VOLUME 34 NO.8 AUGUST 2002
MITA (P) 209/02/2002

SMA NEWS

The Promise and Perils of Compulsory Continuing Medical Education

By Dr Wong Tien Yin, SMA News Editor

In this month's issue of SMA News, we focus on continuing medical education (CME). CME has been around in Singapore for many years, but the recent changes, including making CME compulsory for all doctors for the purpose of renewing their medical licences, has thrown new light onto the aims and objectives, and the delivery and problems associated with implementing a compulsory CME programme.

WHAT ARE THE ISSUES INVOLVED?

First, in the heat of these discussions, we sometimes lose focus on the ultimate purpose of CME, which is, in essence, a programme designed to encourage, and, in many countries including Singapore now, to ensure a commitment to lifelong medical learning and professional development. Most physicians, whatever their grouses about CME, are in general agreement that the desired goal of CME is essential to improved medical practice.

Second, it is important to understand that Singapore is not the first, nor the last, to institute compulsory CME for accreditation. In the United States, Canada and Australia, the formalised process of CME has long been a requirement for continuing to practise. In the US, where formal CME has been practised for 30 years, about half of the states require a specific number of CME credits annually for re-licensure, and similar requirements exist for board certification. Even in Europe, where CME activities have traditionally lagged behind North America, CME is on the agenda of virtually all national medical associations, medical societies and royal colleges. Many of these have instituted, or are establishing, CME standards for their members. For example, the Swiss Medical Association has required each active member to do at least 80 hours of CME annually, which includes 30 hours of self-directed learning (such as reading) and 50 hours of documented educational activity (such as lectures). In the United Kingdom, the General Medical Council has appointed a steering group to devise a system for revalidation of doctors based on compulsory CME. Thus, compulsory CME is here to stay, whether we like it or not.

The most problematic area is how CME should be implemented.

HOW EFFECTIVE IS THE TRADITIONAL CME FORMAT?

Many physicians associate CME with the "traditional" lecture format. However, this type of formal CME has been under criticism. CME activities appear underpinned by a belief that gains in knowledge through lectures lead physicians to improve how they practise and thus improve patient outcomes. Despite this belief, several studies have shown a sizeable difference between ideal and actual performance, suggesting that formal CME is not as effective as was believed. In one review, based on a small number of well-conducted trials, didactic sessions do not appear to be effective in changing physician performance[1]. On the other hand, "interactive" CME sessions that enhance participant activity and provide the opportunity to practise skills, was shown to effect change in professional practice and even in objective measures of health care outcomes.

WHAT ARE THE ALTERNATIVES?

There are a few that have begun to attract attention. Self-directed learning has drawn the most attention. But how do we quantify self-directed learning? The American Medical Association issues 2 forms of CME diplomas, a standard certificate and a "certificate with commendation for self-directed learning". Each is based on participation in a category of learning activities: formally organised and planned meetings (category 1), and less structured learning experiences (category 2). In the past, for example, self-selected reading was a creditable activity only for the standard certificate. Recently, however, doctors have been able to earn category 1 credits for reading journal articles specially designated for doctors' CME, which is structured as a learning experience and has a set of specific rules and assessment. Several of these articles are from widely respected journals such as the BMJ and JAMA. The Singapore medical community may wish to adopt these "improved" criteria for self-directed reading for their CME accreditation process.

The Internet is another obvious alternative to the "traditional" CME format. The Internet not only offers physicians new tools for identifying and

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Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850.
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...“interactive” CME sessions that enhance participant activity and provide the opportunity to practise skills, was shown to effect change in professional practice and even in objective measures of health care outcomes.

locating CME courses that might be of interest, but it also offers the opportunity to learn and earn credits completely online. Providing high-quality professional learning opportunities online could give physicians new options for accessing the best educational programmes medicine has to offer.

However, the extent to which Singapore physicians will actually embrace alternative CME approaches remains unclear.

WHAT IS CONSIDERED A USEFUL CME PROGRAMME?

Another issue is what is considered a high quality CME programme. In the U.S., CME is provided by professional organisations, academic institutions, and commercial providers accredited by the Accreditation Council for Continuing Medical Education (ACCME). A similar structure exists in Singapore, with the Singapore Medical Council (SMC) providing CME points to doctors who attend lectures or workshops on specific topics in defined places.

One potential problem in the future is how to monitor CME activities organised by the pharmaceutical industry[2]. The obvious problem is that the latter has a vested interest in selling their prescription drugs. Pharmaceutical companies may say their objective is to generate goodwill by helping the providers of CME with the costs of educational programmes. However, the curriculum content and the educational event are oftentimes influenced by the financial support. Thus, we may question the integrity, quality and value of CME activities that are closely linked with the marketing of a particular pharmaceutical drug. For example, how useful are two-hour dinner talks focusing on one of the newer drugs to treat hypertension? The problem is not new in Singapore, of course, but will obviously grow with the introduction of compulsory CME. Are we ready to recognise that CME should be clearly separated from pharmaceutical marketing? Are we ready to pay more for CME in return for better value and quality? These are hard issues we have to face. ■

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2. *Relman AS. Separating continuing medical education from pharmaceutical marketing. JAMA. 2001; 285:2009-12.*

Letter to the Press

Editor's Note: *As part of this month's focus on CME, we reproduce the following letter, which was printed in the Straits Times Forum page on 27 July.*

We refer to the debate on Continuing Medical Education (CME) and the reply from the Ministry of Health, “Continuing medical education will boost lifelong learning” (ST, July 25).

The editorial, “Shame on doctors” (ST, July 23), may leave some readers with the impression that most doctors are currently not keeping themselves updated.

We would like to clarify that the proportion of doctors who are already keeping themselves updated is definitely much higher than the 40 per cent quoted.

The 40 per cent figure refers to those who have officially documented their CME activities with the Singapore Medical Council (SMC).

The CME programme has till now been entirely voluntary and, hence, many doctors do not formally record or report their efforts in CME to the SMC.

Furthermore, doctors who participate in structured postgraduate programmes, whether in family medicine or other specialties, currently may not always have their CME points recorded.

The compulsory CME system will change this: It will ensure that all efforts by doctors to stay informed and up to date professionally will be recorded.

The professional medical bodies will monitor the CME activities of its members through the SMC-CME Coordinating Committee. When necessary, we will provide assistance to doctors who have difficulty meeting the CME requirements by organising appropriate CME activities for them, fulfilling a fundamental role of professional bodies.

Our efforts will also be directed at making CME practical and user-friendly and, where appropriate, we will make recommendations to the SMC.

We would like to thank the doctors who have made suggestions regarding CME to the Forum page and would like to assure them that their views will be considered. ■

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