Report on Proceedings of the Fourteenth Annual European CME Forum, Studio Hybrid from Manchester UK, November, 2021

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ABSTRACT
In a departure from the increasingly familiar virtual meetings conducted via collaboration apps, the Fourteenth Annual European CME Forum (#14ECF) took place between 3 and 5 November 2021 using a blended model that relied mainly on a studio-based hub. A small group of faculty hosted plenary sessions in the studio with participation by attendees, panellists and workshop leaders via an interactive online meeting platform. The theme of the meeting was “The 3-legged stool: Achieving balance for effective CME”. The plenaries focused on three linked topics, Rules and Regulations, Educational Design and Outcomes, and Funding and Independence. These were broadcast in high definition whilst interaction among participants, workshop leaders, and poster authors was achieved using an avatar-based conferencing platform. The breakout workshops covered topics including digital literacy, international collaboration, artificial intelligence, and diversity and inclusion. The meeting format was well accepted by participants and will form the basis for more hybrid-type meetings for future meetings.

The COVID-19 pandemic continued to pose many challenges to organisers of international meetings during 2021. To overcome some of these challenges and respond to needs expressed by previous and potential participants, the 14th iteration of the European CME Forum (#14ECF) was presented in a novel fashion that combined remote contributions from presenters and participants with those of a group of facilitators in a central studio hub in Manchester, UK. Having had to forgo the planned gathering of participants for #14ECF in Barcelona in November 2021, the ongoing issues linked to the Covid-19 pandemic prompted the organisers to experiment with this new format. This rather bold approach involved the use of a sophisticated presentation platform along with conferencing software that provided virtual meeting spaces so that participants could mingle online, choose workshop sessions based on their reaction to “teaser” videos, and view posters and interact in real time with the authors of the posters.

The theme of the meeting was “The 3-legged stool: Achieving balance for effective CME”. The framework of the three-legged stool was represented by the following aspects of the CME milieu, with each leg represented as follows:

- First Leg: Rules and Regulations,
- Second Leg: Educational Design and Outcomes,
- Third Leg: Funding and Independence.

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where each component links with the other two to provide a stable “whole”.

European CME Forum has always promoted innovation, change, and transparency and, in keeping with these principles, the two “Day 0” section pre-meetings were opened to the wider audience. These meetings were hosted by two specialist interest groups with long-standing connections to the forum.

(1) The International Pharmaceutical Alliance for CME (iPACME), led by Dean Jenkins, Eva Thalmann, Patricia Jassak and Elizabeth Kelly; and
(2) The Good CME Practice group (gCMEp), led by Diana van Brackel, Monica Ghidinelli, Froukje Sosef and Sophie Wilson.

The iPACME group discussion focused on two main topics, firstly the recently adopted Guideline on the principles of a Quality Framework for Lifelong Learning in Healthcare from the European Federation of Pharmaceutical Industries and Associations (EFPIA) which represents the biopharmaceutical industry operating in Europe. The Quality Framework comprises three main elements, one being regarded as mandatory, whilst the other two are recommended as shown in Figure 1.

It was stressed by the presenters that this Quality Framework should be considered in conjunction with Article 16 of the EFPIA Code of practice relating to Lifelong Learning in Healthcare and members of EFPIA have sought to clarify the guideline in its own publications as well as in a letter to the editor of the Journal of European CME [1,2].

The Day 0 portion of the forum continued with a presentation on a similar theme by Patricia Jassak on Standards and Guidance for External Education that may be conducted by members of the Medical Affairs Professional Society (MAPS). The very comprehensive Standards and Guidance document was produced by one of the MAPS’ Focus Area Working Groups and aimed to cover the framework within which external education conducted by Medical Affairs departments occurs, and the plethora of stakeholders involved as shown in Figure 2.

The Good CME Practice Group completed the Day 0 open sessions with a discussion on the fundamental question of “why do we need CME in Europe?” engaging participants from a range of stakeholders including learners, provider, accreditors and supporters. These discussions have progressed since and led to the airing of an ongoing series of podcasts and webinars by members of the Good CME Practice group and freely available via the group’s website (gCMEp.org) and the European CME Forum podcast. The fact that these

Figure 1. The three main elements of EFPIA’s quality framework in lifelong learning in healthcare.
organisations had opened up their section meetings to all registrants for #14ECF was much appreciated by those participants who accessed the Day 0 sessions and the process may well be repeated at subsequent European CME Forum meetings.

Session 1 of the Forum proper began with an introduction to the new format and its associated technology by Eugene Pozniak, the Forum Director, followed by his annual review of signal events in the CME/CPD realm during the previous year. He explained the complexities involved in the studio hub setup, the planning and rehearsal required by faculty, and demonstrated the platform used to facilitate interaction as shown in Figure 3. The main events noted were the move of the organisation to become a Foundation in the Netherlands to enhance administrative processes associated with the UK having left the European Union (Brexit), the 2021 Special Collection of articles on Digitisation of Continuing Education in the Health Professions in the Journal of European CME (JECME), and the launching of the ECF podcast series. In a live poll on preferences for the style of future meetings in general a majority of respondents (58%) voted for a "pure hybrid" format, perhaps indicative of lingering worries associated with the Covid-19 pandemic.

To set the scene for the meeting, the three moderators of the plenary sessions for the three stool legs, mentioned earlier, Robin Stevenson, Lawrence Sherman and Ron Murray, were joined by Eugene Pozniak to review results of the pre-meeting survey and link these and live questions from participants to the topics due to be presented in later sessions. As shown in the screenshots in Figures 4 and 5, the topic rated as most important was the quality of education, whilst the lack of recognition of credits across borders elicited most worries.

Points raised for discussion during this "live" needs assessment included diversity and inclusion (not necessarily reflected in the composition of this opening panel!), increasing focus on higher level outcomes, interprofessional education, informal and incidental learning, and the concept of collaboration among stakeholders. Some of these issues were briefly dealt with by the panel and most were addressed during the subsequent sessions of the Forum.

Following the introductory panel, the “kick-off” presentation session reflected the close connection between European CME Forum and JECME with Robin Stevenson, the journal’s editor-in-chief and author of the recently published handbook on CME and CPD [3] introducing guest editors Reinhard Griebenow (European Cardiology Section Foundation) and Peter Henning (Karlsruhe University), for the JECME 2021 Special Collection of articles on Digitisation of Continuing Education in the
Health Professions [4]. They conducted live interviews with the following group of authors whose articles have been accepted for publication in the 2021 Special Collection.

- Bernd Hagen
  Database Supported Long-term Management of Chronic Diseases – Data from the German Disease Management Programmes as a Source for Continuing Medical Education [5]

The article describes the aggregated community data collected by Federal States in Germany that can be accessed by a joint commission comprising representatives of medical organisations and insurance companies. The data is currently used to demonstrate quality achievements compared with a number of quality indicators. In the discussion, it was noted that digitisation of such data and wider dissemination can provide very useful background information for the design and implementation of targeted CME/CPD activities.

- Loredana Simulescu
  Continuing Medical Education (CME) in time of crisis: How medical societies face challenges and adapt to provide unbiased CME [6]

This interview highlighted details obtained by the BioMed Alliance from a number of European Medical Societies in their efforts to be nimble in their response to challenges posed by the Covid-19 pandemic, which saw them having to quickly replace traditional large congresses with more focused digital offerings. Adaptability in the face of limitations in resources and digital experience was key to the societies maintaining their connections with their members. Concerns were expressed about issues such as accreditation and faculty availability, but it seems that some of the forced changes in the format of societies’ educational offerings may well be retained as they strive to incorporate networking and interaction whilst maintaining engagement with more digitisation occurring in their CME activities.

- Steven Kawczak
  Observations from Transforming a Continuing Education programme in the COVID-19 Era and Preparing for the Future [7]
What do you want to know? What should we know?

Figure 4. Pre-meeting survey results on topics of importance to respondents.

Figure 5. Pre-meeting survey results on scenarios causing concern to respondents.
An analysis of Cleveland Clinic’s response to the change in the landscape for their CME/CPD offerings during the COVID-19 pandemic saw them becoming more reliant on digital learning formats. A comparison of types of offerings, participation and learning outcomes prior to and during the pandemic sought to assess the impact of digitisation. Results showed that virtual activities were offered in shorter segments, had a much wider reach in terms of geographical location and number of participants, but produced similar learning outcomes. The ability to cover the cost of producing virtual activities remained a concern and, reflecting other findings in the Special Collection submissions, the inability of digital learning environments to provide traditional interaction and networking was noted. However, efficiency and effectiveness of digital offerings was seen as a useful and ongoing method for the provision of learning for healthcare professionals (HCPs).

b. Emre Acaroglu

*Evaluation of Blended Online Learning in Three Spinal Surgery Educational Courses* [8]

Whilst many examples of blended learning were successfully implemented before the COVID-19 pandemic, a need arose to redefine blended learning in a full online format, as the spread of the coronavirus began to take effect. Acaroglu and his colleagues conducted a study to obtain data on the effectiveness of fully online blended learning activities in the field of spinal surgery. Three topics in spinal surgery were addressed in six-week asynchronous sections followed by three-day live activities. Learning gaps were identified before and after the asynchronous portion, as well as at the end of the live activities. The assessment of learning gaps was supplemented by test questions and a survey and successful learning outcomes were reported both by learners and faculty in terms of learning gap closure, and satisfaction.

c. Graham McMahon

*Facilitating Flexibility: The Role of CPD Regulators and Accreditors during a Crisis* [9]

The Accreditation Council for Continuing Medical Education (ACCME) responded to the COVID-19 pandemic by focusing on the urgent need for most healthcare professionals to learn new skills. The ACCME adopted a stance of shifting from regulator to facilitator to provide continuing education providers the guidance, resources, and flexibility to allow them to assist in the upskilling process. A rapid change from live to virtual learning environments helped to overcome the associated challenges, and increase engagement with all members of healthcare teams. McMahon stressed the importance of institutional and health system leaders providing adequate resources for CPD programmes and suggested that regulators and accreditors should also facilitate innovations in educational design and implementation, enhance data-gathering systems to reduce clinician burdens and take a stance by ensuring that educational content is valid and not premised on the type of misinformation that became all too common during the height of the pandemic.

All the articles and video interviews with authors of articles in the 2021 Special Collection are available via the following link: https://www.jecme.org/special-collection-2021

Session 2 began with a plenary session moderated by Lawrence Sherman, the doyen of European CME Forum presenters since its inception, involving a panel discussing the first leg of the three-legged stool, namely Rules and Regulations. The panellists representing industry, an accreditation body, a provider, and a professional medical society were as follows: John Bacon (Johnson & Johnson), Graham McMahon (ACCME), Margarita Velcheva (Kenes Group) and David Vodušek (European Academy of Neurology). See Figure 6.

The purpose of the discussion was to consider and share various stakeholder perspectives on the need for regulatory processes. Graham McMahon put forward the notion that, because clinicians control access to pharmaceutical products and instrumentation, and can, therefore, be influenced by manufacturers, any education relating to healthcare products should be balanced to avoid promotion and marketing. He also pointed out that providers need a level playing field so that all are held to the same degree of scrutiny and accountability.

Margarita Velcheva felt that a framework of regulation allowed providers to follow accepted standards and use funding properly. In her view, this contributes to making the formidable task of producing effective learning activities for healthcare professionals much more straightforward.

David Vodušek also agreed that a structure and framework for the delivery of educational activities helped professional medical societies in this aspect of their multifunctional roles.

John Bacon, the panellist from industry argued that “chaos doesn’t build trust” and that a regulatory process helps to build trust among all stakeholders.
and reiterated the viewpoint that industry considers one of its major goals to be the safe and effective use of its products which aligns with the stated goals of other stakeholders. He also expressed the opinion that this type of discussion that occur regularly at European CME Forum can provide useful insights about cross-fertilisation of ideas among all stakeholders.

Further discussion highlighted some issues that may not necessarily have been resolved under current regulations, including discrepancies with cross-border acceptance of credits in Europe and a perception in some quarters that EFPIA’s recently released quality standards framework (discussed during Day 0) may be a move towards industry producing educational events labelled as CME but not necessarily defined as “independent”. A familiar topic from previous forums was the dichotomy between event-based and provider-based accreditation, with McMahon arguing for the trust and verify approach of provider accreditation rather than the review and approve approach that is much more common in Europe. He argued that the latter places unnecessary restriction on flexibility for providers in their educational approach. The debate will, no doubt, continue at #15ECF.

Session 2 continued with a series of four concurrent breakout workshops previously “pitched” via pre-recorded introductions made available on the meeting’s virtual conference system that allowed participants to choose which one to attend. The workshops presented were as follows.

### Workshop 2a. Diversity & Inclusion in Medical Education

Annette Triebel (Gilead) Pamela Mason (AstraZeneca) Patricia Jassak (Astellas)

This workshop sought to:

- provide a glossary of terms used in discussions of Diversity & Inclusion (D&I);
- share best practices on how D&I may be incorporated into the workplace;
- discuss the importance of D&I in medical education;
- highlight the importance of sharing metrics.

An initial poll of workshop participants showed that 80% had experienced some form of bias in their job setting, mainly concerning age, gender, culture, and ethnicity. The benefits of having a robust D&I policy were couched in terms of being fundamental to increase health literacy and provide better health outcomes in the population at large. There were encouraging signs from the participants who reported that a large majority (93%) of their employers were tackling the issue in general terms with many (87%) also including D&I in their provision of medical education across its continuum of lifelong learning. Their takeaway messages were that “better diversity leads to better design in medical education” and “surrounding yourself with diversity of thought and people makes you a better
contributor”. A summary of the salient points raised is shown in Figure 7.

Workshop 2b. The Good, the Bad, the Ugly: How to Create IME in Europe, Asia, Australia, & USA

Dean Beals (DKBMed), Celeste Kolanko (Liberum IME) and Lisa Sullivan (In Vivo Academy).

The workshop leaders representing providers working in North America, Europe, Asia and Australia discussed the challenges associated with the planning and delivery of CME/CPD activities that may be funded via grants emanating in USA, but delivered around the world. Key points that emerged were:

- the need to plan from the very beginning for global delivery;
- liaise with local experts to be sure that adaptation of an original educational activity is feasible;
- use the “guardrails” in place e.g. accreditation standards to default to the most stringent requirements;
- understand the local practices that may affect delivery e.g. the role of sales representatives in Asia compared with that in USA and Europe;
- conduct a separate needs assessment in each geographical location;
- adhere to constraints set by cultural differences and hierarchy;
- set up workable partnerships;
- if necessary, provide translation via dubbing or, more preferable in the view of the presenters, subtitles so that inflections and context of the original language can be maintained.

The complexity of the undertaking was emphasised, but also the fact that advance planning and cooperation can reap rewards in the form of desired outcomes.

Workshop 2c. Artificial Intelligence (AI); Then and Now

Peter Henning (Karlsruhe University) and Dirk Helbing (ETH Zürich).

The presenters in this session characterised it as more of a teaser for discussion than a practical workshop and provided some historical, current, and potential future uses of AI in the field of healthcare. They pointed out that AI has been used for decades, such as in assessing the appropriate use of antibiotics, and urged caution in seeing it as a panacea for medical decision-making, particularly in dealing with ethical issues such as end-of-life care.

On a brighter note, many useful facets were mentioned such as the use of AI to help with patient dialogue and diagnostics. Examples of benefits were discussed, such as the ability of AI to detect patterns in big data such as X-rays, reducing lab work time in drug design by using AI neural networks to predict the structure of protein-based compounds used in medicine, and other data-driven precision medicine applications.
Participants were urged to keep the human touch in the loop when utilising AI in medical education whilst pointing out that many aspects of adaptive learning and digital competence can, and will, be improved by appropriate use of AI such as the alignment of content chunks into micro-learning techniques infused into learning pathways. Henning and Helbing foresee the emergence of medical data scientists playing a pivotal role in providing a liaison between clinical medicine and computer science. However, they also warned against the overuse of AI to the detriment of critical input by humans.

Workshop 2d. The Landscape of CME Accreditation in Europe

Froukje Sosef (COR2ED), Monica Ghidinelli (AO Foundation), Margarita Velcheva (Kenes Group), Diana van Brackel (Kenes Group) and Thomas Kleinoeder (KWHC).

In fairly familiar territory for ECF participants, members of the Good CME Practice Group discussed the framework of accreditation in Europe and the associated complexity of the arrangement with organisations operating in a pan-European arena as well as those at the national level and European medical societies themselves acting as accreditors. A recurring topic has been the recognition of credits across borders and between accrediting bodies such as the substantial equivalency framework that operates between ACCME and various accrediting bodies in Europe. An important point raised during the discussion was the variation in perceived value of credits to learners and this and other discussion points are also being covered in the series of webinars produced by the Good CME Practice group (gCMEp.org).

Oral Presentation

Two poster authors made live oral presentations during Sessions 2 and 3.

The first of these entitled Substantive Equivalency: Now and tomorrow! International Academy of CPD/ CME Accreditation update was presented by Michel Smith (RCPSC) and Kate Regnier (ACCME) who outlined the background to the establishment of the International Academy for CPD accreditation and the value-added approach of substantial equivalency provided by a shared set of standards. The set of six domains that comprise the Standards was explained as well as the proposed steps towards a three-year trial implementation period. The poster (see Figure 8) provides an
outline of the International Academy’s role in providing mentoring resources to developing accreditation systems and to providers by facilitating a move towards international harmonisation of accreditors.

**Session 3** started off with a plenary session that tackled the second leg of the three-legged stool model – Educational Design and Outcomes, moderated by Robin Stevenson (JECME) and featuring Dean Jenkins (UCB), Jean-Philippe Natali (Agence DPC, France), John Ruggiero (Siyemi Learning), Eugene Pozniak (Daiichi Sankyo), and Mark Westwood (Barts Health), as panellists. The discussion began with reference to Moore’s Outcomes Framework or “Pyramid” [10] and the need to begin the design of CPD activities based on identified practice gaps, Both Jenkins and Ruggiero espoused the principle of starting with outcomes in mind and aiming for levels above 3 in the pyramid. Each had a planning model to share as shown in Figures 9 and 10.

Pozniak explained that the move away from the medical communication agencies being vehicles for CME provision in Europe towards independent medical education providers has meant that the new type of provider must be educators, with educational design and outcomes experience that they can demonstrate to learners and supporters.

Stevenson and Westwood commented on the need for more workplace-based provision of CPD and encouragement for more HCPs to move from being resistant or ambivalent to change to become the “party of the willing”. Informal workplace CME/CPD such as point of care learning and regular multidisciplinary meetings were mooted as potential foundations to build a framework for more accredited learning.

The panel (Figure 11) agreed that personalised learning should feature more in the design of CME/CPD to improve clinical practice and patient outcomes. Stevenson brought up a point that has been mentioned frequently during this and previous forums, namely the limitations inherent in the activity-based accreditation system, which is still the main model in Europe. Natali pointed out that the centralised bureaucratic system in France actually facilitates the setting of many priority goals in education and patient care by analysing insurance data to provide the basis for major gap identification. As outlined by Bernd Hagen in one of the JECME Special Collection articles, such use of regulated data could allow health systems to capture deficiencies in patient experience, care disparities, and costs. Adapting to the “new normal” was also seen by this panel as paramount to enhanced patient care.

The next set of breakout workshops were as follows:

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**Figure 9.** Integrated planning model for CME/CPD.
Workshop 3a. International Collaboration in Online CME

Álvaro Margolis (EviMed), Jann Balmer (University of Virginia) and Steven Kawczak (Cleveland Clinic).

This workshop outlined a Pan-American online initiative on Nephrology and Intensive Care Medicine involving collaboration among two US-based medical schools and a CME/CPD provider in Uruguay. This enterprise showed the importance of reflection and interaction among colleagues based in Latin America and USA who participated in a multilingual sequential programme presented in Spanish, Portuguese and English. Asynchronous and synchronous interactions occurred and a fairly unique feature of the delivery in Latin America was the use of social media platforms such as Facebook, WhatsApp, and Instagram to raise awareness of the activity. The importance of using local faculty and professional societies was mentioned, that reiterated points made in Workshop 2b, as well as the use of native language speakers to provide tutorial support to learners. A contrast was noted with USA where access to learners via mailing lists (snail mail and email) is common, and the fact that the programme was funded solely by registration fees. Grant funding was discussed for future ventures in conjunction with registration fees.

Workshop 3b. Digital Literacy in Our Digital Age

Reinhard Griebenow (European Cardiology Section Foundation), Stephanie Herbstreit (University Clinic Essen) and Ina Weisshardt (LLH Concepts)

The main point that arose from discussion in this workshop was the need for faculty members, mainly those older than 45 to adopt a change in mindset and use the many resources available to upskill and reskill, and overcome the lingering inertia associated with traditional CME practices such as 1 hour = 1 credit. Research on online teaching programmes has shown that a missing component deemed important by students is the informal benchmarking and exchanges that occur outside the classroom. This discrepancy could be eliminated by the inclusion of private electronic spaces in online learning formats that could also benefit specialists and lifelong learners in healthcare. This scenario was characterised as an informal digital hallway.

Workshop 3c. Professional Development of the Healthcare CPD Professionals

Jan Schultz (ACEhp)

Jan Schulz, president of the Alliance for Continuing Education in the Health Professions (ACEhp) discussed the competencies needed for CME/CPD professionals in

Figure 10. An alternative model for CME/CPD planning.
their own professional development. Whilst the set of competencies developed by ACEhp as illustrated in Figure 12 may not apply globally, she considered them to be a good starting point for discussion.

Schultz also described a tool developed in alignment with the competencies called Educating the Educator, which recognises that not everyone can do everything so focuses on four core competencies as shown in Figure 13. Specialised roles within the learning environment, whether at the micro or macro level may require extra emphasis on certain competencies, but the general premise put forward was that educators need to pursue lifelong learning to support lifelong learners and faculty in healthcare.
Workshop 3d. Impact Measurement and Outcomes

Elizabeth Kelly (Eli Lilly) and Megan Becker (Gilead).

The final breakout workshop was presented by two industry representatives involved in educational grant support, Liz Kelly in the studio and Megan Becker joining her via the main meeting platform. They posited that impact measurements should be based on the need to implement change in the approach of both educators and learners in CME/CPD. Patients and carers are now much better informed and more likely to hold physicians to account. They stressed the importance of approaching CME/CPD in conjunction with Quality (QI) and Performance Improvement (PI) initiatives. Although some limits on data acquisition may be in place due to regulations such as the General Data Protection Regulation (GDPR) in Europe, grants are becoming available for long-term QI and PI-based education, with supporters happy to see providers conduct shorter activities that can be scaled up to achieve longer term measurable outcomes. Acknowledging the challenges posed in obtaining “impact” measurements the workshop presenters noted that activities which have spin-off components such as workshops that can be fed from a long-term programme may have a better chance of funding. Providers who show a clear understanding of their learners’ environment and who promote longitudinal learning can be more successful in guiding the education and obtaining funding.

Following the workshops, a second oral presentation from the poster authors entitled Learnings from the forced transition of an industry supported educational program for young experts in urology and oncology from face-to-face to digital during the COVID-19 pandemic was presented by Ina Weisshardt (LLH Concepts) and Eva Hofstädter-Thalmann (Janssen Cilag). They described a project that sought to identify the skills needed by the educators of the future by comparing the perceived learning impact on young HCPs of face-to-face and virtual...
presentation of educational topics in urology and oncology. They used structured in-depth interviews to assess parameters ranging from the satisfaction level to improvements in competence in conjunction with motivational factors for and barriers to participation. The type of format seemed to play only a minor role in the measure of knowledge transfer but an unexpected finding was the significant number of participants who reported increased interaction and networking in the digital format. A summary of their presentation is shown in Figure 14 and the poster itself in Figure 15.

The complete set of posters and associated links follows:

**Posters**

14ECF-01

Amplifying educational effect size through micro-credentialing: Insights from the European Cardio-Oncology Symposium (ECOS) online certificate course
Anne Jacobson, Cara Macfarlane, Eugene Pozniak

14ECF-02

Substantive Equivalency: Now and tomorrow! International Academy of CPD/CME Accreditation update
Michel Smith, Kate Regnier

14ECF-03

A 5-year retrospective: Successes & challenges in developing a system of multiple support CME activities
Stefanie Volland, Brad Fundingsland

14ECF-04

Assessing motivations and barriers to knowledge transfer and competence gain of young experts as future faculty members
Ina Weisshardt, Ivo Vlaev, Eva Hofstädter-Thalmann

14ECF-05

Learnings from the forced transition of an industry supported educational programme for young experts in urology and oncology from face-to-face to digital during the COVID-19 pandemic
Ina Weisshardt, Ivo Vlaev, Eva Hofstädter-Thalmann

14ECF-06

Collaborating to create multi-modality and multi-lingual longitudinal educational activities: Bringing together synchronous and asynchronous educational strategies
Sharon Wolman, Csilla Myers, Steven Kawczak, Alvaro Margolis

14ECF-07

Distributed learning in online Continuing Medical Education across the Americas
Sharon Wolman, Andrea M Zimmerman, Alvaro Margolis, Jann T Balmer

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**Figure 14.** Oral presentation for young experts project.
Session 4

For the plenary on Funding and Independence, the third leg of the three-legged stool, Ron Murray moderated the session with two representatives from industry, Pamela Beaton (Boehringer Ingelheim) from USA and Elizabeth Kelly (Eli Lilly), live in the studio hub, both involved in assessing grant proposals. In addition, he was joined by Sophie Wilson (International Medical Press) representing the provider community and Michel Smith (Royal College of Physicians and Surgeons of Canada) from the main accreditation body in Canada. The format of studio hub host and guest supplemented by virtual links to Beaton, Smith, and Wilson is shown in Figure 16.

The discussion centred on the roles of each entity represented and how collaboration can enhance the process for all concerned in gaining funding and ensuring independence. The importance of constructive feedback from grantors was cited by Sophie Wilson and the need for well-constructed proposals by both Pam Beaton and Liz Kelly as well as encouragement to seek multiple sources of support. On behalf of the accreditors, Michel Smith mentioned that they should allow providers to be funded as appropriate for the activity, with clarity in defining outcomes being more important than the source of funds. Kelly and Beaton produced a guide for discussion in the form of a matrix as shown in Figure 17. with “substance not sparkle” standing out as a key factor in decisions related to grant proposals.

The panellists agreed that independence can be maintained within a well thought-out funding system and that, if accreditors are able to see this in practice, then most barriers to accreditation can be overcome. Collaboration among all entities was a central theme to the discussion with the common goal of enhanced HCP learning being a step towards better community health.

Session 4 continued with a reunion of the opening panel from Session 1 to discuss the main themes that had emerged from the meeting. (Figure 18). The congruence among the discussions that took place for each of the three legs of the stool was highlighted, with the overarching point being that all stakeholders wanted to do things better. Outcomes seemed to be the most important topic mentioned by participants and a willingness among all present to collaborate more effectively. Driven by comments being received in real time from participants, the panel noted the evolution towards higher level outcomes based on analysis of appropriate professional practice gaps, more often being identified by learners themselves. Other recurring themes were provider vs activity accreditation, the value of credits to learners, and potential moves towards more professional arrangements for workplace-based CME/
Plenary session

Figure 16. The third leg panel – funding and Independence.

Figure 17. Is funding a “field of dreams?”.
CPD in Europe. Finally, a clarion call was made for CME/CPD professionals to advocate to have their work be more widely accepted as fitting into a logical step in the continuum of medical education.

Session 4 was rounded off with a final panel (Figure 19) that provided some suggestions and projections for the future. Steven Kawczak (Cleveland Clinic), Graham McMahon (ACCME), Minal Singh (University...
of Manchester Medical School) and Eva Hofstädter-Thalmann concurred that significant changes in CME/CPD should include emphasis on the following:

- learning, rather than teaching;
- team performance;
- local activities;
- motivation for clinicians to change behaviour;
- personalised skill development;
- CME/CPD professionals as learning engineers;
- more harmonisation of accreditation standards;
- moving away from silo thinking;
- learning from, with, and about each other;
- collaboration, research and publishing.

Some may be lofty goals but the panel exuded optimism for progress, spurred on by enforced change as a result of the Covid-19 pandemic.

Key takeaway messages from #14ECF

- The spirit of collaboration and cooperation among participants from various stakeholder groups is thriving and bodes well for progress in European CNE/CPD;
- CME/CPD professionals are improving their skills in the appropriate design and implementation of outcome-focused learning activities for healthcare professionals;
- Enhancement of patient care and progress towards improved community health are common goals among all stakeholders in the CME/CPD enterprise. Data science may be the key to achieving these goals in the post-Covid-19 era;
- ECF’s continuing commitment to transparency can facilitate progress towards the “changed normal” for CME/CPD activities for both healthcare and CME/CPD professionals.
- Interprofessional, informal and incidental education will play an increasing role and will feature prominently at #15ECF in Barcelona in November 2022 as participants take the opportunity to overcome “virtual fatigue”.

Details of the 14th European CME Forum presentations are available at the European CME Forum website: CMEforum.org and the Twitter stream is accessible at @eCMEf using the #14ECF hashtag.

European CME Forum will reconvene at the NH Collection Barcelona Constanza Hotel, Barcelona, Catalonia, Spain, 2–4 November 2022.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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