

## CME Program in Kuwait: two years in progress

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In September 2000, Kuwait Institute for Medical Specialization (KIMS) launched a comprehensive scheme of continuing medical education (CME) for health professionals in Kuwait. This followed a series of relevant administrative decisions and acts stipulated by the Ministry of Health. The project is implemented through the CME Center, which has been established specifically for the purpose at KIMS. The CME activities that are being conducted at present target medical and dental practitioners. Plans have been completed

for expanding the scheme in the near future for the benefit of other categories of health workers. The salient features of the CME Program in Kuwait and the lessons learnt that would benefit CME participants and organizers as well as administrators of other CME schemes are discussed in this article.

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### Introduction

Continuing medical education may be defined as any and all ways by which doctors learn after the formal completion of their training.<sup>1</sup> Thus, all learning activities undertaken by doctors who do not wish to enter specialist training, as well as those by doctors who have completed their specialist training could be categorized as CME. CME may also be described as the process by which health professionals keep updated to meet the needs of patients, the health service, and their own professional development.<sup>2</sup> A term that often surfaces in this context is continuing professional development (CPD). CPD is generally perceived as wider in its coverage of the content, and is taken to include all knowledge, skills and attributes that enable practitioners to enhance their performances. The distinction between the two terms may not have a practical significance as during the past decade CME has expanded to include managerial, social, and personal skills. The importance of CME as a means of maintaining competence has been emphasized by many authorities over the years, and formal CME has been recognized as essential for the delivery of an optimum level of health care. Schemes of CME with varying degrees of structure have therefore been introduced in USA, Canada, Europe and Australia.

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### Design of CME Program

Up to 1999, there were approximately 3500 physicians and 700 dentists in Kuwait. Continuing Medical Education (CME) and continuing professional development (CPD) activities had been arranged by KIMS, the Health Sciences Center (HSC) of Kuwait University and professional societies. It was felt that a central coordinating body would facilitate the planning and conduct of formal CME activities, by minimizing duplication and making optimum use of the resources. In July 1999, the Ministry of Health in Kuwait designated the Kuwait Institute for Medical Specialization (KIMS) as the supervising body for CME/CPD. Specifically, KIMS was entrusted with:

- a. Designing a database of practitioners;
- b. Developing a system of calculating points for participating in CME/CPD activities;
- c. Establishing regulations to implement the CME scheme.

The CME Center was established in May 2000 to administer the scheme, and the CME program itself started in September 2000. The underlying basis on which the program was developed was that:

- i. the model would be appropriate to and acceptable in Kuwait;
- ii. implementation of the scheme would be possible with the available resources (of personnel, space etc.).

It was decided at the outset that the scheme would be implemented on a step-wise approach. Physicians and dentists are covered in it in the initial phase, with other categories of health professionals joining it subsequently.

### Objectives of CME Program

The objectives of the CME Program are:

- i. to ensure that all health professionals participate in accredited and structured educational programs;
- ii. to demonstrate to the community and peers that health professionals are committed to participating in accredited educational activities throughout their careers;
- iii. to improve the performances of all health professionals;
- iv. to provide a standardized mechanism for documenting participation in accredited CME/CPD activities.

### Essential Features

The model of CME that is in operation is implemented in 5-year cycles, and every practitioner registered in the scheme is required to accumulate 250 credit points within the 5-year cycle. The first five-year cycle of the program runs from 2001 to 2006. The year 2000 in which the scheme was introduced has been added as an extra year to the first cycle. It was hoped that this move would give additional time for the practitioners to understand how the scheme works, and thereby lead to greater acceptance.

The CME/CPD activities have been categorized into two groups, Category 1 and Category 2. The maximum of credit points acceptable in Category 2 is set at 100. The CME program is implemented as an optional one, with reinforcement policies to encourage participation. Practitioners who acquire a total of 250 credit points within the five-year cycle would receive a Certificate of Completion of CME, which would count in progress through the professional career.

### Organizing CME

Application for accreditation of proposed CME activities are accepted from institutions and organizations designated as CME Providers. At present, the Faculties (Board of study) and

Specialization Committees of KIMS, the Faculties of Health Sciences Centre, Kuwait University, and professional associations and their specialist societies are accredited as CME providers.

In planning the activities and conducting the tutorial sessions, the CME Program relies on the resources that are available in the Ministry of Health and the Faculties of the Health Sciences Centre of Kuwait University. Specialists from abroad are invited when needed, to collaborate with the local experts.

### Participating in CME

The CME Center provides menus and lists of CME/CPD activities that have been scheduled so that prospective participants may choose those that would satisfy their CME/CPD requirements. Both the organizers and the participants are expected to maintain relevant documentation pertaining to the concerned activities. This documentation is used in monitoring the implementation of the CME Program.

### Categorization of CME Activities

The system of classification CME/CPD activities is related to the amount of planning and input by the organizers, the degree of involvement of the participants in the educational events offered and the opportunity available to all interested to attend the sessions.

#### CATEGORY 1

Under Category 1 are included formal learning opportunities that are usually highly structured. They would have definite scheduling of sessions, with identified specialists taking over the responsibility as resource persons. The programs would usually be organized by recognized educational institutions or professional groups.

Workshops, conferences, symposia and seminars arranged by the Faculties of KIMS, academic staff of the Faculties comprising the Health Sciences Centre or specialist groups at institutions coming under the Ministry of Health fall under Category 1. The scheduling would be such that participation would not be restricted to a local audience. Activities in Category 1 carry 1 CME credit for every hour, with practical or clinical sessions giving the participant 0.5 credits for the same period.

**CATEGORY 2**

Educational activities that are less structured as regards the learning process, and with relatively lower levels of organizational inputs than those falling under Category 1 are included under Category 2. Self learning activities, research in the health sciences and ongoing educational and scientific activities at health care institutions fall into this category. The participants qualify for 0.5 credit point of CME for every hour of participation in these CME events. Some Category 2 activities such as research publications entitle the authors to varying amounts of credit.

**Review of Events of Two Years**

A number of measures related to infrastructure, publicity and strengthening the organizational structure for CME had been initiated during the past two years.

**INFRASTRUCTURE FOR ADMINISTRATION**

With the establishment of the CME Center, a Director was appointed, and existing personnel at KIMS were re-assigned to serve as support staff.

To facilitate coordination among specialties and to ensure congruence with the overall goals of the program, KIMS has constituted a CME Council. All Faculties and specialization committees of KIMS are represented in this Council.

**ORIENTATION AND PUBLICITY**

Details of the administration of the scheme were discussed at a series of orientation programs for the practitioners. Additional publicity had been given through the Internet, circulars, brochures and special manuals.

**STRENGTHENING OF ORGANIZATIONAL STRUCTURE**

A workshop for CME Officers had been conducted, with the assistance of a WHO Short-term Consultant.

The main medium of communication between the CME Center, CME organizers and the CME participants is the Internet. The web site gives all relevant information about the scheme, and also provides for online accreditation of CME activities, registration in the CME Program and submitting credits.

**MAINTENANCE OF QUALITY**

With a view towards ensuring the quality of the CME program, the following steps had been taken:

- i. The CME Center sought, and was granted, accreditation by two international agencies, The Royal College of Physicians and Surgeons of Canada, and The Royal College of Pathologists, UK.
- ii. The program was reviewed by a WHO Short-term Consultant in November 2000. Another review is scheduled to be held in April 2002.
- iii. The CME Center is now in the process of reviewing the documentation maintained by CME organizers and participants on the involvement in accredited activities.

**ACHIEVEMENTS**

The CME Program has been planned and implemented in less than one year, using the minimum of resources of personnel and equipment.

The international recognition of the program has allowed the Fellows of The Royal College of Physicians and Surgeons of Canada and The Royal College of Pathologists of UK practicing in Kuwait to submit the local CME credits for the maintenance of certification in their respective Colleges.

A database registering physicians and dentists has been developed, and is in operation at the CME Center. To date, over three quarters of the practitioners in Kuwait (72% of the physicians and 93% of the dentists) have received registration in the scheme.

The *Bulletin of KIMS*, the journal of the Kuwait Institute for Medical Specialization, has been designed with CME as one of the major subject areas covered. It carries a number of articles related to CME, some of which enable the reader to gain accredited CME credits.

**Challenges**

A major difficulty in the smooth functioning of the CME Program is the lack of computer skills of many physicians and dentists. Though computer facilities are available at the KIMS Library, KMA/KDA Head Office and at a number of hospitals, their use appears inadequate. Health professionals need to accept that basic computer skills are essential for optimum per-

formance in their respective fields today, and take appropriate measures to acquire them.

Nursing and pharmacy professionals were deliberately excluded from the CME Program at its launch: we wanted the program to start with a manageable number of practitioners. We are now in a position to expand, and planning is under way to include pharmacists in the CME Program in the near future.

Awareness of the administration of the scheme has been facilitated through a number of publications produced by the CME Center. The *CME Program*, which was first published in January 2001, was re-printed with modifications in October of the same year.

A number of measures exist that encourage physicians and dentists to register in the CME Program. KIMS, which is the administrative body in Kuwait for all postgraduate training activities, now insists that all tutors obtain registration in the CME Program prior to acceptance as trainers. Additionally, the Ministry of Health gives credit to CME registration, during the annual assessment of the performance of practitioners.

A formative evaluation of the program with an external evaluator is to be held in April 2002.

A summative evaluation would be performed subsequently.

Collaboration between Kuwait and other GCC countries in CME has been initiated. This would contribute to efficient use of the available resources of personnel, finances and other facilities. A Committee for Training and CME/CPD for GCC Countries has been formed and has met in Kuwait, and future meetings are planned. Inquiries on the design and administration of CME programs have been received from some of the member countries of GCC.

### ***Information and Communication with the CME Center***

The CME Center maintains its web site at <http://www.kims.org.kw/cme/>.

### **References**

1. Davis DA, Fox RD, eds. *The physician as learner: linking research to practice*. Chicago: American Medical Association; 1994.
2. Peck C, McCall M, McLaren B, Rotem T. Continuing medical education and continuing professional development: international comparisons. *Br Med J* 2000;320:432-5.