



European CME - European Continuous Medical Evolution? A Providers Perspective

Dr. Thomas Kleinoeder, KWHC GmbH, Germany

- What are standards?

“Written definition, limit, or rule, approved and monitored for compliance by an authoritative agency or professional or recognized body as a minimum acceptable benchmark.”

- Who is setting standards?

All stakeholders and ...

- Who must follow which standard?

Depends ...

- From the quality aspect:

- necessary
- regulating
- administrative tasks



Standards from the providers' perspective



Content-Support

Consulting

Event-Management

Online-Media

- International
 - International requirements on content (EBM et. al.) and transparency
 - ICMJE
- European
 - EACCME et. al.
 - Country level
- “Other Countries”
 - US and the rest of the world
- National
 - Requirements for Medical Education
 - Different state regulations
 - Laws / healthcare sector
- Stakeholders
 - Pharma Codex
 - Authors



- **What do providers do?**

- develop high quality medical education
- communicate with different stakeholders
- consider physicians needs
- develop content (with authors)
- develop the materials
- distribution of materials
- quality assurance
- consider different standards, regulations and laws
- „not a non-profit-organization“

The challenge of today and the future



Content-Support

Consulting

Event-Management

Online-Media

- ... between the needs of physicians, scientific aspects, regulatory bodies, sponsors, marketing,
- ... develop (multi-)national education and consider all local regulations
- ... get the funding – nothing in the world is for free
- ... consider the needs of the learners/physicians
(Do local family doctors need european accreditation of specific learning programmes? Depending on the need!)
- ... not having too much standards but/and being transparent as a major issue



**Definition of the standards of Good CME Practice
along 4 Core Principles
(considering other standards)**

www.gCMEp.eu



IMP (Sheelagh Farrow, Sophie Wilson)
Informa Healthcare (Darren Gillgrass)
Medcon International (Onno Kaagman)
KWHC (Thomas Kleinoeder)
EIMSED (Madeleine Schaffer, Philipp Leuschner)
Network Pharma (Peter Llewellyn)
Prime Oncology (Carry Pesch)
Quaime (Peter Posel)
Siyemi Learning (Eugene Pozniak)
Haymarket (Chris Stevenson)
iS Health Group (Jack Torr)
3c strategy (David Williams)
MedEd Global Solutions (Eric-Jean Desbois)
IntraMed Europe (Barbara Marcelloni)
PCM Scientific (Alisa Pearlstone)

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Good CME Practice

Appropriate education

CME providers should ensure that educational activities have clear learning objectives that are derived from a coherent and objective process that has identified performance gaps and unmet educational needs. The education must be designed to positively reinforce existing good practice and effect a sustained change in daily clinical practice as appropriate.



Good CME Practice

Balance

Balance needs to be evident in content, faculty and review. Content has to be developed independently of the sponsor and reflect the full clinical picture within the framework of the learning objectives.



Good CME Practice

Transparency

All relevant information should be disclosed to the learner so that they understand fully how the content has been developed and presented. This includes the terms of the financial support, relevant disclosures of faculty and organisations involved in the development of the scientific content and the presentation of the programme.



Good CME Practice

Effectiveness

Post-activity evaluation should measure satisfaction, knowledge uptake and intent to maintain or change behavior in line with learning objectives. Providers should measure the effectiveness of the education against “Level 3 - Knowledge Gain” of the Moore scale, which should be seen as a minimum standard.

Do you think the gCMEp Core principles can be met by the majority of the materials on the market/you have developed/worked with?

Yes



② Only 75 %



③ Less that 50 %



④ No



Did you measure knowledge uptake in your events/ events you participated?

Yes



② In parts: multiple choice knowledge test at the end



③ Evaluation only at the end



④ No



Do you think the gCMEp core principles will support the common understanding of medical education?

Yes



② No





Dr. Thomas Kleinoeder
Chief Medical Officer

KWHC GmbH

Alewinstr. 13 ▪ D-29525 Uelzen

Fon: +49 581 9793 180 ▪ Fax: +49 581 9739 1811

info@kwhc.de ▪ www.kwhc.de