropeanCME: <http://bit.ly/9WJQPF> for some thoughts.
- 8:00 am **andrewspong:** @cmeadvocate @EuropeanCME @meducate @networkpharma @jangeissler @PJ_medigital Looking forward to your tweets from #3ecf
- 8:00 am **meducate:** #3ecf is about to begin - thought you might be here @andrewspong
- 8:01 am **meducate:** @europeanme is kicking off #3ecf
- 8:03 am **PJ_medigital:** #3ECF Meeting starts with Eugene Pozniak welcoming everyone to the day.
- 8:03 am **meducate:** @europeanme is giving the history of #3ecf - bring together supporters, providers and associations
- 8:06 am **PJ_medigital:** #3ECF Past 12 months: Pozniak shows a blank screen - shows total guidance for Pharma in Europe!
- 8:08 am **PJ_medigital:** #3ECF Past 12 mo for CME bodies: incredible challenge at reviewing materials via e-learning, soc med etc
- 8:13 am **PJ_medigital:** #3ECF @europeanme is giving state of affairs of comms agencies in providing CME - variable according to accredited body and location
- 8:13 am **meducate:** RT @meducate: @europeanme now talking about the types of pharma supported CME possibilities #3ecf
- 8:18 am **meducate:** @europeanme now talking about the future of CME in Europe - credibility, transparency, etc... #3ecf
- 8:19 am **meducate:** No one from France is here! #3ecf
- 8:19 am **PJ_medigital:** #3ECF good spread of geography wrt delegates. No one from France though!
- 8:20 am **PJ_medigital:** #3ECF around 50% agencies and 15% CME professionals/Accreditation bodies in the room
- 8:21 am **PJ_medigital:** #3ECF Lawrence Sherman from Prova education now up "assessing educational needs" for this meeting
- 8:26 am **PJ_medigital:** #3ECF discussions on what we want to get out of the meeting.
- 8:41 am **PJ_medigital:** #3ECF Pharma is involved in CME, part of strategy but not a focus for Pharma due to budget allocations (marketing & med ed - lots of debate
- 8:42 am **PJ_medigital:** #3ECF Pharma wants guidance and want to work with associations - from a small pharma comp.
- 8:44 am **PJ_medigital:** #3ECF Eli Lilly says that they have CME division and also medical affairs, which covers Med Ed, plus Marketing, which is separate
- 8:44 am **PJ_medigital:** #3ECF Nestle is here - Nutrition education in CME is limited, but has important role.
- 8:50 am **PJ_medigital:** #3ECF globalisation CME in Pharma - 2 year process according to Pfizer, ask again next year.

- 8:50 am **PJ_medigital:** #3ECF Pfizer - Hope for all size pharma to start to understand appropriate role of your company. Room for all types of education
- 8:51 am **Clarejo:** Being discussed - what is the appropriate role of industry in CME? #3ecf
- 8:54 am **RecognitionA:** Being discussed - the perception of the public, physicians and government in industry's role in CME is important #3ecf
- 8:56 am **JLSuarezGarcia:** RT @PJ_medigital: #3ECF Pfizer - Hope for all size pharma to start to understand appropriate role of your company. Room for all types of education
- 9:00 am **PJ_medigital:** #3ECF 80% of delegates feel there is a good future for European CME. Break time now.
- 9:33 am **meducate:** The role of the patient now to be discussed at #3ecf
- 9:33 am **meducate:** FYI, I was pleased with the interactivity in my opening session at #3ecf
- 9:35 am **PJ_medigital:** #3ECF back from break, now Alex Wyke from Patientview talking about mobilisation of patients in Europe
- 9:36 am **PJ_medigital:** @meducate I enjoyed your session leading style, not sure if others did when you picked on them! #3ECF
- 9:37 am **meducate:** You never know..! RT @PJ_medigital: @meducate I enjoyed your session leading style, not sure if others did when you picked on them! #3ECF
- 9:38 am **andrewspong:** @PJ_medigital re. #3ecf delegate reticence: if you're in CME and you won't engage in a full room, you're in the wrong job :D @meducate
- 9:41 am **PJ_medigital:** #3ECF - session chair Ian Starke, Dir of CPD at RCP: session objectives are how should pts be involved in CPD, what expertise is req
- 9:42 am **PJ_medigital:** #3ECF Starke - CPD is a process including quality assurance and feedback. at the end.
- 9:42 am **meducate:** And starts with needs assessment RT @PJ_medigital: #3ECF Starke - CPD is a process including quality assurance and feedback. at the end.
- 9:44 am **meducate:** Ian Starke talking about lay involvement in CPD in the UK #3ecf
- 9:46 am **PJ_medigital:** #3ECF Starke - 67% of Royal Colleges said that Pts and Carers should be involved in process, but this gave rise to polar opinions
- 9:47 am **PJ_medigital:** #3ECF Starke - Pts/public involvement in determining health priorities includes gvmt pressure, policy grps and guideline grps
- 9:47 am **Clarejo:** RT @meducate: The role of the patient now to be discussed at #3ecf
- 9:48 am **PJ_medigital:** #3ECF Starke asks how "expert" is input from lay people into CPD needs assessment? Also, how is the input integrated or fed back on
- 9:48 am **networkpharma:** day 1 of the 3rd annual European CME forum in Berlin #3ECF <http://www.europeancmeforum.eu> regulators, pharma and cme providers in the room
- 9:49 am **PJ_medigital:** #3ECF Starke - Most Medical Colleges in UK have volunteers from pt groups. Lay people may have expertise such as law, marketing, education
- 9:51 am **PJ_medigital:** #3ECF Starke - some lay involved in CPD activities such as "Medicine and Me" by RCP, only 30% of faculty are clinicians
- 9:57 am **PJ_medigital:** #3ECF OK, Alex Wyke now up. She has the same problem as me in terms of needing a box to stand on. Literally.
- 9:59 am **PJ_medigital:** #3ECF Wyke - don't discount pts as non-experts. Patient Grps collectively have expertise. Problem is no-one recognises validity of this.
- 10:03 am **PJ_medigital:** #3ECF Wyke: Patients increasingly understand pressures HCPs are under WRT regulations
- 10:04 am **PJ_medigital:** #3ECF Wyke: Patients are important - average membership of a pt group is 250. Some large grps have over 1m members
- 10:04 am **PJ_medigital:** #3ECF Wyke: PatientView database lists 63k pt grps in Europe, 100k worldwide
- 10:06 am **PJ_medigital:** #3ECF Wyke: Pt grps now are discussing and surveying and contacting members on regular basis
- 10:06 am **PJ_medigital:** #3ECF Wyke: Social media has boosted pt grp membership massively in recent years.
- 10:07 am **PJ_medigital:** #3ECF Wyke: Pt Grps want to participate more in changing healthcare service & intrinsic part of healthcare system
- 10:09 am **PJ_medigital:** #3ECF Wyke: 80% of Pt groups in Italy provide practical services to Healthcare provider. Less so in other European Countries (around 30%)
- 10:18 am **PJ_medigital:** #3ECF Now up: Jan Geissler of CML advocates network, talking about how patient advocacy strengthens education and best practice

10:20 am **PJ_medigital:** #3ECF Geissler: European Cancer Patient Coalition = Umbrella for 315 cancer pt orgs in 42 countries <http://ow.ly/3aroq>

10:23 am **PJ_medigital:** #3ECF Geissler: for conditions such as cancer, access to information is crucial

10:25 am **PJ_medigital:** #3ECF Geissler: for pts, advocacy is increasing in health policy & better access 2 treatment and better pt-centred regulations via Brussels

10:26 am **PJ_medigital:** #3ECF Geissler: Pt grps also becoming more involved in trial design. "Nothing about us without us"!

10:27 am **PJ_medigital:** #3ECF Geissler: Q to audience - what is primary info source for cancer patients today? 80% of audience say Internet!

10:29 am **PJ_medigital:** #3ECF Geissler: HCP remains primary healthcare partner, however only 12min with doc is not enough, so pt grp take the support functions

10:29 am **PJ_medigital:** #3ECF Geissler: 55% of EU adults go to doc, 45% use web, 33% talk to their doctor about what they found online.

10:50 am **PJ_medigital:** #3ECF differing viewpoints on CME wrt patient groups. HCPs here room seem 2 think it is dangerous to involve lay people in CME process.

10:52 am **PJ_medigital:** #3ECF might be fisticuffs here, very polarised on pt/doctor communications!

10:53 am **meducate:** Decorum rules...RT @PJ_medigital: #3ECF might be fisticuffs here, very polarised on pt/doctor communications!

10:56 am **andrewspong:** RT @PJ_medigital: #3ECF differing viewpoints on CME wrt patient groups. HCPs here room seem 2 think it is dangerous to involve lay people in CME process.

10:57 am **Clarejo:** Borman "Doctors and patients need to work together a lot more" #3ecf

11:03 am **PJ_medigital:** #3ECF great discussions on role of patient in CME in Europe. Lots of opinionated people!

11:05 am **PJ_medigital:** #3ECF lunch break

12:34 pm **PJ_medigital:** #3ECF Session 2: Setting standards in CME

12:36 pm **meducate:** #3ecf RT @cmeadvocate: - if one more person tweets "now talking about..." or "great discussion about..." - need info, not play-by-play

12:36 pm **PJ_medigital:** #3ECF 65% of the room think CME in Europe should be regulated by accreditation bodes (vs industry or pharma et al)

12:37 pm **PJ_medigital:** #3ECF 37% of the room think industry self-regulation of CME is better than gvmt (my interpretation)

12:38 pm **meducate:** Edwin Borman now speaking about regulation of CME in Europe #3ecf

12:39 pm **PJ_medigital:** #3ECF Edwin Borman - Chair UEMS-EACCME CME task force) is presenting.

12:40 pm **meducate:** Borman representing UEMS - CME/CPD is ultimately paid for by patients #3ecf

12:41 pm **meducate:** Borman here to stimulate dialogue about regulation in CME - along with panel (Doyle-Schraff and Kleinoder) #3ecf

12:42 pm **meducate:** er, make that Doyle-Scharff #3ecf

12:43 pm **meducate:** @cmeadvocate @sarahkrug1 - you have been heard... #3ecf

12:44 pm **jangeissler:** RT @PJ_medigital: #3ECF differing viewpoints on CME wrt patient groups. HCPs here seem 2 think its dangerous to involve lay people in CME

12:44 pm **meducate:** Question, Twittiverse: What should regulation be in CME/CPD #3ecf

12:46 pm **jangeissler:** RT @PJ_medigital: #3ECF Geissler: Q to audience - what is primary info source for cancer patients today? 80% of audience say Internet!

12:48 pm **andrewspong:** @PJ_medigital @jangeissler @meducate TY 4 bringing those outside the room into the room at #3ECF. Hope delegates appreciate svc ur providing

12:50 pm **PJ_medigital:** #3ECF Bower presenting 3 models of regulation for CME.

12:50 pm **Colleen_Young:** @PJ_medigital We support your use of Twitter, Paul. It's not for everyone, but some will harness the power of SM by your example. #3ECF

12:50 pm **andrewspong:** RT @Colleen_Young: @PJ_medigital We support your use of Twitter, Paul. It's not for everyone, but some will harness the power of SM by your example. #3ECF

12:51 pm **Colleen_Young:** RT @andrewspong: @PJ_medigital @jangeissler @meducate TY 4 bringing us into the room at #3ECF. Hope delegates appreciate svc ur providing

12:51 pm **jangeissler:** Slides soon on slideshare RT @PJ_medigital: #3ECF Jan Geissler of CML Advocates Net talking abt how patient advocacy strengthens hcprof edu

12:52 pm **PJ_medigital:** #3ECF Borman: what's in it for the learner? - confirmation of quality. Provider? recognition of excellence, Patient? improved clinical care

- 12:52 pm **meducate:** RT @jangeissler: Slides soon on slideshare #3ECF Jan Geissler of CML Advocates Net -patient advocacy strengthens hcprof edu
- 12:52 pm **Colleen_Young:** RT @PJ_medigital: #3ECF @jangeissler of CML Advocates Net talking abt how patient advocacy strengthens hc prof edu// Look forward to slides
- 12:55 pm **andrewspong:** @meducate Less regs, more transparency. CME providers main asset=trustworthiness. If they wnt 2 destroy it by being unethical,let them #3ecf
- 12:57 pm **PJ_medigital:** RT @jangeissler: Slides soon on slideshare #3ECF Jan Geissler of CML Advocates Net talking abt how patient advocacy strengthens hcprof edu
- 12:58 pm **meducate:** Up next - Maureen Doyle-Scharff from Pfizer #3ecf
- 1:00 pm **jangeissler:** Society pays for hc/CME, not the patient, I think RT @PJ_medigital: #3ECF Borman: who pays? Ultimately the patient pays for CME by doctors
- 1:00 pm **meducate:** Doyle-Scharff - We've been there in the US re CME...learn from the good and the bad #3ecf
- 1:00 pm **PJ_medigital:** #3ECF Maureen Doyle-Scharff, Senior Director, External Med Comms, Pfizer up next talking about the value of "an industry alliance"
- 1:03 pm **meducate:** 60% of ppl in room think that there is a diff between industry-supported CME and non-industry involved...Doyle-Scharff disagrees #3ecf
- 1:04 pm **PJ_medigital:** #3ECF Doyle-Scharff: Industry involvement in CME shouldn't make one bit of difference (compared with CME with no industry involvement)
- 1:05 pm **meducate:** In US, some believe that Industry has hijacked the agenda of CME - Doyle-Scharff #3ecf
- 1:06 pm **PJ_medigital:** #3ECF Who should determine "agenda" for CME? in US, there is no CME apart from industry-sponsored. 57% say "professional practice gaps"
- 1:06 pm **meducate:** Agenda of CME should be based on professional practice gaps - Doyle-Scharff #3ecf
- 1:06 pm **PJ_medigital:** RT @meducate: In US, some believe that Industry has hijacked the agenda of CME - Doyle-Scharff #3ecf
- 1:10 pm **PJ_medigital:** @pfizer_news listening 2 Maureen Doyle-Scharff, Senior Dirctr, External Med Comms, Pfizer on the value of "an industry alliance" in CME #3ECF
- 1:11 pm **PJ_medigital:** #3ECF What should Industry be thinking about wrt CME: Focus on true learner needs (not what learners think they need to learn)
- 1:12 pm **RecognitionA:** #3ecf what should commercial supporters be looking for in CME? Doyle-scharff says education that closes professional practice gaps
- 1:13 pm **PJ_medigital:** #3ECF Doyle-Scharff: CME must have measurable outcomes at the patient level.
- 1:15 pm **meducate:** Doyle-Scharff #3ecf Industry supporters should look for CME with true learner needs, closing prof practice gaps and have measurable outcomes
- 1:16 pm **meducate:** RT @PJ_medigital: #3ECF Doyle-Scharff: CME must have measurable outcomes and if at patient level all the better
- 1:17 pm **meducate:** Education needs to be integrated - use formal and informal methods multiple times to lead to MD changing behaviour - Doyle-Scharff #3ecf
- 1:18 pm **PJ_medigital:** #3ECF Maureen Doyle-Scharff of Pfizer is very passionate about real outcomes in CME and Med Ed.
- 1:19 pm **meducate:** CME is about the patient not the drug - Doyle-Scharff #3ecf
- 1:20 pm **PJ_medigital:** #3ECF Doyle-Scharff: expectations of pharma - CME must be about the patient, not the drug and we should all be for regulation.
- 1:21 pm **PJ_medigital:** #3ECF Doyle-Scharff: "transparency is an absolutely, fundamental imperative"
- 1:21 pm **meducate:** In CME - Start with improved patient care and work backwards from there - Doyle-Scharff #3ecf
- 1:22 pm **BiteTheDust:** been looking for a quote like that. I Thanks RT @meducate: CME is about the patient not the drug - Doyle-Scharff #3ecf
- 1:22 pm **PJ_medigital:** RT @meducate: In CME - Start with improved patient care and work backwards from there - Doyle-Scharff #3ecf
- 1:24 pm **PJ_medigital:** #3ECF Doyle-Scharff: I-PACME (int. Pharma Alliance for CME) has started the dialogue to create a credible voice, learn from past...
- 1:24 pm **PJ_medigital:** #3ECF Doyle-Scharff ... and be proactive
- 1:26 pm **PJ_medigital:** #3ECF Thomas Kleinoeder, Chief Medical Officer KWHC up next on Eu CME evolution
- 1:27 pm **PJ_medigital:** #3ECF Thomas Kleinoeder: CME provider perspective in Europe

- 1:32 pm **meducate:** Kleinoeder - #3ecf people dont know about Health on Net (HON) standard for medical websites
- 1:32 pm **meducate:** 145 standards for good medical websites; 95% never practiced (JAMA date, not sure of ref) - Kleinoeder #3ecf
- 1:34 pm **PJ_medigital:** #3ECF Thomas Kleinoeder: Credit points are the only way some physicians show or measure good medical education
- 1:36 pm **networkpharma:** many thanks to @PJ_medigital @meducate @Clarejo @jangeissler for your tweets from #3ECF - event details at <http://bit.ly/cta4ec> #medcomms
- 1:37 pm **meducate:** @networkpharma You are most welcome - thanks for continuing to organize this important conference #3ecf
- 1:38 pm **PJ_medigital:** #3ECF Thomas Kleinoeder: Need for localisation, but also global standards in CME provision.
- 1:38 pm **meducate:** Think global and act local. RT @PJ_medigital: #3ECF Thomas Kleinoeder: Need for localisation, but also global standards in CME provision.
- 1:40 pm **PJ_medigital:** #3ECF Thomas Kleinoeder: 14 companies have joined good CME practice group <http://www.gCMEp.com>
- 1:41 pm **jangeissler:** Kleinoeder addressing the need for med education made available in local language, English edu not widely effective esp in rural areas #3ecf
- 1:44 pm **PJ_medigital:** Ditto RT @meducate: @networkpharma You are most welcome - thanks for continuing to organize this important conference #3ecf
- 1:55 pm **PJ_medigital:** #3ECF - opinion from the floor that protectionist nature of regulations is flawed, but standards should be set.
- 2:04 pm **PJ_medigital:** #3ECF coffee break time. Need better coffee here please.
- 2:35 pm **PJ_medigital:** #3ECF session: Implementing standards in CME
- 2:48 pm **PJ_medigital:** #3ECF Roland Kaiser going over how Germany is standardising CME. Seem to be quite a few processes involved wrt to physician proof of CME
- 2:50 pm **PJ_medigital:** #3ECF Up next Prof H Madersbacher, the EU-ACME committee chair, a joint venture between European Urology societies.
- 2:51 pm **PJ_medigital:** #3ECF EU-ACME does not accredit, but more than 18000 urologists are participating, with 40% actively collecting credit.
- 2:52 pm **PJ_medigital:** #3ECF EU-ACME provide a barcode card, providers can scan these in order to register physician attendance into the CME system
- 2:53 pm **PJ_medigital:** #3ECF 54% of the room have used pre- and post-course evaluation for knowledge testing in CME
- 2:57 pm **Clarejo:** RT @networkpharma: many thanks to @PJ_medigital @meducate @Clarejo @jangeissler for your tweets from #3ECF - event details at <http://bit.ly/cta4ec> #medcomms
- 2:58 pm **Clarejo:** RT @PJ_medigital: #3ECF EU-ACME provide a barcode card, providers can scan these in order to register physician attendance into the CME system
- 3:08 pm **PJ_medigital:** #3ECF I just got shot down when I asked if EU_ACME think there is the possibility of guesswork or chance in pre/post-tests. Answer: no!
- 3:09 pm **meducate:** RT @PJ_medigital: #3ECF I just got shot down when I asked if EU_ACME think there is the possibility of guesswork in pre/post-tests. Ans no!
- 3:22 pm **PJ_medigital:** #3ECF Peter Posel talking about online GP education-enjoying his delivery and enthusiasm- also the fact he is vertically challenged like me
- 3:29 pm **CMEComplyQueen:** RT @networkpharma: many thanks to @PJ_medigital @meducate @Clarejo @jangeissler for your tweets from #3ECF - event details at <http://bit.ly/cta4ec> #medcomms
- 3:35 pm **PJ_medigital:** #3ECF A sad tale of CME gone wrong in Bulgaria - Hijacked by the Bulg Med Assoc principally to increase revenue. Docs & Pts lost out
- 3:40 pm **PJ_medigital:** #3ECF Suzanne Murray running a workshop on performance improvement in CME
- 3:41 pm **PJ_medigital:** #3ECF Lots of short people in CME. I feel at home.
- 3:45 pm **PJ_medigital:** #3ECF Murray asks the room if we know what Performance Improvement is. Tumbleweeds...
- 3:58 pm **PJ_medigital:** #3ECF I think the definition of a 'Workshop' means different things to different people. To me, this does not mean a lecture. #grumpy
- 4:15 pm **PJ_medigital:** #3ECF end of day 1, thanks for your attention, those who are following. Sorry tweets trailed off towards the end of the day #stillgrumpy
- 4:19 pm **Colleen_Young:** @PJ_medigital Workshop should definitely not be a lecture. Enjoy your evening. Thanks for the tweets from #3ECF

- 4:43 pm **andrewspong:** RT @Colleen_Young: @PJ_medigital Workshop should definitely not be a lecture. Enjoy your evening. Thanks for the tweets from #3ECF
- 5:00 pm **sd90mac6000:** I'm one of those! RT @meducate: Kleinoeder - #3ecf people dont know about Health on Net (HON) standard for medical websites

November 17, 2010

- 6:49 am **EuropeanCME:** Thanks to @PJ_medigital @Clarejo @meducate @jangeissler for the tweets during #3ECF. Getting ready for second day.
- 7:19 am **networkpharma:** day 2 of the 3rd annual European CME forum in Berlin #3ECF
<http://www.europeancmeforum.eu> regulators, pharma and cme providers in the room
- 7:38 am **PJ_medigital:** RT @networkpharma: day 2 of the 3rd annual European CME forum in Berlin #3ECF
- 7:39 am **PJ_medigital:** #3ECF It's Question Time here in Berlin. Addressing 'hot topics'
- 7:50 am **PJ_medigital:** #3ECF E-learning what is the role in Europe WRT accreditation?
- 7:50 am **PJ_medigital:** RT @pj_medigital: #3ECF E-learning what is the role in Europe WRT accreditation?
- 7:51 am **PJ_medigital:** #3ECF E-learning Sorry about the typos! #Tooearly
- 7:52 am **PJ_medigital:** #3ECF E-learning: important role but should think about objectives and depends on situation or needs.
- 7:53 am **PJ_medigital:** #3ECF E-learning: we should think about the needs of the learner and look at all opportunities and choose best medium (M Doyle-Scharff)
- 7:57 am **PJ_medigital:** #3ECF E-learning: debate on how e-learning is working in Europe. Study last year showed that e-learning does work wrt knowledge transfer
- 7:58 am **PJ_medigital:** #3ECF E-learning: Some data to suggest that e-learning falls down when complex subjects are presented.
- 8:01 am **PJ_medigital:** #3ECF E-learning: Studies show that eCME is effective in both credit-seekers, but also learners who did not claim credit.
- 8:04 am **PJ_medigital:** #3ECF Q: it is a waste of time to deliver credits? no! even if learners don't claim, its indicative of the quality.
- 8:09 am **PJ_medigital:** #3ECF Suzanne Millar: we must recognise the value of positioning of the accreditation rather than looking at it in black and white
- 8:11 am **PJ_medigital:** #3ECF Do we need a points system where credit should be given only in the areas that impact the learner's area of work?
- 8:12 am **health20Paris:** @europeancme @meducate I'm looking for #3ECF transcript Tues. Do create <http://wthashtag.com/index.php?title=3ecf>
- 8:13 am **PJ_medigital:** #3ECF reciprocity: what should happen in Europe between National accreditation boards
- 8:14 am **PJ_medigital:** #3ECF Programs are accredited and then can be converted via EACCME system, but how do we add quality? System like journal impact factor?
- 8:25 am **PJ_medigital:** @health20paris @europeancme @meducate I'm looking for #3ECF transcript Tues. Have created here: <http://wthashtag.com/3ecf>
- 8:27 am **PJ_medigital:** #3ECF what is the deficiency in CME providers in Europe? Formulation of Learning Objectives.
- 8:29 am **PJ_medigital:** #3ECF Time has been a proxy for quality, not content... (Jan de Monchy)
- 8:29 am **networkpharma:** RT @PJ_medigital: @health20paris @europeancme @meducate I'm looking for #3ECF transcript Tues. Have created here: <http://wthashtag.com/3ecf>
- 8:30 am **PJ_medigital:** #3ECF Most successful providers can articulate needs, develop appropriate programmes and deliver education commensurate with that. (M D-S)
- 8:31 am **meducate:** RT @PJ_medigital: @health20paris @europeancme I'm looking for #3ECF transcript Tues. Have created here: <http://wthashtag.com/3ecf>
- 8:33 am **PJ_medigital:** #3ECF Passionate views about quality outcomes in CME - panel consensus is that we shld not rely on learner perceptions to determine quality
- 8:35 am **networkpharma:** RT @PJ_medigital: I'm looking for #3ECF transcript Tues. Have created here: <http://wthashtag.com/3ecf> #medcomms
- 8:36 am **health20Paris:** it's a deal: CPD RT @meducate: @health20Paris We should do a webinar on that topic!! #3ECF
- 8:37 am **PJ_medigital:** #3ECF What have we learned from America? Important 2 collaborate, understand each other's req'ments and work together 2 achieve quality CME

- 8:38 am **PJ_medigital:** #3ECF Learned from US? Context, interventions that work in one area may not travel and work in others, also: perspective matters.
- 8:40 am **PJ_medigital:** #3ECF Lesson from US: if we can't self-regulate, governments will become involved and we do not want that! (from floor)
- 8:45 am **PJ_medigital:** #3ECF The Canadian in the room says, don't forget us! We have a great system, why not look at how studying Canadian system can help?
- 8:50 am **PJ_medigital:** #3ECF (pharma co) US legislation and compliance wrt pharma co influencing providers.
- 8:54 am **PJ_medigital:** #3ECF Q from US delegate: how will CME in Europe be funded? Pharma/device?
- 8:59 am **PJ_medigital:** #3ECF Does Europe need a CME journal? US CME journal can be used or submitted from Europe (M D-S, who is on board of Jnl)
- 9:01 am **PJ_medigital:** #3ECF Does Europe need a CME journal? EU view = reluctant to rely on N America, but remains to be seen if there is a commercial basis.
- 9:03 am **PJ_medigital:** @networkpharma Next yr I think you need 2 encourage tweets at #3ECF. Maybe assign 2 ppl to tweet throughout the day? <http://ow.ly/3b52F>
- 9:03 am **PJ_medigital:** #3ECF Coffee time
- 9:25 am **cdebjie:** RT @PJ_medigital: #3ECF Lesson from US: if we can't self-regulate, governments will become involved and we do not want that! (from floor)
- 9:33 am **cdebjie:** RT @PJ_medigital: #3ECF E-learning: debate on how e-learning is working in Europe. Study last year showed that e-learning does work wrt knowledge transfer
- 9:39 am **PJ_medigital:** #3ECF back from my strength 9 espresso #caffeinehigh, Alfonso Negri MD chairs a session on new developments & relationships in CME
- 9:40 am **meducate:** Session on what is changing in European CME and relationships - Alfonso Negri chairing #3ecf
- 9:41 am **PJ_medigital:** #3ECF CME in Italy: Decision makers split between Ministry of Health, Regional Health Structures, Med/sci socs, Med profess assocs + pt grps
- 9:41 am **meducate:** Sorry for not tweeting more during opening #3ecf session today - was trying to be interactive and participatory in the session!
- 9:42 am **PJ_medigital:** #3ECF CME in Italy: 12,000 providers via single event accreditation. In 2011, move to provider accreditation with few hundred provdrs
- 9:43 am **PJ_medigital:** #3ECF CME in Italy: educational objectives: 1M HCPs in Italy, upto 50 credits/yr required by law.
- 9:45 am **PJ_medigital:** #3ECF CME in Italy: incentives - none now , no sanctions at individual lvl. In future, for providers; controls, sanctons and cancellation
- 9:48 am **PJ_medigital:** #3ecf lost wireless access!
- 9:54 am **meducate:** Arcadi Gual from Spain now up at #3ecf
- 9:55 am **Clarejo:** Arcadi Gual now talking about CME in Spain #3ecf
- 9:55 am **RecognitionA:** Arcadi Gual now talking about CME in Spain #3ecf
- 9:55 am **meducate:** Eso es un presentacion muy importante #3ecf
- 9:56 am **meducate:** One system with two gates in Spain - #3ecf
- 9:59 am **PJ_medigital:** #3ECF CME in Spain: industry is usually CME provider, but Spanish administration wants to play role as regulator
- 10:00 am **PJ_medigital:** #3ECF CME in Spain: "only thing one can do with CME credits is keep them in a folder..."
- 10:01 am **PJ_medigital:** #3ECF CME in Spain: the answer? VPC process - periodic validation of professional registration for self-regulation.
- 10:04 am **PJ_medigital:** #3ECF CME in Spain: Balance of VPC primarily sustained by professional orgs, but must have input by administration
- 10:06 am **PJ_medigital:** #3ECF: Bernard Malliet Sec Gen of UEMS -EACCME up now
- 10:07 am **PJ_medigital:** #3ECF Malliet: disclosure and independence is important for CME/CPD. Code of conduct can come from Industry and/or HCP orgs
- 10:09 am **PJ_medigital:** #3ECF Malliet: Global regs include joint declaration by CPME-EFPIA. Rome Group & EU legislation (Directive 2001/83 Article 94 #4legalfans)
- 10:10 am **PJ_medigital:** #3ECF Malliet: 60% of support comes from commercial orgs.
- 10:11 am **PJ_medigital:** #3ECF Apologies to Dr Maillet for mis-spelling his name in recent tweets #verysorry
- 10:11 am **PJ_medigital:** #3ECF Maillet: CME w/o industry support is nearly impossible.

- 10:12 am **networkpharma:** note intention is to post slides from 3rd annual European CME forum #3ECF at <http://www.europeancmeforum.eu> within a week or so #medcomms
- 10:13 am **PJ_medigital:** RT @networkpharma: intend 2 post slides from 3rd annual European CME forum #3ECF (<http://www.europeancmeforum.eu>) within week or so #medcomms
- 10:14 am **networkpharma:** note intention is to publish another KeywordPharma report from this 3rd annual European CME forum #3ECF soon as we can #medcomms
- 10:15 am **PJ_medigital:** #3ECF Philipp Leuschner from EIMSED up.
- 10:17 am **PJ_medigital:** #3ECF Leuschner: Educational planning work back from outcomes in order to define learning objectives
- 10:17 am **networkpharma:** if you are following #3ECF you may be interested in the free KeywordPharma report from last year #2ECF see <http://bit.ly/9k6xzO>
- 10:17 am **PJ_medigital:** #3ECF Leuschner: It is a cyclical process - Evaluation feeds back into needs assessment. Not linear
- 10:20 am **PJ_medigital:** #3ECF Leuschner: Needs Assessment - speak to all stakeholders inc focus groups, Learners, Experts, Pts, Industry etc - gain a balance
- 10:21 am **PJ_medigital:** #3ECF Leuschner: Reinforces point we have seen here over past 2 days: Must focus on performance gaps as first step.
- 10:22 am **PJ_medigital:** #3ECF Leuschner: Performance gaps require learner to openly discuss own challenges, show professional vulnerability.
- 10:25 am **PJ_medigital:** #3ECF Leuschner: how 2 get learners 2 show prof vulnerability? In Austria undertook Customer orientation 2 assess gaps & motivation/feeling
- 10:29 am **Motivology:** rt @PJ_medigital-#3ECF Leuschner: how 2 get learners 2 show prof vulnerability? In Austria undertook Customer orientation... #motivology
- 10:33 am **PJ_medigital:** #3ECF Thomas Kellner Global Leader Medical Education, MSD up . Value to public health & biz value 2 commercial supporters, is it appropriate
- 10:35 am **Clarejo:** Kellner talking about the correlation of industry research with no. Of survivors >100 years #3ecf
- 10:37 am **PJ_medigital:** #3ECF Kellner: expected trends: in next 5 yrs CME budgets in Europe will increase and in US will decrease. Mrrored by 'promotional' CME
- 10:40 am **PJ_medigital:** #3ECF Kellner: are there biases in academic centrs or professional associations. But, who funds them?
- 10:41 am **PJ_medigital:** #3ECF Kellner: public opinion shaped by lobbying with bias against commercial. "public opinion is based on false information from lobbyists"
- 10:42 am **PJ_medigital:** #3ECF Kellner: Term "Medical Education" has no consistent definition, but is consistent definition of "promotion" - urgent need for clarity
- 10:43 am **Clarejo:** Kellner -Public perceptions of CME may be affected by the lack of agreed definition of what is 'medical education' #3ecf
- 10:43 am **PJ_medigital:** #3ECF Kellner: funding sources for Med Ed from three budgets: direct education, grants & sponsorship, individual contribution
- 10:46 am **PJ_medigital:** #3ECF Kellner: Is accreditation a valid & reliable differentiator of education vs promotion? Audience say "yes", "no" or "potential"!
- 10:48 am **PJ_medigital:** #3ECF Kellner: Criteria to define education from promotion? Both depend on effective knowledge, competence and skills of HCPs
- 10:49 am **PJ_medigital:** #3ECF Kellner: "promotional education" is misleading and not compliant with education.
- 10:51 am **PJ_medigital:** #3ECF Kellner presents a model for convergence of interests by Mike Saxton: <http://ow.ly/3b7aT>
- 10:53 am **PJ_medigital:** #3ECF Kellner: as long as industry support is accepted, regulators need to respect commercial responsibility of industry.
- 11:12 am **PJ_medigital:** #3ECF Lunch time
- 11:25 am **cmeadvocate:** Do we need a system akin to a journal impact factor for CME? Nice thought! /via: @PJ_medigital #3ECF
- 11:28 am **cmeadvocate:** Be learning format agnostic, think about the needs of the learner, and choose best medium (M Doyle-Scharff) /via @PJ_medigital #3ECF
- 11:28 am **cmeadvocate:** RT @PJ_medigital: #3ECF Q: it is a waste of time to deliver credits? no! even if learners don't claim, its indicative of the quality.
- 11:31 am **cmeadvocate:** Successful providers can articulate needs, develop appropriate programs & deliver effective education. (M D-S) /via @PJ_medigital #3ECF
- 11:34 am **cmeadvocate:** About quality in CME - #3ECF panel consensus is that we shld not rely on learner perceptions to determine quality /via @PJ_medigital

- 11:37 am **cmeadvocate:** The Canadian in the room says, don't forget us! We have a great system, how can our Canadian system help? /via @PJ_medigital #3ECF
- 11:41 am **cmeadvocate:** CME in Italy: Decision makers split b/w Min. of Hlth, Reg. Hlth Grps, Med/sci socs, Med profess assoc + pt grps /via: @PJ_medigital #3ECF
- 11:45 am **cmeadvocate:** CME in Italy: big changes, in 2011, move to provider accreditation with few hundred provdrs /via: @PJ_medigital #3ECF
- 11:45 am **cmeadvocate:** CME in Italy: educational objectives: 1M HCPs in Italy, upto 50 credits/yr required by law. /via: @PJ_medigital #3ECF
- 11:46 am **cmeadvocate:** CME in Spain: industry is usually CME provider, but Spanish administration wants to play role as regulator /via: @PJ_medigital #3ECF
- 11:47 am **cmeadvocate:** CME in Spain: "only thing one can do with CME credits is keep them in a folder..." /via: @PJ_medigital #3ECF #sotru!
- 11:50 am **cmeadvocate:** Maillet: CME w/o industry support is nearly impossible, 60% of support comes from commercial orgs /via @PJ_medigital #3ECF
- 11:51 am **cmeadvocate:** Leuschner: Reinforces point we have seen here over past 2 days: Must focus on performance gaps as first step /via: @PJ_medigital:#3ECF
- 12:35 pm **PJ_medigital:** #3ECF and we are back: Session 6 is "learning about learning" - there is an ominous flipchart... Led by Jonas Nordquist
- 12:40 pm **PJ_medigital:** #3ECF Nordquist: how do we design med ed activities to deliver high quality programmes. It all boils down to learning.
- 12:42 pm **cmeadvocate:** Nordquist: how do we design med ed activities to deliver high quality programs. It all boils down to learning. /via @PJ_medigital: #3ECF
- 12:42 pm **dean_jenkins:** RT @cmeadvocate: Successful providers can articulate needs, develop appropriate programs & deliver effective education. (M D-S) /via @PJ_medigital #3ECF
- 12:43 pm **PJ_medigital:** #3ECF Nordquist: asks "what is learning"? answers from floor: Knowledge transfer, integrate new info into mindset, measure for progress
- 12:44 pm **PJ_medigital:** #3ECF Nordquist: "Learning is to understand something in a qualitatively different way"
- 12:45 pm **PJ_medigital:** #3ECF Nordquist is an engaging speaker, but I wouldn't want to be up against him in a debate #scaldingwit
- 12:47 pm **PJ_medigital:** #3ECF Nordquist: low-qualitative learning-when a learner performs well directly after the course, but retention over time fades (e.g exams)
- 12:51 pm **PJ_medigital:** #3ECF Nordquist: low cognitive processes (surface): list facts, remember, enumerate. Deep (high cognitive): compare, integrate, evaluate
- 12:52 pm **cmeadvocate:** Nordquist: "Learning is to understand something in a qualitatively different way" /via @PJ_medigital #3ECF
- 12:53 pm **meducate:** #3ecf RT @cmeadvocate: If underlying premise is companies can do no good,even acts of charity & edu supt become suspect <http://bit.ly/b2VMwT>
- 12:53 pm **cmeadvocate:** Nordquist: low-quality learning-when a learner performs well after the course, but retention over time fades /via @PJ_medigital #3ECF
- 12:53 pm **sarahkrug1:** RT @PJ_medigital: #3ECF The Canadian in the room says, don't forget us! We have a great system, why not look at how studying Canadian system can help?
- 12:54 pm **cmeadvocate:** Nordquist: Shallow learning: list facts, remember, enumerate. Deep learning: compare, integrate, evaluate /via @PJ_medigital:#3ECF
- 12:57 pm **PJ_medigital:** #3ECF Nordquist asks what makes learning interesting? Audience group discussions for next 10 mins or so
- 12:58 pm **PJ_medigital:** #3ECF Sitting at a table 1-2-1 discussing CME with Bernard Maillet - Sec General of UEMS-EACCME, #honoured
- 1:02 pm **cmeadvocate:** @PJ_medigital - perhaps a better question is what makes teaching interesting...as this is the crux of the challenge w/ existing CME #3ecf
- 1:02 pm **cmeadvocate:** @PJ_medigital - learning is interesting when it validates, confirms, or reframes existing beliefs and constructs. #3ecf
- 1:02 pm **cmeadvocate:** @PJ_medigital - learning is interesting when is scratches an intellectual itch! #3ecf
- 1:03 pm **PJ_medigital:** #3ECF What makes learning interesting: engaging, passionate, "process (Nordquist disagrees)", thought-provoking, practical,
- 1:06 pm **PJ_medigital:** #3ECF Learning is more interesting if all "senses" are involved, shift of concept and thinking
- 1:08 pm **meducate:** #3ecf @cmeadvocate - you are being brought into the room by @PJ_medigital

- 1:11 pm **PJ_medigital:** #3ECF Application, relevance, progress, challenge old concepts, revolution/elucidation "aha",
- 1:12 pm **PJ_medigital:** #3ECF Nordquist is theorising about learning...
- 1:17 pm **PJ_medigital:** #3ECF Nordquist: giving the history of learning. We are wearing flares and platforms at the moment...
- 1:19 pm **Colleen_Young:** RT @PJ_medigital: #3ECF Learning is more interesting if all "senses" are involved, shift of concept and thinking
- 1:20 pm **Colleen_Young:** Good one! But who's itch? RT @cmeadvocate: @PJ_medigital - learning is interesting when it scratches an intellectual itch! #3ecf
- 1:21 pm **meducate:** Previous experience and previous knowledge are key to learning and social context matters - Nordqvist #3ecf
- 1:22 pm **PJ_medigital:** #3ECF Nordquist: constructivist approach to learning: needs knowledge, experience and social context.
- 1:27 pm **Chrissys8:** Brilliant! RT @cmeadvocate: Do we need a system akin to a journal impact factor for CME? Nice thought! /via: @PJ_medigital #3ECF #ASAE
- 1:29 pm **PJ_medigital:** #3ECF Nordquist: how do we design learning?
- 1:31 pm **PJ_medigital:** RT @pj_medigital: #3ECF Nordquist: how do we design learning? Any ideas tweeps?
- 1:39 pm **PJ_medigital:** #3ECF designing learning: constructive alignment: Aims>TLA>Assessment>Aims etc
- 1:42 pm **PJ_medigital:** #3ECF Nordquist: learning is all about relevance - how do we make any learning activity relevant?
- 1:45 pm **PJ_medigital:** #3ECF Apparently, Nordquist plays golf naked!
- 1:45 pm **meducate:** Our table had the same thought...RT @PJ_medigital: #3ECF Apparently, Nordquist plays golf naked!
- 1:53 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF E-learning: Studies show that eCME is effective in both credit-seekers, but also learners who did not claim credit.
- 1:53 pm **PJ_medigital:** #3ECF Nordquist wraps up: Learning objectives are key: formulate them properly. If not, no assessment, no evaluation.
- 1:53 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF what is the deficiency in CME providers in Europe? Formulation of Learning Objectives.
- 1:54 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF Passionate views about quality outcomes in CME - panel consensus is that we should not rely on learner perceptions to determine quality
- 1:54 pm **CMEComplyQueen:** RT @networkpharma: RT @PJ_medigital: I'm looking for #3ECF transcript Tues. Have created here: <http://wthashtag.com/3ecf> #medcomms
- 1:54 pm **PJ_medigital:** #3ECF Nordquist: admits he is lovely.
- 1:57 pm **CMEComplyQueen:** RT @PJ_medigital: RT @networkpharma: intend 2 post slides from 3rd annual European CME forum #3ECF (<http://www.europeancmeforum.eu>) within week or so #medcomms
- 1:59 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF Kellner: expected trends: in next 5 yrs CME budgets in Europe will increase and in US will decrease. Mirrored by 'promotional' CME
- 1:59 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF Kellner: Term "Medical Education" has no consistent definition, but is consistent definition of "promotion" - urgent need for clarity
- 2:01 pm **CMEComplyQueen:** RT @PJ_medigital: #3ECF Nordquist wraps up: Learning objectives are key: formulate them properly. If not, no assessment, no evaluation.
- 2:23 pm **PJ_medigital:** #3ECF: final session - CME unsession moderated by @meducate
- 2:26 pm **PJ_medigital:** #3ECF EFPIA - apparently are working in something on CME and compliance (Maillet)
- 2:27 pm **PJ_medigital:** #3ECF If you cut Industry out of the decision making process in terms of quality CME, no funding will be forthcoming.
- 2:33 pm **PJ_medigital:** #3ECF are Europeans OK with North Americans being present at the meeting? And Sure - in fact let's take the thing global: <http://ow.ly/3bdNL>
- 2:35 pm **PJ_medigital:** #3ECF Has European CME improved over past months?: UK yes=60% Germany no=100%!
- 2:38 pm **PJ_medigital:** #3ECF prob in Germany, they need to solve problem in harmonization internally.
- 2:44 pm **PJ_medigital:** #3ECF @LordSugar autobiography cited at the European CME Forum: analogy of VHS imports into France in the 1980s vs state of CME in Europe...
- 2:51 pm **PJ_medigital:** #3ECF @meducate getting hot under the collar about pharma inefficiencies in internal process/communication

- 2:56 pm **PJ_medigital:** #3ECF Thanks @meducate for an energetic last session!
- 4:22 pm **cmeadvocate:** Kudos to those in Berlin at #3ecf who shared the conference proceedings through twitter. Thx @meducate @PJ_medigital @networkpharma
- 4:32 pm **Clarejo:** #3ecf great meeting! Thanks
- 4:34 pm **Clarejo:** @meducate sorry to miss last session! Heard it was v good. #3ecf
- 4:36 pm **meducate:** @cmeadvocate My pleasure...conf was excellent and glad you were engaging virtually #3ecf
- 4:55 pm **Haleywriting:** Need to educate journal publishers and MECCs. Unrestricted grant is used in a sloppy way in medical publishing arena. RT @PJ_medigital #3ECF
- 6:01 pm **EuropeanCME:** Thank you to all for your support @ #3ECF and esp @PJ_medigital for excellent tweeting. TY.
- 7:11 pm **CMEComplyQueen:** RT @EuropeanCME: Thank you to all for your support @ #3ECF and esp @PJ_medigital for excellent tweeting. TY.
- 8:06 pm **networkpharma:** My thanks too. RT @EuropeanCME Thank you to all for your support @ #3ECF and esp @PJ_medigital for excellent tweeting. TY
- 8:10 pm **networkpharma:** More thanks for help at #3ECF - IML, your key pads with their microphones are the best! Great job guys. Everyone see <http://www.iml.co.uk>
- 8:14 pm **networkpharma:** More thanks for help at #3ECF - Management Forum, another job well done Everyone see <http://www.management-forum.co.uk>
- 8:15 pm **networkpharma:** Big thanks to the sponsors of #3ECF - International Medical Press, MSD and Pfizer.
- 8:20 pm **networkpharma:** Amsterdam? Barcelona? Already working on #4ECF. Watch <http://www.europeanCMEforum.eu> for reports from #3ECF and news of what comes next

November 18, 2010

- 4:11 pm **jangeissler:** My presentation @EuropeanCME abt how patient advocacy strengthens health prof edu now on slideshare <http://slidesha.re/bDQ8Jm> #3ECF #cancer