GUIDE TO CONTINUING MEDICAL EDUCATION (CME)

This guide is for providers of Continuing Medical Education (CME) who wish to apply for approval of educational activities for the Royal Australasian College of Surgeons (RACS) Continuing Professional Development (CPD) programme. The purpose of the guide is to assist you to plan your CME activity, to explain the criteria for recognition of CME within the RACS CPD programme, and to guide you through the application process.

The RACS Continuing Professional Development programme aims to:

1. Advance the individual surgeon’s surgical knowledge and skills for the benefit of patients; and

2. Provide surgeons with tangible evidence of participation in and compliance with the programme by the award of a Certificate. This Certificate will attest that the fellow is engaged in activities to maintain and enhance knowledge and skills.

All RACS Fellows who are in active practice are required to participate in the CPD programme. The programme comprises a number of elements including surgical audit and peer review, hospital credentialling, clinical governance, maintenance of knowledge and skills, teaching activities, research and publication activities and other professional development activities.

The literature on medical education provides evidence that CME focusing on defined learning needs that has an interactive format and is well evaluated in terms of learning outcomes is the most effective. In recognition of this, the RACS CPD programme now gives greater acknowledgment in terms of CPD points to activities such as surgical and clinical workshops that incorporate substantial interaction and ‘hand-on’ learning formats. Such programmes may be credited with 5 points per hour (5 pph), compared with 1 pph. Information about 5 pph activities is included at relevant sections of this guide.
Planning your CME activity – an overview

CME activities are most effective when they:

♦ address the educational needs of surgeons
♦ have clearly stated learning objectives
♦ are evaluated to see how well the learning objectives have been met.

Where do you start?

First decide who you need to help plan your activity. You should include surgeons in your planning group to ensure that the activity is relevant to RACS Fellows.

Here is a simple four-step model that may help you to plan your CME activity:

1. Needs Assessment
   What do surgeons need to learn?
   How will you measure this?
   ♦ Test/audit of participants
   ♦ Self report on learning

2. Learning Objectives
   What will the surgeons be able to do better?
   How will you find out?
   ♦ Survey surgeons/others
   ♦ Reference to literature or health statistics
   ♦ Test/audit of participants

3. Education Programme
   How will you achieve this?
   ♦ Lecture
   ♦ Workshop
   ♦ Case studies
   ♦ Clinical skills station

4. Evaluation
   Were the learning objectives met?

START HERE
Step 1: Needs Assessment – What do surgeons need to learn?

What is needs assessment?

A needs assessment (sometimes called needs analysis) for your CME activity can be compared with the clinical assessment surgeons make during a consultation with a patient. Just as a history and examination of the patient are important steps in the diagnostic process, so your assessment of the learning needs of surgeons is essential in preparing an educational activity for them. The purpose of your needs assessment is to discover what surgeons need to learn. That is, what knowledge, skills, attitudes or changes in practice behaviour do surgeons need?

Why is conducting a needs assessment important?

Research has shown that educational activities based on learning needs are more effective in delivering sustainable educational outcomes for participants.

A needs assessment is done to discover what surgeons need to learn. It can have the following purposes:

♦ to identify topics relevant to surgeons and their patients
♦ to determine the specific aspects of these topics that need addressing
♦ to identify the learning needs of individual participants.

How do you conduct a needs assessment?

There are many methods for conducting a needs assessment.

The first step is to identify your topic(s). You may use a questionnaire or survey and/or focus groups to identify topics relevant to surgeons. Surgeons, other health professionals and consumer group representatives can all 'have a say' through this process.

Other sources of information include various expert bodies, such as the Royal Australasian College of Surgeons (RACS), the National Health and Medical Research Council (NHMRC), the Australian Safety and Efficacy Register of New Intervventional Procedures – Surgical (ASERNIP-S), and the Commonwealth Department of Health. Publications of research results in medical journals and reports are a further useful source.

The next step is to identify which specific aspects of the topic should be covered. You should consider what knowledge, skills, attitudes and behaviour are relevant to the topic and use your needs assessment to tell you which areas you will need to concentrate on. You may use a survey or pre-test of individual participants to identify their specific learning needs.

Bradshaw (1972) identified four types of need:

♦ normative need – what an expert group considers as need
♦ felt need – need expressed by those asked about their need
♦ expressed need – need expressed by the use of services
♦ comparative need – need identified by comparing one group with another

A quality needs assessment establishes the learning need of surgeons from a number of different perspectives and may also address different types of need.
Step 2: Learning Objectives

What are learning objectives?

The stated aim or purpose of an activity provides participants with an overview of its intended outcome. The learning objectives provide specific information about it.

In other words, learning objectives can be described as specific statements of intent. They should state what the educational activity will teach in specific, achievable, observable and measurable terms.

Participants need to know what they will gain from attending an educational activity. Learning objectives describe that participants will be able to do at the end of the activity, that is, what knowledge/skills they will gain and/or what change in attitudes/behaviour may occur.

Learning objectives are the pivotal point in the process of developing CME activities. They:

♦ are informed by the needs assessment
♦ determine the format or programme
♦ are measured by the evaluation

Why are learning objectives important?

Writing down the learning objectives gives educators and participants a 'road map' to follow. Having clear learning objectives ensures that teaching is both relevant and responsive to the demonstrated need(s). They also serve as a guide to learning instruction and evaluation.

How do you write learning objectives?

The information from your needs assessment will lead you to set clear, realistic and timely objectives for learning. Try to be as specific as possible when setting down learning objectives. They should be written from the perspective of the participant not the teacher.

Step 3: Conducting your Educational Activity

Teaching and learning strategies

There are many different teaching and learning strategies that may be used to deliver education programmes. Each strategy has advantages and also limitations. Some strategies are appropriate in certain situations but not in others. Those planning an educational programme should consider which teaching strategy/strategies will the most appropriate after taking into consideration the results of the needs assessment, the learning objectives, the content, the skills of the facilitator etc.

Format

The strategy/strategies used during the educational activity should relate to whether or not you are trying to impart knowledge, improve skills, change behaviour or attitude - or it could be a combination of these.
Learning new practical skills is much easier if there is the opportunity to practice and get feedback, so hands-on or practical workshops are recommended.

Lack of knowledge is rarely the sole cause of problems in practice. The application of knowledge to real life cases is often a difficult area to address. Small group discussions with relevant case studies, or consideration of patient management problems are more useful to improve problem solving.

Lectures or articles may be useful to expand or provide new knowledge. Adequate time for questions lets the audience make sure the information they receive is clear and relevant.

Cantillon & Jones (1999) noted that the most effective methods of continuing medical education include learning linked to clinical practice, interactive educational meetings, outreach events, and strategies that involve multiple educational interventions. The least effective methods are also the most commonly used in continuing medical education – namely, lecture format teaching and unsolicited printed material, including clinical guidelines.

**Human resources**

Adult learning theory suggests participants should be actively involved in their own education, since they are often their own best teachers.

For example, surgeons with appropriate expertise or training can:

- present surgical topics in lectures or articles
- chair sessions and put lectures or questions in a relevant surgical context
- design patient management problems
- facilitate groups of surgeons working through problem-based case studies
- teach practical techniques or procedures

**Timing**

The primary purpose of CME is to improve patient care. Recreation and social interaction must not detract from the educational component of CME, which should be allocated a significant proportion of hours when participants are alert and receptive.

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**Step 4: Evaluation**

**What is evaluation?**

The primary purpose of evaluation is to review to what extent the learning objectives have been met. Evaluation is an integral component of planning and developing an educational activity, and is an essential element in the reflective learning process.

Therefore, as part of the process to develop relevant and quality education for surgeons, the evaluation tool should be adjusted as the actual activity is being developed.

**Why is evaluation important?**

*For participants* – learning is more effective if participants are given the opportunity to reflect on what they have learnt and what further information on the topic they may need.
For you as provider – it is important to assess whether or not the educational activities you held were successful. This information is useful to help you plan future educational activities.

Evaluation of a CME activity should focus on the learning of the surgeon:

♦ to what extent have the stated learning objectives been met?
♦ what additional “AHA!” learning insights has the surgeon experienced?
♦ how will this new learning change the surgeon’s day-to-day practice?
♦ what else does the surgeon need to know in relation to this topic?
♦ how does the surgeon intend to access this further learning?

How can evaluation be done?

Providers of CME can select from a number of evaluation methods. These include:

♦ case studies/problem solving methods
♦ role plays
♦ practical demonstration of skills with feedback
♦ small group discussion for identification of the main learning points, and how these may be used in participants’ own practices
♦ audit of patient medical records
♦ group discussion about the specified learning objectives and consensus about content and achievement
♦ assessment of individual participants’ perception of how well the activity achieved the learning objectives, using questions designed to relate to each specific learning objective
♦ questions testing knowledge, eg MCQs, true/false answers

Your evaluation method(s) should reflect your learning objectives. There is little point asking questions that do not relate to the learning objectives. You will also need to choose the most appropriate evaluation method for the format of your activity.

For example, a workshop covering suture techniques will be better evaluated by practical assessment than by a knowledge-based quiz. Similarly, it would be better to evaluate a small journal club meeting by group discussion of the main learning points and their applicability in practice than by using case problem solving or a written survey.

In summary, consider:

♦ an integrated evaluation process vs ‘tag-on-the-end’ questionnaire
♦ time for reflection to inform learning vs content overload
♦ ongoing application to practice vs short-term information
The Department of Continuing Professional Development welcomes reports of evaluations of approved meetings.

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**CME Criteria**

In order to be eligible for CME points, educational activities must satisfy a number of criteria. The majority of these criteria are based on principles of adult learning and research evidence on the effectiveness of continuing medical education. The activities must be open to all interested RACS Fellows and Trainees.

The CME criteria are summarised below:

- **The primary purpose is to improve quality of patient care**

  The purpose of CME is to help participating surgeons provide better care according to current acceptable standards and therefore improve the health outcomes of their patients. Educational activities should focus on aspects of quality that lead to improved patient care and health outcomes.

  Details of any commercial interest or sponsorship should be included on the application form.

- **Surgeons participate in the planning process**

  Surgery is a distinct medical discipline. The surgical perspective should be included in the whole planning process (ie selecting topics, setting learning objectives, planning content, deciding on evaluation) in order to make CME for surgeons relevant. When CME is designed for a multi-disciplinary audience, the perspective of all groups of participants should be presented in the planning process.

  *For 5 pph activities, the planning committee must include one or more surgeons who have experience and expertise in education and who have a demonstrable understanding of the learning needs of their colleagues.*

- **A learning needs assessment is conducted**

  Identified educational needs of surgeons have been documented.

  Evidence from research literature/government/professional publications has been cited.

  Evidence from community sources has been reviewed.

  *For 5 pph activities: the needs assessment should include:*

    - a surgical perspective, such as a formal survey of, or other consultation with participating surgeons;
    - a formal assessment of the individual learning needs of actual participants; and/or
    - information from expert bodies

  The needs assessment determines the specific topic(s) and learning objectives for the event.

- **There are clear learning objectives**

  The objectives are clearly stated and circulated to all participants before the meeting.
For 5 pph activities, the learning objectives should be specific and measurable and reflect the precise skills etc that the activity will address.

- The content demonstrates high clinical and ethical standards
  
  The activity is free of commercial bias for or against any company, device, product or service.

  If the activity contains reference to commercial products and/or services, objective information based on generally accepted scientific methods is presented.

  Where commercial sponsorship is obtained, there is clear separation between the education and any promotion of products and/or services.

  Presenters declare prior to their presentation if they have received commercial support or if there is any conflict of interest.

  The activity reflects critical appraisal of valid evidence about ways to improve patients' health outcomes.

  The activity does not promote theories, techniques or products that are not supported by scientific evidence or generally accepted by the medical profession.

For 5 pph activities, the activity should be provided by surgical/medical groups that are accountable to the profession and/or are administered through a surgical/medical organisation or university department. Activities organised by industrial/commercial companies will not be eligible for 5 pph.

Industry sponsorship is permitted subject to the criteria for 1pph above. However, payment of individual personal expenses (such as travel and accommodation) directly by the sponsor to participating surgeons is not permitted. The sponsor may, however, provide funds to the organiser/convenor of the educational activity, who in turn may choose to reimburse the personal expenses of one or more participants.

- A copy of the programme is attached to the application
  
  The programme is distributed to prospective participants prior to the event.

  The program documents the title, topics, learning objectives, speakers, timetable and details of any commercial interest or sponsorship.

- The learning environment promotes fulfilment of the objectives
  
  The learning objectives determine the specific content and format of the event.

  The format is conducive to achieving the learning objectives.

  Surgeons are involved in conducting the activity.

For 5 pph, at least 75% of the time should be focused on 'hands-on' skills development and practice.

- The educational activity is evaluated
  
  A copy of the evaluation tool is attached to the application form.

  The learning objectives have been addressed in the evaluation tool.
For 5pph, there should be an opportunity at the conclusion of the activity for reflective evaluation. Participants should have an opportunity to demonstrate the skills learned and to obtain feedback from the workshop leader(s).

- A Certificate of Attendance is issued to all participants

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### How to apply for approval of CME activities

An application form should be completed and forwarded to the Department of Professional Standards, RACS. Forms are available from the RACS website at: [www.surgeons.org](http://www.surgeons.org), via e-mail: cpd@surgeons.org or by post: Department of Professional Standards, Royal Australasian College of Surgeons, College of Surgeons Gardens, Spring Street, MELBOURNE VIC 3000.

Alternatively, you may apply to the relevant surgical specialty or association, who will follow these guidelines to evaluate applications.

In order for your CME activity to be processed before the event, you should submit your application well before the event is held. Most applications are adjudicated within three weeks of submission, but certain applications take longer if we need to ask you for further information, or refer them to the Board of Professional Development and Standards.

As outlined above, approval of educational activities is based on strict, pre-determined criteria. Applications that are not approved will have the reasons for this clearly stated in the notification letter sent to you. If the organiser of an educational activity finds the decision not to approve their activity unfair, they are able to lodge an appeal against this decision by contacting the Department of Professional Standards.

### Advertising prior to approval

Many providers wish to advertise their activity and its approval within the RACS CPD programme well before the event. If you want to do this, you should take the time necessary for adjudication into account in your planning. If you need to print advertising material prior to approval, you may use the following wording:

*The <activity name> has been/will be submitted to the RACS for approval within the CPD programme. The outcome of this application will be published at a later date*

Providers should note that the College Coat of Arms may not be used on advertising or other material about the activity, unless the programme is a collaborative one with the College. Approval of an educational activity for CPD points does not *per se* imply a collaborative programme.

### Need help?

If you have any questions, or are unsure if the educational activity you are planning is suitable for approval in the CPD programme, please call the Department of Professional Standards.
References and bibliography

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