For Discussion
on 18 April 2005

LegCo Panel on Health Services

Continuing Medical Education for Medical Practitioners

Purpose

The paper sets out the mandatory continuing medical education scheme (CME) for medical practitioners proposed by the Medical Council of Hong Kong, and the Administration's latest thinking on the matter.

Background

2. The Medical Council of Hong Kong (the "Council") has been encouraging medical practitioners to undertake CME, so as to keep the profession abreast with new medical knowledge and technology, and ensure the provision of quality medical service to the public. The Council considers that it is beyond debate that medicine is a life-long learning profession, and that such is also in line with community expectation on the profession. The discussion by the Council on compulsory CME dated back to December 1999 when it conducted an opinion survey among all doctors on the matter, among other proposed reforms on good medical practice. The majority of the doctors who responded to the survey expressed agreement that CME should be made compulsory. Since then, the Council has entrusted its Education and Accreditation Committee (EAC) to consider the necessity of having CME, whether it should be voluntary or compulsory and how to ensure its compliance, with due regard to the needs and circumstances of non-specialists.

3. In response to the Consultation Document on Health Care Reform published by the then Health and Welfare Bureau in December 2000, the Council agreed with the Bureau's proposal that all doctors should be required to undertake CME to ensure that their knowledge, practice and skills are up to date. In 2001, the Council decided that a voluntary CME scheme should first be introduced and CME requirements for medical practitioners should be made compulsory upon completion of first voluntary CME cycle.

Current arrangements

4. After in-depth discussion for two years, the Council launched its voluntary 'CME programme for practising doctors who are not taking CME programme for specialists' (the Programme) on 1 October 2001. The purpose of the Programme is to encourage practising doctors to keep themselves up-dated on current developments in medical practice so as to maintain a high professional standard.

5. Under the Programme, the Council has accredited a number of medical associations, unions and organizations as CME Programme Providers, Accreditors and Administrators. Practising doctors, other than specialists who are already required by the Hong Kong Academy of Medicine (HKAM) to undertake CME, are invited to enroll in the Programme on a voluntary basis. According to the guidelines issued by the Council, a CME cycle shall consist of 3 years. In order to encourage doctors' participation in the Programme, doctors who have accumulated 30 or more CME points in a year will be awarded a CME Certificate to certify that they have achieved a satisfactory level of CME activity during a particular period. The CME Certificate can be displayed inside doctors' offices. In addition, doctors who have accumulated 90 or more CME points for their 3-year CME cycle will be allowed to use the title 'CME-Certified' on their visiting cards.

6. As for specialists, they have to undergo CME relevant to the specialties under which their names are included in the Specialist Register as may be determined by the HKAM in accordance with the Medical Registration Ordinance (MRO). The CME requirement which specialists have to fulfill is 90 points in a three-year cycle.

7. As of today, there are about 10 100 registered doctors practising locally. Of these 10,100 doctors, 4 360 are either Specialists, and/or Fellows of the HKAM undergoing the CME determined and required by the Academy. There are 2 700 specialist-trainees who are undergoing training in various programmes that are compatible with continuous medical education, but they may not be registered with the Hong Kong Medical Council voluntary CME programme. The most recent information showed that some 3 000 non-specialist doctors have already participated in the Council's voluntary CME programme. In other words, about 73% of the registered medical doctors practising locally are undergoing CME, but only about half of the non-specialists are engaged in CME.

Mandatory CME Programme

8. Given the importance of CME to maintain a high standard of medical care in Hong Kong and hence the general well-being of the public, the Council considered that measures had to be put in place to ensure compliance with the CME requirements. The Council therefore decided in 2001 that CME requirements had to be made compulsory for all practising doctors after the completion of the three-year voluntary CME cycle.

9. In the ensuing months, the Council concentrated its discussion and debate on the various means to ensure compliance with mandatory CME. While agreeing that doctors could be motivated to undertake CME through encouragement measures like award of CME Certificate and the right to use the title of "CME-certified", the Council considers that sanctions have to be introduced to handle those who do not respond to such encouragement measures. Possible measures that have been considered include imposition of a fine, imposition of conditions of practice, requirement of undergoing assessment or examination and non-renewal of practising certificate. After lengthy discussion and careful consideration, the Council considered that it is essential for the means to ensure compliance with mandatory CME to be simple, effective, transparent and implementable. The Council consequently decided in March 2002 that compliance with the CME requirements should be linked with renewal of practising certificates. The Council noted that the proposal would involve amendments to the MRO.

10. Similar to the voluntary CME Programme, a cycle for mandatory CME shall be three years. Doctors who have obtained 90 or more CME points by the end of a three-year cycle would be allowed to use the title "CME-Certified" on their visiting cards. Doctors who have less than 90 CME points by the end of the three-year CME cycle will be warned but will be issued a one-year practising certificate to enable them to obtain at least 120 CME points (i.e. 90 CME points required for the previous cycle and another 30 CME points, being the pro-rata for the 4th year) by the end of the 4th year, counting from the beginning of the CME cycle in which they have failed. If they have less than 120 CME points by the end of the 4th year, their practising certificates in the ensuing year will not be renewed.

11. For those who fail to get their practising certificate renewed because of inadequate CME, they will be given an opportunity to catch up the shortfall of the CME points required i.e. 90 CME points carried forward from the previous cycle plus the pro-rata of CME points for the years lapsed thereafter (being 30 CME points per year) minus the CME points already accumulated beforehand. Doctors are eligible to apply for their practising

certificates again at any point of time in a year whenever they have obtained the required CME points.

12. The Council has also worked out finer details of the scheme to cater for various situations including doctors progressing into specialists, doctors who take CME abroad, transfer from non-resident list[1] to the resident list, those with limited registration[2], etc. The Council also decided that doctors on the non-resident list or under provisional registration, and those who have retired and therefore no longer practise should be exempted from compulsory CME. CME requirements for doctors who are absent from practice for prolonged period because of illness will also be considered on an individual basis.

Overseas experience

13. It is noted that in New Zealand, Singapore, South Africa and some US states, CME for medical practitioners is also linked with renewal of practising certificate or license. The objective of linking renewal of practising certificate or license with CME is, in the main, to protect the health and safety of the public by ensuring doctors are competent and fit to practise medicine. These schemes however differ in their implementation details in terms of the length of the CME cycle, the CME requirements, whether grace period is allowed for the catching up of unattained CME points, etc. It should be noted that in Singapore, medical practitioners have to cease practice immediately if he/she cannot fulfil the CME requirement before renewal of his/her practising certificate. On the other hand, grace period of different lengths is allowed in the other jurisdictions to enable medical practitioners to continue to practise while at the same time catch up with his/her CME points.

Views from stakeholders

14. Professional medical organizations including the Hong Kong Medical Association, Hong Kong Doctors Union, Practising Estate Doctors' Association and the Association of Licentiates of Medical Council of Hong Kong have provided written submissions to the Administration expressing reservation and objection to the proposal of linking compliance with mandatory CME with renewal of practising certificates. While all of them agree to the

[1] A non-resident list is Part I of the General Register in which the names of registered medical practitioners who are residents outside Hong Kong and have ceased to practise medicine, surgery or midwifery in Hong Kong are included.

[2] Limited registration is provided for under Section 14A of the MRO. It grants limited registration with a period not exceeding 12 months to persons who have been selected for employment or for a type of employment which the Medical Council thinks appropriate or necessary.

importance of CME, they generally consider that doctors should seek to refresh their knowledge on a voluntary basis and should not be forced to learn. It was pointed out that the majority of the profession is keen on continuous education, and acceptance of education should be promoted by encouragement, rather than by punishment. Linking CME with renewal of practising certificate is considered a too draconian measure. They consider that by allowing doctors who have fulfilled CME requirements to use the title of "CME certified", the minority will be scrutinized by their own patients as to whether these doctors should remain as their health care providers.

Administration's Position

15. The Administration considers that in today's knowledge-based economy and rapid advancement in medical knowledge and technology, life-long learning and continuous education are essential for professionals to meet the demand on quality and standard of service as well as to keep abreast with the development of society. The Administration agrees with the Council that CME should be an integral part of training for all doctors if they are to practise medicine in a responsible and competent manner, and that CME should be made a compulsory requirement.

16. While there is no dispute in the medical profession regarding the importance of CME, the Administration noted the concern expressed by various professional bodies about the Council's proposal to link CME requirement with renewal of practising certificate. The Administration however considers that stringent measures have to be put in place to deal with a small minority in the profession who may not seek to fulfil the CME requirements for one reason or another, and barring them from practice is considered an appropriate sanction from the perspective of public health protection. As for the implementation details like the grace period allowed for medical practitioners to catch up on their CME points before they are barred from practice, the Administration considers that there is room for further discussion within the profession. In this connection, the Administration will recommend the Council to continue with its dialogue with the profession, with a view to working out the details of the scheme that can strike the best balance between the aspiration of the profession and the general public as soon as possible.

17. Members are invited to note the content of this Paper.

Health, Welfare and Food Bureau
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