

Current Continuing Medical Education Provision in Singapore[†]

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Introduction

It was in 1994 that as an overseas fellow of the College, I received a letter from Dr Peter Toghil, Director of Continuing Medical Education (CME), Royal College of Physicians of London, stating that the three Royal Colleges of Physicians in the UK have agreed to joint recommendation on continuing medical education. This letter dated 19 May 1994 accompanied a copy of the report published in June 1994 titled "CME for the trained physician, recommendations for the introduction and implementation of a CME system."¹ This is familiar to you all in the United Kingdom.

CME in Singapore

In Singapore we too have a CME programme jointly organised by three bodies-The Singapore Medical Council [SMC] (which is equivalent to your General Medical Council), the Academy of Medicine and the College of Family Physicians.* It was in March of 1988, some 11 years ago, that the Registrar of the Medical Council, Dr Kwa Soon Bee, wrote to the Master of the Academy, Dr Tan Ngoh Chuan, to inform him that "the Singapore Medical Council has accepted the report of its committee on CME and agreed to the Singapore Medical Association's suggestion of a 3-year period for doctors to accumulate their points for the CME Recognition Award." The Singapore Medical Association was to take responsibility for the secretariat and the administration of the voluntary CME programme applicable to all doctors, specialists and family physicians. A standing CME Committee reporting to the SMC had representatives from the Academy of Medicine, the School of Postgraduate Medical Studies, the College of General Practitioners and the Singapore Medical Association.

This programme ran for 3 years from 1989 to 1991 after which in 1992 on review, it was decided to reduce the programme from a 3 yearly to an annual cycle with some fine-tuning of the criteria for awarding the points. So on 1 June 1993 the current programme was launched. The yearly cycle was from 1 July of one year to the next. The

same Permanent Secretary (Health) / Director of Medical Services who was also Registrar of the Medical Council in his message in the CME programme wrote, "it is in the interest of the medical profession to ensure that the wealth of ever increasing medical knowledge and skills be translated into better outcomes for the patients under its care. We must therefore actively promote CME among doctors practising in Singapore. We must make CME a way of life among all doctors. CME is presently carried out on a voluntary basis. I hope that all members of the profession will demonstrate clearly his or her commitment to CME and participate in the many activities organised. It will then not be necessary for CME to be made compulsory in Singapore."²

Details of the Programme²

Running on an annual basis, participating practitioners who have achieved a minimum of 25 credit points would qualify for the award of the SMC-CME Recognition Award certificate. Only doctors currently on the Medical Register are eligible to participate. The programme commences 1 July each year. All members of the Academy and College are automatically registered for the programme. All other medical practitioners wishing to participate have to first register themselves with the College and pay the required registration fees. All participating medical practitioners have to submit annually, completed forms detailing their CME activities. The certificate is valid for one year.

The SMC-CME credit requirements in 1993 have been updated in 1998 (Table I). There are 3 categories of activities. Category 1 is for lectures and ward rounds and 1 credit point is given for each accredited lecture or ward round. The accreditation is by the CME committee. For attending scientific meetings, congresses, seminars locally or abroad, up to 6 points can be gained for meetings lasting 2 or more days. Lesser points are given for shorter durations. If the doctor presents a paper, he is allowed 5 credit points per paper presented. In category II, doctors are awarded points for publications in

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TABLE I: THE SMC-CME CREDIT REQUIREMENTS (1998)

Category	Activity	Award of credit points
IA	Attending lectures including special ward rounds	<i>Maximum 25 credit points</i> 1 credit point for each accredited lecture, ward round
1B	Attending scientific meetings, conferences, congresses or seminars either locally or abroad	
	(i) Individual lectures (with proper attendance records)	(i) 1 credit point for each lecture (up to 5 points per day)
	(ii) ° day (2 - 4 hours)	(ii) 2 credit points
	(iii) 1 full day	(iii) 3 credit points
	(iv) 2 or more days (without attendance record for each individual session)	(iv) 6 credit points
	(v) Presentation of papers	(v) 5 credit points per paper
II	Publication of original papers in medical journals	<i>Maximum 20 credit points</i>
	(i) Journals listed in the current Index Medicus	10 credit points per paper (first author full points, others half)
	(ii) Journals not listed in current Index Medicus	4 credit points per paper (first author full points, others half)
III	Reading of scientific papers/articles from medical journals in the current list of medical literature or Index Medicus or self-study from audio-visual tapes	<i>Maximum 5 credit points</i> 1 credit point per paper/article or audio-visual tape

medical journals. For journals in the Index Medicus, first authors receive 10 points, and for articles in journals not listed in the index medicus, first authors receive 4 points. Other authors receive half these points per article. For category III, which is self-study of tapes and reading of medical journals, 1 credit point is awarded per paper or tape. For each category, the maximum points claimable per year are, 25,20 and 5 respectively for the 3 categories. The refinement from 1993 was in category II where the maximum points have been increased from 10 to 20. First author now is entitled to more points and for articles published in journals not in the Index Medicus, the points have been decreased from 5 to 4 per article.

The certificate awarded to successful doctors for fulfilling the requirements of CME, bears the signature of three signatories-that of the Master of the Academy of Medicine, the Chairman of the CME Committee, SMC and the President of the College of Family Physicians. Also on the certificate are the three crests of these bodies.

The claim form stating the number of points achieved needs to be submitted by 31 July each year. Those who

have obtained 25 or more CME points are awarded the certificate.

Facilitating CME

Doctors who attend local or overseas conferences can write directly to the Ministry of Health or through the Academy to the Ministry to ask for a letter of support for tax exemption for the expenses incurred. Approval is given if the conference is deemed relevant to the doctor's practice, and the conference is recognised as being of suitable content and stature. Another method of facilitation is that doctors are allowed to accept sponsorship by hospitals, pharmaceutical companies and research grants to attend conferences. Sponsorship may include full pay leave, airfare, accommodation, registration fees in part or in whole.

TABLE II: OVERALL CME PARTICIPATION

	1995-1996	1996-1997	1997-1998
No. of CFPS members	622	630	701
No. of FAMS	1237	1287	1412
No. of other doctors	268	140	145
Total no. of doctors on SMC-CME programme	2127	2057	2258
No. of doctors achieving 25 points	220 (10.3%)	261 (12.7%)	293 (13.0%)
No. of registered medical practitioners in Singapore (1999)	5090		

CFPS: College of Family Physicians;
 FAMS: Fellows of the Academy of Medicine, Singapore

Participation Rates of Doctors (1995-1998)

Table II shows the number of doctors registered on the scheme and the number who achieved 25 CME points for each of the years ending 1996, 1997 and 1998. The first point to note is that in 1999 there are 5090 registered doctors in Singapore and less than half of them voluntarily registered to be on the programme.

As doctors who are members of the Academy and of the College are automatically registered, there are more Academicians than College members participating, with a ratio of 2 to 1. Doctors who belong to neither organisation have not seen the need to participate and their numbers have decreased from 268 to 145 over the 3-year period in contrast to the rising number of participants from the Academy and College. Overall, the percentage of doctors who achieved 25 CME points rose from 10.3% in 1996 to 13.0% in 1998.

More specifically for the Specialists who are Fellows of the Academy, the percentage of specialists obtaining 25

TABLE III: SPECIALIST CME PARTICIPATION

	1995-1996	1996-1997	1997-1998
No. of FAMS achieving ≥ 25 points	45	130	143
No. of FAMS	1237	1287	1412
% of specialists achieving ≥ 25 points	3.6%	10.1%	10.1%

or more points rose from 3.6% to 10.1% (Table III). This is still unsatisfactory.

Can We Do Better?

Feedback from doctors when asked why they have not met the required 25 CME points revealed a few reasons. Firstly, they felt they were doing their own CME and for those in hospital practice and academic medicine, their activities are all relevant to CME. Secondly, they found it cumbersome to document these activities and apply for the recognition award. The present manual system is inefficient. The third reason is that some do not see the relevance of these activities as necessarily translating into changes in medical practice and therefore question the whole idea of CME as it stands today. The fourth reason especially for those in solo practice is the lack of protected time to attend the activities organised by hospitals, specialist societies, the Academy and the College.

The Challenges Ahead

When the Academy was born in 1957, there were four other organisations and specialty associations in exist-

ence. Lectures, conferences and seminars organised by the Academy were well attended even though there was no requirement for the formal documentation of such activities. Over time, more and more bodies have become involved in these same activities catering not only to local, but also regional and international participants. It can often be heard said by our doctors that there is too much CME of this type around, often with sponsorship by pharmaceutical companies. It is time for the doctors to be selective in what they participate in. This brings up the issue of specialty-specific CME, which needs to be addressed.

The second challenge is how to ensure that relevant CME is translated into better medical practice. It is not head knowledge alone but skills and expertise when dealing with patients that need to be improved. How do we directly translate learning into practice?

The third and final challenge is who pays for the time and effort spent away from patient care? Under the National Health Services of the United Kingdom, there is provision for time off for doctors to enjoy fully-funded study leave and protected CME time. This may be present in rudimentary form in some hospitals but is totally non-existent for the doctor in private practice especially those in solo family physician clinics.

REFERENCES

1. Continuing Medical Education for the Trained Physician. Recommendations for the Introduction and Implementation of a CME System. Report by the Royal Colleges of Physicians of Edinburgh, Glasgow and London, 1994.
2. Singapore Medical Council Continuing Medical Education Programme. Singapore Medical Council, Academy of Medicine Singapore, College of Family Physicians Singapore, 1993.