



COMPARATIVE CME/CPD FRAMEWORKS AND ACCREDITATION SYSTEMS IN GCC

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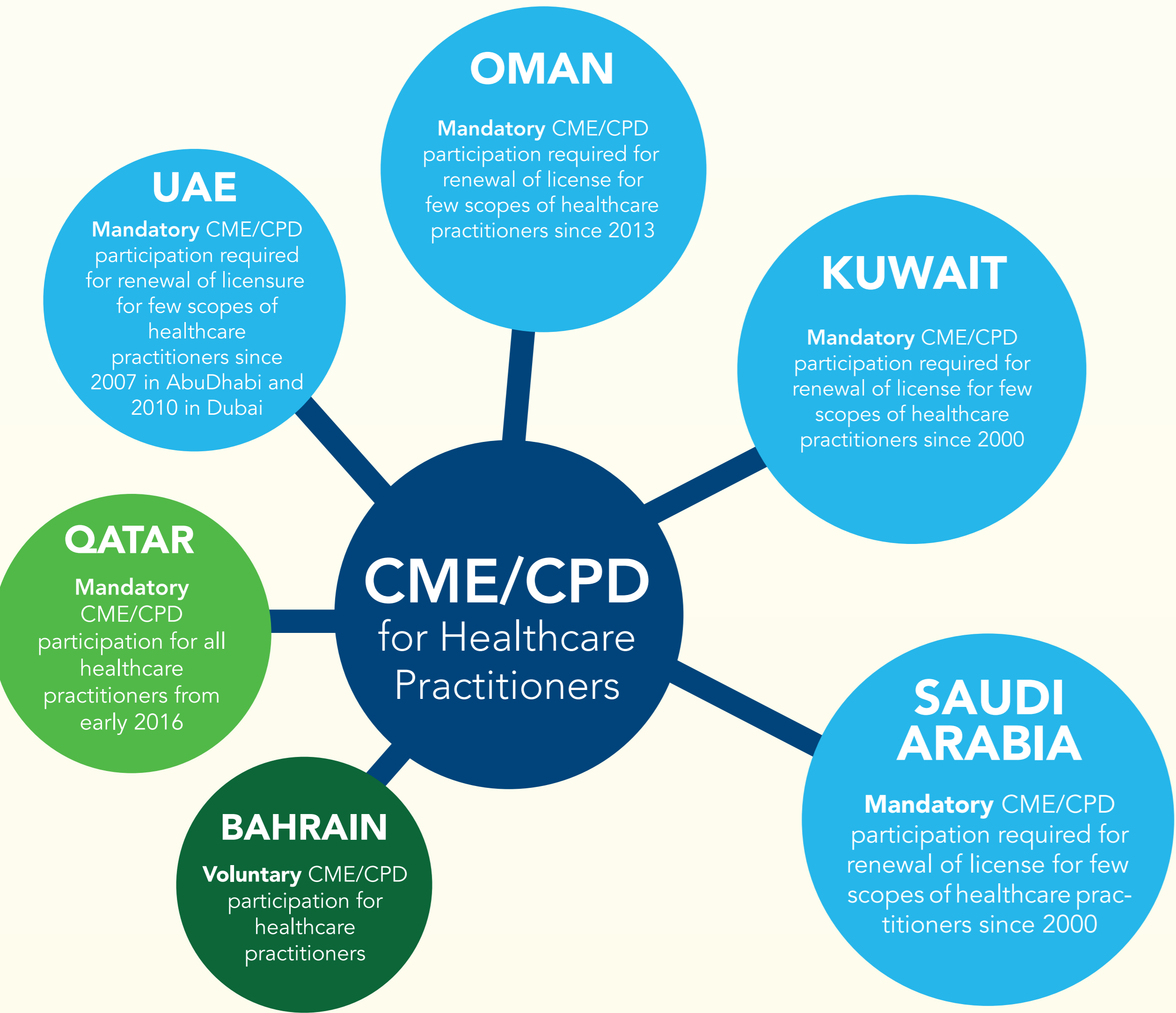
BACKGROUND:

The State of Qatar's National Health Strategy 2011-2016 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 for evaluating 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 engaged in mandating CPD framework for their healthcare practitioners as a quality improvement process.

The main objective of the study was to create a database of existing CPD systems among Gulf Cooperation Council (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 CPD accreditation system that includes both provider-based and activity-based accreditation.



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.
- Linked to renewal of licensure for all healthcare practitioners.
- Promote inter-professional 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 all stakeholders in decision-making throughout the development process to ensure the system achieves the intended goals.
- Collaborating with international bodies to enable the system to adhere to best practice.

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 CPD system was obtained from multiple sources including publications (i.e. mainly monographs, guides or papers published in the 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 CPD framework and credit system; relevant CPD policies and regulations; systems or processes for reporting CPD activities; and the existence of a CME/CPD accreditation system.

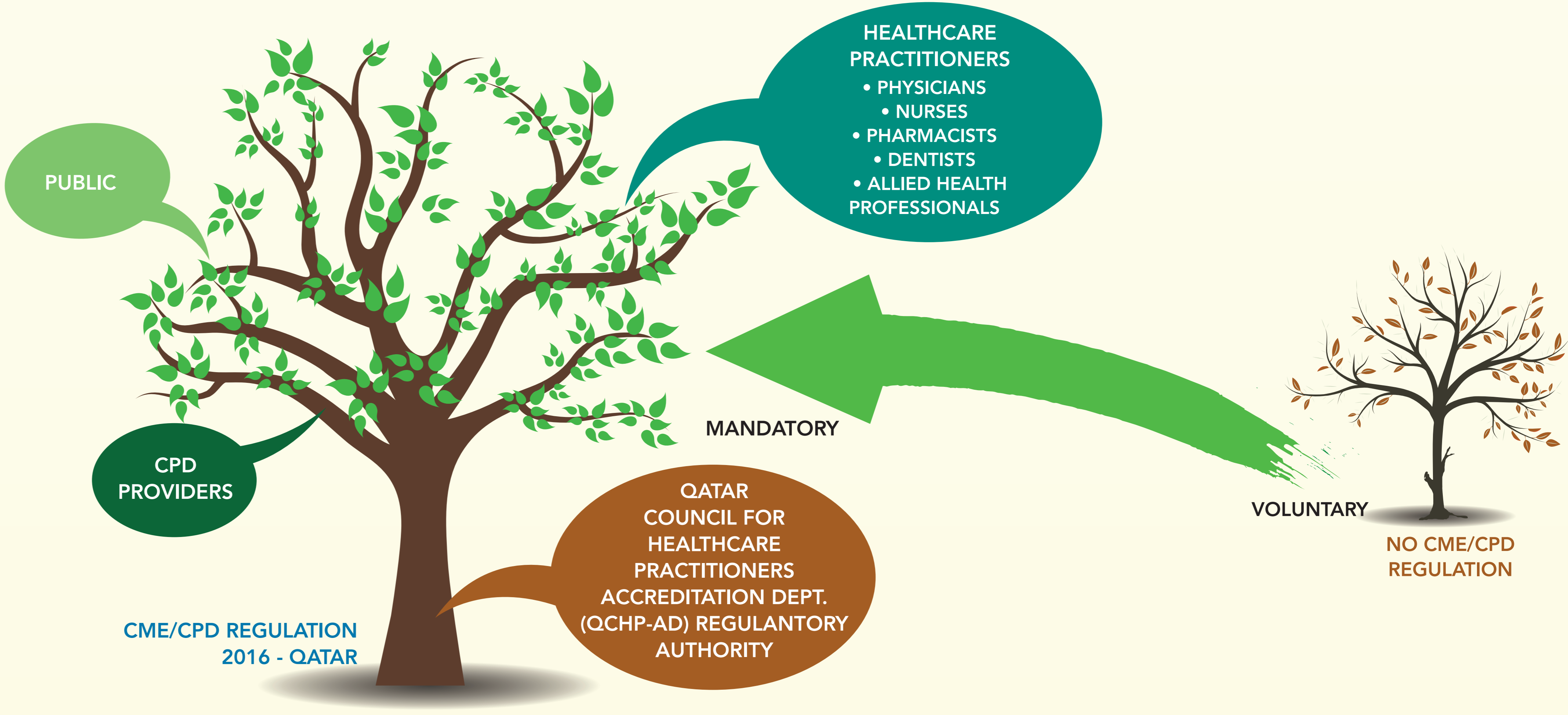
Data analysis was then conducted to identify key elements of current CPD framework and accreditation systems across GCC countries.

CME/CPD Requirements across GCC Countries

CME/CPD Credit requirements per year	Saudi Commission for Health Specialties (SCFHS) Saudi Arabia	Kuwait Institute for Medical Specialization (KIMS) Kuwait	Health Authority Abu Dhabi (HAAD)	Dubai Health Authority (DHA)	Oman	Bahrain	Qatar
Mandatory/Voluntary	Mandatory since year 2000	Mandatory since year 2000	Mandatory since January 2007	Mandatory since July 2010	Mandatory since 2013	Voluntary	Mandatory in 2016
Physicians & Dentists	40	50	40	30	40		40
Pharmacists	25	25	20	15	30		40
Nurses	20	-	20	20	20		40
Allied Health	-	-	10	10	20		40
Technicians	10	-	-	-	10		40
Traditional, Complementary & Alternative Medicine	20	-	10	10	-		-

RESULTS: Key findings from the analysis included:

- Starting in 2000, mandatory CME/CPD systems have now been implemented in 4 of 6 GCC countries (excluding Qatar).
- The governance of the CME system varied 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 is provincial with not all provinces mandating participation in CME/CPD.
- Mandatory participation in CME/CPD varied by profession: physicians and pharmacists in all 5 GCC countries followed by nurses (4), allied health and traditional complementary and alternative medicine (3) and technicians (2).
- The key characteristics of the CPD frameworks across GCC countries are the promotion of continuous engagement in 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 either by pharmacist and nurses (see Table 1).
- Both online and manual submission of credits was a requirement in 4 GCC countries.
- The development of CPD accreditation systems was more limited 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.



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