

CME Programme for Practising Doctors who are not taking CME Programme for Specialists

Frequently Asked Questions (FAQs)

The following FAQs were first promulgated in a letter of 12 October 2001 from the Chairman of the Education and Accreditation Committee to doctors whose names were not included in the Specialist Register.

Question 1: If I want to participate in the CME Programme for practising doctors who are not taking CME programme for specialists, what should I do?

Answer 1: You should register with **ANY ONE** of the CME Programme Administrators accredited by the Medical Council. After enrolment, you can participate in or attend CME activities which attract CME credit points provided by various CME programme providers. The Medical Council has accredited a number of CME Programme Providers and their CME activities have already received accreditation by the Medical Council.

Question 2: Can I register with more than one CME Programme Administrator ?

Answer 2: No, registration with more than one Administrator will cause confusion and lead to double counting of CME scores.

Question 3: Who is going to determine how many credit points should be allocated to the activities provided by the CME Programme Providers accredited by the Medical Council?

Answer 3: The CME Programme Providers will award credit points for their own CME activities according to the guidelines laid down by the Medical Council.

Question 4: Will I get credit points for attending CME activities provided by associations or institutions other than those CME Programme Providers accredited by the Medical Council?

Answer 4: If the CME activities of associations or institutions have obtained prior accreditation by **ONE** of the CME Programme Accreditors approved by the Medical Council, these CME activities will gain credit points. The award of credit points for all CME activities will follow the guidelines laid down by the Medical Council. However, you are advised to note if such CME activities have been accredited, and that such information has been clearly displayed.

Question 5: If I am registered with a CME Programme Administrator which is also accredited by the Medical Council as a CME Programme Provider and a CME Programme Accreditor, but I attend programmes organized by other CME Programme Providers and activities accredited by other CME Programme Accreditors, will my CME Programme Administrator refuse to recognize the CME scores for which I obtain from attending other accredited CME programmes?

Answer 5: No, CME Programme Administrators are only responsible for vetting, documenting and calculating the CME scores for doctors registered with them during the CME cycle and reporting the total CME credit points to the Medical Council. Hence, the CME credit points determined by any CME Programme Providers and any CME Programme Accreditors should be recognized by all CME Programme Administrators and properly recorded.

Question 6: Are there any minimum requirements on the credit points to be achieved by practising doctors per year and during the three-year cycle?

Answer 6: At this stage, there is strictly speaking no minimum requirement. However, practising doctors who have accumulated at least 30 credit points per year will be awarded a Certificate to state that they have achieved a satisfactory level of CME activity during a particular period. Such a certificate can be displayed inside the doctor's office. In addition, it has been discussed that those practising doctors who have accumulated at least 90 credit points during a three-year cycle will be allowed to use the title "CME certified" on their visiting cards.

Question 7: When will the Medical Council conduct review of the CME Programme for practising doctors who are not taking CME programme for specialists?

Answer 7: To ensure that the quality of the CME programme is up to the standard required by the Medical Council, a review by the Medical Council shall be carried out whenever it is deemed necessary. The first review shall be carried out six months after the implementation of the CME programme, i.e. 1 April 2002. The effectiveness and acceptability of the entire CME programme for practising doctors shall be reviewed upon completion of the three-year cycle.

The following FAQs were promulgated in the 9th Issue of the Medical Council's Newsletter in February 2004.

Question 1: Whether a CME activity with a duration of 1.75 hours should be given 1.75 CME points or just 1 CME point as section 2.3 of the guidelines issued by the Council specifies that "2 points per hour for active and 1 point per hour for receptive participation in education activities"?

Answer 1: CME activities which last for 0.5 hour or more will be counted as 1 hour. For those CME activities with a duration of less than 0.5 hour, say 15 minutes, the 15 minutes should not be counted.

Question 2: In the event of a multiple lectures programme lasting for two days, whether CME scores should be accredited on the basis of per day or per programme?

Answer 2: CME scores should be allocated on the basis of per hour.

Question 3: What is the criterion for classifying a CME programme to be a “half day programme”? For instance, should a programme starts from 1400 hours but lasts until 2000 hours be regarded as a “half day programme” or a “whole day programme”?

Answer 3: CME credit points should be allocated to CME programmes on an hourly basis in case of doubt.

Question 4: Whether CME points should be allocated to a CME activity lasting more than 1 day on an hourly basis or in accordance with the maximum rules set out in the Council’s guidelines?

Answer 4: Section 2.3 of the guidelines prescribed by the Council on the CME Programme, i.e. a maximum of 10 points for a programme lasting 2 or more days, should only apply to meetings and conferences. In regard to certificate courses, CME points should be allocated on the basis of per hour. For instance, a doctor who had attended all the sessions of a certificate course, comprising 10 lectures of 2 hours each, would be awarded 20 CME points. For a CME programme proclaimed to be a certificate course, it should be structured with comprehensive syllabus, interactive, consisting of smaller group of participants, and that enrolment before the introduction of the course would be necessary.

Question 5: Whether CME activities have to be accredited prior to their commencement?

Answer 5: Yes, all CME Programme Providers/Accreditors are reminded that all CME programmes should be accredited and advertised for information of all doctors before their commencement.

Question 6: Whether the requirement of prior accreditation of active and receptive CME activities was applicable to overseas CME, publication and self-study?

Answer 6: Whilst CME activities held in Hong Kong should be accredited and advertised for information of all doctors before their commencement, retrospective accreditation should be considered for overseas CME, publication and self-study. Doctors should submit an application, together with supporting documents, for accreditation of overseas CME activities they had attended to one of the three CME Programme Accreditors as soon as practicable. The result of accreditation should be made known to, recognized and accepted by the other two CME Programme Accreditors in order to avoid any deviation of assessment in respect of the same activity.

Question 7: Whether the maximum rules stipulated in section 2.3 of the Council’s CME Guidelines (i.e. 2 points/hr of active CME, 1 point/hr of receptive CME, a maximum of 3 points for a half day programme, a maximum of 5 points for a whole day programme and a maximum of 10 points for a programme lasting two or more days) governed combined active and receptive CME? For instance, a doctor attending a 3-day conference for which he was also a presenter in one of the conference sessions (lasting for one hour) should be awarded 10 CME points or 12 points in accordance with section 2.3 of the Guidelines?

Answer 7: In the example quoted above, since the doctor who participated as a presenter in the conference had to do some preparatory work beforehand, he should be given another 2 points for the 1 hour presentation in addition to the CME points he received for attending the conference. Therefore, the doctor should be awarded 12 CME points in the above example.

Question 8: Whether a doctor attending a certificate course which started before his CME cycle should be awarded the CME points in full or should he be awarded CME points in part, counting on a pro-rate basis or on actual course hours that he spent during his CME cycle?

Answer 8: The CME points to be awarded to the doctor should be calculated on a pro-rata basis.

Question 9: How many CME points should be awarded to a web-based CME programme as the total number of hours required for completing the included quiz section by a doctor might vary?

Answer 9: CME Programme Providers should seek the programme designer's advice on the average time needed to complete the programme by a doctor before deciding how many CME points should be accredited. One CME point per hour should be given for the web-based CME programme.

Question 10: How many CME points should be awarded to a doctor who had participated in a CME programme in both active and receptive manners?

Answer 10: In order to encourage more non-specialists to act as speakers in CME programmes and to recognize the additional efforts made by these speakers in preparing the presentation materials beforehand, a doctor who was also a speaker/presenter in a CME programme should be given CME points (2pts/hr) for his active participation in addition to the CME points he would receive in respect of the same CME programme for his receptive participation in accordance with section 2.3 of the Council's Guidelines, provided that the CME points given for his active participation did not exceed 50% of the CME points he received for his receptive participation in that particular CME Programme.

{The list of questions and answers is by no means exhaustive. The answers are for general reference only and are not legally binding.}