Quality of education in a changing world

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www.MedCommsNetworking.com
Disclosures

• Sophie Wilson
  - Employee of International Medical Press (IMP) a provider of IME and accredited CME
  - IMP receives funding from pharmaceutical companies for independent and certified medical education programmes
  - IMP is a member of the Good CME Practice group (www.gcmep.org)
Learning objectives

Following this presentation, you will be able to:

• Be aware of the changing environment for CME across Europe
• Describe the key principles of quality and effective CME in Europe
• Make the link between effectiveness, appropriate education, transparency and balance and achieving high standard of education
A changing world

• Increasing mobility of patients and healthcare professionals across Europe
  - Wide variations in medication training, competencies and skills
• Increasing need for accountability and transparency has led to mounting pressure to ensure competency of medical professions so as to safeguard patients and ensure the highest quality of care
• Needs and diversity of practice have evolved
  - Interdisciplinary, multidisciplinary, etc
• ... and technology
THE DIGITAL HEALTH REVOLUTION

Infographic by Paul Sonnier

digital revolution + genomic revolution

Wireless sensors & devices
Mobile connectivity
Social networking
Genomics
Internet
Imaging
Data universe
Health info systems

Results


storyofdigitalhealth.com

2010 2020

Prevention
Prediction
Management
Diagnosis
Disease
Continuing medical education vs CME

• Four types of continuing medical education
  - Industry-controlled product specific education
  - Industry-initiated professional development/medical disease programmes
  - Collaborative partnerships
  - IME: industry-supported via independent grant and ‘CME-accreditable’
• Absence of clear and consistent guidance from accreditation agencies and emerging guidance from industry regulatory bodies
  - Providers are faced with conflicting requirements for independence, accreditation and use of funding
  - Definitions, guidelines and requirements from accreditation and industry bodies are often in direct conflict
So who are the providers?

• Accreditation Council for Continuing Medical Education (ACCME)
  - “... Any entity that has regular, recurring programme of CME, can meet the accreditation requirements, and is not a commercial interest...”
  - Medical schools, medical speciality societies, insurance companies, medical education and publishing companies, government agencies, hospitals and health systems, Foundations and other non-for-profit
  - Accredited providers

• Other systems state that the provider must
  - be ‘aligned with a speciality’
  - or be a ‘physician organization’

http://www.accme.org/for-media/accme-at-a-glance

So who are the providers?

- In Europe, the type of organization providing CME is less important than the expectation that the education provided is independent and free of third-party influence or commercial interest
  - EACCME will not consider accreditation where the content, format or faculty is influenced by industry
  - “...overall responsibility for content should reside with an appropriate medical specialist who will take responsibility for the application.” [EACCME]
  - Event/activity accreditation prevails
New stakeholders?

“Digital Health is also trying to make healthcare delivery more efficient, improve access, reduce costs, increase quality and make medicine much more personalized and precise”

Paul Sonnier
https://storyofdigitalhealth.com
What makes ‘good’ IME/CME?

1. Appropriate Education
2. Effectiveness
3. Balance
4. Transparency
Appropriate education

• Is there a gap in clinical knowledge, competence and performance? Is there a need for instruction?
  - Gap analysis, needs assessment

• For whom should the programme be developed?
  - Characteristics of learners, target audience

• What should the learners/HCPs learn?
  - Learning objectives

• How is the medical subject, content or skill best learned?
  - Educational strategy

• How is the extent to which the learning is achieved determined?
  - Evaluation, outcomes measures
Effective education

- At a minimum, level 3 (knowledge) should be achieved and measured
- Where possible and appropriate to the needs of the learners, levels 4 to 7 should be achieved and measured

1. Participation
2. Satisfaction
3. Learning
4. Competence
5. Performance
6. Patient Health
7. Community Health

CME focus on addressing professional practice gaps

Traditional CME focus

Transparent education

• Doing the right thing AND showing you are doing the right thing!
  - Documentation of independent planning
  - Disclosure of all support
  - Disclosure of relevant relationships/ potential conflicts of interest
    • Mitigation of conflicts / documentation
  - Reporting to accreditors, supporters and other relevant regulatory bodies

• Trust and accountability
Balanced education

• All content must be reviewed and directed by designated faculty
• Content must be evidence-based
• Content must not be influenced by supporter or any other organization with a perceived agenda
• Potential conflicts of interest by faculty and individuals involved in content of the educational activity must be identified, documented and resolved
• All disclosure information must be communicated to learners
Take home

1. Appropriate Education
2. Effectiveness
3. Balance
4. Transparency
Thank you

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