

The Dilemma of International Pediatric Congresses in Europe: Starting the Debate

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National and international medical congresses are an integral part of continuous professional development for health scientists and clinicians. Two publications, however, have raised considerable concern about their value¹ or whether they are merely “a profit making enterprise.”² Medical congresses are becoming larger, more luxurious, and expensive, and, as a result, their cost-benefit ratio may be decreasing.

This review discusses the future of international pediatric congresses and how they can contribute to the education of pediatricians. The European Paediatric Association leadership outlines how the challenges may be tackled by using innovative strategies for future pediatric congresses.

Two Scenarios

Three major European pediatric organizations, which represent both local and national pediatric societies and associations and more than 200 000 pediatricians working in 53 European countries with a total population of more than 200 million children and young people, include the European Academy of Paediatrics, European Confederation of Primary Care Pediatrics, and European Pediatric Association–Union of National European Paediatric Societies and Associations (EPA-UNEPSA). In addition, there are more than 20 European pediatric subspecialty societies that organize congresses for both pediatric specialists and generalists.

We have used EPA-UNEPSA data from 1976 to 2013 to illustrate the issues for general congresses, as well as European Society for Paediatric Nephrology (ESPN) data from 1967 to 2008 for subspecialist meetings. Congresses held by EPA-UNEPSA have attempted to keep pace with the evolving epidemiology of childhood conditions and education needs of pediatricians, using evidence on effective learning methods.³ The strength of EPA-UNEPSA congresses was to link international experts and encourage collaboration between the members of national pediatric societies. In addition, EPA-UNEPSA encouraged individual pediatricians to transfer learning from the international congresses to their national opinion and pol-

icy makers. The emphasis of the congress is to translate evidence into practice at both policy and service levels. EPA-UNEPSA congresses are attended by 1500–2000 pediatricians, which is less than 1% of all European pediatricians.

This relatively low proportion of pediatricians attending may be related to the high costs of international meetings, which primarily affect pediatricians in training and for those pediatricians living in countries with limited resources. The costs for travel, accommodation, registration, and participation in the social program often exceed a total of €1000. The application for a Schengen visa created considerable hurdles for pediatricians from Eastern countries traveling to the West. It is unclear to what extent sponsored travel by the pharmaceutical industry may have aided some pediatricians with limited financial resources, but such practice raises serious ethical concerns. The official EPA-UNEPSA congress language has always been English and professional translation into other languages is rarely offered, thus making the participation difficult for those general pediatricians lacking solid English skills. In addition, there has been an increasing competition among international pediatric congresses for attracting participants.

A total of 34 ESPN congresses were held between 1967 and 2000, 9 of 34 as joint congresses in cooperation with the International Pediatric Nephrology Association (4 were held in Europe). The median congress duration was 3 days. The total number of accepted abstracts during 25 congresses held in Europe was 3257. The total number of presentations increased annually (Figure 1; available at www.jpeds.com). The mean number of total presentations per day increased from 11 in 1967 to 119 in the year 2000. The mean number of free oral communications increased from 9 to 20 per day, the relative proportion of oral presentations decreased from 94% to 16%, and the percentage of posters increased from 0 to 73% (Figure 1). The proportion of speakers from East Europe delivering oral communications was lower than from European Union countries. Unpublished data of ESPN show that three-quarters of 113 congress presentations of a European meeting in pediatric

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| CME | Continuous medical education |
| EPA-UNEPSA | European Pediatric Association–Union of National European Paediatric Societies and Associations |
| ESPN | European Society for Paediatric Nephrology |
| ISR | International social responsibility |
| PCO | Professional congress organizers |

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nephrology in 2002 were published 1-5 years after the congress (Figure 2; available at www.jpeds.com).^{4,5} However, only one-third of 344 accepted abstracts were published as a full paper in a journal, which may be to the result of several factors, including a questionable reliability of early results presented at the congresses.

Causes of Low Attendance to International Pediatric Congresses in Europe

In 2009, obligatory continuous medical education (CME) had become standard in slightly more than one-third of European countries; however, if failure to achieve CME requirements was not followed by sanctions in the majority of European countries, the value is questionable. Another reason for the absence of pediatricians at international congresses was the fact that the culture of learning across borders appears to be lacking in European countries.⁶ Last but not least, registration at a congress did not necessarily mean that all pediatricians actively participated at the sessions.

Face-to-Face vs Webinar Type of Meetings

Despite significant improvements in communication (eg, videoconferencing, webinars) there remains an imbalance of information between pediatricians working in resource-poor nations, generally in Eastern Europe, with those working in more affluent systems. As in the past, international congresses will remain an integral part of the function and role of professional organizations. Ioannidis states, “conferences organized by medical societies are characteristic features of the academic, professional, and social life of all health related disciplines,”¹ including pediatrics. The literature would suggest that the traditional format of plenary session speakers followed by free papers has been of great importance for the active scientific cooperation of experts dealing with health care.⁷

This type of highly specialized meeting between leaders in the fields of research relevance of pediatrics and child health no doubt has a role in providing CME aimed at improving access to effective, evidence-based interventions. Similarly, high-quality health care today requires a multidisciplinary, sometimes a multiagency team to support the child and family members. There is a cogent argument that teams who work together should train together.

The role for international meetings is not disputed.⁸ “There is no substitute for meeting in the flesh,”⁹ which is a view reinforced by Drife,¹⁰ who accepted that conferences can provide inspiration, motivation, and stimulation far better than videoconferencing. The questions that arise relate to clarifying the role of international meetings vs national meetings: how these meetings can best be used to focus on the issues most important to European children and families and how the content, structure, and methods used in these meetings can be improved to increase the effectiveness and value for both children and professionals.

International meetings offer the potential to understand and address differences in policy and practice between different nations. Why would one immunization schedule

be different from another when using the same vaccines? Why would injury prevention have a higher priority in one nation compared with another? Why do the rights of children and families have a greater emphasis in one country?

There is ample evidence to suggest that effective learning depends on active participation rather than passive engagement. There is increasing evidence based on the efficacy and efficiency and overall impact of different teaching and learning methods in health care. Cochrane data showed that the educational meetings alone or combined with other interventions can improve professional practice and health-care outcomes for patients.⁷ Using this evidence would help structure international meetings to increase their effectiveness and value. Combining plenary review sessions with topic-based symposia and personal practice sessions that engage the audience with discussions about health service design and allocation of resources are more effective than a guest speaker alone.

This evolution from passive learning to active learning requires a substantial change in thinking and practice from organizers, speakers, and participants. Invited speakers and participants should be committed to active learning through measurement, reflection, innovation, and improvement appropriate to local settings.

The experience from EPA-UNEPSA and ESPN congresses may be different from that of other subspecialist pediatric congresses held in Europe, but it is likely that they demonstrate trends that are similar for most specialist meetings.

We cannot judge whether smaller congresses are better than larger meetings, or vice versa. The problem with international meetings is the large numbers of participants, papers, and concurrent sessions; their size limits the number of venues available to host such a meeting. These venues tend to be in more affluent countries with greater ancillary costs, such as catering and accommodation. For the general pediatrician, selecting appropriate presentations to attend from a large menu can be difficult, especially when venues within the congress are separated by a significant distance. Often the opportunities to discuss a particular topic and learn from innovative approaches and collective creativity are extremely limited.

International Social Responsibility

Corporate social responsibility is defined as actions that organizations can undertake on a voluntary basis, over and above a minimum legal requirements, to address the company's sense of responsibility toward the community and environment in which it operates. The organizers of medical conferences also should think more widely about the people and the planet as well as profit.^{8,11} The greatest need for postgraduate training and continued professional development lies in the east of Europe, in the less well-resourced nations. There is not only a discrepancy between “where conferences are held” and “where they are needed,” but also in the purpose and content of such meetings. These less-resourced nations often have a legacy of limited East-West collaboration. Yet it is in these nations—where more than one-half of all European children live

and pediatricians work—that have most benefit from international knowledge about evidence-based clinical interventions, learning through innovation and improvement, and ongoing collaboration between centers.

The concept of corporate social responsibility is well-established in the commercial world and a parallel theme of international social responsibility (ISR) could be included in the mandate for medical organizations in better resourced nations to share their knowledge and expertise with less-resourced professionals and professional organizations within the boundaries of an expanded Europe. Approaches to improving cross-border health care¹² highlight the importance of cross-border collaboration for the benefit of children with rare conditions requiring subspecialist intervention which is not available in their home countries. The ethical issues related to ISR range from conflicts of interests with regard to financial aspects to conflicts of power, prestige, and purpose.¹ An unknown proportion of medical societies and associations are run by a cadre of leaders dominating the congress programs. Invited speakers may be chosen from a small group of opinion leaders.¹³ Disclosure of potential conflicts is worthwhile and a balanced choice of speaker is helpful in fulfilling the criteria of ISR.

If there was a commitment by European organizations to this approach, there should be clear benefits for the nation hosting the meeting. This would include negotiated content, relevant to local circumstances, the use of the most relevant learning methods with ongoing support for local innovation, and improvement to embed new ways of working.

Stringent criteria for selecting who organizes medical congresses is essential.¹ The majority of national and international pediatric societies do not have the permanent internal capacity to organize large international meetings and are therefore reliant upon professional congress organizers (PCO) for this logistical function. PCOs work in the free market and compete against each other for contracts with professional organizations.¹³ Some PCOs, however, have now sponsored charitable foundations to organize their own international meetings offering CME, often with high levels of sponsorship or support from private/commercial organizations. Speakers may be proposed from the commercial sector with the intention of influencing the market for health care, drugs, or technology, particularly in the resource poor nation's whose healthcare systems will be expanding in future years.² This subliminal influence has largely declined in well resourced nations due to discussion and knowledge about the ethical issues and the development of greater standards limiting unregulated commercial influence.^{2,14}

The EPA-UNEPSA view is that PCO conducted meetings may not meet the criteria for ISR and that the primary beneficiaries of international meetings must be the users or providers of services, rather than shareholders of independent PCOs who organize meetings for profit rather than social purpose.²

Conclusions

In summary, pediatric organizations can deliver ISR in relation to congresses if it is embedded in their clear governance

and ethical framework. This strategy is built upon clarity of purpose, clear benefit for the health of the children of Europe, collaboration, professional integrity, and trust. We conclude that there is a requirement to rethink the focus, purpose, methods, location, and costs of future international pediatric congresses such as Europaediatrics. The opportunities to learn through comparative international experience is infinite, ranging from policy to practice, but to achieve real change that benefits the health of children and young people congress organizers should rethink their purpose and focus on “people not profit.” Participation in international conferences is expensive⁹ and there should be a careful cost-benefit analysis by both organizers and participants regarding the benefits and costs.^{1,8}

We feel that the guiding principles for the international pediatric congresses should be “greater value for less investment” using more participative approaches with a focus on “learning across borders and making a difference.” A “roundtable forum” during Europaediatrics 2015 in Florence, Italy, for pediatricians representing officially recognized European pediatric societies and associations will discuss these issues. ■

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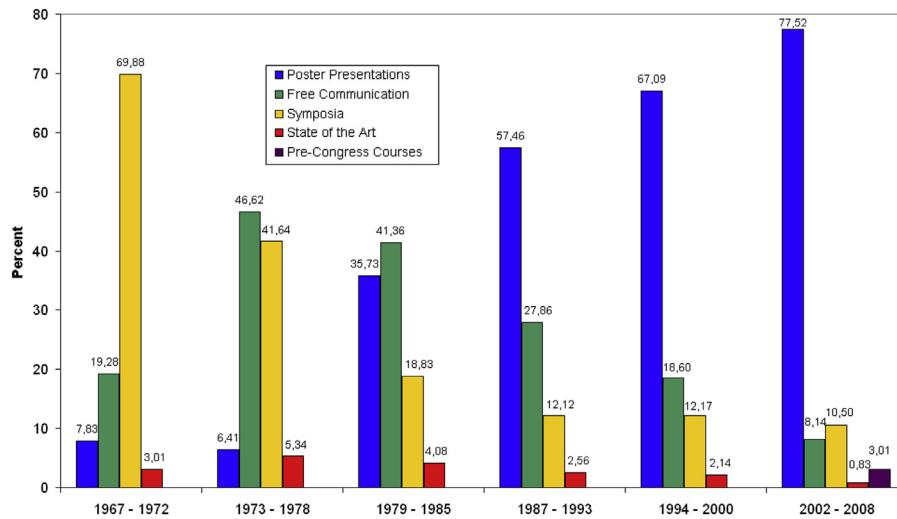


Figure 1. Percentage of presentations according to the type of communication at ESPN congresses in 6 time periods from 1967 to 2008.

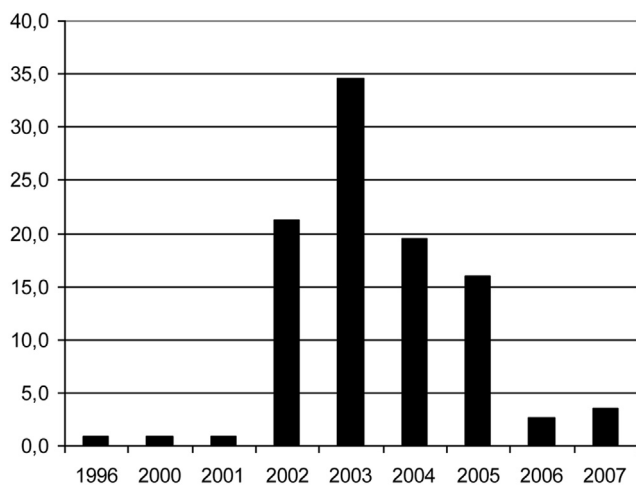


Figure 2. Proportion of subsequent full publications listed in PubMed of 48 free communications and 296 posters presented in 2002 at the European Congress of Pediatric Nephrology. A few accepted communications presented previously published data.