



EPG
Health Media

FOCUS GROUP REPORT:

Continuing Medical Education (CME):

The behaviour, demands and views of healthcare professionals (HCPs) in Europe

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Introduction

For the purpose of this study, CME or 'Continuing Medical Education' refers to the specific educational activities intended to maintain and develop the medical competencies of healthcare professionals and provide the credits required to maintain licenses to practice.

The study aims to investigate some key topics of current concern to the European CME community, including those organisations that develop, fund, regulate, implement and promote CME. These topics include; the changing demands of healthcare professionals (HCPs) for various forms of CME, the challenges faced by HCPs in accessing and assessing CME, and the perceived effect that industry funding has on the accessibility, credibility and quality of CME.

The purpose of the study is to enable industry professionals to better understand the requirements and preferences of HCP's who undertake CME activities in Europe specifically. Since the US differs in its regulatory framework for CME, this demographic has been intentionally excluded.

By highlighting what HCPs perceive to be the strengths and shortfalls in current CME delivery, this study may support industry in adapting to the challenges it is currently facing and be used to support planning, implementation and monitoring strategies for the delivery of good CME in Europe specifically.

The key objectives of this study are to investigate:

- Levels of participation in various types of CME in Europe and how this is changing (with a section focusing on online CME)
- How HCPs source and access CME, and the challenges faced in doing so
- Factors that influence HCPs decisions to participate in CME activities
- The primary learning outcomes that HCPs seek from CME and to what extent these are achieved
- The level of influence and impact that HCPs believe CME has in practice
- HCPs views of funding, accreditation and credibility factors
- The extent to which HCPs believe their demand for CME and educational needs are being met

This study is important to anyone working in healthcare marketing and communications, CME planning and creation, because it will:

- Facilitate a better understanding of CME audiences, their preferences and behaviours
- Provide a snapshot of current and future opportunities for the development of CME in Europe
- Support decisions concerning the planning, funding and delivery of CME activities in Europe

Background

The development of accredited CME activities within Europe is currently a topic shrouded in complex commercial, academic and political debate.

Whilst attempting to avoid and learn from the mistakes of the US CME system and its accrediting body ACCME, the focus of providers in Europe has been shared between the development of CME within the EU member state regulatory landscape, appropriate assessment of need amongst healthcare professionals and technological advances in the delivery of such programs.

CME in the US has in the past been described as 'a picture of a disorganised system of education with obvious foci of excellence (most in universities) but with most commercially supported events shading more towards product promotion and the welfare of doctors than prioritised dedication to enhancing the care of patients'¹. Efforts have been made to address this through stricter CME guidelines and handing of budgetary control over to regulatory teams², but have in turn resulted in a reduction of pharma company financial support for CME. In 2007, industry support accounted for 48% of the revenue of accredited CME providers in the US; and by 2010 industry support was down 31% from its peak 3 years earlier³.

Striking a balance between credible and impartial CME, and the utilisation of industry funding to create quality, affordable, accessible, interesting and relevant CME is complex. These challenges are further impacted (in Europe) by barriers to implementation of CME activities across multiple regulatory & accreditation bodies, languages, country criteria and cultures. As Aparicio *et al* explains there are 'significant disparities between EU countries on the types of CME activities that are valid to collect CME credits.'⁴ These disparities influence the effective development of large scale accredited CME that meet the requirements of healthcare professionals (HCPs).

One way to overcome these challenges is to standardise the regulatory framework. With agreement from all participating countries in order to create a real "European" System.

Since April 2009, accreditation of online CME in Europe has been provided by EACCME, and as Patrick Alguire suggests, 'This approach will satisfy physicians who are seeking CME activities that are efficient, effective and more directly related to improving their clinical performance' and he goes on to explain 'Online CME will grow in popularity as it becomes more interactive and as technology improves'⁵.

EACCME is currently tackling the issues of credibility and impartiality, along with the complex EU regulatory landscape by 'creating a translation table of participating National Accreditation Authority (NAA) credit systems and their reciprocal values within the ECMEC system' (Aparicio *et al*)⁶. However, creating and managing a European CME system requires considerable planning and funding and has implications for stakeholders at all levels.

With CME funding falling, a critical question is whether a more efficient means of providing CME can be implemented without compromising the effectiveness of (that) CME or the efforts to improve the system as a whole within Europe. A move towards online CME has posed an opportunity to ease the issues of cost and access, whilst also appealing to the needs of HCPs.

Online CME has been demonstrated in a randomised controlled trial to produce changes equivalent to live,

¹ Costa, A., Van Hemelryck, F., Aparicio, A., Gatzemeier, W., Leer, J. W., Maillet, B., & Hossfeld, D. K. (2010). Continuing medical education in Europe: Towards a harmonised system. *European journal of cancer*, 46(13), 2340-2343.

² P/S/L Group, First Word (2012). *Pharma's future role in cme*. Retrieved from Doctor's Guide Publishing Limited website: http://www.firstwordplus.com/pharmas_future_role_in_cme.do

³ Steinman, M. A., Landefeld, C. S., & Baron, R. B. (2012). Industry Support of CME—Are We at the Tipping Point?. *New England Journal of Medicine*, 366(12), 1069-1071.

⁴ Costa, A., Van Hemelryck, F., Aparicio, A., Gatzemeier, W., Leer, J. W., Maillet, B., & Hossfeld, D. K. (2010). Continuing medical education in Europe: Towards a harmonised system. *European journal of cancer*, 46(13), 2340-2343.

⁵ Alguire, P. C. (2004). The future of continuing medical education. *American Journal of Medicine, The*, 116(11), 791-795.

⁶ *Ibid*

small-group, interactive CME events for physician knowledge and behaviour⁷. A separate study published in the Journal of Continuing Medical Education (www.jecme.eu) highlighted how online activities can be combined with live activities to enhance the impact of CME, with '86% (of participants) agreeing or strongly agreeing that the SE (online learning) program enhanced the impact of the live CME conference'⁸. And a UEMS report stated that doctors would prefer to perform around two thirds of their CME education online, provided that their time and effort would be rewarded by appropriate CME credits⁹.

Despite these very positive signs, and data to demonstrate the demand and effectiveness of online learning, European online CME is still in its infancy (accepted in just 15 of the 27 member EU states)¹⁰ with very limited qualitative or quantitative research into the factors that influence physician participation. In particular, there has been little investigation into the views of HCPs on industry funding and the perceived effect this has on access, quality and their decisions to participate in CME.

This lack of knowledge inhibits the implementation of widespread online CME and the evolution of CME in general. Measurable indicators and a better understanding of CME participants' views and requirements are needed in order to provide better guidance for the development of European CME.

Abstract

⁷ Young, K. J., Kim, J. J., Yeung, G., Sit, C. and Tobe, S. W. (2011), Physician preferences for accredited online continuing medical education. *J. Contin. Educ. Health Prof.*, 31: 241-246. doi: 10.1002/chp.20136

⁸ Shaw, T., Long, A., Chopra, S., & Kerfoot, B. P. (2011). Impact on clinical behaviour of face-to-face continuing medical education blended with online spaced education: A randomized controlled trial. *Journal of Continuing Education in the Health Professions*, 31(2), 103-108.

⁹ UEMS, Occupational Medicine. (2006). *Report on the current situation of CME accreditation in Europe*. Retrieved from UEMS website: http://www.uems-occupationalmedicine.com/userfiles/2006_reportCME.pdf

¹⁰ Costa, A., Van Hemelryck, F., Aparicio, A., Gatzemeier, W., Leer, J. W., Maillet, B., & Hossfeld, D. K. (2010). Continuing medical education in Europe: Towards a harmonised system. *European journal of cancer*, 46(13), 2340-2343.

Methodology

The purpose of this market research report is to provide greater insight into the current CME preferences and behaviour of multi-speciality HCPs across Europe, including the 'big 5' European markets (UK, France, Germany, Italy and Spain).

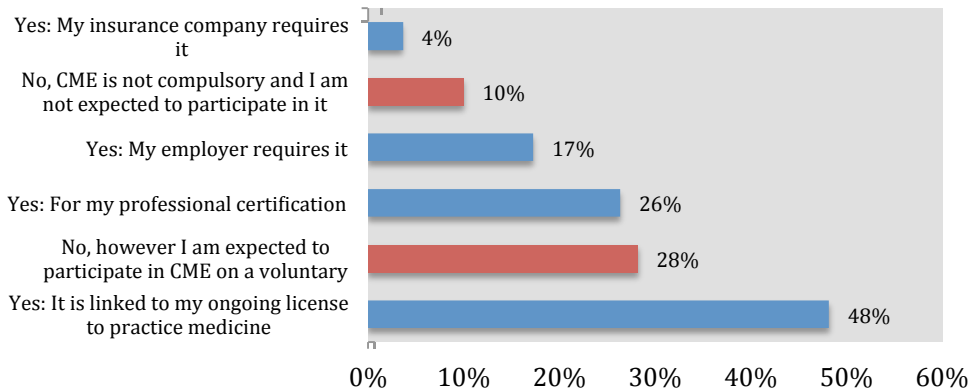
This report is based on a small-scale, independent study designed and conducted by EPG Health Media (Europe) Ltd.

Every effort has been taken to ensure that the study is transparent, easy to understand, gives adequate coverage of topic and provides reliable response data.

Target respondents	Healthcare professionals <i>(Validated through registration and a qualifying question)</i>
Total respondents:	180
Respondent source:	EPG database of HCPs (registered users of www.epgonline.org)
Target markets:	Europe (including UK, France, Germany, Italy and Spain)
Survey languages:	English only
Survey period:	October 2012
Survey method:	Emailed link to an online survey
Survey type:	29 multiple-choice questions
Sampling:	Random, voluntary (no honoraria), no control group

1.

Is CME credit a compulsory requirement for your continued work practice?



Please note: respondents could select multiple answers for this question

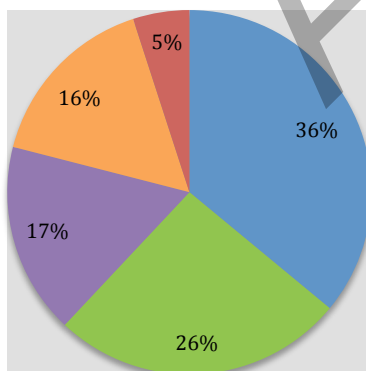
Interpretation -

CME is a compulsory requirement for 62% of respondents to this survey. Of the 38% of respondents who are not required to participate in CME for continued work practice, the majority (28% of all respondents) are expected to participate on a voluntary basis. Only 10% of all respondents are not expected to participate in CME.

For 48% of respondents, CME credit is linked to their ongoing license to practice, 26% require it for their professional certification, 17% have employers that require them to participate in CME and 4% need it for insurance purposes.

2.

Which of the following statements most accurately describes your participation in CME activities?



- I participate in enough CME to give me the required credits
- I significantly exceed the number of CME credits I am required to each year
- I occasionally participate in CME although I am not required to
- I frequently participate in CME even though I am not required to
- I don't participate in CME

Interpretation -

While 36% of survey respondents participate in CME until they have the required credits, 26% participate in significantly more CME activity than they are required to. Of the 38% of respondents who are not required to participate in CME, 33% do so anyway, leaving just 5% who do not.