Continuing Medical Education Programs: Earn or Learn?

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Introduction:
In the year 2002, Medical council of India (MCI) introduced a new clause in its ethics code about Continuing medical education (CME), suggesting that every doctor should regularly participate in CME activities and must have 30 credit hours every five years. Since then, many institutions have come forward to conduct regular CME programs.

No one can debate the need for life-long learning for physicians. In this modern era, usage of electronic media and communication technologies have made easy access of new medical knowledge that's being written at breathtaking pace to reach people in seconds. CME has a role to play in improving the standard of medical care like never before. Most people still see the doctors as someone next to God, so there is very little questioning of norms or practice.

In India, with accreditation for continuing medical education being initiated in 2012 by a few state medical councils, doctors are increasingly turning to robust, accredited, certified CMEs to stay abreast of the latest medical knowledge.

Continuing medical education, by definition consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. Thus CME has become one of the Teaching-learning methodologies for large group.

The content of CME is that body of knowledge and skills, generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. In general use, CME refers to educational events that have been approved for CME credits.

Situation in other countries:
In some countries, CME credits are important to physicians because they require a specified number of credits annually to maintain medical licenses, and because most hospitals require a specified number of credits for their physicians to remain credentialed to treat patients. In the united states, sixty boards require anywhere from 12 hours (Alabama) to 50 hours (several states) of CME credits per year for license reregistration. Arizona requires an average of 40 hours of CME every two years.

Are CMEs really needed?
The goal of CME to keep doctors updated with recent developments in medicine is absolutely fair. However, to what extent are doctors able to make use of it, is a question with varying responses. In the modern world of internet, face book and smart phones, knowledge is just a click away and we are able to exchange knowledge across the globe. However, Medical council of India wants doctors to be physically present at the selected registered venues.

In a Medical college or teaching hospital, cases that doctors handle in day to day practice, interaction with fellow colleagues from other departments, clinical meetings, journal clubs, case discussions, seminars, postgraduates and undergraduates teaching programs, all contribute to knowledge acquisition and fall in to the definition of continuing medical education. Many doctors are of the opinion that reading a textbook or a journal is still the best way to learn and comprehend knowledge and is better than sitting in a dark, air-conditioned lecture hall, half-asleep to listen to a lecture passively. In addition, spending money to go to different places within the state, or country or going abroad, just for the sake of a few credit hours appears to be hypocrisy. What difference do such CMEs actually make to our knowledge and practice, is really a debatable issue.

The answer to the question “Why do physicians engage in CME?” is neither simple nor readily apparent. Although the number of CME offerings has increased enormously since many states have made it mandatory for renewal of registration, most physicians do not view such regulation as the most important motivation of their pursuit of medical knowledge.
Our experience:
Over the past few months, after Karnataka state medical council has made it mandatory to obtain credit hours for CMEs, more and more CMEs are being conducted in many medical colleges.  
Some institutions compel their individual departments to conduct a minimum of one CME per year. Many a times CMEs are being conducted for the sake of conducting them, mainly for documentation purpose and for gaining credit hours. Many colleges conduct marathon CMEs on weekly basis too!
The added financial burden and inconvenience that a doctor has to bear because of this cannot be ignored. For doctors going to a metro city for the CME, will cost thousands of rupees. In addition, one has to obtain leave and adjust their duties for attending the CMEs.  
On one hand, the expenditure by individual departments for the CME is an issue. On the other hand, doctors from non-related departments are on competition, attending CMEs of any other department (different subject speciality) from the same institute or nearby institutions to grab credit points at the earliest possible so that they need not struggle for it later.  
Credit points obtained in the same subject speciality would be of more value than simply accumulating credit points for the purpose of registration renewal.
Too frequent CME programs lead to a decline in the attendance and maintaining the optimum quorum becomes a challenging task for the organizers. Delegates register in large numbers for initial few CMEs. Once the stated number of credit hours is accomplished, the delegates' attendance declines.  
The topics for the CMEs have to be carefully selected so as to get updated knowledge that is deficient in a particular field. In spite of having a bird's eye view and advanced planning for the programs organized, most organizers are so busily engrossed in keeping a check on arrangements that they hardly get time to attend the sessions and take benefit of the same- the very purpose for which the CME is organized is not served for them. Sometimes, few departments even land-up making post graduates the speakers for the CME giving the impression of an extended seminar presentation!  
The additional responsibilities of intra CME and post CME documentation, completion of work consisting of making and posting extra copies of CDs of the program and applying for funding to the various organizations, all add to the burden of the already over busy physicians.
Registration of delegates seems to be the criteria for awarding credit points and certificate in few CMEs as it is difficult for the organizers to have a check on the delegates' participation in the CME. Organizers are harassed for not giving certificates by those who register and do not attend or attend partially or even make only face presentation!
To fill the empty seats and to give a house full look to the auditorium and to please the resource persons and authorities, medical students are compelled to sit and listen to the lectures. This practice is appreciated if undergraduate learning happens there. Recent advances or knowledge far away from basics is difficult to be understood by undergraduate students.  
In few CME programs, the certificates with credit hours are awarded in the registration counter or the same is inserted in the file that is issued to the delegate at the reception counter during registration itself- hence credit hours are earned before attending the academic sessions- even before knowledge is gained.  
Few are interested in the menu, not the menu of knowledge for brain but tasty menu for the tongue!  
Drug companies and instrument manufacturers sponsoring CME thus leading to bias towards marketing their products, is a complaint of critiques and this matter needs to be seriously viewed. Critics, such as Morris and Taitsman, would prefer that the medical profession eliminate commercial support for CME.  
CME registrations cost only few hundred rupees and the trend of earning credit hours by paying money and registering for CME has to be discouraged.  
Doctors learn new knowledge and developments in their field by research publications, presenting papers or delivering lectures in conferences, CME etc. This type of active learning process needs to be encouraged. Though faculty of medical colleges gain knowledge as well as credit hours by the various teaching learning activities undertaken in their day to day practice, still there exists a genuine need for Continuing Medical education, especially for Medical practitioners so as to update their knowledge and hence need to make best use of CMEs. It is important to emphasize that both learning (knowledge) and earning (credit hours) are like two faces of the same coin. Earn as you learn!

References:


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