

Position paper

Independent Continuing Medical Education (CME)/Continuing Professional Development (CPD) means at first independent information

Authors: European accreditation bodies (national/international)

Physicians have committed themselves to always act in the best interest of their patients (1), this includes their approach to continuing medical education (CME) as well as continuing professional development (CPD) which are cornerstones for the maintenance of professional competence (MOC). For many years professional codes, and in some countries also the (professional) law, have defined that CME/CPD must be independent of commercial interests (1, **EU-national**).

Over the last few decades numerous national bodies have introduced CME/CPD accreditation to ensure that the planning and conduct of CME/CPD follows a set of defined standards, with independence of commercial interests as one of the leading principles (**EU-national**, 2, 3).

In Europe, this is augmented by an additional type of accreditor, the European international accreditor. These accreditors include members of CME-EA, EACCME and other organisations and are devoted to accreditation of CME/CPD activities in Europe that have primarily international attendance.

However, accreditation has little value in and on its own, it is almost entirely dependent on having clear and transparent definitions, rigorous application of appropriate principles and rules, and being in the position to enforce its own standards.

With regard to enforcement, only a few European national accreditation systems are officially legitimated by national jurisdictions (e.g. DE, AT, IT). This enables the accreditor to impose accreditation on all providers nationwide (but vice-versa also imposing legal liability on the accreditor).

But still many accreditors in Europe (including all European international accreditors) are institutions based on civil law, and thus lack official legitimation.

Despite the sometimes uncertain legal basis CME/CPD accreditation still serves as an important component of quality assurance in medicine. Accreditation safeguards the credibility of the medical profession in one of the most important areas in medicine, i.e. maintenance of our intellectual basis in medical decision-making by life-long learning. Thus, irrespective of the variable legal status, accreditors will only be able to convince the (medical) public, and prove their legitimacy by comprehensible and rigorous application of their transparent principles and rules.

All major accreditation systems grant accreditation prior to the start of the CME/CPD activity. This implies that accreditation relies on professional honesty, and self-

commitment of the medical professionals involved in delivery of CME/CPD, to align their presentations with the principles and rules as outlined by the accreditor.

There are several key principles in medical education to be followed by providers (which should also be used by participants to evaluate a given CME/CPD activity):

It all starts with independence of information itself as well as independence of interpretation of information in the appropriate clinical context. Other criteria like educational efficacy of a CME/CPD activity are of secondary importance in light of the fundamental bias introduced by use of framed information in life-long learning.

Fully transparent and timely provision of data can obviously collide with the commercial interests of industry (4, 5, 6), as driven by the market economy's framework set by governments in most developed countries. This limitation weighs even more in the light of the fact that currently about 80% of all trial patients are in clinical trials sponsored by industry (7).

Whilst the development and provision of drugs and devices continues to follow the fundamental principles of a market economy with its inbuilt difficulties of accessing information, then if we were to accept industry as a provider of accredited CME/CPD, as recently proposed in the *Journal* (8), then we would open the door for the introduction of an inevitable bias in CME/CPD. It is for this reason that major accreditors have recently reiterated in a global consensus document that "the content, as well as persons and organizations in control of the content, of the accredited CME/CPD activity is developed/selected independently, with no influence, control or involvement from a commercial interest..." (9).

Many accreditors go one step further by defining the details of communication to participants to avoid any misperceptions with regard to promotion (10, **EU-national**), in particular in sponsored CME/CPD.

Accreditors are well aware that in CME/CPD there are further threats to independent alignment of evidence with current strategies in diagnosis and treatment of particular conditions (interpretation), and discussion on how to apply evidence in the individual patient (implementation):

- This includes a long list of (potential conflicts of) interests, including issues related to career development and/or welfare of individuals involved in planning and delivery of CME, but also institutional interests e.g. of hospital owners, insurance companies etc. Thus, fully transparent communication of interests to participants in CME/CPD as well as management of the conflicts of interest are indispensable supportive strategies in planning and delivery of independent CME/CPD, but they can never outweigh the negative effects of information compromised by commercial interests. This also applies to the principles of evidence based medicine, whose practice has been further facilitated by development of elaborate methods for post-processing of information to design tools to support clinical decision-making by recommendations based on grading of the strength of evidence (11), or by provision of systematic reviews and meta-analyses (12). Major accreditors recommend the systematic use of these tools in the provision of accredited CME/CPD (**EU-national, -international**). However, the value of such tools also critically depends on timely and complete availability of

data to obtain a realistic estimate of benefit-risk ratios of diagnostic and/or therapeutic interventions.

- CME/CPD should always be designed to help participants to close gaps in knowledge and/or professional performance. The underlying gap analysis as well as definition of “learning objectives” mark another area, in which commercial interests should never be involved to avoid direct agenda setting by industry, although accreditors are well aware that indirect agenda setting currently occurs by allocation of sponsoring: Evidence is available that CME with industry involvement has a narrower range of topics and more product-related content than CME without direct industry involvement even when funding is unrestricted (13).

The primary importance of independence in accreditation should not override the consideration of the role of different educational formats for the delivery of effective CME/CPD. Although overall educational quality may be considered as satisfactory (EU-national, -international), accreditors have always wanted to stimulate improvement, as demonstrated by initiatives to stimulate providers to further develop their educational formats (EU-national, -international).

CME/CPD accreditation has been designed to mark the difference between independent, strictly evidence based CME/CPD and interest driven CME/CPD. If there were to be no differences in requirements for independence any more, accreditation alone will not be able to resolve the issue and may be seen as no longer needed.

In certain jurisdictions (Germany, 14) commercially driven CME/CPD may also be considered as providing inadequate independence in influencing opinion formation, and decision-making. This mixing up of CME/CPD with commercial interests may introduce further difficulties with differentiating medical education from advertising.

Accreditation of CME/CPD currently serves several different purposes, but its fate will be decided by whether it can retain its ability to differentiate independent CME/CPD from provision of commercially framed information.

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