

CONTINUOUS MEDICAL EDUCATION:

The last century witnessed an explosion of information and knowledge in every field of human endeavour. Our understanding of how our world and our bodies are made and function evolves and improves on a daily basis. With the advent of the information age the dissemination of this knowledge has achieved real time capabilities. The need to keep abreast of the current developments is nowhere more important than in medical sciences as this literally has life and death consequences. What was the state of art yesterday may not only be irrelevant but we may have discovered that it is actually dangerous for patients today. The perfect example is the treatment of atherosclerotic renal artery stenosis. Until the publication of the ASTRAL¹ trial the standard of care for renal artery stenosis was percutaneous angioplasty or stenting. ASTRAL showed that not only that there was no benefit from this, some patients may actually be worse off after the procedure. The procedure was withdrawn from the lists of virtually all interventional radiology departments.

The question arises as to how much new information is there? There are 5454 journals indexed on Pubmed² The number of non indexed journals can only be guessed at but is likely to run into several thousands. In addition to the printed journals the resources available on the internet also run into thousands. There are an estimated 500 new randomised controlled trials published per week. The volume of data is overwhelming and unless we make a concerted effort to stay abreast the likelihood is that we will not succeed.

Globally there are not only mandatory requirements for medical practioners, both specialists as well as general practioners, to undertake continuing education, there are strict guidelines as to what constitutes medical education. Regulations cover content, funding and access. The involvement of pharmaceutical companies and other commercial interests are strictly regulated. The rules regarding disclosure are strict and closely monitored.

Several jurisdictions in the world have tied continued education and professional development to maintenance of competency certification. For example in the UK the Royal College of Radiologists³ has a well established revalidation mechanisms that has several components including continuing education. At this present time there is no requirement for medical practioners in Pakistan to engage in any continuing education. The certification carried out at the time of passing the basic or additional qualification is for life. Maintenance of licensure and good standing with the relevant bodies requires the payment of annual dues only. As there is no mandatory or statutory requirements for continuing education there is little incentive (except for personal motivation) for undertaking these activities.

The other aspect of the prevailing situation is that a large part of the continuing education activities such as meetings of professional organisations, seminars etc have degenerated into social and marketing events funded for and dominated by the commercial interests. Due to this either continuing education does not take place or worse still highly biased information with a strong commercial tilt is presented as scientific fact.

It is high time that we the medical community takes stock of the situation and takes steps to correct this anomaly. The professional bodies such as the Radiological Society Of Pakistan, can take a lead in providing high quality educational opportunities that are free of commercial bias. This can be the first step on the path that should in time lead to mandatory levels of continuing education for all.

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