

The Haematology Summit 2014–2019: evolution of a national medical education programme

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Medical writing support provided by Wave Healthcare Communications, Amersham, UK

Background and objective

- In 2013, a Janssen medical education steering committee (MESCC) identified an unmet need for balanced, cross-malignancy medical education in the UK haemato-oncology community
- Janssen subsequently held the first Haematology Summit in 2014. This provided a national platform for exchange of clinical experience and best practice in the management of haematological malignancies to improve standard of care and patient outcomes
- Our aim was to understand how an annual haemato-oncology meeting of this nature could be evolved to ensure it continually addresses the educational needs of the haemato-oncology MDT each year

Methods

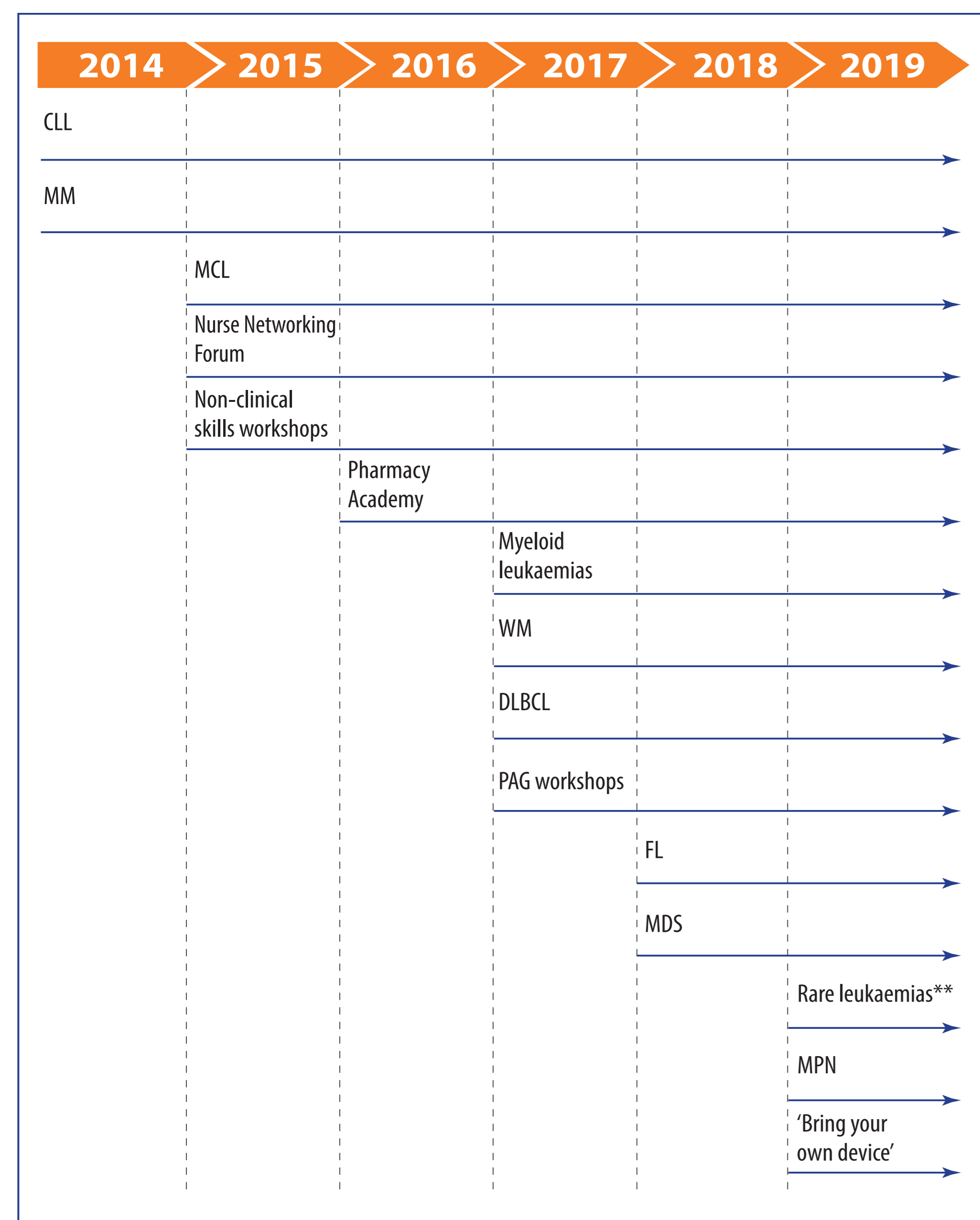
- The inaugural Haematology Summit was developed in collaboration with the MESCC to ensure the agenda was balanced and met the medical education needs of the community
- The programme for each subsequent Summit was adapted to address both the changing therapeutic landscape and feedback from previous meetings, taking into account requests for additional topics, therapy areas, workshop formats and increased interactivity
- Delegate feedback was highly influential in determining how to evolve the programme each year. Feedback was captured using evaluation forms, which comprised both qualitative and quantitative assessment measures* and addressed a variety of meeting aspects, from quality of content to balance and objectivity. Questions were repeated each year to facilitate consistent and comparable data collection

Results

Evolution of the Summit programme

- The first Summit agenda focused primarily on CLL and MM; in response to delegate feedback, subsequent agendas were expanded each year to incorporate additional tumour types (Fig. 1)

Figure 1: Expansion of the Summit agenda – disease areas and session formats by year of first introduction



- The programme was evolved to encourage interactivity through the introduction of the 'bring your own device' initiative and different session types, including those specifically tailored to nurses and pharmacists
- In recognition of the importance of patient-centric medical education, from 2017, the Summit invited numerous Patient Advisory Groups (PAGs) to exhibit at the meetings and run their own separate workshops.† These have included Bloodwise, Myeloma UK, Lymphoma Association, Leukaemia Care and UKONS
- The number of workshop and plenary sessions increased from 10 in 2014 to 22 in 2019, reflecting the expansion of the agenda over time

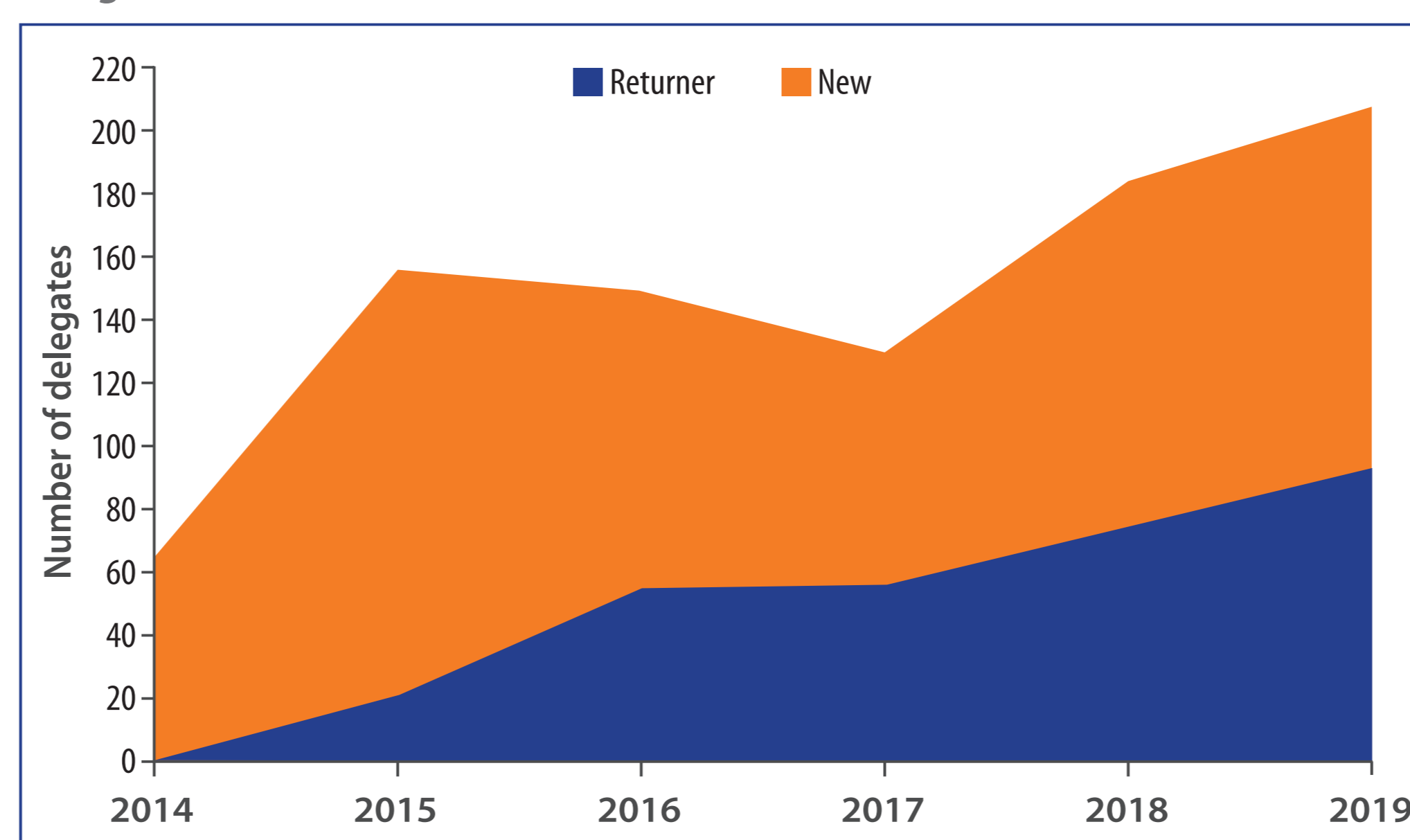
National and international faculty

- The Haematology Summit has featured an extensive faculty* of national and international experts, with a total of 82 unique presenters since 2014. This includes a core group of key national speakers who provide ongoing support in developing and delivering the programme, as well as new speakers each year
- Whilst the UK is home to a number of leading experts in haemato-oncology, the Summit has also welcomed international speakers
- An increase in the diversity of faculty disciplines and areas of expertise has been reflective of the evolution and expansion of the Summit agendas over time

Delegate attendance over time

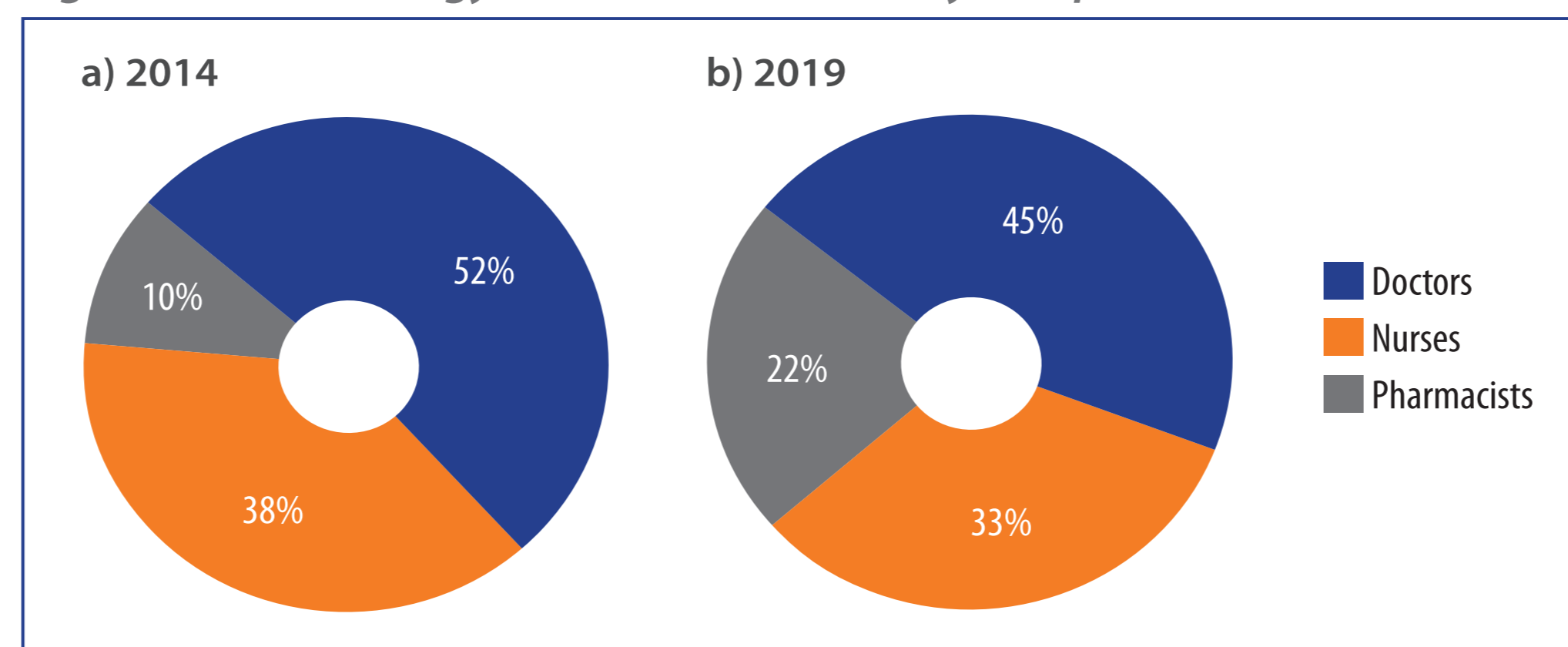
- Since 2014, a total of 589 delegates have attended the Haematology Summit
- Attendance has increased substantially from 66 delegates in 2014 to 210 in 2019, coinciding with expansion of the agenda to include additional malignancy types and session formats
- The Summit has continued to attract new attendees each year, whilst retaining a core group of returning delegates (Fig. 2)

Figure 2: Haematology Summit attendance over time; new and returning delegates



- The Haematology Summit has been an MDT-focused meeting from the outset; incorporation of discipline-specific sessions and an evolving agenda has allowed it to remain so (Fig. 3)

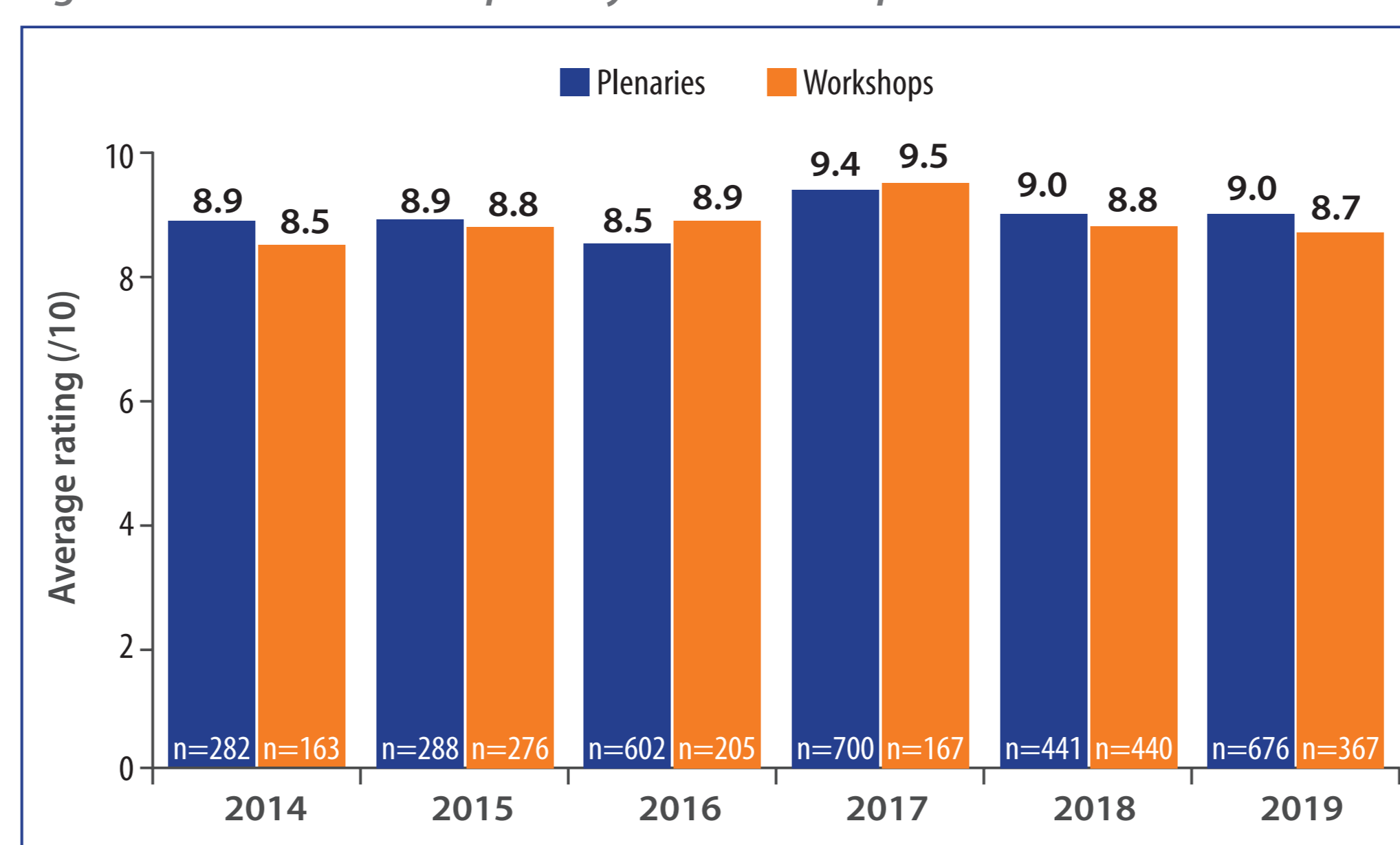
Figure 3: Haematology Summit attendance by discipline



Delegate feedback over time

- Average plenary and workshop session scores have remained consistently high since 2014, in spite of a three-fold increase in attendance and the associated demands on the programme to address the educational needs of an expanded audience (Fig. 4)

Figure 4: Mean scores for plenary and workshop sessions 2014–2019[§]



- To understand the overall value of the Summit's educational offering, delegates were asked how likely they would be to recommend the Summit to a colleague. They provided a mean score of 9.2/10 (n=570, 2014–2019)
- The quality of the scientific content received a mean score of 9.4/10 (n=508, 2015–2019), and its relevance to daily practice was rated similarly at 9.1/10 (n=513, 2015–2019)

- Objectivity and balance were important measures to ensure the education was delivered in a non-biased manner, in line with the needs of the clinical community. These aspects received a mean score of 8.9/10 (n=503, 2015–2019)

The Summit meetings to date have been accredited with between 6 and 11 category 1 CPD credits by the RCP, highlighting the unbiased and clinically relevant nature of the agenda

- To increase Janssen's understanding of how their contribution to medical education in haematology is perceived and could be improved, delegates were asked to rate Janssen's leadership in haematology. The mean score given to this parameter was 9.1/10 (n=492, 2015–2019)
- The NPS[¶] index was used to gain a deeper understanding of delegates' overall satisfaction with the education received at the Haematology Summit. The NPS score increased from 54 in 2014 to 86 in 2019

Limitations

- Evaluation forms were accessible to all delegates, but their completion was not mandatory; therefore, the opinions of those who did not return forms are not represented in this analysis
- Although the Summit is a national meeting, it is invariably held in central London. This may limit accessibility for UK HCPs based further afield, thereby restricting the reach of the medical education

Summary

- The increase in attendance and consistently positive feedback from the Haematology Summit have demonstrated the value in holding a national medical education meeting to discuss multiple therapy areas in a way that is accessible and relevant to the haematology MDT
- The programme has been continuously revised and evolved over six years in response to delegate feedback and the changing therapeutic landscape, resulting in a broad agenda encompassing a wide range of therapeutic areas and discipline-specific session formats
- Through persistent focus on programme evolution, the Summit continues to address the unmet educational needs within haemato-oncology, year on year. This is despite an increase in demand on the meeting in terms of rising attendance, and is evidenced by consistently high feedback scores:
 - Attendance at the Summit has increased more than three-fold since 2014. Over half (51%) of delegates have returned to attend more than one meeting
 - Delegate feedback has been consistently positive, with high average scores achieved across all measured parameters
- To continue to improve the educational offering of the Summit and keep pace with the rapidly changing field of haemato-oncology, future meetings should:
 - Ensure the latest and most pertinent topics, such as cell and gene therapy, are always addressed in the agenda
 - Embrace new technologies and digital platforms to engage with delegates and further the educational reach beyond the Summit meetings^{||}

Acknowledgements

- The Haematology Summit has been made possible by Janssen Medical Education Managers Nigel Pryn, Lisa McDougall and Elle Philips, with support from their medical education agency Wave, who have been instrumental in the conception, evolution and delivery of the Haematology Summit to date (www.wavehealthcare.co.uk)

Acronyms

ABPI: Association of the British Pharmaceutical Industry; CLL: chronic lymphocytic leukaemia; CPD: continuing professional development; DLBCL: diffuse large B-cell lymphoma; FL: follicular lymphoma; HCL: hairy cell leukaemia; HCP: healthcare professional; MCL: mantle cell lymphoma; MDS: myelodysplastic syndrome; MDT: multidisciplinary team; MM: multiple myeloma; MPN: myeloproliferative neoplasms; NKLPD: natural killer lymphoproliferative disorder; NNF: Nurse Networking Forum; NPS: Net Promoter Score; PA: Pharmacy Academy; PAG: Patient Advisory Group; RCP: Royal College of Physicians; T-LGL: T-cell large granular lymphocytic; T-PLL: T-cell prolymphocytic leukaemia; UKONS: UK Oncology Nursing Society; WM: Waldenström's macroglobulinaemia

The Haematology Summit is an educational meeting organised and funded by Janssen-Cilag Ltd

Please contact Janssen@wavehealthcare.co.uk for further information about the Haematology Summit.

*Delegates were asked to rate aspects of the meeting on a scale from 1 to 10, where 1 was 'very poor' and 10 was 'excellent'. This analysis is not intended to be academic research, but rather a qualitative/quantitative survey of delegate attitudes and opinions

**Including HCL, T-PLL, T-LGL leukaemia, NKLPD

†The Haematology Summit is only open to healthcare professionals; Patient Advisory Group representatives are only permitted to attend their own designated sessions. PAGs are wholly responsible for the content on their exhibition stands

‡An extensive faculty has supported the Summit, including Dr Sridhar Chaganti, Professor Gordon Cook, Professor Andrew Davies, Dr Claire Dearden, Professor Robert Duncombe, Sarah Henshaw, Helen Knight, Dr Robert Marcus, Professor Mohamad Mohty, Dr Roger Owen, Karen Stanley, Dr Eleni Tholouli, Professor Kwee Yong

§Delegates were asked to provide an overall rating for every plenary or workshop session they attended each year

¶Net Promoter Score is an important measure of success for meetings like the Summit. Delegates were asked to rate, on a scale of 0–10, how likely they would be to recommend the Summit to a colleague. Scores of ≤6 were 'detractors', 7 or 8 were 'passives', and 9 or 10 were 'promoters'. NPS was calculated by subtracting the % of detractors from the % of promoters

||Within the confines of the ABPI code of practice.