

Project Globe on Excellence for Physicians working in Primary Health Care Services



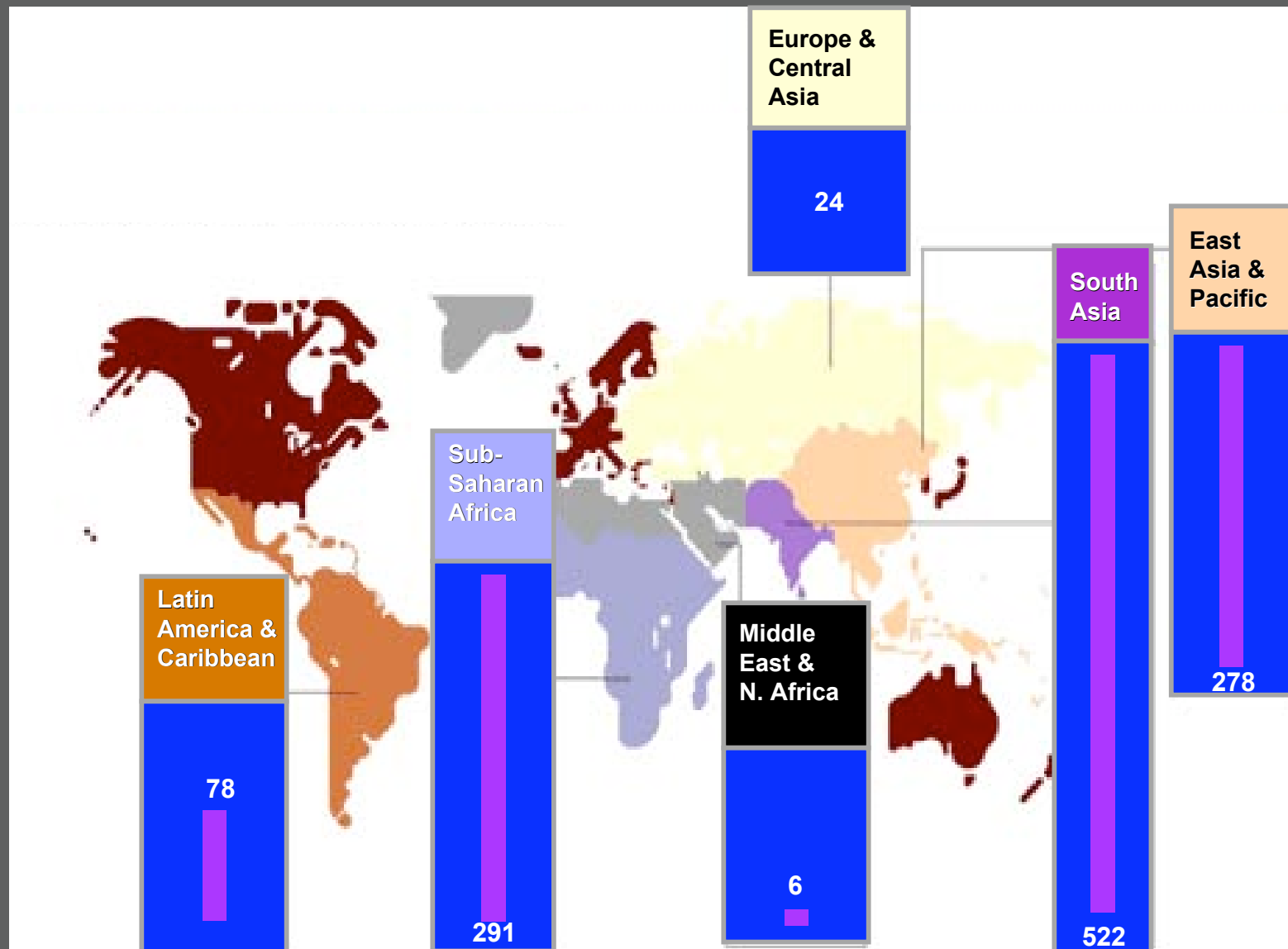
**The Third Annual LINC
Symposium
Massachusetts Institute of
Technology
Cambridge MA, October 27-28th, 2005**

The Vision:

- To impact global health by assisting generalist doctors (GP's and FP's) around the world in delivering high quality health care , by making available evidence based CME and CPD opportunities.
- Create an *innovative template* to analyze problems and propose solutions

1.2 billion people living in extreme poverty

People living on less than \$1 a day (millions),



Source: WB "2000 a better world for all"

About 1.3 billion people in the world survive on less than \$1 dollar a day

Nearly a billion are illiterate

Over a billion lack access to safe water

About 840 million go hungry

Nearly 1/3 of the people in least developed countries do not reach 40 years of age

Millennium Development Goals

United Nations Millennium Declaration 2000 & Mexico 2004

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/Aids, malaria and other diseases
7. Ensure environmental sustainability
8. **Develop a global partnership for development**

Global Medical Schools

At World-wide level

**1844 medical schools exist
in 165 countries**

**More than 581 medical
schools in the Americas**

**442 medical schools
affiliated to PAFAMS**

442 Medical Schools affiliated to PAFAMS



Accreditation for Quality

- International Standards of accreditation on medical education in agreement with national needs
- Standardized procedures for evaluation to improve quality of medical education and at the end in medical practice
- **Ensure that medical graduates wherever they are trained, have similar core competencies, knowledge, skills and social compromise**
- IIME work to enhance the value of outcomes based on GMER 7 domains

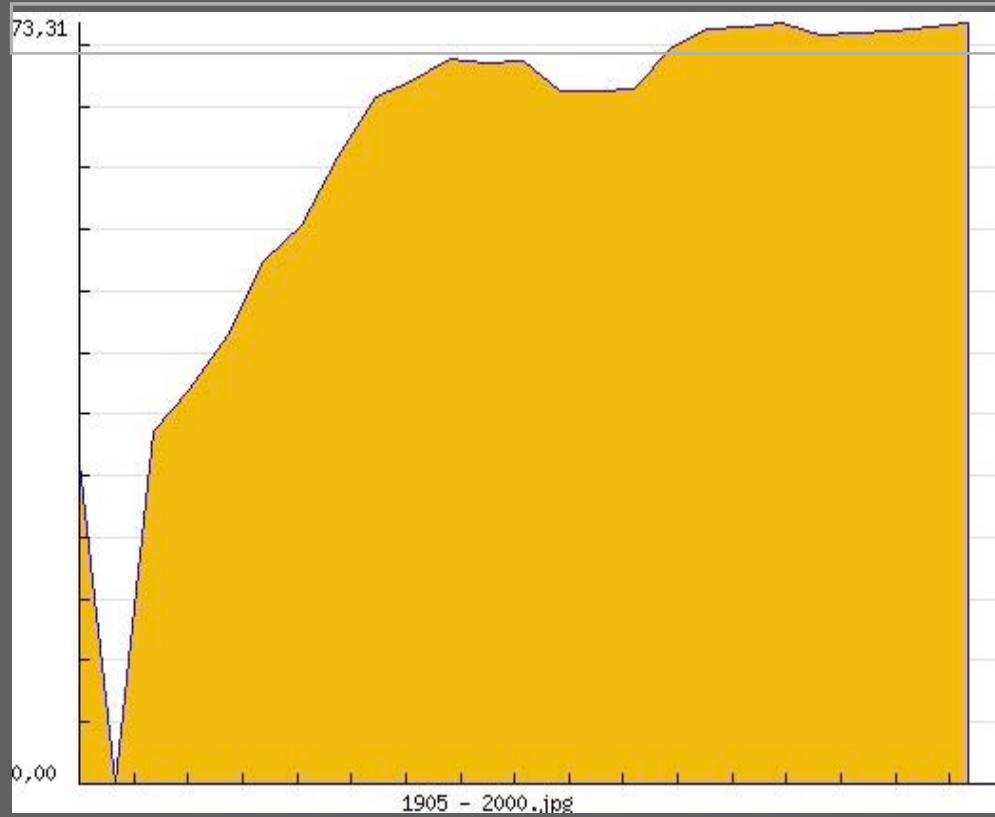
WFME framework & IIME outcomes

- *World Federation for Medical Education Standards focus on Institutions:*
 1. Basic Medical Education Standards (BME)
 2. Standards for Postgraduate Medical Education (PME).
 3. Continuous Professional Development (CPD).
- *IIME Global Minimum Essential Requirements, GMER, address the process to improve the quality of outcomes*

Migration of Professionals

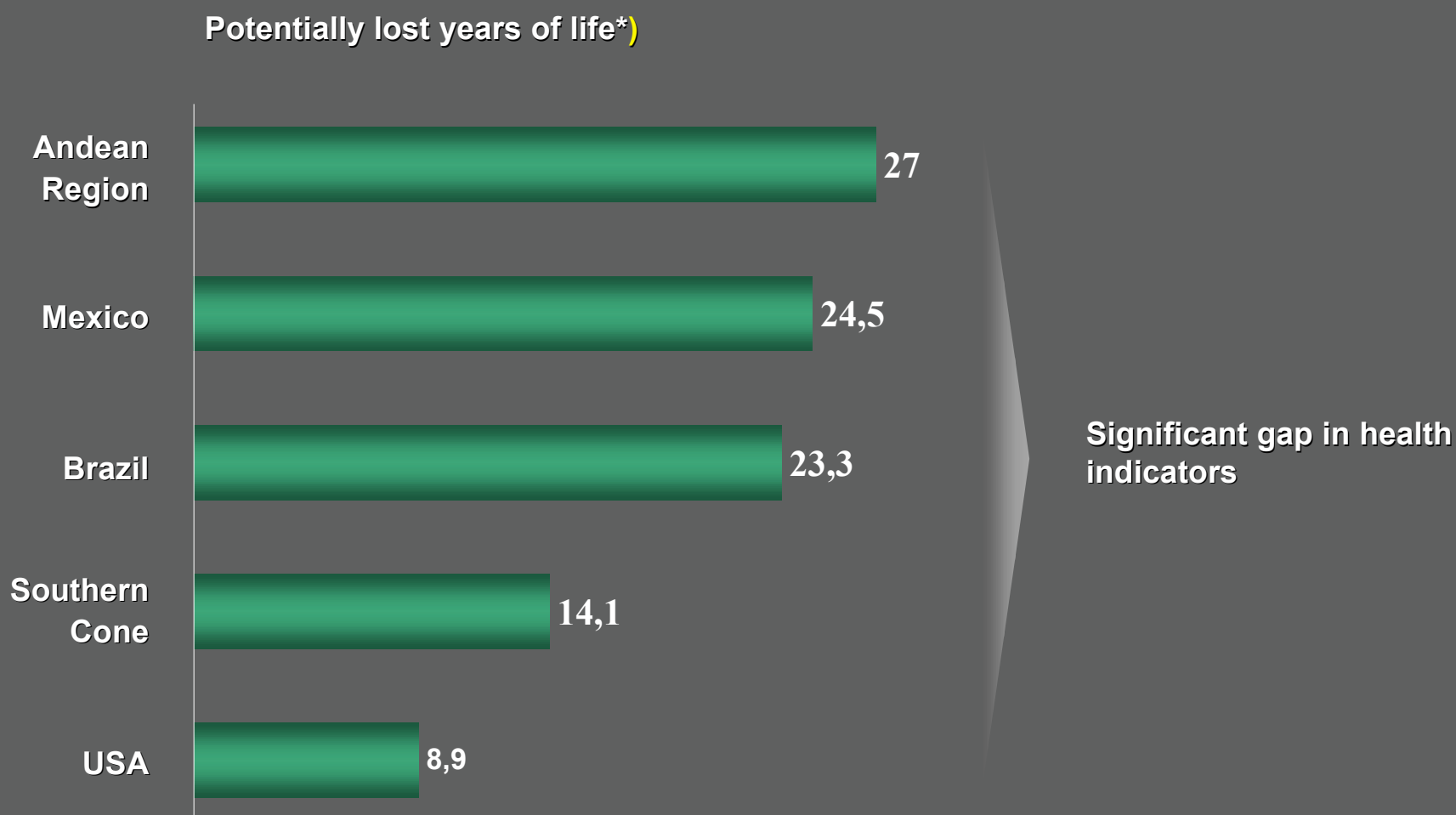
If the phenomena of internal and international migrations occurs and quality is not protected and stimulated, it is possible to expect internal geographical poles in the countries where medical schools, physicians and medical services are concentrated with different levels of quality among them affecting the population they serve.

Life Expectancy 1905 - 2000



Fuente: www.casavenezuela.org.ve

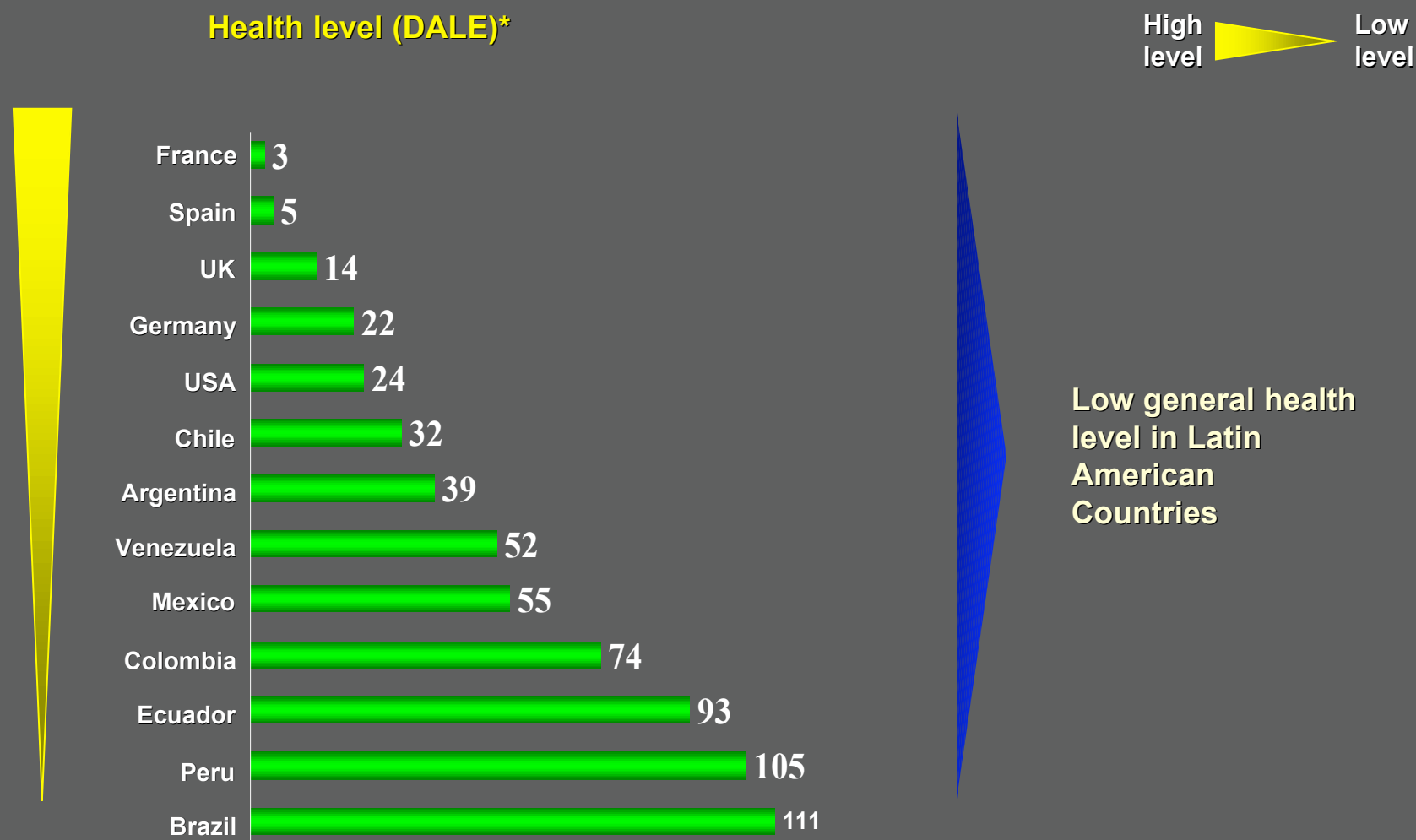
However, a significant gap remains in health care indicators



* Holistic indicator of mortality problem

Source: Health in The Americas, 1998-2002, PAHO

This gap is clearly significant when comparing health level rankings in the USA, and European and Latin American countries ...



* Disability adjusted life expectancy (a measurement of the burden of disability from all causes in a population)
Source: WHO 2002

There are wide variations in medical and health care knowledge

Within and between countries

These variations produce significant differences in:

- Individual health seeking behavior
- Treatment modalities in health care
- Medical errors in treatment
- Health outcomes
- Health Policies

Dramatic Changes in Medical Education & Practice

	1930's	1980's	2005
EVALUATION. ¿As a measure?	Satisfaction of the patient	Technically efficient	How much does it cost ?
CME / CPD	Individually	Hospitals & Academic Institutions	INTERNET All places CME - CPD
PHYSICIAN-PATIENT RELATIONSHIP	Direct	By insurance and other entities	Group practice corporate, insurance
RESEARCH	Limited	Academic + special org.	Limited to research org. Networking with Industry?

***Project Globe on Excellence
in CME & CPD for GP's &
FP's working in Primary
Health Care Services***



Goals of Project GLOBE

- Identify CME/CPD needs of generalists globally, starting with a selected group of countries
- Evaluate availability of tools, methods, resources and structure for delivering, current evidence based CME/CPD
- Search for cost-effective ways of delivering CME/CPD

Goals of Project GLOBE

- Review existing curricula and consider a “core” curriculum adaptable to local needs
- Recommendations for methods of recognition, certification & accreditation of CME
- Nursing professionals, Social Workers and Health teams participating in CME & CPD
- A partnership global “Declaration” on the need for such a CME/CPD effort, endorsed by major world, regional and national organizations & medical groups

Project Rationale

- Generalist doctors provide most first line care to the world's population
- Access to CME/CPD by generalist doctors is highly variable around the world
- There is a need to harmonize efforts to improve CME/CPD quality in worldwide partnership with medical schools and health care systems worldwide

Background & chronological advances

- Brain storming session at AMEE, Edinburgh, Sept 7th 2004
- Pfizer Medical Humanities Initiative support for the first year
- First Steering Committee Meeting March 5, 2005
- Identify Potential Members for an Advisory Council and Technical Committee
- Four task forces established

Four strategical task forces created:

- I. CME/CPD Needs of Generalists.
- II. Effective CME/CPD Delivery
Methods and Resources Available
- III. Core-curriculum” based on
competencies
- IV. A declaration of purpose

Project Globe Chairs

- Pablo A. Pulido M., MD



Executive Director, PAFAMS (Pan-American Association of Schools of Medicine); former Minister of Health, Republic of Venezuela


- Dennis K. Wentz, MD



Principal, WentzMiller and Associates, Inc.
Former

Director, Division of Continuing Physician Professional Development, American Medical Association, Chicago, USA

Steering Committee:

- Rashid Bashshur, PhD
Telemedicine/U. of Michigan (USA) 


- Yank D. Coble,
President, World Medical Assn. 


- Alejandro Cravioto, MD
President, PAFAMS (Mexico) 

- Mark Evans, PhD
President, Global Alliance CME (USA) 

- James Hallock, MD
President, Educ. Commission for Foreign
Medical Graduates (USA) 

- Hans Karle, MD
President World Federation for Medical
Education (Denmark) 

- Salah Mandil, PhD
International e-health Association,
(Switzerland) 


- Lewis A. Miller, MS
Editorial Director, J. of Family Practice 

- Alberto Oriol I Bosch, MD
President, Medical Education Foundation (Spain) 


- M. Roy Schwarz, MD
President, China Medical Board of NY 

- Honorio Silva, MD
Pfizer Institute for the Medical Humanities 

- David Stern, MD, PhD
Director, Global REACH, U. of Michigan
& International Institute for Med. Education 

- Amando Martin Zurro, MD
Coordinator General, Programa de Medicina
de Familia i Comunitaria de Catalunya (Spain) 

Observer Members:

- Daniel J. Ostergaard, MD
Vice-President, American Academy of Family
Physicians (USA) 

- Bruce L. W. Sparks, MD
President-Elect, WONCA (South Africa) 

CME/CPD Needs of Generalists.

Critical issues

- *There is a need to harmonize assessment of health needs according to objectives that are global, regional or local,*
- *The generalist physician (GP/FP) should be the mainstay in determining the educational needs*
- *Existing surveys (WONCA, PAHO and others) should be collated and assessed for their validity.*
- *An inventory of available opportunities and*

On going work in Pilot Countries

- Survey Objective: to know the GP's needs
- Prepare pilot projects in different countries
- Identify local teams.
- Work on the “tool” for the survey
- Build a matrix: knowledge, needs and demands
- The survey's results will be the base for the core curriculum
- The survey tool to include areas from the seven domains of the IIME, GMER
- Identify the target for the qualitative and quantitative survey
- Validate the tool and go with the national survey
- Analysis and evaluate the product obtained
- Review the literature and diffusion and sharing of results: workshop, seminars, others

Effective CME/CPD Delivery Methods and Resources Available. Critical issues

- *Assess what are the current resources available; which programs are being used and why current CME system doesn't appear to work*
- *Develop data base of what has been done, best practices, and current experiences in CME/CPD, accreditation and certification*

Effective CME/CPD Delivery Methods and Resources Available. Tasks.

- Develop an inventory of available CME/CPD activities, opportunities, and modalities, for each country or region
- Examine and recommend an organizational base or platform to **distribute quality CME/CPD activities including the assessment of the facilities and technology needed by the end user**
- **Consider incentives for physician participation in CME/CPD opportunities**

“Core-curriculum” based on competencies

Critical Issues

- The Core curriculum should concentrate on professional performance in practice
- The target is to improve health care by increasing competencies of the generalist physician
- The paradigm is Evidence Based Medical Education to improve Health Care, focusing on the education of the Generalist Physician (GP).

Core-curriculum” based on competencies

- Search for existing curricula in general practice and family medicine, and study similarities and differences.
- Identify unique and successful examples that can be used as models
- Consider a global “core” curriculum as a yardstick, and how this can be adapted to meet local needs.
- Work in identified “pilot projects”

What can E-health do to improve medical education and health care?

- **CME-CPD stressing evidence-based medicine and understanding IT & Health Systems**
- New approaches to Primary Health Care Physicians training & education
- Medical Schools participating in Health Systems IT Education **stressing value in addition to quality through:**
 - Clinical resource management
 - Disease prevention - health promotion
 - Patient and community education
 - Population focus on epidemiology and data bases
 - Education of Politicians & promoting political will...

What else can E-health do to improve Medical Education?

- *Stimulate and develop adoption of E-health information technology in the curriculum as an essential tool*
- *Require computer literacy and proficiency in E-management*

Strategic alliances between institutions with similar interests....2005

- IIME, WFME
- AMEE,
- WHO-PAHO
- GAME,
- WMA,
- WONCA,
- ECFMG,
- NBME,
- FAIMER
- PFIZER Medical Humanities Initiative
- leHA
- PAFAMS
- Others

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A declaration of purpose & a call for working together

- *Declaration of the need for this initiative, including the vision, goals, and objectives, that will be endorsed by major world, regional and national medical organizations*
- *The purpose is to capture “commitment” and to bind “political will” and interest of influential organizations*

The Vision

- To impact global health by assisting generalist doctors (GP's and FP's) around the world in *delivering high quality health care , by making available evidence based CME and CPD opportunities.*
- Create an *innovative template* to analyze problems and propose solutions for a life time generalists medical education, specially those working at the forefront in primary care services

Conclusions

- Medical Education can achieve its promising and deserved future only by addressing the current gaps between societal expectations and perceived reality
- CME-CPD and e-health & learning are efficient educational antibodies to combat poverty and reach “Millenium” objectives
- Project Globe represent the knowledge revolution at the forefront of health care services and is a powerful managerial tool to make it happen

