Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services management including organizing teaching and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging ‘continuing professional development’ that includes behaviour change, social and managerial skills and the multidisciplinary context of patient care.

Designing quality CME and continuing professional development programmes appropriate to the needs of different categories of health and allied professionals will, however, remain a big challenge and would need to be addressed through national mechanisms.

There is a need to develop comprehensive guidelines for countries in the Region on CME/CPD activities that would look into (i) processes and operational mechanisms (ii) identifying accreditation bodies for CME programmes and credit allocation and (iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. The guidelines, after adaptation, should help countries in the South-East Asia Region in strengthening their CME/CPD activities.

Expert group meeting to review the guidelines and tools for continuing medical education

Report of the Meeting
Manesar, Haryana, India, 12-14 October 2009
Expert group meeting to review the guidelines and tools for continuing medical education

Report of the Meeting
Manesar, Haryana, India, 12-14 October 2009
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction and background</td>
<td>5</td>
</tr>
<tr>
<td>2. Objectives</td>
<td>6</td>
</tr>
<tr>
<td>3. Inaugural session</td>
<td>7</td>
</tr>
<tr>
<td>4. Presentations and proceedings</td>
<td>8</td>
</tr>
<tr>
<td>4.1 Bangladesh (Dr Ainun Afroza)</td>
<td>8</td>
</tr>
<tr>
<td>4.2 India (Prof. S Chhabra)</td>
<td>9</td>
</tr>
<tr>
<td>4.3 India (Prof. S. Datta Gupta)</td>
<td>10</td>
</tr>
<tr>
<td>4.4 Indonesia (Prof. Bambang Wispriyono)</td>
<td>13</td>
</tr>
<tr>
<td>4.5 Myanmar (Prof. Kyaw Myint Naing)</td>
<td>14</td>
</tr>
<tr>
<td>4.6 Nepal (Prof. Trilok Pati Thapa)</td>
<td>15</td>
</tr>
<tr>
<td>4.7 Sri Lanka (Dr Indika Karunathilake)</td>
<td>17</td>
</tr>
<tr>
<td>4.8 Thailand (Prof. Anan Srikiatkhachorn)</td>
<td>18</td>
</tr>
<tr>
<td>5. Meeting outcome</td>
<td>19</td>
</tr>
<tr>
<td>6. Conclusion and recommendations</td>
<td>19</td>
</tr>
</tbody>
</table>

## Annexes

<table>
<thead>
<tr>
<th>Annex</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agenda</td>
<td>21</td>
</tr>
<tr>
<td>2. List of participants</td>
<td>22</td>
</tr>
</tbody>
</table>
1. Introduction and background

Continuing medical education (CME) is a process of learning through which medical professionals keep themselves updated by acquiring new knowledge, skills and attitudes to maintain professional competency, to meet the needs of the patients of the health services as well as their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging “continuing professional development” that includes behavioural change, social and managerial skills, ethics and the multidisciplinary context of patient care.

Traditionally, it is the responsibility of the individual medical practitioner to remain competent. However, with the exponential growth of knowledge and technology and consequent demands for changing practice, no practitioner can hope to remain competent for more than a few years after graduation without updating knowledge and skills through a programme of active learning. One response to this challenge has been the development of CME programmes appropriate to the needs of the practitioners. Therefore, it is important to motivate practitioners to realize the importance of such CME programmes in upgrading their competencies to practice high quality medical care. Since the strategy is considered central to quality improvement in medical care, the demonstration of continuing professional development has become an integral part of the process in most developed countries where revalidation or recertification of practitioners is mandatory.

Probably the most important demand career-wise on a medical professional including a specialist is that of having to keep abreast of scientific and professional development. To keep up with the global standard, medical councils in most countries of the South-East Asia Region have introduced the provision of periodic re-certification of their practitioners. However, their efforts to link CME activities with re-certification process have not been successful, mostly because of lack of motivation, absence of legal provision and failure to develop appropriate CME programmes.
The tradition of graduating in medicine from a university and then obtaining a licence for life from the medical council is no longer acceptable, when the quality of care provided depends so much on the efforts of practitioners to keep themselves up-to-date. Therefore, periodic re-certification of doctors has become inevitable. This, in turn, has prompted countries in South-East Asia to go for mandatory re-certification for doctors every 5-7 years, but efforts to make CME mandatory for doctors and linking them to re-certification have not been successful because of lack of motivation, incentives and legal binding.

Despite these limitations, medical councils, professional bodies and academic institutes in many countries of the South-East Asia Region have been organizing CME programmes and playing a positive role in motivating doctors about the importance of CME; and continuing professional development (CPD).

Designing good quality CME and professional development courses appropriate to the needs of different categories of practitioners, consultants and specialists shall, however, remain a big challenge requiring technical support, allocation of substantial funds and professional resources.

The next step will be to find and equip a suitable accreditation body who will be responsible for providing a framework for continuing professional development; setting educational standards and monitoring, facilitating and evaluating institutes offering CME; and professional development courses.

Recognizing this need, it was felt to urgently develop comprehensive guidelines for Member States in the South-East Asia Region on CME/CPD activities that would look into (i) processes and operational mechanisms; (ii) identifying accreditation bodies for CME programmes and credit allocation; and (iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. These guidelines will help countries in the Region to adapt the national situation and needs.

As upgrading medical knowledge and developing professionally is a life-long task, both the need and the obligation to learn and improve apply to doctors of all ages and at all levels.

2. Objectives
**General objective**

The general objective of this meeting was to review and develop a comprehensive guideline outlining a strategic plan for implementation of a need-based CME and professional development programme and linking them to re-certification.

**Specific objectives**

The specific objectives of the meeting were:

- To orient the participants on the concept of Continuing Medical Education System;
- To share the draft framework;
- To finalize the framework; and
- To recommend an implementation strategy.

The agenda of the meeting and the list of participants are given in annexes 1 and 2.

3. **Inaugural session**

Dr Sangay Thinley, Director, Health Systems Development, WHO-SEARO, welcomed the senior experts from Member States of the Region. Dr Sangay Thinley stressed the need for developing comprehensive guidelines on continuing medical education and continuing professional development. He also mentioned that based on the deliberations the resultant consensus on the issues for improving the draft guidelines on CME/CPD will be finalized.

The opening address was delivered by Dr Myint Htwe, Director, Programme Management, WHO-SEARO who conveyed the greetings of the Regional Director, Dr Samlee Plianbangchang, as well as his expectation that the meeting would achieve very concrete and specific outcomes. Dr Myint Htwe hoped that this meeting will have long-term beneficial effects in the field of public health also.
He hoped that the expertise of the participants will be very useful in finalizing the guidelines on CME and that the objectives of the meeting will be achieved fully.

Dr Muzaherul Huq, Regional Adviser, Human Resources for Health and Fellowships, WHO-SEARO, presented the background and objectives of the meeting with the following overview:

> Continuing medical education (CME) refers to a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas in their field.

> These activities include live events, publications, online programmes, audio, video, or other electronic media.

Dr Huq informed the participants that at the first meeting of the Regional Network of Medical Councils in Colombo, in December 2007, a list of priority activities to be implemented during 2008-09 had been identified. One of the most important activities was to develop guidelines on continuing medical education system.

He also said that the finalized Regional Guidelines on CME/CPD — as an outcome of this expert group meeting — will be shared and discussed with the participants at the forthcoming meeting on public health in Bangkok in December 2009.

4. **Presentations and proceedings**

4.1 **Bangladesh (Dr Ainun Afroza)**

There are 17 government and 38 private medical colleges in Bangladesh which produce a large number of doctors every year. After completing the undergraduate course they undergo an internship programme for one year after which they are registered by the Bangladesh Medical and Dental Council (BMDC). This registration is renewed every five years. Subsequent post-graduate degree(s) obtained are to be included.

CME/CPD programmes have been organized at different levels for many years. However, there is no systematic approach to conduct these
programmes. The decision on offering credits for participating in CME/CPD programmes is yet to be taken. There is no provision for any incentives or disincentives for good or bad practices. The CME/CPD activities are being conducted at the departmental, institutional, national and international level.

All the disciplines covered by the medical profession have their own professional associations. The Bangladesh Medical Association (BMA) is the common platform for all the doctors in the country. These professional associations are very active in organizing various CME/CPD activities. Certain events like clinical meetings, journal clubs, seminars, symposia, workshops and conferences are organized regularly. CME/CPD sessions are an integral part of almost all conferences. Many departments organize short courses and training programmes in their relevant areas.

There is a significant level of awareness among professional groups with respect to CME/CPD. However, professional bodies and the medical council are not playing direct role in accreditation of theses programmes. Though a certificate of participation is awarded in some cases, it does not have any value for promotion or appointments. There is however, a discernible change in the attitude of professionals including junior doctors for participation in CME/CPD programmes. As a result, participation is increasing steadily. It is essential that a national guideline for CME/CPD is developed and implemented for structuring these programmes and making them more useful.

4.2 India (Prof. S Chhabra)

Medical education must strive to produce individuals who can move with ease in a number of specialized medical programmes. The completion of medical school must not be the end of medical education. The educational objectives of medical students not only include acquisition of medical knowledge and competency in professional skills but also to develop communication skills and interpersonal relationship, to acquire knowledge about the health needs of the society, national health policies, and recent global technological advances with the aim to develop appropriate and enlightened attitudes. An undergraduate medical qualification is no longer regarded as a lifelong certificate of competence. A physician has to continuously strive to keep abreast of developments in medical practice, i.e. continuation of medical education.
The educational activities in a formal CME programme provide an ideal platform to all those involved in providing health care to achieve the above-mentioned targets. The activities in CME are highly variable, ranging from passive, didactic, large-group presentations to highly interactive learning methods, like workshops, small group work, and individualized training sessions, rounds, educational meetings, refresher courses, programmes, seminars, distance learning, electronic learning etc. Another approach to make medical education a continuous process is to develop accreditation systems, which are efficient, fair, transparent, trustworthy and operate within a legal framework. Councils or legally authorized bodies can be made responsible for all accreditation processes. The Medical Council of India has proposed to introduce renewal of registration every five years and link it to re-registration with CME. The MCI notification of 6 April 2002, of the Indian Medical Council (professional conduct, etiquette and ethics) Regulations, 2002, states that a physician should participate in professional meetings as part of CME programme, for at least 30 hours every five years (later converted to one year). Some of the state medical councils have already made necessary changes in their legislation and introduced the concept of re-registration every five years. The government needs to amend the MCI act for linking CME with re-registration. The Delhi Medical Council has introduced registration renewal and linked it with CME. The minimum CME hours set by DMC is 100 hours in five years. Maharashtra has a re-registration policy of every five years with no linkage to CME.

Unfortunately, CME programmes in India are plagued by many shortcomings such as coordination, accreditation, regulation while CME is not mandatory. Barriers in attending local and external CME programmes which have been cited include routine clinical and personal commitments, difficulty in getting time off, travel problems and lack of funding.

4.3 India (Prof. S. Datta Gupta)

The truth about learning the science and art of medicine is that it has a beginning, but once initiated, the process cannot and does not cease. Certification of a doctor is more a certification of the acceptance to continue learning and not merely documentation of a qualification to practice. Thus, every medical doctor is as much entrusted with the responsibility of continuing his or her education as is the life of the patient who seeks advice.
Thus, it is necessary to augment, supplement and complement knowledge and skills that are acquired during the course of study. This is the basis of continuous education in medicine. Such education should encompass overall development of the doctor. Here, one must appreciate that well-recognized principles of learning are applicable. These include:

Formal learning: Programmes provided by learning and training providers, assessed and credit-rated, leading to qualifications.

Non-formal learning: Learning alongside the mainstream system of training or at the workplace. This may be assessed but does not lead to formal certification.

Informal learning: Experiential learning through life and work experiences. This is unintentional learning and the person may not recognize this unless he/she thinks about this retrospectively or through processes of recognition of prior learning.

The competencies cover not only those aspects of the formal medical curriculum related to the subject or specialization but also to other aspects that are necessary for overall development of a “good doctor”. Thus, interpersonal and communication skills essential for day-to-day practice are included. The Medical Council of India has also defined the core competencies necessary for graduates and is in the process of extending this to postgraduates. However, it must be appreciated that these are rather recent developments. Hitherto, it was assumed that such competencies were gained through personal experience, on-the-job, from peers, colleagues and teachers. However, the quality and quantity were obviously variable.

Continuing medical education (CME) programmes in their current form generally do not address all issues that are necessary for overall development. Most CMEs are updates on academic, technical or subject-based knowledge and skills. The other generic aspects are hardly covered. Thus, there is a dearth of continuing professional development (CPD) programmes. In fact a meaningful career development programme that includes the right mix of its two pillars, CME and CPD is the need of the day. The term CME has been so widely accepted as a programme for academic development that other aspects are consequently neglected. Perhaps it may be necessary to rephrase the broad-based programme that
address all competencies as continuing academic and professional medical education (CAPME).

The relevance of CMEs for faculty and residents in a teaching institution cannot be different from those of other doctors in society. However, there are some differences in teaching institutions.

In India, a minimum of 11½ years of post-schooling education and experience is necessary to join as an assistant professor in an institute of medicine. Subsequent promotional avenues are available and through the positions of associate and additional professor, it may take around 15 years to become a professor and another four years to reach the level of a senior professor. Thus, a period of around 19 years may be required to reach this senior position after having joined as a faculty member. During this long period of service the faculty member is assigned a trinity of functions comprising teaching, research and patient care both preventive and curative. Obviously, this fairly long tenure requires constant updating of knowledge and skills relevant to the subject of specialization. There is no formal training in teaching methodology. Hence, these skills are either assumed to exist or acquired on-the-job. Further, as the faculty member progresses in hierarchy and by virtue of experience, expertise and research contributions he/she is often associated with various committees, is required to undertake administrative responsibilities and other activities that require management of human resources, communication and other generic skills quite different from what was taught during training. Once again such capabilities are assumed to exist, acquired from personal experience or through informal advice from peers and colleagues. Nevertheless, it is in the best interest of both the faculty and the institution to ensure that some form of continuous career development programme is put in place.

CME and CPD are essential prerequisites for a career development programme. Unlike in other situations, the faculty and residents in a tertiary care centre like All India Institute of Medical Sciences (AIIMS), located in New Delhi and supported by institutions for attending some conferences have the opportunity to attend some CMEs conducted in the institution, or in the city or elsewhere. The advantages of a teaching institution regular by updating academic knowledge and technical skills are obvious. What is lacking is the other component of a career development programme that is related to generic professional development. A total of 11 broad headings of competencies related to capacity building were identified. Under each of these, several modules were prepared. The broad headings include:
overview of the institution; vision, value and ethics; leadership building; managerial skill development; administrative procedures of the institution; teaching, learning and assessment technology, bioethics; communication including computers; photography; scientific writing; research methodology; advanced life support course; and disaster management. Individual modules under each heading cover wide ranging topics.

The CME programme would be repeated and reviewed. Periodic assessments by the participants would assist in making improvements. Whether attendance at these programme would reflect in appraisals such as providing incentives can be decided. For residents of institutions/hospitals it is proposed to make attendance of some modules compulsory, such as overview of the institution, research methodology, bioethics, advanced life support course and disaster management etc. and others optional. It has also been suggested to introduce residents to the concept of learning portfolios that would help in reflective learning and provide an opportunity to arrive at self-assessed needs. A credit-point system could be used for residents. The proposed programme in its present form has just been finalized and hence the implementation and outcomes cannot be indicated at this point.

It is essential to realize that while evaluation and subsequent incentives/disincentives related to attending CME/CPD programmes may be necessary, it is worthwhile to realize that disincentives are not perceived favourably. Therefore, while incentives may attract acceptance of CME/CPD programmes, disincentives may result in undoing the very purpose of such programmes. Hence, it is advisable to tread cautiously and patiently as far as disincentives are concerned and hence aggressive action in this regard should be discouraged at least initially.

4.4 Indonesia (Prof. Bambang Wispriyono)

CME/CPD activities have been conducted in Indonesia for several years. The aims of the activities are to increase the capacity, skill, knowledge and professionalism of registered medical doctors and also to cover patient perspectives. The Indonesian government has supported this through implementing regulations regarding this, such as: Ministerial Decree of Health of RI No. 512/Menkes/Per /IV/2007 regarding medical practice permit and the medical practices performance; Minister of Health RI Ministerial Decree of Health Number 1575/Menkes/Per/XI/2005 regarding
organization and work procedure of Department of Health; Law Number 29 Year 2004 regarding medical practices, the physician and dentist medical practices; and Ministerial Decree of Health Number 131/M enkes/SK/II/2004 regarding the national health system.

To implement these regulations there are bodies that play an important role in conducting re-registration and re-certification of registered medical doctors. These include the Indonesian Medical Council which sets/specifies the physician and dentist registration procedure, good medical practice performance, partnership in physician-patient relationship, case handling of discipline, violation by physician and dentist, and medical profession discipline enforcement guidelines; Indonesian Doctors’ Association and the Indonesian Dentists’ Association; the Indonesian Honorary Panel of Medical Disciplinary in charge to decide malpractice done by physicians and dentists and approve the sanction of medical education unit at university level.

The activities of CME/CPD generally include seminar/symposia/workshop/training/courses; research and community services. These activities can be developed by professional organizations, alumni organizations, or a university accredited by a professional organization. Registered medical doctors should fulfill minimum credit points in a period of time before they can qualify for re-registration. There are some obstacles to the CME/CPD activities such as lack of time, money, opportunity and accessibility of doctors in rural areas or far from big cities. Consequently, there is a lack of motivation and mindset that CME/CPD should include activities to improve the doctors’ professional skills.

There are three things which should be developed for CME/CPD in Indonesia: (i) evaluating the activities to help develop a systematic and structured programme; (ii) use appropriate technology such as distance learning and information technology to support tele-CME; (iii) strengthening regional and international collaboration to standardize the programmes or activities and follow the regional or international guidelines.

4.5 Myanmar (Prof. Kyaw Myint Naing)

Myanmar has a population of 57.504 million (2007-08) of which 70% reside in rural areas. There are 14 states and divisions with 135 national groups and over 100 languages. There are 846 hospitals with 38.249
hospital beds. The total number of doctors is 23,709 with 9,593 in public health services and 14,116 in the private sector.

CME is essential for all health care providers. Establishment of lifelong, active learning for medical practitioners is of paramount importance in order to keep them abreast with the changing medical science. CME is essential to maintain high standards and to improve the quality of health care.

In Myanmar, CME for the public sector is provided in public institutions, medical universities and government hospitals. But for general practitioners in the private sector CME is provided by the Myanmar Medical Association through various ways including the distant learning medical education programme.

At present there is no compulsory CME programme for medical practitioners which is essential for maintaining standards and in improving the quality of care.

4.6 Nepal (Prof. Trilok Pati Thapa)

As in most countries of the South-East Asia Region, in Nepal the hour-based credit system for re-certification has not been implemented formally. The reasons may be lack of motivation, absence of need-based accredited CME programmes, incentives and legal bindings. Despite these limitations, CME programmes have been organized at various levels and are playing a positive role in motivating doctors to attend CME programmes. Academic institutes like Institute of Medicine (IOM), Nepal Academy of Medical Sciences (NAMS), B.P. Koirala Institute of Health Sciences (BPKIHS), various professional societies like Nepal Paediatric Society (NEPAS), Nepal Surgical Society, Epileptic Society, the World Health Organization (WHO) and Nick Simons Institute (NSI) are playing an active role.

In Nepal, the legal bodies responsible for quality assurance of medical education include the Higher Technical Education Promotion and Monitoring Body, the Ministry of Education under the chairmanship of the Minister, the Nepal Medical Council a semi-autonomous body, academic councils of universities, and the medical education departments of different medical Institutions.
In 2007, with the administrative support of the Nick Simons Institute (NSI), a CME Technical Advisory Group (TAG) was formed. This group included senior doctors from the health ministry, academic institutions, the Medical Council and WHO. Later in 2007, NSI conducted a CME field assessment, interviewing 213 doctors working in 51 districts.

The main findings of the study were as follows:

(1) For most doctors, their CME concept was limited to attending occasional conferences or workshops.

(2) Their main reasons for not doing CME were lack of time, non-availability of programmes, and supervision.

(3) 70% had access to computers and 60% had Internet connection.

(4) Their main requests for CME were in the areas of skills (like ultrasound and surgical procedures), emergency medicine, obstetrics, and infectious diseases.

Subsequently, seven case-based modules were prepared in the context of Nepal. The seven modules are in: emergency medicine; paediatrics; obs/gynae; chronic medical problems; psychiatry; dermatology; and infectious disease. In 2008, a pilot project was carried out with the involvement of 64 doctors. The result showed that whether a doctor is urban- or rural-based there was no difference in their ability to complete CD ROM-based CME learning materials.

What Next?

- Should the government require CME credits for medical licensure?
- Should the government use CME credits as criteria for hiring or promoting staff?
- Can CME credits be used in addition to examination scores for post-graduate entrance?
- Would it help to give academic recognition for completing a certain number of modules?
However, designing good quality CME and CPD courses appropriate to the needs of the different categories of practitioners will remain a big challenge requiring professional, technical and financial support.

4.7 Sri Lanka (Dr Indika Karunathilake)

Continuing medical education and continuous professional development are essential in health-care professions in order to improve their capacity, bring about practice change and thereby enhance health-care outcomes in Sri Lanka, which produces over 1000 medical graduates annually. However, only around 450 continue with postgraduate studies. Most professional colleges and medical associations have CPD activities only for their members. For other medical professionals, the majority, opportunities for CPD are limited. The National Programme of Continuing Professional Development (NPCPD) for doctors was launched in 2003 to address this need.

The conceptual framework

A national programme for CPD should address the needs of all categories of medical professionals in all regions of the country. It should be self-driven and sustainable. Thus, a national policy with a decentralized framework was envisaged where district CPD committees with representation from all categories would function under a central CPD committee. These committees would be provided with adequate infrastructure, conduct CPD programmes and report back to the NPCPD which, in turn, would liaise with colleges/associations to provide expertise for learners’ needs and issue certification based on district recommendations. CPD needs to be a reflective process. Therefore, the CPD programme has a self-evaluation process where participants compile a portfolio with evidence of participation in CPD activities, their reflections on them as well as the resultant change in practice.

This process was initiated under the auspices of the Sri Lanka Medical Association. Stakeholder meetings were held with professional bodies, trade unions and the Ministry of Health. Consultative workshops were held and funding was obtained from the national health budget. In 2006 pilot projects were successfully implemented in Hambantota and Kurunegala districts.
Lessons learnt

Though all stakeholders realized the need for CPD, trade unions were reluctant for revalidation. Thus, the programme was launched on a voluntary basis. The initial enthusiasm by the participants became subdued because of this. An incentive-driven programme has been planned and discussions are underway with colleges, universities and the Ministry of Health. Even though access to CPD activities has improved vastly as they are held throughout the country, some doctors cannot participate regularly. Web-based CPD and distance learning are being explored to fill the gap.

Proposal for regional and global action

National CPD and CME programmes should identify the needs of all categories of healthcare professions and provide access to programmes to all.

4.8 Thailand (Prof. Anan Srikiatkhachorn)

The Centre for Continuing Medical Education (CCME), under the auspices of the Medical Council of Thailand, was established in 2000. The primary objective of this organization is to promote the continuing medical education (CME) and continuing professional development (CPD) of Thai practitioners in order to improve the quality of medical services and help physicians to catch up with the rapid advancement in basic and clinical medical sciences. The centre collaborates with other professional organizations (such as the Royal College of Physicians, the Royal College of Surgeons, etc.) and medical schools.

In addition to CCME, the Medical Council of Thailand also established the CME test centre which is responsible for the verification and accreditation of CME activities. The centre has classified CME activities into four major categories namely (1) body of knowledge; (2) patient-based learning activity; (3) personal academic activities; and (4) others. Professional organizations and physicians can submit their records of CME activities to earn credits. The awarded credits are necessary for receiving the medical license.

In September 2008, the CCME organized a meeting to review the processes of CME activities. Representatives and stakeholders (physicians,
patients, consumer protection agents, etc.) attended the meeting. Some important comments are as follows:

   (1) The CME should be based on positive reinforcement, not compulsory.

   (2) The CME should not be obligatory especially in terms of medical licensing.

   (3) The scoring system must be simple.

   (4) The routine medical practice (activities) should be counted as CME activities.

   (5) The patients require good medical services not a high CME score.

Based on these comments, it can be seen that although medical practitioners acknowledge the importance of CME, they do not agree to use CME as a criterion for renewing their medical license. From the patient’s point of view, competent physicians are those who are able to provide standard clinical practices, not those with high CME credits. Therefore, the effectiveness of the CME system must be determined by its ability to improve medical services.

5. Meeting outcome

Draft guidelines on CME/CPD and the tool were developed and reviewed by the experts in this meeting. The participants were divided into two groups and reviewed the document in depth and made suggestions. Finally, during a consensus-building session both the groups agreed on the issues raised and the final guidelines along with the tool for CME/CPD were developed.

6. Conclusion and recommendations

➢ The WHO Secretariat should send the final draft to be shared with the participants for their further input, comments if any, before submitting it to the network meeting in November 2009.
A regional meeting should be organized with participation from MOH/MOE, vice chancellors/rectors/deans/principals/medical associations and medical councils for advocacy to introduce, implement and monitor the guideline to have their own CME system within a stipulated time frame.

Countries should be encouraged and supported to organize national meetings with medical schools and medical universities and other stakeholders to develop a strategic plan to introduce, implement and monitor the CME system.

WHO/SEARO should provide technical and other support while WHO country offices should facilitate and support in organizing national meetings in 2010 in Member States of the Region.
Annex 1

Agenda

(1) Opening session.

(2) Background and objectives of continuing medical education.

(3) Sharing of experiences on existing practices on continuing medical education in countries of the SEA Region.

(4) Review of existing practices on continuing medical education in countries of the SEA Region.

(5) Presentation of draft regional guidelines on continuing medical education in countries of the SEA Region.

(6) Consensus building on the draft guidelines on continuing medical education.

(7) Finalization of regional guidelines on continuing medical education in countries of the SEA Region.

(8) Conclusion and recommendations.
Annex 2

List of participants

Experts

Professor Ranjit Roy Chaudhury
Founder President
Delhi Medical Council
Y-85, Hauz Khas
New Delhi 110016
India
Mobile : +91 9810290711
Fax : +91 11 26515605
Email : ranjitroychaudhury@gmail.com

Professor S Datta Gupta
Professor In-Charge
Centre for Medical Education and Technology
All-India Institute of Medical Sciences
New Delhi
India
Ph : +91 11 26593565
Email : sdg@aiims.ac.in;
sdattagupta@gmail.com

Professor Shakuntala Chhabra
Dean
Mahatama Gandhi Institute of Medical Sciences
Wardha, Maharashtra
India
Mobile : +91 9422141696
Fax : +91 7152 284333
Email : chhabra_s@rediffmail.com

Professor Ved Prakash Mishra
Vice Chancellor
Datta Meghe Institute of Medical Science
University
Atrey Layout
Nagpur-440022
India
Mobile : +91 9373108086
Fax : +91 712 2245318
Email : info@dmims.org

Professor Bambang W ispriyono
Fakultas Kesehatan Masyarakat, Universitas
Indonesia
Kampus UI Depok 16424
Indonesia
Ph : +62 21 7863471
Fax : +62 21 7863472
Email : bwispi@ui.ac.id

Professor Kyaw Myint Naing
c/o Myanmar Medical Association
249 Theinbyu Road
Mingalartaunghnyut Township
Yangon, Myanmar
Ph : +95 1 290043
Mob : +95 09 8033811
Fax : +951 378863
Email : profkmnaing@gmail.com

Professor Trilok Pati Thapa
President
KIST Medical College
Kathmandu, Nepal
Ph : +977 1 4357148
Fax : +9771 5201688
Email : drtpthapa@gmail.com

Dr Indika Mahesh Karunathilake
MEDARC
Faculty of Medicine
Kynsey Road
Colombo 08, Sri Lanka
Ph : +94 11 2695300
Email : karunathilake@hotmail.com

Professor Anan Srikiatkhachorn
SEARAME
Medical Education Unit
5th Floor, Anandamahidol Building
Faculty of Medicine
Chulalongkorn University
Bangkok 10330
Thailand
Ph : +66 22 564267
Fax : +66 22 527854
Email : anan.s@chula.ac.th
Expert group meeting to review the guidelines and tools for continuing medical education

**WHO Secretariat**

Dr Myint Htwe  
Director, Programme Management  
World Health Organization  
Regional Office for South-East Asia  
World Health House, Indraprastha Estate,  
Mahatma Gandhi Marg  
New Delhi-110002, India  
Ph: +91 11 23370804  
Fax: +91 11 23370197

Dr Sangay Thinley  
Director  
Department of Health Systems Development (HSD)  
World Health Organization  
Regional Office for South-East Asia  
World Health House, Indraprastha Estate,  
Mahatma Gandhi Marg  
New Delhi-110002, India  
Ph: +91 11 23370804  
Fax: +91 11 23370197

Dr Muzaherul Huq  
Regional Adviser  
Human Resources for Health and Fellowships  
Department of Health Systems Development (HSD)  
World Health Organization  
Regional Office for South-East Asia  
World Health House, Indraprastha Estate,  
Mahatma Gandhi Marg  
New Delhi-110002, India  
Ph: +91 11 23370804  
Fax: +91 11 23370197  
Email: huqm@searo.who.int

Dr Ainun Afroza  
Temporary International Professional (TIP)  
Human Resources for Health and Fellowship  
Department of Health Systems Development (HSD)  
World Health Organization  
Regional Office for South-East Asia  
World Health House, Indraprastha Estate,  
Mahatma Gandhi Marg  
New Delhi-110002, India  
Ph: +91 11 23370804  
Fax: +91 11 23370197  
Email: afrozaa@searo.who.int
Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services management including organizing teaching and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging ‘continuing professional development’ that includes behaviour change, social and managerial skills and the multidisciplinary context of patient care.

Designing quality CME and continuing professional development programmes appropriate to the needs of different categories of health and allied professionals will, however, remain a big challenge and would need to be addressed through national mechanisms.

There is a need to develop comprehensive guidelines for countries in the Region on CME/CPD activities that would look into (i) processes and operational mechanisms (ii) identifying accreditation bodies for CME programmes and credit allocation and (iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. The guidelines, after adaptation, should help countries in the South-East Asia Region in strengthening their CME/CPD activities.