

LETTER FROM DHAKA

Continuing medical education: an ethical responsibility

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Continuing medical education (CME) is a way by which health professionals learn after the formal completion of their training. This is essential in all healthcare systems, whether in developed or developing countries.

CME extends beyond keeping up-to-date with one's own special interests, into other aspects of continuing professional development, including computer literacy, medical ethics, management, and evidence-based medicine. The long-term goal of CME is to facilitate change in clinical practice.

A CME programme must be developed keeping two factors in mind: needs assessment and outcome evaluation. There should be a systematic study of needs and an identification of priorities, taking account of the perspectives of both users and providers of health services—not merely the needs of doctors. At the other end of the educational process, providers of CME need to be rigorous in their evaluation of the effectiveness of their programmes to provide a convincing answer to the question: do these programmes make a difference to patient care and health outcomes? Medical education must be accountable to those who pay for and use the health services.

CME: a global perspective

In the USA, most licensing authorities issue time-limited certificates to specialists, mostly for didactic courses for a specified number of credit hours to meet re-certification requirements. The rationale for time-limited certificates is twofold: to encourage doctors to keep up-to-date, and to identify those doctors who continue to meet the specialty boards standards and those who do not. In Europe, participation in CME programmes is largely voluntary, but both the European Union of Medical Specialists and the Standing Committee of European Doctors have adopted charters which state that doctors have an ethical obligation to undertake further education. The European Union of General Practitioners, 'recognizing that moral responsibility alone is insufficient', has sug-

gested that doctors should be given incentives to participate in CME activities. The most important issue in CME is the quality of the education programmes offered, not whether they are voluntary or mandatory.

CME in Bangladesh

In Bangladesh, there is no defined and approved system for CME. The Centre for Medical Education is doing something in this regard. To develop a system for CME in Bangladesh, policy-makers and professional bodies and organisations must show commitment and set a strategy. The Bangladesh Medical Association, the Centre for Medical Education, the Pharmacy Council, the Nursing Council, the Bangladesh (governmental and non-governmental) Health Technologists Association and other authorities should come forward with a vision for producing competent health professionals for the effective delivery of health services, based on our needs.

In Bangladesh, people's expectations are growing. The public expects healthcare providers to meet certain standards, and identify and remove from practice those who do not meet such standards.

In Bangladesh, CME programmes should be arranged for different health professionals, for teachers of different institutes and disciplines, for private general practitioners and also for those in rural communities. The mass media can also play a vital role in addition to licensing authorities and professional bodies. All health personnel should be responsible for their lifelong learning. Ideally, there should be a formal re-certification procedure every 7–10 years.

Health professionals who do not get re-certified may be paid less, may lose admission rights to hospitals and will be less favoured by patients. Health professionals who complete approved CME programmes may charge the state more. In this way, we can produce competent health professionals for better healthcare delivery, who can live up to the public's expectations.