

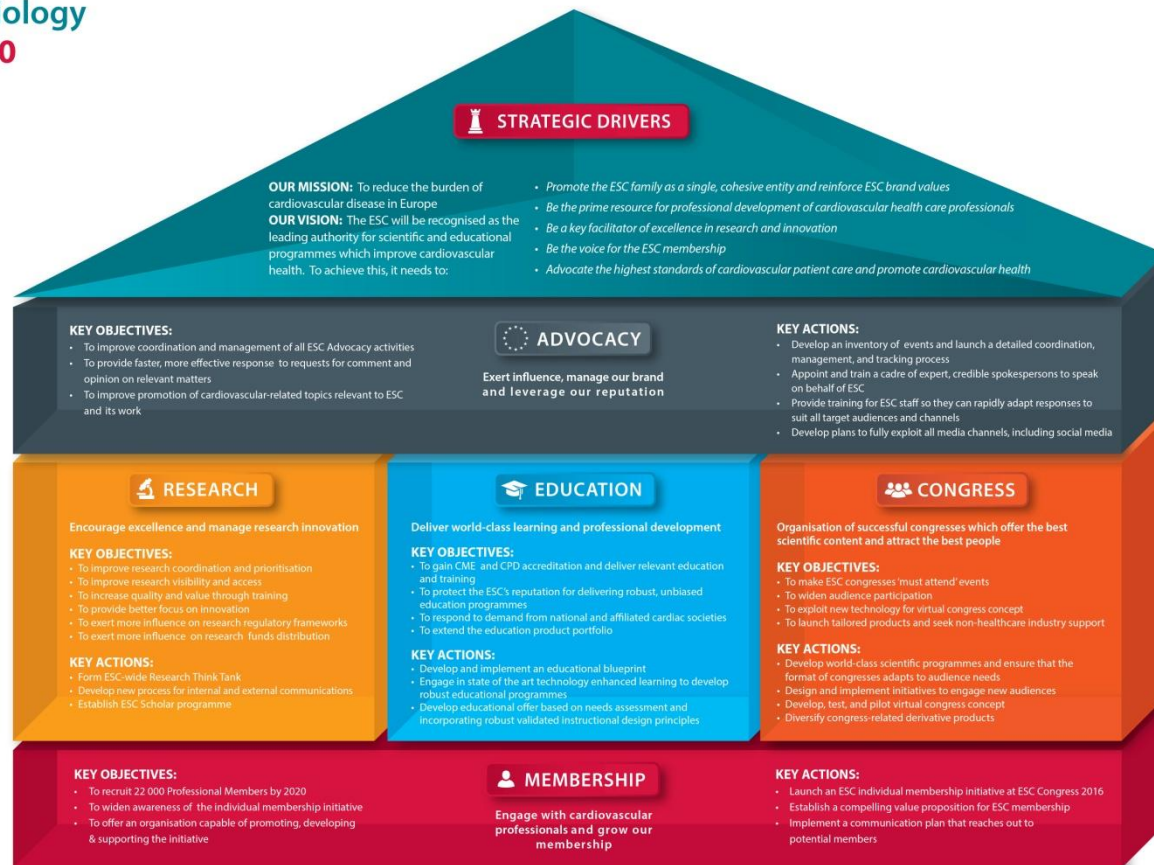
ESC & Medtech Code

EHRA Summit 2016

**WE
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European Society of Cardiology Strategic Plan 2016 - 2020



STRATEGIC TRENDS

- Gender flip (70% of cardiologists in training are women)
- Generation gap (leading to cultural changes)
- Geographical reach
- Increasing economic pressure in health care
- Stringent regulatory environment
- IT revolution
- Member engagement, retention and recruitment



EDUCATION

Deliver world-class learning and professional development

KEY OBJECTIVES:

- To gain CME and CPD accreditation and deliver relevant education and training
- To protect the ESC's reputation for delivering robust, unbiased education programmes
- To respond to demand from national and affiliated cardiac societies
- To extend the education product portfolio

KEY ACTIONS:

- Develop and implement an educational blueprint
- Engage in state of the art technology enhanced learning to develop robust educational programmes
- Develop educational offer based on needs assessment and incorporating robust validated instructional design principles



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- To underpin activities of the individual membership initiative
- To offer an experience capable of providing, developing & supporting the initiative

Engage with cardiovascular professionals and grow our membership

- Establish a compelling value proposition for ESC membership
- Implement a communication plan that reaches out to potential members

ESC & Education – the vision

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ESC's vision, in terms of education, is to improve Cardiovascular Outcomes

Education is at the heart of what ESC does, across the board from congresses to guidelines to publications..

Education is more than a function or a department

Education needs be patient centric – quality improvement

ESC offers unique independent medical education

ESC & Education – a cycle

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ESC & Education – assets

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Unique assets

- ❖ ESC Clinical Practice Guidelines
- ❖ Online Educational Platform ESCeL (launch 2012)
- ❖ ESC Congresses
- ❖ MCQ production and delivery
- ❖ ESC Clinical Case Portal
- ❖ Interactive Webinars
- ❖ European Observational Research Programme (EORP)

ESC & Education – change is needed

The Challenge: moving from universal approach of “knowledge dumping” to evidence based education which allows for performance and quality improvement



Continuing **M**edical **E**ducation
Continuing **P**rofessional **D**evelopment
Performance **I**mprovement
Quality **I**mprovement

ESC & industry: governance & processes

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'Exchange between academia & HCPs can and has resulted in some of the best & most innovative research ideas.'

'Disruption of these links might cause more harm to the common good, by suppressing the generation of ideas that could ultimately improve patients' cardiovascular health, than might result from eliminating any bias associated with industry-funded educational programmes'.

However.. 'Due care must be paid to ensure that governance and processes are in place to protect the ultimate beneficiary—the patient.'

Source: ESC White Paper on Relations between Professional Medical Associations and Medical Industry

Medtech Code

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Timelines for change are not realistic: to ensure minimum disruption to independent medical education essential to the profession

Few Medical Societies equipped to manage indirect support: medical societies in general do not have the depth or width to effectively manage high quantity indirect support selection requirements (travel, visa, logistics, etc)

Code based on US model: US = Europe copy/paste system is not possible as HCP remuneration & healthcare system in Europe not comparable to US

Independent Medical Education: code does not provide provisions to highlight importance of independent medical education – ESC believes that disease education can only be provided by independent unbiased providers and not by industry alone: code unbalanced in this respect

ESC & Education – change is needed

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- ❖ Relationship between HCPs, Medical Societies & Industry: Have been the key to education, innovation & best research
- ❖ Medtech Code: decision taken independently of hcps & medical societies is now threatening the fundamentals of this essential relationship
- ❖ This carefully balanced relationship is now under threat
- ❖ Further careful dialogue is required to ensure that this precious relationship can be protected moving forward
- ❖ The fall-out for third parties (management indirect support) & timelines need wise discussion