CME-India:
Current Status and its adoptability from developed CME World

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About India

India will overtake China as the fastest growing emerging economy in 2015–16 by clocking a growth rate of 7.5%. India has the potential to become the world’s 3rd largest economy in the next decade and largest economy by 2050 - IMF

Country Statistics
- Largest democratic & secular country in the world
- 7th largest country (Geographical area wise)
- 2nd in the world (Population wise: 1.23 bn)
- 17.6% of global population
- Population distribution (Urban- 30%, Rural- 70%)
- Languages spoken: 122 major & other 1599
- Official languages: Hindi & English
- All major religions are practiced freely

Healthcare Statistics
- Total no. of allopathic doctors: 0.8 million
- In India, 0.7 doctors/1000 population (WHO average 2.5 doctors/1000)
- Industry needs 1.54 million additional doctors
- Most of the doctors are concentrated in urban areas
- All doctors are fluent in English language
- 400 Medical Colleges ,total seats per year: 52,405
More than 800,000 qualified doctors in India

Less than 25% are members of IMA

Less than 15% are part of various doctors’ societies

More than 75% are private practitioners

Practice enhancement through –

• Self-practice experience

• Access to various National & International publications/conferences

• Major knowledge update information imparted by Medical representatives

Indian doctors are highly pampered by Pharmaceutical companies
Survey outcome from 751 physicians from 8 medical specialties across India

**CME Seekers – What They Want**

<table>
<thead>
<tr>
<th>Category</th>
<th>Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>Case Presentation</td>
<td>75%</td>
</tr>
<tr>
<td>Speaker Program &amp; Workshop</td>
<td>70%</td>
</tr>
<tr>
<td>RTM-FGD</td>
<td>65%</td>
</tr>
<tr>
<td>Conference</td>
<td>60%</td>
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<tr>
<td>Journals/ Full text</td>
<td>55%</td>
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<tr>
<td>Books/Monograph</td>
<td>50%</td>
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<tr>
<td>Website</td>
<td>45%</td>
</tr>
<tr>
<td>Webbased lecture</td>
<td>40%</td>
</tr>
<tr>
<td>Industry Sponsors CME</td>
<td>35%</td>
</tr>
<tr>
<td>CD/DVD</td>
<td>30%</td>
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</table>
CME Seekers – What They Want

- **About CME duration**: Preferred 2 hours of learning / CME
- **Attending criteria**: Scientific agenda (78%) & Stature of speakers (77%)
- **CME agenda**: About disease guidelines (88%), new drugs/device/intervention (86%)
- **About speaker and venue**: Prefer Indian speakers (66%), local venue (75%), and having face-to-face discussion (64%)
- **About providers**: Doctors mostly prefer CME programs driven by Medical Societies (87%)
Indian pharmaceutical retail market is more than US$ 20 billion (MAT April’16) expected to reach US$ 55 billion at CAGR of 23.9.

Highly fragmented market (more than 20,000 registered companies)

More than 60,000 brands (Branded + Branded generic)

8% of global pharmaceutical production

3rd by Volume & 14th by value

India currently faces the dual burden of Acute Communicable diseases (69.1 %) & Chronic Non-communicable Diseases (30.9%)

India is a completely branded generic market

Doctors still prefers to prescribe medicines of branded generics

Health insurance companies have no say on Rx

85% of cost of medicine purchase comes from public pocket

Medical Representatives are critical in brand promotion
Indian Pharmaceuticals Companies - Doctors Engagement Model

**GROUP TOUR**
Doctor education trip for infotainment

**CONFERENCE**
Regional/National/International Conference participation sponsorship

**LIVE MEETINGS**
Molecule/Therapy concept building through live meetings, (Advisory board/RTM/FGD/Live CME) + Indian/International KOLs
- with and without involvement of Indian/Int. Societies

**BRAND PROMOTION**
Gifts/Me-too Brand Reminders

**SCIENTIFIC BRAND/Therapy PROMOTION**
Therapy/brand building through scientific evidence via different modes CUSTOMIZED/PUBLISHED solutions

**PRINT/ONLINE/DIGITAL CME**
Medical education through Print/Online/Digital CME

1 Doctor: 60–70 patients/day, 10–15 Medical Rep/day, 60–70 Brands exposure/promotion a day

........Most of the learning of seekers get funded by sponsors
Questions for Audience

Q Are you (in developed CME system) executing CME without pharma sponsorship or without their interference?

1. Yes
2. No
3. Yes with fire bowl

Q Can we execute a CME without pharma sponsorship in a complex market like India?

1. Yes
2. No
3. May be
Medical Council of India (MCI) is a statutory body with the responsibility of

- Establishing and maintaining high standard of medical education and recognition of medical qualification in India
- Registering doctors to practice in India
- Is responsible for establishing and maintaining high standards of healthcare in their respective states
- Registers doctors to practice in their respective states (council)
- Recognizes only live CME, confusion on online CME recognition

But only 9 out of 26 state medical councils announced CME credit point system out of which Maharashtra has made it mandatory

April 2011 MCI passed a resolution on CME as-

"Mandatory for all doctors to attend 30 hrs of CME in every 5 yrs. If they fail to attend, their registration to practice would be suspended"

CME Credit points can be gained by -

- As a coauthor/author in indexed National/International medical journals
- Dr. pursuing PG course — like Diploma, MD, MS, DNB and DM ( 4 points/year)
- Dept. and institutional activities like journal club meeting, mortality conference etc.
CME Facilitators – Doctors’ Associations and Organizations

Indian Medical Association (IMA) is the only representative voluntary organization of Doctors of Modern Scientific System of Medicine, which looks after the interest of doctors as well as the well-being of the community at large. Membership is approx. 178,000.

Objectives:

- Promotion and advancement of medical and all related sciences
- Improving the public health and medical education in India
- Maintaining the honor and dignity of the medical profession

Role in CME execution:

More than 1,700 branches, organized monthly live classroom CMEs with local speakers sponsored by Pharma companies (Credited by state council but unstructured and unorganized)

- Annual scientific conference for 4–5 days attract large numbers of their members
- Each conference offers 15 to 20 CME credit points
- Average conference budget varies from US$ 1 to 3 million
- More than 80% funding comes from pharma companies
Medical education is at the core of the access to quality healthcare in any country. Accordingly, a flexible and well-functioning legislative framework underlying medical education is essential for the wellbeing of the nation. It is against this background that India adopted the Indian Medical Council (IMC) Act 1956 six decades ago. While this Act provided a solid foundation for the growth of medical education in the early decades, it has not kept pace with time. Various bottlenecks have crept into the system with serious detrimental effects on medical education and, by implication, delivery of quality health services.

The Committee observes that the MCI as the regulator of medical education in the country has repeatedly failed on all its mandates over the decades.

It goes on to offer a list of failures that includes:

- Failure to create a curriculum that produces doctors suited to working in the Indian context
- Failure to maintain uniform standards of medical education, both undergraduate and postgraduate
- Devaluation of merit in admission, particularly in private medical institutions
- Failure to put in place robust quality assurance mechanics
- Failure to produce any standardized summative evaluation of the medical graduates and postgraduates
- Failure to create a transparent system of medical college inspections and grant of recognition or derecognition
- Heavy focus on nitty-gritty of infrastructure and human staff during inspections but no substantial evaluation of quality of teaching, training, and imparting of skills
Structure and Role of a New National Medical Commission (NMC)

**UG Board of Medical Education & Training (UGMEB)**
To determine and prescribe standards and oversee all aspects of medical education at undergraduate level

**PG Board of Medical Education & Training (PGMEB)**
To determine and prescribe standards and oversee all aspects of medical education at the postgraduate and super-specialty levels

**Medical Assessment & Rating Board (MARB)**
To determine the process of assessment and rating of medical educational institutions

**National Board for Medical Registration (BMR)**
- The BMR shall maintain a live National Register of all licensed medical practitioners to be known as the National Register
- Regulation of Professional Conduct
A GAME changing event in the Indian CME scenario: Formation of Indian CME community platform and forum

1st GAME India Regional Conference
18th Oct. 2014, Hotel The Lalit, Mumbai, India

2nd GAME India Regional Conference
13th Feb. 2016, Hotel The Leela, Mumbai, India

An unique initiative to understand global CME-CPD practices and adopting them to an established Indian CME ecosystem
With participation of

- Indian/State Medical Councils
- Leaders of Indian Medical Associations
- Leaders from Indian Pharma Industry
- Leaders from Indian Medcom companies
- Global CME experts from GAME

...........Building a strong CME community under GAME leadership
More than 20 speakers and panelists presented their views on Indian CME scenario vs. good global practice

Attended by 100 odd CME stakeholders of India including Industry thought leaders, Medical education providers, and Healthcare provider thought leaders

Cross-functional debate and discussion on one stage (Industry, Medcom, Medical Society, and Regulator)

...Never happened before
2nd GAME India Regional Conference

Inauguration of meeting from key stakeholders of CME of India.
Dr. Vedprakash Mishra, Mr. Sudarshan Jain, Mr. Sanjiv Navangul and Ms. Lisa Sullivan

Oration by:
- Dr. Vedprakash Mishra (MCI)
- Mr. Sudarshan Jain (OPPI)
- Ms. Lisa Sullivan (GAME)

Insights on The current status of the uniform credit point system in India by stakeholders from Medical Associations & Pharmaceutical industry.

Stakeholders workshop - To establish the Indian CME ecosystem

Insights on The global vs. Indian CME scenario – Understanding the global CME practices and adopting them for the Indian ecosystem by stakeholders from Medical Associations, Pharmaceutical industry & Medcom.

Conference outcome and way forward (recommendation presentation)
Outcome of GAME India Regional Conferences

- Overall, the first 2 GAME India Regional Conferences were success stories
- All the members found it very interesting with high appreciation for the content and execution
- After attending the GAME 2nd conference, more than half of the participants felt like a member of the CME community where they could discuss important issues related to CME
- According to all the participants, to learn about accreditation in the World and in India as well as to learn about how to put together educational activities were the major reasons to attend the conference
- Recommendations on CME came out from 3 different stakeholders of CME i.e. Medical Societies, Pharmaceutical Industry and Medcom companies in the following areas:
  1. India must have uniform CME accreditation policy across all the states
  2. India should have uniform selection criteria for CME providers
  3. CME-CPD system to follow minimum process guidelines
  4. A separate CME wing/department within the CME providers (specially in medical associations/organizations/medical colleges)
  5. All modes of learning should be recognized (online/live and print)
  6. India must have recognized ACCME/EU-ACME/RCP accredited CMEs (which are relevant for Indian HCPs)
How developed CME community can build synergy with the Indian CME ecosystem?

- High demand of developed CME world content and their experts
- New regulation may recognize ACCME and EU-ACME accredited content
- Great need to adopt expertise of developed CME world’s process (enhanced collaboration needed)
- Adaptation of innovation done in developed world in Indian market
- Great opportunity for technology-based CME in India in near future
Thank You...