Regulation of continuing medical education

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Editor

Within the stages of medical education, continuing education is with no doubt the longest, since it lasts approximately 30 years, although, strangely enough, it is the least regulated. All the previous stages (pre-medical, medical degree, post-degree) are regulated by medicine schools and faculties, but these entities are often less interested in continuing education and address it, if at all, in a very partial and sporadic manner, and not as a real continuum of the education they imparted, even when any training, no matter how excellent it was, can get spoiled if it doesn’t receive maintenance. Few schools have a program for their graduates to maintain permanently updated and qualified.

But the necessity is there, and although there is a group of graduates who take responsibility for their own continuing education, others do not find the ways to maintain truly prepared during their entire professional life. This promotes for continuing education often to be driven by suppliers’ interests rather than by physicians’ needs, with suppliers taking advantage of this necessity, not always to satisfy it, but to obtain some benefit for their own out of it.

Professional academic societies are precisely intended to favor continuing education of their members, and even that of other colleagues who interact with them. But the funding of these activities has to be negotiated with sponsors who see the opportunity not only to introduce their products and services, but to commercially promote them either in an open or a more or less concealed way. Moreover, continuing education is by itself a business where certain suppliers convoke physicians in need and negotiate financings with a clear profit for them as intermediaries.

This way, the combination of medicine professionals needs, opportunism of certain continuing medical education suppliers, interests of manufacturers and distributors of health-related products and services, lack of academic regulation for most these activities and the possibility to commercially exploit these needs results in chaotic, discontinue, decontextualized, sporadic, interested, non-systematic and misaligned continuing medical education (CME).

In view of all this, better regulation would be required. Today, almost anybody can organize educational activities for physicians if he or she gets the resources for it; regardless of the existence of academic grounds or educational quality, anyone can offer “co-curricular credits” since there will always be anybody who is willing to simulate this, and many colleagues are misled not only by the quality and relevance of the contents, but with the credit value they are attributed with, when frequently these activities are nothing else but commercial promotion of products and services, inductions to a specific prescription and, in best case scenario, pretentious displays of knowledge.

A few years ago, the interest of several Mexican academic entities around continuing education was summarized in a proposal to create a working group that would make suggestions to raise the quality of such activities, to standardize criteria, to plan based on needs and to make sure that participants are not misled. With the certification model that now includes products (for example, specialists), processes
(for example, technical quality) and supplies (for example, professors), a certification for each activity (sessions, courses, diploma courses, congresses, meetings, etc.) was initially thought to be convenient, but this would have been practically impossible given the large number of activities that are carried out, literally thousands. Therefore, it was concluded that in an initial stage, continued education suppliers could be certified, ask for approval for the activities they request and try to standardize nomenclature and credits, so that there is not so much variability and confusion. An organization under the name of Council for Continuing Medical Education Certification (COCEMEC – Consejo para la Certificación de la Educación Médica Continua), affiliated to the National Academy of Medical Education, was thus created. This Council, like others, will grant quality certificates to continued medical education suppliers in order for users to be able to trust that an activity organized by a certified supplier has the quality guarantee granted by the Council. The Council would randomly supervise on site in order to corroborate that activities are carried out as agreed.

Today, COCEMEC is a committee of the Academy of Medical Education that includes representatives of the most important institutions related to continuing medical education as vocals; the committee has already a glossary available, as well as assessment instruments that have been applied in pilot tests.