

Continuing education

Anitha Shenoy, Ramesh Unnikrishnan

Email: anitharshenoy@gmail.com

Continuing education is a term used to include a range of post-secondary learning activities and programs. Regular students acquire their knowledge from education in schools, colleges and universities, earn their degree and proceed to employment. It is well-recognised that information is continually updated by new research and experiences. Thus, even if these students were exceptional in their career during their student days, the knowledge acquired at that time can become obsolete within a short period of time. Thus continuing professional development (CPD) programmes have come into vogue to ensure that professionals are continually updated. The CPD for medical professionals is known as continuing medical education (CME). Their updated knowledge must translate to better care for their patients. The concepts and techniques can change dramatically and it is pertinent to maintain competence to face competition from better accomplished peers.

Continuing medical education has become mandatory to ensure that medical professionals are familiarised with the latest in their medical fields. They are evaluated periodically to see whether this updation has been achieved. Continuing education can be attained by attending conferences, workshops, written publications or online programs. Expert faculty in respective fields plan the content and ensure optimum delivery of the content. Such programs are given certain number of CME credits based on the content, speakers and duration of the courses

Anitha Shenoy, MD, FRCA

Professor and Head, Department of Anaesthesiology, Kasturba Medical College, Manipal

Ramesh Unnikrishnan, MSc RT, RRT

Senior Grade Assistant Professor and Head, Department of Respiratory Therapy, School of Allied Health Sciences, Manipal

after evaluation by an authorised body. A certificate is issued after attending the CME programme. It is made mandatory that certain number of credits is acquired by the professional to enable continuation of their license to practice.

The conduct of CME programs requires financial support and it is common that these programs are supported financially by pharmaceutical companies. Occasionally the CME programs tended to be promoting the products of those companies. This conflict of interest should not be reflected in the knowledge transmitted to the audience. There should not be any bias in the educational program. This has led to laying down some guidelines to the pharmaceutical companies regarding CME sponsorships.

Although the guidelines may differ between different professions, the most widely accepted standard, developed by the International Association for Continuing Education & Training, is that ten contact hours equals one Continuing Education Unit.¹ The American Psychological Association accredits sponsors of continuing education such as PsychContinuingEd.com and uses simply a CE approach. In contrast to the CEU, the CE credit is typically one CE credit for each hour of contact.

There is a wide variation on how many credits/credit hours are required to maintain license to practice. In the US, many states require their medical professionals to maintain license. Arizona requires an average of 40 hours of CME every two years.² The Accreditation Council for Continuing Medical Education (ACCME) and the American Osteopathic Association (AOA) are the regulating bodies in the US.

How to cite this article: Shenoy A, Unnikrishnan R. Continuing education. *Ind J Resp Care* 2015; 4(2): 591-3.

In Canada, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians Canada (CFPC) provide the certification. The fellows of the college are required to obtain 400 credits every five years, with a minimum of 40 credits obtained in each year. Usually, one hour of learning gives one credit hour but if the program is intense such as a hands-on workshop, two credit hours per hour of learning may be granted. The CFPC requires 250 credit-hours over a five year cycle with fifty credits obtained for each year of the cycle. An additional 24 credit-hours of higher level learning are also required over each learning cycle.³

Before 1985, the CMEs conducted across India were few and far between and it was difficult for professionals to get updated. Access to foreign journals and books were mostly limited to medical colleges. In 1985, the Ministry of Health, Government of India in conjunction with the Medical Council of India decided to support CMEs in India with or without involvement of NRI faculty. CMEs with NRI faculty are entitled to a grant of Rs 1 lakh Indian rupees from the MCI. The host institution have to finalise the topics and faculty, send invitations to the faculty, make arrangements for the stay of the NRI speaker, send brochures to all medical institutions and send a detailed report to the MCI after the program was conducted. The abstracts or manuscripts of the talks/lectures of the programme have to be distributed to the delegates. The number of CMEs conducted across the country has increased tremendously since 1985. Thus, there is a lot of opportunity for professionals to get updated.

In the past few years, great advances have been made to communications. Internet access has made information to be available to even remote areas of the country. Medical professionals who were limiting their practice to the knowledge gained from their medical school can now simply access the internet for written information, audio and video programmes. Newer techniques can be very easily learnt by watching and reading these materials. However, to do so, one needs to be motivated and have an inclination to update themselves. Many professionals do not even see the need to update themselves.

In China, physicians are required to have 25 CE credits per year.⁴ Five to ten credits must be Category 1 credits achieved by attending CMEs. The balance, 15–20 Category II credits, may be achieved by self-learning, archives study, a research project or hospital-based learning activities. Nurses must also earn 25 credits per year. Pharmacists are required to have 15 credits per year.

In order to ensure medical practitioners actually update themselves, the Medical Council of India suggested that certain number of credit hours is clocked by every medical professional. The MCI was not successful in implementing this on a national basis and so advised that this be achieved through state medical councils. Nine of the twenty eight state medical councils have adopted this strategy. According to this, the organisers of CMEs are required to contact their respective state medical council and submit their proposed programme, details of faculty and target audience. After a review of these details, the medical council grants certain number of 'credits' to that programme. The Karnataka Medical Council grants a maximum of two credits per day and maximum of six credits per programme (over 3 days). Every physician must have gained 30 credits in five years, with six credits gained every year. Seven of the nine medical councils (including Karnataka) have adopted similar guidelines. While Punjab Medical Council requires that 50 credits are gained in five years, the Gujarat Medical Council requires 150 credit hours in five years or 30 credits per year. The rationale or reason behind these differences are not clear. There are no mandatory CE requirements for nurses and allied health professionals yet but Delhi Nursing Council advocates reregistration of nurses with 150 credit hours every five years.

The certification and credentialing of respiratory therapist (RT) working in United States of America (USA) is governed by the National Board of Respiratory Care (NBRC). The certifications include but not limited to Certified Respiratory Therapist (CRT), Registered Respiratory Therapist (RRT). It is compulsory for every RT in USA to apply for certification or recertification through the NBRC. NBRC mandates every RT in USA to renew their

credentials or recertify such as CRT and RRT within 5 years. The options given for recertifications are attending continuing competency program or continuing education (CCP/CEU) provided by NBRC, attending continuing respiratory care education (CRCE) provided by AARC and to retake the credentialing exam before the expiry date. The type CCP or CRCE or CEU required for renewal varies according to the type of credential an individual holds but a minimum of 30 hours in five years is mandatory for all the RT practitioners in USA.⁵

There is no controversy that continuing education is important but the difficulties lie in enforcing the directive. Access to CME programmes is more easily available in many places but there are areas in the country which are remote. Physicians from such areas may not be able to meet this requirement. Until such time, the mandatory requirement will be limited to those states where this is possible. Eventually, the other states will also enforce it. Soon thereafter, nursing and allied health councils also will make it mandatory for their professionals.

Knowledge is power but knowledge keeps changing and people need to keep up with it to ensure they are

not left far behind. Professionals, including nurses and allied health personnel who are conscientious need not wait for a mandate from councils but would do well if they keep themselves updated, by whatever means, be it attending conferences, reading publications or simply browsing the internet.

References

1. The IACET Standard: Continuing Education Units (CEUs). International Association for Continuing Education and Training. Retrieved 2008-11-13.
2. Continuing Medical Education for Licensure Reregistration. *State Medical Licensure Requirements and Statistics*. American Medical Association. 2006.
3. Ahmed K, Ashrafian H, Hanna GB, Darzi A, Athanasiou T. Assessment of specialists in cardiovascular practice. *Nature Reviews Cardiology* 6 (10): 659–67.
4. Miller LA, Chen X, Srivastava V, Sullivan L, Yang W and Charity Y. CME credit systems in three developing countries: China, India and Indonesia. *Journal of European CME* 2015 (4):
5. www.nbrc.org (accessed 17th august 2015)