

Continuing medical education (CME): Why the fuss?

Dear Sir,

In the year 2002, the MCI introduced a new clause in its ethics code about continuing medical education (CME). It suggested that every doctor should regularly participate in CME activities, 30 credit hours every five years to be precise. This clause just remained on paper till 2010 when the Maharashtra Medical Council (MMC) came up with a notice in the newspapers that all doctors will be required to submit proof of attendance of prescribed CME credit hours in order to re-register their name with MMC every five years. This in effect means that re-registration may not be possible if a doctor fails to obtain a certain number of credit hours. Such a compulsive approach toward continuing education is certainly unwarranted.

In the first place, has the MCI conclusively found doctors wanting in the knowledge required for the practice of modern medicine? We talk about evidence-based practice all the time. So does the MCI have any statistical evidence that mandates such a step? Or has it just assumed that doctors are not keeping pace with latest developments? To convert a suggestion into compulsion without concrete evidence for its need is undemocratic. There is no mandatory continuing education for engineers or lawyers. This either means that there are no developments happening in these fields or that doctors are selectively lagging behind in professional upgradation. Both are untrue. The goal of CME to keep doctors abreast with recent developments in medicine is

absolutely fair. However, the problem lies with the method in which MCI wants to implement this. We live in the era of internet, satellite, and smart phones where knowledge is just a click away. We are chatting across continents. But the MCI wants doctors to be physically present at some select registered venues to take the holy dip! This is certainly a retrogressive step. The added financial burden and inconvenience that a doctor has to bear because of this, cannot be ignored. If you are not a native, a three-day residential conference in a metro city will cost you nothing less than 10 000 rupees. Plus an in-service doctor has to take additional leave for attending conferences. Why does not the MCI ask the Health Ministry to pass a directive so as to make it mandatory for all hospitals to give a "CME allowance" and "CME leave" to doctors? I guess, like society in general, the MCI also has a misconception that doctors have too much spare cash that needs to be spent. If the MCI is so concerned about continuing education, why do not the respective State Medical Councils take up the responsibility of organizing free CME? Alternatively, they could have started a monthly or bi-monthly e-newsletter for constant updates. But that would mean responsibility, which nobody wants.

The everyday cases that a doctor handles, his interaction with fellow doctors from other departments, clinical meetings, journal clubs and case discussions in day-to-day practice all contribute to continuing medical education.

Reading a textbook or a journal is still the best way to learn and comprehend things. Sitting in a dark, air-conditioned lecture hall, half-asleep, just for the sake of a few credit hours is pure hypocrisy. What difference such conferences actually make to our knowledge and practice is also a debatable issue. The funniest part is that MCI has allotted the same number of credit hours for a two-day conference as for a one full year of post-graduation! Like any other profession, medical practice has also become extremely competitive and hence, a doctor has to update himself for his own sake as well as the patients'. However, the exact method of doing so varies from person to person. With so much research work going on, new theories are proposed almost daily. However, developments that are significant enough to change protocols and management guidelines do not happen everyday. They usually take a few years. And whenever such significant changes happen, they are extensively discussed and debated on so many platforms that practically everyone concerned knows about it.

The MCI needs to be reminded of the most basic thing that we were taught as medical students - "medicine is learnt at the bedside and not in the classroom". The same applies to continuing medical education, doesn't it?

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