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CPME policy on funding of Continuing Medical Education (CME)/ and Continuing Professional Development (CPD)

Draft 2

Preamble

During the last decade CME and CPD have been on the agenda of all major European medical professional organisations. Policy documents have been developed (e g CP 2001/082, UEMS D 0120 (Basel declaration)) which outline the fundamental issues that need to be addressed to maintain and develop a high quality health care for the benefit of the people of Europe.

The emerging understanding of the complexity of professional development, encapsulated in the acronym CPD, is poorly reflected in the funding systems in the CPME member countries. We need systems that acknowledge and are designed to cater for doctors that are self-directed in their learning and whose learning take on many forms, many of which traditionally referred to as informal learning.

Definition of CME/CPD events

CME/CPD events are any event organised to support the continuing training of doctors for the sole purpose of increasing their competence in varies domains relevant for their practice. Any such event is the result of a planning process and execution without influence from conflicting interests, i e interests that are not solely serving the purpose of enhancing the educational outcome, e g sales promotional interests of any kind.

Basic principles

- The cost of CME/CPD is an integral part of the cost of modern health care
- National political bodies responsible for health care are also responsible for provision of funding for CME/CPD, irrespective of type of organisation of the country's health care system
- All licensed doctors are entitled to receive funding for CME/CPD
- A funding system must be flexible enough to meet diverse needs for CME/CPD
- The cost of keeping an organisational framework for CME/CPD with the tasks of planning, accrediting, organising, implementation, evaluation and research, must be carried by the funding system
- Supplementary funding by non-governmental bodies (e g pharmaceutical industry, medical technical equipment companies) are welcome, but must be strictly separated from sales promotional activities and subject tu full transparency
- Cooperation between supplementary funding bodies and the medical profession should be regulated by an agreement on the European level negotiated between the representative medical profession and representative bodies of the industries in question
- The relationship between the profession and supplementary funding bodies, based on a negotiated agreement, should be conducted in such a way that any legal regulation, on the national or European level, is superfluous
- The individual doctor is responsible for meeting the conditions set for funding (e g producing a personal learning plan, documentation of fulfilment, keeping a learning portfolio) as part of an agreement between the funding body and the medical professional organisation representing the doctor.

The cost of CME/CPD
Health care is funded in different ways, but irrespective of the way of funding, in the end it is the patient – as a citizen - who provides the funding, either by taxation or direct payment, or a combination of the two. The funding authorities must take account of the need for funding of CME/CPD when health care budgets are discussed and adopted. Patients should know that funding is provided for their doctor's CPD/CME.

The ultimate responsibility for proper funding rests with the governing bodies
Health care delivery may be organised in different ways, and hardly two European countries are alike. However, in democratic parliamentary systems the ultimate responsibility for health care and its rests with the democratically elected governing bodies. This means that when actual delivery of care is done by trusts, private companies, for or not for profit organisations etc, it must be clarified who carries the responsibility to write the check that pays for CME/CPD.

A valid license is the key to CME/CPD funding benefits
It is evident that it is in the best interest of the public that any doctor, irrespective of mode of payment, is the beneficiary of a CME/CPD funding system. A flexible system should be able to apply varies mechanisms according to the type of contract. In general, when a doctor is employed it is the responsibility for the employer to provide proper funding for necessary and agreed CME/CPD. For self-employed doctors the money needed for their CME/CPD must be taken into account when for instance the fee for service is negotiated and be included in the total package of reimbursement and patients' co-payment.

A flexible funding system
Most existing CME/CPD funding systems are in reality CME funding systems, i e reimbursement systems for expenses incurred by participation in formal CME courses.

Today's understanding of adult learning implies that CME/CPD funding systems need to cater for a variety of learning opportunities, formal and informal. A modern CME/CPD funding system must be able to support the individual doctor according to the perceived needs that he or she identifies and plan to meet by whatever action, e g traditional didactic courses, protected time for in depth studies of specific clinical problems, participation in congresses, visiting with other practices, participation in learning networks with peers, engagement in research project, quality improvement activities etc.

The more diversity and flexibility built into a funding system, the better the chances for creating an efficient system, i e a system that results in a real competence improvement among the beneficiaries with optimal utilisation of available resources.

CME/CPD needs an organisational framework
In addition to money to cover expenses incurred by participation of the individual doctor resources are needed to establish a framework consisting of people that manage the organising and delivery of CME/CPD. Furthermore, CME/CPD are many places in desperate need of development to reach an acceptable level of educational standard that can meet demands for diversity and flexibility and offer efficient support to the practitioners. Practitioners need to improve their capacity for self-assessment as basis for identifying their learning needs. Peers that are trained to act as mentors have proven to be a valuable resource. Such training must be organised and funded. But also educational expertise is required to help attain real progress.

Obviously, there are many ways of establishing the organisational framework, but the functions listed above under 'main principles' (planning, accrediting, organising,

implementation, evaluation and research) must somehow be in place. It is evident that the professional medical organisations (national medical associations, medical societies and colleges) being among the main stakeholders, and some places the medical schools, must play a central role..

Providing the funding, in whatever way that is done, is the responsibility of the national medical authorities.

Supplementary funding

The main source of supplementary funding has traditionally been the pharmaceutical industry. Such funding is welcome but needs to be transparent and not compromising the doctor's integrity.

Regulation of the cooperation between supplementary funding bodies and doctors

The cooperation between the medical profession and supplementary funding bodies should be regulated in guidelines based on negotiations between the representative bodies of both parties. Consequences of non-compliance should be stated.

A common framework – expressing the main governing principles for this type of relationship – should be established on the European level. (Annex I)

Legal regulation should be superfluous

The relationship between the medical profession and the supplementary funding bodies must be under constant surveillance to maintain a sustainable relationship serving true educational objectives. Mechanisms that can handle violations of accepted conduct (as expressed in agreed guidelines) must be in place. All rulings in such cases should be subject to full openness.

Responsibilities of the individual doctor

Irrespective of mode of employment the individual doctor has the ultimate responsibility for his or her CPD. This responsibility rests on widely accepted ethical obligation for all doctors to constantly strive to maintain and develop their competence in response to the needs of their patients.

Furthermore, when doctors benefit from funding of their CPD, a requirement of documentation of actual CPD and its outcomes should be fulfilled. The form of documentation should be organised to support the learning outcome by applying a reflective approach. It starts with identifying the needs as basis for establishing a learning plan, followed by carrying out the plan, and finally reflecting on the outcome and evaluating the whole process. All this should be organised in a portfolio like document, which may serve as an input to evaluation of the whole CPD programme and it's funding.

ANNEX I

Guiding principles for sponsoring of doctors CME/CPD by pharmaceutical, medical device and medical equipment industries

Guiding principles for the sponsoring of CME/CPD are principally of two types:

a) Guiding principles for sponsoring of educational events, and
b) Guiding principles for sponsorship directed at individual doctors.

This distinction is especially relevant when the question of accreditation of educational events (congresses, conferences etc) is raised. There are very few events of these types today without budgetary support in some way or another from the industry. Normally, this type of sponsorship has been acceptable on certain premises.

Events organised and funded by the industry

In most countries today these events are viewed as not meeting the criteria for accreditation, although there may be excellent speakers and organisation. In other cases industry organised events are presented as doctors' CME, but when scrutinised are unmistakably promotional of some drug or device.

Doctors are often invited by pharmaceutical and other companies producing commodities for the health care industry to take part in seminars etc., where travel and accommodation is paid for by the company in question. Although there are many ethical considerations arising from this type of promotional activities organised by the industry, it falls outside the scope of CME/CPD as defined in this paper. This type of relationship between doctors and industry warrants its own guidelines, which already exists in many countries.

The guiding principle is that 'educational' events organised by the industry do not fulfil criteria for CME/CPD, but should be classified for what they are: promotional activities.

Sponsoring of educational events by pharmaceutical and other industries

Sponsorship from industry plays a substantial role for many national and international activities. The main criterion for classifying such an event, as a CME/CPD event is that the planning and organisation of a specific event is carried out without people without strings to the industry that may raise the question of biased judgement for that specific event.

Support by the industry may take place in several ways, e g direct economic support or paying rent for being present with stands for promotional purposes.

The guiding principle is that CME/CPD events must be organised by national or international medical bodies, e g medical associations, societies, academies, universities etc, and the organisers, the organising committees, and the emerging programmes must be uninfluenced by industry. The

people serving on an organising committee should therefore declare any conflicting interest that may exist (parallel to the rules now effective in reputed medical journals).

Guidelines for sponsorship directed at individual doctors

Doctors are often invited by pharmaceutical and other companies producing commodities for the health care industry to take part in meetings that are **not** organised by the industry, e g national and international conferences and congresses. Such support is much welcome in many countries because they allow many doctors to attend highly esteemed, import and accredited medical meetings that they otherwise would be denied for economical reasons. Irrespective of the motives of the inviters, and the potential threat to a doctor's independence this type of individual sponsorship may pose, it seems unfair to exclude this opportunity for doctors to enjoy high quality educational events. This risk of doctors 'selling their souls' is reduced when the offers and selection procedure of participants are fully transparent.

The guiding principle is that doctors should be very cautious to what sort of offers they accept from the industry to support their participation in accredited educational events. The offers should clarify the principles for identification of the target group receiving the offer, and the principals underpinning the final selection of participants. All this, including a list of participants, should be fully transparent.