Medical education in Europe — at a point of inflection?

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Has worked exclusively in CME since 2000

Also Programme Director and Guarantor of European CME Forum, a Not-For-Profit organisation, bringing together CME professionals, regulators and supporters active in European CME.

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
Agenda

- 1. What is medical education?
- 2. European CME through the ages
- 3. What about the future?
1. What is medical education?
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?
What are the main similarities between MedComms and CME?

- 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

- Independent Medical Education
- Collaborative Partnerships
- Company-Driven, Product Specific Educational Programs
- Company-Initiated Professional Development/Medical Disease Programs

* Presented at 9th Annual European CME Forum, Amsterdam, 2016
First, let’s take a step back
European CME through the ages
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2005</td>
<td>Birth and early years</td>
</tr>
<tr>
<td>2005-2010</td>
<td>Development</td>
</tr>
<tr>
<td>2010-2015</td>
<td>Confusion</td>
</tr>
<tr>
<td>2016-now</td>
<td>New rules-New Order</td>
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</tbody>
</table>
The stakeholders

- Medical Societies
- CME accreditors
- The medical profession
- Professional CME providers
- MedComms
- Industry
- EFPIA
- MedTech Europe
Birth of modern CME 1999-2005

<table>
<thead>
<tr>
<th>MedSocs/CME/HCP</th>
<th>Providers</th>
<th>Industry</th>
</tr>
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<tbody>
<tr>
<td>Setting rules</td>
<td>No role</td>
<td>Extended relationships</td>
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</table>
“Development” 2005-2010

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<tr>
<td>✤ Assertive</td>
<td>✤ Free for all</td>
<td>✤ Extending relationships (cont…)</td>
</tr>
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</table>
2010/2011?

- Transparency and accountability
  - Bribery Act
  - Foreign Corrupt Practices Act
  - Sunshine Act
  - GPP2
  - New promotional Codes of Practice
  - HMRC
“Confusion” 2010-2015

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<tbody>
<tr>
<td>Confused</td>
<td>Wanting and needing to be more professional</td>
<td>Want/need to be more responsible, but don’t know where to get guidance!</td>
</tr>
<tr>
<td></td>
<td>Professional providers emerge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>European MedComms splits from CME</td>
<td></td>
</tr>
</tbody>
</table>
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

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<tr>
<td>Even more confused, even surprised.</td>
<td>Being more professional — happy with new rules and clarity. Looking more to the US</td>
<td>Globalisation —&gt; harmonisation of standards</td>
</tr>
<tr>
<td>“Others” defining the new rules</td>
<td></td>
<td>Main drivers of change in Europe. Defining good practice?</td>
</tr>
</tbody>
</table>
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
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

Guiding principles

Independent Medical Education

Collaborative Partnerships

Company-Driven, Product Specific Educational Programs

Company-Initiated Professional Development/Medical Disease Programs

What about the future?
2018 —>

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<td>✷ 2018 will be a difficult year</td>
<td>✷ Further professionalisation, collaborating with medical societies?</td>
<td></td>
</tr>
<tr>
<td>✷ European accreditation bodies will need to harmonise <strong>standards</strong> as well as the credit</td>
<td>✷ Higher quality standards</td>
<td>✷ Time of change as experience grows (in a positive way)</td>
</tr>
<tr>
<td>✷ Rise of the national systems?</td>
<td>✷ Nationally, still “promotional”?</td>
<td>✷ Further globalisation of standards?</td>
</tr>
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</table>
Further reading


Thank you

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