Iraqi New Medical Journal. July 2016;2(2)

Iraq-BMJ online CME programme: reflections on the experience

Mohammed Hasan Nemat[1]

[1]MBChB, FICMS CV, MSc Medical Education; Consultant Cardiac Surgeon, Director of the Iraqi Center for Heart Diseases, Medicl City Complex, Baghdad, Iraq. E mail: valardi71@yahoo.com

" The amount of on-line Continuous Medical Education (CME) programmes for medical professionals has increased noticeably specially in the last decades. This is driven by the increase in the amount and complexity of information needed by health care providers. Of these is the BMJ learning; a cite which is designed by BMJ Group to provide accredited, updated educational modules intended to upgrade the knowledge and skills of health care providers. The experience of Iraqi Health care providers with the BMJ Learning has started in 2008, though it was limited to participants of cohorts trained in the United Kingdom*. In 2010, Iraqi Ministry of Health had signed a three-year contract with BMJ Group to make the access to the BMJ learning available for Iraqi Health care providers. This project aimed to restore the medical educational infrastructure which has been subjected to gradual attrition over time because of the political instability the country has been through for 30 years. It was directed to all the Iraqi doctors, dentists and pharmacists. The start of this contract coincided with early steps of implementing national CME programme in Iraq. "

Key Words: CME, Iraq/ BMJ Learning, educational modules.

This online programme aimed to achieve the following objectives:

- To continuously provide training for Iraqi doctors in different specialities and to encourage lifelong learning and best medical practice in Iraq in line with the Ministry of Health's areas of core focus.
- To improve the medical capabilities of doctors in primary health care centres to be a triage gate before the already loaded hospitals.
- To help Iraqis establish their own educational programmes and CME centres in the main Iraqi medical institutes.
- To encourage and improve national capabilities for medical research and publication.
- To provide more training for nurses and other healthcare professionals.

The registration with the programme has been recommended by the Iraqi MoH to all health care workers, but it was not obligatory. Learning outcomes and objectives of the programme were managed by a committee of clinicians from diverse specialties in Iraq. On the provider side the BMJ group was overseeing the teaching and technical aspect of the programme.

In 2011, I have conducted a research to evaluate the programme** (After the end of the first year contract). The main objectives of the study were to measure:

- The satisfaction of users about the relevance of content, formats, significance, ease of access and navigation.
- Influence on learning outcome.
- Influence on changing practice.
- Rate of participation.
- Participants' suggestions for improvements.

The number of people registered at the time of the study was 1,045 participants. Responses of the participants were collected through an email survey or through direct interview with

some of them. The survey was designed to measure two important domains. The first domain was related to the programme contents and accessibility. The second domain aimed to assess the management of the programme and its campaigning. The results of the former had showed that 87.5 % of participants were convinced that BMJ learning had positively influenced their practice, and about 96% of them agree that it will influence their practice in the future. Seventy five percent of the participants have quantified their satisfaction with BMJ learning as being good or excellent and they tend to recommend it to others. Few participants had suggested adding new modules to cover wider range of specialties especially surgical subspecialties. Assessment of the second domain had shown two important obstacles. Number one was the inability to reach as large number of health care providers as possible because the project manager at headquarter of Ministry of Health was connected to them indirectly through their health directorates; in addition, they had missed other doctors who work in other Iraqi Ministries like Ministry of Higher Education. The second obstacle was technical, because at that time internet service was not of good quality especially in certain areas of the country. These two obstacles, of course, has negatively influence the participation rate.

Results of this study, in addition to other assessments made by the BMJ Learning and Iraqi Ministry of Health had provided a good tool to design a new campaigning plan for the following two years of the contract. The new plan aimed at approaching health care providers directly as well as indirectly and involving those working at Ministry of higher education in addition to provide incentives for those who did as much of the modules as possible. This new plan had improved, to certain extent, the registration rate to four folds.

The experience one can come up with from this contract is that we are providing high quality educational materials prepared and endorsed by a well-known international firm like BMJ Group but in a situation full of challenges and obstacles like what we have in our country. We should keep in mind that Iraq/ BMJ Learning was the first experience in the history of MoH in Iraq and it is imperative that we should pursue the introduction of new modalities of education such as on line educational programmes. The expected challenges that we have faced should not withhold us from pursuing this path in a quest to achieve accredited CME. What is promising and good news in this field is that CME programme at Iraqi Ministry of Health has become mandatory for doctors, dentists and pharmacists since 2015. The contact with Iraqi Health care providers has improved tremendously since 2012 and this has coincided with great improvement in the infrastructures of internet services in the country. The improvement achieved and the experience gained from implementing Iraq/ BMJ Learning will, for sure, help us to adopt such programmes in future with expectation to achieve success, especially if we pay a good deal of time for the planning and implementation. It requires designing a programme that answers our educational needs and has clear objectives. It should be easily accessible, user friendly, updated, practical and has impact on practice. The programme needs to be monitored regularly and systematically with measurable outcomes in order to adjust it towards the planned and achievable objectives. The needs and objectives themselves require revisiting in light of the results of programme assessment to ensure updatability and practicality of the content. Above all and before all, without believers there will be no meaning for any religion. Continues medical education is a culture we need to cultivate among our health care providers. To spread the believe in CME it requires proper, continuous campaigns reaching each and every health care provider in MOH, and proving to them its necessity in modern medical systems.

* About 400 Iraqi doctors who were sent in cohorts to the United Kingdom during the period from 2008-2009. Each cohort has included about 20 doctors of many specialties, trained at many UK hospital. This programme had funded by MoH/ UK and was implemented in collaboration with Ministry of Health in Iraq.

** Nemat M. What are the outcomes of evaluating the Iraq-BMJ online Continuous Medical Education programme using Modified Kirkpatrick's Model for evaluation of Training programmes . Unpublished study presented to Glasgow University as part of the requirement to have MSc in Medical Education in 2011.