Editorial

Continuing Medical Education of the Physician

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This was the theme for the year 1989 for the Ceylon College of Physicians. It was indeed appropriate that the Journal of the Royal College of Physicians of London in July 1989 in it's editorial wrote "Medicine has long been regarded as one of the 'learned professions'. But is it and if it has ever been, should it still be so?. . . much has happened to change a learned profession into a learning one. . . Young and old doctors should therefore see themselves as members of an endlessly learning profession."[1]

The need for continuing medical education seems obvious. The need to learn of new advances in the physicians and related fields, in pharmacology, pathology and immunology, physiology and molecular biology is urgent. The need to develop communication skills, adjust to the ethical and moral issues raised by advances in molecular biology, the need to heed cultural traditions and the predisposition of different ethnic groups to disease, the need to learn to maintain optimum patient care within the framework of a given political and social environment, the need to assess quality of life and not only longevity, and the need for research especially in our context, on environment and health are some of the issues we as physicians must address ourselves to.

There are many methods available for continuing medical education. Reading of current journals and books is probably the most important. We in Sri Lanka are faced with the lack of availability and the inadequate accessibility even of the limited reading matter available. Journals and books are expensive and even the few libraries available in Colombo, Galle, Jaffna and Kandy are far from complete or even adequate. The funds available from the state for this purpose must of necessity be increased urgently, if the quality of medical care to the patients is not to suffer. The Ceylon College of Physicians in a small way with the help obtained from Dr. D. Davies and Dr. R. Banks via the Royal College of Physicians of London, has throughout the last 10 years distributed some medical journals to the small provincial clinical society libraries. This is certainly not enough and much needs to be done.

We can seek consolation that this lack of journals was even felt by Sir William Osler a hundred years ago, when he founded the first journal club in the Mcgill University in Montreal, 'for the distribution of periodicals to which the doctor could ill afford as an individual'[2]. Journal clubs are now a chief source of maintaining interest in medical progress among both senior and junior doctors[3] and as the Duke university study states is a powerful motivator of critical reading habits[4].

The time tested clinical demonstrations and clinico-pathological confer-

ences should be a part of any academic medical unit. Most clinical societies in the major towns of this country have some form of these meetings. The importance of the participation of both senior and junior doctors, and the clinical as well as the paraclinical specialities must be stressed, if some benefit is to ensue. The presentation of only the rarer problems is often a drawback.

The other time honored methods of medical education are the lectures, symposia, and discussions. The didactic lecture as a tool in continuing medical education has it's limitations since the full content is difficult to retain, unless some form of note is taken down or the listener is already familiar with the ground covered. Hence repetition in the form of an audio or better still a video cassette is often useful. In 1989 the college attempted to provide edited audio cassettes of it's continuing education lectures.

28 years ago a memorable conference was held on post graduate medical education at Christ Church, Oxford[5]. This conference stressed the need for organization of post graduate medical education. It emphasized the need to, provide an educational atmosphere in each NHS region, encourage all consultants to recognize their responsibilities for training junior staff, provide appropriate facilities in district hospitals for the education of all the doctors in the neighbourhood and the need for the establishment of post graduate education centres.

It also pin pointed the need to coordinate the very important activities of various organizations. The Colleges and the Medical associations and clinical societies in this country play a very important role, in publishing journals and updates, providing review lectures, seminars, and discussions, the sponsorship of orations and research papers to encourage research, and the provision of other methods of dissemination of knowledge such as by the use of audio cassettes. The faculties of medicine provide formal undergraduate and post graduate training programmes. It is indeed a great pity that the major health care provider in the country, the state, plays such a minor role in the sponsorship of these activities.

Sanazaro stated that continuing medical education is one link in the 'quality assurance chain'[6]. Rogers reminded us that the most up to date knowledge (K), and attitudes (A), does not necessarily mean translation into practice (P)[7].

It is with a view to this that medical audit has to be viewed. There are many interpretations of medical audit and many learned reviews[8,9]. Basically as Colin Coles states[10]. Medical audit is fundamentally educational. It takes note of what we do, learn from it, and changes if necessary. It improves patient care by achieving optimum outcome in the most efficient manner. It is also a method of economy. It eliminates procedures that waste time, resources and drugs.

It is urged that our physicians while encouraging continuing medical education, evolve some form of simple audit suitable to their practice.

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