

OPTIMISING PATIENT OUTCOMES THROUGH PHYSICIAN EDUCATION

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EXECUTIVE SUMMARY

Physician education is undergoing a massive change as the volume of advances in therapies and practices increases and the use of digital channels facilitates new forms of scientific exchange. New data from M3 Europe reveal the extent to which cardiologists in the five top markets in Europe are moving online for their educational needs, how they identify those needs, how they prefer online materials to be presented and authored and what good medical education looks like. The data also reveal some startling regional differences, such as cardiologists from Germany being much more in favour of physically attending medical conferences than their European counterparts, as well as areas of confusion such as how the continuing medical education (CME) system in individual countries is organised and how credits are measured.

INTRODUCING THE SURVEY

Effective physician education has always been about transferring cutting-edge knowledge, best practices and evidence into the clinic. But with ever-increasing volumes of new research data being made available it can be hard for even the most diligent physicians to keep up. M3 Europe has therefore embarked on a series of online surveys to understand how European physicians keep abreast of developments in their therapeutic area.

The first survey hones in on cardiology and embraces four broad avenues of questioning to understand how cardiologists in the five top European markets:

- Currently identify their learning needs and educate themselves
- Describe what good education looks like
- Feel about the importance of the education sponsor and author, and formal accreditation
- Expect their educational needs to be delivered in the future.

M3 Global Research invited 155 cardiologists from M3 Europe's physician community, 31 of whom are based in Germany, 30 each are based in France, the UK and Spain, and 34 in Italy. Their sub-specialties are shown in Figure 1.

In terms of gender, the sample reflects the fact cardiology is a predominantly male career path with 81% of respondents being male and just 19% female. The age distribution, meanwhile, is more level with fairly equal representation among cardiologists in their 30s, 40s and 50s, as shown in Figure 2.

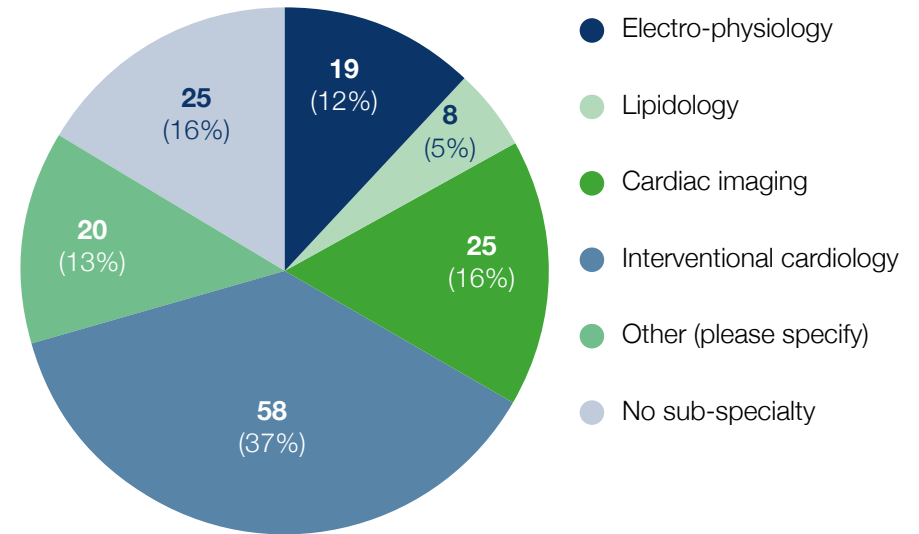


Figure 1: Breakdown of sub-specialty

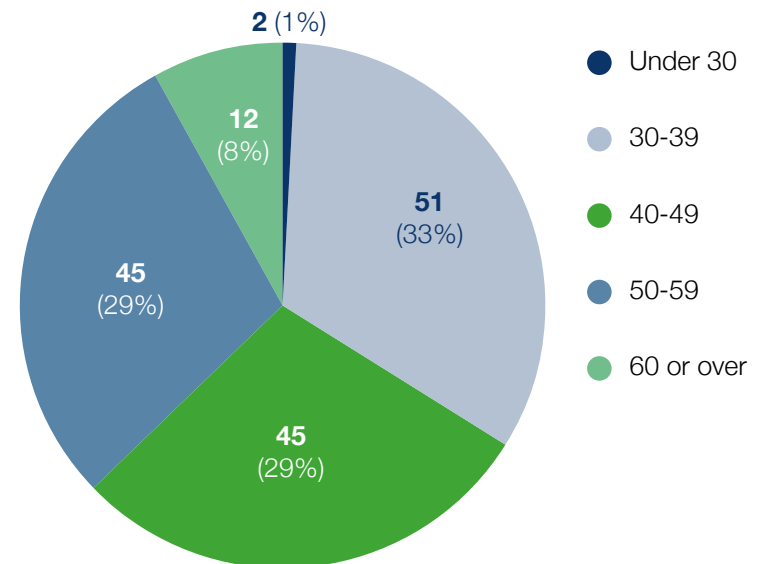


Figure 2: Breakdown of age

HOW EUROPEAN CARDIOLOGISTS CURRENTLY EDUCATE THEMSELVES

Continuous medical education and professional development is mandatory for all doctors in EU5. The research first addressed the issue of how cardiologists identify which areas they need to focus their learning on. Figure 3 reveals that significant numbers identify their learning needs largely via challenges that present themselves in clinical practice, feedback from colleagues and news stories – rather than any knowledge gaps they may feel they have in the broader curriculum or guideline-based world of cardiology. Significant event analysis, where incidents that have implications for patient care are analysed, also score highly. The respondents were invited to select up to three answers.

“It seems cardiologists mostly identify their learning needs from their day-to-day clinical practice, their peers and instances when things go wrong. This can be thought of as being aware of ‘known unknowns’ in their knowledge from, for example, difficult cases that present in the clinic or feedback from colleagues. But perhaps these methods do not challenge doctors about ‘unknown unknowns’ because they are not necessarily being challenged about areas outside their current clinical practice or how patients with a certain condition are managed in another healthcare system.”

Dr Tim Ringrose

| | Number | % of total |
|---|--------|------------|
| Challenges in your clinical practice (on the job/patient comes in, unsure what to do) | 93 | 60 |
| Significant event analysis | 65 | 42 |
| Peer/colleague feedback | 64 | 41 |
| News article in media | 60 | 39 |
| National/local outcome targets | 39 | 25 |
| Structured training needs analysis/questionnaire | 34 | 22 |
| Curriculum based | 30 | 19 |
| Audit | 13 | 8 |
| Other (please specify) | 5 | 3 |
| Specific standard organisation approach (please specify) | 1 | 1 |

Figure 3: Which of the following are most important in helping you identify your learning needs?

When asked about the forms of education they value most highly, the respondents were allowed up to five selections with the results, in Figure 4, showing medical society conferences, national and international, as the top choices, followed by personal study. Some important differences can be noted by country with cardiologists from Germany, for example, having a much stronger preference for independent workshops than their European colleagues. Personal study of the scientific literature also seems to be valued more highly by cardiologists in the northern European countries of Germany, France and the UK than by their counterparts from Spain and Italy.

Online learning

While there is significant engagement with online learning amongst cardiologists, this survey suggests ongoing attachment to conventional methods. The EU5 average for current learning is 49% offline and 51% online. This varies by country, with Spain and the UK leading the online learning with scores of 59% and 56%, respectively. And Germany and France trailing with scores of 39% and 41%, respectively.

As cardiologists become more accustomed to online learning, it is important for designers of educational programmes to appreciate how long they ideally like to spend studying in front of a screen. The survey suggests, as shown in Figure 5, that the French prefer much shorter durations than, say, the Italians and anything over an hour is only going to appeal to 16% of target audiences, a figure which rises to 18% in Italy and falls to zero in France.

Most valued forms of education – TOP 6

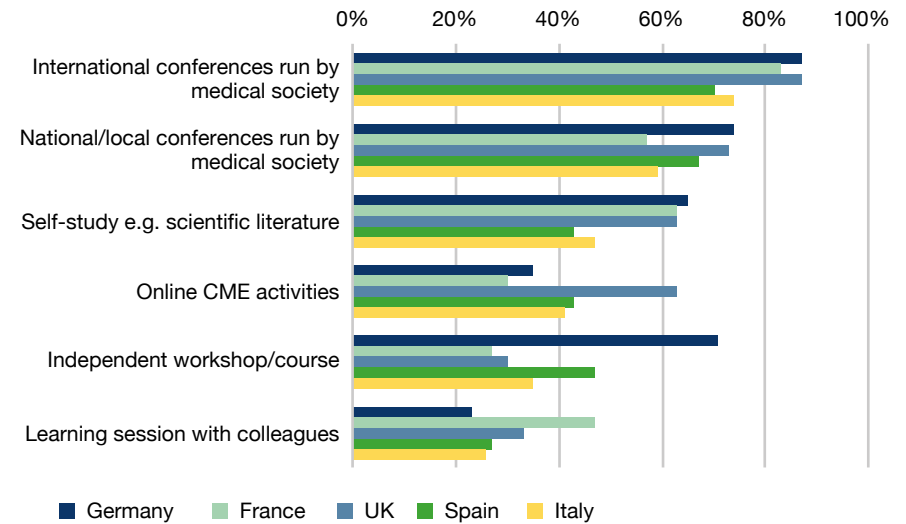


Figure 4: Which of the following do you value most in your day-to-day practice?

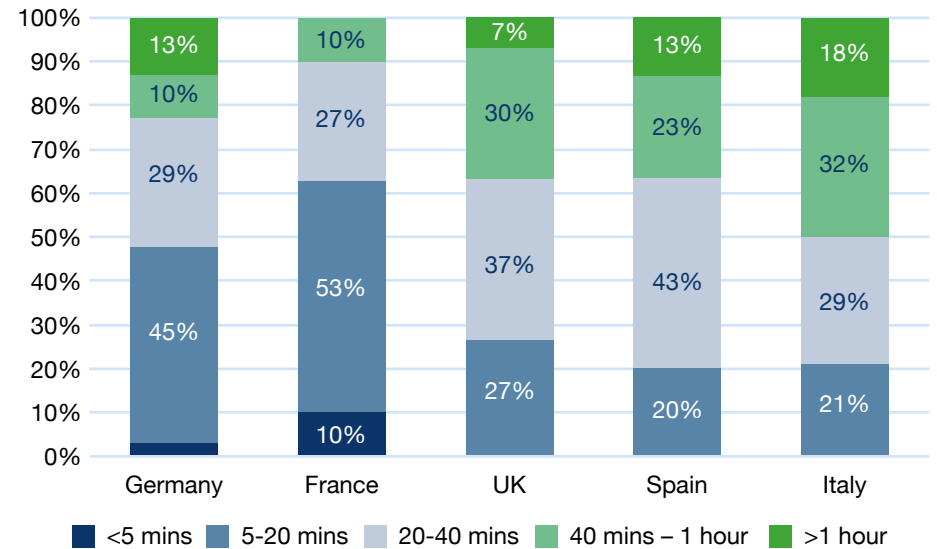


Figure 5: Duration of online learning

How online learning is delivered is also critical for maximum resonance. Figure 6 shows the online learning preferences for various information sources (respondents were allowed to select three for each option) with written summaries and presentations often scoring more than all the other options combined.

The question of whether cardiologists pay for online learning is addressed in Figure 7 and shows that, throughout the EU5 countries, only 14% currently pay, a figure that rises to 27% in the UK.

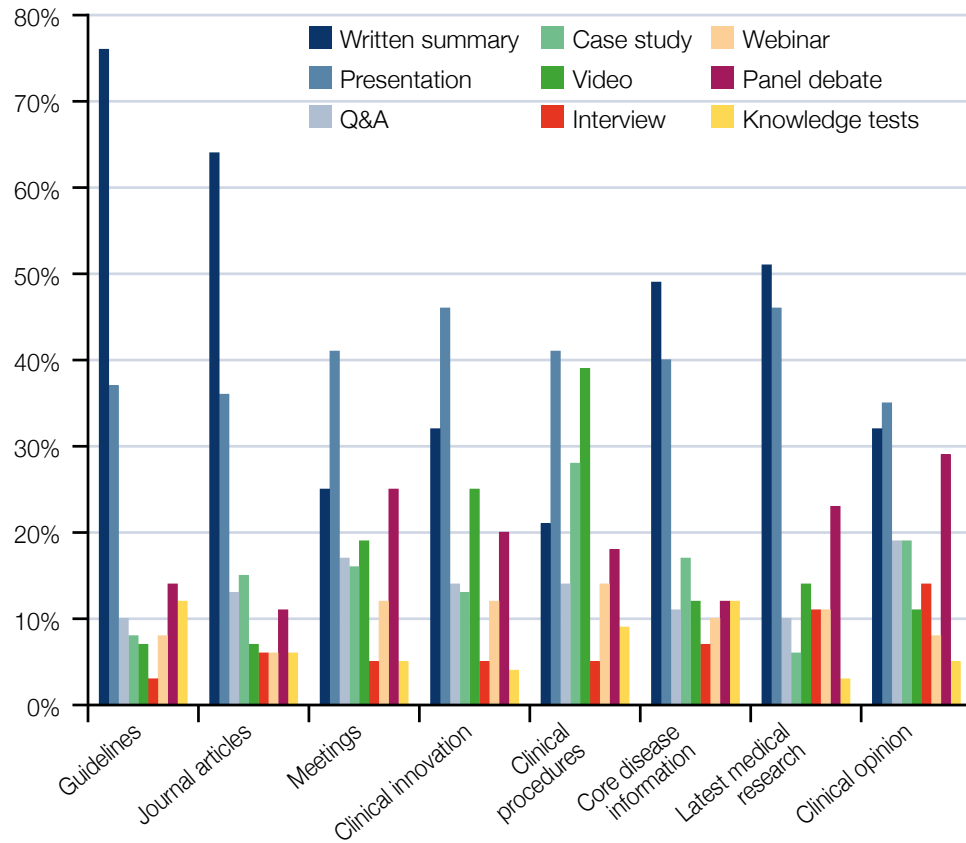


Figure 6: Preferences of online information delivery methods, EU average, % of total responses

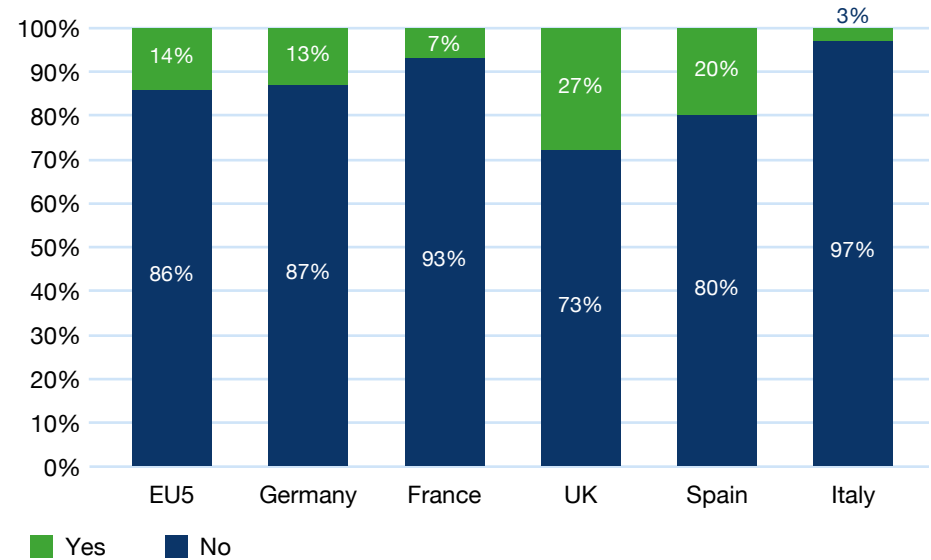


Figure 7: Do you currently pay for any online learning?

“On average only 14% of cardiologists across EU5 countries are currently paying for their online learning. In Italy and France the figure is under 10%. This raises the question about how online learning will be funded in the future. Will doctors have to become accustomed to paying more, will employers fund CME or will the pharmaceutical industry play a bigger part in funding online learning?”

Dr Tim Ringrose

WHAT DOES GOOD MEDICAL EDUCATION LOOK LIKE?

When the cardiologists were asked to rank the attributes of their ideal medical education programme, the top answers, perhaps unsurprisingly, were the material should be independent, i.e. unbiased, accurate and relevant, as shown in Figure 8.

The question of independence arose again in relation to the authorship of the education materials, and the sponsoring body. The cardiologists were asked first about their propensity to take part in educational programmes that are authored by a leading expert, a colleague or an independent medical writer and sponsored by an independent body such as the European Society of Cardiology. The same question was then put when the programmes are sponsored by unrestricted grants from the pharma industry. The answers to both are shown in Figure 9.

The results show that the expertise of the author is a more important concern than where the sponsorship comes from. Figure 9 reveals that 76% of cardiologists are still fairly or very likely to attend an educational activity being led by a leading expert even when that activity is sponsored via an unrestricted grant from a pharmaceutical company.

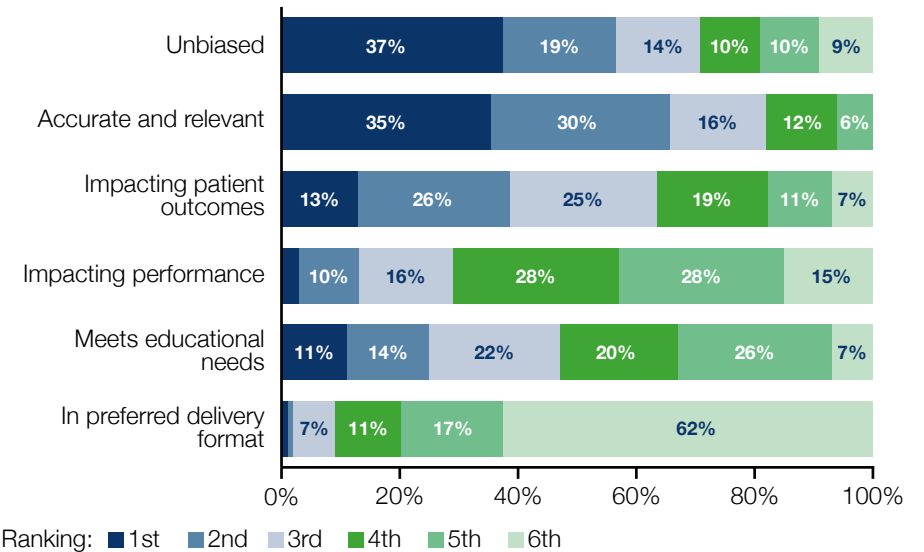


Figure 8: EU5 average rankings for educational attributes of ideal medical education

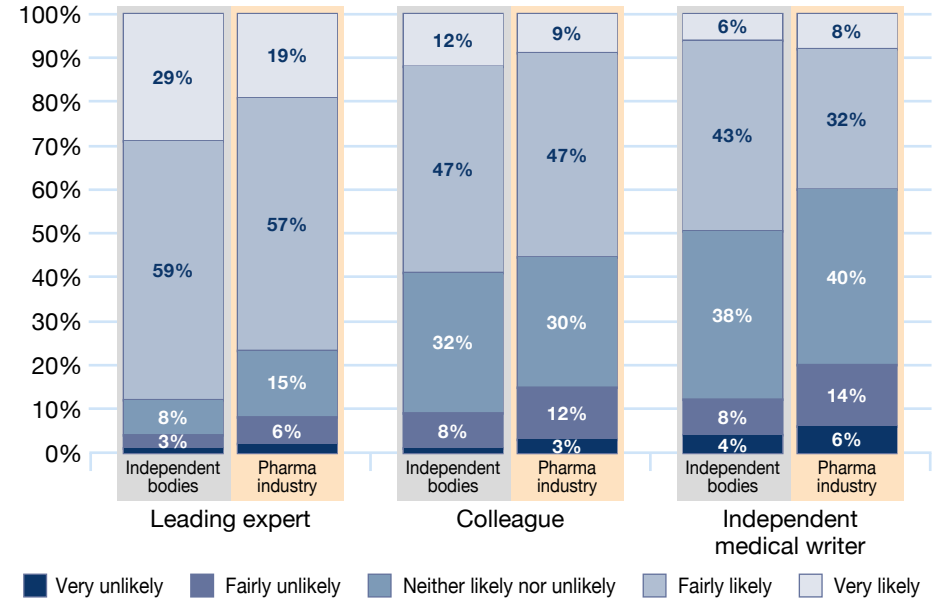


Figure 9: EU5 average % scores for propensity to participate in educational programmes sponsored by independent bodies, by type of author. The figures in parenthesis show responses when programmes are funded by unrestricted grants by pharma

IMPORTANCE OF ACCREDITATION

There are a number of bodies that may accredit learning for cardiologists in Europe, including the European Accreditation Council for CME (EACCME), the European Society of Cardiology, national professional cardiology associations and a few local bodies operating in the individual countries. There have been moves to try to harmonise the CME systems in individual countries by the European Union of Medical Specialists, a non-governmental organisation which set up the EACCME. But, as the results in Figures 10 to 12 show, there is considerable confusion among physicians surrounding this subject, not least because there is little consistency between the accreditation bodies within a single country as to what CME credits consist of and how they are measured. Differentials in how CME is organised can also be seen between countries regarding (1) requirements to collate all a doctor's CME into one place and (2) the tools that can facilitate this.

“The three questions in Figures 10 to 12 imply not only regional variation but also considerable confusion about what CME consists of, if it is necessary, how much needs to be accredited to retain a licence to practise, and the tools that can collate all accredited CME into one place. There is a need to provide doctors with clear information about how they should select their CME activities and how these activities should be recorded.”

Dr Tim Ringrose

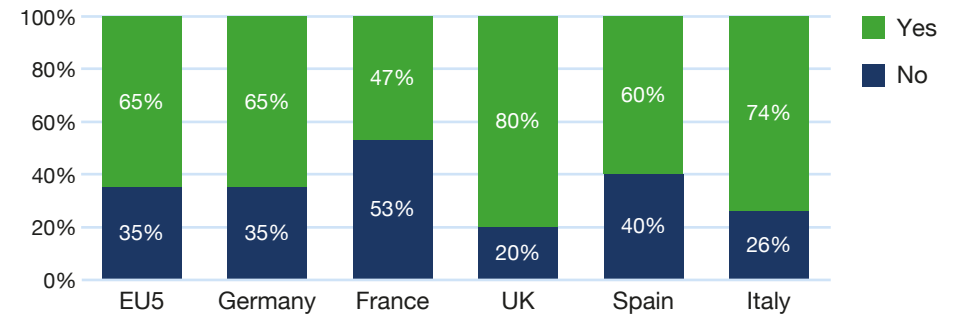


Figure 10: Does your continuing medical education need to be accredited?

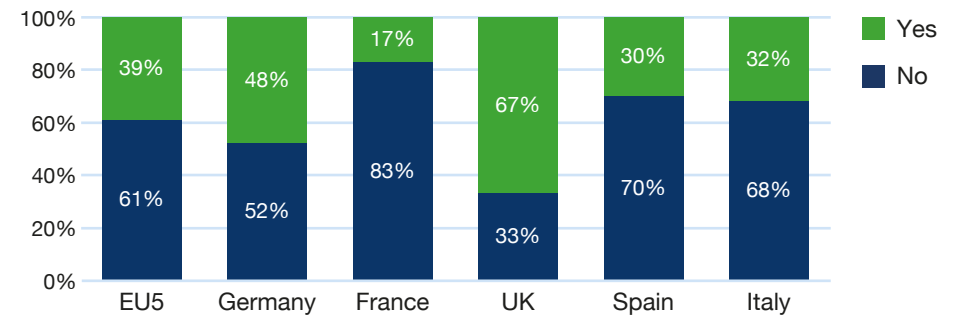


Figure 11: Are you required to collate all your CME into one place?

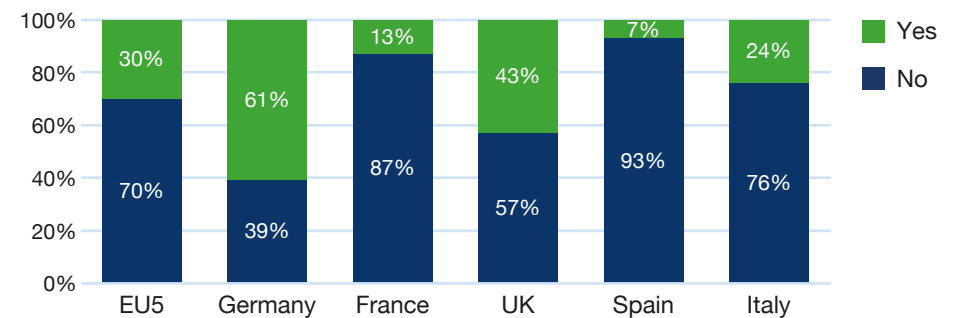


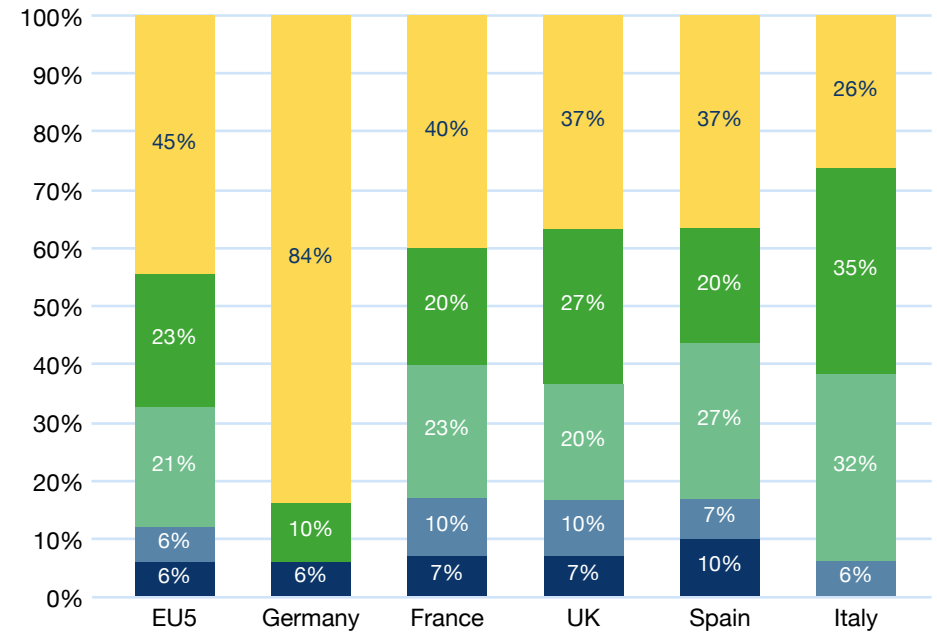
Figure 12: Are there tools that allow the easy collation of CME from different providers?

EXPECTATIONS ABOUT FUTURE EDUCATION

Finally, the cardiologists were asked how they saw the future of education in their specialty, revealing a strong demand for more online learning (51% average in EU5) and some interesting regional differences of opinion about whether the learning should be developed locally, at European level or globally. Only 10% of German cardiologists would like to see more online CME, for example, and then it should be via providers from Germany. But the largest divergence of opinion revolved around whether conferences and face-to-face training will continue to play a big part in CME for cardiologists. Again it is the Germans who stand out with a massive 84% saying they want to continue with these more traditional methods compared with just 26% of Italians and a EU5 average figure of 45%.

“On average just over 50% of cardiologists in Europe think more CME should be done online – however there are significant variations by country with Italians leading the chart in preference for more online CME (73%). There is clearly an important and continuing place for conferences and face-to-face learning for cardiologists, but increasing financial constraints, reductions in funding from industry and clinical workload is likely to make face-to-face learning more challenging in the future.”

Dr Tim Ringrose



- Conferences and face-to-face education will remain the main way I will undertake CME
- I think more CME should be done online through providers based in my country
- I think more CME should be done online through providers based in Europe but not necessarily in my country
- I think more CME should be done online through providers worldwide not in Europe
- I don't know

Figure 13: Overall, which of the following statements best reflects your view of how CME learning will evolve in the next few years if at all?

CONCLUSIONS

New forms of scientific exchange are transforming the world of medical education. This can be seen in the fact that more than 65% of physicians are now part of digital professional networks, which provide the latest research and developments in their field as a standard service. This latest M3 Europe survey provides evidence that cardiologists from Europe's top five markets:

- Identify their educational needs largely from challenges that present in clinical practice, feedback from colleagues and significant event audit.
- Have a significant preference for written summaries and presentations as the delivery methods of online learning.
- Overwhelmingly rank impartiality, accuracy and relevance as top attributes of ideal medical education.
- Consider the expertise of the author to be a more important concern than the type of organisation sponsoring the education.
- Are confused about the CME systems in their countries, what CME credits consist of and how they are measured.
- Differ significantly in how they see the future of CME. Overall, 51% of cardiologists from all five countries would like to see more online CME, but doctors in Germany are more inclined to favour traditional face-to-face learning and conference attendance than their European colleagues.

AUTHOR

Anita Seaford



Anita is passionate about delivering optimal learning solutions to ensure physicians have the right knowledge and tools to support them in helping their patients. She has

a strong background in healthcare with over 20-years' experience including sales and marketing roles within pharmaceutical firms and a wealth of communications expertise in both brand and medical at a global level.

CONTRIBUTOR

Dr Tim Ringrose, CEO, M3 (EU)



Tim Ringrose trained in nephrology and intensive care in Oxford before joining [Doctors.net.uk](http://www.doctors.net.uk), part of M3, in 2000. Tim has led the development of services provided

to doctors and has had considerable experience working with a wide variety of healthcare clients to deliver market research, targeted online communications and educational programmes to doctors.

About M3 Group

M3 is a trusted global provider of information and connections in healthcare, and has a reach of more than 3.5m physicians worldwide - making it the world's largest network of physicians.

M3 helps healthcare organisations to access, connect and communicate more efficiently with physicians and other healthcare professionals in order to share knowledge and innovations. It also provides ongoing data-driven results and insights, so that it can continually improve its service.

For physicians, M3 provides dedicated and trusted community spaces in which they can connect with each other, as well as healthcare organisations - to learn, access new information, and share knowledge and experiences. M3 also has a separate division providing independent medical education.

Through its commitment to progress and its investment in deepening connections, M3 will continue to break down the barriers that stand in the way of improvements and progress in healthcare.

Further information

For more information on M3 and its European Division which includes www.doctors.net.uk, www.mdlinx.com, and www.networksinhealth.com

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