

A GCC Alliance in CPD

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The establishment of CME schemes at a national level under a recognized CME (continuing medical education) authority has allowed the CME/CPD (continuing professional development) activities that were conducted by institutions attached to the health ministries, the universities and the professional bodies to be brought under a single coordinating body. With the aim of promoting collaboration among member countries, a Committee for Training and CME/CPD in the Gulf Cooperation Council (GCC) Countries was established in 2001. At its first meeting held in the same year in Kuwait, medical specialists from Saudi Arabia, UAE, Bahrain, Oman and Qatar reviewed the status of CME/CPD in the member countries.

One of the important tasks for the Committee for Training and CME/CPD in GCC Countries was to take steps to increase the awareness of members about CME and training programs and to facilitate coordination among the different institutions. In addition, the Committee had agreed that the member countries would accord reciprocal recognition to CME credits gained under the programs existing in any of the member countries.

During the past four years the CME/CPD schemes in the GCC countries have undergone considerable development. While the programs that existed became more formalized, steps had been taken to launch new programs in countries where national level programs did not operate.

It is appropriate now that moves to promote collaboration in CPD within the GCC countries are initiated with greater vigor than in the past. A formally-constituted GCC alliance in CPD is a step that will help in achieving this goal. Such a move is likely to help in changing

the attitudes and practices of health professionals so that the importance of CPD is more widely accepted than the extent that exists today. It will also contribute to convincing the practitioner that life-long learning should form an integral and essential competency of the practitioner if he or she were to provide optimum health care to the community.

Promoting collaboration in CPD within the GCC countries requires that the specific details on governance, planning and operational aspects be identified at the outset. Each member country should have a recognized authority that amalgamates CME bodies that already exist and which has been granted the necessary administrative and decision-making authority as decreed by the State. Furthermore, the institution should have a clearly defined statement of functions.

The national CME authorities will propose the issues that should form the framework of the GCC CPD Alliance. Among the major objectives for the Alliance would be to:

- Establish a network for CPD among the GCC countries;
- Ensure that resources are utilized properly;
- Select and implement appropriate learning methodologies based on the specific needs and the resources applicable in the different countries;
- Promote life-long learning among health professionals and its emphasis in the curricula of medical schools;
- Initiate multicenter studies and research in medical education and life-long learning within the GCC countries.

The Global Standards for CME/CPD recommended by the World Federation for Medical Education (WFME)¹ could be used as the basis for the measures that would be implemented. WFME itself has made it clear that its recom-

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mendations should be treated as guidelines so that the individual CME/CPD authorities adopt them with appropriate modifications where necessary. It is also essential that the local CME authority in each member country within the GCC is equipped with the legal and logistical mechanisms so that the decisions arrived at are implemented with minimum delay. Articles that govern the adoption of the scheme should make the roles and responsibilities of the constituent parties clear so that the measures proposed can be implemented without hindrance.

Once the Alliance for CPD is established, the principles on which involvement in CME/CPD is assessed and the basis on which the information obtained is used need to be agreed upon. It is important that health professionals are weaned away from the general perception and acceptance that CME is equivalent to attending lectures, seminars, symposiums or conferences, preferably given by invited external consultants. The need to engage in activities related to topic areas or issues that have a direct bearing on one's own practice and are likely to have an impact on the care received by the local community should be emphasized. The CME/CPD activities that the practitioner is engaged in should be such that they meet a need that he or she has identified as existing within own competencies following reflection-in-action.² There should also be a clear mechanism acceptable to the community of health professionals that gives reciprocal

recognition to approved CME activities undertaken within any country that falls within the GCC.

An area that has not received its due share of attention is quality assurance in CPD. When CME/CPD activities are evaluated, the conclusions are often based on the perceptions expressed by the participants, as is undertaken with many other educational program evaluations.³ A 'Satisfaction Index' that such evaluations yield may not have much in common with the educational outcome. Furthermore, CME/CPD planners and CME/CPD providers and organizers should not stop at determining the educational outcome; the inquiry should go beyond this stage and assess the relationship between educational outcomes and clinical outcomes in patients and the community.

References

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