



European CME Forum 2008

Novotel, Hammersmith, London,
4-5 November 2008

Italy - Alfonso Negri, MD

FISM - Federation of Italian Scientific Medical Societies

GAME- Global Alliance in Medical Education

ROME CME-CPD GROUP





“The changing picture of CME in Italy”

- **Current status of CME**
- **Value of CME to doctors in Italy**
- **Outlook for future**



CME in ITALY

- 1-Who are the decision-makers?**
- 2-Who are the providers?**
- 3-What are the educational objectives?**
- 4-What are the incentives?**
- 5-Does recertification exist?**



Who are the decision-makers?

- Ministry of Health/Agency for Regional - National Health Services
- Regional Health Structures
- Medical Scientific Societies
- Medical & Professional Associations
- Patients Associations
- Pharmaceutical Companies(never providers)



Who are the providers?

TODAY – 2002/2008

- **12.000 Providers / Organizers**

Health Ministry Website 400.000 + events/7 yrs

Event accreditation

TOMORROW - 2009

- **2.000 max Scientific Institutions**

Hospitals, Universities, Med.Societies etc.

Providers accreditation



What are the educational objectives?

- Italy has a CME system that has to take care of **1 million health professionals**
300k doctors, 330k nurses, 65k Pharm, etc.
- **1999 law** requires that everyone should receive CME, up to 50 Credits a year -150 x 3
- After **7 years** not a clear objective yet
- In the future: measurement of outcome
- **Clinical Governance**



HOW CME WILL WORK

(end of 2008/2009)

Permanent National Commission for State/Regions



The provider will determine the number of credits of an event based on the concept

1 hour = 1 credit

The provider will have to follow a set of rules and regulations determined by the Ministry of Health CME Commission



The Ministry of Health CME Commission will send inspectors that will audit the provider firstly after one year and then every five years





Italian CME

-Providers will be from a selection of subjects with specific criteria, **authorized to award Credits**, organizing educational activities for the health professions (Universities, Hospitals, Medical Societies)

-Live and Distance Learning Education

-CME will be an **integrated system between National and Regional** levels to guarantee a better Health system with clinical , technical and managerial abilities and competences.

-It will help shape a **new professional development** for the future with quality and innovation in the health services.

-There will be a shift **from individual event** accreditation, to **independent Provider** accreditation.



PROBLEMS TO SOLVE

- **Reciprocity of International credits**
- **Criteria for new Providers**
- **Conflict of Interest / CME financing**
- **Institutional vs. for profit Providers**
- **Distance learning & enduring materials**



SPONSORSHIP-CONFLICT of INTEREST/BIAS

1-No Pharma Co as Provider

2-Disclosure for organizers and speakers.

3-CONFLICT of INTEREST: Disclosure between Sponsors and Provider/Speakers/Learners

4- INCENTIVES and SANCTIONS: to be defined



CREDIT STRUCTURE

- Residential Education
- Interactive Residential Education
- Stage/Work Experience as learner
- Upgrading groups (Commissions, Guidelines)
- Research Activity
- Self learning without a Tutor (Journals, Distance Learning)
- Self learning with a Tutor (Interactive DL)
- Teaching Activity



PUBLIC FUNDING

**Law 229/99 forbids State funding, other than 1%
Regional health structures salaries + 40 hours/year
for CME for health/regional employees.**

**Other funding from accredited providers, AIFA and
Pharma congress registration fees.**

Health professional do not pay for CME.



STRUCTURE at NATIONAL LEVEL

ASSR

Agency for National/Regional Health Services

With Health Ministry and Regions through the State/Regions Conference

SEVEN Areas of activity:

1- Health costs control

2-Levels of assistance

3-Organization of health services

4-Quality and accreditation

5-R&D in management innovation

6-Registry, Information & Communication

7- CME as scientific/educational quality control

A. Negri, October 08



NEW TRENDS in ITALIAN CME

- 1) CME will not be a part of the Health Ministry, but of the ASSR, an agency where all Italian Health issues will be handled.**
- 2) There is a recognition of international structures such as EACCME/UEMS and ACCME as centers of experience in CME.**
- 3) International Credits should be given a 50% weight factor, and it will be up to the individual doctor to register his/her credits.**



CME IN ITALY: NUMBERS

From APRIL 2002 to November 2008

- **+ 400,000 requests for accreditation**
- **12,000 “providers” (facilitators)**
- **1 million Health Professionals:**
 - 300.000 doctors**
 - 330.000 Nurses**
 - 65.000 Pharmacists/50.000 Vets**
 - 15 Health professions**



Regione Lombardia



- Accreditation system in place since 2006
- From accreditation of individual events to **accreditation of Providers**, with Institutional and Private Providers.
- Accreditation of Live and Distance learning events, with a 50% ratio
- **Reciprocity** with Italian&European Regions



Regione Lombardia

9,6 million people 12 provinces 1546 towns
13 universities - **213 hospitals**



Baden-Wurttemberg (D) **Cantone Ticino (CH)** Catalonia (E) Rhônes-Alpes (F)





What are the incentives?

- **None at present**
- Career schemes, or applications for University, Hospital appointments
- **No sanctions either**



Does recertification exist?

- **Not yet**
- It has been announced as a possible option, with the new Provider structure



Continuing Medical Education and Good medical practice

- **Maintenance of Academic Knowledge and Skills**
- **CME is an ethical and moral obligation**
- **CME organized, managed and supervised by the profession**
- **Quality controlled by the profession**
- **Players:**
 - **GPs**
 - **Specialists**
 - **Patients**



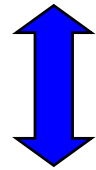
Can CME Improve Performance?

- What's the evidence for a patient care gap ?
- Why does such a gap exist?
 - Problems with the evidence or information
 - Problems with the physician, the health care system
 - Problems with the educational system

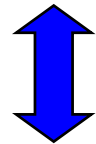


What is 'the patient care gap'?

Ideal, evidence-based practice



clinical care gap



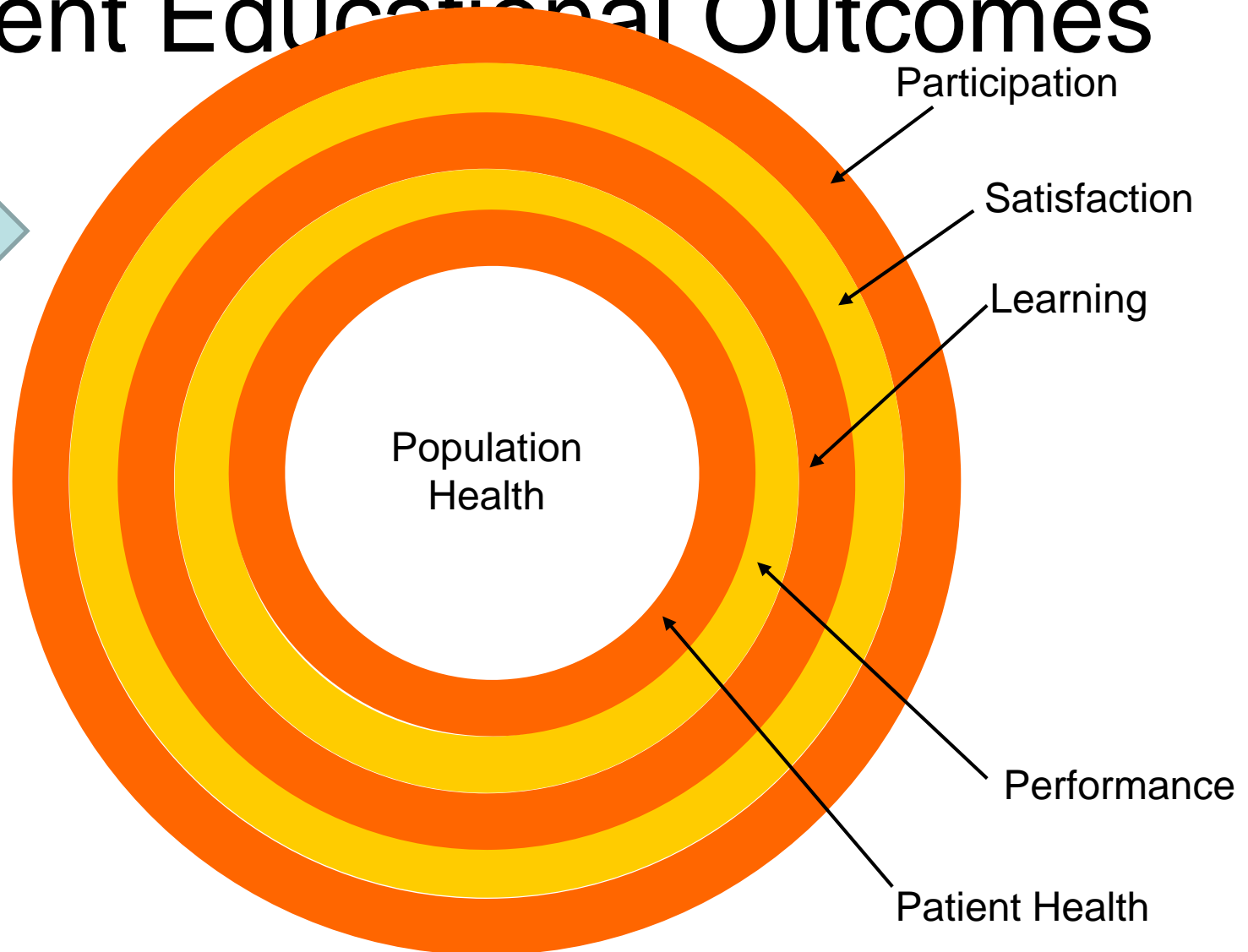
Current practice

CME



Measuring Physician and Patient Educational Outcomes

EMC →





Reviews of the CME effectiveness

- ***JAMA, 1995: Does CME work? The effect of interventions on performance and HC outcomes***
- **Evidence for the Effectiveness of CME; a review of 50 RCTs**
JAMA, 1992;268:1111-1117
- **Changing Physician Performance - a systematic review of the effect of CME strategies**
JAMA 1995;274:700-705
- **The effect of formal CME**
JAMA, 1999;282:867-874
- **Cochrane Reviews: Effective Practice and Organization of Care Group (EPOC)**

A photograph of a jagged rock formation under a full moon at dusk. The sky is a deep blue, and the moon is a bright, glowing orb in the upper right. The rock formation is dark and silhouetted against the sky.

Alfonso Negri

MERCI !!

a.negri@alice.it

A. Negri, October 08