

FACULTY PERCEPTIONS ABOUT CONTINUING MEDICAL EDUCATION ACTIVITIES

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ABSTRACT

BACKGROUND: Many countries across the globe have made major changes in their systems to manage opportunities for professional development of the medical graduates. PMDC has also linked the license to practice with documented proof of CPD/ CME activities. After this decision different recognized institutes are arranging regular CME activities.

AIM: This study was conducted to find the perception of faculty members about the CME activities.

METHODS: This descriptive, cross sectional study was conducted during the month of August-September 2015 at Azra Naheed Medical College Lahore. A structured, pretested, questionnaire was used for data collection. The data were analysed using SPSS v.16.

RESULTS: Out of 37 total participants in this study. 19 (51.4 %) were males and 18 (48.6 %) were females. The age ranges between 26 to 71 with a mean of 44 years. The reason for attending CME inquired and found that PMDC requirement is the reason for 22 (59.5 %), personal development for 8 (21.6 %) and both of the above mentioned reasons accounted for 7 (18.9 %) of the respondents. 21 (56.8 %) respondents reported that mandatory CME is a beneficial decision of PMDC, whereas 15 (40.5 %) reported that it is not a beneficial decision

CONCLUSION: Majority of the faculty members attend CME activities due to the mandatory requirement of PMDC. Although the majority perceive that mandatory CME is a beneficial decision but a reasonable number of faculty especially junior faculty members do not consider it as a beneficial decision.

KEY WORDS: CME, CPD, Perception, Medical Education, Faculty

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INTRODUCTION

Medical Education in Pakistan is passing through an evolutionary process. The rapid increase in the number of public and private medical institutes has resulted in the serious issues related with quality and accountability. Traditionally the medical teachers in Pakistan have not been exposed to concepts related with teaching and learning. The criteria for the recruitment and promotion of teaching faculty are generally based on the basic and postgraduate

medical qualification in the relevant subject. Since the independence of Pakistan in 1947, there is a very little change in the medical education system.¹ The entire emphasis of the medical education system is on the passive acquisition of knowledge rather than on its discovery and experiment.² The existing curriculum reflects an overemphasis on rote memorization with limited relevance to life problems.³ Faculty development, assurance of the quality and research in education are some oth-

er issues faced by the medical education system in Pakistan.

Pakistan Medical & Dental Council is the only statutory, regulatory and registration authority for medical and dental education and practitioners in Pakistan.⁴ The council was reconstituted under Medical and Dental ordinance 1962. It provides guidelines and standards for the accreditation of medical and dental institutes.⁵ PMDC is continuously trying to improve the quality of medical education and some of the initiatives including Continuing Professional Development (CPD) are quite encouraging. As per the latest PMDC Amendment Act 2012, the documented participation of faculty in professional development activities along with the evidence of their updated knowledge of discipline is mandatory. PMDC is also struggling

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for the standardization of medical education in Pakistan and has decided to convert the present examination system into modular system before 2016.⁶ It has also been declared that strict monitoring and evaluation of the system of examination will be ensured.⁷ Similarly all the medical colleges are required to submit the teaching workload/hours distribution of the faculty members to PMDC as per the required criteria.⁸

Continuing Professional Development of the faculty is also made compulsory and the License to practice will be issued/renewed after completing the required CME activities conducted by recognized degree awarding institution/organization or a professional body.⁸ Azra Naheed Medical College (ANMC), the constituent medical college of The Superior College is one of the accredited institutes and conducting regular CME activities.⁹ Unfortunately there is a varying perceptive response of medical professionals, some taking it positively and some silently. A positive perception is the key to success of this very good initiative. In view of the above mentioned reason this study was conducted to find out the faculty perceptions about the CME activities at ANMC Lahore.

METHODS

This descriptive, cross sectional study was conducted during the month of August-September 2015 at Azra Naheed Medical College Lahore. The approval of institutional ethical review committee was obtained. A structured, pretested, questionnaire was prepared after discussion with the three senior faculty members. Questions were designed to gather the information about the organization, schedule and learning environment of the CME activity. Questions regarding the educational need and perception of the respondent about the benefits of CME were also included. This questionnaire was pretested and necessary changes were made. All the forty one faculty members

who were attending the third CME activity were included in this study. The researcher explained the objective of the study and clarified different queries of the participants. Four incomplete questionnaires were excluded from the study. The collected data was organized and entered in the version 16 of SPSS and analyzed by the use of statistical tools.

RESULTS

A total of 37 faculty members participated in this study. There were 19 (51.4 %) male and 18 (48.6 %) female participants. The age ranges between 26 to 71 with a mean of 44 years. The frequency distribution of gender, age group, department, qualification and designation of the respondents is presented in Table 1. The respondents were asked about the reason for attending the CME activities. It was found that PMDC requirement is the reason for 22 (59.5 %), personal development for 8 (21.6 %) and both of the above mentioned reasons accounted for 7 (18.9 %) of the respondents. None of the faculty member was attending CME due to institutional orders. CME activities meeting the educational needs of the respondents were reported by 35 (94.6 %). Only 2 (5.4 %) reported that CME activity is not meeting their educational needs.

Twenty one (56.8 %) respondents reported that mandatory CME is a beneficial decision of PMDC, whereas 15 (40.5 %) reported that it is not a beneficial decision (Figure 1). The question was not replied by 1 respondent. The gender was cross tabulated with the reason for attending the CME and CME as a beneficial decision of PMDC. The results are presented in Tables 2 & 3. The faculty position was cross tabulated with the reason for attending the CME and CME as a beneficial decision of PMDC. Professors and associate professors were considered as senior faculty whereas the assistant professors, demonstrators were included in the junior faculty. The results are presented in Tables 4 & 5. The faculty position and reasons for attending the CME is not significant but the result regarding the beneficial decision of PMDC is statically significant.

DISCUSSION

The professional development of the doctors is a lifelong commitment, which has been considered as obligation right from the early time.¹⁰ Many countries across the globe have made major changes in their systems to manage opportunities for professional development of medical graduates. In Pakistan once qualified and registered with PMDC,

TABLE 1: FREQUENCY DISTRIBUTION OF GENDER, AGE, DEPARTMENT, QUALIFICATION AND DESIGNATION

		Frequency	Percentage
Gender	Male	19	51.4
	Female	18	48.6
Age Group	25 - 40 years	16	43.2
	41 - 56 years	13	35.1
	57 - 72 years	8	21.6
Department	Basic	15	40.5
	Clinical	22	59.5
	PhD / Fellowship	19	51.4
Qualification	M. Phil / Other Post graduation	13	35.1
	MBBS	5	13.5
Designation	Professor	10	27.0
	Associate Professor	3	8.1
	Assistant Professor	16	43.2
	SR/ Sr. Demo/ Demo/ MO	8	21.6

TABLE 2: REASONS TO ATTEND CME

	PMDC Requirement	Personal Development	Both	Total
Male	13	2	4	19
Female	9	6	3	18
Total	22	8	7	37

Using the chi square test the p- value is 0.341.

TABLE 3: MANDATORY CME AS A BENEFICIAL DECISION OF PMDC

	Yes	No	Total
Male	10	9	19
Female	11	6	17
Total	21	15	36

Using the chi square test, p- value is 0.463.

TABLE 4: DESIGNATION AND REASON TO ATTEND CME

Faculty	PMDC Requirement	Personal Development	Both	Total
Senior	5	5	3	13
Junior	17	3	4	24
Total	22	8	7	37

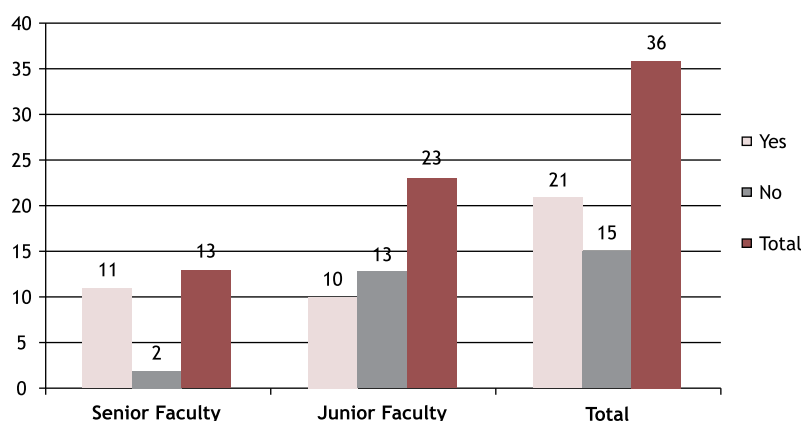
Using the chi square test the p- value is 0.11.

TABLE 5: GENDER AND MANDATORY CME AS A BENEFICIAL DECISION OF PMDC

Faculty Position	Yes	No	Total
Senior	11 (84.6 %)	2 (15.4 %)	13
Junior	10 (43.5 %)	13 (56.5 %)	23
Total	21	15	36

Using the chi square test, p- value is 0.016.

FIGURE 1: FACULTY POSITION AND MANDATORY CME AS A BENEFICIAL DECISION BY PMDC



the doctor was licensed to practice for whole life.¹⁰ However from 2015, PMDC has linked the license to practice with documented proof of CPD/ CME activities.⁸ Since then regular CME activities are going on in different recognized institutes. Azra Naheed Medical College has arranged a series of CME accredited activities during the last few months. A total of 37 faculty members participated in this study. There were 19 (51.4 %) male and 18 (48.6 %) female participants. The age ranges between 26 to 71 with a mean of 44.5 years.

The results of this study showed that majority 22 (59.5 %) of the respondents consider the mandatory requirement of PMDC as the major factor for attending CME activities, personal development mentioned by 8 (21.6 %) and both of the above mentioned reasons accounted for 7 (18.9 %) of the respondents. These results are similar to a study conducted by Siddiqui at Agha Khan University Hospital reporting that 67.3 % of the respondents supported a mandatory program as compared to 32.7 % who favored a voluntary program.¹⁰ These results also represent that probably majority of the faculty members are still not internally motivated to attend these activities. It is hoped that the regular CME activities may change their perception from mandatory attendance to a motivated lifelong learner. This change of affective domain should be the main focus of the organizers and policy makers.

According to the results of this study majority 21 (56.8 %) respondents reported that mandatory CME is a beneficial decision of PMDC, whereas 15 (40.5 %) reported that it is not a beneficial decision. These results are contrary to the results of different studies mentioning that medical sciences change rapidly with new scientific information and technology therefore, continuing education plays a vital role in presenting ever-growing knowledge, modern technology, and new orientation for the health care providers.^{10,11} The re-

sults presented in Table-5 represent that majority of the senior faculty members (84.6 %) including professor and associate professors consider mandatory CME as a beneficial decision of PMDC but majority of the junior faculty (56.5 %) including assistant professors and demonstrators reported that this is not a beneficial decision of PMDC. This result is contrary to the finding of another study which states that during all phases of learning the teacher plays a key role and the achievements of learner correlates with the quality of the teacher.¹¹ Competent medical teachers and researchers aware of their new roles and responsibilities require faculty development programs. These programs are designed to train the faculty members for the diverse roles and to improve their knowledge and skills in the areas of medical teaching. The development and training of faculty should not be considered as a luxury rather it is an imperative for any medical school.¹²

CONCLUSION

The continuing professional development of doctors is a lifelong commitment and is considered mandatory all over the world. In this ever changing world the medical knowledge is also updating day by day. New trends of treatment and education are emerging regularly. The medical professionals are required to update their knowledge and skills by involving themselves in the professional development activities. From 2015 PMDC has linked the license to practice with documented proof of CPD/CME activities and medical professionals are attending these activities. This study was conducted to find out the perception of faculty members about the CME activities. It is interesting that majority of the faculty members are attending these activities due to the mandatory requirement of PMDC. There is a need to design CME activities in such a way that the faculty members are internally motivated and participate for learning and de-

velopment. Although the majority perceive that mandatory CME is a beneficial decision but a reasonable number of faculty members especially junior faculty members do not consider it as a beneficial decision. It is recommended to develop and implement a separate plan for these faculty members as the junior faculty is the future of medical education in Pakistan.

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CONFLICT OF INTEREST

Authors declare no conflict of interest.

ETHICS APPROVAL

The approval/permission was obtained from Institutional Ethical Review Committee of Azra Naheed Medical College, Lahore.

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