

Lessons from building an accredited medical conference: Design and delivery

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Abstract

Participation in meetings and events by healthcare professionals is part of their continuing professional development, and it is a requirement for organisers to gain accreditation for continuing professional development in order to attract delegates. We describe our experiences of building an affordable educational event without the involvement of an industry sponsor. The programme spanned a range of interlinked health topics, a research forum and opportunity to network with scientists from academia and industry across Europe. Following a de-brief with the conference team and analysis of delegate evaluations, a number of learning points emerged, including the need to start organising early, difficulties in reaching the target audience, the high cost of delivering such an event, scheduling issues, and the degree of team effort required for a successful outcome.

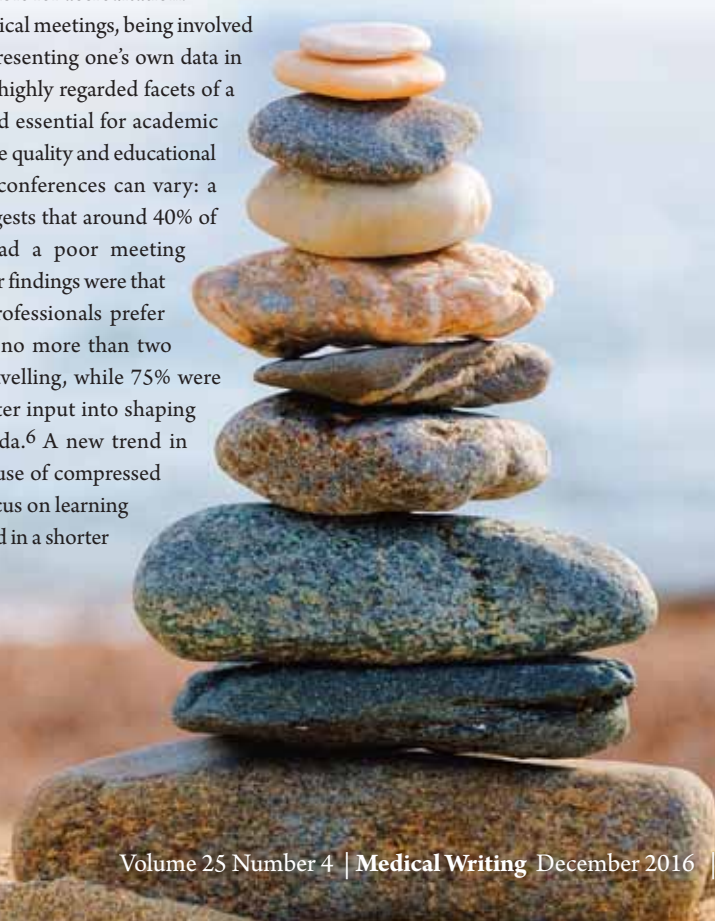
With increasing specialism, medical meetings are focusing on evermore narrower areas of interest. This contrasts with the current emphasis on multidisciplinary patient care.¹ Similarly, innovation and research moves forward apace across the pharmaceutical industry, medical devices, and digital health, yet these different groups seem further apart than ever. One positive development in this changing landscape is that the patient viewpoint is given increasing prominence.²

Participating in continuing professional development (CPD) is now a stipulation for most healthcare professionals. UK-based primary care physicians (general practitioners/GPs) for example, are required to demonstrate annually that they have participated in a range of educational activities and accumulated an average of at least 50 CPD credits annually.³ Such credits can be awarded by a range of approved organisations whose role is to assess the educational value, quality of content, and unbiased nature of the activity.⁴ Many industry-sponsored events are not eligible for accreditation.

Attending medical meetings, being involved in research, and presenting one's own data in front of peers are highly regarded facets of a medical career and essential for academic advancement.⁵ The quality and educational value of medical conferences can vary: a recent survey suggests that around 40% of delegates have had a poor meeting experience.⁶ Other findings were that that healthcare professionals prefer shorter events of no more than two days including travelling, while 75% were keen to have greater input into shaping the meeting agenda.⁶ A new trend in some areas is the use of compressed teaching with a focus on learning outcomes delivered in a shorter time period.^{7,8}

Reduced employer funding for postgraduate medical education is a barrier to learning.⁹ The pharmaceutical and medical device industries continue to make a major contribution to CPD activities for healthcare professionals. Though this is generally valued, commentators argue that it could affect prescribing and should be prohibited.¹⁰ In the US, the pharmaceutical industry is not permitted to be directly involved in CPD;¹⁰ consequently, a number of commercial education companies have stepped in to fill this gap. The high cost of meetings and courses means that self-funding is not an option for many healthcare professionals.

There is perhaps another way of addressing some of these issues while at the same time providing medical writers with a training opportunity. Our medical communications company is built upon core values that include the importance of education, innovation and partnership working, so establishing the European Health Innovations Collaborative (EuHIC) was a natural step for us. The inaugural



event, EuHIC 2016, aimed to deliver an affordable conference for healthcare professionals that built on our senior team's educational experience and enhanced the company's profile. The event had to cover its costs. Our desired outcomes were to provide an update delivered by experts across a range of health areas, an opportunity for delegates to present their own research and an environment conducive to networking with peers, scientists and innovators, all without the involvement of an industry sponsor. This article describes our experience of organising and delivering an educational conference in a European setting.

Building the programme

The starting point was a series of discussions with practising medical doctors in the UK and abroad (Table 1). Their diverse opinions suggested that interacting with fellow delegates was as important as up-to-date and interesting content. They liked the idea of mixing with scientists and innovators from the pharmaceutical and medical devices industries and digital health. Potential delegates wanted brief presentations in varied formats with a European flavour. All of this input resulted in the establishment of the European Health Innovation Collaborative (EuHIC). Clinical commitments mean that many did not want to journey too far or to be away from their patients longer than necessary. Obtaining CPD credits was essential for many.

Meeting duration, budget, and registration fees

Based on healthcare professionals' preference for shorter programmes and greater networking opportunities, we decided on an inaugural one-day meeting with a preceding welcome evening and post-conference networking event.

EuHIC 2016 was designed as a non-profit conference, with revenue intended to cover costs. In setting our registration pricing we looked at what other similar sized medical conferences and meetings around Europe were charging for one day of attendance. Figures for full registration were found to be in the range £225–700 (€260–800) depending upon time of application. We settled on an estimated total budget of £20,000 (€23,000) based on 100 delegates paying £140 (trainee rate: £160) or £195 (full registration: €225). These figures were lower than elsewhere

Table 1. The EuHIC diary

Month	Activity
2015:	
December	<ul style="list-style-type: none"> Agreed core topics and cross-cutting themes Commissioned branding and logo design
2016:	
January	<ul style="list-style-type: none"> Located and booked the venue Purchased EuHIC domain Designed "save the date" flyer
February	<ul style="list-style-type: none"> Created website design and structure, began populating the site (continued to September) Distributed "save the date" flyer Approached conference chair and secured agreement Started to approach presenters and exhibitors (continued throughout March, April, and May)
March	<ul style="list-style-type: none"> Set up registration and payment system Booked refreshments and entertainment for social events Approached speakers from Germany, USA and Ireland
April	<ul style="list-style-type: none"> First round of direct emailing Site visit to conference venue
May	<ul style="list-style-type: none"> Registered with RCP for CPD accreditation Sent promotional material to postgraduate deans and key "gatekeepers"
June	<ul style="list-style-type: none"> Set up mass emailing with Doctors.Net Continued direct emailing to own contacts Submitted CPD application to RCP Booking of accommodation and travel
July	<ul style="list-style-type: none"> Began Twitter campaign BMJ ad appeared Updates to website Started to compile speaker biographies and presentations Distributed conference flyer Received 7 CPD points
August	<ul style="list-style-type: none"> Re-sent mass emailing via Doctors.Net Completed the programme Started to compile conference documentation (e.g. evaluation form, attendance certificates, badges) Increased Twitter presence Refreshed website, including abstracts and biographies
September	<ul style="list-style-type: none"> Finalised documentation and printed conference handbook Updated delegate list, confirmed refreshments. Final instruction emails to delegates, speakers and exhibitors

Abbreviations: BMJ, *British Medical Journal*; CPD, Continuing Professional Development; EuHIC, European Health Innovation Collaborative; RCP, Royal College of Physicians



but our budget also relied on being able to attract up to 12 supporters from industry to host a stand (cost £500-850; €575-975).

We used the web-based service Eventbrite (www.eventbrite.com) to manage bookings and payment, allowing both delegates and exhibitors to pay by bank transfer or credit card. The company charges a 5-7% administration fee, forwarding receipts to our bank account. While speakers were not paid for their time, we funded their travel, accommodation, and participation in the social events. Some were very reasonable in their claims, though others sought first-class travel and dinner expenses despite signing up to our catered events.

Timing

The health and medical conference calendar is crowded. The dates of September 21–22 September 2016 were chosen as being relatively free of meetings and long enough ahead of our first planning meeting. The downside was that this coincided with the holiday period during our peak advertising period of July and August. Low numbers and the UK's vote to leave the European Union ("Brexit") did at one point make us consider cancelling the event. Matters were seen to improve with a rush of bookings occurring in the first few weeks of September. This was

particularly true of trainees who reported that they wished to book earlier, but could not do so until their timetables were available.

The venue

A good location attracts delegates. London is vibrant, easy to get too and has numerous potential delegates from hospitals and universities close by. We wanted a venue that not only had all the technical facilities required for a modern event, but also a connection to the theme of the conference. After much searching we were offered a lecture theatre and three adjacent smaller rooms in the medical school at Imperial College London (total cost for 100 delegates with catering, equipment, technician etc. approximately £7,500).

Speakers, programme, and format

It has been estimated that the amount of medical research output doubles every nine years.¹¹ Our starting point was to look at what is currently arousing interest in the medical press. The next step was to list good speakers we were acquainted with, who were interested in research and teaching. Obtaining the early agreement of Professor Andrew Krentz from the Buckingham Institute for Translational Medicine (Clare Laboratory, the Clare Institute for Translational

Medicine, University of Buckingham) to be the conference president lent authority to the meeting and helped attract other speakers.

Our original contacts requested short presentations. Compressed teaching is an unfamiliar concept for many and requires an adjustment to delivery and assessment.⁷ It is also far from an easy option for students.⁸ Our request was that the speakers concentrate on the desired learning outcomes in 10-12 minutes without unnecessary detail. This was a challenge that most presenters achieved, with one notable exception (in excess of 20 minutes).

We wanted to offer a packed, value-for-money programme containing something interesting for everyone. The final programme comprised 16 different sessions across four rooms, delivered by 63 clinicians, scientists, and industry representatives. (The full agenda can be found at <http://www.euhic.com/programme>.) This in itself posed a significant logistical challenge.

Our solution was for each parallel session to include a mixture of more scientific or specialist topics alongside broader subject areas. While this worked for some, there was, for example, criticism that the primary care session clashed with the update in emergency medicine across Europe, or the gastroenterology and hepatology presentations were run at the same time as the



diabetes lectures. Our evaluation showed that while many delegates would have preferred a different order of topics, there was no consensus as to how we might best do this in the future.

An unexpected finding was that some of the sessions predicted as being popular were poorly attended and vice-versa. For example, primary care found a bigger audience than cardiology with its potential attraction of film clips showing elaborate interventional procedures. This demonstrates the dangers of anticipating delegate interests.

Attracting delegates

From the outset, we knew we had set ourselves a significant challenge in constructing a multi-disciplinary programme covering diverse topics, since this did not lend itself to a focus on a discrete target. Our primary target were medical trainees through to new hospital consultants, academics and GPs from across Europe. To that end we applied for CPD accreditation from the Royal College of Physicians and were eventually awarded with seven points. One practical problem was that we had to have the programme finalised before we could apply, a factor that delayed effective marketing.

We also sought to attract scientists and innovators from the pharmaceutical industry, medical device companies and digital medicine; where we succeeded, these were mainly presenters and exhibitors.

Our own database was the starting point for selling the conference, but it needed to be

augmented in a number of ways, many of which were breaking new ground for us.

Website

The EuHIC conference needed a recognisable logo and attractive website. This we developed in-house together with our digital marketing team and regular designer (Figure 1). In parallel, we designed a paper and electronic version of a “save the date” card.

One difficulty we experienced was in synchronising marketing efforts with website content. For example, an early mass email campaign was initiated before many of the speakers had confirmed and prior to obtaining CPD approval. This is likely to have resulted in early viewers of our website being put off by limited information and a less attractive format. Subsequently, we worked on this until

www.euhic.com became the central repository for all conference documentation.

Direct mailing

We used online software (www.mailchimp.com) to handle mass emailing, enabling us to monitor the number of emails opened and who then clicked on the hyperlinks. To our own database we added professional contacts we had met at a range of health-related events. Being mindful of data protection, and our obligations as registrants with the Information Commissioners Office (£1,990/€2,300 per annum), we confined our approach of providing information about an educational meeting to those for whom it would be of interest.

A further electronic method was to purchase a direct email service from Doctors.net.uk (www.doctors.net.uk). At a cost of £2,500 (£2,900), the company emailed our conference details and registration link on two separate occasions to around 60,000 UK medical doctors. The first emailing was opened 20,000 times, an open rate of 32.75%. The number of clicks through to the EuHIC website was 338, a click rate of 0.54%. These rates would normally be considered good for a “cold” email. However, no registrations resulted from these first website views. Contributory factors were likely to have been our incomplete programme and unconfirmed CPD accreditation. The reminder email to the same medical doctors had almost the same open and click rates but resulted in a small number of registrations.

As the conference programme took shape, we had a series of flyers designed and printed. (Figure 2) These were mailed to postgraduate



Figure 1. Logo and website design (screenshot taken from home page)

What have we learned?

- Planning and running a conference is stressful and hard work, especially for newcomers
Our next one will build on this valuable experience
- Costs are likely to be higher than expected
Find a co-sponsor
- Start planning 12 months ahead
*Send “save the date” cards at 9 months and keep sending regular updates.
Run the build-up like a military campaign*
- CPD points are a major attraction for medical doctors
They are a mark of credibility and lend authority to the programme
- Obtain CPD approval before your main promotional push
For maximum benefit, have your programme and presenters in place early
- Medical meetings are a crowded market
To succeed, your event must stand out
- Avoid too broad a programme and limit social events
Delegates’ time is limited – keep things simple
- Charging a payment, even if nominal, is important
Attendees are more likely to value an event that they have paid for
- Mistakes will happen
(e.g., there were still some errors in the handbook)
- Reach out to delegates individually and make them feel welcome
- Expect the unexpected
... and keep smiling!

Abbreviations: CPD, Continuing Professional Development; EuHIC, European Health Innovation Collaborative.



deans and educational centres at the 13 Local Education and Training Boards across England. More flyers were sent to our speakers, associates, and clients. As the event grew closer, we emailed individuals listed on various websites across the UK as being responsible for postgraduate education and training. For cost reasons, we decided to search for addresses ourselves rather than use commercially available lists. The metrics for the direct emails to our own database of contacts were a 20% open rate and 3% click rate. All of these rates compare favourably with established benchmarks.

We took out a quarter-page colour advertisement at the back of the *British Medical Journal* at a cost of

£3,000. On the journal's advice, this went out around 6 to 8 weeks before the event. The EuHIC conference was also listed on the journal's webpage and on the Royal College of Physicians site for courses and conferences. We consider these to have had limited direct benefit.

EuHIC is a new venture and initially had a low profile on social media, with no Facebook, Twitter, or YouTube presence. Our previous experience has been that building a following on any social media channel takes time and effort to be meaningful. In the months leading up to the conference we used both Twitter and LinkedIn as ways to attract interest in our event. Despite this, one delegate commented that he

had expected to see more social media activity from us before the meeting.

Champions and partners

The conference was supported by the British Chamber of Commerce in Germany, which promoted the event through its own European networks. Doctors Academy and other organisations also featured the conference in a *quid pro quo* arrangement. In addition, some of our faculty members and academic contacts were active in promoting the event in their institutions and across their regions. In return, we offered them a number of free places for their trainees and researchers.

Word of mouth

In the end, what proved both effective and low-cost was face-to-face marketing. Whenever the

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opportunity arose during a conversation or as part of an email exchange we would introduce EuHIC. Two members of our team attended “grand round” meetings at several of the major London hospitals and presented details of the conference. Our

statistics showed that 50% of delegates who registered did so after hearing about the event from either one of our team or a colleague.

Outcomes

Successes

Learning points are listed in Table 2. Delegates were mostly medical professionals and/or academics (others 28%). Overall, 34/39 (87%) rated conference organisation good or excellent while 37/40 (93%) held a similar view as to the programme. Similar numbers found EuHIC a good place to engage with different areas of healthcare as well as connect with others they would not normally meet at conferences. Asked whether they would like to attend a similar event in the future, 34/36 (93%) agreed or strongly

agreed. The comments below are representative of much of the feedback received:

“It was good value, the topics seemed very innovative.”

“Great variety of disciplines/ specialties.”

“Really good buzz around the whole day.”

The day ran smoothly, with no technical issues. Our nine exhibitors reported that having a presence at EuHIC had been worthwhile, with enough visitors to their stands and genuine interest in their products and innovations.

The welcome event – a rooftop barbeque at the adjacent Baden-Powell House, home of the Scouts Association – proved a pleasant start. Similarly, the post-conference reception in the President’s House and Garden at Imperial College achieved a warm, relaxed atmosphere, enabling further networking in a congenial environment.

In addition to the satisfaction of building and delivering this event, there are a number of positive outcomes for our team: we have gained experience in obtaining CPD accreditation and working with presenters, venues, and advertisers. A major benefit is in having forged new academic and commercial connections, which are likely to make subsequent meetings easier.

Challenges

Our greatest challenge was in attracting sufficient delegates to fill the rooms as well as to generate enough funds to cover our costs. Brexit did not help. In the end, we received 175 registrations, of whom around 120 attended. While the majority were from the UK, some came from Europe, including Germany, Ireland and Finland. Many of those who did not come were trainees and university staff who had signed up for the free places awarded to those without funding.

Another problem on the day was caused by delegates arriving late and leaving early due to travel issues and clinical commitments. This resulted, for example, in our 09:30 flagship session, the Christie Oncology Symposium, being poorly attended. In future, we will schedule key presentations in the middle of the day to optimise attendance. With regards to the otherwise excellent venue, a second event had unexpectedly been booked alongside ours; this caused a degree of registration confusion and clash during breaks. Similarly, there were issues

with our storage room, which was double-booked for a tutorial, as well as disruption resulting from the visit of a large party of schoolchildren to the medical school.

Despite checking the text for the conference programme several times, one of the key presentation titles was wrong, resulting in a number of irritated emails from the presenter.

Finally, the meeting was not a financial success. Certain elements cost more than expected and paid registrations proved insufficient to cover our expenditure. The full reconciliation is as yet unknown, but we are likely to have made a significant loss – possibly in the region of £10,000 (€11,500).

Discussion

On the positive side, our programme, organisation, and opportunities for networking scored highly; we hope this will yield future clinical and research benefits. For our team, we have gained experience, developed material we can use again, and made many useful connections. Perhaps because of their problem-solving skills, we observed that our medical writing colleagues rose to the challenge and became increasingly confident across a range of tasks. Feedback suggests that we have raised our profile and built much goodwill. A number of delegates and companies have expressed a desire to be involved next year.

Set against the successes are a number of negative outcomes. Our expenditure exceeded income. We were over-ambitious and could have achieved a similar impact with fewer speakers, a less packed programme and more targeted marketing. A major hurdle in attracting delegates is likely to have been trying to sell the idea of a multi-disciplinary meeting run by an unknown, non-affiliated organisation. Medical professionals inevitably belong to a specialism and the idea of an event with cross-cutting themes is for many a novel concept. Another factor is likely to be the present crowded market, with medical doctors being oversold educational events on a continuous basis. One of our authors (CO), a London GP, reports that she may receive up to 10 meeting invitations per day, many of them free to attend.

Despite the challenges, we intend to deliver a EuHIC 2017 in Berlin, building on the successes of the inaugural event and taking account of our learning.

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Conflict of interest

None declared.

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