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Editorial

**Continuing Medical Education,
Continuing Professional Development
to Knowledge Translation**

The aims of implementing continuing medical education (CME)/ continuing professional development (CPD) for all practicing Fellows of the Hong Kong College of Paediatricians are to keep Fellows informed and up-to-date on advances in paediatrics, maintain standards, interest and enthusiasm in their practice and to maintain their skills and professional competence. In an ideal health system, the medical trainees should receive excellent clinical training and practicing medical professionals should be committed to evidence-based practice and life-long self-learning. Administrators and the Government should guarantee the provision of quality and cost-effective health service to the benefit of everyone in the community.

In accordance to the "Principles and Guidelines on Continuing Medical Education (CME) and Continuous Professional Development (CPD)" of the Hong Kong Academy of Medicine, our College requires each Fellow to acquire:

- at least 90 CME/CPD points in a 3-year cycle
- at least 30 points CME/CPD from Category A in a 3-year cycle
- at least 15 active CME/CPD points in a 3-year cycle

The new CME/CPD requirement will come into effect in the CME/CPD cycle starting on 1st January, 2008. The introduction of active CME/CPD requirement by our College has led to a lot of concern especially among Fellows practicing in the community. I hope I can bring out the rationale behind the Academy's decision to introduce active CME/CPD into our programme in this short editorial and hopefully, allay some of the concerns raised by our Fellows. The most up-to-date Guidelines for Continuing Medical Education and Continuous Professional Development of the Hong Kong College of Paediatricians are posted on our website www.paediatrician.org.hk under the CME Section.

Life long self-directed learning has now been accepted as a feature of effective medical practice. CPD is the educative means of updating, developing and enhancing how doctors apply the knowledge, skills and attitudes acquired in their practice. In many countries, documented proof of CPD is essential for successful appraisal and revalidation.^{1,2}

So, does CME/CPD in general practice make a difference? Despite comparatively few well designed studies on educational interventions, systematic reviews found sufficient studies showing that CME/CPD could improve clinical performance and patient outcomes.³⁻⁶ Effective methods include learning linked to clinical practice, interactive educational meetings, outreach events and strategies that involve multiple educational interventions.⁵ There is no evidence that problem based learning in continuing medical education is superior to other educational strategies in increasing doctors' knowledge and performance.⁷ Most passive educational activities are poor at changing physicians' behaviour and the most effective strategies tend to be more active.^{1,5,8} It is one of the reasons why the Hong Kong Academy of Medicine encourages Fellows to participate in active CME/CPD activities that favour knowledge translation bridging the gap between evidence and practice. Quality assurance and the maintenance of standards have become powerful forces for change and improvement of patient care.^{1,9}

Our College encourages effective CPD schemes that are flexible and based on self-assessment of educational needs and knowledge gaps so that the doctors can develop their own strategies to address these needs in the context of their own individual professional practice. Our College requires prior notice of such CPD activities and Fellows are only required to provide proof of activity when subjected to random audit. Peer review and group

learning models are particularly relevant in general practice and the most successful strategies involve local rather than national clinical practice guidelines development and dissemination.¹⁰ Learning needs assessment is an important step in the educational process that may lead to changes in practice.¹¹ Needs assessment can be categorised into seven main types:

1. gap or discrepancy analysis
2. reflection on action
3. self assessment of journals and logbooks review
4. peer review
5. observation
6. critical incident review and significant event audit
7. practice review

However, needs assessment alone has not been shown to enhance educational effectiveness and outcomes and so it must be placed within the wider perspective of planned learning, relevance to practice and reinforcement of learning in the appropriate context. A model knowledge translation that can work in general practice is shown in Table 1 below. Benchmarking is a recognised method for doctors to compare their performance with standards demonstrated by their peers.

In the revised CME/CPD guidelines, Fellows can choose from a variety of active CME/CPD activities including:

1. presentations at international, regional or local professional meetings

Table 1 Pathman – PRECEDE model of knowledge translation^{8,12}

Interventions	Predisposing	Enabling	Reinforcing
Awareness	Distribution of printed information, journals, lectures, rounds, academic detailing		
Agreement		Opinion Leaders, small group sessions for clinicians	
Adoption		Small group sessions for clinicians, patient education methods, clinical flowcharts or algorithms, academic detailing	Small group sessions for audit and feedback
Adherence			Reminders (professional and patient), multiple interventions

2. presentations in hospitals or approved study groups
3. scientific publications
4. self-study (no limit of CME/CPD points in this category), research
5. development of new medical related technology
6. quality assurance and medical audits
7. activities for improvement of patient care
8. acting as reviewer for the Hong Kong Medical Journal, Hong Kong Journal of Paediatrics and other indexed journals

It should be emphasised that none of the active CME/CPD activities approved by our College are compulsory. The expanded scope of the approved CME/CPD activities, whether active or passive, is meant to facilitate our Fellows in fulfilling the CME/CPD requirements stipulated by the Hong Kong Academy of Medicine.

What can the Hong Kong Journal of Paediatrics do? Clearly, not to provide all the answers to clinically relevant questions raised by our Fellows or to address the gap between evidence and practice. Journal reading has long been practiced by all doctors in their search for information to solve clinical problems.¹³ Our journal will provide our readers with local, relevant advances in paediatrics, clinical research and child health. The important role of journal reading in doctors' learning is well documented in the Canadian MOCOMP system which also showed that journal reading has the same likelihood of leading doctors to a commitment to change their practice as attending group educational activities and completing self-assessment programmes.¹⁴ Our College allows self-study of over 75 paediatric journals together with the submissions of a 300-word commentary on an individual article as active CME/CPD. The editorial board will strive to attract submission of articles, which will be educational and useful to our practicing Fellows but once again, the success of our Journal depends on the support of all our College Fellows as well as child health related professionals in Hong Kong.

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Louis Low
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