A Survey of Continuing Medical Education amongst Otolaryngologists in the UK

Twigg Victoria*, Carr SD1, Harrison L1 and Quraishi MS2
1Department of ENT, Royal Hallamshire Hospital, UK
2Department of Otolaryngology, University Hospital, UK

Abstract

**Objectives:** In order to keep up to date it is imperative that medical professionals partake in continuing medical education (CME). This study aims to assess the current activity relating to CME amongst trainees and Consultants.

**Methods:** Electronic survey distributed to ENT UK members of continuing medical education activity.

**Results:** There were 152 respondents of 1634 invited to participate, giving a response rate of 9.3%. Seventy-six percent (n=116) were Consultants, 14% (n=21) were Registrar, 4% (n=6) were Professors, 3% (n=5) were Middle Grades, 1% (n=2) were Fellows and 1% (n=2) were GPs with Specialist Interest (GPSI) in ENT. Of the Consultants, 24% (n=36) had been practicing for 0-5 years, 16% (n=24) 6-10 years, 21% (n=32) 11-15 years, 22% (n=33) 16-20 years and 16% (n=24) for longer than 21 years.

Respondents were asked about which media they favored to keep up to date with Continuing Professional Development (CPD). The most popular medium was the paper journal, with a mean of 12.6 papers being read per annum. Seventy-seven percent (n=85) used e-journals.

**Conclusion:** There was no demonstrable difference in the results between this survey and a similar survey performed in 1994. Revalidation has not had an impact in the number of meetings attended, publications achieved or new skills learnt. There has been an increase in the available modalities to access CME.

INTRODUCTION

In the past 20 years, there has been a radical overhaul in the training and certification pathway of medical professionals. The restructuring of surgical training in the UK has resulted in fewer experienced trainees entering higher surgical training and further to this the introduction of the European Working Time Directive (EWTD) in 2003 has resulted in restrictions that have further threatened training by limiting trainees to an average 48 hour week [1-5]. In addition, the advent of revalidation has meant that keeping up to date by maintaining CME has become ever more important [6-8].

MATERIALS AND METHODS

An electronic survey was distributed through ENT UK assessing the current practice of Otolaryngologists. The survey was distributed to all members of ENT UK, a total of 1634 Otolaryngologists.

RESULTS

There were 152 respondents out of 1634 invited to participate, giving a response rate of 9.3%. Seventy-six percent (n=116) were Consultants, 14% (n=21) were Registrar, 4% (n=6) were Professors, 3% (n=5) were Middle Grades, 1% (n=2) were Fellows and 1% (n=2) were GPs with Specialist Interest (GPSI) in ENT. Of the Consultants, 24% (n=36) had been practicing for 0-5 years, 16% (n=24) 6-10 years, 21% (n=32) 11-15 years, 22% (n=33) 16-20 years and 16% (n=24) for longer than 21 years.

Respondents were asked about which media they favored to keep up to date with Continuing Professional Development (CPD). The most popular medium was the paper journal, with a mean of 12.6 papers being read in a year (range 0-200). Only 2% (n=4) of respondents did not use a paper journal for their CPD in the previous 12 months. Seventy-seven percent of respondents to this question (n=85) had used e-journals, 12.4% (n=11) of the respondents to this question had used podcasting in order to fulfill aspects of their CPD and 20.5% (n=18) of respondents to the question asking about online conference attendance had attended at least one online conference in the past year. Sixty percent of respondents (n=90) had completed at least one e-Learning module in the past year, with the mean from the respondents of four e-Learning modules a year (range 0-50).

Attendance at conferences was reported as an average of 6.3 conferences a year (range 0-50) attended by Consultants (excluding professors) and 6.8 conferences a year (range 0-120) for all grades.

Respondents were asked about the learning method they found to be the most valuable between workshop, experience,
one-to-one teaching and lecture. The most popular method of learning among Consultants was workshop, preferred by 35% (n=53) of Consultants (excluding Professors) and 24% (n=36) of non-Consultant responders. However, non-Consultant respondents preferred “experience” as a learning method (40%; n=61).

Including all respondents, a mean of 6.4 national meetings were attended over a period of three years (range 0-20) and 2.3 international meetings (range 0-20). The number of meetings attended in the past three years is demonstrated in (Figure 1&2).

Seventy-seven percent had attended at least one instructional course to learn a new technique in the past three years and 48% (n=73) had visited another centre to learn a new technique. However 21% (n=32) of respondents had done neither in the past three years.

Ninety percent had presented at least once in the past three years, and 83% (n=126) of responders (75% (n=114) of consultants) had at least one publication over this time period. Respondents had an average of 3.6 papers (range 0-37) published in the past three years (Figure 3). Twenty-six percent of respondents spend longer than three hours involved in research per week.

Consultants were asked to rank how well they kept up to date with current knowledge and skills in the specialty, of which 4.3% (n=7) of consultants ranked themselves on a scale of 0-10 as less than 5. Finally, respondents were also given the opportunity to give free text answers about their thoughts and feelings about CPD and CME (Figure 4).

Most respondents agreed that CME was ‘vital’ or ‘essential’ not only to satisfy revalidation requirements but also to provide the best patient care. However, the overriding feeling was time should be protected for CME to take place at every level, without impinging on clinical commitments. There was a general dissatisfaction with the cost of CME, and that more funding should be set aside to address this. There was little consensus between the respondents over whether CME should be structured or formalized or whether less formality was more appropriate. Many respondents remarked that professional learners should be able to determine their own educational needs as appropriate without the need for structuring.

**DISCUSSION**

The results of this survey have demonstrated that, although many Otolaryngologists still utilize traditional modalities of CME, for example paper journals and attendance at conferences and meetings, more modern electronic resources, such as e-journals, e-learning and podcasts are being readily utilized compared to a survey conducted Jones & Quraishi [9], which was a postal survey distributed to ENT UK members. This survey gained a response from 536 Otolaryngologists (a response rate of 71%) of which 97.6% were consultants. The survey on this occasion only attracted a response from 152 members of ENT UK giving an overall response rate of 9.1% with fewer Consultants responding at 76% (116 respondents) cf97.6% (525 respondents). This may have been due to the fact that the issue of CME was felt to be more poignant at that time owing to the imminent introduction of CME [7] or perhaps it could reflect a reluctance to partake in surveys electronically.

In light of the significant different number of respondents, it is difficult to compare the two surveys. However, there is no demonstrable difference in the number of meetings attended 6.4 national and 2.3 international in this survey cf. 7.8 national
and 2.3 international in the 1994 survey. Similarly, there was no significant difference in the number of publications with 83% (126 respondents) stating that they had published at least one paper over the last three years in this survey compared to 68% (364 respondents) in 1994. In the 1994 survey [9], 80% (429 respondents) had attended an instructional course in the past three years whereas it was 77% (117 respondents) in this survey.

There was a difference in the mean number of courses attended or centers visited over a three-year period between the two surveys. In 1994, the mean number of courses attended or centers visited was 2 compared to 1.3 in this survey. If only Consultants were included, the mean number decreases to 1.1.

Consultants were asked to rank how well they kept up to date with current knowledge and skills in the specialty, of which 4.3% of consultants ranked themselves on a scale of 0-10 as less than five. This shows a very slight reduction from the previous study conducted where 8% of respondents appraised their ability to keep up to date with their skills and knowledge as less than 5 [9].

Our findings are comparable with that of a systematic review that indicated that the introduction of the EWTD made limited or no difference to training opportunities [10].

There also still appeared to be significant number of respondents concerned about the cost of participating in continuing medical education which is echoed by the Association of Surgeons in Training [11] and the findings of Biggs, 2011 [12].

SUMMARY

- Despite the large number of substantial changes implemented in the past 20 years, the face of CME and the opinions relating to CME appear to be similar.
- Revalidation has not led to a huge change in the number of meetings attended, publications achieved or new skills learnt.
- This is in contrast to what one may expect given that many of the above are included in the guidance for Otolaryngologists on the criteria and standards that they should be measured against [13], perhaps this reflects the fact that most Otolaryngologists were already taking part in the appropriate CME.
- Despite widespread concern that EWTD may affect everyday training opportunities [3-5], the introduction of the EWTD has not led to an increase in juniors electing to undertake more CME activities.
- There has been an increase in the modalities available for CME. In the 1994 survey, concern was voiced about the ability to keep up to date and visit meetings when surgeon work in a district general hospital.
- Whilst the majority of journals read remain in paper, e-journals, podcasting and online conferences are becoming increasingly popular and enhancing access to CME.

REFERENCES

5. Royal College of Obstetricians and Gynaecologists. RCOG Release: O&G trainees say EWTD is affecting their training. 2010.