

ABSTRACT

Continuing Medical Education is defined by the World Health Organisation as the training that an individual physician undertakes after the end of his basic medical education, and where applicable, after the end of any additional education for a career as a generalist or a specialist - training to improve his competence as a practitioner (not with a view to gaining a new qualifying diploma or license).

Continuing Medical Education, hereinafter referred to as CME, has been a growth industry in practically all developed nations for at least the last thirty years. While much is known about the theory and practice of CME in other countries little has been documented in Jamaica and the Caribbean. Organised CME activities, such as clinical meetings or symposia, have appeared to be poorly attended, with the impression that doctors generally are little interested in CME. Attendance at these meetings are usually in the range of 40-200 doctors out of an estimated total in excess of 900. It was felt that this was not a true reflection of doctors' interest in CME and the present study was undertaken to evaluate current opinion on CME and analyse the practice of CME among doctors in the island.

The study took the form of a postal questionnaire mailed to all doctors (875), excluding interns, in January 1987, and again in February 1987. These responses provide hertofore undocumented information on CME in Jamiaca, and are presented along with some recommendations for future planning of CME.

Analysis of the results confirm that 67% of doctors in the island are to be found in the corporate area, and additionally, that 67% are male. Those engaged in full-time clinical general practice constituted 44% of the respondents, 32% were full-time specialists, and, 23% practised in a specialty, or were in residency training, as well as being engaged in part-time general practice.

The respondents included 50% of the membership of the Medical Association of Jamaica, 54% of the membership of the Association of General Practitioners of Jamaica, and 38% of the membership of the Paediatric Association of Jamaica.

75% of general practitioner respondents attended between one to six CME meetings in the peroid under study, with 13% attending more than six. These figures were similar for specialists and part-time general practitioners. This study also showed that practitioners from rural adderesses attend just as many meetings as corporate area doctors.

Reading was shown to be the most popular form of personal CME, with only 4% of general practitioners reporting no reading at all, a figure equal to that reported by specialists. Little use of audio cassettes, video, and other less traditional forms of CME was reported by more than 80% of doctors in all categories.

In response to the question of availability of CME, 38% replied that availability was "More than adequate" or "Adequate". 19% thought it was "barely adequate"; and, 43% thought it was "Inadequate", or "Grossly inadequate". Not surprisingly, two thirds of those who made the latter responses were from rural addresses, while only a third of their corporate area colleagues shared this view.

Other important results include the overwhelming opinion that CME is "absolutely essential". When asked to give their opinion of CME, 88% of responders replied that CME was "Absolutely essential"; a further 8% thought it was "Desirable, but not essential"; while only 2% thought it was "Optional". No respondents thought CME was unnecessary.

In answer to the question, "At present a medical degree and registration are the only requirements for you to practice for the rest of your life. Should this remain so?", 69% of respondents said "No"; while 30% said "Yes". Of note, is the fact that,

65% were also in favour of periodic recertification as opposed to 33% who were not.

Based on these findings it is felt that the profession in Jamaica is receptive to the principles of CME as defined above and is ready to accept the responsibility of recertification. It is now the duty of the profession to develop the research base and appropriate CME resources to achieve these ideals. To these ends certain recommendations are presented.