

# What is the Role and Value of Extra-Mural Medical Activity?

## Abstract:

Presently all Irish doctors, apart from trainees, are in the process of getting their educational activities for the past year in order for enrolment in the new medical competence scheme. The intra-mural component is understandable and makes common sense. It gives an existence to one's daily professional life. It is about meeting with one's colleagues at least once a week to discuss aspects of patient care, review of radiological findings and the presentation of data from recent medical papers. The process is cost neutral, time efficient and beneficial for both patients and doctors. It is an important driver for the audit programme. In addition to its educational value it is good for team building and personal professional development. It may not sound very glamorous but its potential is considerable.

The extra-mural component is more difficult to quantify. It is about attending medical conferences both nationally and internationally. Its value to the practising doctor is being questioned by many. The expenditure can be considerable and this is an important consideration in the current economic recession with major health cuts. It involves taking time off work, cancellation of clinics, surgical lists being postponed and additional burdens being placed on colleagues remaining behind. While one is away the backlog of clinical work, correspondence and administrative duties steadily rises. There is the jet lag, long waits at airports, lost luggage and weekends away travelling. Over time frequent travelling can lead to wear and tear, low morale and fatigue. In the business world it leads to increased employee turnover. The exercise may be worthwhile as long as the gains exceed the considerable outlay. The problem is that the benefits are difficult to measure. There have been very few attempts to apply any metrics. Assessment of its usefulness involves personal reflection. How much new information did you acquire? Was the additional information helpful in the care of your patients? Did you actively participate in the proceedings or were you a passive listener? When on return home did you find time to put together a summary of the proceedings and present them to the other members of the department?

There are at least 100,000 conferences annually<sup>1</sup>. The expenditure on meetings is incalculable both financially and in man-hours. Some are extremely large gatherings such as the American Thoracic Society and the American Cardiac Society. The former has 15,000 delegates and the carbon burden of flying doctors to the meeting exceeds 10,000 tonnes which is equivalent to 100 million person air miles<sup>2</sup>. The American Thoracic Society has 45,000 attendees which amount to 300 million person air miles. The financial, time and environmental costs must be weighed against the educational benefits. The positives are the acquisition of new knowledge, new attitudes and additional skills. There is the inspirational value of a good lecture or clinically important new research. There are the benefits of personal contact and professional networking.

Critics of the rapidly expanding international conference process feel that some of the activity can be misleading and unhelpful. The content of plenary sessions can be subjective, anecdotal and lacking robust evidence. Ioannidis states that each professional society or organisation creates its cadre of leaders. These opinion generators can have a wide influence on the medical community even when the facts are unclear and there are other viable explanations. Another reservation is the bulk production of abstracts with superficial peer review. Many abstracts presented at meetings are never subsequently published as papers. Also the selection process is constrained by having to make a decision based on a summary of a few hundred words.

There are undoubtedly many benefits to be obtained from medical conferences. The traditional understanding is that they provide education, inspiration and presentation. They help to keep us up to date. They prevent the individual, group of individuals or the hospital from adopting an insular, inward policy. All organisations develop a "blind spots" over time. Outside opinions and influences are necessary to prevent this from happening.

The electronic age offers alternatives. Data can be communicated instantly around the world. A geographically dispersed group of experts can be linked together to discuss pressing issues. Videoconferences have been proposed for some time but haven't taken off. They haven't been popular because there have been technical problems. In the 1990s it had been expected that internet technology would bring rapid changes but it hasn't happened. Until recently the costs of the hardware was prohibitively expensive for most organisations but this is now changing rapidly. Another reservation is that most of us can recall instances when the technology failed to operate effectively. Other criticisms include the lack of eye contact and other components of non-verbal communication. To be effective video technology must be better organised with more investment in the process. A proportion of the large expenditure on conferences should be diverted to these developments. The potential is considerable. Video and internet-mediated conferences offer the doctor the alternative of access to presentations at a more suitable time, and the flexibility of staying within his own practice. Suitable facilities are required and local hubs developed in each country. This will afford the doctor an opportunity to discuss the proceedings with one's local colleagues. To begin with more international conferences should start providing simultaneous internet transmissions of the important plenary sessions. There is an opportunity to undertake studies comparing the information gained and knowledge obtained by delegates and a "virtual" delegates.

Many commentators agree that it is time for change. Unless a new approach is adopted large international conferences may become a dinosaur due to their high costs and the pressure of time constraints. In the future they will be partly replaced by electronic communication systems. It will never replace face to face interaction and networking. There is room for both. The challenge is to preserve and develop what's best about medical conferences while eliminating the less useful components.

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Editor

1. Ioannidis JPA. Are medical conferences useful? And for whom? JAMA 2012;307:1257-8
2. Green M. Are international medical conferences an outmoded luxury the planet can't afford? BMJ 2008;336:1466
3. Drife JO. Are international medical conferences an outdated luxury the planet can't afford? BMJ 2008;336:1467

Comments: