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Special Issue

„Continuing Medical Education (CME)“:
Continuing Medical Education in a global comparison

MEZIS Mein Essen zahl' ich selbst
Initiative of Incorruptible Doctors





Author:
Christiane Fischer, MPH

Dr. Christiane Fischer is the medical director of MEZIS e.V.
She is a member of the German Ethics Council and the Palliative Foundation.

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Introduction

independent continuing medical education is possible!

Doctors have committed themselves to always act in the best interests of their patients. This also includes the approach of continuing medical education (CME) and continuing professional development (CPD), which is a cornerstone for maintaining professional competence. For many years, professional codes and, in some countries, (professional) laws have defined that CME/CPD must be independent of commercial interests. But how is it in reality? How big is the influence of the pharmaceutical industry? To what extent do pharmaceutical companies sponsor and conduct medical training events?

In this brochure, we viewed the situation in the selected countries Germany, India, South Africa and Brazil. We thus covered one country in each of four continents. In order to obtain detailed information about the actual situation of continuing medical education, we conducted semi-structured qualitative interviews with ten participants each. We were also interested in the situation in other, randomly selected, European and non-European countries. Although this survey is not representative, it provides a valuable overview of the mostly desolate CME situation worldwide. This must and can change - anywhere! The Active Alliance „Fortbildung 2020“ (Continuing Education 2020) founded by MEZIS e.V. in 2018 shows that it can work.

At present, the majority of CME training courses certified by the medical associations are (co) financed by pharmaceutical companies. The German Medical Association writes: „The aim of advanced training is to continuously improve the quality of treatment and thus to guarantee a high level of patient care and safety. Regular training therefore contributes to quality assurance.“¹

In Germany, statutory health insurance doctors have to prove 250 continuing medical education

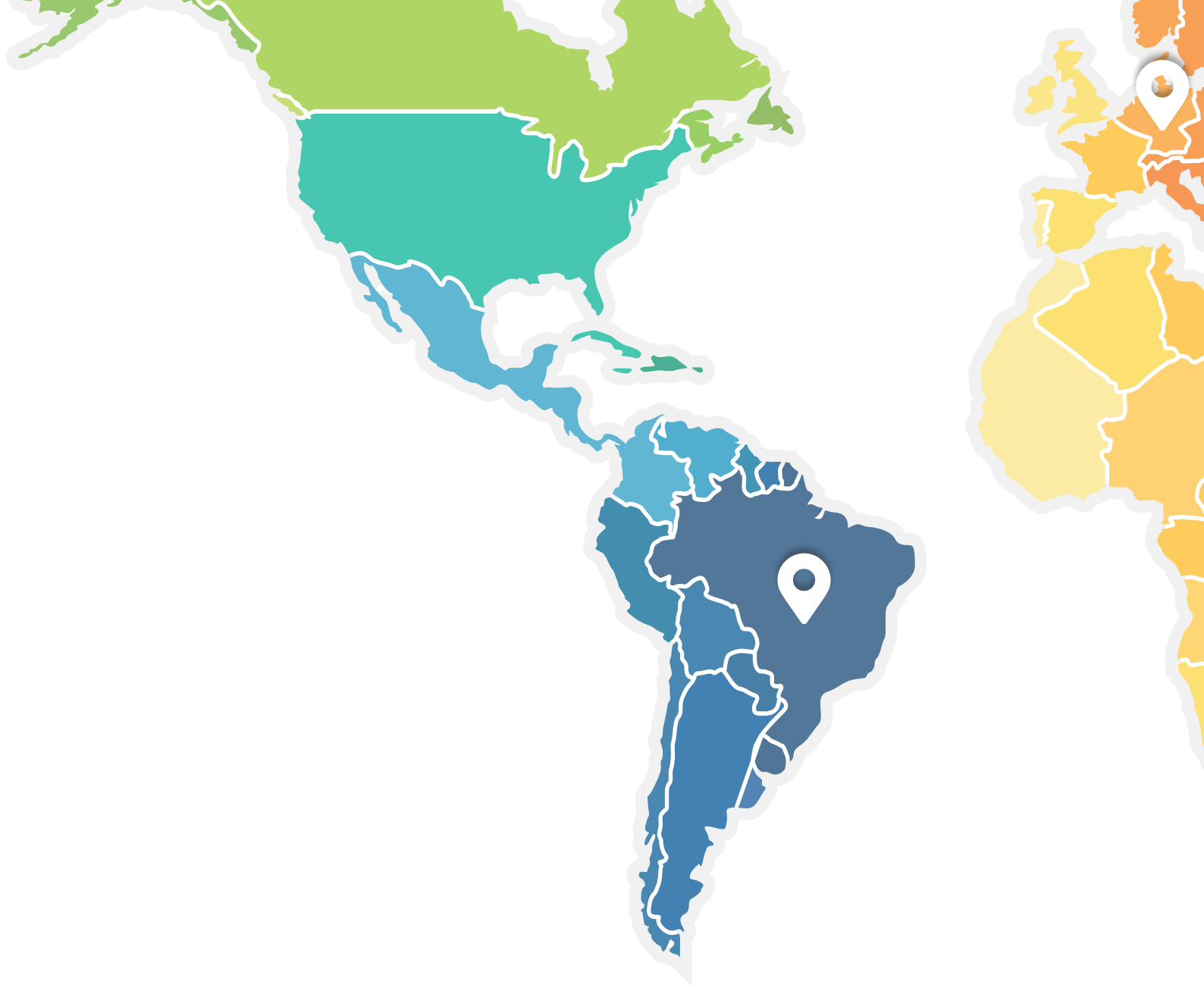
points (CME points) within five years. The regional medical associations decide on the accreditation of points, i.e. on whether an event qualifies as continuing medical education. CME points are used to „ennoble“ an event as continuing medical education. Without points, it is a simple advertising event for the pharmaceutical industry. It is therefore necessary to examine whether an event receives CME points, on what criteria it is based and whether there is quality control.

Unfortunately, reality shows that little or no quality control takes place and that continuing medical education is de facto an open gateway for the pharmaceutical industry. As this brochure shows, the situation worldwide is no better. In many cases, continuing medical education is reduced to an advertising event at which the participants receive free meals. In addition, pharmaceutical companies often bear the travel and accommodation costs of the participants. These „passive invitations“ by the pharmaceutical industry are booming. Such events have nothing to do with independent information. This is one of the reasons why we founded the Active Alliance „Fortbildung 2020“ (Continuing Education 2020) for events without sponsoring.

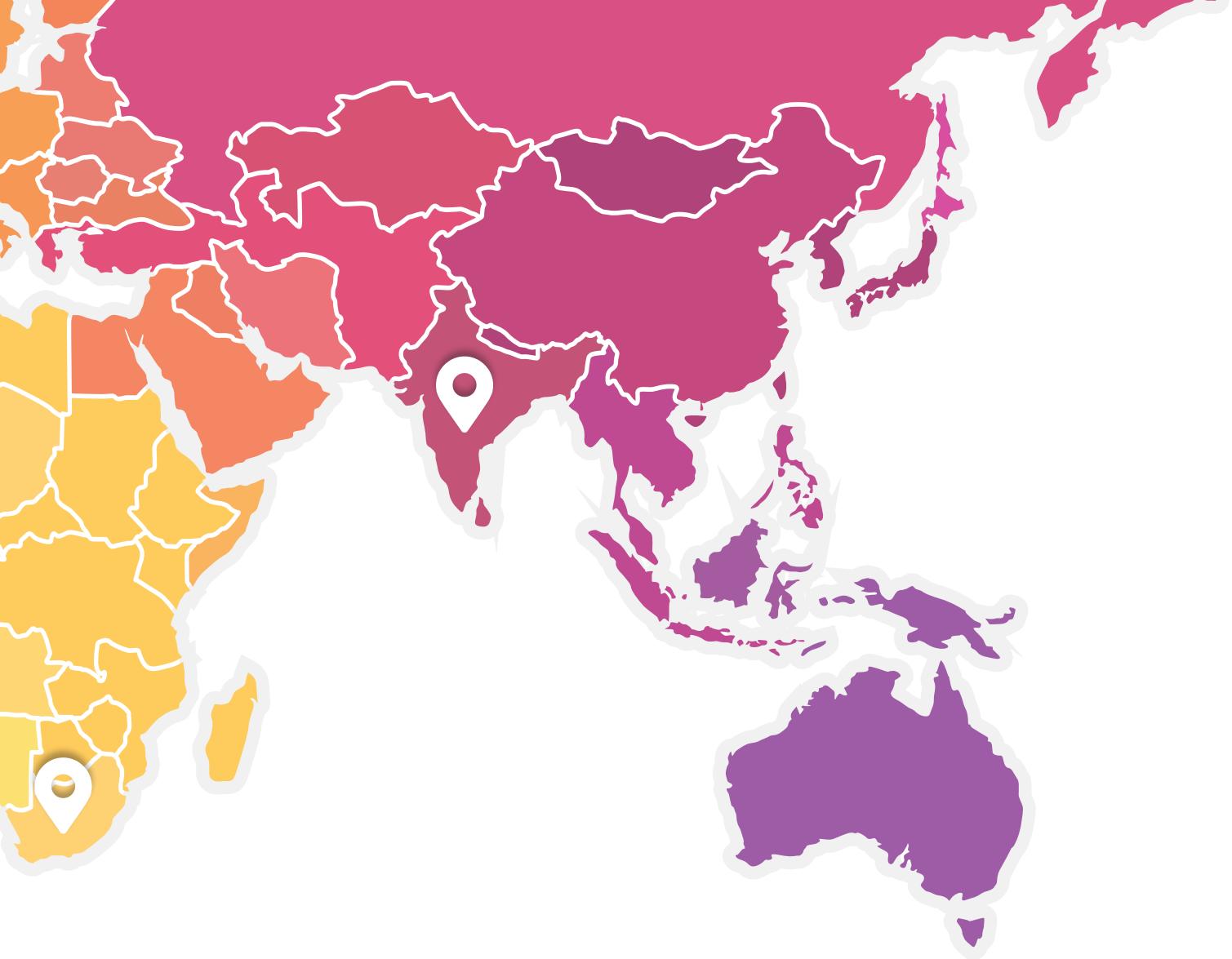
The founding members are the German Society for General and Family Medicine (DEGAM), the Medicines Commission of the German Medical Association (AkdÄ), the Heidelberg Medical Academy (HD Med) and Libermed, a provider of independent continuing education.

The Active Alliance shows that a change of thinking and of the medical advanced training culture are possible. After all we know: Continuing medical education has to be returned into the hands of the medical profession! And that applies universally!

¹ Bundesärztekammer (2018) Fortbildung als immanenter Bestandteil der ärztlichen Tätigkeit (Continuing education as an immanent part of medical activity), <http://www.bundesaerztekammer.de/aerzte/aus-weiter-fortbildung/fortbildung/> [Access May. 11, 2019]



The selected countries:
Germany, India, South Africa
and Brazil



Germany

CME in Germany

All doctors living in Germany are registered with their regional medical associations and continuing education is one of the important medical professional duties. The aim is to continuously improve the quality of treatment and quality assurance.

All those who treat the 70 million (87 percent) patients covered by statutory health insurances must provide proof of 250 continuing medical education (CME) points in five years. The regional medical associations award one CME point per 45 minutes of instruction.

For practical exercises in small groups, additional CME points can be awarded. However, doctors can also acquire CME points online, which makes cheating easier. And it is completely up to the doctors to decide which events they attend.

Penalties are possible, but rather the exception.

Professional proceedings can be initiated, or doctors can be obligated to participate in advanced training events, if necessary by a penalty payment being set. Especially for doctors working in the field of SHI-accredited medical care, Book V of the Social Code (SGB V) regulates further sanctions, namely fee reductions and even the withdrawal of approval. A withdrawal of approval has not yet occurred.

In fact, the obligation to score CME points also applies to private doctors and pharmacists. However, it is not being monitored and is just "nice to have".

The regional medical associations decide on the accreditation of CME points. They determine whether an event qualifies as continuing medical education.



The professional codes of conduct of the regional medical associations regulate the obligation to undergo advanced training, whereby the regional medical associations generally adopt the model professional code of conduct (MBO¹) of the Federal Medical Association. It says in §4:

1. Doctors practising their profession shall be obliged to undergo professional training to the extent necessary to maintain and develop the professional knowledge necessary for exercising their profession.
2. Upon request, doctors must provide the Medical Association with evidence of their advanced training in accordance with paragraph (1) by means of a certificate of advanced training issued by a Medical Association.

This is specified in §32:

1. Doctors are not permitted to ... ask for gifts or other advantages for themselves or third parties or to accept promises made to them or to third parties if this creates the impression that the impartiality of the medical decision is influenced.

Unfortunately, however, this is again restricted:

2. Such influence shall not be contrary to professional ethics if it serves an economic treatment or prescription method on a social-law basis and the doctor retains the opportunity to make a decision for medical reasons other than that associated with financial incentives.

Sponsoring not prohibited

At present, the majority of prescription-relevant CME training courses certified by the state medical associations are (co)financed by pharmaceutical companies. For some years now, transparency with regard to sponsoring has been created. However, organisers and speakers usually only show the sponsorship sums in the invitation and at the presentation. This has not significantly led to an improvement and risk reduction. Presentations are still not independent and still advertise products, even if the speakers themselves do not notice it.

Distortions and bias on the part of the speakers still occur. One reason: sponsoring is legal. Even the industry can offer CME events. Some providers of CME events have therefore voluntarily imposed further conflict of interest regulations on themselves which go beyond the regulations of the medical association, such as the Medicines Commission of the German Medical Association (AkdÄ) or providers such as the Heidelberg Medical Academy (HD Med) and Libermed.

No CME points for Omniamed

In 2018, the State Medical Association of Baden-Württemberg did not accredit CME points for a leading commercial provider for the first time. If the company's objection to the revocation

¹ Bundesärztekammer (1997) (Muster-)Berufsordnung für die in Deutschland tätigen Ärztinnen und Ärzte (Model) Professional Code of Conduct for Doctors Working in Germany (1997/2018) http://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/MBO/MBO-AE.pdf [Access May. 11, 2019]

fails, this would set a precedent with possible nationwide effects on the certification behaviour of other state medical associations as well.

To counteract the ethically unprofessional influence of the pharmaceutical industry, we have created the Active Alliance "Fortbildung 2020" - Alliance for Independent Medical Continuing Education.¹ It is the aim of the alliance to re-establish continuing medical education as a primary medical task. In the interests of good patient care, continuing education must take place independently of the interests of the pharmaceutical industry and be returned to the responsibility of the clinics, professional societies and associations and bodies of medical self-administration. First important partners in the field of industry-independent advanced training have already joined the Active Alliance: The Medicines Commission of the German Medical Profession (AkdÄ²), the German Society for General and Family Medicine (DEGAM³) and the training providers Heidelberger Medizinakademie (HD Med⁴) and Libermed⁵. We hope that this good example will set an example worldwide.

All interviewees support the general obligation for doctors to undergo advanced training. However, they assess the quality of CME events and treatment guidelines very differently. The majority of the interviewees viewed CME training courses conducted by the pharmaceutical industry and sponsorship by the pharmaceutical industry very critically. The interviewees agreed with the idea that pharmaceutical sponsorship would degenerate advanced training events into advertising events that no longer have anything to do with medical independence. Regrettably, sponsoring is not prohibited, but morally problematic. The interviewees highlighted alternatives such as Active Alliance 2020 as a lighthouse example. They wish that the Active Alliance will set an example worldwide.



Brazil

The Federal Council and the Regional Councils of Medicine

The Conselho Federal de Medicina (CFM, Portuguese for Federal Council of Medicine) is the Brazilian authority of the Ministry of Labour and Employment. It is responsible for professional regulation and medical approval. The headquarters are in Brasília. In each Brazilian federal state, the CFM is represented by a Regional Council, which has essentially the same task as the Federal Council at the federal state level. That includes the granting of the annual medical license in the respective federal state for a doctor to be allowed to work there. The council members are financially supported by annual fees from all doctors practicing in Brazil and are elected by their colleagues on a voluntary basis.

The Federal Council and the Medical Association (AMB, Portuguese for Associação Médica Brasileira) are statutory professional ethical supervisory bodies and responsible for the registration of doctors. The regional councils act as professional courts: they hear the complaints against doctors, assess them and, if necessary, determine ethical and professional penalties. The sanctions provid-

1 <https://cme-sponsorfrei.de/> [Access May. 11, 2019]

2 <https://www.akdae.de/> [Access May. 11, 2019]

3 <https://www.degam.de/> [Access May. 11, 2019]

4 <http://www.hdmed.de/> [Access May. 11, 2019]

5 <http://libermed.de/> [Access May. 11, 2019]

ed for by law may be private or public warnings, suspension of professional practice for 30 days or even suspension of professional practice for life. This can be appealed against by the doctors. The Federal Council for Medicine is headed by an elected executive committee and a council. There are dozens of technical committees responsible for investigating, making and implementing recommendations.¹

Brazilian Medical Association

The Brazilian Medical Association AMB was founded in 1951 and is the national medical association in Brazil. Membership is voluntary, however, and 13 percent of all doctors belong to it. With more than 140,000 employees, the AMB is nevertheless the second largest association in America (North, Central and South America) after the American Medical Association (AMA) in the USA. The official magazine "Revista da Associação Médica Brasileira"² is published by Elsevier.

The main task of the AMB is the scientific development and the professional evaluation of the doctor who contributes to the health of the Brazilian population. The AMB mainly concentrates on the scientific field and on the 56 medical specialist groups existing in Brazil. They also form professional societies such as the Brazilian Society of Cardiology. AMB is also active in the interests of the profession.

Desolate situation and no mandatory CME points in Brazil

Unfortunately, CME points have no longer been compulsory in Brazil since 2000. What is more, the Supreme Court even banned compulsory CME training. There are no sanctions in Brazil, neither for doctors nor for other professions. It is only in the public health sector that there is no industrial sponsorship, whereas in the private sector massive sponsorship occurs. The American Society sells CME points on a voluntary basis! In addition, professional associations organise advanced training courses, which test the acquired knowledge at the end of the course.

However, these are largely sponsored by the pharmaceutical industry. Accordingly, independent quality control does not take place. In the past, the CME training courses were mostly paid for by the pharmaceutical industry, as were the travel costs of the participants. At least that is happening less often now. The borderline between advertising and information is unclear in any case. It can also be assumed that there is a strong advertising influence, especially on the products sold. The interviews also revealed this. Nevertheless, the interviewees largely regarded the training courses as very good to good and the pharmaceutical industry as part of the healthcare system. Only one participant rated the quality of training as very poor and did not see the industry as part of the health system.



South Africa

All doctors in South Africa are legally registered and licensed by the Health Professions Council of South Africa (HPCSA). The HPCSA consists of many professional bodies. Doctors and dentists are additionally registered with the Medical and Dental Professional Board (MDPB), specialists are also registered with the College of Medicines of South Africa (CMSA). At the CMSA, there are faculties for each subject (e.g. internal medicine, paediatrics, surgery). In addition, doctors may join a number of voluntary professional associations. The largest of these is the South African Medical Association (SAMA), to which a number of subsidiary structures belong. There are associations and societies for all specialist areas or areas of practice, such as the Rural Doctors Association of South Africa (RUDASA), the Public Health Association of South Africa (PHASA), the South African

¹ https://en.wikipedia.org/wiki/Conselho_Federal_de_Medicina [Access May. 11, 2019]

² ISSN 2255-4823

HIV clinicians or the Junior Doctors Association of South Africa (JUDASA).

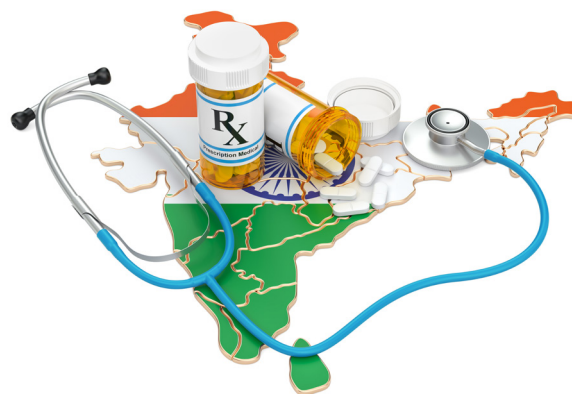
All medical schools in South Africa are publicly owned, and all new graduates must complete one to two years in a public hospital and then one year of community service. Specialists in training (registrars) are only employed in public hospitals. After completion of their non-profit activities, doctors and specialists may also work in the private sector.

Strict CME rules in South Africa

In South Africa, the regulation is impressively strict. There is an obligation for advanced training and this is also supervised by the Health Professions Council of South Africa (HPCSA). Doctors need 30 CME/CPD (Continuing Professional Development) points per year, with 5 CPD points per year being ethics points.¹

One hour corresponds to one training point. The doctors are allowed two years to establish the points. If they fail to meet the training obligation, they will lose their licence to practise medicine after six months. As a rule, the training courses are financed by the membership fees of the HPCSA and SAMA. There are only few private advanced training courses that the doctors have to pay for themselves. The HPCSA and SAMA also decide on the acceptance of CPD points. In some cases, the conference fees include the catering for participants but never do they include overnight accommodation. Travel expenses and overnight stays will only be covered by the organisers for speakers. Sponsorship by the pharmaceutical industry is permitted but must be made transparent like in Germany.²

Any training, especially sponsored training, must be approved by the accredited Ethics Committee of the South African Health Research Ethics Council. The interviewees rated training events as very good to good.



India

To be ill in India means either to be treated by the state health system, which is known for a lack of personnel, poor infrastructure and poor service, or to be treated privately. In private care, patients often have to dig deep into their own pockets. The Indian health system is full of contradictions. On the one hand, Indian patients often receive inadequate treatment while they are provided with free medication in another state. And then there are the HIV and hepatitis C patients in Africa, who would receive almost no therapy without India.

India has its own Ministry of Yoga, Naturopathy, Unani, Siddha, Ayurveda and Homeopathy, all of which are recognised as equal. These therapeutic directions have their own universities, hospitals and pharmacies.

After five and a half years of university education, all allopathic doctors in India register with the Medical Council of India (MCI), a government body with elected members. However, the MCI is currently not functioning because of corruption practices and the government is planning to set up an alternative. In addition, each federal state has a law and an obligation to register as a doctor. All doctors treating patients must theoretically be registered under the MCI and state registration. Otherwise they are not recognised. However, there is also a gateway for the pharmaceutical industry in the form of "non-registered doctors". Aside from the above registration, allopathic doctors in India have an association of doctors called Indian Medical Association (IMA). Each state and each major city have their own IMA branches.

¹ http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/cpd/CPD_Guidelines_Sept_2017.pdf [Access May. 11, 2019]

² http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/cpd/Criteria_and_Guidelines_for_Service_providers_Update%2031_March_2017.pdf [Access May. 11, 2019]

Confusing CME rules in India

Just as contradictory as the healthcare system is, is the CME system. CME training courses are usually organised by the IMA, but they are not really compulsory. The government has therefore appointed a National Medical Mission to establish guidelines. But this has not yet happened. Depending on the federal state, doctors should acquire between 30 and 120 CME points per year or within five years.¹ There are no sanctions, but you can get points. Sponsorship is allowed and even much desired by many, as the interviewees stated. The industry also pay for food, travel and accommodation for participants. Doctors are often unaware of this. At the sponsored events, which are usually free of charge, product promotion also takes place, for example for new pseudo-innovative diabetes drugs. The interviewees rated the events from very good to very bad. They also indicated that, especially in the past, many events were only intended for advertising purposes, or to meet friends and drink alcohol (which is frowned upon in India). The IMA even encourages pharmaceutical companies to organise CME events themselves.

There are also independent CMEs, which are mostly organised by universities or critical organisations such as No Free Lunch India², the Drug Action Forum Karnataka or the medico friend circle³. These organizations are actively fighting back and trying to create an alternative to the corrupt system. Some of the interviewees considered the connection to the pharmaceutical industry to be extremely unethical and wanted to do something about it.

CME in individual countries

Switzerland

Many doctors are members of the Foederatio Medicorum Helveticorum (FMH⁴). However, membership is not compulsory. In Switzerland, many doctors have the right to dispense medicines in their practices, i.e. they have an interest in selling those medicines. Doctors in hospitals are often members of the VSAO (Association of Swiss Assistant and Senior Doctors⁵). All doctors must acquire 50 CME points for structured training and 30 points by self-study. Training Regulations (FBO)⁶ of the Swiss Institute for

1 Credit Hours Confusion <https://www.renewalskeptics.com/2016/06/24/credit-hours-confusion/> [Access May. 11, 2019]

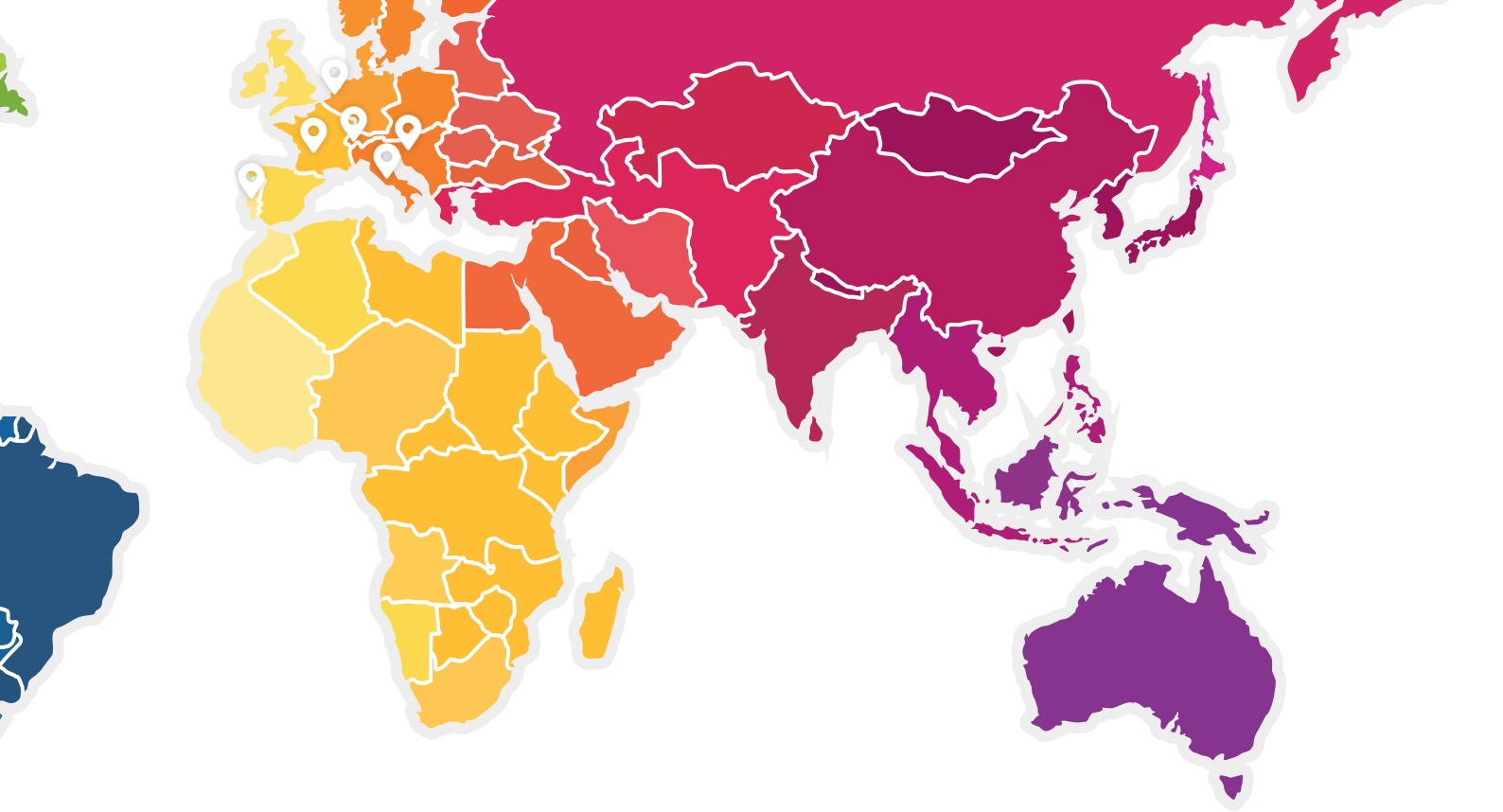
2 <http://nofreelunchindia.org> [Access May. 11, 2019]

3 <http://www.mfcindia.org> [Access May. 11, 2019]

4 <http://www.fmh.ch> [Access May. 11, 2019]

5 <http://www.vsao.ch> [Access May. 11, 2019]

6 https://www.fmh.ch/files/pdf19/fbo_d.pdf [Access May. 11, 2019]



Postgraduate & Further Education in Medicine (SIWF¹)s define the awarding of points according to fixed criteria. Although feedback forms are often available for quality control purposes, their evaluation is more than questionable. If doctors do not receive CME credits, they will have difficulties with the insurance companies, which could then refuse payments. The FMH and professional associations organise CME training courses. Sponsoring is legal and very common. However, the pharmaceutical industry themselves do not organise training courses. The training courses are rated from good to very bad.

The participants in advanced training courses usually pay for their own food, accommodation and travel expenses. According to legislation, pharmaceutical companies may reimburse maximum of two thirds of the participants' costs.

Austria

The Austrian Medical Chamber (ÖÄK)² represents the joint professional, social and economic interests of all doctors working in Austria in accordance with the Medical Doctors Act. This umbrella association is made up of nine federal states with corresponding state medical associations. All doctors working in clinical and practical settings must attain 250 CME points in five years. In Austria, CME points are called DFP points (Diploma Continuing Education Programme). The medical associations confirm this with a valid DFP diploma. 85 of these points must be acquired by the doctors through attendance events.³ Theoretically, there are sanctions up to the withdrawal of approval. But these are usually not carried out in reality. The ÖÄK is responsible for the DFP accreditation, quality control does not take place. Sponsoring is allowed and widely spread. About 90 percent of the events are sponsored. The pharmaceutical industry themselves may offer DFP training courses. Travelling expenses for participants are also reimbursed by the industry. The quality of DFP training varies greatly. They are rated from very good to very bad.

1 <https://www.fmh.ch/bildung-siwf.html> [Access May. 11, 2019]

2 <http://www.aerztekammer.at> [Access May. 11, 2019]

3 <https://www.aekwien.at/infos-zum-dfp> [Access May. 11, 2019]

France

In France, doctors are organised in national, regional and local, often trade union, sometimes independent, training institutions. National organisations and some local organisations are accredited by ANDPC¹ (Agence Nationale du Développement Professionnel Continu). ANDPC also organizes validated training courses for doctors and other healthcare professionals. The implementation of CME is in progress. Although it is planned and there is already a three-year mandatory participation requirement for all doctors and other healthcare professions, there are currently no points (a time system is presently being discussed). Accordingly, there is no monitoring and validation yet. The ANDPC decides which CMEs are approved.

In addition, the question of who should certify CME events is currently being discussed. Universities, local medical associations or organisations such as the URPS² (l'Union régionale des Professionnels de Santé) or the ARS³ (Agence Regional de Santé) may be considered. CME events must be validated by an independent scientific commission. Quality control shall be carried out by the HAS⁴ (Health Authority) and the ANSM⁵ (National Agency for Medical Safety). On the other hand, the HAS often issues controversial recommendations.

Sponsoring is not allowed if the events are financed by ANDPC. Sponsorship for non-ANDPC training is, however, permitted to a limited extent. The pharmaceutical industry themselves are not allowed to offer CME-qualified events. Food, accommodation and travel costs shall be borne by the sending organisation, e.g. clinics, practices or universities.

Italy

In order to obtain accreditation, all Italian doctors must complete three months of supervised training after graduation (one month each in internal medicine, general surgery and family practice), pass a licence examination with 180 multiple-choice questions on clinical and pre-clinical subjects and then register with a provincial department of the Medical Ordinance.

All health professionals need CME points. Doctors need 150 CME points in three years. However, sanctions only exist in theory: although the Ordini dei Medici⁶ should bring action against doctors who do not have enough CME points after three years, this regulation is only applied in exceptional cases.

Providers of CME training (regional and local health authorities, regional medical associations, professional associations or scientific societies, universities, hospitals, private training agencies, pharmaceutical industry) must register with the Ministry of Health. A CME office at the Ministry of Health assesses those who apply to become CME providers against a number of criteria and decides who can offer CME training. The registered providers then decide on the awarding of points. They have the following criteria: number and type of participants, duration of the event, conducted evaluation, etc. Documentation is mandatory. The Ministry of Health documents and maintains all CME events. As a rule, public CME providers do not charge a participation fee; private CME events can cost between ten and several hundred euros. As a rule, events organized by the industry are free of charge for the participants because of sponsoring. Speakers who are publicly employed should not actually be paid. However, if they give the lecture outside their working hours, they are entitled to €25 to €50 per hour. Private providers, on the other hand, pay between €200 and €500. Included in the participation fee are meals. Travel and accommodation costs for participants are not included. However, it is not unusual for these to be taken over by sponsors, i.e. the pharmaceutical industry. Sponsorship is

1 <https://www.agencedpc.fr> [Access May. 11, 2019]

2 <https://www.urps-med-idf.org/> [Access May. 11, 2019]

3 <https://www.ars.sante.fr/> [Access May. 11, 2019]

4 <https://www.has-sante.fr> [Access May. 11, 2019]

5 <https://ansm.sante.fr/> [Access May. 11, 2019]

6 <https://portale.fnomceo.it/> [Access May. 11, 2019]



legal, and about 85 percent of CME events are sponsored according to estimates by the Italian No-Free-Lunch-Group "No Grazie"¹. The pharmaceutical industry themselves may also offer CME events. It only has to register them as such with the Ministry of Health. On average, No Grazie considers the quality of sponsored CME events to be relatively poor.

The Netherlands

In the Netherlands, doctors are members of professional societies. All medical professions are organised according to the law "Professions Individual Health Care (BIG)". In order to be able to pursue their profession, those working in the medical field must be registered in the BIG register².

Doctors and all other health professionals including pharmacists need 200 CPD points in five years. If they do not fulfil this requirement, they lose their license to practise medicine. Anyone can organise CPD events if they have made an application to an accreditation committee and the committee has recognised them as CPD events and awarded them points. According to the law, CPD events are to be held in a moderate location. As a rule, meals are included in the participation fee. Travel and accommodation costs will be borne by the participants themselves. Only speakers

are reimbursed. Sponsorship of CPD events is permitted but must be made transparent. The pharmaceutical industry may also offer CPD events. The industry must adhere to their own guidelines³.

Portugal

The Portuguese Medical Association⁴ (Ordem dos Médicos) was founded in 1938 and is the principal professional medical organisation.

Membership is compulsory for practising doctors. Their functions include:

- registration, accreditation and granting of licences for practice
- accreditation and certification of postgraduate medical education
- certification procedures for registered doctors
- warning and sanctioning of doctors for violations of professional law.

In addition to voluntary professional associations, there are also medical trade unions which advocate the rights of doctors as employees: the National Medical Federation (Federação Nacional dos Médicos, FNAM⁵) and the Independent Medical Union (Sindicato Independente dos Médicos, SIM⁶).

1 No Grazie is a No Free Lunch group <http://www.nograzie.eu/> [Access May. 11, 2019]

2 <https://www.bigregister.nl/> [Access May. 11, 2019]

3 <https://www.cgr.nl/Gedragscode-Geneesmiddelenreclame> [Access May. 11, 2019]

4 Portuguese Medical Association (2016). <https://ordemosmedicos.pt/> [Access May. 11, 2019]

5 <https://fnam.pt> [Access May. 11, 2019]

6 <https://www.simedicos.pt> [Access May. 11, 2019]

Sponsoring is legal, but documentation is mandatory. Pharmaceutical companies can call on the Portuguese Medical Association to assess the scientific quality of their events. They may also pay the travel costs, meals, accommodation and the participation fee.

In Portugal, there are no official CME points for doctors, although the Portuguese Medical Association tried to install them, but failed due to the resistance from doctors.

However, there are DPC points *Desenvolvimento Profissional Contínuo* (Continuous Professional Development) for all pharmacists who are members of the *Ordem dos Farmacêuticos de Portugal* (OFP). Without the necessary DPC points, working as a pharmacist is not possible in Portugal. The approval of a DPC event is applied for and certified by the *Ordem dos Farmacêuticos de Portugal*. Standardised quality criteria apply and documentation is mandatory. Attendance or remote training is rated at 0.1 CDP per hour. All pharmacists must have at least 15 CDP points in five years.

Australia

Doctors and all other health professionals in Australia are registered with the Australian Health Practitioner Regulation Agency (AHPRA¹). In addition, doctors are also registered with the Medical Board of Australia, which licenses all doctors through the AMC certificate.² After completing their studies, all doctors must complete an internship of at least one year focusing on "internal medicine, general surgery and emergency medicine".

Doctors, pharmacists and all other health professionals in Australia need different CPD points³ depending on the discipline. For example, general practitioners need 130 CPD points in three years. All practitioners and clinicians must provide proof of this. Sanctions for not reaching the CPD points are regulated. Loss of approval is the most severe sanction that can be imposed.⁴ A doctor in Australia is not allowed to work without reg-

istration. Accredited universities decide on the awarding of points.

Sponsoring of the events by the pharmaceutical industry is not prohibited. The latter may also pay for travel, meals and accommodation. The quality of the events ranges from very good to very bad.

Turkey

In Turkey, 80 percent of all doctors are registered with the Turkish Doctors Association (*Türk Tabipler Birliği* TTB)⁵. Membership is mandatory for freelance doctors, voluntary for clinical doctors in public hospitals.

There are no CME points in Turkey, even though the trade journal *Sürekli Tıp Eğitimi Dergisi* use it as its name.

Sponsoring is omnipresent. Almost all medical congresses are sponsored. Corruption in the health sector is described as a major problem that is difficult or impossible to overcome. Asymmetric information, confusing structures and the pharmaceutical industry contribute to this. There is actually a clear legal situation against corruption. But the laws are not observed. According to a 2012 report by TODAİE⁶ (*Türkiye Ortadoğu Amme İdaresi Enstitüsü* / Institute of Turkey Middle East Public Management), corruption is even most pronounced in the health sector.

Chile

Medical colleges play a decisive role in Chile. They organise working groups on medical topics such as ethics, general public, politics or human rights. In addition, there are medical associations from various fields.

CME is not yet mandatory, but the National Commission for Medical Certification (*Conacem*)⁷ proposes that all doctors need 100 CME points for their re-certification. Accordingly, there are no sanctions yet, although points can be obtained. Conacem decides on the awarding of points. CME certifications are useful for postgraduate

1 <https://www.ahpra.gov.au> [Access May. 11, 2019]

2 <https://www.medicalboard.gov.au> [Access May. 11, 2019]

3 Medical Board of Australia (2019) Regulating Australia's medical practitioners. <https://www.medicalboard.gov.au/> [Access May. 11, 2019]

4 <https://www.medicalboard.gov.au/registration.aspx> [Access May. 11, 2019]

5 <http://www.ttb.org.tr/> [Access May. 11, 2019]

6 <http://www.selcuklu.gov.tr/turkiye-ve-orta-dogu-amme-idaresi-enstitusu-todaie> [Access May. 11, 2019]

7 <http://www.conacem.cl/> [Access May. 11, 2019]

degrees such as special residences. CME events cost between 200 and 400 US\$.

Speakers receive a fee of approx. 100 US\$ for a 30-minute lecture. The participation fee usually includes catering. Travel and accommodation costs are borne by the participants themselves. They are only refunded for the speakers.

However, the sponsors, i.e. the pharmaceutical industry, often pay the costs for the participants. Sponsoring is legal and very common in Chile as well. The pharmaceutical industry themselves may offer CME events.

In fact, they often cooperate with medical societies. The Chilean no-free lunch group Medicos sin Marcas (MSM¹) rates the quality as medium.

Bangladesch

In Bangladesh, all doctors are organized in the Bangladesh Medical Association (BMA²). Other organisations are voluntary, such as Swadhinata Chikitsok Parishad (SWACHIP³).

CME programmes and points are already well established. However, participation is not yet mandatory. Consequently, there are no sanctions. Hospitals, universities or pharmaceutical companies themselves decide on CME points and a possible quality control. Sponsoring is allowed and very common.

The pharmaceutical industry may cover travel, accommodation and food costs for participants or organise CME events themselves and offer further medical training as well. As a rule, participation fees are not charged.

Conclusion

As the interviews and questionnaires revealed, the CME situation worldwide varies greatly and, with very few exceptions, is extremely problematic. Where there is a medical training obligation, which is actually a good thing, the pharmaceutical industry exploits it. By sponsoring medical and pharmaceutical training events with sometimes horrendous sums, they turn them into advertising events for their products. Pharmaceutical companies advertise sham innovations while selling drugs that people really need at horrendous prices that hinder access; they do not research or simply do not keep them on the market.

Unfortunately, this is not forbidden in most countries. Sponsoring by the pharmaceutical industry is not legally prohibited, but morally illegitimate. The pharmaceutical industry likes to present themselves as part of the health care system. But this is not the case. They are and must again become the auxiliary industry of the health sector. What we need is a demand-oriented medicine that only produces the drugs that our patients really need. We oppose a market-oriented medicine that researches those drugs for diseases that generate the most money. Doctors must decide which medicines they need for the well-being of their patients and which they do not.

As the action alliance "Continuing Education 2020" shows, there is an alternative to continuing education sponsored by the pharmaceutical industry. A different medicine that is exclusively oriented at the patients' well-being is possible. Potential partners are medical chambers, associations of statutory health insurance doctors, professional societies, professional associations, clinics and medical initiatives. They can all offer unsponsored events.

1 Medicos sin Marca is a No Free Lunch group <https://medicossinmarca.cl> [Access May. 11, 2019]

2 <https://bma.org.bd/> [Access May. 11, 2019]

3 <https://swachip.org/> [Access May. 11, 2019]

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Correspondence:

Hohegasse 1, 69181 Leimen
Phone: +49 (0)1575-5575135
E-Mail: info@mezis.de
Internet: www.mezis.de
Bank Account: Ethikbank
IBAN: DE36830944950003146715
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Board:

Manja Dannenberg, Wismar, Fachärztin
Allgemeinmedizin, dannenberg@mezis.de

Dr. Sigrid Habermann-Tal, Friedland,
Betriebsärztin, habermann-tal@mezis.de

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Innere Medizin, salzmann@mezis.de

Dr. Niklas Schurig, Bietigheim,
Facharzt Allgemeinmedizin, schurig@mezis.de

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