Doctor's Prescriptions for Medical Congresses in Europe

Recent years have seen increased regulation from government bodies within Europe, and from the industry regulators implementing more stringent codes and guidelines pertaining to the interactions between the pharmaceutical and medical-device industries and healthcare professionals (HCPs). These factors have had direct impact on medical associations, their meetings activities and revenue streams.

Words Caroline Mackenzie

Medical association congresses have long been recognised as a valuable platform for the professional practitioner and allied healthcare community to come together with pharmaceutical and medical-device companies for learning and scientific exchange. External factors such as the introduction of transparency reporting of 'Transfer of Value' (ToV), and Congress Vetting by industry regulators have resulted in medical congress organisers having to review their logistical congress organisation, business models, and adjusting these to align with changes taking place.

NEW CHALLENGES IN 2018

2018 will be present new challenges. Whilst two of the significant impactors, EU GDPR and the cessation by the European medical-device industry authorities permitting the direct sponsoring HCPs to attend as a delegate third-party organised medical education conferences are EU focused, the outreach will be global.

Legislation pertaining to the interactions between the medical-device industry in Europe and HCPs is not new. Many European countries have had government statutes in place for years stipulating the conditions around direct sponsorship of HCPs. However, in December 2015, the members of the European Diagnostics Manufacturers Association (EDMA) and the European Medical Technology Industry Association (Eucomed) voted to phase out the direct sponsorship by their members of HCPs at third-party events by 1 January 2018. Since then member organisations of EDMA and Eucomed, individual companies and national medical-device trade bodies have started to implement revised practices in readiness.

Direct sponsorship is defined as the payment by companies of some or all the following: travel, lodging, and/or conference registration fees. These costs are either reimbursed to the HCP or paid direct by the company via the purchase of travel tickets, payment of hotel expenses and/or of the registration fee to the conference organiser.

Medical conferences in Europe, and those further afield which have benefitted from international delegations sponsored by medical-device companies in Europe, have already been experiencing a reduction in sponsored HCPs in readiness for the January 2018 deadline.

Eucomed and EFPIA will both continue to vet medical congresses, as an indicator to their members of congress 'appropriateness'. However, the pharmaceutical industry, having introduced greater public transparency reporting of payments made to HCPs for activities such as sponsorship to attend third-party organised medical congresses, have to-date stopped short of prohibiting direct sponsorship.

IMPLICATION:

So, what are the implications for the association medical congress organiser? Certainly, those who have been used to delegates being sponsored by the European medical-device industry should prepare themselves for revenue reduction. Whilst not all medical-device companies in Europe are members of EDMA or Eucomed, national association members of the European organisations have incorporated the EDMA and Eucomed Codes of Ethical Business Practice into their national codes.

These changes do not preclude all direct sponsorship of HCPs attending third-party medical education conferences by medical-device companies. HCPs who are 'passive' attendees (a delegate) will be ineligible

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to receive direct sponsorship. A passive attendee is defined as someone who is not faculty, and therefore does not have a specific active role at a conference

HCPs who are defined as 'active' attendees, often called 'faculty', i.e. who will speak, present or serve another specific function at a third-party organised conference, will still be eligible for direct sponsorship under specific rules.

Medical-device companies will still be permitted to directly sponsor HCPs to company-organised training activities if the strict criteria outlined in the code is adopted, the rationale being that industry has a responsibility to train HCPs on the use of their products and relevant surgical procedures to ensure maximum safety for patients. Attendance at Satellite Symposia organised on the peripheries of a third-party organised conference does not meet the criteria for direct HCP sponsorship unless the HCP is faculty.

OPEN DIALOGUE

It is even more important at this time that medical associations have an open dialogue with the commercial partners in their sector. It is in the interest of both parties to ensure that medical conferences attract quality science and research and that the professional community which attends is robust and reflective of the sector and relevant specialities.

EDMA and Eucomed, and their members, are still entirely committed to supporting CME for HCPs. Many medical-device companies are making funding available through indirect sponsorship to hospitals, medical departments and clinics or through support grants made direct to Healthcare Organisations (HCOs). This is an opportunity for medical associations to secure funding in support of delegate attendance if

they can align their offering to meet the objectives of the sponsoring companies.

These new codes are applicable to member companies, associate members and national association members (and consequently their members) of EDMA and Eucomed. They must also be adopted by any non-European affiliate company in relation to direct sponsorship of European HCPs.

It should be recognised that there are a significant number of medical-device companies that are not members of either EDMA or Eucomed and therefore these codes cannot be imposed on them. EDMA and Eucomed hope that their actions will be seen by the whole industry to create greater equality. Some members may elect to resign their membership to avoid the requirement for code compliance, the impact is yet to be fully realised.

As always, the recommended steps are that medical education conference organisers dialogue with their industry partners to create a framework and offering which works for all.

This article was provided by the International Association of Professional Congress Organisers, author Caroline Mackenzie, Global Association Partners, on behalf of IAPCO. IAPCO represents today 117 companies comprised of professional congress organisers, meeting planners and managers of international and national congresses, conventions and special events from 41 countries \www.iapco.org



