

The Science (and profession) of CME:

Congress 2004 and the Canadian Association for Continuing Health Education



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Most family physicians ‘believe’ in continuing medical education (CME): reading, talking to colleagues, and otherwise keeping up to date. Many of us attend CME events. Some of us even plan them and organize them. In the midst of this educational activity, more often than not accompanied by an impossible clinical schedule, it might be difficult to realize that there is a science to CME¹—a legitimate and solid foundation of research and professionalism on which we can understand how physicians learn and change, and how they maintain their competence.

This brief article describes two events in the development of this movement in Canada. First, the recent CME Congress held in Toronto, a landmark in the history of the academic life of CME internationally. Second, I describe (and am happy to announce) the ‘birth’ of CACHE—the Canadian Association for Continuing Health

Education—a multi-partner organization devoted to the professional development and advocacy for ethical, evidence-based continuing education for health professionals.

The CME Congress

In an earlier piece in the *Canadian Journal of CME*, I described the Congress movement—held roughly on a four year basis for the last

Canada leads the world in ethical, evidence-based continuing education and knowledge translation.

two decades.² These are major events in the CME world: meetings of professionals interested in the delivery, effectiveness, and future of CME. Mike Allen at Dalhousie University (one of those family doc-CME provider folk) calls them the ‘CME Olympics’. Like many other Canadian Continuing Health Education (CHE) providers/researchers, Mike demonstrated that this country leads the world in ethical,



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The program attracted almost 600 participants from all over the world. Each of its five sessions was led by an expert in one of the dimensions of the broad and complex world of CME, and were followed by symposia, poster sessions, workshops, and papers. They paved the way for those of us interested in the *Science of CME*. The major themes included:

- the nature of evidence and information and the routes (*e.g.*, palm pilots and other tools) most useful in its delivery;
- major trends on educational research and its practical applications in the busy world of physician learning and change;
- the role of practice-based guideline implementation, strategy reminders, academic detailing, and quality improvement techniques;
- the effect of regulatory requirements, competency assessment, peer review; and
- the future of the health care environment and its role in CME and continuing professional development.

The Canadian Association for Continuing Health Education

Hardly noticed in the midst of this international meeting however, was the birth of a movement called CACHE—the Canadian Association for Continuing Health Education—the beginning of the profession of CHE in Canada. For Canadian physicians

and allied health professionals, the complex business of continuing health education requires many partners—educators, health professionals, commercial interests, and even patients. This ‘business’ also requires negotiation, planning, ethical guidelines, and the creation of a network of committed individuals across the country. CACHE, to be formally created in 2004-2005 with its first official meeting in Calgary in September 2005, will be such a network. Among many others dedicated to continuing education and patient care, I applaud its launch.

The Future

What does the future hold for CHE in Canada? Any ‘launch’ requires a platform, supported in this case by two pillars. The first, the one in which Canadians have clearly taken the lead, is the scientific, evidence-based component inherent in the delivery of continuing education. The second, which is equally important, is the professionalization of the field, clearly the business of CACHE and its colleagues. With such a platform, the future is clearly a bright one. CME

References

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2. Davis D: Making CME even better! *Can J CME* 2003; 16(1):1-2.