System of Continuing Medical Education (CME) in Great Britain

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BMJ Learning
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Acknowledgement

Innovative Educating Technologies in Medicine 2014

GEOTAR-Media Publishing Group
BMJ

- BMJ “advances healthcare worldwide by sharing knowledge and expertise to improve experiences, outcomes, and value”
- Over 40 specialist journals
- Evidence based content
- Learning content
- Quality improvement forum and quality improvement tools
- The BMJ
BMJ and medical education

- *The BMJ*
- Specialist journals
- BMJ Learning
  - Interactive, multimedia online learning resources
  - Face-to-face education
  - Medical education assessment
Development of CME / CPD

“The education of the doctor which goes on after he has his degree is, after all, the most important part of his education.”

John Shaw Billings
Development of CME / CPD

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What is CPD?

“CPD is any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.”

GMC
Purpose of CPD

Maintain and improve
The quality of care you give your patients and the public
The standards of the teams and the services in which you work
Competence in all work (knowledge, skills and behaviours – clinical and non-clinical)

GMC
Why CPD is important

- Keep up to date – clinical and non-clinical
- Maintain the professional standards
- Proof of good standing
- Promotion opportunities
Who should be responsible for CPD?

The physician
• Assessing needs
• Addressing needs
• Implementing learning

CPD can and should be
• Formal and
• Informal
Assessing needs

Knowledge, skills, attitudes, behaviours
Patients, carers, team members, line manager, audit, critical events, organisation
Personal and professional development plan

GMC
If educational efforts appear divorced from the needs and interests of the learner, they are unlikely to make any lasting impact.

Neil Nusbaum

Reflecting on your practice

Reflect on practice
Reflect on learning
Articulate and record reflections
Content of CPD

All areas of practice
Discussion with appraiser
Not just areas of interest or expertise
Should not be proscribed
Organising CPD

• No single way
• Undertake a variety
• Formal and informal
• In-house, local, national, international
• Some team based and peer based
How much CPD?

• As much as is needed
• Some say 50 hours/credits/points per year
• But time/credits/points is least important
• Full time/part time work should not be a factor
How much CPD?

We must move away from linking professional licensing to the accumulation of educational credits in whatever guise.

John Parboosingh

CPD should not be sole means of maintaining registration

- CPD
- Audit and quality improvement
- 360 degree appraisal
- Patient feedback
Impact

CPD must have impact

• Doctor
• Team
• Patients
• Community

Need to demonstrate and record impact
The key is the relation of continuing education to standards of practice – the integration of learning, and teaching with audit, so that continuing education becomes the means and the measure of improvement in the quality of medical care.

James Parkhouse

CPD should be high quality

But learner is best arbiter of this

Not provider / accreditor / expert / educationalist
What is the role of colleges/MOHS?

• Provide framework, guidance
• Monitor compliance with framework
• Ensure time / funding / opportunity for CPD
• Ensure culture of learning
• Don’t proscribe
Future of CPD/CME
Face to face CPD

• Lectures of the future
  - Shorter
  - Interactive
  - Continual communication between teacher and learner
• More time for questions
• Audience polls
• Twitter
• Co-create notes
• Mobile phones encouraged
• Lectures online
Online learning

• Will be transformative
• Many advantages
  - Learn at a time and place that suits you
  - Interact with material in a variety of ways
  - Engage with a community of learners online
Online learning

- Online learning is as effective as traditional face-to-face learning
- Real advantages - convenience and cost effectiveness
- You don’t need
  - Trainer accommodation, travel, subsistence
  - Learner accommodation, travel, subsistence
  - Classrooms
  - Equipment
  - Off-the-job time and
  - Print costs
BMJ Online Learning experience

- Interactive case histories – pre-test, cases, and post-test)
- Just in time learning resources – 20 minute learning
- Reflective modules
- Podcasts – simple audio interviews with expert or panel of experts
What is the future of online learning?

• More formats, more interactive technology, sometimes game-based learning
• **Cognitive responses in gaming?**
  - Engagement
  - Concentration
  - Enjoyment
  - Active participation
  - Pursuit of goals
  - Team working
  - Solving problems
  - Listening to feedback
  - Interacting with simulations
BMJ Online Learning experience

• Adding incremental functionality to our resources
• Now plan to go further and faster
  - Developing more compelling narratives for our interactive case histories
  - Learners to choose character roles – are you a surgeon / physician / other?
  - Learners to take individual routes through scenarios
  - Learners to experience consequences of their actions
Learning knowledge?

• No single person can keep up
  - 8000 articles published per day
  - 30 kg of guidelines per family doctor
  - 25 000 biomedical journals in print
  - 1500 medical articles onto Medline per day

• Future medical education
  - Some core knowledge
  - Learning knowledge-searching skills
  - 24/7 access to point-of-care decision support tools via mobile devices
BMJ experience in point of care decision tools

- BMJ Best Practice
  - Access to reliable, up-to-date information
  - Research, guidelines, and expert opinion
  - Prevention, diagnosis, treatment
  - Structured around the consultation
  - Gold standard editorial process
  - 1000 monographs
  - Information leaflets for patients
  - Now translated into many languages
  - Now patient safety assured
In the future learning will happen in teams

- Past? Uniprofessional silos
- Future?
- Learning in interdisciplinary teams – simulations
- Simulation will transform the way medical education is delivered
BMJ Learning experience in simulation

• Simulation-based / role play online modules
  - Interact with realistic scenarios
  - Learn clinical and communication skills
  - Practice, practice, practice
  - Get things wrong without harming patients
  - Get things wrong without affecting their self-confidence
  - Learn in interdisciplinary teams
  - Practise rare but important events
  - Demonstrate competence in assessments
Medical education - value for money?

- 100 billion dollars spent annually on healthcare professional education worldwide
- Likely that value for money will come from
  - E-learning (saving money on everything that goes with face to face education)
  - Interprofessional education
  - Sharing resources between institutions and countries
BMJ Learning experience

• E-learning resources are an efficient and effective means of medical education
• E-learning resources save time and resources for individuals and institutions
• We have published evidence to that effect in independent peer reviewed journals
Explicit purpose of CPD

- Quality improvement
- Patient safety
- Better functioning systems of care
- Productivity
- Delivery of cost effective comprehensive care bundles that patients need
### CPD

<table>
<thead>
<tr>
<th>The past</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable quality</td>
<td>High quality</td>
</tr>
<tr>
<td>Not learning things you need to know</td>
<td>Needs based</td>
</tr>
<tr>
<td>Learning things you don’t need to know</td>
<td>Efficient</td>
</tr>
<tr>
<td>One size fits all</td>
<td>Learner centric</td>
</tr>
<tr>
<td>Points driven</td>
<td>Tailored</td>
</tr>
<tr>
<td>Just clinical</td>
<td>Communication, team</td>
</tr>
</tbody>
</table>
### The past vs. Now

<table>
<thead>
<tr>
<th>The past</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors only</td>
<td>Interdisciplinary</td>
</tr>
<tr>
<td>Lectures</td>
<td>Small groups</td>
</tr>
<tr>
<td>Content based</td>
<td>Problem based</td>
</tr>
<tr>
<td>Using the same formats</td>
<td>Blended learning</td>
</tr>
<tr>
<td>Not knowing</td>
<td>Feedback driven</td>
</tr>
<tr>
<td>Take it or leave it</td>
<td>Evaluated</td>
</tr>
<tr>
<td>Academic</td>
<td>Quality improvement and</td>
</tr>
<tr>
<td></td>
<td>patient safety</td>
</tr>
<tr>
<td>Optional</td>
<td>Mandatory</td>
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Medical education is not completed at the medical school: it is only begun.

William Welch
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William Welch

Future of healthcare professional education

“The pursuit, production, dissemination, and preservation of knowledge are the central activities of a civilization. Knowledge is social memory, a connection to the past; and it is social hope, an investment in the future. The ability to create knowledge and put it to use is the adaptive characteristic of humans. It is how we reproduce ourselves as social beings and how we change - how we keep our feet on the ground and our heads in the clouds”
Louis Menand


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