

President's Page

More Is Not Better: Concerning Congresses

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The medical profession aspires to serve people and its object is to preserve the higher virtues of life and health. In the case of illness, too, "... relieve the sick from their suffering and blunt their ailments' vigour" (Hippocrates).

The above aims define the seriousness of the physician's mission in society and the difficulties inherent in practising medicine. The rapid development of medical science, as well as the demands of a modern society, increasingly intensify the doctors' need for continuing reassessment of their knowledge and skills.

This constant battle for the conquest of new knowledge and data concerning the science we serve is essentially one of the most basic duties of physicians. This is not a novel view, but a centuries old tradition that represents the conceptual and statutory essence of "Continuing Medical Education".

According to the revised Dublin Declaration (1993):

- Continuing medical education is an ethical duty and individual responsibility of every practicing doctor throughout his professional life.
- Its final purpose is to promote the highest possible and continually rising standards of the medical care provided to the population.
- It consists of the continuous renewal, extension and updating of scientific knowledge and technical skills necessary to maintain the highest possible professional standards.
- Every doctor has the right to continuing medical education and should be encouraged and assisted to exercise that right [*e.g. tax remissions, study leases with expenses*].
- Many of its means are well established in the form of books, periodical literature, meetings of medical societies of all kinds, [...] and so forth. New

developments include quality assessment evaluation meetings, private study with audio-visual aids, self-assessment programs and new organisational forms.

- At the fully qualified level further education generally comes from the interaction of informed and trained minds with one another and with external reality. Formal lectures and classes have only a part to play. Discussions among small group of colleagues with and without invited experts together with the classical activities enumerated above are the principal methods.
- The choice as to [the] precise form and content [of continuing education] must be left for each doctor to determine freely for himself.
- The need to engage in teaching is a powerful spur to learning.
- The medical profession must be responsible for the coordination of continuing medical education activities in Europe and for the accreditation of continuing medical education and professional standards.

In many countries, the statutory consolidation of continuing medical education (CME) is considered a basic tool of quality control within the medical community, as well as an essential part of the functioning of the health care system, since it underwrites the quality of services provided to society and preserves the standing of the medical community. For this reason, scientific bodies in the countries of the European Union (not to mention the explosive activity in the USA), in collaboration with governments, have promoted CME to a major priority and made it now mandatory for the development of the specialist as well as the physician in training.

Greece, however, has lagged behind other coun-

tries with advanced health care systems. The situation may briefly be described as follows:

CME in Greece happens on a voluntary basis, without fixed rules, without real evaluation, and without legally backed accreditation of the participants. An impressive majority of Greek physicians have a clear appreciation of the need for obligatory education. However, they are waiting for the state, the medical councils, the scientific associations, and other bodies to collaborate in this area, where today there is disorder, anarchy, and excess.

Putting our house in order

It is generally accepted that the number of scientific meetings with cardiological interest that have been organised in Greece in recent years greatly exceeds the real learning needs of Greek cardiologists. A host of congresses with similar educational goals, similar themes, only slightly different programmes, often the same speakers, are directed (sometimes, indeed, at the same time) at the same audience.

Result: the speakers are overexposed; the cardiologists (audience) are exhausted; the sponsorship provided by companies (industry) – on which research and educational projects in this country depend to a large degree – is running out; the disbelievers take advantage.

In these difficult times through which we are passing, as the social environment is overwhelmed by the consequences of the international and national economic crisis, prudence and moderation must prevail.

We call upon the Ministry of Health and Social Solidarity to proceed with these essential measures that will contribute to the upgrading of CME in Greece:

1. Establishment of an accreditation system with teaching credits.
2. Mandatory acquisition of a specific number of credits per year by practising physicians.
3. Allocation of credits to organised scientific educational meetings based on criteria of quality and scientific adequacy by specialty, for which the main relevant scientific body will be responsible (e.g. the Hellenic Cardiological Society in the case of cardiology).
4. Determination of a maximum number of congresses (e.g. 6-10 per year) that the pharmaceutical companies are allowed to sponsor.

Until the above measures have been implemented, the Hellenic Cardiological Society (HCS) must

adjust its current policy taking into account the following considerations:

- In accordance with its constitution, the HCS should be responsible for the education of Greek cardiologists.
- This education should be realised through congresses, seminars and courses, either organised by the HCS itself, or by other bodies (universities, clinics, other scientific societies, etc.) with the approval and under the aegis of the HCS.
- Therefore, on a yearly basis the HCS must propose to its members an integrated annual educational programme.
- This annual programme should be approved either directly by the HCS Board, or by a special Education Committee set up for this purpose, which will draw up a proposal for final approval by the Board.

The annual programme should include:

- a. Panhellenic congresses of general interest (e.g. Panhellenic Congress of Cardiology).
- b. Panhellenic congresses on special topics (e.g. by the working groups: Invasive Cardiology, Echocardiography, Heart Failure, Hypertension, Arrhythmology, etc.).
- c. Regional congresses (e.g. cardiology congresses in western Greece, eastern Macedonia and Thrace, etc.).
- d. One-day panhellenic meetings on a special topic. These meetings will be directed at a specific, limited number of people and should have well-defined means of assessment (multiple-choice questions, clinical scenarios, and so on).
- e. Regional one-day meetings, as above.
- f. Educational programmes for doctors in training.

Every year, the Educational Committee should present to the HCS Board (after representations by the working groups) a programme of congresses and meetings the HCS itself will organise. This programme will be published on the internet by the end of February each year at the latest.

Subsequently, other bodies that are interested in organising congresses under the aegis of the HCS may submit by a predetermined deadline (e.g. end of March) an application for approval and accreditation of their event by the HCS Board, which will either make the decision alone, or following a presentation by the Education Committee, based on criteria such as the following:

- a. No congress with similar content is being organised by the HCS.

- b. There is no clash with an HCS congress or an-other congress being organised under the aegis of the HCS.
- c. The programme, topic(s), speakers, participants, etc., must meet the stipulations of the HCS.

The precise details of the proposed “system for the integrated education of cardiologists” will be disclosed in an official announcement by the HCS.

We hope that the implementation of this programme will achieve:

1. A raising of the level of education of Greek cardiologists.
2. Homogenisation of the education of cardiologists in training.
3. Development of rivalry between scientific bodies in the field of cardiology, resulting in improvement in the quality of scientific meetings.
4. Limitation of the annual cardiology congresses to a reasonable number.
5. Avoidance of overlapping congresses.
6. Greater transparency in the sponsorship of scientific meetings by industry.