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.
With support from and thanks to our sponsors and partners.

Please visit www.europeanCMEforum.eu for information about proceedings from this meeting, further information about future meetings, and updates on other European CME activity.

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Welcome to the Meeting

Welcome to the fourth annual meeting of the European CME Forum taking place in Amsterdam, the city that was the clear majority choice of attendees at last year’s meeting.

This year, following the feedback we received from previous delegates and through discussions with target audience members over the past year, we are focusing more on the education providers; not just the commercial providers, but also the Medical Societies which account for such a large percentage of total CME programming in Europe. Another strong call was for more attention to be paid to the role of the pharma company supporter. Clearly they do not have a direct role to play in CME programming, but if a company is to financially support something, surely they are entitled to some kind of benefit – but how far should things go and what does this benefit look like? Added to this is the problem that pharma is under ever increasing scrutiny from government and public alike; they are sometimes finding themselves having to act in such ways that even the expert doctors are starting to find this higher level of transparency and accountability uncomfortable.

The Good CME Practice Group has taken its work further in the past year and it will report on the consultation process they carried out and engage the room in a demonstration of how their core principles can offer practical guidance for providers developing CME programmes. Opinions from across the Atlantic are occasionally met with mixed reception: while some examples may be interesting, occasionally their relevance to the European environment is rendering them little more than a curiosity.

This year we have dedicated a whole session looking at programmes developed in the US but through a filter that ensures that each case discussed highlights an example of good practice that can be applied in Europe.

As in previous years we will be maintaining as much free-flowing dialogue between speakers and delegates as is possible; the more interaction and debate the better the learning environment. After all, we know all too well that didactic lectures are the least effective of all educational techniques! We are also maintaining the “unsession” as the last slot, one with no agenda and no pre-determined topics as an opportunity to ask any question that may come to mind. Our over-riding objective is that no-one in the room leaves the meeting with any unanswered questions still rattling around in their head.

The past year has also seen European CME Forum consolidate its position and has now become a fully fledged not-for-profit organisation. This has been accompanied with the launching of our new journal: The Journal of European CME (JECME). It has taken a lot of time to put all the pieces into place and to gather impressive Editorial and Advisory Boards to help steer the journal under Editor-in-Chief Robin Stevenson’s guiding hand. Please spread the word and consider writing up some of your own work for publication in what we hope will become a lively mouthpiece for European CME.

I would like to thank everyone who has helped to make this meeting possible: all of the speakers as well as the many participants and observers of European CME who have helped 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.

Finally, as ever, my thanks go to Peter Llewellyn, whose guidance and drive has helped bring this event, JECME and many other activities into being.

I wish you an edifying and engaging two days!

Eugene Pozniak
Programme Director
5th Annual Meeting of the European CME Forum
15–16 November 2012, London

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# Programme

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<td>Tea/coffee and pastries available</td>
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<tr>
<td>8.30–10.00</td>
<td>Welcome address and <strong>Session 1</strong>: Approaching an educational activity</td>
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## Day 2 – Friday 11 November

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<tr>
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<td>8.00–10.00</td>
<td>Review of Day 1 and <strong>Session 5</strong>: Question time</td>
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<td>10.30–12.00</td>
<td><strong>Session 6</strong>: Born in the USA? Measuring the true value of CME</td>
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<td>13.30–15.00</td>
<td><strong>Session 7</strong>: Learning about learning</td>
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<td>15.00–16.00</td>
<td><strong>Session 8</strong>: The CME unsession</td>
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<td>16.00</td>
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Day 1 – Introduction

Welcome address

Eugene Pozniak (Programme Director)

Session 1:

Approaching an educational activity

Jonas Nordquist (Director, Medical Case Centre, Karolinska Institute)

The overall aim of this session is to address the issue of learning goals in relation to effective learning. After this session each participant will have a minimum of one new strategy in order to improve communication of learning goals with future participants, in any learning activity or learning event regardless of content area.

The Bologna process is currently having a major impact on education in Europe. Article one in the Bologna declaration states that degrees in the European Higher Education Area should be readable and easy to compare. As a result many countries and medical schools went through a comprehensive process of trying to define their curricula in outcome based terms: What should someone who has participated in a specific training program be able to do after successfully completing such a program? Generally in the field of medical education, there is a strong push towards outcome-based curricula on all levels: undergraduate as well as postgraduate.

What about the state of the art in CME/CPD? A lot of time and effort is spent by many CME/CPD providers to analyze the market in terms of “needs assessment”, but how well are identified “needs” communicated to individual learners and how well are those “needs” used to guide the design of an individual curriculum for an individual learning event? Does it matter at all? Is it important to communicate learning objectives to participants in a learning event? These are issues discussed and addressed in this session. The session will be highly interactive and participant oriented.

Session 2:

The four core principles of good CME practice

Chair: Jacqui Thornton (Independent healthcare consultant)

Onno Kaagman (CEO & Managing Director, MEDCON International), Barbara Macelloni (Medical Education Director, IntraMed International), Alisa Pearlstone (Director of Medical Education, PCM Scientific), Madeleine Schaffer (CEO, EIMSED)

The Good CME Practice Group recently completed its consultation process and is finalising their practical guidelines on how education providers should engage in CME.

The objective of this session is to illustrate the core principles with practical examples that the delegates work through, debate and discuss.

The four core principles address key questions: – What does an appropriate educational activity look like? – How can one ensure that it is balanced? – How does one achieve transparency in practice? – Can educational programmes be shown to be effective? Participants of the Good CME Practice Group will present and discuss the key aspects in an interactive environment to demonstrate how the principles can be applied in practice.
[How] can CME change clinical practice?

Chair: Éamann Breathnach (Chair, Education Committee; Chair, EDIR Subcommittee, European Society of Radiology)

Speakers: Miklós Udvardy (Chair CME Committee European Hematology Association), Thomas Kellner (Managing Partner, AXDEV Europe), Helmut Madersbacher (Chairman EU-ACME Committee)

Is it possible for a CME activity to effect a change in clinical practice? Can it indeed help doctors adhere to Guidelines? Is there a link? Is there a role for CME when it comes to looking at changing clinical practice? We will hear from individuals who have been examining these questions in detail and will assess the role CME has to play.

CME – why is it so important?

Miklós Udvardy (Chair CME Committee European Hematology Association)

The recent change of emphasis in medical education from the doctor/clinician to the patient has resulted in CME providers and national authorities raising important questions:

- How can doctor-patient relations be improved?
- Does CME actually change an individual’s practice?

The response to these questions has been to emphasize the quality of CME delivered, as opposed to the duration, and to conduct more extensive pre- and post-event evaluation, including assessing to what extent the lessons learnt are still being exploited months later. This is something the EHA-CME Unit is investigating.

CME is becoming mandatory in more countries in Europe and more closely monitored in others. In order to harmonize the quality of training and promote mobility of doctors, CME providers and accreditation organizations are re-examining links with industry in an effort to reinforce good practice, develop content independently of sponsors and show all details of financial support.

EHA is a European leader in this process and EHA-CME is both strict, in terms of its accreditation Standards and Guidelines and Code of Conduct, as well as high in quality. Only events organized by scientific and academic organizations are accredited. EHA-CME points are recognized alongside national CME points in increasing numbers of countries and enhance the mobility of hematologists.

EHA strives to accredit only the best events and make it as easy as possible to claim CME credits. To this end, EHA is looking at better systems of quality-monitoring and improving user-friendliness.

Impacting clinical practice and patient outcomes. A paradigm change?

Thomas Kellner (Managing Partner AXDEV Europe)

Traditional models of medical societies were primarily based on sharing knowledge and access to latest science, the engagement in research as well as the development of guidelines. Since the evolution of the internet and medical information services, access to information is becoming less of an issue. Medical societies are facing a demand for an increased value proposition. The focus needs to shift more into the real needs of their members, with more emphasis on younger members, and public health. Medical education has proven to be effective in achieving better patient outcomes; however such models require appropriate design with more focus on knowledge translation than knowledge sharing. This implies evolving the scope of medical education by recognition of principles of behavioral change, change management and quality management.

In order to maintain the value proposition of the medical professional associations a paradigm shift is required. Institutions need to start recognizing social accountability and validate, if their services are being used in the best interest of the public. Rigorous design of needs- and performance-assessments are becoming the cornerstone of future success. The dialogue between those designing health policies, providing care, providing services, payers and patients needs to be enforced. Access to education that is truly changing clinical practice and performance becomes a critical service to address future challenges of an ageing population and limited resources in healthcare. Excellence is to be measured based on the ability of educational institutions to have an impact on peoples well being.

Quality control for CME in European urology – a report from the EU-ACME Office

Helmut Madersbacher (Chairman) and Beata Adamczyk (Office Manager)

The office of European Urology – Accredited Continuing Medical Education (EU-ACME) is a joint venture of the European Association of Urology (EAU) and the European Board of Urology (EBU). It was founded in 2005, with Prof. Madersbacher appointed as chairman of the office and its program. The aim of its program is to promote CME among European urologists and to offer them a service offering credit points that are registered and administered in a smooth way by the EU-ACME Office. Currently more than 18,000 urologists are participating in this program, 40% actively collecting credit points.

To date the basis of gaining credit points has been based on the number of hours a urologist spends in accredited meetings. However, the time a urologist spends in the lecture room is not a good reflection of the amount of
knowledge gained during this time. A pilot project was set up in 2010 to look at this specifically. This comprised a pre- and post-course knowledge test: participants of two courses of the European School of Urology were asked to answer six multiple-choice questions (MCQs) with four possible answers. This was done before the meeting started and at the end of the meeting. Voting was done with the help of an audio-response system (ARS). In addition to this, eight weeks after the course the participants were again asked about the benefit they had gained from attending this course. The design, evaluation process and analysis of the results were carried out by IOWO, an independent education consultancy institute of Radboud University.

Following the success of the pilot project, a further study involving 635 urologists participating in thirteen courses have been evaluated using pre- and post-course knowledge testing. These were courses of the European School of Urology, national Austrian courses and the recent Annual Meeting of the International Continence Society (ICS). IOWO has ensured that the evaluation process has been standardized and designed to gain insight on a number of key topics:

- Did the participants increase their knowledge by attending the course?
- What was the average percentage?
- How did individual participants perform?
- Did they subjectively benefit from the course?

It was seen that if more than 35% of the participants answered a MCQ correctly, before the course, the question was obviously too easy. If, on the other hand, fewer than 10% initially answered a question correctly, the MCQ was either too difficult or not defined clearly enough. The lecturers also benefited from knowing how the participants answered in real-time having the opportunity to see the answers to the pre-course test presented on a monitor. They could gauge immediately the level of knowledge of the delegates by the level of correctly answered questions, and could react immediately by amending their presentation or discussion accordingly. It was found that the participants very much appreciated this flexibility. The immediate presentation of the MCQ answers also meant that the questions and answers could be further discussed at the end of the meeting, with explanations offered as to why certain statements were correct and others were wrong.

Due to the positive response to this pre- and post-knowledge testing format, the European School of Urology has decided to evaluate another eight courses in the coming year. Moreover, we encourage other international scientific societies that already participate in the EU-ACME program and national societies to consider establishing pre- and post-knowledge testing with the logistic help of our office.

**Session 4:**

**Aligning regulations for compliant CME**

Chair: Jacqui Thornton (Independent healthcare consultant)

Edwin Borman (Chair, UEMS-EACME CME Taskforce), Reinhard Griebenow (Chair, European Board for Accreditation in Cardiology – EBAC), Marie-Claire Pickaert (Deputy Director General, European Federation of Pharmaceutical Industries and Associations – EFPIA), Eva Thalmann (EMEA External Scientific Relations Director, Johnson & Johnson)

We are now entering a phase of CME development in Europe where there is an expectation that the pharmaceutical industry supports CME, even if their involvement is not as significant as in the US. But what should their role be? Should they be selecting the faculty, or driving the content development? Clearly not. But where are the rules to show them the way to support CME activities? The pharmaceutical industry is now needing to follow ever stricter transparency and Corporate Integrity rules, with some very stiff penalties in the event of non-compliance or breech. But who is guiding them when it comes to supporting CME in Europe? It is clearly a problem and this session will examine how the different groups can work together for compliant CME – from all stakeholders’ points of view.
Day 2 – Introduction

Review of Day 1

Lawrence Sherman (SVP Educational Strategy, Prova Education)

Session 5:

Question time

Chair: Robin Stevenson (Editor-in-Chief, Journal of European CME; Immediate Past Chair, EBAP)

Panellists: Edwin Borman (Chair, UEMS-EACCME CME Taskforce), Jonas Nordquist (Director, Medical Case Centre, Karolinska Institute), Alisa Pearlstone (Director of Medical Education, PCM Scientific), Dirk Schrijvers (Educational Chair, European CanCer Organisation)

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

Session 6:

Born in the USA? Measuring the true value of CME

Maureen Doyle-Scharf (Senior Director, Team Lead, Medical Education Group, Pfizer), Laura Muttini (Associate Director, Professional Education and Patient Support, Abbott)

CME, its role in helping healthcare professionals stay current and relevant in the ever-changing world of healthcare, the role of the producers of CME and the role of industry in the US have all evolved over the past 20 years. Support of CME from industry’s perspective has moved from a tactical component of a company’s goals and objectives, to a strategic tool that plays a key role in making sure innovations are put into practice in a timely, effective and efficient manner, ensuring that healthcare professionals understand the science and technology behind medical innovation and how it ultimately impacts patient care and outcomes.

This session will highlight, through case examples, how medical education can move from a ‘reach and frequency’ education-centric model where the measure of success is based on number of participants, to a practice improvement, patient care-centric model, where success is measured by how well practice gaps are closed, and how well healthcare professionals are practicing to ‘standard of care’.

Session 7:

Learning about learning

Jonas Nordquist (Director, Medical Case Centre, Karolinska Institute)

The overall aim of this session is to demonstrate one highly interactive educational activity in order to maximize the level of high quality learning. After this session each participant shall be able to identify different stages and components in setting-up a high quality educational activity.

There is good evidence that learning has to connect to the previous experience and knowledge of the learner; the learner needs to understand the need to know and how it relates to his or her own situation; learning should be an interactive activity and learning has to be fun! This session will ask the question why we still, despite the good evidence we have, use so many non-participatory educational activities, and why we still focus so much on subject transfer from expert to novice when we know that a) this in most cases results in low-quality learning, b) the transfer from “theory to practice” can become problematic and c) this form of learning has a tendency to become tedious?

This session will help the participants to identify some basic stages in setting-up an interactive learning activity and to identify important components in interactive learning activities.

Session 8:

The CME unsession

Lawrence Sherman (SVP Educational Strategy, Prova Education)

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

Continuing Medical Education in Oncology

Dirk Schrijvers (Educational Chair, European CanCer Organisation)

Introduction

Oncology is a rapidly changing speciality due to progress in the knowledge, skills and attitudes in cancer treatment and care. These changes should be implemented in daily clinical practice. To ensure optimal treatment and care for cancer patients, professional dealing with cancer patients should participate in a continuing medical education (CME) program.

The main objectives of such a CME program are to improve the quality of patient care; set standards of clinical competence for practice; and encourage the continuing scholarship required for professional excellence over a lifetime of service (1).

Initiatives in developing CME in oncology in Europe

The Federation of Cancer Societies (FECS), now the European CanCer Organisation (ECCO), started an inventory in 2000 in a European Union Project within the Leonardo da Vinci framework of continuous medical education (CME) programs within the different member societies. This resulted in a publication on continuous medical education in oncology in Europe (2).

Need for standardisation of CME evaluation at a European level

It was shown that at that time, there was a need for standard rules and structures for CME in Europe in oncology. A survey by FECS demonstrated the heterogeneity of the systems between EU countries. The heterogeneity concerned different aspects including the compulsory nature of CME, the CME rules and the structure of the CME accreditation authorities. The heterogeneity also existed in the way CME authorities were structured. In some countries, CME was managed at a regional level, in others at a national level. All these aspects implied that the accreditation of CME and its mutual recognition differed among European Countries.

The introduction of the European Accreditation Council on Continuing Medical Education (EACCME) by the European Union of Medical Specialists (UEMS) facilitated the recognition of international CME events and their credits.

Quality evaluation and assurance is a key element in CME. To this aim, the European Accreditation Council of Oncology in Europe (ACOE) was established in 1999 to assess the educational value of CME activities addressed to an international audience in the field of oncology. ACOE ensures that the events submitted by the organisers receive a review of high quality performed by a group of international experts in all the disciplines involved in oncology (medical oncology, radiotherapy, surgical oncology, nursing oncology, basic science and paediatric oncology), according to the strict rules defined by the EACCME.

CME in oncology

At the start of the FECS CME initiative in 2000, some of the member organisations had already a complete CME program in place, while for other Societies this was not yet the case. Within the project, statement papers on CME were produced by all the member organisations involved, namely the European Association of Cancer Research (EACR), The European Oncology Nursing Society (EONS), the European Society for Medical Oncology (ESMO), the European Society for Surgical Oncology (ESSO), the European Society for Therapeutic Radiology and Oncology (ESTRO), and the International Society of Paediatric Oncology (SIOP).

CME accredited initiatives in oncology

Courses, symposia and congresses

Traditionally, educational events such as international courses, symposia and congresses are awarded with CME credits. All major oncology congresses, and especially those with an educational program, both in the Europe or other parts of the world, are recognized to be important tools to distribute knowledge for continuous education.

Most of the credits attributed to these events are recognized by international societies and national bodies as valid credits for accreditation.
Journals
The study of publications by the scientific organisation are eligible for oncology CME credits. Each society has own regulation in relation to the value of these credits. Some international journals are also recognized in oncology for accreditation based on their CME system.

E-based learning
Several efforts have been made by ECCO to initiate E-based learning.

The first one was the development of Web-based case reports with the support of the European Union in the Leonardo da Vinci program. ECCO piloted a new web-based educational program with 3 multidisciplinary case studies posted on a dedicated website incorporating multiple choice questions as part of the didactic approach. The feasibility report concluded on the added value of this type of CME activity for the users and recommends its continuation on the basis of specific guidelines.

Based on this initiative, web-based cases were produced and put on the ECCO website from 2006-2010.

Another EU supported initiative (Lifelong Learning) was the development of videos "oncovideos" in specific oncology techniques. They give a state-of-the-art reviews of a certain topic and are peer reviewed. These video’s are freely accessible after registration and they are followed by a multiple choice questionnaire leading to CME credits (3).

In addition to the congresses, all presentations are available on-web for viewing. They do not lead to CME credits (4).

Conclusion
CME constitutes an important aspect of oncology in order to achieve optimal patient treatment and care. Different initiative have been taken to stress the importance of CME to the professional and by using the ACOE system, international CME credits are recognized by the majority of European Countries.

New initiatives may facilitate continuous learning, but the attribution of credits to these new formats remains to be examined.

References
2. Federation of European Cancer Societies. Continuing Medical Education in Oncology in Europe. 2003; 1-56.
Speakers

Dr Edwin Borman

Edwin Borman works as a Consultant Anaesthetist and Clinical Director at University Hospitals, Coventry, UK.

He chairs the UEMS Working Group on CME/CPD (1999–present), which has produced policy documents on CPD (The Basel Declaration) and on other elements related to the quality of medical care.

He also chairs the UEMS Taskforce on the EACCME that is engaged in reforming its governance, and has developing higher standards for the accreditation of e-learning materials, and of live educational events.


He does have a life outside Medicine and Medicopolitics – sometimes!

Prof. Éamann Breatnach

Dr Breatnach is Consultant Radiologist at the Mater University Hospital Dublin and past Dean of the Faculty of Radiologists, Royal College of Surgeons in Ireland. He is Chairman of the Education Committee of the European Society of Radiology (with a membership of 51,000 European radiologists) with responsibility for the society’s CME programme and Chairman of the Diploma Subcommittee at the European School of Radiology.

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 is working on a PhD in Higher Education from Ohio University. She currently resides in Columbus, Ohio, with her husband and their three children.

Prof. Reinhard Griebenow

Reinhard Griebenow is Chairman of European Cardiology Section Foundation and President of the UEMS Cardiology Section. He completed his medical studies at Göttingen University and served his residency at the Dept. of Internal Medicine II University Hospital Cologne (Merheim), where he is now Professor for Internal Medicine.

He is also a member of the Board and Head of the Academy of medical training and education at the Chamber of Physicians Nordrhine, and serves on the board of the German Senate for CME.
### Onno Kaagman

Onno Kaagman is CEO and managing director of MEDCON International, an Amsterdam based company with a focus on the development, management and implementation of live and online CME programs. In 2000 he founded the company as MEDCON Europe in partnership with USA based MEDCON. Since 2009 the company was transformed to MEDCON International, with a focus on educational initiatives outside of the USA, and a particular focus on Europe, Asia & Middle east.

He has over 20 years of experience within the pharmaceutical sector, holding various marketing positions in Rhone Poulenc, Parke-Davis & Pfizer. Before starting MEDCON he was responsible for the global marketing for various cardiovascular compounds at the US based HQ of Parke-Davis. (now Pfizer).

He was involved since the early initiation of leading cardiovascular CME platforms as the Vascular Biology Working Group (VBWG). Some of the current initiatives are: The Physicians’ Academy for Cardiovascular Education (PACE Foundation), an independent thought leader driven institute aimed to provide a high quality CME platform for international physicians in cardiovascular disease and diabetes. The European Primary Care Cardiovascular Society (EPCCS), and a local Dutch CME platform in cardiovascular medicine ‘cv.geneeskunde.nl’, the leading multidisciplinary education and information platform in the Netherlands with a focus on therapy related education and information.

### Barbara Macelloni

Barbara has extensive experience in MedEd & CME activities and she currently supervises a fully dedicated team that handle projects at an international level.

Barbara has a degree in Pharmacy and spent the first years of her professional career as a Rep at the Gentili Institute (now part of MSD). In 1996 Barbara moved to the private hospital “The Humanitas Clinical Institute” (one of the most important hospitals in Italy) where she was in charge of relationship marketing & communication activities addressed to physicians and healthcare structures.

Led by a growing interest in healthcare communications and thanks to the broad knowledge acquired through her previous experiences, Barbara joined Sentrix Milan in 1997 in the role of Account Manager. A year later she switched to S&H Milan as Senior Account Director, where she managed all promotional activities for main domestic clients, and in 2005 Barbara was appointed Medical Education Director of IntraMed International with the responsibility of further developing the Med Ed division part of S&H International Milan.

Her actual tasks also include the management of NextHealth International, the scientific publisher and CME provider part of the S&H Group Italy.

Barbara has become over the years the Med Ed and CME expert and is therefore often involved in new business pitches targeting medical programmes at both domestic and international levels. She successfully supervises a number of pan-European/Global medical educational projects. Barbara is a participant of the Good CME Practice Group.

### Dr Thomas Kellner

Thomas Kellner holds a medical degree from the University of Munich. He joined MSD (Merck in the US) to develop multi-channel marketing and managed the univadis® portal, an information service and education source for healthcare professionals available in >35 countries. It attracts millions of physician contacts a year and has become an industry leading initiative. He held various international positions over the 10 years he was with Merck, including leader of the global medical education strategy. Thomas Kellner is member of the executive board of the Global Alliance for Medical Education. He founded AXDEV Europe as a managing partner, a subsidiary of AXDEV Group in Canada. He is an author of the whitepaper “CME in Europe. Revolution or Evolution?” and contributed to various publications in the field of CME.
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 2000-2002 and is a Board member of the European Urologic Association as chairman of the European Urology – Accredited Continuous Medical Education (EU-ACME) Office/Program, which he initiated in 2004.

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

Synopsis of area of interest:

Dr. Madersbacher’s research interest is clinical neuro-urology and LUTS dysfunction. Moreover as a chairman of the EU-ACME Program of EAU/EBU he is interested in improving the quality of CME in European Urology.

Laura Muttini

Laura is currently the Director of the Grant Management Department within the Professional Education and Patient Support Team at Abbott where she has been employed for the last 4 years. Her responsibilities include the oversight and management of the entire grant management department for both medical and non-medical education grants as well as charitable donations. She has been instrumental in launching the department, implementing an on-line grant management system, and creating a strategic planning arm of the department. Laura had similar responsibilities while at TAP Pharmaceuticals, Inc, launching a Professional Education Department and on-line system during her 10 year tenure there. Laura has been active in the world of medical education for the last 14 years while in her various assignments at Abbott/TAP, and has won several leadership and ethics and compliance awards for her expertise during that time frame. She is a member of the ACME.

Prior to her employment at Abbott and TAP, Laura has over 12 years experience as a practicing Registered Pharmacist, mostly in the outpatient hospital pharmacy and long term care settings. Additionally, she has worked in the managed care and pharmacy benefit management arenas. Laura also has experience as an instructor for pharmacy, nursing, and pharmacy technician students.

Laura holds a Bachelor of Science degree in pharmacy from the University of Illinois. She also has an MBA from the Keller Graduate School of Management with a specialization in marketing. In addition, Laura holds a CCMEP certification.
Dr Jonas Nordquist

Jonas Nordquist, PhD, is the director of the Medical Case Centre at Karolinska Institutet, Sweden. He is also the associate director of the residency programs (48 in total) at the Karolinska University Hospital where he is in charge of strategic educational development and quality assurance. He has a passionate interest in organizational leadership, organizational culture, power structures in organization and organizational resistance towards change. He is the founder of a new global leadership program run together with BMJ (“Leading for Change in Health Professional Education”). He is the author of three books and several peer-reviewed articles. He has been working in many countries around the world and is a WHO expert in medical education. He is on the editorial board for the European Journal of CME. Jonas Nordquist is the main supervisor of a PhD-Candidate who is studying implementation of educational reforms and educational leadership.

Dr Alisa Pearlstone

Alisa has a foundational background in psychology and completed her doctoral research in neuroscience at the Institute of Neurology, Queen Square. She maintained her interest in science education in parallel, acting as honorary lecturer and tutor at Goldsmiths College, University of London for several years before moving into the medical communications industry. Within med comms, Alisa progressed through a variety of editorial and client service roles over the years before establishing her own agency in partnership with Rob Miller. Within the company, they created distinct CME and promotional divisions, of which Alisa heads up the CME division, PCM Scientific, as Director of Medical Education.

Marie-Claire Pickaert

Ms Pickaert is the Deputy Director General of EFPIA, member of EFPIA’s General Management and Secretary to EFPIA’s bodies, including: General Assembly, Board and Executive Committee, the Heads of Europe Group and Heads of Member Associations Committee. She leads EFPIA’s activities relating to country support and compliance. Building on her practical experience in pricing and reimbursement negotiations with national authorities, she advises membership and ad hoc groups in the area pricing and healthcare coverage. She also directs work on codes compliance and ethics.

She coordinates specific projects, including: EFPIA’s Patients’ W.A.I.T. Indicator, benchmarking countries performance re patient access to new medicines; the “Medicines for Mankind” publication and materials, showcasing the pharmaceutical innovation’s contribution to patients care; the “e4ethics” platform, pre-assessing scientific and medical congresses against the EFPIA HCP Code provisions.

Ms Pickaert joined EFPIA in 1989, establishing the “economic & social” department. She also developed relationships between EFPIA and the medical profession and pharmacists at European level, with a particular focus on ethical aspects of promotion of medicines. Before joining EFPIA, Ms Pickaert was economic adviser, then Director of Economic and Social Affairs and Statistics & Information Processing at AGIM (Association générale de l’Industrie du Médicament en Belgique). She has a Master in Economic Science from the Vrije Universiteit te Brussel (Belgium) – with honours, and Continued education and specialisation – post-university/ executive training in Applied Psychology in Economics (2 years), Auditing and Valuation of Enterprises (2 years) and Hospital Management (1 year).
Eugene Pozniak

Following his degree in Chemistry, Eugene spent 12 years working in a variety of positions in the pharmaceutical industry, advertising and medical communications agencies. He left the promotional sector for good in 2000, working since then exclusively in Continuing Medical Education (CME), initially devising and delivering e-learning for the European Society of Cardiology (“ESCed” being the first CME accredited e-learning platform in Europe). He worked as Director of CME ex-US for Wolters Kluwer Health, before setting up Siyemi Learning in 2006 – an independent CME Provider in Europe.

Eugene has delivered over 500 hours of CME accredited meetings and 50 hours of accredited e-learning, primarily for European doctors (pan-European and national), but also has experience in CME for North America, Latin America, South East Asia, Japan and the Middle East.

He co-founded the European CME Forum with Peter Llewellyn in 2008 and is a participant of the Good CME Practice group: both initiatives looking specifically at how European CME can be progressed through sharing experiences and co-operation between key stakeholder groups to set or improve standards.

Madeleine Schaffer

Madeleine finished her studies at the International Management Center Krems with focus on business and congress tourism. She started her career in the area of event marketing working for the French Publicis group, quickly rising to senior manager leading executive management positions in the area of medical congress and meeting management.

After having complimented her marketing expertise at mobilkom austria AG, Madeleine returned to the CME sector and together with Karl Altenhuber established the European Institute for Medical & Scientific Education (EIMSED) in 2008 and took over the executive management of the EIMSED in 2010. Madeleine is an expert in the medical education sector understanding promotional education as well as the need for independent education.

The EIMSED is an independent non-profit association offering expertise in the area of medical education, operating live and online education on an international level. The EIMSED contributes to the creation of the CME path in Europe by establishing high quality CME programs, using a new educational design and by setting high CME standards, involving all stakeholders of the healthcare sector. The EIMSED is a participant of the Good CME Practice Group.

Dr Dirk Schrijvers

Dirk Schrijvers MD, PhD, studied medicine at the Limburgse Universitaire Campus, Diepenbeek, Belgium (1978-1981) and graduated from the Universitaire Instelling Antwerpen, Wilrijk, Belgium (1981-1985). He obtained a degree in Tropical Medicine at the Institute of Tropical Medicine “Prins Leopold”, Antwerp, Belgium in 1986. From 1988 till 1993, he went on to specialize in Internal Medicine and Medical Oncology at the Universitaire Instelling Antwerpen, Edegem, Belgium.

Dr. Schrijvers obtained his doctoral degree (PhD) in Medical Sciences after defending the thesis: “Anticancer drugs in head and neck cancer: clinical pharmacologic studies.” He received postgraduate training in epidemiology and public health, clinical pharmacology, management and palliative care.

Working for 2 years in Africa (Franceville, Gabon) at the Centre International de Recherches Médicales he had the opportunity to study infectious diseases. After finishing his specialization in Internal Medicine and Medical Oncology, he was employed at the Department of Medical Oncology of the University Hospital of Antwerp, Edegem, Belgium (1993-2000). Here he was responsible for new drug development, head and neck cancer, and palliative care. From 2000-2001, he worked as a Medical Oncologist at the Department of Medical Oncology of the AZ. Jan Palfijn, Merksem, Belgium.

Currently he is head of the Department Medical Oncology, Ziekenhuisnetwerk Antwerpen-Middelheim, Antwerp, Belgium and is responsible for new drug development, head and neck cancer, urological cancer and supportive and palliative care.

He published more than 200 articles on infectious diseases, anticancer drugs (phase I, II and III studies), head and neck cancer and palliative care and education in peer-reviewed journals. He both wrote and edited books on oncological emergencies, advanced cancer care, principles of targeted therapy, prostate cancer, palliative care and medical oncology. He is editorial member of journals on cancer treatment, palliative care and studio glass (Fjoezzz).
Dr. Schrijvers is a certified member of ESMO (European Society for Medical Oncology) and BSMO (Belgian Society of Medical Oncology). He is Education Chair of the European Cancer Organisation (ECCO) and member of the Palliative Care Working Group and of the Faculty Supportive and Palliative care of the European Society for Medical Oncology (ESMO). He is past chair of the educational committee and of the Publishing Working Group of ESMO. He served as member of the ESMO Board.

As a member of the board of "Palliative Hulpverlening Antwerpen (PHA)" and the “Witgele Kruis” dr. Schrijvers actively supports the continuing care of cancer patients outside the hospitals in the Antwerp region. He is also a member of several advisory boards.

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.

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.

Robin is Editor-in-Chief of the recently launched Journal of European CME (JECME) an online only, open access, peer review journal on CME-CPD practice.
Dr Eva Thalmann

Eva Thalmann PhD is External Scientific Relations Director at Janssen Medical Affairs Europe for Oncology/Hematology. Throughout her carrier she was also working in Nephrology and Virology. As External Scientific Relations Director she is focusing on close connections to major European Medical Societies such as EORTC, ESMO, EHA, EAU, as well as to top experts and patient advocacy groups. Additionally she is responsible within the EMEA Janssen organization for CME programs. She is member of several internal strategic groups and helped to implement Pan-European Health Care Compliance Guidelines and Standard Operating Procedures in Medical Education for Janssen.

Eva Thalmann obtained a PhD in Biochemistry from the University of Vienna and joined Janssen-Cilag in 1990. She had various positions in Medical Affairs and Strategic Marketing for Janssen and Johnson & Johnson within Europe and US.

Jacqui Thornton

Jacqui Thornton is a health journalist, facilitator and media trainer who, after a 15 year career in British national newspapers, now advises clinicians, medical charities, and the pharmaceutical industry on communication skills. She earned her spurs as news reporter, then health correspondent at the Sunday Telegraph, followed by Health Editor at the Sun. Since 2007 she has run Jacqui Thornton Communications, whose clients include the Royal College of Surgeons, the Department of Health, and the Wellcome Trust. She chairs events at conferences, advisory boards and private meetings, media trains clinicians and commentates on the BBC and BMJ.com. She still works as a freelance journalist and is a member of the Medical Journalists’ Association and the Guild of Health Writers in the UK. She sits on the Board of Winchester and Eastleigh Healthcare NHS Trust as a non-executive director, and is a lecturer in journalism at Winchester University.

Prof. Miklós Udvardy

Miklós Udvardy is Chair of EHA-CME Unit 2011-14 and has been a member of the CME Unit since 2009. He is Full professor and Chair of the 2nd Department of Medicine, Debrecen University Medical School, Hungary, since 1994, with previous positions that include: Vice-Rector for education (1995-2000) and Vice-President of University Health Science Centre with responsibility for postgraduate education and CME (2000-2006).

Dr Udvardy gained his qualifications at the Faculty of Medicine, Szeged University Medical School, receiving his internal medicine license in 1977 and specialising in clinical haematology in 2000. He also has has scientific qualifications, a PhD in 1988 Habilitation of the Debrecen University Medical School and “academic doctor” (D.Sc., Hungary) grades in 1994. He sits on a number of committees including: Hungarian National Board for Haematology and Transfusion (President), Hungarian National Board of Internal Medicine (member), Hungarian Society of Internal Medicine (Vice President), Presidential member at the Hungarian Society for Haematology.

In addition to graduate and postgraduate medical teaching and education, his special fields of interest are clinical haematology: acute leukaemia, myeloma, platelet vessel wall interactions in diabetes mellitus, Moschcowitz syndrome, liver diseases, and vascular disorders.
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 four 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.

The principles were developed, expanded and fine tuned with assistance from representatives from other stakeholder groups. The detailed descriptions were then validated through a far-reaching consultation process during 2011, with CME accreditation bodies and medical societies across Europe. The results of which are being written up, with the addition of guidance on practical application, and will be submitted for publication shortly.

For more information see: www.gCMEp.eu
As the publisher of Medical Teacher, we are proud to announce two groundbreaking additions to our CME-CPD portfolio.

**NEW**

**Journal of European CME**
The Open-Access Journal on CME-CPD Practice

SUBMIT ONLINE - [http://www.jecme.eu](http://www.jecme.eu)

- Published in partnership with European CME Forum
- Features articles on best practices within the European CME-CPD community
- Provides a forum for the discussion of standards and regulatory issues

**NEW**

**CMEcast**
Anytime, anywhere access to audio CME-CPD

JUST LAUNCHED - [http://www.informacmecast.org](http://www.informacmecast.org)

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- Tracks all CME activity on the proprietary CMEtracker service, free to all registered users
- Features ‘Ask the Expert’, a unique feature that allows users to interact directly with KOLs in their field

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ABOUT prIME Oncology
prIME Oncology is a global professional Independent Medical Education organization specializing in educational activities for physicians who treat patients with cancer. With the ultimate goal of improving patient outcomes, prIME Oncology provides evidence-based, state-of-the-art educational activities that assist oncology clinicians in making up-to-date and appropriate treatment decisions.

Please visit www.prIMEoncology.org for more information.
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, a Not-For-Profit organisation, limited by guarantee in England and Wales: 7567322.

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Please visit www.europeanCMEforum.eu for information about proceedings from this meeting, further information about future meetings, and updates on other European CME activity.