

**PROJECT GLOBE**  
**Report of the First Year**

*Global Excellence for GPs/FPs in  
Primary Care Services*

A Partnership of Thought Leaders in  
Continuing Professional Development  
From Around the World

June, 2006

Submitted by:

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## Mission

“To promote life long learning through continuing medical education as well as continuing professional development among family physicians and general practitioners worldwide by developing programs, standards, resources and partnerships, thus fostering quality care for patients and communities”

Adopted by the Steering Committee on December 12, 2006

### Introduction:

Project GLOBE is a new project that has been created to assist generalist doctors (General Practitioners and Family Practitioners (GP's/FP's) in primary care health services, together with their primary organizations, in providing the best possible patient and health care services. When it was founded, Project Globe envisioned a worldwide partnership of organizations supporting the creation and subsequent sharing of quality continuing medical education to be accessible on a global basis at the lowest possible cost.

The concepts of Project Globe were developed in initial discussions between Dr. Pablo Pulido, of the Pan-American Federation of Medical Schools (PAFAMS) and a former Minister of Health and Welfare of Venezuela; Lewis A. Miller, principal of WentzMiller & Associates (WM) and Editorial Director of the *Journal of Family Practice*, and Dr. Honorio Silva of the Pfizer Institute for the Medical Humanities. On September 7 2004 this group convened a meeting of interested parties in conjunction with the Association of Medical Education in Europe (AMEE) in Edinburgh, Scotland. Because of the keen interest expressed about the concept from a global group of attendees, it was decided to go forward, using a grant from the Pfizer Institute for the Medical Humanities, for start-up funds for the first year of the project. (*Appendix A, Project Rationale, as defined on 7 September 2004*)

Named as initial co-chairs of Project Globe were Dr. Pablo Pulido, Executive Director of PAFAMS, and Dr. Dennis Wentz, Principal, WentzMiller & Associates, and former Director of the Division of Continuing Physician Professional Development at the American Medical Association.

During the year, the leadership group was expanded to include representatives of other world, regional, and national medical organizations, and was organized into a project Steering Committee with four working task forces.

### **Rationale for the project:**

In every nation, both developed and developing, there is a fundamental interest in and a governmental responsibility for maintaining and improving the health of its people. In accomplishing this, one must consider the educational system, as well as the resources available, including the organization, staffing, and financing of the country's health care system, and the professional organizations in a country. Of particular importance is the availability of quality continuing medical education throughout the years of medical practice.

The leadership group of Project Globe believes there is an urgent need to improve first-line health care for the world's population and that this should be focused, in most countries, on generalist doctors (GP's/FP's) who provide primary medical and preventive health care. These are the front-line doctors, first seen by patients, and they are paramount not only to life saving treatment of acute diseases, but very critically to effective management of chronic diseases, such as heart disease, diabetes, and high blood pressure, and perhaps most important of all, to improved disease prevention, promotion of the public health, adequate immunizations and healthy life styles through a thorough understanding of the humanistic approaches to quality health care and community welfare.

The Steering Committee of Project Globe also strongly believes that lifelong learning is essential for all health professionals, including doctors, nurses, and other health professionals. They live in a rapidly changing world of health and medical care. But yet these generalist doctors in many countries have only intermittent exposure to quality continuing medical education (CME) after they enter practice.

Thus, the group agreed that a critical and major issue is access to quality continuing medical and health education by these front line doctors. We found that access, or lack of access to CME, played a crucial role in the quality of care rendered to patients and the overall health of nations. This was true of all nations, developing and developed; none could be excluded. As this first year ends, the group believes that there is a need to think in new ways about providing educational resources to doctors and other allied health professionals. They must be able to access comprehensive state-of-the-art continuing medical education of high quality while at the same time continuing their personal professional development. A combination of resources including both continuing medical education (CME) and continuing professional development (CPD) is an important component in solving the health needs of populations.

### **Initial 2005 Status**

Initial discussions were held by a small Executive Group (EXCO), consisting of Drs. Pulido, Wentz, Silva, and Mr. Miller. Actual planning of the project, including a rough draft of the expected deliverables began at a meeting held at PAFAMS in Caracas, Venezuela on 17 November 2004, followed by an EXCO II meeting in New York City on

December 16-17 2004. At that time, the name of the initiative was selected (Project Globe) and the deliverables for the first year of the project were agreed on:

### **Timetable**

- Phase I--a one year planning and development beginning in 2005
- Phase II--five year implementation and evaluation beginning in 2006

### **Phase I**

- A statement or declaration of the need for such an initiative that could be endorsed by major world, regional, and national medical organizations.
- A data-base cataloging:
  1. GP/FP educational and professional development needs from selected countries
  2. Available CME methods and resources for a particular country
  3. Available core curricula and other guidelines for the education of primary care physicians
  4. Methods of recognition of achievement by doctors including credentialing, certification and perhaps recertification
- A proposed core curriculum for local adoption and/or adaptation
- Preliminary recommendations for methods of CME accreditation that are globally compatible with a goal of reciprocity of CME credit or another recognition program
- Development of a five-year plan to launch and evaluate the initiative

The next phase for Project Globe was the invitation of key organizations and individuals to join a Steering Committee for the project. Personal contacts were made before letters were sent, and as a result, sixteen individuals representing various global constituencies agreed to join the Project Globe Steering Committee.

### **The Steering Committee of Project Globe**

The Project Globe Steering Committee met for the first time in New York City at the United Nations Plaza Hotel on March 5, 2005.

Present were Yank D. Coble MD, President, World Medical Association, Alejandro Cravioto MD, President, Pan American Federation of Associations of Medical Schools (PAFAMS), Mark Evans PhD, President, The Global Alliance for CME, Christina Fabian MD, President, UEMO (Union of European Medical Omnipractitioners), James Hallock MD, President, Educational Commission for Foreign Medical Graduates, Salah Mandil PhD, International e-health Association, Lewis A. Miller MS, Editorial Director, Journal of Family Practice, Alberto Oriol I Bosch MD, President, Medical Education Foundation of Spain, Honorio Silva MD, Vice President, Science and Medical Professional Development, Pfizer Medical Humanities Initiative, David Stern MD, PhD, Director, Global REACH, University of Michigan & consultant, International Institute for Medical Education, Amando Martin Zurro MD, Coordinator

General, Programa de Medicina de Familia i Comunitaria de Catalunya, and Andrzej Wojtczak MD, President of The Institute for International Medical Education.

Unable to be present for this initial meeting were Rashid Bashshur, PhD, Professor of Telemedicine at the University of Michigan Medical School, Hans Karle MD, President, World Federation for Medical Education and M. Roy Schwarz, MD President, The China Medical Board of New York.

Attending as “Observer members” were Daniel J. Ostergaard, MD, Vice-President, American Academy of Family Physicians and Bruce L. W. Sparks, MD, President, World Organization of Family Doctors (WONCA).

The meeting was co-chaired by Pablo A. Pulido M, MD, Executive Director of PAFAMS and Dennis K. Wentz, MD, former Director of the Division of CPPD of the American Medical Association.

### **Summary of March 5 2005 Steering Committee Meeting**

The discussion was remarkable for its intensity and commitment. The group endorsed the goal of the project, namely to organize a global partnership to enable generalist physicians (GPs and FPs) in primary care to deliver high quality health care. This initiative would develop and make available appropriate continuing professional development opportunities, including continuing medical education, to enhance these physicians’ capacity to provide the highest quality of patient care. In doing so, the project will focus on the sharing of useful continuing professional development (CPD) resources of high quality, and will emphasize the incorporation of evidence-based medicine into continuing medical education activities. There was consensus that Project Globe should study the feasibility of a global system of accrediting continuing medical education (CME) based on shared CME standards. More controversial were the ideas of developing a core curriculum and providing guidance to individual countries about their continuing education and certification systems.

The meeting concluded with a consensus to move ahead with the project. To continue the work of implementing the project, four working Task Forces were created, chaired by members of the Steering Committee:

Task Force I: *Educational and Professional Development Needs of Generalist Doctors*  
(Chair: Alberto Oriol I Bosch, MD, Spain)

Task Force II: *Effective CME/CPD Delivery Methods and Resources Available*  
(Chair: Salah Mandil, PhD, Switzerland and Sudan)

Task Force III: *Curriculum Considerations, need for a “core-curriculum” based on competencias* (Chair: Alejandro Cravioto, MD, PhD, Mexico)

Task Force IV: *A Working Group on a “Declaration of the Vision, Goals and Objectives of Project Globe”*.  
(Co-chairs: Pablo Pulido MD and Dennis Wentz, MD)

## **Next Steps**

Further meetings of the Executive Committee (EXCO) were held on May 2, 2005, and June 19th, 2005 to continue the work outlined at the Steering Committee Meeting. During this interim, Dr. Christina Fabian of the UEMO postponed her presence in the Steering Committee, citing the fact that the UEMO was well represented by WONCA, and especially WONCA-Europe.

On May 26, Dr. Dennis Wentz and Dr. Honorio Silva met with the full executive committee of WONCA at the South East Asian Regional Wonca Conference in Kyoto, Japan. The description of the goals of Project Globe was well received, and the response from the executive committee was positive. Subsequently the executive committee asked the President of WONCA, Dr. Bruce Sparks, along with Drs. Dan Ostergaard of the American Academy of Family Physicians and Dr. Alfred Loh, Chief Executive Officer of WONCA, to constitute a small committee to continue the discussions with the EXCO of Project Globe.

## **Subsequent Developments**

A meeting of the Executive Committee plus the Task Force Chairs was held in New York City from July 18-20 2005 to assess the progress of the four Task Forces, the engagement of WONCA, and the general directions of the Project. Dr. Alejandro Cravioto, Chair of Task Force 3, was not present. The group learned that Dr. Cravioto of Mexico City and PAFAMS had just accepted a new position in Bangladesh, with the World Health Organization, but was hoping to keep up with the direction of the project. With the exception of the Task Force on a Core Curriculum, the other Task Forces reported substantial progress in fulfilling their charge.

## **Second Steering Committee Meeting (Amsterdam)**

The entire Project Globe Steering Committee met again on August 30 2005 in Amsterdam, the Netherlands in conjunction with the meeting of the Association for Medical Education in Europe (AMEE). A number of consultants attended and were included in this meeting, including Dr. Nancy Davis, Director of CME for the American Academy of Family Physicians, Dr. Peter Greene, Executive Director of MedBiquitous, Dr. Margarita Baron-Maldonado, President of AMEE, Dr. Chris van Weel, the President Elect of WONCA, and Dr. Egle Zebiene of Lithuania, President of the European Association of Teachers of Family Medicine (EURACT).

Reports from the four Task Forces constituted the major part of the meeting. Task Force I had completed and implemented test pilot surveys in Spain and Venezuela, and was now analyzing the results. Based on these experiences, it was expected that the surveys would be combined, and a “standardized” survey developed that could be implemented in the pilot countries. Task Force II had debated the concept of a roll out of Project Globe in some pilot countries. They suggested that the initial goal of up to 15 pilot countries was too ambitious, and instead recommended that the Project pursue no more than five or six countries. Selection of pilot countries discussed at length, and it was recommended that countries be selected using a matrix of concepts and questions, including national attributes. (*Appendix B: The Matrix*) The Steering Committee agreed and the refining of this “matrix” would be an urgent next step. Finally, Task Force II reported that no progress had been made on a survey to identify available CME resources of high quality; this process would go forward as their next priority.

Task Force III (development of a core curriculum) was reported to be “on hold” because of the need to identify a new Chair, and the dependency of its work on what countries would be selected as pilot countries. However, the Steering Committee discussed the concept further. Task Force IV that had looked into the development of a declaration or statement of the Project presented the Steering Committee with a new draft entitled “A Call for Unified Action”. After much discussion and revision, this was accepted (*Appendix C: Continuing Professional Development of GPs/FPs: A Call for Unified Action*). Finally, the Steering Committee urged that a Project globe web-site or web presence be worked out as rapidly as possible. The chairs reported that negotiations had begun with an organization named the Strategic e-Health Cooperative for collaboration and possible conjoined use of their Web-site. The Global Alliance for CME also generously offered its web-site for initial use by Project Globe if needed. A group of Medical Societies, known as MSec started to work closely with members of the SC on the subject.

The Steering Committee reaffirmed the mission of Project GLOBE as follows, but asked that this item be further discussed at the next meeting, perhaps in December in New York City:

*Dedicated to the Development  
And Implementation of a Long-Range  
Plan to Improve the Ability of  
General Practitioners and Family Physicians to Provide  
The Best Possible Care to the World's  
Populations – in Developed and Developing Nations*

The Steering Committee was invited to be present at the next day's AMEE meeting the goals of Project Globe at an AMEE Symposium.

### **Basking Ridge, New Jersey Meeting of EXCO VI and WONCA**

The Executive Committee and the Task Force chairs met again on December 10-12, 2005 in Basking Ridge, New Jersey, together with the leadership of WONCA. Present were

Doctors Sparks, Van Weel, Ostergaard, and Loh from Wonca, the four members of the PG Executive Committee, Dr. Rashid Bashshur and Jorgen Nystrup (the latter representing WFME's Hans Karle) from the Steering Committee, Drs. Oriol Bosch and Salah Mandil, chairs of Task Forces I and II. Guests present included Dr. Peter Greene of MedBiquitous, Jaime Requena PhD, PAFAMS, and Dr. David Stern of the University of Michigan and the International Institute for Medical Education. Mr. Jim Tosone was present on December 12 only (Working Session on Project Globe/Msec/PAFAMS Website).

The Task Forces reported important new information. Task Force I reported further on the completed surveys from physicians in Venezuela; these doctors stated important needs for proficiency in computer use and in reading and speaking English, indicating a need for CPD. It was agreed that the country survey should be in the native language of the practitioners being surveyed. Task Force II reported further on the status of pilot country selection. The group agreed that every country selected to become a pilot country be visited in person by an official representative of Project Globe, and that especial attention be paid to the possibility of success. After these discussions, the following conclusions were reached:

1. Agreed to go forward with finalizing a basic survey instrument to determine CME/CPD needs of GP/FP/s in pilot countries (Task Force I); agreed on need to do further work on sample size and methods for uniform data collection. Dr. Beverley Rowley will continue to consult about the process and the instrument.
2. Agreed on revised criteria for selecting pilot countries (Task Force II); we will now get further local input from WONCA and also survey the regional directors of Pfizer about their perception.
3. Agreed that there is a critical need to identify key leadership in each pilot country and that a specific representative of Project Globe be identified to be the liaison on an ongoing basis with each selected country.
4. Agreed that the participation of WONCA and WFME is very important for the future of Project Globe.
5. Agreed that the WFME Global Standards for CPD are a major consideration as Project Globe goals are implemented.
6. Agreed that a process be established to develop Project Globe into a not-for-profit corporation, including the development of bylaws, filing for incorporation, appointment of a Board of Directors, establishment of a staffed central office, and application for IRS 501c.3 status.
7. Continue to seek endorsements for the "Call for Unified Action" and identify opportunities for publication.
8. Approved a final mission statement for Project Globe:

***"To promote life long learning through continuing medical education as well as continuing professional development among family physicians and general practitioners worldwide by developing programs, standards, resources and partnerships thus fostering quality care for patients and communities" (Appendix D: Mission Statement)***

9. Discussed the need to develop a business plan for Project Globe.
10. Acknowledged the generous support of the Pfizer Institute for the Medical Humanities for Phase II that will begin in 2006 and noted the need to look for new and increased sources of funding.

## **Current Status of Project Globe**

The collaboration of WONCA and WFME is assured. WONCA leadership was formally asked for their participation in the new not-for-profit corporation, and responded with enthusiasm, suggesting two individuals as possibilities for the new Board of Directors.

The needs assessment survey has gone through four revisions and is now complete and has been translated into Spanish.

The survey of available CME resources will be complete by May 15, 2006. Mrs. Patti Fitzgerald of the American Medical Association is compiling the survey. Currently, explorations are going on with Proux Science (International) and other publishers for a Project Globe E-learning database; also being explored is the nature of a Learning Management System. Already apparent is the serious lack of CME courses on diseases endemic to some proposed pilot countries, e.g. malaria, dengue, tuberculosis among others.

The process of selecting pilot countries has entered a final phase, with input received from several local sources, including regional entities from the pharmaceutical industry, e.g. Pfizer. The list has now been reduced to about ten, and initial decisions are expected to be made after June 15, 2006.

Project Globe was incorporated as a not-for-profit corporation in the State of Connecticut on March 28, 2006 as the ***Project Globe Consortium for Continuing Professional Development***. Under Connecticut law, the incorporators were listed as the four members of the current Executive Committee. They will meet on April 18, 2006 as the organizing board for the purposes of adopting initial bylaws, filing for 501.c3 status from the U.S. Internal Revenue Service, and to name an initial Board of Directors. According to the bylaws, the initial Board will consist of nine directors.

A business plan has been developed working with Mr. Robert Carey, a consultant experienced in this area. It will be reviewed by the Board of Directors at their first meeting, scheduled for June 15, 2006. The working plan as well as the employment of a permanent staff and the location of an office will be a high priority for the new Board, as will the development of an appropriate and functional Web site, in joint efforts with project GlobaleduHealth.

The Executive Committee met in New York City on February 28, 2006, and has conducted weekly teleconferences through the months of March and April.

### Third meeting of Project Globe Steering Committee

*The Steering Committee of Project Globe will meet in Santo Domingo, Dominican Republic on April 18, 2006, in conjunction with the XVII Pan-American Conference of Medical Education, stressing the well related theme “Life Long Medical Education”.*

**“A major issue is the discussion of a business plan to set the next phases of action”**

### Presentations Made about Project Globe

The following presentations about Project Globe have been made:

May 26, 2005 (Kyoto, Japan)	WONCA Executive Committee	(Wentz)
June 19, 2005 (New York City)	Global Alliance for CME	(Pulido)
August 31, 2005 (Amsterdam)	Association for Medical Education in Europe (AMEE)	(Miller, Pulido, Wentz)
September 23, 2005 (London, UK)	International e-Health Association	(Pulido)
November 5, 2005 (Washington, DC)	Society for Academic CME, at the Association of American Medical Colleges	(Wentz)
January 26, 2006 (San Francisco, CA)	Alliance for CME	(Miller, Silva, Wentz)
<u>(Add: Lima, Perú)</u>	Peruvian Congreso of Medical Education	(Pulido, Silva)
April 19-22, 2006 (Santo Domingo)	Pan-American Conference on Medical Education	(Pulido, Wentz)

### **Goals for 2006 and beyond:**

The Executive Committee has drafted a tentative set of goals to be achieved by Project Globe and its successor, the Project Globe Consortium for Continuing Professional Development.

“By the end of 2010, Project Globe programs should look to :

- Reach more than 500,000 GPs/FPs in 15 or more countries with high quality continuing medical education/professional development
- Demonstrate standardized measures of delivery and effectiveness of CME/CPD in a range of countries and cultures
- Improve the knowledge and behaviors of 20-35% of the physicians reached with its programs
- Improve the health care of populations served by these physicians on at least 3 measures relating to mortality and morbidity
- Start expanding its educational offerings to front-line non-physician providers and to patients.”

## **Summary**

The transition from an initial idea in Edinburgh, Scotland, to the entity called Project Globe that honed these key principles during 2005, to the incorporated not-for-profit organization “Project Globe Consortium for Continuing Professional Development” has been documented in this report. Project Globe has moved from being a vision to being a reality to be implemented. The co-chairs are immensely grateful to everyone who assisted in the process and worked so diligently over the past year. It is clear that deserves multiple collaborations and sincere interactions to achieve its goals.

## **Appendix A**

### **Project Rationale (as defined 9/7/04)**

- *Chronic disease and infectious diseases are leading causes of morbidity and mortality globally*
- *Ability of Generalist Practitioners (GPs and FPs) to offer help in prevention and treatment of these diseases is highly variable across the globe*
- *Quality CME/CPD of Generalist Doctors is essential to improving competence and more important than ever*
- *There is a need to harmonize CME and other initiatives according to objectives that are global, regional and local*
- *The profession should provide the leadership through its institutions, such as Medical Societies, Universities and other medical education Institutions*

### **Goals for Lifelong Learning**

- *Create a global evidence- based approach to CME/CPD, including studying the value of a core curriculum*
- *Develop a global system for sharing of quality CME/CPD programs using various providers of quality CME/CPD*
- *Adapt global CME/CPD to meet the needs of generalist doctors on a regional, national and local basis*
- *Develop regional action plans for implementation at the local level*

### **Strategies to Reach Goals**

- *Achieve commitment of global and regional organizations to develop a working declaration of the need for this project*
- *Establish a “Steering Committee” to set the direction of the project, follow up objectives and accomplishments*
- *Study and build on existing successful models for the provision of CME and CPD, for curriculum development, accreditation and certification*
- *Encourage development of pilot programs in up to eight countries, using multiple educational modalities, including information technology, to assist generalist doctors and enable high quality physician performance*

## Appendix B The Matrix

### Matrix for Pilot Country Selection

<u>Criteria to Consider</u>	
Will Globe make a difference?	
Is there an identifiable body of generalists and an organization through which they can be reached? A key contact?	
Is there an existing system of CME/CPD and/or an assessment of need?	
Variation in levels of GP training – developed vs developing countries	
ICT Infrastructure	
--telemedicine available?	
Will there be a multiplier effect?	
Relevance of CPD/CME to national health goals?	
Geographic group?	
Linguistic group?	

## Appendix C:

### Continuing Professional Development of GPs/FPs

#### A Call for Unified Action

*Project Globe envisions a global collaboration of organizations supporting the development, implementation and access to relevant, cost-effective and accessible CPD, including continuing medical education (CME), on a global basis to leverage health care.*

#### Rationale:

There is a critical need to enable excellence in the continuing professional development (CPD) of general practitioners and family physicians (GPs /FPs) providing primary care services. Every nation has a fundamental interest and responsibility for maintaining and improving the health of its people. Key to this are the organization, staffing, and financing of the health care system, coupled with the availability of cost-effective resources for lifelong learning by health professionals. Viewed in a global context the following emerges:

- There is an urgent need to improve primary health care through more consistent and effective CPD/CME for the GPs/FPs who provide such care but often have little or no access to quality CPD/CME.
- Access to quality CPD/CME plays a crucial role in determining the quality of care rendered to patients. As such there is a need to think in new ways of providing relevant, cost-effective, accessible and state-of-the-art CPD/CME for enabling GPs/FPs. Such an effort will contribute to the delivery of more effective and efficient primary care services to all patients and communities.

#### Proposed initiative:

- Project GLOBE is an initiative to foster Global Excellence for GPs/FPs. This will be accomplished through the collaboration of national and international organizations, to provide the best possible health care to all patients and populations.

**The founding premises of Project Globe include the following:**

- CPD/CME is an individual responsibility as well as an ethical duty of all health care professionals, aimed at providing and promoting the highest possible standards of health care for patients, families and populations.
- CPD/CME focuses on renewal, extension, and updating of scientific knowledge, technical and communication skills, professional values and attitudes, population health, information and data gathering, managerial thinking and other professional development needs.
- Every health professional has the right to CPD/CME and should be encouraged and assisted to exercise that right.
- Quality CME/CPD for most specialists is generally available worldwide is not true for GPs/FPs. Therefore, it is vital to improve the quality of, and access to, relevant and cost-effective CPD/CME for these physicians around the world.
- The content and format of CPD/CME must be responsive to the needs of the local GPs/FPS, including community and population health needs; be based on the best
- Facilitation of CPD/CME is the responsibility of local and national professional health organizations, medical schools, national health authorities, and other related national, regional and international organizations.
- GP's/FP's who engage in lifelong learning need to be recognized formally by their national health authorities and professional organizations.
- The collaboration of relevant international platforms is essential to the success of Project Globe.
- As such, Project Globe is open to any organization, public or private that endorses this initiative.

**Therefore,**

We hereby agree to endorse the Project Globe initiative,

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[Name of organization or group]

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

## **Appendix D: Mission**

“To promote life long learning through continuing medical education as well as continuing professional development among family physicians and general practitioners worldwide by developing programs, standards, resources and partnerships, thus fostering quality care for patients and communities”

Adopted by the Steering Committee on December 12, 2006