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Patients and doctors team up to be better teachers

How to facilitate patient involvement in Continuing Medical Education

Healthcare professionals do not stop learning. As science evolves and knowledge of diseases and their treatment constantly expands, doctors participate in Continuing Medical Education (CME) throughout their career to stay up to date on new developments. They attend congresses, trainings, courses, and e-learning and use new treatment guidelines. All these materials are developed by and in cooperation with the doctors and healthcare professionals themselves with the aim to improve outcomes for patients. At the same time, patients have a lot to teach doctors, for instance when it comes to communication and illustrating their experience with their disease and the care system.

The BioMed Alliance CME Experts Committee facilitates cooperation between medical societies and works on enhancing the quality of CME. Together with the European Patients Forum (EPF), the committee has conducted a survey among societies on patient engagement in CME, while the EPF simultaneously assessed how patients view their participation in CME. The results of the survey help to give an idea of how medical societies involve patients in CME and what could be done to facilitate patient engagement.

How patient engagement is organised

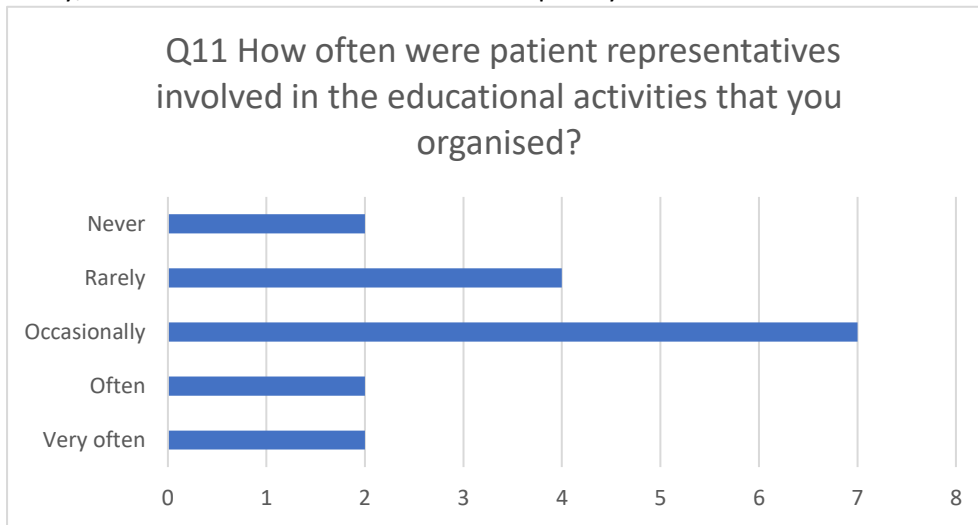
It depends from society to society how patient engagement is currently organised but most organisations involve patients in one way or another. Some societies are very active e.g. through patient involvement in committees, through in-house patient groups or through structural cooperation with patient organisations associated with the society.

The survey indicated that most societies consider patient involvement in CME to be important as it contributes to the value of the activity. It is a mixed picture when it comes to the frequency that societies involve patients, two respondents indicated that they never involve patients and four



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rarely, but all other societies do so more frequently.



The way in which patients are involved also differs from society to society, mostly patients are asked to share their stories, either in person or beforehand, but patients can also be involved in the preparation and planning of CME.

Option	Responses	% of total nr of respondees
Provide patient(s) stories as learning materials, but not be present in person	10	58.8%
Bring patient(s) participating in person to share their stories	10	58.8%
In the classroom – for demonstrating communication between HCP and patients	7	41.2%
In identifying needs for educational activities for specific groups of HCPs	5	29.4%
In planning the specific educational activity to make sure that the contents meet the needs of patients	5	29.4%
In the classroom- for demonstrating symptoms or signs of a specific condition	5	29.4%
Having a teaching role – not just sharing your story	4	23.5%
I rarely or never involve patient representatives in my educational activities	4	23.5%
Other, please specify:		
- <i>Through interaction with patient organisations</i>		
- <i>Lay review of patient information content</i>		
- <i>Preparation teaching material for patients</i>		
- <i>Patient group within society organises events for patients</i>	4	23.5%

A significant majority of societies (65%) also considers that patient engagement provides additional value to the CME activity. Respondents indicate that patients can help ensure that patient needs are better addressed in CME, and that they can e.g. play a role in setting the scene, highlighting their experience with their disease, promote the development of soft skills and communication skills. It



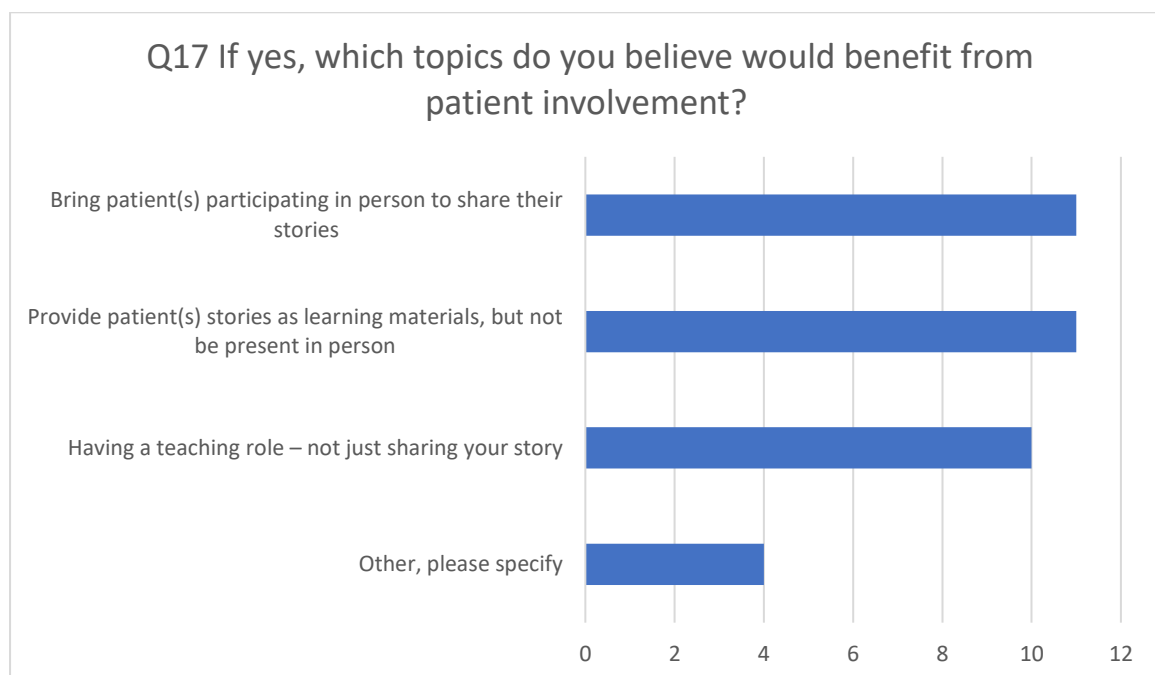
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could also help to capitalise on the different skillsets of patients and help make the relationship between doctor and patient more equal.

Challenges and opportunities

Opportunities

Medical societies thus already involve patients in multiple ways and clearly see the added value. When asked whether they would like to increase patient involvement in their activities, 94% said yes. Respondents believe it will contribute to more patient centred research and CME, improves patient outcomes and enhances the quality of CME.



Societies also argued that it could be beneficial to expand review activities and further develop the patient track at medical congress. Many societies involve patients in their congresses, e.g. in sessions, through special tracks or in dedicated patient symposia.

There is still an opportunity for increased interaction between medical societies and patient organisations. A slight majority of organisations (51%) mentioned that they did discuss with patient organisations how they view their role in CME/CPD, while 41% said that they did not yet do so.

A total of 15 out of 17 organisations indicated that the experience of involving patients was overall positive, while only one organisation argued it did not have a positive experience. Most societies argue that patients were eager to get involved, and that their contributions were of high quality and provided added value to the sessions. On the other hand, a few societies mentioned that they sometimes did not get the assistance they needed and argued that it is necessary to ensure that bias is mitigated.

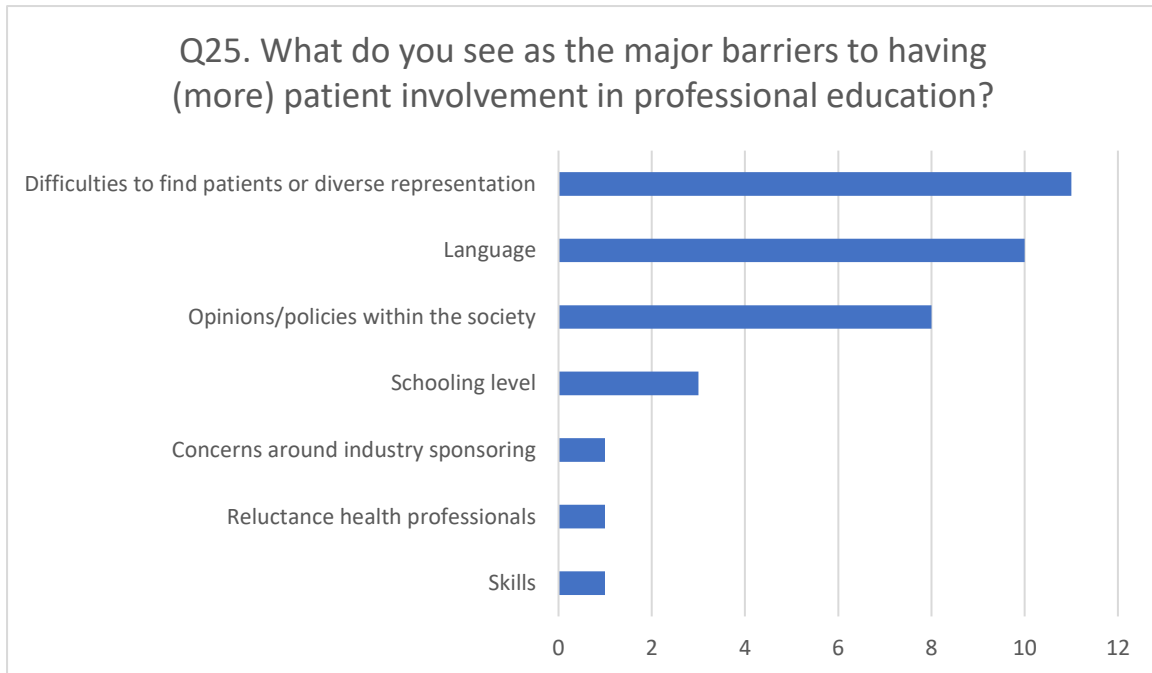
Challenges

Medical societies thus already involve patients in multiple ways and clearly see the added value for improving the quality of their CME activities. However, there are certain challenges and barriers that



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persist. Respondents indicated that they struggle to find the right patients to participate, or that they find it difficult to involve different patients from time to time. Another perceived barrier is the existing opinions or policies within their societies on patient involvement in CME that make it more difficult to change practices. In addition, some societies indicated that they think that the skills of patients (including language skills) can be a barrier when involving patients in CME activities. Rules and regulations can also be a complicating factor, for instance the rules around patient attendance at congresses and the GDPR¹



How to facilitate patient involvement in CME

It is important that barriers are overcome to further facilitate patient engagement. Respondents provide a range of suggestions including a sharing of best practices, translation, and awareness raising.

¹ See annex --



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Q26. What would improve patient involvement in professional education and specifically in CME/CPD in your opinion?

Sharing positive examples of impact of patients' involvement with healthcare professionals
Simultaneous translation
Involving multiple and diverse patient groups
Better understanding of patient needs, emotions, feelings and physical/psychological condition
Address restrictions around patient attendance at congresses
Better communication between different groups in the health system including HCPs, healthcare providers, education providers and patients to facilitate involvement in CME. Facilitate continuous interaction between doctors and patient representatives
Involvement patients in specialised curricula, educational courses and activities
Simplify language for the main objectives of CME/CPD activities
Raise awareness that the patient perspective is key in CME/CPD
Assessment of patient needs to enhance understanding
Clearer job specifications and recognition

Conclusion and key actions

Many societies involve patients in CME provision in different ways, for instance in the classroom, the preparation of CME or even through special patient tracks at medical congresses. The benefits of patient involvement are numerous, it can help make the relation between healthcare professionals and patients more equal, helps healthcare professionals to get better insights into living with specific diseases and can help reinforce the skills of professionals (including communication skills). Patient involvement in CME is thus very valuable and can help increase the quality of CME. However, certain barriers persist, and it is essential that actors in the healthcare sector, medical societies and patients and patient organisations cooperate to facilitate patient involvement.

Key actions:

- One of the main concerns of societies is that they struggle to find the right patients to participate in the provision of CME, or that they are insufficiently able to secure diverse patient participation. It is therefore important to facilitate interaction between medical societies on the one hand and patients and patient organisations on the other.
- Another aspect is that the GDPR and the rules around patient involvement in congresses are perceived as a barrier. This could be addressed by better guidance on the rules in place to help societies to adhere to rules without being unnecessarily hindered by them.
- Some organisations are very much in the early stages of patient involvement in CME, they have little experience with patient engagement and do not yet comprehend the full benefits. Awareness raising is therefore important, among medical societies on the benefits of patient involvement but also among patients on the importance of contributing to better and more patient-centred CME.
- Medical societies could consider including patients already in the early stages of CME planning and development.
- Language barriers can also be an issue, simplifying language or ensuring translation can help address this.



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- Societies and patient organisations should receive the necessary support to further develop patient involvement in CME.

- **The survey on patient involvement in CME – methodology**

In total 17 BioMed Alliance member organisations filled out the questionnaire, and their replies are analysed below. All respondents represent European medical and research societies in different medical fields. The survey was filled out by representatives of the societies including chairs or members of the education committees, heads of education, management, scientific programme managers and members of the Executive Committee/Board of Directors

The survey contained 27 questions, which were a combination of both open and multiple-choice questions. The first 8 questions focussed on demographical aspects and challenges related to CME provision in general. Subsequent questions inquired after societies' views on patient engagement, current practices and barriers and facilitators of patient engagement.