EDITORIAL

CONTINUING PROFESSIONAL DEVELOPMENT: A MANDATORY REQUIREMENT FOR HEALTH CARE PROFESSIONALS

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Health care professionals are duty bound to keep their knowledge and skills up to date. The tradition of obtaining a licence to practice for life after graduating from a training program, without any further ongoing continuing medical education (CME) seems unacceptable in the present era. The quality of care provided is so dependent on the efforts to keep up to date that ongoing continuous learning should be considered mandatory.[1]

Continuing professional development (CPD) allows health professionals to keep up to date in order to meet the needs of patients, the health service, and their own professional development. It includes continuous acquisition of new knowledge, skills, and attitudes to enable competent clinical practice. CME and CPD are different. The former now includes managerial, social, and personal skills while topics beyond the traditional clinical medical subjects, necessitate to call it CPD and not just CME. The term CPD acknowledges the wide ranging competences needed to practice high quality medicine in addition to the multidisciplinary context of patient care.[2]

CPD programs are based on an hours related credit system, in which one hour of educational activity equates to one credit. The advantage of this system is that time devoted to CPD activities can be measured and recorded. The disadvantage is that it focuses on quantity and not on quality. It should be the quality and relevance of the activities that is important, not the quantity.[3] The undifferentiated pursuit of credits provides a false security blanket that may bear little or no relation to the real outcomes of activities aimed at professional development.[4]

Educational activities can be divided into three categories. Live or external activities includes courses, seminars, meetings, conferences, audio and video presentations. Internal activities includes practice based activities, case conferences, grand rounds, journal clubs, teaching, consultation with peers and colleagues, and enduring materials such as print, CD Rom, or web based materials.[2] There is a sizeable literature on the proven effectiveness of CPD interventions rendering CME and CPD programs as norms in the developed countries but their high costs are raising concerns even in countries with enough resources.[5-7]

CME and CPD have acquired more importance today because they are being linked to recertification and revalidation of credentials. The objectives of periodic revalidation are to encourage doctors to respect changes in societal values and integrate into their practices innovations that are shown to enhance patient care and also to give recognition to doctors who meet national standards of competence and performance. Delays in establishing such systems are occurring even in developed countries, but eventually.[1]

Health care provision in Pakistan has improved over the years but is still far from optimum. Approximately 74,000 physicians were practicing in Pakistan in 2005 that required regular CME/CPD activities to keep their knowledge and skills up to date and evidence-based.[8]

In Pakistan, annually, local medical schools and international medical graduate certification provide 6,800 physicians; 1,150 physicians emigrate; and an estimated 570 physicians stop practicing for various reasons. The current ratio (0.473) of physicians to 1,000 populations is inadequate to maintain the nation's health. Future Physician Workforce Shortages (PWSs) for Pakistan range between 57,900 and 451,102 physicians in 2020, depending on assumptions about future need.[8]

This situation changes focus from ensuring CME/CPD activities for practicing physicians to concentrate and focus attention on producing more and more physicians. It is indeed a challenge to increase the number of well trained healthcare providers and to provide CME/CPD programs of high quality to practicing healthcare providers at the same time.

The CME/CPD activities in Pakistan are far and few with varying quality. Knowledge of those attending such

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activities is found to be deficient, offering a challenge to CME/CPD program organizers to reverse the situation.[9]

Time has come to promote CME/CPD activities for health care professionals at the local and national level. It will ensure availability of quality services for patients across the country. There is marked need for our medical, dental, nursing and allied health institutions to develop comprehensive CME/CPD programs in their areas. Relevant material has to be developed and regularly updated. Monitoring of these programs will also be required.

Healthcare professionals today are keen to learn and want to be updated with the latest developments in medicine It is the responsibility of educators and leaders in academic medicine to come forward, develop, implement and monitor CME/CPD programs for healthcare professionals. Such programs will have an impact only if they are relevant, practical and cost-effective. Academic institutions will have to play a major role in developing high impact CME/CPD programs.

CME/CPD programs are considered essential in the professional lives of healthcare professionals in the developing countries. In order to ensure delivery of high quality and evidence-based care to the masses, time has come to make CME/CPD mandatory for practicing healthcare providers in the country.

REFERENCES

1 Parboosingh J. Revalidation for doctors. BMJ 1998; 317:1094-5

2 Peck C, McCall M, McLaren B et al. Continuing medical education and continuing professional development: international comparisons. BMJ 2000; 320:432-5.

3. Stanton F, Grant J. The effectiveness of continuing professional development. Joint Centre for Medical Education, 1997.

4. Boulay CD. From CME to CPD: getting better at getting better? BMJ 2000;320:393-4.

5. Davis D. Does CME work? An analysis of the effectof educational activities on physician performance or health care outcomes. Int J Psychiatry Med 1998; 28: 21-9.

6. Gomel MK, Wutzke SE, Hardcatle DM et al. Cost-effectiveness of strategies to market and train primary health care physicians in brief intervention techniques for hazardous alcohol use. Soc Sci Med 1998; 47: 203-11.

7. Brown CA, Belfield CR, Field SJ. Cost effectiveness of continuing professional development in health care: a critical review of the evidence. BMJ 2002; 324:652-5.

8. Migration, medical education, and health care: a view from Pakistan. Acad Med 2006; 81: 55-62.

9. Hussain SF, Zahid S, Khan JA et al. Asthma management by general practitioners in Pakistan. Int J Tuberc Lung Dis 2004; 8:414-7.