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### Continuing Medical Education (CME): The experience from Hong Kong

We read with interest the article by Bhattacharya *et al.*<sup>1</sup> about the loopholes of the existing continuing medical education (CME) system in India. The main concerns expressed were credit hours, subspecialty relevance, disproportional participation for earning each CME credit point, whether for physical attendance to educational events or academic writing for journal publications. We would like to share our experience on CME in Hong Kong (HK).

In HK, specialists' CME are mainly regulated by the HK Academy of Medicine (HKAM).<sup>2</sup> Each subspecialty has her own college within HKAM, e.g. HK College of Obstetricians and Gynaecologists (HKCO&G),<sup>3</sup> HK College of Physicians (HKCPhy), *etc.*<sup>4</sup> Each college has assigned different categories of CME, namely active (non-passive) and passive participation. Attending conferences purely as audience is the only passive item. Otherwise, non-passive ways of obtaining CME include being the presenter (3 points for poster versus 6 points for oral presentation), invited speaker, moderator or panelist in conferences; continuous quality improvement projects for improvement of patient care; development of CME materials such as courses and workshops; development of new technologies or services such as artificial intelligence usage in clinical practice; serving as the examiner for professional qualification examinations including the membership and fellowship examinations; teaching undergraduate or postgraduate courses; enrolling in hands-on clinical attachment programme (more applicable to surgical specialties) in other training centres; publishing scientific articles and research in indexed peer-review journals; performing quality assurance, audits and activities for improvement of medical care; and self-study of scientific publications.

The minimum CME requirement is 90 points in a 3-year cycle, with the additional requirement of at least 15 active CME points. A point of CME activity is equivalent to 1 hour of participation as an attendee in a Formal College Approved Activity (FACC). Therefore, a specialist could not purely attend 90 hours of lectures to complete the cycle. She/he needs to be the speaker or chairman for at least 15 hours in FACC, conferences or publish manuscripts in indexed journals, *etc.* to acquire adequate active CME points in a 3-year cycle to sustain the specialist registration and practicing license.

For non-regular FACC, each educational event needs to seek respective colleges' approval for qualification of CME, and the number of points would be accredited according to the relevance of

content to that specialty. For example, in the Primary Healthcare Summit 2024 organized by the University of Hong Kong's Medical Faculty,<sup>5</sup> HKCO&G awards 5 CME points for each day of event, and a maximum of 5 CME points for the whole 2-day function; whereas HKCPhy awards 2 CME points for each day of event, but a maximum of 4 CME points for the whole function. This arrangement would allocate relevant CME as per one's specialty without loopholes.

Concerning publications, PubMed indexed journals are the entry requirements, thus low-quality or predatory journals' publication would not be counted. Publications of original research articles or higher level of medical literature, e.g. meta-analysis, would be awarded 10 CME points each; whereas case report, editorial, letter to editor, *etc.* would only be awarded at most 5 CME points. Only first and corresponding authors would be awarded the full number of CME points, otherwise the remaining authors would just be awarded at most half of the CME points per publication. Peer-reviewers would also be awarded, with 1 CME point for each manuscript reviewed for an indexed journal, here there is no further subdivision on the type of manuscript reviewed.

Besides, undergraduate and postgraduate teaching could not contribute to >15 CME points within the 3-year cycle, while being an examiner of the college's professional examinations could not occupy >10 CME point. No system is perfect, and each one has its flaw. In the era of artificial intelligence, even with post-CME examinations, one could still cheat to pass.

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### Clinical linguistic proficiency programme: An approach to achieve multilingual proficiency

The article on medical education in indigenous languages raises critical concerns about the future of medical training in India.<sup>1</sup> While the debate continues, we present the clinical linguistic proficiency program (CLPP), at present trilingual, developed at National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru for residents in psychiatry as an innovative and practical solution that