

Continuous education for physicians

What a physician can do to solve, mitigate or help to understand the ill health suffered by a patient depends on a number of factors. The basic training a physician had undergone, the experiences s/he had gone through since graduation and the learning that had occurred from such are some of the determinants the physician's ability. The temperament of the physicians and their understanding of their professional responsibilities determine their attitude which plays a significant role in how they treat the patients. The expectations of the community and the resources available to them also decide the outcome of interaction between physician and the patient. However, the field of health care is becoming more complex: there is an increasing demands that the practice of medicine be based on evidence requiring that the physicians look for current evidence for any intervention they recommend for their patients. And looking for evidence means that the physicians continue their education after they have received their license to practice medicine. Similarly, newer diagnostic and therapeutic approaches are emerging as our understanding of the different diseases is improving. A physician who depends what was learnt during undergraduate or postgraduate courses is at risk of being outdated. A rapid change in the technology used for diagnosing of treating diseases require that the physicians keep learning these techniques so that they are able to serve their patients better.

The response to such requirements can be channelized through voluntary individual initiatives or through demands of professional licensing bodies which can demand that the physicians demonstrate evidence of their continued education. Most of the developed countries have addressed the issue by asking the physicians to periodically renew their license to practice medicine in general or in a special field. The renewal of license to practice is usually based on physicians fulfilling certain requirements of accumulating credit points for their demonstrated efforts at learning. Opportunities for learning or continuing one's education must exist in the country in order to facilitate the process whether it is a voluntary or a mandatory activity. Most of the developed countries have created opportunities for continued education of physicians.

The challenges facing Nepalese physicians are increasingly becoming more and more complex. There is a lack of uniformity in the training Nepalese physicians undergo: there is some uniformity and educational approaches of the medical colleges within the country but Nepal is served by physicians trained in more than dozen countries (1). Qualifying in a licensing examination is mandatory for all physicians who have acquired a medical degree and Nepal Medical Council conducts such examination regularly. However, there is no provision for renewal of a license. Physicians don't have to continue to educate themselves to keep their license active.

According to World Federation of Medical Education, continuing medical education (CME) is the training of doctors commencing after completion of basic medical education and postgraduate training, thereafter extending throughout each doctor's professional working life (2). The motivation for continuing education is the professional drive to optimal care for the patient, obligations to meet the societal demand and a need to preserve job satisfaction and prevent a "burn out". An effective continuing education programmes is one which is characterised by a clearly identified need and learning planned in response to that need, which is self-directed and has a provision of follow up to reinforce the learning. A working environment that demands and supports continuing education is necessary for it to succeed. CME also prepares physicians to deal with unpredictable future demands that required broad knowledge and experience, allows the learner to explore newer areas of competence and helps them to understand what is best in a particular situation rather than following what is considered right in an absolute sense.

The requirements to practice medicine comprises of factual, procedural and intuitive knowledge and practical experience derived from a combination of all three. It has also been observed that the doctors change practice through professional exchanges and conversations among their peers and the educational processes need to consider this aspect and try to provide opportunities for such exchanges. Similarly, doctors learn from their practice through reflections and deliberations about their own and their peers' practices. Such reflections and deliberations is a continuous process. A CME program which takes these facts in consideration and helps the physicians to be observant and reflective is likely to be more effective. Thus interactions among physicians in formal and informal settings (peer review, case conferences, and audit meetings) are as important as the formal courses, internet based educational programmes and a follow up program of practical skill based training. Educationists recommend a programme which incorporates all these approaches in providing CME to the physicians (2).

The organizations providing CME varies from country to country: usually specialty organizations and professional licensing bodies, and medical associations bear the responsibilities. Some universities and medical colleges also offer CME through short term courses or fellowships. Pharmaceutical companies also offer opportunities for CME and in some countries organizations run with a profit motive also conduct courses for physicians. World CME (3) offers internet based continuing education for physicians and Nick Simons Institute has been working in Nepal in collaboration with this organization to provide similar services.

The CME usually has to be recognized by the professional bodies which renew the license to practice in the specialty. The licensing authorities demand that the physicians demonstrate their learning by collecting credit points by participating in the educational activities recognized by them. Countries like Austria, Germany and Spain require the physicians to submit the evidence of their learning by submitting the credit points earned by the physicians. However, Belgium, France and Netherlands ask for credit points as well as review report from their peers. The General Medical Council, UK has included an additional requirement that the physicians submit appraisal and feedback from peers and patients in addition to the credit points of their CME. However, the GMC is to implement this system only by the end of 2012. Accreditation Council of Continuing Medical Education (ACCME) regulates the standard of CME in USA. The American Board of Medical Specialties determines the standards for physician certification which is used by Federation of State Medical Boards while registering or re-registering the physicians. Physicians have to re-register every two years and many states require physicians to complete specific number of CME hours. Physicians have to submit 'annual return' detailing their CME activities while reapplying for re-certification with Australian Medical Council. Each physician has to maintain a record of CME activity and most accumulate at least 30 units of CME every year in South Africa, and a list of activities which qualify as CME Units are published regularly. Closer home in Asia, Singapore Medical Council requires that the doctors accumulate 50 CME points every two years in order to be eligible for renewal of the license. Bhutan Health Council has made it necessary for doctors to accumulate 60 CME points over a period of 5 years. (4,5, 6,7)

Thus, continuing medical education is becoming increasingly a universal requirement. Nepal Medical Council is about to start licensing examination for doctors who have recently completed their postgraduate qualifications. It is only a matter of time that Nepali physicians also will be asked to demonstrate proof of their continuing education. Are the academic institutions, professional bodies or regulating authorities, Nepal Medical Association and physicians themselves ready for such a necessity? Monthly, annual or biannual meetings of the different professional bodies and occasional training programmes organized by various organizations offer limited opportunities for learning. However, these learning experiences have not been standardized, depend on the interests of the

providers and not always related to the needs of the learners. Nick Simons Institute (NSI) (6), an NGO had taken the initiative to identify the physicians' needs and interests in CME and the resources available to them. Based on such a needs and resource study, it is offering internet based CME which is followed by opportunity for practical training after completion of the theoretical modules. There is a mentor guiding the learning in some of the cases. Thus, it is obvious that there is an increase in the awareness of a need for developing CME programmes for physicians in Nepal. Nepal Medical Council is supportive of such an activity: recognized CME programmes have to be in place before NMC before it can implement mandatory re-licensing of the physicians. Availability of technology such as internet based learning, telemedicine and smart phone has made the process possible.

A task force comprising of representatives of Nepal Medical Council, Nepal Medical Association, Institute of Medicine and other academic institutions, independent educationists and health professionals should work on this issue in order to be prepared for the future.

References:

1. Nepal Medical Council: List of the doctors registered in Nepal Medical Council (1961 to 11 June 2009): Nepal Medical Council, Bansbari, Kathmandu, 2009
2. World Federation of Medical Education (WFME): Continuing Professional Development (CPD) of Medical Doctors: WFME Global Standards for Quality Improvement: WFME Office, University of Copenhagen, Denmark, 2003
3. www.worldcme.org
4. Roychoudhury R: Some best practices followed by Medical Councils outside the South East Asia Region of the World Health Organization: paper presented at Regional Consultation of Medical Councils in Countries of South East Asia Region, Thimphu, Bhutan, 17-19 October 2006
5. www.gmc-uk.org/
6. www.fsmb.org/
7. www.amc.org.au/
8. www.nsi.edu.np

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