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*Comments and Reactions*

## Continuing Medical Education (CME): A Reappraisal

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Continuing Medical Education (CME) refers to a specific type of education which helps medical professionals to maintain competence and learn about new developments in their field.<sup>1-6</sup> It is one of the forms of Continuing Professional Development (CPD).<sup>6</sup> CME activities may be in the form of live events, written publications, online programs, and audio, video, or other electronic media.<sup>1</sup>

Today CME is a widely accepted teaching concept around the globe. As of June 1998, 32 states in the United States of America (USA) required CME credits for renewal of medical licences. The average number of hours required was 30, with a range from 12 to 50 per year. A few states, like Louisiana, do not require CME credits for pre-licensure but rely on voluntary acquisition of CME credits by its physicians.<sup>5</sup>

In the European Union formal CME is in its early stages. The European Accreditation Council for Continuing Medical Education (EACCME) of the Union of European Medical Specialists (UEMS) has formulated the principles of continuing education, the credit hours and their realization, that would enable the mutual recognition of education in all European countries.<sup>6</sup>

In many other countries around the world, the licensing and re-licensing of physicians are linked to a specified number of CME hours acquired over several years (3-5 years). Failure of physicians to collect the required number of CME hours during a specified period may prevent them from being issued or renewing their licence. Many organizations were established to organize and credit CME activities by issuing CME certificates.

Historically, CME credits have been awarded as hours of participation but this approach is not an adequate measure of CME and its impact on improving physicians' practice. New credit systems are needed to measure CME activities by their value in improving physicians' knowledge base, competence, and performance in practice.<sup>3</sup>

The introduction of CME certificates has made it possible to gather data about the CME activities of all physicians.<sup>2</sup>

Continuing Medical Education courses are developed and delivered by a variety of organizations, including:

- Professional Associations
- Medical Education agencies

- Hospitals
- Educational institutions, including universities, medical schools and nursing schools.<sup>1</sup>

CME has been found to be extremely important for physicians to maintain their professionalism and to keep them updated about new developments, so they can provide optimum care to their patients.

In addition, it has been shown that there is a strong relationship between CME activity and performance on medical examinations. Low CME activity and practice appear to be independent risk factors for examination failure. The relationship of these findings to patient care outcomes has important implications.<sup>4</sup>

Content for these programs is developed, reviewed, and delivered by faculty who are experts in their individual clinical areas. Similar to the process used in academic journals, any potentially conflicting financial relationships of faculty members must be both disclosed and resolved in a meaningful way. However, critics complain that drug and device manufacturers often use their financial sponsorship to bias CME activities towards marketing their own products.<sup>1</sup>

In summary, we would like to present our opinion and suggestions about CME in the following points:

1. CME is important.
2. There should be a standard to measure CME. Hours are an acceptable measure.
3. There should be an international agreement between CME agencies around the globe, so that CME hours earned by attending a conference in any country can be counted by the medical authorities of a different country.
4. A minimum of CME hours should be required to issue or renew a medical licence for any physician.
5. Certificates for CME hours should not be limited to attendance at conferences. A number of academic activities should also be included in the accreditation. Using the library, reviewing and writing articles, and writing or editing book chapters should also carry weight. Institutions must decide how to go about evaluating these activities.

6. CME hours for attending a conference must be calculated precisely, as some physicians register for a conference but do not actually attend the sessions. Electronic devices to compute such hours by scanning badges, or any other device that can record them, could be instituted. Another way followed in some places is a report submitted after attending a conference as to the knowledge and new ideas that could be implemented in the physician's home country. Such reports are also scanned by the regional associations for dissemination of knowledge. Librarians can also help in this process by letting the relevant authorities know about the journals and books borrowed or read by a physician.
7. Whatever the attempts to improve the accreditation measures, CME is a responsibility of every physician to maintain their scientific knowledge in order to serve their patients with the latest methods. Mere regulations cannot cover the gamut of activities that cover CME. It must also be emphasized that physicians should be encouraged to attend conferences relevant to their areas of interest with the intent to update themselves and not merely to collect CME hours for renewal of their licence.
8. It is hoped that in the future new electronic devices and software or other programs will be developed to facilitate registering and crediting CME hours for physicians to incorporate all educational activities mentioned above.

We would like suggest establishing an international CME Bank, in which all physicians have an account. For each CME activity they attend the hours would be credited to their account and from this Bank they could obtain a transcript of their CME hours at any time.

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