

## Global Standards for CPD: Does the MPC Program match them?

### Editorial

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#### Introduction

The Edinburgh Declaration of 1988, which emphasized the need for reviewing medical education at all levels was adopted by the World Health Assembly in 1989.<sup>1</sup> In promoting change and innovation in medical education, the World Federation of Medical Education (WFME) subsequently issued its WFME Global Standards in Basic (Undergraduate) Medical Education and in Postgraduate Medical Education.<sup>2,3,4</sup> Extending this work to the field of Continuing Medical Education (CME) and Continuing Professional Development (CPD), WFME appointed a Task Force, charged with defining global standards for CME/CPD in December 2001. Its final report, adopted by WFME in December 2002,<sup>5</sup> listed measures that were considered essential for maintaining basic standards and for quality development. The recommendations came under the themes Mission and outcomes, Learning methods, Planning and documentation, the individual doctor, CPD providers, Educational context and resources, Evaluation methods and competencies, Organization, and Continuous renewal.

Realizing the importance of establishing a formal scheme to assist health professionals to engage in CME/CPD, the Kuwait Institute for Medical Specialization (KIMS) launched its CME Program in September 2000. The program, now renamed the MPC Program (Maintenance of Professional Competence Program), covers physicians and dentists, and other health professionals.

The MPC Program has just completed three years of operation. With the publication of the Global Standards recently by the WFME, it would be fruitful to review the essential fea-

tures of the MPC Program in the light of the WFME recommendations.

#### Terminology

The WFME Task Force used the term CME in the early stages of its deliberations, but later replaced it with the expression CPD. The change reflected the wider context in which health professions education occurs.

Both expressions CME and CPD are being used in the MPC Program. CME still appears in it because many health professionals are familiar with this phrase. The Kuwait scheme introduced its own term *MPC* – Maintenance of Professional Competence – Program for referring to the overall scheme. This move was undertaken to emphasize the goals that CME/CPD should strive to achieve.

#### Mission

WFME states that the mission of CPD should be defined and made known to the members of the health professional community.

At the outset, the CME Center specified the mission of the MPC Program as assisting health professionals to enhance their performances by keeping abreast of the developments in their specialties and in fields that affect their practices. It was added that this would ultimately improve the care received by the patients and the community.

The mission and the associated objectives were publicized among the members of the health professional community at a series of seminars and through a variety of media.

#### Organizations Responsible for CME/CPD

WFME recommends that medical professional organizations should shoulder the responsibility for the overall planning and coordination of CME/CPD activities. The CPD providers have been listed as associations, medical schools, postgraduate institutions, and health

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authorities. Providers need to ensure that the educational quality requirements are met.

The MPC Program has announced organizations that are accepted as CME/CPD Providers that would plan and conduct relevant activities. Among the functions that they perform are those that could be categorized primarily as academic or scientific. The institutions that are recognized at present are the Faculties and Scientific Committees of KIMS, the Health Sciences Faculties of Kuwait University, the Specialty Divisions of the Ministry of Health, and the Health professions associations.

To facilitate the dissemination of the information regarding the educational aspects related to CME/CPD, some of the publications issued by the CME Center include special sections under the theme educational considerations in planning effective CME.<sup>6,7</sup>

### **Support of Private Establishments**

WFME states that participation in CPD may be undertaken with the support of private commercial establishments, where needed.

CME/CPD Providers have been informed that they may use the resources offered by private commercial establishments in organizing CME/CPD activities under the MPC Program. However, to ensure that such partnerships fall within ethically accepted norms and that academic standards are maintained, a series of guidelines have been listed. They emphasize the need to separate the scientific and academic aspects from those of a commercial nature, and the requirement that the CME/CPD Provider and the CME/CPD organizer take responsibility for the scientific and academic merit of the activities.

### **Standards and Evaluation**

The standards described by WFME are to be used as a framework for developing CPD activities. They would also serve, as stated by WFME, as a yardstick in evaluating and monitoring own CPD programs, with due attention being given to local traditions and need.

CME/CPD organizers and CME/CPD Providers have been informed that the guidelines that have been recommended by the CME Center need to be followed for activities to be registered under the MPC Program. When it is observed that the proposed activities do not match these recommendations, or when rele-

vant information has not been submitted, the CME organizers are contacted and are requested to abide by the procedures laid down.

At its inception, the MPC Program was offered as a scheme that encouraged voluntary participation, with no punitive measures in place for non-participation. During the past year the approach to recognition of involvement has been modified. Specified administrative procedures and qualification for selected benefits provided by professional associations now require that practitioners present evidence of having been engaged in approved CME/CPD activities.

### **Learning Methods**

WFME emphasizes the need to offer the participants a range of methods for learning. Informal, self-directed learning has been identified as being the cornerstone of CPD.

The MPC Program accepts a variety of learning methods under CME/CPD events that qualify for registration. These range from formal activities such as attending seminars and conferences to relatively informal, self-directed learning that health professionals would undertake at their own convenience. Among these are included online learning and other forms of e-learning. Though some of these do not lend themselves to be monitored and evaluated using the widely available approaches, they are still included within the scheme as a recognition of the non-formal learning that health professionals often engage themselves in on their own.

### **Responsibility for Participation**

WFME holds the position that the ultimate responsibility for participating in CME/CPD lies with the practitioners themselves.

The MPC Program has given the option to the practitioners themselves of selecting the CME/CPD events that they wish to attend. Activities could be selected from two groups:

- i. CME/CPD activities in own specialty;
- ii. Activities that would improve performance, though the topics may be outside own specialty.

Details of the CME credits gained and other related information have to be recorded by the practitioner, to be forwarded to the CME Center when requested.

## Planning and Documentation

WFME has proposed that systems to document and to create personal portfolios should be established.

The practitioners registered within the MPC Program are required to maintain documentation as evidence of their participation. To assist them in this task, a portfolio format has been developed and the relevant guidelines on how it may be best used have been provided. There is an ongoing review of the documentation maintained, and during the process of CME Credit Validation practitioners are expected to submit copies of documentation to support their claims for credit.

## Range of Activities

WFME recommends that practitioners should be given the opportunity to participate in a broad range of activities.

The CME/CPD activities that qualify for registration under the MPC Program fall within one of two categories.

Under Category 1 are included formal and structured learning opportunities offered by recognized educational or scientific institutions or professional bodies. Symposia, conferences, workshops, seminars and lecture series usually receive registration under Category 1.

Activities that come under Category 2 are essentially of a self-learning nature, or are planned and conducted with a local participant group in mind. Many self-instructional formats, reading scientific papers in journals, and research and professional publications would be included under this category. Category 2 also includes a wide variety of activities such as journal clubs, mortality/morbidity meetings, patient care review activities etc. that are ongoing at health care, educational or scientific institutions.

## Information Technology

WFME holds the view that the relevant use of information and communication technology (ICT) must function as an integral part of the CPD process.

All aspects of the administration of the MPC Program are accessible through the Internet.<sup>8</sup> Online learning opportunities, in the form of lessons on selected topics and as sites that may be accessed are provided through the webpage.

The Central Medical Library offers Internet access, and KIMS has its own IT training facility. In addition, all clinical training centers are equipped with Internet facilities.

Opportunities are also available at the Kuwait University Health Sciences Center and at the premises of the Kuwait Professional Associations for access to the Internet and for training in ICT.

## Local, National and International CPD Events

WFME recommends the development of a system that encourages participation in local, national, and international CPD courses, scientific meetings, and other formal activities.

The scheme that is in operation in Kuwait is primarily to take into account activities conducted within the country. However, provision exists to accommodate accredited activities presented by recognized institutions abroad. For consideration of credits gained from such activities under the local scheme, participants need to submit clear documentary evidence.

## Mutual Recognition of Organization and Participation in CPD

WFME holds the position that collaboration and mutual recognition should be encouraged both nationally and internationally. It adds that the authorities responsible for administering CPD schemes should establish relations with corresponding national and international bodies for facilitating provision and mutual recognition of CPD activities.

While the MPC Program accepts credits obtained through recognized institutions abroad, the credits gained under the local scheme are also accepted by selected institutions outside Kuwait. Two Royal colleges in the UK and Canada already allow the credits awarded under the MPC Program to be included within their own CME/CPD and maintenance of certification programs.

There is communication in progress at the Ministry level for establishing CME/CPD schemes in some of the other GCC countries, based on the model adopted in Kuwait.

## Evaluation Feedback

WFME states that the CPD organizers must establish mechanisms for evaluation of CPD

activities. It emphasizes that feedback from participants must be systematically sought, analyzed and acted upon.

An essential requirement for registration of activities under the MPC Program is that the organizers of proposed CME/CPD activities provide information on plans for their evaluation. At registration, organizers are specifically informed that evaluation should be carried out. Forms that may be used are provided in the website. The organizer is required to prepare an evaluation report and maintain it among the documentation, to be submitted to the CME Center when requested to do so.

Forms required for obtaining feedback from the participants and from the resource persons have been made available.

## Management

WFME recommends that the administrative structures for CPD should include quality assurance and improvement.

An evaluation of the MPC Program has already been carried out with the assistance of an external evaluator as a means of quality assurance.

## Conclusion

The recommendations that have been published by the World Federation of Medical Education for quality improvement in Continuing Professional Development match the salient features of the MPC Program in overall aspects. CME/CPD participants as well as CME/CPD organizers would thus find that observing the procedures advised and satis-

fying the requirements stipulated in the Kuwait scheme would enable them to undertake professional development in a manner that is being promoted at a global level.

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