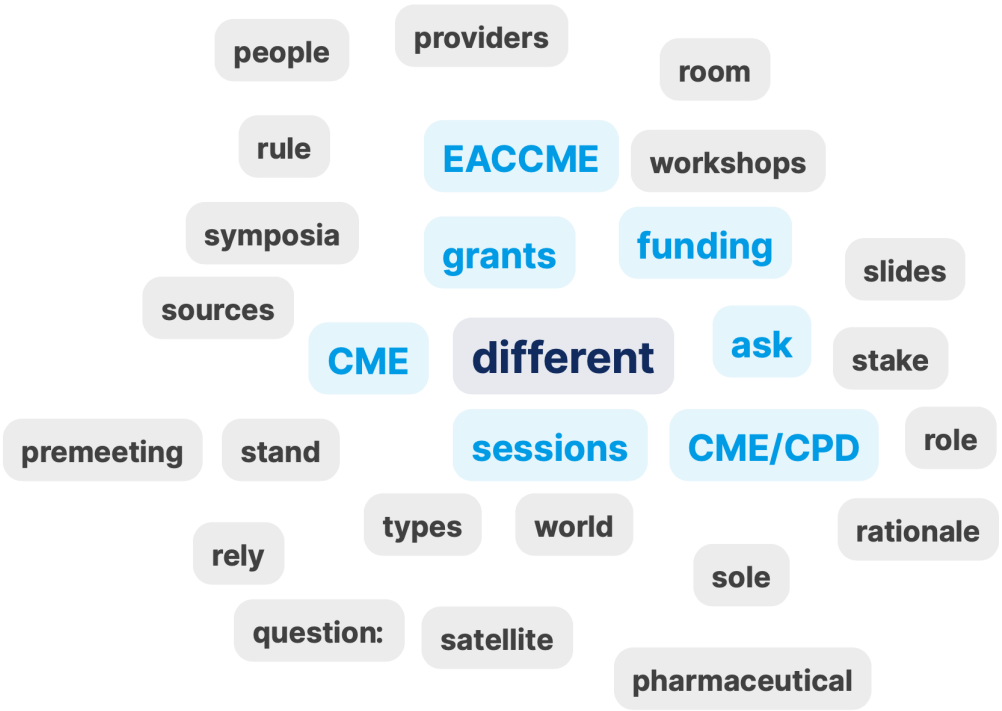
16ECF Q&A insights

Contents

Q&A word cloud

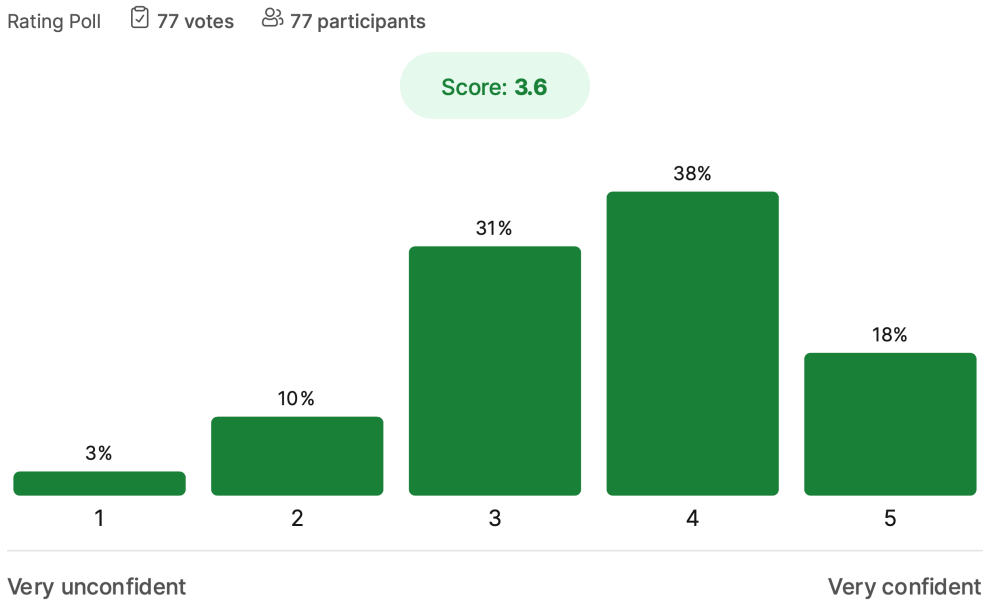


Participant Q&A

1. What is the latest info on EACCME 3.0?
2. What is the rationale behind EACCME not permitting accreditation of satellite symposia? Will that rule be changed?
3. Why are pharmaceutical companies excluding the UK from grant funding?
4. What different sources of funding do various types of providers in different contexts have access to?
5. EFPIA Code 14 member company cannot ask to be the sole funder, but if at the end, they are but did not ask for it, then it would not be in be in breach. Meaning?
6. Grants: based on the panelists' comments, does it mean international organisations (targeting an international audience) stand a very difficult chance of getting grants?
7. Why do we have to rely on industry grants for CME/CPD activities in Europe? Why shouldn't participants and/or their employers contribute to the cost?
8. Can the different stakeholders truly collaborate to improve CME/CPD?
9. And here is the awkward question: what is the role of AI in the world of CME? Are people in the room using it? Should we be using it (more)?
10. Can we have the slides from the workshops?
11. What happens in the pre-meeting sessions (Good CME Practice group and Biomedical Alliance in Europe) and who's invited to attend these sessions?

Opening session questions

How confident do you feel in your knowledge of CME-CPD?



What is your most pressing CME-CPD question that you want answered at this meeting?

1. How are companies using AI in CME, needs assessments and content?
2. What is now considered innovation or will be in the future in CME?
3. What is one thing in CME that's never been done before that should be tried?
4. What new ideas and evidence are there in CME/CPD?
5. What new ideas are there for learner feedback?
6. How is education and format evolving to meet HCPs needs?
7. Updates in CPD
8. What is the future of patient education for health professionals?
9. How we can influence how accreditation happens in the future?
10. Are we focusing too much on wanting to implement new formats when our learners are just looking for high quality education and don't really care much about the format?
11. How does European CME incorporate innovative ideas in the field? (eg Electronic Health Records, claims data)
12. How can we bring real quality education to stakeholders in EU?
13. How European clinicians like to learn.
14. Learn more about how to develop effective education across the various regions.
15. Why doesn't it work in Europe as it works in the US?
16. How can US and European CME providers improve collaboration and consensus re: best practices and processes for global learners?

17. Is the US still driving the CE/CPD bus?
18. How can we make CME/CPD more international?
19. What is the best pathway for US based providers to enter the European market?
20. Is it even possible to come to a global agreement on CME?
21. How do pharma supporters fund CME in Europe/ROW?
22. Know more about the options for providers to get their medical education CME/CPD accredited by a system recognised in Europe and outside the US that is not complex to implement.
23. How to get pharma supporters to stop using the word "global" and be more specific about the regions they are interested in.
24. Education beyond boundaries. How best we can have collaborative ecosystem?
25. How to resolve differences so that we have one set of international standards for CME - globally.
26. How to keep up with regulatory changes?
27. How to move forward with constructive collaborations between stakeholders?
28. How can we improve accreditation environment in Europe?
29. How to respond and react to 3.0 guidelines as providers, eg clear definition of CME providers versus med comms companies by EACCME?
30. How do we navigate 3.0 to continue to deliver critical IME?
31. What does EACCME 3.0 mean in practice for satellite symposia?
32. Navigating EACCME?
33. Can we do something about EACCME 3.0?
34. Will live events be EACCME accredited?
35. EAACME 3.0 implications. Live CME satellites.
36. How can we lobby for harmonising CME in the face of regulators and standards being developed without transparent input from all stakeholders?
37. Discuss how to address the issues in UK with ABPI code.
38. Do UK-based education providers need to do their own ABPI checks of content given that CME cannot be reviewed by industry sponsors (eg. Veeva)?
39. What does the future look like for UK based providers and will this flow into non-CME accredited content as well?
40. How to facilitate appropriately accredited non-exclusive education for global HCPs (not geo-blocked)?
41. If all the CME disappeared tomorrow morning, would anyone notice?
42. How to increase HCP consciousness in education
43. How to better and concretely engage learners in online activities (in which attention span has decreased dramatically in the past 2 years post-pandemic) grasping their attention for at least 80–90% of the programme?
44. Conveying the importance of CPD to learners in a way that affects their internal motivation.
45. Effectiveness of CME.

46. How to assess the impact CME-CPD on the health professionals?
47. Measuring learning impact.
48. How do we make CME-CPD more accessible for busy HCPs?
49. How do you effectively measure outcomes to Moore's level 5 on a large scale?
50. Do supporters value CME or is independently developed content enough? Do HCPs trust non-accredited independent content? If not, how can we demonstrate to HCPs that even if unaccredited the content is still valuable.
51. Transparency.
52. Finding a compliant way to offer compliant high quality and engaging CME.
53. How to improve collaboration with industry and accreditors?
54. How to receive faster answers to burning questions from the accreditation providers in different countries?
55. Train the trainers or educate the educators. How to become a better medical educator?
56. How to include the patient's voice?
57. Why do we not recognise lack of communication skills as the most important PPG?
58. How to get more engagement in CME/CPD volunteer organisations?
59. What level of industry support can medical societies request to run their education activity?
60. Role of the provider in eyes of societies, supporters and accreditors?
61. How do you measure outcomes on social media?
62. Is CME going to be over-run by the big Med Comms juggernaut?
63. Understanding all the acronyms.

Key takeaways

Day 1

1. Key terminology: using impact instead of outcomes.
2. Use impact instead of outcomes and systemic diagnosis in place of needs assessment.
3. Impact, publish and structured diagnosis (from Suzanne's session on PI/QI).
4. PI/QI, impact not outcomes.
5. Most of everyone I spoke with finds it very hard to meet Levels 5–7 of Moore's framework.
6. The 7 levels of Moore's outcomes and which techniques to use to hit each level.
7. Design of programme and link to outcomes.
8. Evaluation versus research.
9. Evaluation frameworks specifically used for CPD.
10. Wherever possible try to consider what you are trying to achieve with evaluation and structure evaluation and reporting methods to suit the learner. Be creative with methods and look to share findings in order to improve collective learning and demonstrate the success of your activity to all stakeholders.
11. From the session on evaluation - there are different tools you can use to evaluate learning. It's important to distinguish between education evaluation and education research.
12. Impact, not outcome; publish, publish, publish.
13. Workshop room 3. Considering how to report findings wider.
14. We should publish more in CME-CPD.
15. JCME is a great resource that I have underutilised.
16. The book of Robin Stevenson about learning and behaviour in medicine.
17. I should read JCME more.
18. As an industry, we should have more input on regulatory and published issues like ABPI and JCME.
19. I need to learn more about what's happening in the UK. Great conference thus far!!!
20. There is a very complicated situation going on in the UK and CME.
21. Brit rules???
22. Things are a mess in the UK!
23. A lot of providers are facing the same obstacle with geo blocking and reaching global audiences. Pharmacy funders are concerned too.
24. First time attendee and realise that there's so much to learn about education in EU.
25. Europe is still fragmented in the CME/CPD environment.
26. How do we tackle the challenges addressed in the EU CME environment?
27. Confusion and unfamiliarity around impact of EACCME 3.0.
28. That we need to better engage with our European colleagues.
29. Amazing how similar people's challenges are and how grey so much of this in (so much interpretation).

30. Networking.
31. Be proactive with developing relationships.
32. The power of good relationships far away the power of a good process.
33. There continues to be a need for better communication between providers and supporters.
34. Generally: we're all in this together, whatever our role. Critical to KEEP TALKING! Specifically (and building on the above): great session on good, bad and ugly grants. Practical and dynamic conversation.
35. So so many great possibilities to learn from each other's' roles and experiences.
36. Providers share similar concerns.
37. Grants workshop session.
38. Learned more about submitting grant applications.
39. To hear from industry on what they like and don't like about proposals.
40. Other providers are having the same struggles in understanding the 'right' information wanted by supporters to satisfy their strategy!
41. Supporters should be able to provide feedback on grants. Particularly those of us that do good NAs and provide good outcomes. How are we meant to improve if we aren't able to receive feedback.
42. Include survey data, faculty feedback, outcomes etc rather than a literature review as a needs assessment.
43. Workshop on grants was great - loved the open discussion and freedom to ask questions in a supportive environment.
44. The biggest mistakes that can be done with grant proposals.
45. Backwards planning.
46. We still don't have a common lexicon!
47. We must understand how the learner context has changed with the pandemic.
48. I learned about the role of patients in CME.
49. Using AI to evaluate learners.
50. Enrichment in evaluating critical topics.
51. Meghan Coulehan is a great presenter.
52. Great presenters!!

Day 2

1. There is still more work to do to develop impact measures at higher Moore levels 5–7.
2. Outcomes matter!
3. The Moore's model.
4. We need to change how we measure outcomes/impact… away from the traditional pre/post.
5. Outcomes out, impact in!
6. To move from outcomes assessment to impact assessment.
7. There are many ways to capture outcomes!
8. The sessions on micro-learning were great and are something I'll be talking about with my team.
9. Use of social media is still in its infancy and mainly use for promotion. Identifying the target audience is one of the major roadblocks for this channel to be used.
10. To use Blooms Taxonomy! I was in the industry breakout when we worked through the case study. Very interesting to hear the VERY different views at all stages…
11. Key points on how to ensure independence. Interesting discussion on creating awareness for IMEs.
12. Providers should have contracted relationship with the founder, to avoid ambiguity when it comes to hands off independence.
13. Enjoyed the provider section great discussion!
14. Accreditation is complicated and collaborative approaches to it may be helpful.
15. We need more variety and applicability to European and exus education. I found some of the workshops highlighted more US-centric applications like ERS records for higher performance and patient health outcomes. I would like to see more on the challenges and fragmentation in Europe and beyond. Focus this meeting on the geography of global. Too much US.
16. Too US centric in general.
17. Role of AI conspicuous in its absence.
18. How do we challenge and educate highly experienced experts?
19. Engaging clinicians in the UK is nearly impossible!
20. Interesting new perspectives.
21. Variety of aspects.
22. EACCME more open to direct approach for clarification.
23. It would be brainstorm together to talk more about where the industry is going. I liked Kate's comment about moving away from education that is knowledge-based and that someone could easily Google and find the same information. Makes sense, but are supporters on board? I found the most valuable sessions were the smaller group interactions/brainstorms. Thank you!