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SOCIETY OF
CARDIOLOGY®

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Towards Equality for European Cardiology Patients

Financing continued education for private cardiologists ?

By

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Practice Guidelines

Continued Education: an absolute necessity

- I finished medical school 35 years ago in 1978
 - Acute Myocardial Infarction was treated with bed rest for 2-3 weeks
 - No really effective drugs for Heart Failure (as Betablockers, ACE inhibitors)
 - Blocking the arteries of the heart was unheard of (except in ZURCIH)
 - Cholesterol was left untreated in most patients
 - Echocardiography was dimly pictures only for researchers
 - MRI and CT scans of the heart and heart vessels were unavailable
 - Modern treatment of rhythm disorders by ablation and prevention sudden cardiac deaths with implantable defibrillators (ICD) and heart failure pacemakers (CRT) were years away

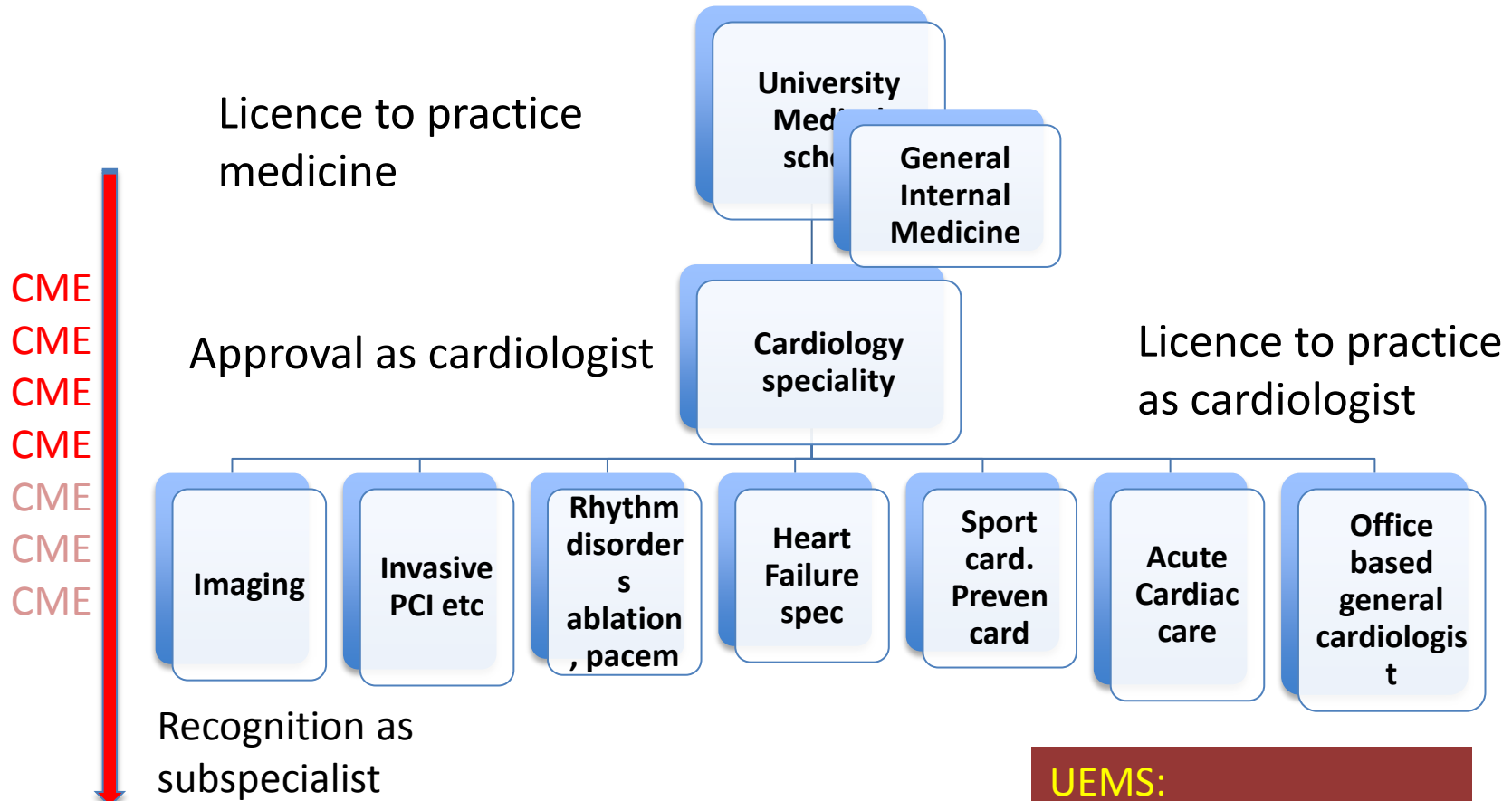
Without continuous medical education my practice would have been very dangerous to my patients !!

However, in my country there is no regulation to check that my practice is up-to date, only my own moral and ethical obligation to do the best for my patients

Players and stakeholders in the Field

- **ESC** EUROPEAN SOCIETY OF CARDIOLOGY
 - Education committee
 - Congresses
 - Web based program
 - Core curriculum
- **UEMS** UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
 - Cardiology section
- **NATIONAL HEALTH AUTHORITIES**
- **EUROPEAN UNION**
 - Commission: Dep Gen for Health and Consumers
 - EAHC Executive agency for health and consumers
 - Cross Border Health Directive
 - EU Parliament Health
- **Non Government Organisations**
- **Heart Patient Organisations**
- **Pharmacy and Device Industry lobbying for their products through various channels**

The cascade of (lifelong) cardiology training and CME



Moral / ethical obligation CME

Mandatory CME ?

**UEMS:
European Diploma of
General Cardiology**

CME –paraphernalia

- CME continuous medical education
- Mandatory or voluntarily ?
- Accreditation
- Validation
- EPP (Evaluation des pratiques professionnelles)
- Certification Re-certification
- Approval
- Approbation
- Licence
- Cost / Financing

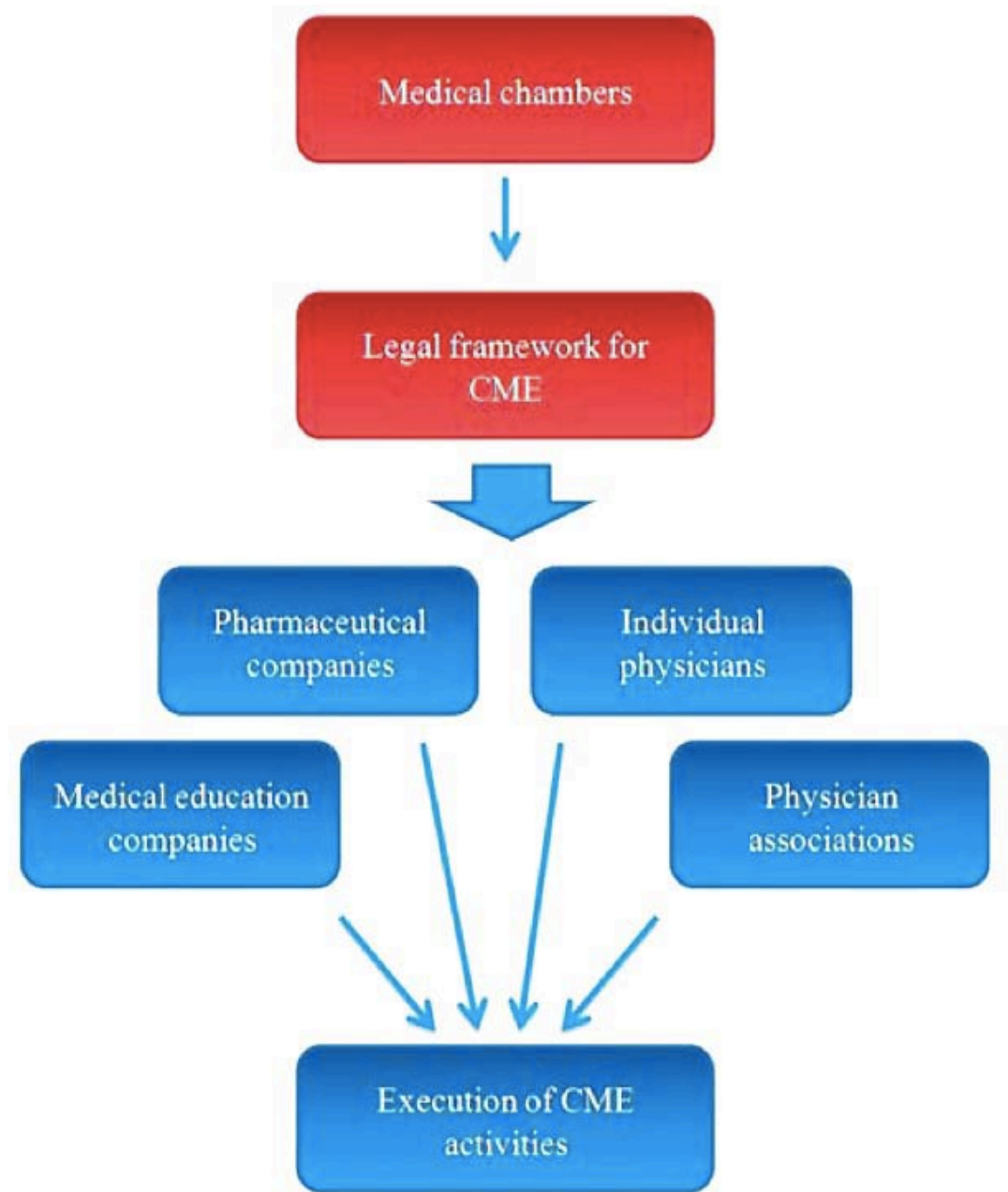
Different meaning and implication of these words in the different European countries

Beyond accreditation systems – the identification of different implementation models for CME across Europe

Physician centric model of CME

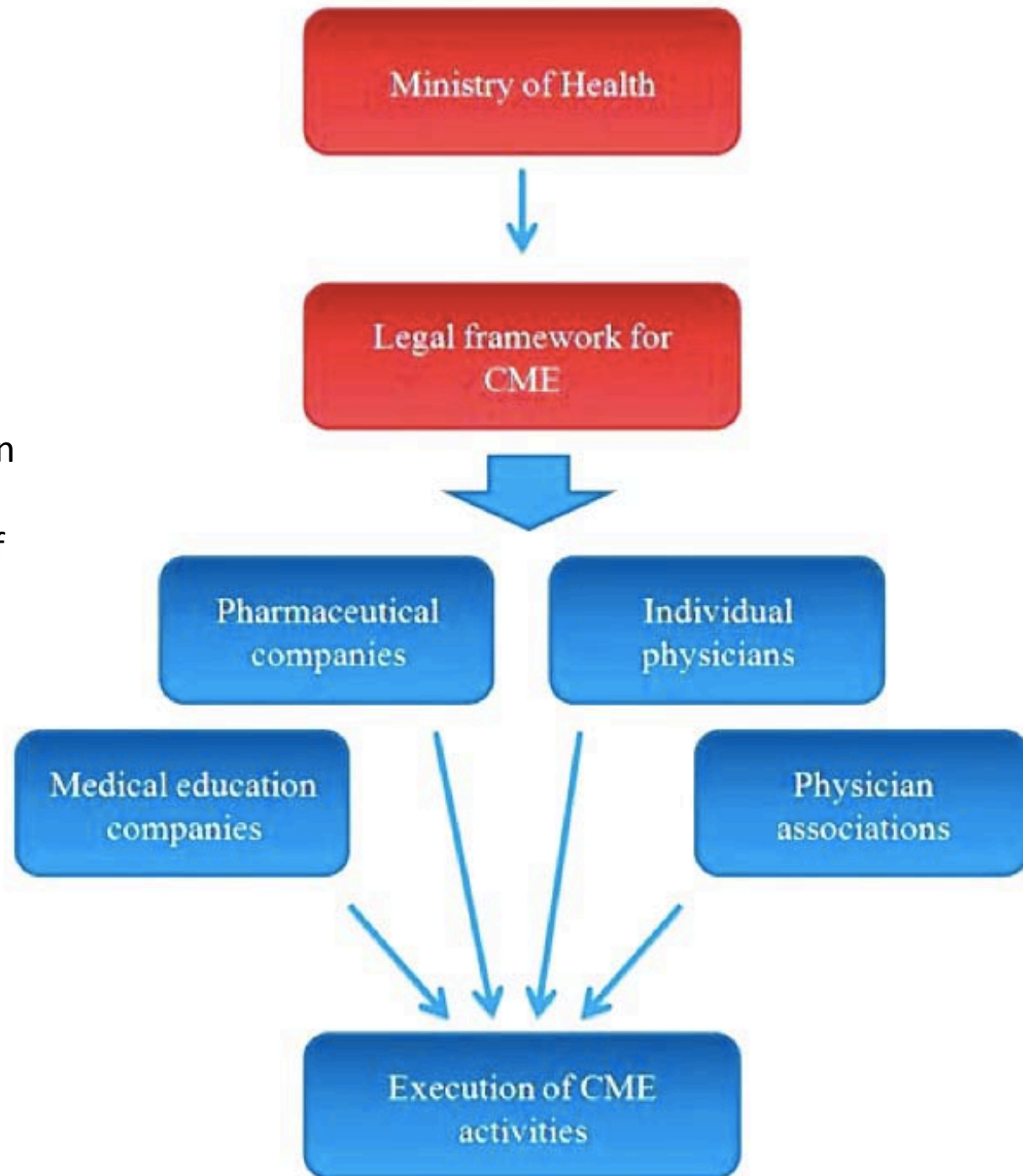
- independent of the educational system
- governed by physician representatives

From Wissard et al
Euro CME, Early Online:
9–17, 2012 ISSN: 2161-
4083



Politician centered model of CME

The legal framework lies within the hands of the Ministry of Health and not in the hands of physician organization / chambers



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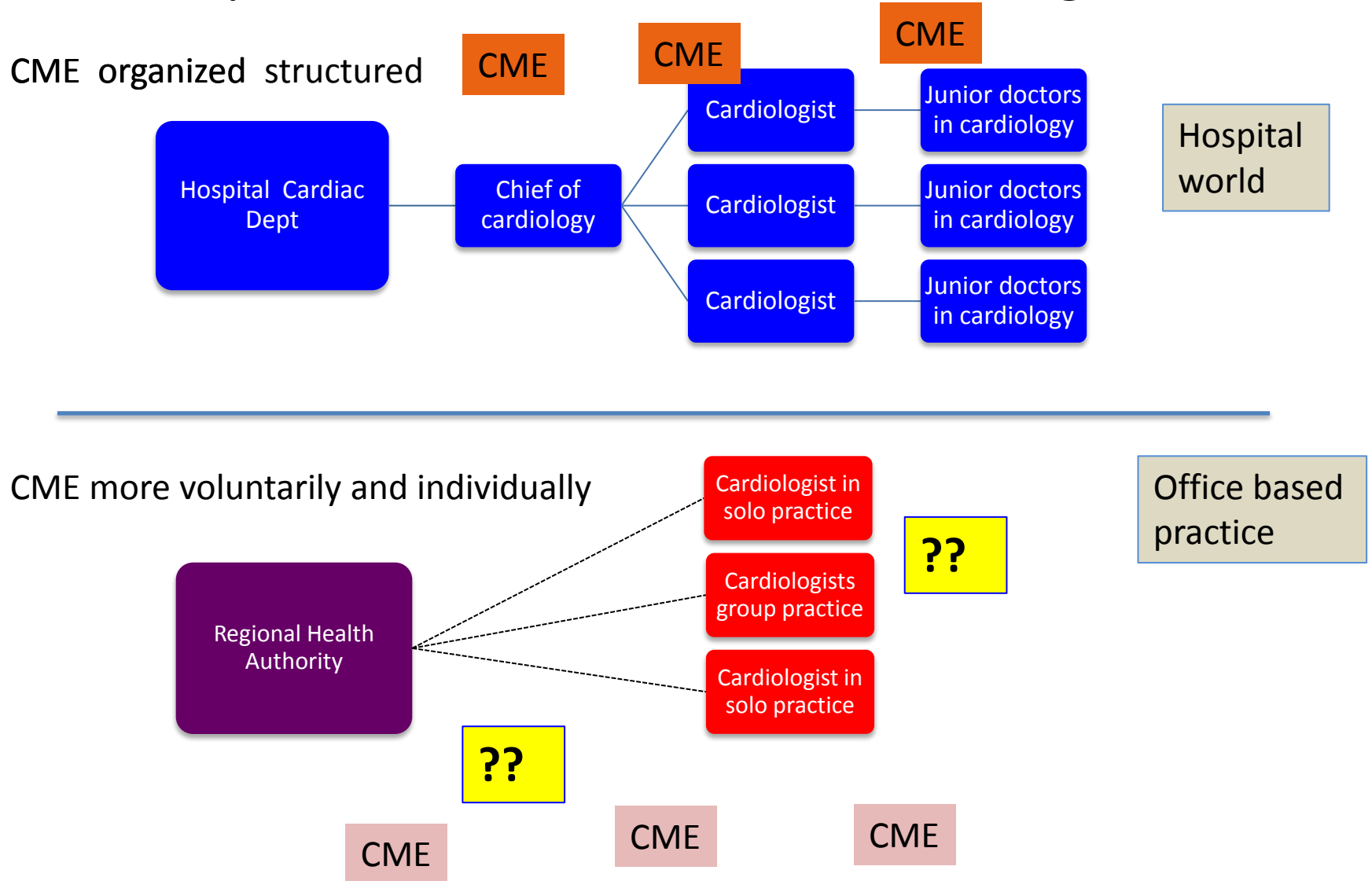
University centric model of CME

Both CME for specialist qualification and postgraduate CME is an integrated part of the University Education programmes

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Continuous Medical Education hospital based vs office based cardiologists



CME providers

- Universities
- Government appointed expert institutes (NICE etc)
- National Medical and Cardiac Associations
- Associations sponsored meetings
 - ACC Cardiosource: (: ex V Fuster NY meeting)
- European Society of Cardiology (ESC)
 - Associations , Councils and working groups of he ESC
 - Congresses, meetings
 - Journals
 - Core curriculum (general cardiol, subspecialty)
 - E-based learning
 - ESC eLearning platform , also coming for general cardiology
 - case based e-learning program
- National and international cardiology Journals
- International web based sites(Medscape, the Heart etc)
- Professional CME companies
- Drug and device industry

CME in countries represented in nucleus of ESC Council for Cardiology Practice

| Country | CME program | Registry of CME | Financial consequence if no CME | Finnacing of CME for practicing cardiologist | Effect of declining industry support on CME (accred and non-accredited) |
|----------------|-------------|-----------------|---------------------------------|--|---|
| Belgium | + | + | + | Gov / personal | small |
| Czech Republic | + | + | (+) | H Aug/Ind/Pers | substantial |
| France | (+) | (+) | (+) | (H Aut/pers) | substantial |
| Germany | + | + | + | Health aut/personal | moderate |
| Greece | + | (+) | ? | Ind/pers | substantial |
| Italy | + | - | ? | Ind/pers | substantial |
| Norway | - | - | - | personal | minimal |
| Portugal | + | + | + | Health/aut | moderate |
| Spain | + | + | +? | Ind/HA/pers | Substantial |
| Switzerland | + | + | + | personal | minimal |

FINANCING OF CME FOR CARDIOLOGIST IN PRACTICE

- Own pocket
 - Loss of income when attending meetings etc
 - Meeting/ Congress Fee
 - Travel and accommodation
 - Journal subscription
- Sponsoring by health authorities
 - National
 - Regional
- Sponsoring by Cardiac Society , Physician chambers
- Sponsored by drug/device industry
 - More strict regulation
 - Forbidden in many countries

Cost of CMU private cardiologist

- Intern. congress (ESC): k€ 1,5-3 + travel
- National congress k€ 0,8-1,5 + travel
- ESC webinar: free
- ESC online case reports: free
- ESC ESCel platform for cardiologist? <€100 ?
- Cardiology journal subscription € 300-600
- Web based learning sites: free
- Loss of income when away from office
 - €0,5k-30k €/d, 5 days/y = 2.5k – 15k€ /y
- Estimated cost : 7k€-25k€ / y

The European Perspective from Practicing Cardiologists

- Large differences in the organization of specialised health care
- Large differences in how the private cardiologist are organized, how they are paid/reimbursed and the economic basis for private practice
- lifelong CME is mandatory by ethical obligation, in many countries now also by a legal framework
- Large differences regarding the organization of CME and whether it is mandatory or voluntarily and the possibility of sanctions if not followed up
- Albeit the ESC council of cardiology welcomes some harmonization of rules and requirements for CME, we feel that the **individual specialist must be free regarding choice of type and amount of content, timing and choice of educational method,**

Do we look for EU to cover the CME cost? NO

Moral, ethical and legal implication of CME implies that we take the major cost burden ourselves

- Wish: possible **some EU grants** for cardiologists from regions with poorer economic basis??
- Wish: some **harmonization across Europe** with respect to nomenclature, requirements and organization of postgraduate CME activities for cardiologists
- Due to the large variety across Europe with respect to health care organization as well as CME organization and requirements, **this harmonization should be done with caution and in collaboration with ESC, UEMC and national cardiology societies/ chambers**