Speaking for Myself

Credit hours and continuing medical education (CME) programmes

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ABSTRACT

Continuing medical education (CME) credits has been mandated by the National Medical Commission for registered medical practitioners in India as a part of continuing professional development and a minimum of 30 credits in 5 years is required for the renewal of the medical license. Undoubtedly, credit hours for CME attendance is an essential yardstick for professional and career growth, the modus operandi adopted to grant these credit hours needs a serious look. Targeted learning with adequate feedback either with a post CME examination or questionnaire should become the norm and every publication in high impact indexed journal deserve a higher credit point than the rest of the publications.

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INTRODUCTION

Continuing medical education (CME) credit is designed on an hour-for-hours basis, so for every hour one spends in an educational activity, one would receive 1 CME credit. In India, all practicing doctors <65 years of age must complete 30 hours of CME every 5 years to get their license renewed according to the National Medical Commission (NMC) Registered Medical Practitioners Professional Conduct Regulations 2023.[1] Doctors can earn CME credits through seminars and workshops offered by medical institutions in India. Of late, doctors can even pursue CME from various online CME education providers.[2]

CREDIT HOURS

While the concept of credit hours exists in the USA since 1948, it has been introduced in India in the past few years. However, it has not been welcomed.[3] As health and medical education are state subjects' different states have different guidelines of offering CME credit hours.[4,5] Some are liberal, and some are stingy.

Who decides which CME deserves how many credit hours? When the same day long Charles Pinto CME, an annual event in the annual conference of the Association of Plastic Surgeons of India is organized in Lucknow its attendees get 12 CME credits and when it is organized in Kochi the attendees get only 8 CME credits.

There is undoubtedly a need to ensure CME among doctors and so the concept of awarding minimum CME credit hours per annum for continuing accreditation is encouraging. This will foster a scientific culture and the CMEs can be monitored by observers of the NMC/State Medical Council. Teachers teaching in these CMEs, researchers presenting their work and the attendees are all benefitted. But are all of them contributing equally? If not, then why do all of them get the same number of CME credits? The role of the CME coordinator, the teachers and the presenters are more active, than the attending delegates. Do they not deserve more credit for the extra effort that they have made? At the end of the CME let the attendees decide which teachers were most useful and let the teachers get extra credits.

Are the attendees genuinely interested in the topic of the CME or are they there only for the credits? Is there a test at the end of the CME to assess how much these attendees have benefitted? Is there any gate check to see the credential of a doctor who has come to attend the CME because it is assuring 10 CME credits? What will an ENT surgeon learn in an Orthopaedic CME?[6] There have been instances when different specialty doctors with no concern with the ongoing CME have registered simply to get the requisite CME credits.

Credits for scientific publications are an even bigger problem. All publications get equal credits irrespective of the impact factor of journals. The government must understand that people manning the state medical councils are often not familiar with the intricacies of publication in a medical journal. It is because of their ignorance that several predatory (or pseudo) journals have mushroomed and have vitiated the publication atmosphere. If publishing in one of these journals carries the same CME credit as publication in a national or international indexed journal, where is the justice? On the one hand we have the strictest peer review and on the other, publications which are purchased with money but with little scientific content; such publishers should be strictly avoided, and this must be kept in mind while marking CME credits.

If CME for credits is to be established as a criterion for future accreditation, then its nature must change. The idea that any doctor can attend CME on any specialty and get credits has to be stopped. Importance should be given to credits awarded in the relevant specialty only and those doing general practice can attend CME in medicine and allied subjects. Active participation should be ensured by interactions and post-CME test to ascertain how much they have benefitted. If the delegate registers in the morning and returns only for lunch and dinner one should seriously think whether they deserve the CME credits.

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The level of interaction in a scientific meeting should decide the number of credits. Thus workshops (of about 30 participants) should be given more credits than conferences. Level of interaction and active participation of doctors can be scored in these workshops and extra credit points can be given to active participants. Pre-CME and Post-CME questionnaires of each participant should be compared before awarding CME credits as it will clearly show the net knowledge gained during the CME. More importance should be given to skills and attitudes gained and less for theoretical knowledge. Organizers and educators should get extra CME credits. Also there should be a system by which continuing education by distance learning can be incorporated in CME credits. The participant should log on to the CME with a web camera and log off the network only at the end of the CME to earn the credits.

Those who win prizes at conferences in podium or poster presentation should be awarded credits. More credit points can be given to prizes won in international conferences followed by national and then state level conferences.

The general international standards laid down for CME/ continuing professional development (CPD) practices by the World Federation for Medical Education (WFME) are available online.[7] The Medical Council of India (MCI)/NMC has been facilitating CME programmes in India since 1985.[8] In 1997, the MCI recommended to the central government to make attendance in CME programmes mandatory for doctors, with renewal of their registration to be done every 5 years.[9]

Organizing and supervising CME activities is an arduous task for state medical councils. The procedure requires physical approval of every application for every live event. In addition, they send 1–2 observers to each event to ensure attendance by registered doctors. In India, a minimum number of 3.84 million conference days of CME events are required per year. If the attendance of 100 delegates is estimated, it would require 76 800 observation days per year. Do we have the logistics and the manpower?

Thanks to the progress of Aadhar (a 12-digit random number issued by the Unique Identification Authority of India [UIADI] to residents in India), professional bodies can improve the quality of their registries by ensuring healthcare professionals provide their Aadhar number at the time of re-registration.[10] The Aadhar number can then be harvested from the registration forms and CME credits given to all doctors.[11]

CONCLUSION

While CME is invaluable, the system of distributing credits needs a serious relook. Online CMEs and targeted learning by doctors practicing varied specialties are far more useful than attending non-specific CMEs.

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