Continuing medical education programmes

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Dear Editor,

I have read with keen interest Dr Siddhart Lakhotia's letter on Continuous Medical Education Programmes: our expectations.[1]

The manner in which CME programmes are generally organized today certainly calls for some serious thinking. The feedback from the intended beneficiaries – post graduate students as well as young practicing surgeons is indeed more relevant than any convenience of the organizers. In this context, I would like to draw the attention of our readers to some passages from that delightful and very thought provoking book: *man, medicine and morality* (Paragon International, 2008) by Prof L.K Kothari M.D; FAMS an eminent scientist and academician. It is full of wit and wisdom, and I quote some comments pertaining to CME: “Doctors often take care to check the expiry date of the medicines they use. But do they ever check the expiry date of their own knowledge? Like all science, medicine is also witnessing phenomenal advances in all directions. With the doubling time of science being estimated to be around 10 years today, it would be prudent to say that doctors must have some opportunity to update their knowledge once in 10 years.

Unfortunately, the CME programmes I have attended were often more entertaining than educative high sounding lectures by highly placed super specialists, interspersed

with sumptuous lunches and dinners. Most of what they say may be quite irrelevant for the doctors working at the periphery. Such CME lectures may be greeted by generous clapping (giving wrong signals to the speaker!), but hardly improve our professional competence and work culture.

Imagine an eminent physician beginning his CME lecture with a very grandiose observation:

“I am a much hatted person. I am the president of this society, the secretary of that, the convener of this, and the chairman of that committee.”

Highly impressed, I responded by saying:

“Sir, I am very glad to meet you. The last many hatted person I met was ‘Ravana’ and of course, he had a very valid reason for wearing 10 hats at a time”

Unfortunately, we are today depending too heavily on the Pharmaceutical industry for funding these CME programmes. Naturally, the whole purpose and emphasis gets distorted” unquote. Putting my own experience of almost 50 years against the backdrop of Dr Lakhotia's and Dr Kothari's thoughts, I can now make a few suggestions for improving our CME programmes:

1. We must continue the process of education beyond the medical college days. The existing lacunae can be filled by professional bodies like ASI by arranging CMEs' and refresher courses. The participants should be asked to decide what they need now?
2. Separate programmes for specialists and general practitioners be arranged.
3. Educational modes viz distance learning programmes & computer based self learning facilities to be used.
4. Special issues of journals highlighting recent advances be brought out once a year to make the doctors aware of what the practice of medicine would be like tomorrow.

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5. A refresher's course of about a week's time viz some sort of self assessment and a short course of corrective learning in their chosen field of work for all doctors be made compulsory. Their license to practice by the medical council should not be for life. Revalidation every 10 years should be a condition for renewing the council's registration, but their aim should not be just collection of another installment of fees.
6. The CME programme should be shorn of all extravaganzas like cocktails and dinners so that they are easily organized and conducted. Help from the

pharmaceutical industry, marketing personnel and PROs' employed can be welcome but not to the extent that it makes it a secondary issue and completely clouds the very purpose of the CME.

References

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2. Kothari L.K (2008) *Man, medicine and morality*. 1st edition, Paragon International. New Delhi, pp 132–133