

Editor's Page

Professional Education and Training in Cardiovascular Medicine: Main Stakeholders, Developments and Prospects

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The continuing and fundamental developments in the field of cardiovascular medicine make continuing and well organised postgraduate education essential. The main stakeholders in this process are first of all the trainees, our comrades in daily practice, then the educators, and last but not least, those who pay the cost of implementing each project. Continuing postgraduate medical education has traditionally been provided by various clinical institutions, mainly hospitals. It is also provided by scientific societies and foundations, while in recent years profit-making organisations have also become more involved. Medical education has traditionally been based on mentoring—especially in cases where training has to be backed up by theoretical knowledge—and in addition is supported by educational tools, which until a few years ago mainly consisted of publications and seminars. Today, in the electronic information era, development is rapid; we live in turbulent times.

The main tools of the new age are, of course, the internet, the sum of electronic information, together with the huge possibilities for imaging, teletransmission, and simulation. At the same time as the new technological applications, a newly emerging terminology—webinars, webcasts, e-conferencing—is entering the jargon of medical education.

Inevitably, these new developments lead to thoughts, concerns, and questions such as the following:

- Where does the contribution of the volunteer mentor or volunteer academic speaker end, and where does professional, well organised medical education, which has at its root elements of profit, begin?
- For how long will scientific societies, which have

grown out of a central philosophy of volunteerism and non-profitability, be the basic vehicle for the development and provision of medical education?

- Is training in cardiovascular medicine, and its subspecialties—such as electrophysiology and invasive cardiology—still satisfactory as offered today?
- Who will be the main payer for continuing medical education?
- If the medical industries cover a significant part, as happens today, can we realistically hope that this will occur without their secretly wishing to influence physicians in their own favour?

Undoubtedly, dramatic developments are to be expected. Already, scientific societies have taken note of the new realities, radically modernising the programmes of their scientific congresses, improving their websites, and introducing innovations for their members, such as Facebook.

When focusing on the cost of continuing medical education and who is to pay for it, we must naturally recognise significant difficulties and dilemmas. The formula used today is to allow commercial companies and the biomedical industry to support scientific societies and institutions with unlimited grants so that the latter may promote medical education. Is this solution, though, the clearest and most ideal choice? Does it not entail a high risk of collusion between medical professionals and industry? How should the regulatory authorities deal with this kind of sponsorship in the immediate future?

There is also another important and practical matter that concerns the economics of medical education. Specifically, it must be determined whether the large

amounts donated by industry are utilised in the best way by the members of scientific societies who, though well qualified, work voluntarily, and sometimes without any compensation, to organise all kinds of educational events, such as conferences, courses and seminars.

It is interesting to note that, in recent years, it has been increasingly recognised that scientific events organised by private, profit-making organisations are of higher quality than is achieved by non-profit scientific organisations. Fortunately, that does not apply to the major scientific congresses organised by large organisations such as the European Society of Cardiology, which continue to maintain the highest standards and to adapt successfully to technological developments. Still, however, in the case of large scientific societies the educational tools and products often lag behind those produced by specialised, purely professional groups, who combine scientific knowledge and high expertise with profit.

To close this short editorial article, let me summarise my thoughts, my conclusions, and my concerns. Continuing medical education requires products, tools, and high level scientific events. Until today, scientific societies, supported financially by the pharmaceutical and biomedical industries, have managed to produce these, despite being founded on volunteerism and non-profitability. Progressively, many parameters are changing, so that all the tools and events need a high level of expertise, while at the same time the regulatory authorities, with their highly restrictive codes, are choking off the previously generous sponsorship provided by industry.

It is clear that the funding of continuing medical education needs formally to become the subject of open discussion among the main stakeholders. A status quo that has unquestionably worked productively for the last thirty years, contributing to the huge development of cardiovascular medicine, needs to be rethought and redesigned.