

Circle 2: Residency Training Access

PRESENTED BY:

MARY E. MALONEY, MD, FAAD

BETHANEE J. SCHLOSSER, MD, PHD, FAAD



Residency Training Access

- Primary concern of BOTH Physicians and Industry is Patient Care and Treatment of Dermatologic Disease
- Issues Vary by PerspectiveBut Overlapping Concerns and Opportunities for Collaboration Abound

- Residents/Young Dermatologists In-Training
- Residency Programs/Academic Departments
- Industry Partners

- WDS as Bridge/Connector Organization



PhRMA Code and Sunshine Act

- Requires reporting of all financial interaction by physicians with industry
- Improved transparency

- Perceived stigma
- Reduced access to trainees, physicians, thought leaders outside of CME events
- Limitation of prescription sampling
 - Negative impact on patient care
 - Limited exposure and experience by trainees with newer medications, formulations
- Reduction in clinical trial investigator pipeline?



Residency Training Access: Current State of Affairs

- 2015-2016 Academic Year
 - 116 Dermatology residency programs
 - 1,354 Dermatology residents

- Many altogether prohibit or significantly restrict access to industry representatives

- WDS Membership (as of June 1, 2016)
 - 563 Resident/Fellow WDS members

- WDS Can Provide Access to ~40% of US Dermatology Residents



Residency Training Access: Current State of Affairs at Northwestern and UMass

- Housestaff should not attend non-ACCME industry events described as CME.
- Acceptance of gifts of value by housestaff from industry is prohibited.
- Industry-supplied food to housestaff is not permitted unless in connection with ACCME-accredited programming in compliance with ACCME guidelines.
- Housestaff may not directly accept travel funds or reimbursement of expenses from industry other than for legitimate contractual services.
- Housestaff are prohibited from allowing their presentations of any kind to be ghostwritten by any party, industry or otherwise.



Residency Training Access: Current State of Affairs at Northwestern and UMass

- Access by Industry Representatives

- Unless required for training or treatment purposes,
- Access by Industry representatives shall be restricted to non-patient care areas and
- Should take place only by appointment or invitation of the faculty member
- Involvement of trainees in such meetings should occur only for educational purposes and always under the direct supervision of the faculty member

Behavior Modeling

- At the moment, interactions between industry representatives and dermatologists are not modeled well in the context of residency programs

- Should we, and how can we, develop a model of cordial, professional, and mutually beneficial relationships and interactions?
 - Video?
 - Interactive session?
 - Session that could be distributed to residency programs?
 - White paper?



Needs of Residents In-Training/Young Dermatologists In Patient Care

■ NEEDS

- Education on novel therapeutics, devices
- Hands-on training for procedural dermatology (during and immediately post-training)
- Understanding/appreciation of formulation differences, delivery modalities

■ OPPORTUNITIES

- Regional Networking Groups
 - Hands-on training for procedural dermatology, new device technologies
 - Hands-on exposure to new topical medication formulations
- Academic Dermatologists Committee
 - Web-based curriculum for formulation considerations, delivery modalities
- Young Physicians Committee
 - Resident Liaison Program



Needs of Residents In-Training/Young Dermatologists In Practice Management

■ NEEDS

- Access to medications
- Formulary navigation (prior authorization, step therapy, etc.)

■ OPPORTUNITIES

■ Business Committee

- Practice Management issues tailored to needs of residents
- Sponsorship of Industry panelists to discuss behind-the-scenes view of industry perspectives on common issues of concern

■ Regional Networking Groups

- Facilitate networking and relationship building between industry representatives and dermatologists in local communities

■ Young Physicians Committee

- Resident Liaison Program



Needs of Residents In-Training/Young Dermatologists In Professional Skill Development

▪ **NEEDS**

- Clinical trials education, participation
- Improved accessibility to investigator-initiated research funding
- Opportunities for dermatologist interaction with/engagement with industry
- Leadership development

▪ **OPPORTUNITIES**

▪ Academic Dermatologists Committee

- Clinical trials skill set curriculum
- Pilot program for investigator-initiated grants

▪ Business Committee

- Sponsorship of Industry panelists to discuss behind-the-scenes view of industry perspectives on common issues of concern
- Forum to discuss opportunities for physicians in industry

▪ Regional Networking Groups

- Facilitate networking and relationship building between industry representatives and dermatologists in local communities

▪ Young Physicians Committee

- Resident Liaison Program

Needs of Residency Programs & Academic Departments

- Comprehensive Resident Education
- Someone to Fill the Gaps in Residency Educational Curricula – recognized or unrecognized
 - Practice management
 - Dermatopharmacology – formulation considerations, cost-benefit analysis decisions
- Compliance with University/Medical Center Policies on Industry Interactions
- Excellence in Patient Care; Minimizing Practice Management Burdens
 - Prior authorizations, formulary navigation, step therapy requirements
- Where are our opportunities in each of these areas?



Our Understanding of Industry Partners' Needs

- Increased access to dermatologists – now and later
 - Broad, national pool of demographically diverse dermatologists
 - Community-based as well as academic practice
 - Medical and procedural; pediatric and adult dermatologists
- Improved physician understanding and utilization of therapeutics, devices
- Improved patient outcomes – greater efficacy, fewer adverse outcomes
- Greater market share, increased ROI and revenue



Collaboration Between WDS and Industry Partners

Where Do We Go From Here?

