

Perspectives on Continuing Medical Education: A Q&A with MAG's CME Committee Chair

Hillary Newland, M.D., the chairman of MAG's Continuing Medical Education Committee, recently weighed in on continuing medical education (CME) in Georgia in an interview with 'News from MAG' (NFM).

NFM: Why is CME important to physicians?

Dr. Newland: The health care environment is constantly changing. New medications and new procedures are always under development. It's important for physicians to continue their education throughout their professional career so they can provide their patients with the best care and allow their practice to evolve and thrive.

NFM: Are doctors in Georgia required to obtain CME credits every year?

Dr. Newland: Yes, physicians who are licensed in Georgia are required to complete 20 hours of CME per year – or 40 hours over the two-year validation period of the license. Physicians should contact the Georgia Composite Medical Board at 404.656.3913 if they have questions about the medical licensure requirements.

NFM: The delivery of CME has clearly changed with the emergence of the Internet. How have these changes affected MAG-accredited CME providers, and what do you believe are some of the emerging trends in e-learning and technology that physicians should know about so their practices can evolve and succeed?

Dr. Newland: The Internet is a useful tool for CME because it can address the needs of both individuals and groups of physicians on parallel tracks. So while CME serves a broad physician community in general terms, the Internet is a great information delivery mechanism because it provides such great flexibility in serving the unique needs of individual physicians. The Internet allows physicians to personalize their CME, and I believe that's where things are headed when it comes to maintenance of certification (MOC) by the national specialty boards.

NFM: What about Internet point of care (PoC) learning?

Dr. Newland: PoC lets physicians participate in CME in a structured, self-directed way online. What's more, the topics are relevant and can be targeted to a specific clinical practice. We've seen a significant shift in behavior in the last

several years in that physicians want instantaneous access to clinical information from credible sources online, often from CME providers that allow them to answer specific clinical or patient care questions. With that in mind, PoC CME represents an appropriate and effective way for physicians to deliver better care in a more efficient way. This type of learning is driven by what I see as a “reflective process” – in which physicians are required to document the clinical or patient-specific question, the evidence-based sources that were consulted, and the application to their clinical practice.

NFM: What are your views on the revised ACCME criteria?

Dr. Newland: Keeping in mind that there are 22 ACCME criteria, MAG’s CME providers need to focus on the real needs of physicians. The traditional approach – which pretty much relied on literature searches and the perspective of an expert – is no longer good enough to meet the current criteria. Providers must be able to reconcile the difference between what the guidelines call for and what physicians are actually doing. Choosing the right mechanism to get physicians to change behavior is at the foundation of all CME, and it’s at the heart of the current accreditation process.

NFM: What can MAG’s CME providers do to prepare themselves and physicians for the future?

Dr. Newland: Our CME providers must be promoting concepts like physician assessment, they must be measuring outcomes, and they must design their CME in a way that improve the quality of care. Also remember that the process of continuing professional development now goes well beyond acquiring additional knowledge.

It is paramount for physicians to engage in quality improvement. MAG’s CME providers need to review their overall CME program and determine which kinds of educational formats are most effective. And providers need to ask themselves if they have credible evidence that shows that those formats are linked to improved care, competency, and behavioral changes.

Going forward, it will be important for MAG’s CME providers to find a way to link their CME offering with improvements in care in a demonstrable way.

NFM: What about changes that are underway in CME and MOC?

Dr. Newland: Most specialty boards have adopted a program involving continuous professional development, which is called MOC, as a formal means of measuring a physician’s continued competency in his or her certified specialty

and/or subspecialty. The changes that are underway in CME and MOC will require physicians to participate in the process to evaluate their practice in a very active way and on a regular basis. Physicians will also have to be in a position to measure their performance against competency standards and guidelines, and they will have to be able to demonstrate the ways they have effected performance-based changes in their practice.

NFM: How can physicians learn more about MAG's Department of Education and CME accreditation services?

Dr. Newland: They can contact Andrew Baumann, who is MAG's new manager of accreditation, at 678.303.9286 or abaumann@mag.org. Physicians can also go to www.mag.org/education for additional information.