Today, medical practice is considered a highly valued and respected profession in our society. When a society gives respect to members of medical profession, it expects from medical practitioners ethical, up-to-date, evidence-based clinical care to patients; and in accordance with good clinical practice and professional standards.¹

Today's knowledge will become obsolete in a few years and will be replaced by fresh information that will require incorporation of latest knowledge into clinical practice. Rapid technological and scientific progress in past decades has resulted in addition of unprecedented increase in fresh knowledge and information and it is still continuing on an ongoing basis.²

Continuing medical education (CME) and continuing professional development (CPD) are often used interchangeably, and encompass development of all professional aspects of a practicing physician including managerial, social, and personal skills – topics beyond the traditional clinical medical subjects.³

Against this background, it is the responsibility of every practicing physician to refresh clinical knowledge as well as non-clinical aspects of professional development regularly and on an ongoing basis. They need guidance, support and opportunities to keep their professional knowledge and skills up to date from all relevant stakeholders.

It is the responsibility of academic institutions as well as national and international organisations, to develop CPD programmes which provide opportunities to practicing doctors, to upgrade their knowledge and skills. These institutions and organisations will have to work with regulatory and licensing authorities of their country to ensure uniformity in the CPD programme and its relevance and quality.

A CPD policy for practicing physicians needs to be developed, implemented, monitored, and regulated at the government level. It is the responsibility of regulatory and licensing authorities in each country, to develop guidelines, regulations and monitoring system for practicing physicians. Such a policy will ensure their knowledge and skills to remain up to date to provide safe and evidence-based clinical care to their patients.

It has been documented that relying on traditional methods for providing CPD opportunities through lectures and workshops does not have the desired impact on learning. Therefore, it is essential to apply new methods including use of electronic technology to facilitate better learning outcomes.⁴

The effectiveness of continuing professional development training programmes may be witnessed if it is planned and implemented with the engagement and cooperation of healthcare professionals.⁵ The effectiveness of CPD programmes will be more result-oriented as a learning strategy, if professional community interactions and deliberations take place.⁶

There is a need to strengthen the use of non-traditional approaches for CPD. In this regard, there is lack of awareness and recognition, peculiarly in academic settings. Such strategies have been found to be useful in changing physicians' behaviour and attitude towards patient care and safety. These can also guide, promote and drive the self-directedness of the physicians to acquire current knowledge, skills and generic attributes that are required for lifelong learning.⁷ It is important to remember that CME and CPD are important in their own right, but cannot provide all that is needed as a lifelong learner.⁸

When developing a CME/CPD programme, it needs assessment as the programme is the essential step and should be done in consultation with the stakeholders. Evaluation of CME programme should include feedback from participants and outcome assessment. Ideally, there should be evidence that attending a CPD activity actually improves clinical outcome in practice and makes the participant a safe practitioner. CPD programme should be linked to appraisal, credentialing to practice, certification, re-certification, and licensing. Maintaining a diary that notes reflections on learning from CPD events, is now a standard practice in several institutions that evaluates and gives credit for CPD activities.⁹

It is indeed very heartening to note that Pakistan Medical and Dental Council (PMDC) has made CME a mandatory

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requirement for doctors practicing medicine in the country. A minimum of 15-credit hours of CME per year for General Practitioners and 30-credit hours for Specialist Doctors have been made mandatory for renewal of the PMDC registration. While doctors can attend conferences to earn CME credit, their availability are minimum and limited to major cities across the country thus online CME is an alternate option to attend conferences which can make up for 25% of the yearly requirement.

To maintain the respect and sanctity enjoyed by medical profession for the past several centuries, it is mandatory that the profession must ensure that all practicing doctors are lifelong learners and maintain as well as continuously upgrade their knowledge and skills.

REFERENCES