The Rise of E-learning and Opportunities for Indian Family Physicians

Chayan Datta

Village Medical Centre, Peel Street, Littleborough, OL15 8AQ, United Kingdom

ABSTRACT

The IT (information technology) revolution is sweeping across the globe. Distance, location and costs have become irrelevant. With availability of newer communication tools, medical education and practice are bound to be transformed. Rapid advancement of science requires medical professionals to update their knowledge constantly. Online interface for CME (Continued Medical Education) presents an exciting opportunity as an E learning tool.

Keywords: Online CME, Continued Professional Development, E learning for physicians, technology for physicians, information technology and medical education

For many healthcare professionals, the participation in continuing medical education (CME) is borne out of a desire to remain up-to-date with the latest medical practices. However, for many around the globe, this participation is also driven by regulation and policy, with member organizations, colleges, or Government requiring evidence of a continuing ability to practice medicine—a process termed recertification.

Within the United Kingdom (UK) recertification for general practitioners (GPs) used to be a process of attending accredited courses which had been approved by a local GP tutor. However, the General Medical Council and Royal College of General Practitioners recognized that this “credit collecting” was not the most effective method of learning, encouraging a change in practice, and improving patient care. The new annual appraisal system for UK, GPs not only requires proof of participation in CME, but must task the GP with demonstrating that they have reflected on this learning and planned how to improve patient care. Recertification is achieved after 5 years of appraisal. If at any point the appraiser believes that the GP has fallen short of requirements, remedial actions are planned to provide a basis to bring the doctor back on track.

CME in India

In April 2002, the Central Government of India stated: “A Physician should participate in professional meetings as part of Continuing Medical Education Programs, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organisations.” Despite this proclamation, recertification for medical practitioners is not legally mandatory. However, a few state councils—Maharashtra, Punjab, Kerala, and Delhi—have consistently tried to implement it.[1]

The Maharashtra Medical Council has produced a comprehensive policy document for seeking accreditation. In addition to accrediting live events and courses, the council also provides accreditation for free online medical education (e-learning). However, the Maharashtra Medical Council is one of the few who offer this service for e-learning.

Can E-learning Replace Traditional Methods?

Traditional medical education via print-based materials and live events such as conferences and symposia remain popular forms of education. However, e-learning has become an increasingly popular form of education and many member organizations within the United States and Europe now recognize and accredit this format.

Whilst studies have shown that e-learning is as, or more, effective than traditional learning methods,[2-5] it cannot replace face-to-face or peer-to-peer learning,[6] and the healthcare professionals must also learn through direct patient contact and consultation.

Address for correspondence: Dr. Chayan Datta, Village Medical Centre, Peel Street, Littleborough, OL15 8AQ, United Kingdom. E-mail: chayandatta@nhs.net
Therefore, e-learning complements rather than replaces other forms of education and provides an additional choice for healthcare professionals. CME providers should remember that not everyone likes or can attend a conference and some professionals probably prefer print to electronic formats. Effective CME programs should be based around “blended learning” where the healthcare professionals can participate in a variety of formats.

### The Rise of E-learning in CME

The availability of e-learning and its acceptance among healthcare professionals can be explained easily while addressing recent technological advances:

1. More people own personal computers and their use in healthcare is almost ubiquitous within developed countries.
2. Newly qualified healthcare professionals have grown up in a technological environment and they are comfortable with electronic forms of education and communication.
3. The technology driving websites has improved considerably.
4. Broadband internet connections are standard in most countries and speeds are improving, enabling the use of streamed videos.

Faster mobile connections from 3G services are increasingly available for those who can afford the luxury.

However, there are additional considerations:

1. E-learning has a “just-in-time” advantage over traditional forms of education such as lectures or conferences. Healthcare professionals may choose the time and place to undertake their education and react to changes within their day-to-day medical practice.
2. Online CME provides a greater outreach for the healthcare community. There may be 200 delegates at a conference, but archiving this online as a webcast introduces this material to a much larger audience and the content persists for many months after the event.
3. Peer-to-peer learning and interaction with healthcare professional colleagues is an important part of effective CME. E-learning platforms can provide a mechanism for individuals to learn from a broader community.
4. E-learning can offer customized learning packages which allow the individual to tailor their learning.
5. Many forms of traditional learning are linear in nature and do not provide a mechanism to divert down a different path (branched learning) based on an individual ongoing needs.
6. Importantly, e-learning provides an effective mechanism for an outcomes-based approach to learning where an individual may report the results of their learning, and the quality and effectiveness of the learning programs can be assessed.

### Education Partnership for the AFPI

Recently, the Academy of Family Physicians of India (AFPI) and the UK-based medical publisher Haymarket Medical Media have entered into an educational partnership via the formation of a Memorandum of Understanding. This partnership provides AFPI members and other healthcare professionals in India with access to over 400 e-learning modules through Haymarket’s global CME website www.myCME.com.

The current learning modules are developed in line with the latest US and UK clinical practice. Over time, myCME.com will host CME content produced by the AFPI and will focus on issues relevant to family medicine within India.

### About myCME.com

Haymarket for over 50 years publishes with family medicine titles such as GP newspaper, MIMS, and Clinical Advisor. This endeavor has resulted in a close relationship with organizations such as the Royal College of General Practitioners (RCGP). myCME.com was launched for Indian healthcare professionals at Family Medicine India, an RCGP-led meeting held in Delhi in July 2011.

The RCGP has developed a GP curriculum which is used by GP trainees in the UK and around the globe to work toward becoming qualified family physicians. This curriculum is also relevant for qualified GPs who wish to undertake their continuing professional development.

All activities on myCME.com which are targeted at UK general practitioners are produced in line with this curriculum, ensuring that the exams are both high quality and very relevant. Indeed, 85% of exam takers state that the exams on myCME.com are relevant to their practice, 90% would recommend the exams to their colleagues, and 70% state that taking an exam on myCME.com would result in a change their practice.

The structure and subject of the content within myCME.com make this an essential resource for Indian doctors wishing to specialize in family medicine, and for those who are already practicing within community medicine and general practice and wish to maintain their professional development.

### Access for Healthcare Professionals in India

Any healthcare professional in India may use myCME.com by completing a simple registration process. This once-only, free registration gives the individual access to:

1. Every exam in the database. Many are text-based based, but some provide video and slides from national and international conferences, with presentations from clinical experts.
2. Access to information produced by, or in partnership with, internationally renowned academic institutions such as Johns Hopkins University, Boston University and Albert Einstein University.
3. There is also an option to sign up for email editorial updates.
4. An “Exam History” page which allows the user to track what they have learned.
Exams are assigned a number of recommended credits and learning hours. Within the UK, the RCGP states that one credit is equivalent to 1 h of learning (acquisition of knowledge). If the GP demonstrates an application of the learning through a change in practice, for example, then the number of credits claimed may be doubled. This is called “impact.” Details on the RCGP learning system within the UK may be found at the RCGP website.

For healthcare professionals within India, the number of credits and learning hours on myCME.com can be used as a guide for the amount of time they may spend interacting with the exam portal. The number of exams taken should be limited only by the individual’s needs and desire to learn, not by reaching a set target of credits.

Every exam follows a similar structure with an overview page, the materials, a multiple choice test based on the materials and a post-test evaluation. Importantly, every successful exam is awarded a certificate of learning, which outlines the number of credits and the date of participation.

The Future of CME and E-learning in India

Anecdotal evidence would suggest that access to high quality CME is difficult for most healthcare professionals within India and the need to attend regional conferences and courses can be problematic. Access to e-learning and other forms of distance-learning has the best potential to offer considerable opportunities for many healthcare professionals.[7]

Education focused for Indian practitioners will become more prevalent and one would suggest that at some point CME has to become legally mandatory across the Indian subcontinent. The provision of good quality education is achievable, but maintaining a robust mandatory CME system requires significant changes and investment at national and local levels. Developing a consistent policy for accreditation of traditional CME and e-learning will enable a greater availability of good quality education and allow mutual recognition of CME credits between states in India.

The meteoric rise of mobile and tablet computing presents new opportunities and challenges for CME providers. In India, whilst internet users amount to around 65 million individuals, there are 851 million mobile subscribers and by 2013 this number is expected to rise to 1.15 billion. Tablet PCs are set to rise to 0.5 million by the end of 2011 and 1 million by the end of 2012. Realizing the opportunities of delivering education in a mobile format will greatly increase the effectiveness of CME programs and will allow medical practitioners greater scope for “just-in-time” learning.

References

1. Maharashtra Medical Council Mumbai, Continued Medical Education (CME). Available from: http://www.mmcmmumbai.com/CMEPrograme.pdf [Last cited on 2011 Jan 15].
2. Institute of Medicine Redesigning Continuing Education in the Health Professions Report Brief. Dec 2009. Available from: http://www.iom.edu/~/media/Files/Report%20Files/2009/Redesigning-Continuing-Education-in-the-Health-Professions/RedesigningCEreportbrief.pdf. [Last cited on 2011 Jan 15].
3. Harris JM. Information seeking in the digital age - why closing knowledge gaps is not education and why the difference matters. J Cont Educ Health Prof 2009;29:276-7.
4. Hugenholtz Ni, de Croon EM, Smits PB, van Dijk FJ, Nieuwenhuijsen K. Effectiveness of e-learning in continuing medical education for occupational physicians. Occup Med 2008;58:370-2.
5. Wutoh R, Boren SA, Balas EA. e-learning: A review of internet-based continuing medical education. J Contin Educ Health Prof 2004;24:20-30.
6. Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar B, Magaziner GP, et al. Effectiveness of Continuing Medical Education. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ) US; 2007. (Evidence Reports/Technology Assessments, No. 149.) Cited last 15th Jan 2011.
7. Bains M, Reynolds PA, McDonald F, Sherriff M. Effectiveness and acceptability of face-to-face, blended and e-learning: A randomised trial of orthodontic undergraduates Eur J Dent Educ 2011;15:110-7.

How to cite this article: Datta C. The rise of E-learning and opportunities for Indian family physicians. J Fam Med Primary Care 2012;1:7-9.

Source of Support: Nil. Conflict of Interest: None declared.