

Introduction of CME Credit System amongst Doctors of Bangladesh Armed Forces

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Introduction

Education is a never-ending process. As rapidly developing medical science deals with human lives all medical practitioners must remain upto date and professionally competent to render the quality service to the humanity. People now a days expect what is best rather than what is right.¹ All doctors should maintain their capacity to practice effectively, safely and legally within their evolving scope of practice. "Continuing medical education (CME) consists of educational activities to maintain, develop or increase the knowledge skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession".² As a part of the 'global resident' it is high time for our authority to formulate and introduce a scientific system of life long learning to meet the demand of our patients and public.

Background

Traditional approaches of CME or continuous professional development (CPD) based on voluntary self-learning and self-assessment have proved mostly inadequate and ineffective; which often do not match the demands of a changing practice. More structured formal credit point system has undergone evolution process in north America for last hundred years.³ However, efforts to make CME/CPD programmes with an hour-based credit system for mandatory certification have not been successful all around the world mostly because of lack of motivation, deficiency of need-based accredited CME/CPD programmes, adequate incentives and legal bindings. Successful implementation of the system could only be ensured in last few decades and then extended to Europe and Asia. In India, it is successfully adopted in nine states out of 28 as of 2018. Since 2022 medical council of India (MCI) made it mandatory for all registered doctors of India.³ In recent years a number of medical organizations felt that the term CME is too limiting. Rather continuous professional development (CPD) is a broader and practical concept which integrates CME with medical, managerial, social and personal competencies which are needed for high quality professional performances.⁴

In developed world to maintain the ever-increasing demand of public every medical or dental professional has to go through CPD programme, formal course, licensing exam etc. which is directly related to his/her career development. But in medical or dental profession of Bangladesh after graduation there is no mandatory system to remain updated in terms of skill, knowledge and experience which is creating lack of confidence on this profession amongst the patient. As a profession, we all need to embrace a culture of continuing education and development, peer review, appraisal and revalidation.⁵

Plan

Developing a uniform credit point system for all specialty is a complex issue, affected by innumerable factors. That's why there are substantial variations in the systems that conduct and assess professional development activities in different countries and health-care systems. Centralized recertification system examinations are often perceived as intimidating or disgracing and are also complicated to tailor to the needs of individual practices. However, most systems are currently established on hours related credit system. Changes in behaviour or outcome measures are more valid measures than hour-based system, but their objective measurement is difficult. Despite deviations in detail, there are common attributes of content and process that permit international mutual recognition of activities in CME/CPD.

According to World Health Organization (WHO), a doctor needs to be a caregiver, decision maker, communicator, community leader and manager. So, a credit point system must include each and every aspect of a medical practitioner as a professional. There should be statutory body governing CME/CPD system which must be efficient, transparent, fair, credible and accountable. The different characteristics of the system should be known and accessible to all stakeholders. The system would also ensure recognition, reinforcement, cooperation, collaboration, coordination and compliance to the guidelines. The statutory body will prescribe appropriate policies, standards and guidelines towards conduction and accreditation of CME/CPD from time to time.

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CPD Dimensions

The CPD dimensions summarizes the components of the professional criteria of the specialist doctor while allowing for the multifaceted range of practice in different roles and environments. The three CPD Dimensions are:

- Clinical Dimension encompasses all areas of learning that relate to clinical knowledge, skills and competence specific to the practice of one's specialty.
- Professional Dimension encompasses those areas of learning that support and enhance doctors' wider professional skills, attitudes and behaviours that all specialists must engage in.
- Extended Role Dimension recognizes that many specialists, but not necessarily all, undertake wider roles within their health care environment which extend beyond the professional and clinical skills required to practice as a specialist e.g. doctor in academic, educational, managerial, leadership and other roles.

The CPD Processes

CPD is not a fixed process; it is a continuous learning and development rather than targeted intermittent input. The first thing we can do is to develop a personal development plan (PDP) by setting objectives for development and then charting the progress towards achieving them.⁶ Individual doctors' way of taking part in CPD will depend on their specialty, the opportunities available, their priorities and their personal learning styles and preferences. This diversity is essential for effective CPD. The following five-steps cyclical processes for CPD are useful to begin with^{5,7} -

1. Self-appraisal

The assessment of learning needs can be addressed either from self-assessment of performance, performance reviewed by professionals/peers, or from professional/ employer and or regulatory binding as a requisite to future promotion or other incentives. The process should involve five stages:

- firstly, the doctor estimates where he or she ought to be in terms of knowledge, skill and performance.
- What he or she wants to learn?
- Why - what will be the benefit or outcome?
- How - what he or she has to do? what support is required?
- When – what is the timescale for achievement?

2. Personal Development Plan (PDP)

The PDP is a written document or portfolio for work-based learning which identify the key learning objectives for a defined period ahead. There are some popular ways of selecting the CPD activities of a clinician like- Patient's Unmet Needs (PUN), Doctors' Education Needs (DEN).

3. Action

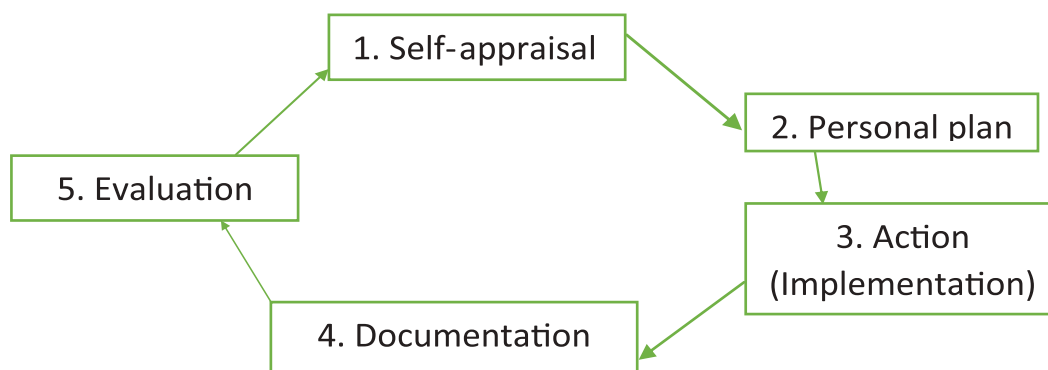
The action demonstrates how the specialist has applied their learning to their practice, the service they provide, and/or the potential impact of the learning. Examples of actions can relate to patient care, individual development, service delivery and sharing with others.

4. Documentation

CPD activities should be documented for evidence of competence, for appraisal of planning, action and systemic evaluation to review and inspection.

5. Evaluation

The benefit of any activities should be evaluated by possible questions like; 'Were my need addressed? Can I address what I learned; how will my work improve? What else can I do to support my learning?' 'What can I do now that I couldn't do before?' It can also be done mathematically by pre and post-test carried out by the organizers immediately after the CPD programme. CPD provider can be from an individual doctor to a multinational organization who should provide learning activities which are most effective. The medical professional organizations should take the responsibility to guide the quality, overall planning and organization of CPD.⁸ The accrediting body should ensure the quality and standard either by accrediting the CPD provider or each educational event.



CPD Activities

The definition of CPD hours is the time spent by a delegate in 'active learning'. Credits can be earned through three types of CPD activities³ -

1. Personal education activities: individual activities performed by one person alone, giving him/her additional scientific knowledge and skill.
2. Internal education activities: structured activities performed jointly with fellow colleagues in the workplace.
3. External education activities: activities performed by some other group outside the workplace concerned—local/regional, national as well as international.

From the professional point of view, the activities can be divided into five types (not limited to) -

1. Learning activities- namely activities that allow a person to learn a theme which can be formal, specific, or experimental. These can be case studies, grand rounds, journal clubs, internal teaching, consultation with peers & colleagues, tracking information/evidence-based medicine, partaking in a training exercise, accredited distance learning programme etc.

2. Professional activities performed in connection with a person's position as doctor and giving him/her an opportunity to study e.g. handling of patients (workplace based learning), participation/ presentation of paper in seminars/symposium/conferences/courses, participation/instructing in workshops, poster presentation, simulation-based learning etc.

3. Publication activities e.g. Publishing a paper in a peer-reviewed journal (national/International), writing a book or a chapter (with ISBN reference), translating a book into one's scientific discipline, writing a book review published in an accredited journal etc.

4. Scientific and education development activities relating to developments in the sector or a doctor's discipline e.g. conducting research in his/her scientific discipline, educating/teaching, drawing up tests, supervising or providing guidance in his/her scientific discipline etc.

5. Community-centred activities intended as a service to the general public or professional community e.g. offering healthcare information, partaking in disaster relief operations, sitting as a member of a professional organization etc.

Activities not Eligible for CME Points (not limited to)

Activities like regular morning meetings, departmental or professional society internal meeting, community and patient awareness sessions, publicity-directed activities,

software skill training, induction and orientation programmes, basic product training and product-specific knowledge etc.

Proposed Guidelines for CME Accreditation in Bangladesh Armed Forces:

For medical and dental officers of the Bangladesh armed forces CME credit point system can be incorporated with the yearly officers' performance report (OPR). A format has been developed (Appendix A) which needs to be validated by further study. This format/system can also be used in medical/dental practitioners of civil institutions with little customization.

- This system can be initiated for the officer's below ten years of service and continued till the rank of Colonel.
- Brigadier Generals (adviser specialists) will act as reviewer/accreditor of the programme and credit points.
- The power to award accreditation/ credit points will be the sole discretion of the Directorate General of Medical Services (DGMS) of Bangladesh Armed Forces or some other bodies as approved by DGMS.
- It's the individual officer's responsibility to maintain the duly signed CME credit form and put up with yearly OPR.
- For CPD activities outside the station programme/ credit points should be accredited within two weeks of participation.
- Any association/organization/institution wants to hold CME/CPD should apply for accreditation to DGMS for verification of their credentials.
- Doctors claiming credit points will be required to submit the certificate of attendance as issued by the organizers.
- Minimum credit points can be 30/year, 25% of the extra credit can carry forward for the next year.
- Not more than 30% of the CME points can be obtained from online CPD programmes.
- To be planned by individuals and evaluated by HOD of the specific specialty.
- Failure to achieve the annual credit points will be counted as a negative factor for the selection of course/ training and future promotion.
- If anyone fails to achieve prescribed credit points due to sickness or any other valid reason that must be certified by the authorized OPR writer.
- 'Training of the trainers' of different specialties should be carried out on the basic concepts of medical education and CME/CPD.
- Initially to encourage officers and disseminate the ideas of the CME credit point system a team of experts from DGMS should visit all the stations.
- Funding— DGMS, local authorities in collaboration with medical colleges pharmaceutical/ device companies.

Benefits of CME Credit System

It builds confidence and credibility of the doctors to treat and achieve career goals, helps to cope positively with changes. This can make him/her more efficient and productive and significantly increase our job satisfaction and prevent 'burn-out'.⁹ As it maintains and upgrades the professional standard organizations can safeguard patients and public interest more effectively. This system can also be used to rank doctors for their promotion, selection for course or appointment or other fringe benefits. CME credit system can help to achieve personal or institutional accreditation from international organizations or developed countries.

Challenges

There are certain challenges to implement the idea like- defining the goals and priorities of CPD activities, balancing individual and organizational needs, motivation of the doctors, obtaining institutional support, promoting a culture of change, overcoming limited resources, absence of national guidelines or legal bodies of accreditation, conflict of interest with CME providers like pharmaceuticals/ device companies etc. To tackle the challenges, we have to develop a culture of professional development, use multiple approaches of CME/CPD and give importance to both individual and organizational needs. It is imperative to build a network of organizers and creative individuals, disseminate available information and utilize feedback and also linking the credit system with ongoing routine CME/ CPD programmes to overcome the challenges.

Conclusion

Modern day health professionals need to be highly skilled and adaptable to meet the demand of the rapidly changing health system, expectations of the public and to match with the international standards. This is just a guideline to introduce the CME credit system in Bangladesh Armed Forces which will definitely go through modification by trial and error and input of experts.

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Appendix-A
CME Credit Point Format

Sr No.	Group of CPD Activity	Type of CPD Activity	Criteria/Description - Date/Place/Topic National/International	Name of Organizer	Accreditation Authority	Credit Point Schedule	Credit Point Awarded	Remarks (ceiling/ year)	Signature of Unit Comdt/HOD
1.	Learning Activity	Grand round				1/round		6	
		Journal club presentation (self)				2/prsnt		4 (1 for trainees with assmnt)	
		Attending webinar				1/webinar		4	
		Participation in audit				1/audit		1	
		Others.....							
2.	Professional Activity	Work-place based learning				1/session		6	
		Participation in seminar/ Conf				2/seminar		6 (3/Intl conf or seminar)	
		Participation in workshop				3/wksp		6 Ntl/Intl	
		Presentation in seminar/ wksp				4/prsnt		8	
		Simulation based learning				2/session		6	
		Poster presentation				4/prsnt		8	
		Others.....							
3.	Publications	Writing a book of own discipline				12/book		-	
		Writing a chapter of book				4/chapter		-	
		Publication in peer reviewed journal				Natl (Orig art/review/ case rep) = 4/3/2		Intl + 1 Coauth - 1	
		Editing/Reviewing a journal				3/review		6	
		Others.....							
4.	Scientific Educational Development Activity	Conduction of research in own discipline				3/research			
		Producing/teaching e-learning materials				2/ material		6	
		Working as supervisor/ examiner				3		6	
		Postgraduate trg/ course/fellowship				6			
		Others.....							
5.	Community Centred	Sitting as management of professional				4			
Point to carry forward to next year – This year's point – 30 =				Total point obtained for the calendar year _____					
4									

Incl Offr

HOD

OC/CO/Comdt/Principal