

# MEDICAL EDUCATION

## Are you optimising your return on investment?

The marketing of pharmaceuticals and devices is coming under ever increasing scrutiny and regulation. As restrictions increase, medical education is becoming an increasingly important component of the marketing mix. In the first 3 months of 2010 \$13 million dollars was invested by Australian pharmaceutical companies on running educational meetings alone.<sup>1</sup>

**This edition of Strategy In Practice aims to address key issues surrounding medical education. We trust that you find it both thought provoking and valuable.**

# CONTINUING PROFESSIONAL DEVELOPMENT

## A mandatory investment

It is well recognised that for healthcare professionals to maintain professional standards they need to devote time and energy to continuing education. This is nothing new for the medical profession; however for allied healthcare professionals, such as pharmacists, continuing education has only recently shifted from an activity that is encouraged to an essential activity to maintain registration.

The demand for accredited activities will continue to increase and this represents both an opportunity and a challenge for pharmaceutical marketers.

### In short, accredited education:

- Attracts attendance
- Is allowable under the Codes of Conduct
- Is effective at changing behaviours

### But:

- It is an invitation to do work
- Requires trust, as it is unbranded
- Needs to be focused on the needs of the participants

# SKEPTICS AND CRITICS ARE EVER PRESENT

## Care is required to preserve industry involvement

Just like other aspects of the marketing mix, industry sponsored education is subject to ever increasing scrutiny and skepticism.<sup>2-5</sup> This criticism can be considered harsh, as it is unlikely that training offered to pilots from Boeing would be considered inappropriate. However as different standards are applied to different industries, it is critical

that our industry not only embraces education, but that it is developed and implemented in a ethical fashion that can stand up to external scrutiny. For example, sponsorship of any educational activity should be fully disclosed.

# KEYS TO SUCCESS

**There are several fundamentals that need to be considered when investing in education programs and these are summarized in Table 1.**

**Table 1: Keys to success**

- Delivering value to the end-user
- Supporting the quality use of medicines
- Strategic clarity
- Optimal delivery
- Measuring outcomes

## Value to the end-user

Continuing education is an invitation to sharpen one's skills, improve knowledge and improve clinical practice by doing additional work. Hence it is paramount that in developing educational activities the needs of the end-user, be it a specialist, GP, pharmacist or nurse, be at the centre of the development process.

End-user value can be optimized by completing an insightful needs assessment. Work with key opinion leaders, but also engage everyday practitioners, your target market, as they will give insights into their challenges, needs and expectations.

It is also important to understand what motivates them. You may have your own reasons for wanting people to undertake an activity, but ultimately success is dependent on the end-user believing that participation will address their needs.

## Quality use of medicines

Another way to ensure we deliver value to the end-user is to build educational activities that are focused on the quality use of medicines. The focus must be beyond that of the Brand and address all significant issues. Programs need to be evidence-based and this evidence needs to be peer-reviewed and current.

### Quick tip

**Request the search strategy used by the education developer to check that the basis of the education activity you are sponsoring is truly evidence based and not based on literature of convenience.**

## Strategy

Continuing education represents a significant investment, so it should have a strong strategic fit. Strategic clarity is a key to ensuring return on investment (Table 2).

### Do you have a clear strategy in place?

- Why do you want to do continuing education?
- What are the objectives and desired outcomes?
- Does the strategy have key internal stakeholder support?

If the strategy is not clear, contact an experienced medical education provider to discuss your situation and to determine the potential role of education.

## Table 2: Strategic reasons to engage in continuing education

### Drive growth via

- Improving practice standards
- Addressing therapeutic barriers
- Raising awareness of market changes, e.g. new MBS or PBS listings

### Strengthen relationships via

- Access tool
- Rapport/partnership building

### Address issues & opportunities

- Data generation to raise awareness of opportunities and/or to negate issues
- Data generation to support regulatory/pricing/scheduling issues

## Continuing education

### More than dinner meetings

Once the strategy is agreed to and the decision to undertake an educational activity is made, the next step is to determine what type of activity is going to best achieve your goals?

The types of accredited activities are increasing, but a key principle to keep in mind is the greater the level of participant interaction the greater the potential for achieving behaviour change.

*The greater the level of interaction the greater the potential for achieving behaviour change.*

**Active learning modules** are highly interactive and very effective method of raising practice standards over a relatively short time course.

**Clinical audits** are great tools for practice change and data generation. Although an audit is not considered to be of the same standard as a clinical trial, it can be a very effective tool to gather real world data, with the added advantage that well designed audits are publishable in peer-reviewed journals.

**Short meetings** are still highly popular and an effective educational tool. A key to success here is to have a focused set of learning objectives. Don't try and address every clinical issue. Short meetings aren't restricted to didactic lectures. Challenge the provider to enhance the activity with meaningful and relevant participation.

**Online education** continues to grow. Participation is dependent on user friendly interfaces. The challenge is to be more than an online paper. A key question is, do you develop a dedicated website for your activity (or company's activities) or do you use an online provider where your activity becomes one of a number of activities your customers can select from? There are pros and

cons for both.

**Key considerations are:**

- What is the strategic fit of education?
- Is it a one off activity or is the intent to develop a series of activities?
- Is there value in building your own database, to engage your customers online?

## If you are not measuring, you are just practicing

As sponsoring education is a significant investment, it is critical that the return is appropriately measured. Most importantly, do you have measures in place that will determine whether you have achieved your strategic objectives?

This can be very challenging, as it is can be difficult to assess the impact of a single activity when it is not implemented in isolation. Innovative thinking is required, assessment can and should go beyond the standard post-meeting evaluation.

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## OTHER PRACTICAL ISSUES

### Drivers of participation

Three key drivers of participation in educational meetings are (1) topic (2) speakers and (3) time (i.e. is it a convenient time).<sup>2</sup>

An increasingly important driver of participation is the specific requirements of the different professional bodies. For example, the Royal Australian College of General Practitioners has been adjusting its requirements to increase the attractiveness of the more interactive Category 1 activities. The implication for providers and sponsors is that longer activities, such as active learning modules, are in greater demand.

For clinical audits, a key driver of participation, or more importantly ongoing participation, is ease of use of the data collection tools. If the data collection tool is cumbersome, then participation can quickly drop off, potentially compromising the strategic objectives.

#### Quick tip

**Make sure your provider tests the comprehension and usability of data collection tools prior to finalising a clinical audit.**

Another driver of participation relates to effectively communicating value to the participants. For example,

### Table 3: Driving participation - checklist

#### Does your education provider answer the following questions to your satisfaction?

- What are participants going to achieve (get out of this/be able to do) as a result of completing this activity?
- How are we adding value to their practice/business?
- How are we improving patient care?
- Are the presenters and/or the education committee well known and respected?
- Is the activity compelling and sufficiently interactive?

Scius Solutions have developed clinical audits where outputs of the audit included decision support tools for all audited patients. This way not only does the GP receive feedback on their management of a specific condition, but they also receive information relevant to the management of individual patients.

### Content is king

When it comes to education, there are many factors that dictate success. An undisputed fact is that education

must be evidence-based, therefore content will always be king.

Does your agency rely on freelance or in-house medical writers? Forging a solid relationship with your agency is pivotal. It ensures continuity of knowledge so that subsequent programs build on feedback from previous ones, as well as saving time and budget on initial learning on the therapeutic area. This benefit is likely to be optimized when your agency's medical writing capability is in-house as opposed to relying on freelancers.

## CASE STUDY

### Leveraging GP word of mouth

Word of mouth is one of the most powerful marketing tools and yet it is the most challenging to harness. This case study, from Scius Solutions, is an activity where one of the key objectives was to specifically to encourage GP word of mouth.

#### Objective

To develop a communications program that would facilitate GPs sharing their own success stories on improving the lipid management with their peers.

#### Challenges

- To develop a vehicle that would harness GP word of mouth, whilst protecting the integrity and credibility of the GPs who were to share their experiences.
- Work load placed on the GP presenters needed to be manageable to guarantee involvement.
- Engaging GP presenters to share their experiences.
- Attracting GP attendance to meetings where the main speaker is a peer and not a specialist.

## GP Identification

- Early Adopters

## Case Study Development

- Sample cases
- Templates
- Personal support

## Train the Trainer

- Accredited, Category 1
- Clinical update
- Presentation skills

## GP Workshops

- Share own cases
- Specialist support
- Accredited, Category 2

## Solution

Scius developed an innovative accredited education program that comprised both an active learning module (Category 1 activity) and shorter interactive workshops (Category 2 activity).

Harnessing GP word of mouth was achieved through identifying early adopters of new therapies and asking them to share relevant case studies with their peers.

Scius developed the base program on the therapeutic area, addressing the latest clinical evidence and gaps in achieving best practice. The evidence-treatment gap was used as the focus for case study development and for the GPs to share their own clinical cases (word of mouth).

Accrediting the activity was a key step in addressing any concerns regarding credibility and independence of the interactive workshops. Another essential element, was the GPs had complete freedom in case study selection. There were no restrictions.

## Adding value

For the GP presenters we created a train the trainer active learning module. Here the GPs received the latest

clinical update from specialists plus presentation skills training, in addition to earning 40 Category 1 points.

For GPs who attended the short workshops, we added value by supplementing the content with expert comments from cardiologists in their region.

## Faultless execution

If you think obtaining a case study from a single GP on time can be a challenge, then imagine the task of getting 2 case studies from 75 different GPs in the space of 2 months! Scius achieved this ambitious goal by first creating sample case studies that were included in the base program so that the GPs could see how the cases fitted in to the larger program. We created a case study template that allowed each GP to provide key data and information about their cases. Scius used this data to bring these cases to life. Draft cases were then reviewed, modified and approved by each presenting GP.

These GP presenters then ran a series of RACGP accredited interactive workshops nationwide, educating their peers and sharing their own cases – harnessing word of mouth.



Scius Solutions Pty Ltd

Suite 9, 357 Military Road, Mosman, NSW 2088

Phone: +612 9904 1077 • Fax: +612 9904 1322 • <http://www.scius.com.au>

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References: (1) Medicines Australia. Educational event reports Quarter 1, 2010. Available from: URL: <http://www.medicinesaustralia.com.au/pages/page136.asp> (2) Carney SL, et al. Intern Med J 2001; 31(8):488-491. (3) Mansfield PR, et al. PLoS Med 2006; 3(11):e451. (4) Mitchell P. MJA 2009; 191(5):273-275. (5) Korenstein D, et al. Arch Surg 2010; 145(6):570-577.