Is CME a Continuous Challenge?

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For years, continuing medical education has been the vehicle for pharmaceutical marketers to educate physicians about their products. In the past, those who planned CME programs were more activity-oriented than learner-oriented. What mattered most were how many programs one did, how much they cost and how many people attended them. Marketing managers assigned to medical education worked closely with medical education companies and depended on them for educational strategies, program design, selection of the Chair and faculty, development of content and selection of the accredited provider.

About five to ten years ago a number of pharmaceutical companies decided to create their own professional education departments. Members of these professional education departments worked closely With marketing teams and became strategic partners with marketing, sharing the roles and responsibilities of medical education but the methods and criteria of CME did not change. Since the education budget resided in marketing, marketing had more control over education than professional education personnel.

As you undoubtedly know, in last five years a dramatic shift has occurred in CME and it is still in an evolutionary phase. Regulatory agencies like the U.S. Food and Drug Administration and Office of Inspector General began to monitor more aggressively whether pharma was compliant with guidance put forth by these two agencies for independent medical education. Because of this increasing scrutiny, the CME world started to change. Most pharmaceutical companies are now grappling with the changing environment.

So what should a pharma company do to reconcile the rules, doctors' need for CME, and their budgetary ability to fund genuinely meaningful CME programs that truly meet educational needs and are, at the same time, compliant with government regulatory guidance?

For some pharmaceutical companies, the first step was to put in place extra measures to avoid fines from OIG and FDA. They have decided to

separate marketing departments from professional education department. Other pharmaceutical companies have gone an extra mile and have hired educators and made professional education a part of global medical affairs. Others separated their efforts from marketing, but the education budgets still reside in marketing and therefore marketing indirectly controls the education.

The bottom line is that every pharma will need to institute on going procedures to stay compliant with the regulatory guidelines. Though a majority of companies have grant review committees of some sort or the other, what does this really mean in terms of developing independent medical education? What is the future for medical education? Will the budgets for medical education be reduced since marketing will not be able to control medical education efforts and/or objectives?

In my opinion, there may be an initial decrease in the CME budget but pharma professionals will soon realize that education is an effective way to improve patient outcome and the budgets for education will eventually go up. In this new world of CME, the most critical element of independent medical education will be the model of adult learning. Grant review committees can avoid fines from regulatory agencies but they cannot create good quality education. Successful CME programs will provide quality education and will involve physicians who will help determine the unmet needs and/ or gaps in physician education.

CME will be more and more based on physicians' self-assessment of their competencies. CME programs will, I believe, come to reflect the environments in which physicians practice medicine, the priorities and interests of practitioners and the ways they learn. For pharma companies, this means one must conduct research to understand how and why physicians learn. Systematic research is essential to allow us to generate and apply new knowledge and support innovative programs which convey useful information in a manner geared more closely to physicians needs. This will change the entire approach to designing, implementing, and evaluating CME, because CME will be focused on practice-based issues, where the problems are in the provision of health care. This kind of education will in turn result in changes in physician's behavior, which, hopefully, will result in improved patient outcomes.

Designing educational activities for physicians that allow them to systematically learn from their clinical experience would be a great asset. Physicians are so busy they do not have time to synthesize and review the data from their clinical experiences. Companies that support continuing medical education that promotes learning from the viewpoint of

physician's clinical experience and provides appropriate resources for physicians to expand their learning will enjoy positive credibility that can only accrue to the benefit of the companies providing educational grant support.

We can help build this new world of clinically based CME through our support for a meaningful educational relationship among all parts of the educational community. CME providers, educators, and physicians will need to collaborate to develop and implement new systems to measure learning. A CME educator should be able to guide physician learners as they continuously assess their learning needs. The identification of opportunities and resources to meet the unmet needs is critical in order to enhance performance and promote lifelong learning. Designing CME programs that include educational strategies to research finding of how physicians learn, influence physician knowledge, performance, and health care outcome, will now be more critical than ever.