



CACHE
Canadian Association
of Continuing Health Education

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Continuing Professional Development in Canada: A Collaborative Approach

Introduction

Healthcare practice and the healthcare system are experiencing critical challenges. Growing demands on personnel and resources are depleting the limited resources of the healthcare system. With elevated economic constraints preventing innovative approaches to practice, there is a significant need for Canadians to be assured of high quality healthcare in a safe environment.

The Canadian Association of Continuing Health Education (CACHE) is exploring solutions to these challenges facing the healthcare system through continuing health education (CHE). CACHE conducted a Canada-wide summit on October 2008 and determined that *a collaborative education strategy in CHE* can improve the quality of healthcare and the performance of healthcare professionals to assure patient and public safety. We have the ability to deliver excellent patient care and encourage innovative approaches to practice in an era of increasing demands on the healthcare system.

CACHE: Diverse Voices

The Canadian Association of Continuing Health Education (CACHE) has been promoting and supporting continuing health education initiatives since 2006. Over the past three years, CACHE has drawn together diverse voices of educators, administrators, and representatives from clinical practice, academia, and industry to contribute to the discourse of continuing health education in Canada.

CACHE focuses on collaborative action, sharing working knowledge and building relationships among healthcare stakeholders for both professional development and system development, thus improving patients' lives. In addition, CACHE strives to determine the learning needs of target audiences in continuing health education and continuing professional development. CACHE achieves this by defining and implementing new strategies, as well as assessing and understanding the results of those strategies aimed at improving clinical practices and health outcomes.



Project

CACHE, working collaboratively with key opinion leaders, reached a unanimous consensus concerning an appropriate direction for CHE in Canada. These findings were refined and validated during the two CACHE summits in October 2008 and April 2009, and the April 2009 CACHE annual general meeting, involving representatives from CACHE's diverse membership. The results of this research are presented in this paper.

Methods

CACHE hosted a Canada-wide summit on October, 2008, which was attended by 147 participants representing various CHE stakeholder groups: academics-30; professional regulatory bodies and government-7; professional associations-22; healthcare centres and specialty societies-35; industry-34; CACHE Executive Board and Fall Summit Coordinators-19.

The Syntegrity Group facilitated interactions: three broad categories were discussed by 2 concurrent roundtable groups. Each roundtable discussion was 1 hour and involved 9 panelists (each team represented Academia, Industry, Government, and Professional Associations). A facilitator captured the discussions on flip charts. Panelists paused to consider feedback from the observing Respondents (registered attendees). Participants could provide additional input via sticky notes on the flip charts.

Mixed Methods of data collection were used (Observations, Fishbowling, Forced Ranking, Survey). Qualitative analysis by senior researchers from AxDEV and the University of Alberta resulted in key statements that were vetted by 42 stakeholders at a subsequent Summit in April 2009. The resulting 6 key statements were unanimously accepted by an electronic voting process at the 2009 CACHE Conference.

Results

The results were unanimously in favor of the six statements, with the majority of respondents (over 93%) agreeing or strongly agreeing with the following statements:



1. CHE stakeholders must assure that continuing professional development will have a positive impact on the quality of patient care provided by healthcare professionals, teams and systems.
2. CHE must be directed towards supporting, maintaining and enhancing professional competencies defined by such bodies as educational colleges, universities and licensing authorities.
3. CHE in Canada requires a set of harmonized standards. This standard reflects the needs and realities within the Canadian healthcare system.
4. A collaborative approach among CHE stakeholders is the desired strategy for the development of a sustainable system of high quality, ethical CHE in Canada.
5. No single stakeholder has the competencies, capabilities and resources to develop and implement CHE for all healthcare professionals.
6. In the interest of best patient care, there is a need for appropriate processes and regulations that ensure CHE is balanced and fair and that mitigate risks of conflicts of interest and bias from all sources and all stakeholder group.

Respondents were asked to discuss the challenges and opportunities of the collaborative CHE model, which included clinical practice, academia, and industry. We heard that multi-sponsorship and collaboration will mitigate tensions as the healthcare system and healthcare professionals strive for common goals and improved outcomes. The respondents also articulated the need for communication strategies to address potential conflicts within the collaborative model. Several respondents expressed concern around their current access to sufficient CHE resources and were optimistic about a collaborative partnership between clinical practice, academia, and industry for improved access to CHE.

Several key quotations emerged from the focus group sessions:

I think that CHE cannot be driven by the industry. But we have to face it, in the practice of medicine, in the practice of health care deliveries; we have to be in contact, constant contact with the industry. I'm a radiologist myself and if I stop talking with the companies that make those machines, those magnificent pictures, we're not going anywhere.

We have an idea of partnership, partnership is key. We're not sure what that partnership looks like and we can learn from other countries, of ideas, of how partnership can



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perhaps get us more funding. We have to think out of the box when it comes to funding. We don't have enough funding.

The patients deserve the best clinical outcome with unbiased, evidence-based continuing professional education. The public needs to be assured that their health care provider is as up to date as possible with the current information.

Collaboration starts with listening to each other and understanding. Listening, dialogue and understanding, and then developing the trust among us.

We believe that neither the clinical medicine industry, academic medicines governments, or anybody can work alone on this. If we develop policy agendas together and invite other industries to be involved I think we can advance. I do believe we have the ethical standards in place through the policies and codes... [We need] to sit down together, to co-create, to actually co-create something better than what we would do in isolation.

From both the qualitative and quantitative data, we heard that CACHE members, representing a diverse group of healthcare professionals, want a collaborative approach to CHE. Clinical practice, academia, and industry should work collaboratively to improve CHE for the entire healthcare industry, promoting access to innovative practices for all healthcare professionals.

Discussion

Collaborative approaches to CHE involving clinical practice, academia, and industry are overwhelmingly supported by CACHE membership. We heard from the participants that no single stakeholder group has the resources to administer CHE for all healthcare professionals. This requires a balanced approach between the three major groups.

CACHE members also recognized the need for an appropriate process to eliminate conflicts and biases. The familiar target for these perceived conflicts and biases is the private sector. On June 18, 2009, the Association of American Medical Colleges (AAMC) “urged all medical schools and teaching hospitals to... curtail the involvement of industry in continuing medical education activities.” The Macy Report (April 2009) made similar statements– “CME should not accept any commercial support from pharmaceutical or medical device companies.” The American Medical Association’s



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Council on Ethical and Judicial Affairs, the Institute of Medicine, and the Association of Faculties of Medicines of Canada has also adopted this anti-industry stance. CACHE does not adhere to this position, and instead promotes recognition of biases in all aspects of healthcare education.

The approach of the CACHE membership recognized that all major stakeholders in healthcare have particular biases. Instead of eliminating one of these stakeholders, CACHE representatives advocated for open communication and evolving partnerships. Respondents acknowledged that there is a lack of consensus on certain issues within the stakeholder groups, specifically on the roles and responsibilities of the various organizations from both the public and private sector. However, respondents believed *this validates the need to continue the dialogue and develop appropriate protocols and regulations for a collaborative effort.*

Recommendations

CACHE recommends that we revisit a collaborative approach to continuing health education. In an era when the demands on the healthcare industry are increasing at an exponential rate, the need for collaboration is crucial. By sharing the innovative practices of the major domains of healthcare (clinical practice, academia, and industry), we can develop a sustainable CHE system involving all key stakeholders.