# **TEST CRITERIA TO GO**

### So that you can better organise your continuing education measures

Since introducing continuing education certification, medical associations have continuously worked to achieve the greatest possible security within the framework of their recognition procedures so that the content of continuing education measures is free of economic interests. Irrespective of this, however, individual participants must also be able to assess for themselves what importance certified continuing education measures have on how they make medical decisions. To make this assessment easier, Marburger Bund has developed test criteria "to go" that you should always have with you when it comes to your continuing education!\*

## **DECLARATION OF INTEREST**

Did the providers of this continuing education disclose their financing structure, among other things, to the participants as part of a declaration of interest by organisations?

Do the organisers of this continuing education have a defined, publicly accessible set of rules for dealing with (conflicts of) interests?

Have the speakers / authors disclosed both their financial as well as non-financial interests comprehensively, in good time, and sustainably to the participants (this can currently best be achieved through a consensual publication on the Internet)?

Have the doctors participating in continuing education, insofar as they have withdrawn from anonymity (e.g. in the form of a discussion contribution), declared their interests (verbally in face-to-face events, in writing for continuing education in digital or print media)?

Have the medical and non-medical organisers, speakers, authors, chairpersons, course leaders and moderators in planning, announcement, implementation and follow-up avoided any appearance that continuing education measures could not be completely independent and only professionally motivated?

#### **METHODOLOGY / DATA COLLECTION - Have the speakers / authors**

- actively integrated the relevant methodological aspects in their presentation?
- pointed out in their presentations what role doctors have played in data collection and use?
- regularly and actively integrated the results of additional analyses by independent providers (e.g. metaanalyses, systematic reviews such as the Cochrane Collaboration) into their presentations?

#### **EVIDENCE** - Have the speakers / authors

- divided the evidence presented from randomised studies into high, medium, low and very low regarding its trustworthiness?
- used the subjunctive to present evidence from non-randomised studies?
- pointed out that weakly positive / negative recommendations (according to GRADE), recommendations based on non-randomised studies, as well as expert opinions are subject to the individual decision of the treating doctor?

#### **LANGUAGE** - Have the speakers / authors

- used language that clearly and unambiguously separates findings that justify causality from other data?
- separated the description of the level of evidence from the submission of a recommendation for action?
- clarified in each case which factors (beyond the pure level of evidence) they have taken into account in the development of their recommendations for action and whether these are possibly arranged hierarchically (e.g. improved prognosis takes precedence over reduced morbidity etc.)?