

ESC & Medtech Code

EHRA Summit 2016





European Society of Cardiology Strategic Plan 2016 - 2020



I STRATEGIC DRIVERS

OUR MISSION: To reduce the burden of cardiovascular disease in Europe OUR VISION: The ESC will be recognised as the leading authority for scientific and educational programmes which improve cardiovascular health. To achieve this, it needs to:

- Promote the ESC family as a single, cohesive entity and reinforce ESC brand values
 - Be the prime resource for professional development of cardiovascular health care professional
- Be a key facilitator of excellence in research and innovation
- Be the voice for the ESC membership
- Advocate the highest standards of cardiovascular patient care and promote cardiovascular health

KEY OBJECTIVES:

- · To improve coordination and management of all ESC Advocacy activities
- To provide faster, more effective response to requests for comment and opinion on relevant matters
- To improve promotion of cardiovascular-related topics relevant to ESC and its work

ADVOCACY

Exert influence, manage our brand and leverage our reputation

KEY ACTIONS

- Develop an inventory of events and launch a detailed coordination, management, and tracking process
- Appoint and train a cadre of expert, credible spokespersons to speak on behalf of ESC
- Provide training for ESC staff so they can rapidly adapt responses to suit all target audiences and channels
- · Develop plans to fully exploit all media channels, including social media

▲ RESEARCH

courage excellence and manage research innovation

KEY OR JECTIVES

- To improve receasely constituation and prioritization
- To improve research visibility and access
- To increase quality and value through training
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- . To evert more influence on receasely regulatory framew

To recruit 22 000 Professional Members by 2020

To evert more influence on research funds distribution

KEY ACTIONS:

KEY OBJECTIVES:

- Form ESC-wide Research Think Tank
- Develop new process for internal and external communications

To widen awareness of the individual membership initiative

· To offer an organisation capable of promoting, developing

Establish ESC Scholar programme

& supporting the initiative

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
- Payelon advicational offer based on n
- Develop educational offer based on needs assessment and incorporating robust validated instructional design principles

MEMBERSHIP

Engage with cardiovascular

professionals and grow our

membership

CONGRESS

Organisation of successful congresses which offer the best scientific content and attract the best people

KEY OBJECTIVES:

- To make ESC congresses 'must attend' ever
- To widen audience participation
- · To exploit new technology for virtual congress conce
- · To launch tailored products and seek non-healthcare industry supp

KEY ACTIONS:

- Develop world-class scientific programmes and ensure that the
- Derign and implement initiatives to engage new audi
- Develop, test, and pilot virtual congress concept
- Diversify congress-related derivative products

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- Launch an ESC individual membership initiative at ESC Congress 2016
- Establish a compelling value proposition for ESC membership
 Implement a communication plan that reaches out to
 - Implement a communication plan that reaches out to potential members

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

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 Implement a command after plan that market and in





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







ESC & Education – assets



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 Medical Education
Continuing Professional Development
Performance Improvement
Quality Improvement



WE ARE THE ESC

ESC & industry: governance & processes

'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



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

- * 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

