

Medical education in Europe — at a point of inflection?

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Annual meetings since 2007, An extensive archive of its activities can be found at — www.europeanCMEforum.eu

Journal of European CME (JECME) is a PubMed-indexed, Diamond Open Access online journal — www.jecme.eu.

Good CME Practice group — an initiative for European education providers — www.gCMEp.org

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Journal of
European CME
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Agenda

- ❖ 1. What is medical education?
- ❖ 2. European CME through the ages
- ❖ 3. What about the future?

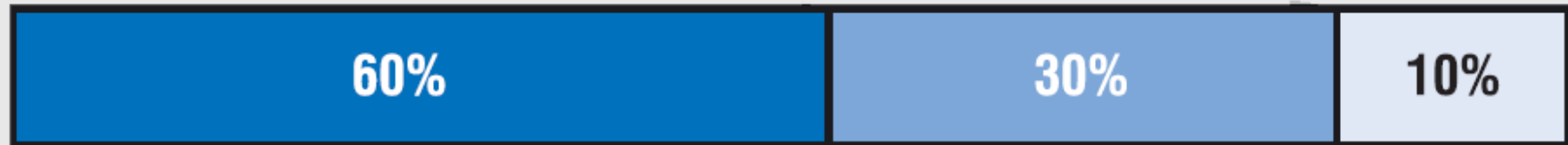
I. What is medical education?



18 26 32 40 50 60 Age (years)



6-8 6-8 >30 Time (years)



What is the main difference
between MedComms and CME?

MedComms vs. CME

❖ **Industry-controlled**

vs.

Independently developed

What are the main similarities
between MedComms and CME?

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- ❖ Both primarily active in area of post-CCT / CCST medical specialists

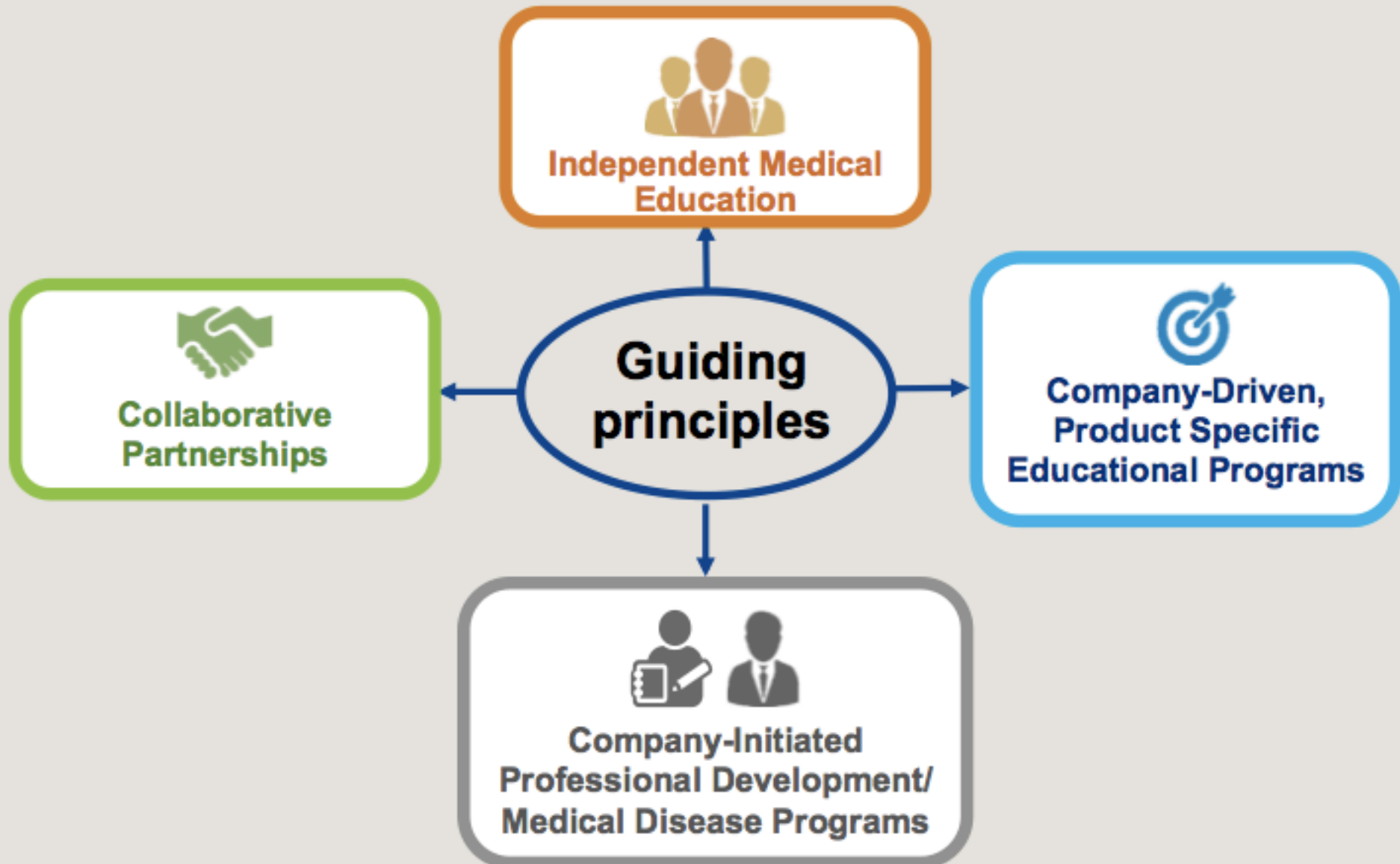
What are the main similarities between MedComms and CME?

- ❖ Both primarily active in area of post-CCT / CCST medical specialists
- ❖ **Industry funding**

Industry funding

- ❖ Beset by challenges
- ❖ Responsibility, accountability and compliance

Different Types of Medical Education in Europe



First, let's take a step back

European CME through the ages

1999-2005	Birth and early years
2005-2010	Development
2010-2015	Confusion
2016-now	New rules-New Order

The stakeholders

- ❖ **Medical Societies**
- ❖ **CME accreditors**
- ❖ **The medical profession**
- ❖ **Professional CME providers**
- ❖ **MedComms**
- ❖ **Industry**
- ❖ **EFPIA**
- ❖ **MedTech Europe**

MedSocs/CME/HCP

Providers

Industry

Birth of modern CME 1999-2005

MedSocs/CME/HCP

- ❖ Setting rules

Providers

- ❖ No role

Industry

- ❖ Extended relationships

“Development” 2005-2010

MedSocs/CME/HCP

- ❖ Assertive

Providers

- ❖ Free for all

Industry

- ❖ Extending relationships
(cont...)

2010/2011?

- ❖ Transparency and accountability
 - ❖ Bribery Act
 - ❖ Foreign Corrupt Practices Act
 - ❖ Sunshine Act
 - ❖ GPP2
 - ❖ New promotional Codes of Practice
 - ❖ HMRC

“Confusion” 2010-2015

MedSocs/CME/HCP

- ❖ Confused

Providers

- ❖ Wanting and needing to be more professional
- ❖ Professional providers emerge
- ❖ European MedComms splits from CME

Industry

- ❖ Want/need to be more responsible, but don't know where to get guidance!

2015/2016 —> ?

- ❖ Industry unilaterally and via EFPIA / MedTech Europe incorporates:
 - ❖ Bribery Act
 - ❖ Foreign Corrupt Practices Act
 - ❖ “Sunshine Act” as Responsible Transparency, etc.
 - ❖ GPP3, etc. etc.
- ❖ **To put them into their corporate standards and promotional Codes of Practice**

“New Order” 2016-present

MedSocs/CME/HCP

- ❖ Even more confused, even surprised.
- ❖ “Others” defining the new rules

CME Providers

- ❖ Being more professional — happy with new rules and clarity. Looking more to the US

Industry

- ❖ Globalisation —> harmonisation of standards
- ❖ Main drivers of change in Europe. Defining good practice?

What is going on?

The profession

- ❖ Medical societies
- ❖ Accreditation bodies
- ❖ National regulators
- ❖ Individual doctors

Medical societies

- ❖ Medical Societies
 - ❖ >85% income directly or indirectly from industry — mostly **sponsorship**
 - ❖ Now new rules where industry are questioning value of **sponsorship**, looking for **grant** support of education and **partnerships**
 - ❖ Questioning their own role and value to their membership
 - ❖ Becoming **CME providers** themselves

Accreditation bodies

- ❖ Accreditation systems still as fragmented as they were in the 2000s
 - ❖ National and European standards and requirements not aligned
 - ❖ Credit system only meaningful on a personal and national level
 - ❖ CME accreditation systems not looking at meaningful measures

National regulators and individuals

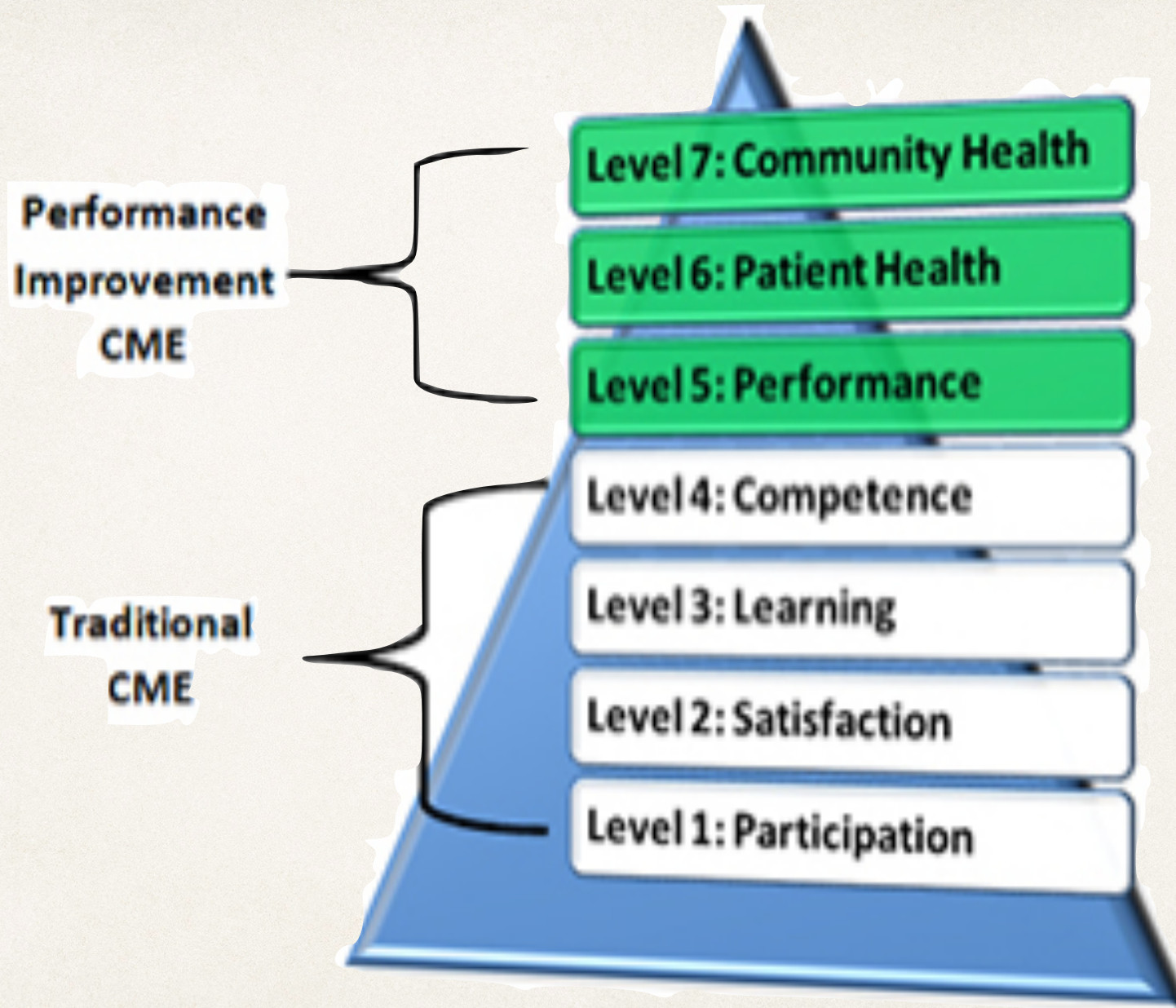
- ❖ CME not seen as a high priority by most
- ❖ Purpose unclear
- ❖ Seen as being a bureaucratic exercise

Providers

- ❖ As professional CME providers
- ❖ Evolving role of some medical societies
- ❖ Some hospitals with more formal CME objectives

Providers

- ❖ Looking at the educational quality
- ❖ Relevance to actual clinical practice
- ❖ Meaningful outcomes
 - ❖ Attractiveness for grant funding

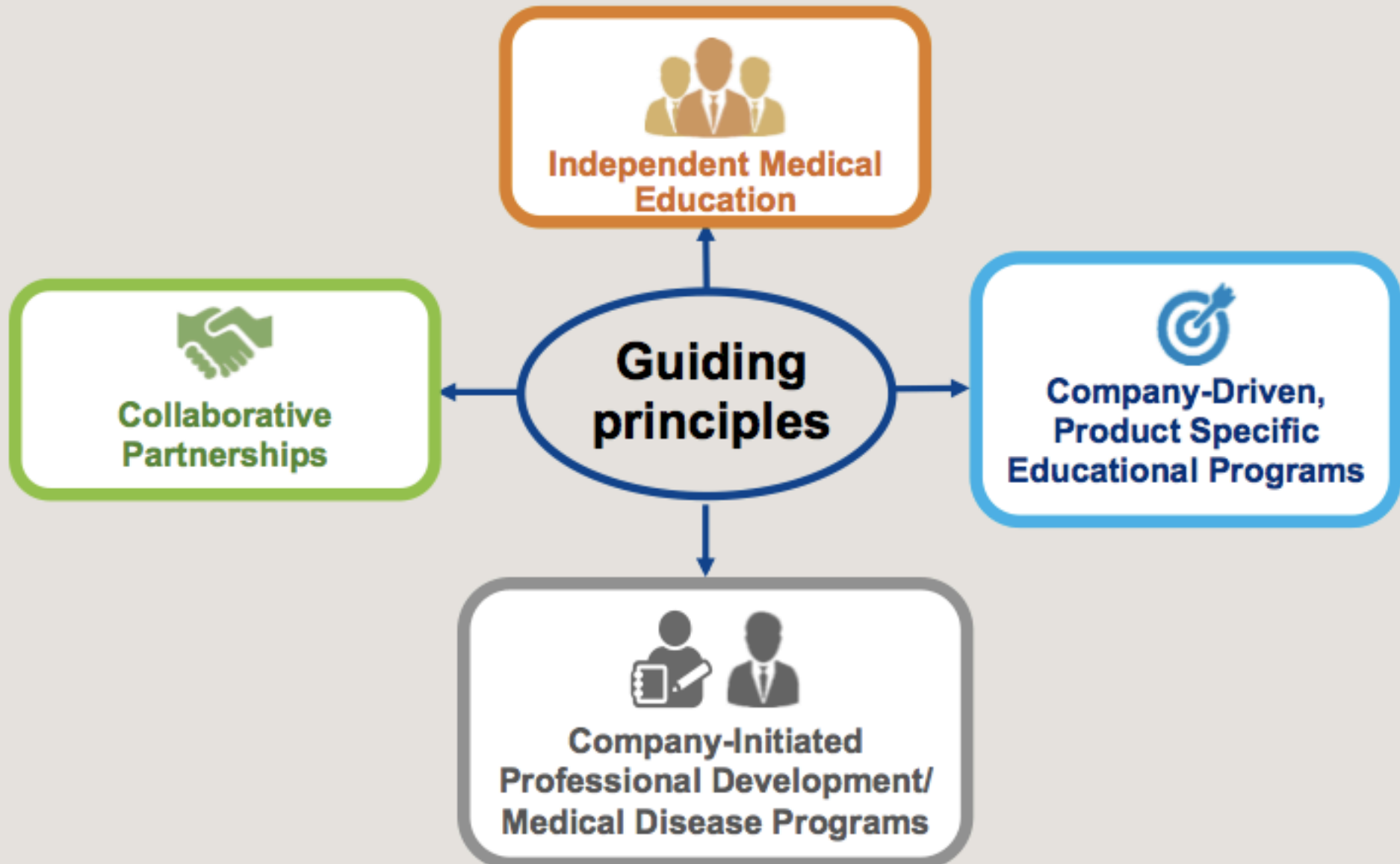


*Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

Industry

- ❖ Accountability
- ❖ Role in education and promotion
- ❖ Questioning the value of **sponsorship**
 - ❖ As a commercial activity
- ❖ Needs to be clarity about **Grant** support of independent education
- ❖ Looking for deeper and more transparent relationships
 - ❖ **Partnerships**

Different Types of Medical Education in Europe



What about the future?

2018 —>

MedSocs/CME/HCP

- ❖ 2018 will be a difficult year
- ❖ European accreditation bodies will need to harmonise **standards** as well as the credit
- ❖ Rise of the national systems?

CME Providers

- ❖ Further professionalisation, collaborating with medical societies?
- ❖ Higher quality standards
- ❖ Nationally, still “promotional”?

Industry

- ❖ Time of change as experience grows (in a positive way)
- ❖ Further globalisation of standards?

Further reading

- ❖ Allen T et al. Framework for industry engagement and quality principles for industry-provided medical education in Europe. *Journal of European CME*, 2017;**6**:1.
- ❖ ESC Board, The Future of continuing medical education: the roles of medical professional societies and the health care industry. *European Heart Journal* 2018;**00**:1-8.
- ❖ Stevenson R and Moore D, Ascent to the Summit of the CME Pyramid. *JAMA* 2018;**319**(6):543-544.
- ❖ Farrow S, et al. Setting CME standards in Europe: guiding principles for medical education. *Curr Med Res Opin* 2012;**28**:1861-1871.

Thank you

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