Questions to Ponder: "What Ifs" in CME

Richard Handfield-Jones, MD, CCFP, FCFP

Many factors affecting medical practice are undergoing significant change. These include:

- funding patterns,
- practice organization,
- inter-professional practice,
- information technology,
- demographics and others.

All of these will have a major impact on continuing medical education (CME).

Can we tell where these factors are going and what might happen to CME?

Let us ponder some "what ifs."

What if all medical practices were completely computerized?

How will computerized practices actually affect how we work? What kind of new skill sets will we have to learn? How might they enhance our learning and ultimately our competence?

The opportunities for CME are quite exciting—information systems will allow for direct links between quality assurance programs and learning. Physicians and practice groups will be able to generate detailed practice profiles. Linked to on-line information databases (epidemiologic, systematic practice recommendations and prescribing information, among others), these could produce sophisticated learning needs assessments. CME providers would be able to use these to plan highly tailored education programs.

What if there was no pharmaceutical funding support for CME?

This is not such a strange question, it is currently being posed by people within the academic CME community. Both the medical profession[1] and the pharmaceutical industry[2] continue to strengthen their policies in an attempt to reduce undue influence and this may mean less funding.

Pharmaceutical companies are changing how they spend their advertising dollars. As they invest in other techniques, such as direct-to-consumer advertising, there will be less money available for CME.

How would we replace this lost support? How would CME providers continue offering the kinds of CME you have come to expect? Should registration fees be increased? Should the costs be built into future payment models? Or, should we develop less expensive ways to deliver CME?

Richard Handfield-Jones, MD, CCFP, FCFP
Director
Continuing Medical Education
Faculty of Medicine
Associate Professor
Department of Family Medicine
University of Ottawa
Ottawa, Ontario

What if Maintenance of Certification programs were not based on one-credit-per- hour learning?

The concepts of practice-linked learning, communities of practice, inter-disciplinary practice and others, have become important concepts in guiding developments in CME. We are witnessing a change of emphasis from the CME provider to the individual practitioner.

Both national colleges (College of Family Physicians and Royal College) allow credits for being engaged in learning processes that are integrated into practice, without considering actual time spent. Examples include: being involved in a quality assurance program and completing problem-solving exercises (the CFPC's Pearls and the Royal College's Personal Learning Project).[3-4] A challenge for these is developing effective systems to record participation that meet the needs of both the physician and the Colleges.

What kind of impact would such a system have on traditional CME activities like conferences? How would they be recognized without being able to count hours?

Most of our offices depend on these as an important source of revenue.

What's going to happen to them?

What if there was a mandatory program to maintain practice licensure (also called revalidation)?

This has been a subject of considerable debate because of its perceived threat to professional autonomy.

But, would it be good or bad for CME? Will governments and licensing authorities allow physicians and their practices to retain control over their own maintenance of certification, competence and practice quality? Will licensing authorities make sure that CME is the prime pillar in their revalidation systems? What expectations will licensing bodies have for how physicians document how they link their learning activities to quality measures in their practices? How would these programs affect the Colleges' attempts to base the Maintenance of Certification programs on the linking of learning and professional development directly to practice? And how will CME providers, especially the university CME offices, be able to respond to greater demands for directed learning and possible remedial education?

These are big "what ifs" and they represent only some of the unknowns. They will all have a profound impact both on practice and on CME.

How can Canadian university CME offices steer their activities into this uncertain future and yet maintain their roles as academic education service providers?

We need to be prepared not just to respond, but to step in actively to help shape the future. We need to continue our research in understanding what works and what does not work. We need to challenge our long-held beliefs about teaching and learning. We need to deliver and promote high quality, scientific and balanced education services. And you, as the participants in our programs, need to keep giving us feedback.

But most of all, we need the ongoing support of all of you who look to universities when asking yourselves questions like: *where's the best place to get my CME this year?*

cme

References
1. Canadian Medical Association: http://www.cma.ca//multimedia/staticContent/HTML/N0/I2/where_we_stand/physicians_and_the_pharmaceutical_industry.pdf.
2. Canada's Research-Based Pharmaceutical Companies (Rx&D): http://www.canadapharma.org/Industry_Publications/Code/Code_of_Conduct_e_2006.pdf.
3. College of Family Physicians of Canada: http://www.cfpc.ca/English/cfpc/cme/pearls.
4. Royal College of Physicians and Surgeons of Canada: http://www.rcpsc.edu/portal/page/portal/CVI/Fellows/CPD/MOCProgramInformation/InformationGuideforFellows.

Publication Mail Agreement No.: 40063348
Return undeliverable Canadian addresses to:
STA Communications Inc.
955 St. Jean Blvd., Suite 306
Pointe-Claire, QC, H9R 5K3