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Current Issues

CONTINUING PROFESSIONAL DEVELOPMENT AND THE ROLE OF SPECIALTY ORGANIZATIONS

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Continuing Professional Development (CPD) is essential and important for every professional and more so for members of the medical profession who have to deal with the human life. Competence and ability of the healthcare professionals can have an important impact on the management of a patient. CPD has become a feature of the working life of many professions. Many multinationals and leading business houses invest huge amount on CPD of their senior staff and executives, which is considered a useful investment that ensures rich dividends in increasing their productivity. From a historical perspective continuing study for CPD was suggested as far back as 1786 when during an inquiry it was pointed out that "The chief mistake committed by medical personnel is leaving off their studies just when they have qualified themselves for pursuing them."[1] The Dean of Harvard Medical School explained the need for CPD in 1947 and is reported to have said "The rate and magnitude of change is such that the contents of a text-book are partly out of date at the time of publication. Indeed, probably half of what you know is no longer true, but what troubles me more is that I don't know which half it is."[1]

The medical profession which was in the forefront of undergraduate and postgraduate education, has somewhat lagged behind in CPD.[2] Hence, it is commendable that organizers of the 14th biennial psychiatric conference recently held at Peshawar selected the subject of CPD for one of the workshops. A number of speakers during the workshop not only highlighted its importance but also gave useful suggestions regarding its implementation in Pakistan.

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What is CPD?

CPD is a process of acquiring knowledge, skills and attitudes throughout one's professional life to enable physicians for better patient care and competency in practice[3]. Doctors are supposed to demonstrate that they are involved in learning process and they must also document their learning. CPD is both a philosophy and a process, which should be built on the new culture of life long, self-directed problem based learning in medical training. A medical degree is not an endpoint but a sustainable development should be planned for new and future generations of doctors. The General Medical Council of UK in its publication "Tomorrow's Doctors"

recommends that undergraduate curriculums should "foster the knowledge and understanding, attitudes and skills that will promote effective lifelong learning and support professional development." CPD should be allied to CME to ensure that "high levels of clinical competence and knowledge are maintained". CPD should be initiated at the undergraduate level in the area of critical appraisal, healthcare ethics, self-directed problem based learning, communication skills and information technology skills.[4] In addition skills should be developed in teaching, research, and management, interviewing and recognizing that future-working conditions may be based on changing conditions. CPD is the process by which the healthcare professionals keep themselves updated to meet the needs of patients, the health service as well as their own professional development.

The difference between CME and CPD

CPD is a systematic and coherent approach to education. This is in contrast to the limited effectiveness of opportunistic and at times extremely poor attendance at approved didactic lectures for Continuing Medical Education to collect credits. On the other hand CPD identifies learning needs and meets them through many strategies throughout one's career. It includes reflective practice, audit, portfolio development and multidisciplinary cooperation. The idea of CPD is to promote a culture in which healthcare professionals retain a curiosity about their subject that is a stimulant for lifelong learning, a learning which may be formal or informal.[5] CPD is also much different from CME as in CPD people are also taught how to communicate and interact with the media which has assumed lot of importance these days.[6] In CPD for healthcare professionals however there is also a concern that in striving for quality assurance the medical profession was moving towards a rigid, formalized and policed CPD industry.[7] It is also termed as an acknowledgement of the need to maintain, develop and broaden expertise and personal qualities in a health service with relentless change. CPD in short can be described as a process of life long learning in practice.

Despite variations across systems for professional development in different countries and healthcare systems all over the world, there are some common features. Most of them are based on an hours related credit system in which one hour of educational activity is equal to one credit. The educational activities can be divided into three categories.[4]

1. Live or external activities like refresher courses, seminars, meetings, conferences, audio and video presentations.
2. Internal activities like practice based activities, case conferences, grand rounds, journal clubs, teaching, consultation with peers and colleagues.
3. Enduring materials like printed material, CD Rom, web based materials which may be based on a curriculum with testing or assessment or where there is mandatory recertification or revalidation, showing an ongoing commitment to continuing professional development is a major component of the process.

In United Kingdom the most pioneering work in CPD was done by the Royal College of General Practitioners over the last thirty years.[8] It became possible because the general practitioners themselves were in favour both of the pressure to make CPD in effect mandatory and professional re-accreditation.[9] However currently the GPs in Britain are questioning its effectiveness and proposing model of self-directed learning, which they hope, will improve their competence.[10]

Why CPD is considered essential?

There are many reasons why CPD is thought to be essential. These can be summarized as under:-[2]

* CPD is considered as the final component of the continuous process of medical education, which had begun at the time of

entering medical school and it ends when the individual finally retires from all medical practice. CPD is required for the rest of that person's career. The emphasis is on achieving the best quality of patient care within available resources and keeping up to date which includes learning new information, practicing old skills with proficiency and learning new ones

With lot of advances taking place in medicine, new methods of treatment have been introduced in treatment in different disciplines of medicine some of which are highly cost effective

Healthcare professionals need to learn how to use the available treatment options for the maximum benefit of each patient.

Increased litigations cases against the healthcare professionals. It has changed their practice considerably. The doctors are penalized for their ignorance as well as negligence. An ill informed doctor, it is said, is not only dangerous to patients but also a hazard to the employers in health services. They tend to order too many investigations to ensure that they do not miss anything although in the normal circumstances, they would not have asked for these investigations. The doctors in United States in particular are said to be practicing lot of defensive medicine to save themselves from litigations.

* With the revolution in the information technology now the patients, their relatives and the vairous pressure groups are much better informed. They demand better services which requires the healthcare professionals to be update to provide high quality service.
* Various monitoring bodies like the Medical Councils and self-regulation by the profession in the past was concerned with bad practice resulting from professional misconduct and the ill health of doctors. In the days to come these monitoring bodies may decide to act when consistently poor performance of healthcare professionals become evident.
* Employers will also demand more expertise from the healthcare professionals to make it cost effective.
* In the past continuing education of doctors was mainly dependent on their dedication but not many are so dedicated and actively participate in CME for various reasons. As such they risk falling behind in their professional expertise as compared to their other colleagues who actively participate in CME progrmames.
* Medical Audit is now an established activity in medical institutions, health services in many parts of the world and it will gradually start in developing countries as well. Hence continuing education is an important part to correct one's deficiencies. It will require further training and re-learning.

Benefits from the CPD

Continuing Professional Development offers benefits not only to the patients, to healthcare professionals themselves but also to the management and the society at large. For patients it offers benefits of being treated by high standards of clinical evaluation and more knowledge of the indications for methods of treatment and their contraindications, side effects and disadvantages. To the healthcare professionals it offers the benefit of keeping up to date and maintains professional interest besides elevating personal self-esteem. The management will benefit from staff maintaining their clinical skills and CPD as poor practices will be less likely in those doctors who are involved in CPD. Lastly the well informed, professionally active healthcare professionals will make a contribution to the society in way of social services, voluntary organizations and in many other ways.[2]

CPD in Europe, USA , Canada, Australia and New Zealand

A survey conducted in eighteen European countries revealed that seventeen countries

thought CPD was necessary; however twelve were in favour of making it a voluntary and only six wanted to make it mandatory. Thirteen countries thought that the medical professional itself should be responsible for organization of CPD, nine countries thought it should be credit based but none of the eighteen countries were in favour of making it an examination oriented activity. Twelve countries thought it should be tax allowable. Moreover in Belgium the satisfactory completion of voluntary accreditation results in 4% bonus based on salary. In Norway general practitioners lose 20% of their fees if requirements for professional development are not met.[11]

In Canada since January 1st 2000, specialists are required to report on their activities for continuing professional development on the basis of a five-year cycle. The Royal College of Physicians and Surgeons of Canada with the national specialty societies will set educational standards and criteria for each specialty.[12] Specialists who successfully complete the programme will receive a certificate and their names will be published.[13] Fellows will be required to earn four hundred credits during five years of active practice by participating in the educational activities of their choice.[14]

In United States Continuing Medical Education is closely related to re-certification. Though not all the specialty boards require re-certification but medical societies and associates, health maintenance organizations, insurers and partners in medical practice may require recertification. The medical specialty boards set the standards for recertification but the colleges, associations, academies, faculties and societies of the various medical specialties, state medical societies and commercial companies provide educational resources and materials for recertification and continuing medical educations. Accreditation Council for Continuing Medical Education accredits more than six hundred organizations in United States.[4] A similar programme of continuing medical education and accreditation for family physicians exists, administered by American Association of Family Physicians.

A survey of sixteen medical colleges affiliated with Australian and New Zealand Committee for the maintenance of professional Standards was carried out in 1998.[15] This showed that all the programmes encourage self directed learning and allow different learning styles. Most of these programmes started after 1992 except Obstetricians and Gynaecologists (1986) and general practitioners (1987).

In Australia and New Zealand General Practitioners are required to have twenty CME points every year in addition to twenty practice assessment points and in total one hundred thirty points in three years time. Physicians require a minimum of fifty quality points; anesthetists need hundred quality assurance points and one hundred CME points annually. Similarly a system of points is practiced for healthcare professionals in other disciplines of medicine. In New Zealand, participation in a recognized programme has become mandatory in order to hold specialist registration. The New Zealand Medical Practitioners Act (1995) states that unsatisfactory completion of recertification of competence progrmames may result n a doctor's registration or practicing certificate being subject to conditions or a doctor's vocational registration being suspended in which case the doctor will be deemed to hold general registration and therefore will be required to work under supervision. Hence in many countries the legislated revalidation and recertification of practitioners are driving the medical profession towards mandatory professional development progrmames covering a spectrum of clinical, professional and managerial activities. While approaches differ widely around the world but most rely on professional self-regulation.[4]

In United Kingdom all the Royal Colleges these days are concerned with the CPD. The Royal College of Psychiatrists recognized the need for further training and maintaining the skill of consultants in 1994. A CPD committee was established in February 1992, a steering group on courses organized a number of short courses, workshops and other educational activities. The need to start a CPD journal was

accepted by the Royal College of Physiatrists Council in 1993, which led to the publication of a journal entitled "Advances in Psychiatric Treatment". In March 1994, the College decided to offer prospective accreditation for consultant psychiatrists.[16] Now according to Prof. Femi Oyebode Chief Examiner of Royal College of Psychiatrists all the consultants are required to have one hundred fifty credit hours in three years. No one will be considered for being selected as an Examiner if he or she is not involved in CPD programme.[6]

The Royal College of Psychiatrists has worked out detailed requirements for CPD for the consultants to fulfill; which are appropriate to the specialty of psychiatry besides the particular needs of the individual consultant posts. This will entail requirements within each of the four modules i.e. psychiatric conferences and symposia regionally, nationally and internationally. Specific training courses, seminars and workshops dealing with particular aspects of patient care, case conferences, clinical and audit meetings, reading, personal study and various forms of distance learning. Various Royal Colleges differ in their approach to monitoring and accreditation. Funding CPD and finding necessary resources is also being discussed.

CPD situation in Pakistan

In view of the above, if one looks at the situation in Pakistan, it is not only depressing but also frustrating. We in Pakistan like many other developing countries do not yet have any system of re-certification of healthcare professionals. Whatever little CME programme exist, they are mostly funded by the pharmaceutical industry by sponsoring various conferences, symposia and courses. Since this is only voluntary and no credit hours are required, the attendance in most of the scientific sessions during these conferences is very thin. At times the speakers have to wait for the audience for too long which is indeed quite embarrassing for the guest speakers. Time management and monitoring of the speakers to restrict them to the allotted time is not adhered to with the result that often no time is left for discussion.[17] Various specialty organizations do hold their conferences regularly and some of the sessions do attract good attendance but it is mostly based on the quality of the speakers and the scientific programme as well. The resources from the pharmaceutical industry can be much better utilized for CME and CPD progrmames.

At the CPD workshop during the Psychiatric Conference at Peshawar Dr. Zarin S. Siddiuqi presented a study on needs and practices of CPD among Pakistani psychiatrists. Findings of this study have now been published.[18] It was based on a postal questionnaire survey, which involved ninety male and ten females. All the respondents agreed that there was a need for a CPD programmes however there opinion differed when it came to implementation of a mandatory vs voluntary progrmame (66% vs 34%). Majority thought that the Pakistan Psychiatric Society should monitor this CPD programme. Common CPD activities undertaken included workshops, reading material, lectures, seminars and online progrmames. Attending workshops and conferences besides peer discussions were the preferred CPD practices. 78% of the respondents felt that ten hours time was available for CPD activities per month. Communication skills were the key skills identified by majority of participants, which plays an important part in psychiatric practice. Pharmaceutical companies in this survey were the major provider for the professional development of psychiatrists followed by their specialty organization PPS which is mostly true in case of other specialties as well. 54% expressed confidence in the Pakistan Psychiatric Society to initiate a structured CPD programme. Time, finances and distance were mentioned as some of the important barriers deterring from participation in CPD activities. Similar barriers of time and finances have been identified in a number of other studies concerning CPD.[19]

Organizing CPD Progrmames in Pakistan

As pointed out by Prof. Daud Khan in the

workshop on CPD during the Psychiatric Conference, arranging and organizing any CPD activity will not be so easy. It involves lot of cost and was also labour intensive. So far none of the organizations like PM&DC, CPSP or the postgraduate medical institutes are interested in organizing such progrmames but once some one makes a beginning in the positive direction, many will be eager to take the credit and hijack such progrmames.

There is no denying the fact that CPD is most important in order to ensure high quality care and standards in education and training. It is of much more importance for the General Practitioners and Family Physicians. Though the College of Family Medicine at Karachi and College of General Practitioners at Lahore do organize some educational activities but it leaves much to be desired. A competent and well educated GP, Family Physician who are the first line of defense against diseases and whom most of the patients first consult, can play a vital role in reducing the rush at public healthcare facilities by successfully managing the most common diseases.

One often hears about the incentives for participating in such academic activities but nothing could be more satisfying than the professional satisfaction of the healthcare professionals if they keep themselves update. It will not only improve patient care but also teaching and training. Recently Pakistan Medical Journalists Association organized a Workshop on Peer Review System at Karachi and Lahore, which were very well attended by editors of vairous medical, dental journals besides reviewers and referees. It was an attempt to update the editors, reviewers on peer review. This activity was an attempt by the PMJA directed at Continuing Professional Development and those who attended these workshops felt happy and hoped that they will now be able to review the manuscripts much better.[20]

Looking at our peculiar circumstances and as practiced in many countries ultimately it will be the healthcare professionals who will themselves be responsible for their own CPD, to keep themselves update and learn new skills keeping themselves abreast with the latest developments in medicine. Most of the specialties do have their professional specialty organizations which are quite active and functional. They should take up this responsibility of iniating a structured CPD programmes. These professional bodies are in a much better position to respond to professional needs for support and guidance. Institutions like the PM&DC, CPSP and the postgraduate medical institutions can help and assist them in planning such structured progrmames. To begin with, participation in such progrmames should be voluntary and not mandatory. As an incentive, the PM&DC can select only those as members of the Inspecting Team visiting vairous medical and dental institutions who are actively involved in CPD Progrmames. Similarly the CPSP can encourage the faculty members to participate in CPD progrmames to be eligible to be selected as Examiners. Various specialty organizations can issue certificates to those who successfully complete these CPD progrmames. A National Accreditation Council for CPD credits can be constituted which should have representatives from all the specialty organizations, PM&DC, CPSP, Universities and the Postgraduate Medical Institutes. This council can grant accreditation and points to vairous activities undertaken either by the medical profession, any society or organization. Experience has shown that we in Pakistan tend to misuse power; hence no single institution should be given the powers to accredit or monitor such academic activities. Formation of a broad based National Accreditation Council will not only ensure the success of this progrmame but also help overcome many of the barriers and hurdles.

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