COMPARATIVE CME/CPD FRAMEWORKS AND ACCREDITATION SYSTEMS IN GCC

AUTHORS:
Ayesha Siddiga Hussain, Qatar Council for Healthcare Practitioners (QCHP), Supreme Council of Health, Doha - Qatar
Samar Abouabdou, Qatar Council for Healthcare Practitioners (QCHP), Supreme Council of Health, Doha - Qatar
Dr. Hussein Salih Hamid Agha, Qatar Council for Healthcare Practitioners (QCHP), Supreme Council of Health, Doha - Qatar
Craig Campbell, Royal College of Physicians and Surgeons of Canada, Centre for Evaluation in Medicine, Edmonton

PRESENTATION

BACKGROUND:
The State of Qatar's National Health Strategy 2011-2014 required the development and implementation of a CME/CPD framework and accreditation system. State of Qatar had not developed a set of standards or process to evaluate the multitude of CME/CPD programs being offered. The Accreditation Department, QCHP was given the responsibility to develop a set of CME/CPD standards and a means of ensuring compliance through a process of accreditation. A number of GCC countries are in various stages of developing CME/CPD frameworks for their healthcare practitioners as a quality improvement process.

The main objective of the study was to create a database of existing CME/CPD systems across GCC countries, including Saudi Arabia, Kuwait, UAE, Oman, and Bahrain, to compare their characteristics, and assess their applicability to Qatar context.

DISCUSSION:
Requirements for mandating engagement in CME/CPD varies across GCC members. Analysis of regional CME systems was useful in identifying the strategies, strengths and challenges of the different CME/CPD systems and helped inform the development of the planned mandatory CME/CPD system in Qatar that will be based on a common CME/CPD framework and credit system applicable for "all healthcare practitioners", under a single regulatory authority, and supported by a CME accreditation system that includes both prescriptive and active-based activities.

RESULTS:
Key findings from the analysis include:
- Starting in 2000, mandatory CME/CPD systems have been implemented in 4 of 6 GCC countries (excluding Qatar).
- The governance of the CME system varies from professional bodies (Kuwait Institute of Medical Specialties) to health authorities or Ministries of Health (Dubai Health Authority (DHA) and Health Authority Abu Dhabi (HAAD). Within the UAE regulation, a provincial level municipal CME is also mandated for engagement in CME/CPD.
- Mandatory participation in CME/CPD varies by profession: physicians and pharmacists in all GCC countries followed by nurses (also health and traditional complementary and alternative medicine) and technicians (2).
- The key characteristics of the CME/CPD frameworks across GCC countries are the promotion of continuous engagement in CME/CPD that is relevant to a healthcare practitioner's scope of practice, and ensures their professional development.
- Credit requirements varied by profession and were highest for physicians followed by pharmacists and nurses (see Table 1).
- Both online and manual submission of credits was a requirement in 4 GCC countries.
- The development of CME/CPD accreditation systems was more aligned with the Saudi Commission for Health Specialties (SCHS) and Kuwait Institute of Medical Specialties (KIMS) implementing provider-based CME/CPD accreditation systems and UAE an activity-based CME/CPD accreditation system.

CONCLUSION:
The development of a national CME/CPD framework, credit system and CPD accreditation system will be designed to support the National Health Strategy for Qatar. The implementation of a mandatory CME/CPD policy will:
- Be applicable to all licensed healthcare practitioners.
- Be linked to renewal of licences for all healthcare practitioners.
- Promote interprofessional education and enhance quality of care.

LESSONS LEARNED:
The development of a National CME/CPD system is informed by:
- Understanding cultural and regional requirements.
- Prioritizing the involvement of multiple stakeholder organizations from the beginning.
- Engaging of stakeholders throughout the development process to ensure the system achieves the intended goals.
- Collaboration with international bodies to enable the system to adhere to best practices.

TAKE HOME MESSAGE:
Development of an innovative CME/CPD framework and accreditation system requires a foundation that intentionally integrates local, regional and international best practices.

METHODS:
Descriptions of each country’s CME system was obtained from multiple sources including publications (e.g. monographs, guides or papers published in peer-reviewed journals), as well as information posted on official websites of the relevant health regulatory authority in each GCC country. Data abstraction focused on the following characteristics: the characteristics and scope of the established CME framework and credit system, relevant CME policies and regulations, systems or processes for reporting CME activities, and the existence of a CME/CPD accreditation system.

Data analysis then conducted to identify key elements of current CME framework and accreditation systems across GCC countries.

CME/CPD Requirements across GCC Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>CME/CPD</th>
<th>Credit Requirements</th>
<th>Required through</th>
<th>mandatory or voluntary</th>
<th>Accreditation Authority</th>
<th>Code of Ethics</th>
<th>Professional Conduct</th>
</tr>
</thead>
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<tr>
<td>UAE</td>
<td>Mandatory</td>
<td>2012</td>
<td>Mandatory since 2012</td>
<td>mandatory</td>
<td>UAE Health Council</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>KUWAIT</td>
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<td>2012</td>
<td>Mandatory since 2012</td>
<td>mandatory</td>
<td>Kuwait Health Council</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>QATAR</td>
<td>Mandatory</td>
<td>2012</td>
<td>Mandatory since 2012</td>
<td>mandatory</td>
<td>QCHP</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>SAUDI ARABIA</td>
<td>Mandatory</td>
<td>2012</td>
<td>Mandatory since 2012</td>
<td>mandatory</td>
<td>Saudi Commission for Health Specialties</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>BAHRAIN</td>
<td>Mandatory</td>
<td>2012</td>
<td>Mandatory since 2012</td>
<td>mandatory</td>
<td>Bahrain Health Authority</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
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