

Clinical practice guidelines and introduction of CME/CPD for all GPs and specialist: A science of continuing medical education, should it be considered mandatory?

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Continuing medical education is part of the process of lifelong learning that all doctors undertake from medical College until retirement and has traditionally been viewed by the medical profession in terms of updating their knowledge.¹ CME, as the name reflects, is now widely recognized all over the world with the perception of enhancement in the field of Medical Science. It comprises of variety of tools well beyond the traditional didactic lecture delivered in our daily practice. The responsibility of CME has never been properly shouldered by any one of us, even the important institution such as PMDC, Ministry of Health, CPSP, Medical Universities and Medical institutions have not shown and shared interest formerly or in formerly on implementation of CME/CPD.² There is no proper platform for stakeholders to interact with, and share their role to allocate framework of CME. We have not made any effort to implement and incorporate CME programme in district or provincial level.

The changing world in the Medical Science focuses mainly on Knowledge, Skill and attitude. One may acquire knowledge in the field of medicine, yet the skill and attitude is an ongoing process and has to have continuous acquisition of new knowledge skill and attitude in order to enable continuity and competency in practice. The concept is to drive and develop new knowledge with already existing knowledge. The System demands a long term and lifelong learning approach.³ Today the changes have become inevitable and resist to change is obvious because we are exploited to didactic system and resist change.

The learning activities may be either formal learning activities or informal learning activities. Formal activities may comprise of learning through important institution such as PMDC, PMA, CPSP, Medical Universities and Medical Colleges. Informal activities include internet-Point of Care (POC) research, decision making and journal clubs. It is important that all medical professionals,

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Medical agencies with the help and dexterity of Ministry of health should incorporate and implement CME/CPD forthwith. United Kingdom has launched a comprehensive programme referred to as occupational Safety and Health Consultant Register (OSHCR) based on common Sense and Common safety report In Scotland, full-time employment and wish to retain their Practicing Certificate are required to undertake a minimum of twenty hours of CPD per year.

Although the constitution of the nation calls for the removal of illiteracy among the population, and makes it compulsory for everyone to have a minimum of a secondary school education according to Constitution of Pakistan, 1973⁴ in reality the educational system in Pakistan is given a very low priority. Although Pakistan is the sixth largest nation in the world by population, the national literacy rate currently stands at only 57%: 69% of males, and 45% of females. Naturally, the literacy rate in the cities is higher than in the countryside. Islamabad, for example, has a literacy rate of 87%, whereas Kohlu District has a literacy rate of only 20% gathered from Education in Pakistan, 2011. The American humorist Mark Twain once said, "The only person who likes change is a baby with a wet diaper".⁵ Hofstede (2011) refer to power-distance as an "anthropological problem area" that various national cultures handle in different ways. Power-distance measures ways in which different people from different cultures cope with inequality of power. Cultures of high power-distance emphasize inequality, but individuals derive comfort from knowing their status in society and strict to their old philosophy.⁶

In order to achieve the objective and make a holistic approach, we need to update the list of all graduates and post graduate medical doctors and re register them with only if they have achieved accreditation score of ten credit hours for specialist and five credit hours for general practitioners⁷ All colleges should accept the responsibility for both continuing medical education and professional development of hospital doctors (with parallel arrangements for general practitioners. Prior to this a pathway should be established for issue of license from

Pakistan Medical and Dental council Islamabad. Training of such Doctors should be monitored by clearly identifying those who would be requiring training to reach to the level of modern level of Medical Education⁸ Registration of Medical graduates should be made compulsory on the basis of proper training and subsequent award of credit hours certification from PMDC. There are 70 Professional organizations/societies in our country. There needs to be a shift away from credit counting towards a process of self accreditation and reflection Task of accreditation can also be shared by the societies and organization of different discipline on national and International basis. They can be awarded depending mainly on their conferences, seminars, research work and workshops conducting on day to day basis. Despite financial constraints, one should not compromise on validity and reliability of the content. Our country though with limited resources yet is capable of providing voluntary workers and serious Medical Educators. Today all that CME ask for a change and that is "Patient care and healthy Life Style".

In view of the above the following suggestions are made to implement CME/CPD

1. Government of Pakistan should ensure the quality of Health all over the country. Programme pertaining to cognition skill and attitude should be conducted through experts in Medical education.
2. A Health policy should be incorporated to update the knowledge of Medical Doctors particularly living in remote areas of the country.
3. Educational expert should be given incentive to cater their expertise at door step in areas which are far flung and not easily approachable.
4. The licensing authority (PMDC) should ensure the credit hours formally attained through CME/CPD by the facilitators and awarded through authenticated programme sponsored by Government of Pakistan
5. Government of Pakistan with the help of PMDC should implement the programme at district and Provincial level
6. Stakeholders should be given podium to provide help and opportunities to facilitate the CME/CPD programme in remote areas through their regional members of national and provincial assemblies.
7. A core committee should be formed with help of major organization such as CPSP, PMDC, PMA and medical Universities of Pakistan to toil on yearly planning programme.
8. Medical Educationist/Inspector should be appointed from every city to conduct workshop/symposia at various institution in order to provide credit hours to those who do not have access to Medical college or Universities
9. Age limit above 65 years of age, fresh graduates up to first five years and teaching Professors should be exempted from the accreditation.

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