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The Changing Face of CME in Europe:

Where Are We Now?

by Eugene Pozniak



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Strategies and Solutions for Publication Planning and Execution Excellence

A KeywordPharma **Conference Insights** by **Elizabeth Wager** Published September 2007

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An in-depth report from The International Publication Planning Association's 5th Annual Meeting held in San Francisco, CA, 25-26 June 2007.

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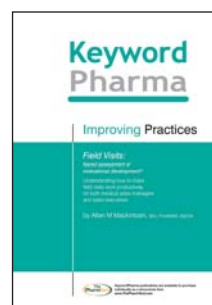
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The Changing Face of CME in Europe: Where Are We Now?

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The Changing Face of CME in Europe:

Where Are We Now?

By Eugene Pozniak

Executive summary

The European market for Continuing Medical Education (CME) is heterogeneous. In the absence of a single, overarching regulatory body for CME activity across the region, individual countries are at varying stages of implementation. As such, the accreditation process throughout the continent is a splintered affair, governed by four different types of regulatory authority: National Accreditation Authorities, the European Accreditation Council for CME, European Specialty Accreditation Boards and Accredited Providers.

The attitude to CME differs from country to country. Across Europe, each individual autonomous healthcare system has different requirements and expectations of its doctors. In some countries, CME is mandatory, while in others, it is voluntary. In some, it is neither understood nor recognised. However, even in areas where CME is a legal obligation, enforcing compliance remains a challenge. Incentives and punitive measures, some seemingly Draconian, have been introduced to encourage and enforce uptake, but so far a successful method to police the system has yet to emerge.

Despite such a confusing environment, CME-accredited education is regarded as being important. *The Changing Face of CME in Europe* looks at the current climate, assessing some of the factors critical to a successful CME evolution across Europe. It provides a robust definition of CME and its purpose, and details the wide-ranging activities considered worthy of accreditation. In addition, it offers practical advice on how to develop a CME programme, exploring in detail how pre- and post-activity are as important as the educational activity itself.

Significantly, this Expert Review looks at industry involvement in CME activities, exploring the many pitfalls and benefits. The axiom that CME is 'education for doctors, written by doctors, presented by doctors' dictates that there should be no direct industry involvement in specific CME programmes. However, the corporate goodwill derived from being associated with high-quality educational activity, and the benefits of increased therapeutic awareness within the prescribing community, make CME a vital consideration for industry. Whilst it is clear that companies cannot stipulate, manipulate or influence CME content, it is equally clear that companies who fail to support it may somehow be relinquishing an opportunity for competitive advantage.

Contents

Introduction	4	Industry and CME	11
About the author	4	What does the future hold for CME?	12
CME in Europe	5	Conclusion	13
What is the status of CME in Europe?	7	References	13
What constitutes a CME activity?	9	Further reading	13
How is CME funded?	11		

Introduction



If you were in the unfortunate position of being stopped by a police officer for an indiscretion, before being reprimanded you would expect the officer to be familiar with the finer points of the law. Likewise, if you spoke to an accountant on a tax matter, you would not be best pleased to be given advice only to find out that your accountant had not read anything on the topic for a year and that tax legislation had subsequently changed. So what of the medical profession? You visit your doctor and present a set of symptoms that leads to a straightforward diagnosis. You would hope to be given the optimal treatment based on the best available evidence. In fact, you would expect nothing less. So how effective are clinicians at keeping up to date with advances in modern medicine? Fortunately, history tells us that they are pretty good and that, although Continuing Medical Education (CME) as a formality is a relatively recent development, doctors have for centuries been conditioned to stay abreast of medical developments. It is part of their job.

At present, health systems across the globe are under increasing pressure as growing healthcare budgets struggle to keep up with advances in treatment and patient care. As technology moves on and clinical practices are developed and shared, the expectations of the medical profession, governments and patients alike have all risen. CME has also, in turn, crossed borders; the ideas and systems that were first seeded in the USA soon after the Second World War, and which have been increasingly formalised since the 1970s, are now spreading globally. Though still very much in its infancy in most countries, CME is seen as a useful tool to enable professionals to quantify how they are keeping up to date with developments that ultimately improve patient care.

As with all modern continuous professional development, the number of stakeholders has increased to include not just the profession concerned, but also the recipients and beneficiaries of the services. In the case of CME, this includes patients, through their representatives (e.g. the government or patient groups), and also the people who fund educational activities: a major contributor to this is, of course, the healthcare industry.

This review examines CME from a European viewpoint, drawing parallels with the more familiar aspects of US CME where appropriate. The aim is to approach each sub-topic with the healthcare industry and their agencies in mind, concentrating on the practicalities, while addressing how the more important theories have emerged.

Eugene Pozniak
November 2007

About the author

Eugene Pozniak is Managing Director of Siyemi Learning, an independent CME provider based in Europe. He has worked in the medical sector for 20 years: following a degree in chemistry, he traced a path through pharmaceutical sales, advertising and medical communications. His introduction to CME came in 1996 when he organised a series of CME-accredited (PGEA) meetings on the newly emerging topic of evidence-based medicine (EBM), coinciding with the publication of David Sackett's influential book on the topic.¹ His fascination with CME and EBM continued until 8 years ago, when, with the growing possibilities in European CME, he finally made the change to working exclusively in CME.

As well as running CME-accredited meetings, Eugene developed the first pan-European CME-accredited e-learning (launched in 2002), national CME-accredited portals and has been at the forefront of European journal CME. In addition, he has developed a number of 'non-CME–non-promotional' Independent Education projects. He has experience of CME across Europe, the USA, Asia Pacific and Latin America.

In 2006, Eugene founded Siyemi Learning, an independent provider of CME products and related services, assisting medical societies, the healthcare industry and their agencies with national and international CME and Independent Educational projects. Previously he was Director of Global CME (ex-US) at Wolters Kluwer Health.

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An in-depth report from The International Publication Planning Association's 5th Annual Meeting held in San Francisco, CA, 25-26 June 2007.

Executive Summary

The reputation of the global pharmaceutical industry is currently suffering, and there is public mistrust of drug companies' publication practices. The industry can only eradicate this problem through increased transparency, honesty and openness in its publications. Clearly, the provision of unbiased information to medical decision makers is essential, not only for the sake of the industry's image, but, more importantly, for the good of public health.

In an environment of rapidly changing rules and regulations, pharmaceutical companies must develop their own robust publication policies that reflect the latest guidelines. Crucially, they must also develop compliance programmes to ensure that all those working on publications not only understand company policy, but actively implement it.

This Conference Insights review provides an in-depth review of the 5th Annual Meeting of The International Publication Planning Association held in San Francisco, CA, 25-26 June 2007. It details the major challenges facing publications professionals, including the need for disclosure, transparency and compliance. It offers guidance on how to develop and implement company policy, looks at the involvement of marketing in the publication process, the growth of open-access publishing and how agencies and drug companies can develop effective partnerships.

Contents

- Strategies and Solutions for Publication Planning and Execution Excellence – Programme
- Introduction
- About the author
- Legal issues
- An editor's perspective
- The role of marketing in developing publications
- Payments for authors
- Developing a company publication policy
- Leading publication teams
- Problems with authorship
- Effects of cost-cutting and global sourcing
- The latest on open-access publishing
- Developments in results disclosure
- Conclusions
- References

About the author

Elizabeth (Liz) Wager is the author of books on '*Getting Research Published: An A to Z of Publication Strategy*' and '*How to Survive Peer Review*'. She is a co-author of '*Good Publication Practice For Pharmaceutical Companies*' and the European Medical Writers Association guidelines on the role of medical writers.

After obtaining a First Class zoology degree from Oxford in 1983 she worked for Blackwell Scientific Publications, Janssen-Cilag then Glaxo-Wellcome. In 2001, she set up her own company, Sideview, which provides training, writing, editing and publication consultancy services.

She is a member of: the *BMJ*'s Ethics Committee, the World Association of Medical Editors Ethics Committee, the Council of the Committee on Publication Ethics, the editorial board of *European Science Editing* (the journal of the European Association of Science Editors) and the World Health Organization Scientific Advisory Group on trial registration.

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