

## Challenges in the Evolving CME Landscape

Dear Editor,

Re: Challenges in the Evolving CME Landscape

With the continuing medical education (CME) landscape evolving in the US and Continuing Professional Development (CPD) more globally, independent medical education providers (IMEs) need to consider new opportunities to grow and sustain their business practices.

The Accreditation Council for Continuing Medical Education (ACCME) accredits CME providers, creating a framework that supports, inspires, and motivates educators to achieve their full potential [1]. Historically, providers of CME have educated healthcare providers using a didactic format and there was little opportunity for interactive learning and use of technology. As the needs and diversity of practice of health care providers have evolved, so too has the need to advance the planning, organisation, and conduct of individual and group learning activities in the field of accrediting CME [2]. To meet the needs of healthcare providers, the CME landscape is evolving, with the ACCME 2019 strategic plan aimed at accelerating the transformation of CME to drive improvements in clinician performance and healthcare. Based on the ACCME requirements, there is a need for IMEs to change the way they develop CME activities to demonstrate how accredited CME measurably improves healthcare, at the community level (e.g. achieving level 7 on the Moore Scale) [3]. The sources used to substantiate outcomes include epidemiological data and community reports. Participants aim to apply the knowledge learned from the CME activity, take it back to their population, and show an improvement in population outcomes. Despite the overall growth of CME in the U.S. reported by the ACCME [4], there has been a marked reduction in the number of CME activities over the past decade due to institution closures and time/burden constraints [5].

The ACCME guidance also discusses expansion of learning opportunities, which includes employing simulation and other technologies to support learning; IMEs may need to invest in new interactive educational formats, such as enhancing their editorial, production, and learning content management platforms to cater to new media formats (video, podcast, simulation). Most physicians and other health care professionals would agree that commitment to continuing learning is the best way to provide evidence-based care, and CME is important as a means of

remaining abreast of new technology and clinical practice [6]. New innovative platforms are starting to be launched to advance the learning experience. Three such platforms respond to the needs of a changing healthcare environment, having been designed to improve learner engagement, increase knowledge retention, and promote measurable improvements in patient care [7–9]. These platforms include:

- Medscape 360 (<https://www.medscape.org/>)- An alternative to traditional slide presentations for live events, it provides immersive learning (virtual reality, mixed reality, and augmented reality technology) to enhance the learning experience and improve retention of concepts. This technology claims to bring the speaker and the audience “up close and personal” to body organs being described while clinical decisions are being made, showing outcomes.
- ExPERT (<https://www.pedsurglibrary.com/apsa/cme/ExPERT>) – this platform, was developed as a daily knowledge companion – providing CME while answering daily clinical questions. Studies have shown that improved learning occurs when it is more active, episodic and linked to clinical scenarios faced in daily practice.
- The AMA Ed Hub (<https://edhub.ama-assn.org/>) – An innovative educational portal— —allows health care professionals to earn, track, and report CME. The AMA Ed Hub also features free CME activities from the American College of Radiology, which is the first partner to offer CME on this particular platform.

Additionally, the Science, Technology & Healthcare market report includes trends and essential actions for companies to create revenue opportunities, expand market share, and achieve competitive advantage [10]. Key insights are:

- Learning Platforms remain a key strategic investment and organisations need to understand where to employ new technologies, dealing with issues of security and content authentication.
- There is an ever-increasing use of data and analytics which is a related requirement for improved data interoperability, discoverability, and accessibility.

The impact of the new ACCME guidelines on providers adopting and introducing new formats of CME, delivering higher community-based learning, or a combination of both, may require a considerable amount of additional investment in technology enhancement, including systems for management of new types of data and for grant application writing skills. In some cases, this will put a large operational burden on the smaller providers, leading to reduced margins and increasing the need to develop new revenue streams, like content or course licencing to balance the perceived reductions in margins.

Enhanced patient outcomes and accreditation criteria have led medical schools to integrate interprofessional education. In efforts to advance healthcare education, ACCME has collaborated with multiple accreditors, such as Accredited Council for Pharmacy Education, American Psychological Association and American Nurses Credentialing Centre, to provide interprofessional continuing education [11]. This offers organisations an opportunity to be simultaneously accredited to provide CME for physicians, nurses, physician assistants (PA), optometrists, psychologists, and social work, through a unified accreditation process and set of accreditation standards. In 2018, multidisciplinary educational activities included more than 15 million interactions with healthcare professionals and commercial support made up 47% of reported income for jointly accredited providers [11]. The elements for pharmaceutical industry to provide high-quality medical education include: ethical, transparent and responsible engagement; needs-based, up-to-date, fair, balanced and objective content; and robust and standardised processes to deliver the educational programmes [12]. In the near future though, IMEs will need to consider the mix of learning content, standards and accreditation, along with the evolving commercial support requirements and impact measures (i.e. will industry further change the way it assesses grant applications as a result of the evolving types of CME activities and make enhancements to the systems they use to manage the grant applications?) Will the level of grant funding for CME activities which achieve less than a Moore Scale of 5 significantly reduce as pharma focuses more on community-based projects, putting further burden on the smaller IMEs? Will the medical schools and university-based IMEs who don't rely as much on industry grants, change their approach to delivering more integrated CME activities for their medical schools and societies, or will they increase the number of community-based projects in conjunction with pharma?

In conclusion, as the landscape continues to evolve, IMEs will need to adapt, employ new technologies,

business and funding models, partner, merge or be acquired. One thing that will not change though is the constant drive to improve clinician performance and the supporting role that IMEs have in achieving this.

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