A Review of Educational Needs and Learning Preferences of Oncology Physicians Outside the United States

Katie L. Eustace, MBA¹
Emily Kitterman²
¹ Vice President, Global Educational Services, prIME Oncology, The Hague, the Netherlands
² Director of Metrics and Outcomes, prIME Oncology, Atlanta, Georgia, United States

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BACKGROUND
Physicians located outside of the United States are experiencing diminishing opportunities for medical education due to the changes in regulations on pharmaceutical companies funding their education, travel, and expenses. Until recently (within the last five years), this was a standard practice, as well demands of the profession. These changes have impacted the information-seeking patterns and educational needs of these healthcare providers (HCPs). This poster aims to show those preferences based on an independent 2017 survey of oncology HCPs.

RESEARCH QUESTION
What are the opportunities for education and the challenges faced in delivering education to the audience outside the United States?

CONTEXT OF SURVEY CONDUCTED
A study performed in Q2 of 2017 gathered information-seeking habits and educational needs of oncology physicians outside of the United States. Results from the survey were analyzed. Questions focused on the information-seeking habits, access to education, time spent on education, and primary educational need. A total of 75 responses were received, including medical oncologists from the Big 5 European countries (Italy, Spain, France, Germany, and the United Kingdom). Source: Information-Seeking Patterns of Oncologists Outside the United States, prIME Oncology, April 2017.

RESULTS
A vast majority of those surveyed indicated a significant preference for IME/CME education over pharmaceutical or company-directed programming. Globally, there are significant economic barriers that burden the physician’s ability to integrate advances in oncologic emerging treatment options directly into their practice. Although live education is a preferred method of learning, access to live education has decreased, leading to an increase in dependence upon online education for updates on therapeutic areas, new treatments, guidelines and clinical trials. The HCP is strongly influenced to participate in a program based on content, educational format, and speakers. Additionally, the convenience of online educational programming was demonstrated since most respondents indicated that they participate at home after their clinical care duties. Median response of survey takers indicated that 30 minutes is the preferred length of on-demand education.

NOTABLE FINDINGS
79% of physicians would prefer to attend an IME event over a pharmaceutical event
10% of physicians are able to distinguish the difference when participating

Content is more interesting
IME
More transparent
Avoid commercial interference
More objective
More valid
More neutral
Less biased
Lack of perceived bias
Independent presentations and conclusions
More reliable
Clearer information
More accurate information
Because it’s independent

Therapeutic questions drive physicians to seek more information 32% of the time
Making IME focused on therapeutic questions a valuable resource

63% rely on continuing medical education courses for the latest clinical care advances

62% of physicians prefer to access medical education at home after clinic hours
Marketing strategies for on-demand IME activities and implementation plans for live on-demand activities (such as live webinars) should take this after-hours preference into account

CONCLUSIONS
The information-seeking needs of medical oncologists outside the United States will continue to evolve with the everchanging regulations, which include contributions from industry supporting travel expenses to attend congresses and supporting medical education overall. Online education will continue to increase as a result of diminished access and availability of live education. Clinicians outside the United States will continue to seek out independent medical education resources over pharmaceutical events because of the bias-free education and perceptions around industry directed communications.

FUTURE DIRECTIONS
With independent medical education being preferred, a provider with knowledge of global accreditation resources will be able to use the standards and guidelines to successfully provide independent medical education to the audience outside the United States. However, to meet these very specific needs, the educational provider will need an in-depth knowledge of the locoregional differences and barriers, accreditation is required, which credit system, country-specific regulations, and the best ways to reach the clinicians in specific regions. Providers must also expand their educational portfolios to include online offerings as clinicians continue to seek out information utilizing the on-demand portable platforms.

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