DEVELOPING NATIONAL CONSENSUS FOR CME ACCREDITATION SYSTEM

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The purpose of accreditation in Continuing Medical Education [CME] is to improve medical education to changing conditions in the health care delivery system and to prepare doctors for the needs and expectations of the society. The imminent outcome of CME is to "build oneness" in the incorporation of essentials of global guidelines in the national standards and to work out the accreditation pathways and procedure.

It may be borne in mind that medical education is not an abrupt phenomenon. It is a continuum from pre-medical studies to undergraduate education and then to postgraduate studies and thereafter to CME or continuous professional development [CPD]. It doesn't work in isolation.

Accreditation of CME is a risk reduction strategy. The value of accreditation is that it provides a process of improvement and development of the system. Standards and indicators must be identified, but achieving consensus on standards is the greatest challenge. Accreditation is concerned primarily with standards, whereas, quality assurance pertains to "fitness for purpose". Thus, in order to achieve an optimal outcome, both accreditation and quality assurance are essential.

The question is why do we need National CME accreditation programme? The answer is simple, because it's non-existing in the country, [though there are some guidelines available for undergraduate and postgraduate medical curriculum]. In addition, CME is outcome-oriented, socially accountable, quality assurer and unbiased [especially from industry influence]. There are certain requirements to invent an accreditation system. It should be based on standards and must be independent, transparent, non-profit making and accountable. Furthermore, it should be acceptable to all major stakeholders, and efficiently administered. CME accreditation system may not be sustainable if it doesn't possess adequate human, material and financial resources and above all, national legitimacy. Accreditation system possesses some desirable qualities like it is self-limited, voluntary [with incentive], acceptable, credible, relevant, valid and reliable. It is important that it should be feasible for given socioeconomic, political and cultural situations.

In designing accreditation system, all stakeholders need to be taken on board which include public in general, patients, government at all levels [Ministry of Health, Ministry of Science & Technology, Ministry of Education and the like], health regulators, health service entities, funding agencies, students, licensing bodies [Pakistan Medical & Dental Council, College of physicians & Surgeons Pakistan, Pakistan Nursing Council and the like], teaching staff, higher education commission, universities, professional societies, medical/ dental/ nursing/ pharmaceutical colleges and other health professionals.

Accreditation system [a] improves quality of medical education [b] ensures the acquisition of care-competencies, [c] helps in cost-effectiveness [d] serves as a lever for reforms, [e] fosters respect for the health system and [f] assists in resource mobilization. The long-term usefulness of accreditation system is to improve the health-care status of the population. Accreditation of CME/ CPD acts as a catalyst for change. This system is required to formally recognize CPD providers who complete an evaluation process and meet the required explicit standards. Thus, the system for accreditating CPD would be fundamental to the creation of a national system of CPD. Moore, DE[1] has outlined the levels of outcome-based CME evaluation as follows:-

Level	Outcome	Definition
1	Participation	Attendance
2	Satisfaction	Participant Satisfaction
3	Learning	Changes in KSA*
4	Performance	Change in Practice Performance
5	Patient Health	Change in Patient Health Status
6	Population Health	Change in Population Health Status

(*Knowledge, skills, attitude)

But, the critical question remains "how to start accreditation system for CME". It is proposed that a task

force or a National Board for CME accreditation be formulated after taking all stakeholders in confidence. The board may from committees and subcommittees with a specific task with a time-frame. The committee[s] may set up the values and responsibilities of the learner [to claim grant] and for the providers/ organizers of CME/ CPD [to grant credit]. The board may seek frequent guidance and technical support from HEC, Councils [PM&DC, PNC and so on], CPSP and the like. The board may formulate concrete recommendations about governance, accreditation procedure, yardsticks of quality assurance, weight of credit for components, professional licensuring and the modes of fund raising. These recommendations subsequently may be legitimized by the concerned authority.

What is required is an independent national accreditation bureau or board to ensure high quality education programs through the use of standards and rigorous evaluation criteria and provide a system for public trust and accountability. It seems agreeable that a reasonable uniformity in the principles and outcomes in the accreditation of CME/ CPD and the credit systems would be valuable at National level.

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REFERENCE

1. Moore, DE. A framework for outcomes evaluation in the continuing professional development of physicians. In Devis etal. Eds. The continuing professional development of physicians, Chicago, III. AMA Press; 2003.