

Compulsory CME to be implemented in Hong Kong from January 2005

From January 2005, CME will be made compulsory in Hong Kong. The decision by the Hong Kong Medical Council to make CME compulsory for all practising doctors came about in November 2001, following a 1999 opinion survey – conducted among all doctors – which proposed reforms on good medical practice, quality assurance and improvement to the complaint system. The majority of the doctors who took part in the survey responded positively in making CME compulsory.

The plan to make CME compulsory for all practising doctors is to be implemented gradually over a 10-year period. The actual compulsory CME programme will commence in January 2005, after the 3-year voluntary CME cycle ends in October 2004.

Similar to the CME point accreditation system in Singapore, Hong Kong counterparts can achieve their CME points through various means like attending lectures, self-study, journal reading, group meetings, seminars and conferences, attending courses and via on-line learning.

Doctors who comply with the CME requirements will be awarded with a “CME certificate” at the end of the year. They are also allowed to use the title “CME Certified” in their practice.

However, doctors who have not attained 90 CME points by the end of 2007 will be given a grace period of a year to attain 120 points by the end of 2008.

For those doctors who fail to achieve the targeted points, 4 possible consequences were proposed:

- ✦ Rejection in the renewal of practising certificates
- ✦ An imposition of a \$1000 fine
- ✦ An imposition on the conditions of practice
- ✦ A requirement to undergo assessment or examinations.

Eventually, it was decided that linkage to renewal of practising certificate is the most transparent and

implementable measure to undertake. The exemptions to the above rulings are when doctors are on overseas list, under provisional registration, retired, absent from practice for prolonged periods because of illness or vacation.

(Source: Newsletter, The Medical Council of Hong Kong Issue No. 7 Nov 2002)

Petition to Regulate Resident Work Hours

In the United States, a consumer watchdog group, a medical students association and a committee representing interns and residents filed a petition to the Occupational Safety and Health Administration asking for the restriction of work hours for doctors. The petition asked for an 80-hour work week, one day off per week and shifts that are no longer than 24 hours. The petition cited data linking long work hours to depression, automobile accidents and adverse pregnancy outcomes. Results show that remaining awake for 24 consecutive hours is equivalent to having a blood alcohol level of 0.1% in terms of negative effects on cognitive function. The petition was rejected and the matter was referred to the Accreditation Council for Graduate Medical Education.

(Source: FP Report December 2002 Volume 8 No.12)

Trouble with Third Party Payers

Family physicians in the United States are complaining about their difficulties with third party payers. Data collected by the American Academy of Family Physicians showed that the main complaints include “late payment” and “bundling of services”.

(Source: AAFP Direct 22nd November 2002)