The Continuing Medical Education Program of the Japan Medical Association: Its history and future prospects

JMAJ 54(4): 205–209, 2011

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Key words Continuing medical education program, CME Curriculum, CME Completion Recognition Certificate

Introduction

Physicians have a responsibility to expand their own knowledge, refine their technique and constantly improve themselves throughout their career in order to practice in the fast-evolving fields of medical science and healthcare. Physicians should be motivated to pursue a lifelong education on their own initiative. To effectively facilitate the self-learning and training, the Japan Medical Association (JMA) provides a continuing medical education (CME) program.

Our CME program is intended to stimulate and enhance physicians' interest in training, and raise the trust of society by highlighting physicians' efforts to study.

History of JMA's CME Program

JMA established the CME Promotion Committee as an advisory committee to the JMA president in 1984. Based on the committee's deliberations, the CME Program was launched in 1987 with the three pillars of self-reporting, emphasis on healthcare issues, and emphasis on hands-on learning through cooperation between hospitals and clinics.

An accrediting system was introduced in 1994, and certificates began to be issued in 1995. The program was further enhanced with the introduction in 1997 of the consolidated reporting system*2 to local medical associations, aiming to continually raise the self-reporting rate.

The JMA shifted its focus to diversifying and augmenting the learning content. The JMA's official monthly journal, Nippon Ishikai Zasshi (Journal of the JMA) posts questions on specific themes, to which CME participants submit answers to the JMA via postcards (since 1999) or through the Internet (since 2002). In 2004, e-learning system was introduced, in which the participants learn by texts and video lectures and answer questions online. Preparing questions for the national exam for medical practitioners and serving as a supervisory physician were also recognized as credit units.

As such, the JMA CME program has been steadily expanded to support healthcare in Japan since its launch in 1987.

From the stance of respecting self-motivated, independent learning by individual physicians, this CME program has consistently been a self-reporting program. However, the reporting rate, which is often used to assess the program, was 74.0% in 2008, and has hit a plateau in recent years. Of all the participants, 56.4% of the JMA members have earned a CME certificate, or only about 40% of all physicians who are currently practicing.

The fact that physicians are so intimately

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*2 In the consolidated reporting system, local medical associations directly keep records of credits earned by their members at lectures and other learning opportunities, and submit a list of records annually to the JMA after confirming the records with each member.

involved in citizens' lives and health makes continuing education for physicians different in fundamental ways from continuing education in many other occupations. As areas of expertise are divided into narrower sub-specialties, continuing education for physicians determined to keep up with the fast-evolving medical science and healthcare advances helps to guarantee the patient safety and security. At the same time, citizens demand that physicians unflaggingly demonstrate their willingness to learn in a visible manner.

To meet these social demands, there were growing calls for changes and improvements to the CME program that would earn more approval from the public. Accordingly, with the aim of raising the level of the program, the JMA's CME Promotion Committee revised the program based on proposed implementation guidelines devised after an exhaustive review of the program to objectively ensure the quality of the learning experience based on a curriculum compatible with advances in medical science and healthcare. The new program began on April 1, 2010.

However, immediately after the start of the program, misgivings were voiced that the new program did not eliminate concerns about links to the accreditation system for comprehensive medical practitioners that the national government is targeting, that it is difficult for highly specialized physicians, such as optometrists, otolaryngologists, and dermatologists, as well as hospital-employed physicians aspiring to become specialists, to obtain the credential, and that the paperwork was complex. Requests for changes were made at the JMA's board meeting on April 20, 2010, and in response, the CME Program Investigative Commission made up of JMA executive officers was established at the JMA executive Board meeting held on April 27.

Taking into account the aforementioned observations and the fact that many members had already earned credits and curriculum codes based on the implementation guidelines, by attending meetings of several specialist societies of the Japanese Associations of Medical Sciences in April, the Investigative Commission deliberated and agreed upon the following three points. (1) It should be widely known that the JMA's CME program is completely different from the accreditation system for comprehensive medical practitioners. (2) The requirements for the JMA's CME Completion Recognition Certificate should be modified from "earning 30 credits and 30 curriculum codes" to "earning a total of 60 credits and curriculum codes" so that highly specialized physicians, as well as hospital-employed physicians aspiring to become specialists, can obtain the certificate. (3) The JMA's CME program is intended to support physicians' personal development. The implementation guidelines were revised in June 2010 after being approved by prefectural medical associations (**Fig. 1**).

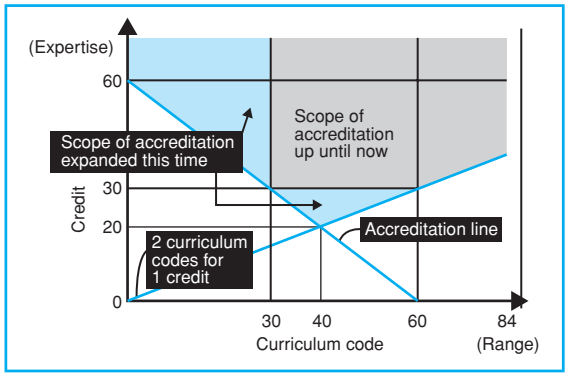

Fig. 1 Expansion of accreditation scope after June 2010 revisions

Differences from Previous CME Program

The main changes made to the new program since 2010 were as follows.

1. 84 curriculum codes were set up in accordance with the JMA CME Curriculum 2009, distributed to all members in April 2009.
2. Up until this point, a CME Certificate was issued for 10 credits earned in one year and CME Completion Recognition Certificates were issued to physicians who earned a CME Certificate for three consecutive years. Under the new program, the CME Certificate was replaced by a Credit Certificate (an annual report of earned credits and curriculum codes), and a CME Completion Recognition Certificate is issued to physicians earning 60 or more credits and curriculum codes in total (the same curriculum code cannot be added twice).
3. It is clearly indicated that one credit is equivalent to one or more hours of learning time.

4. An evaluation system was introduced for credits earned through self-study programs such as the Nippon Ishikai Zasshi and e-learning.
5. The CME Completion Recognition Certificate is specified as having a three-year term of validity.

All members eligible for a CME Certificate in fiscal 2009 will be issued a CME Completion Recognition Certificate dated December 1, 2010. The term of validity will be specified as expiring on November 30, 2013.

Summary of JMA's CME Program 2010

Program eligibility: In principle, JMA members are eligible for the program, but non-members can also participate. Physicians may participate immediately after earning their medical license in order to ensure broad participation in the program. (This means that a physician may receive a CME Completion Recognition Certificate as early as three years after obtaining a medical license).

Credits: One credit is equivalent to learning time of one hour or more (the smallest credit is 0.5 for 30 minutes).

Curriculum code: Based on the CME Curriculum 2009, 84 curriculum codes are designated as study areas. Up to two curriculum codes are granted per credit. Curriculum codes will only be counted once, even if participants earn the same curriculum code more than once.

Method of earning credits and curriculum codes:

- Answering questions posted in the Nippon Ishikai Zasshi
- Answering questions posted on e-learning
- Attending lectures, seminars, workshops, conferences
- Hands-on learning (observations of autopsy and operation, clinical conferences, and other learning through hospital-clinic and clinic-clinic cooperation)
- Serving as a supervisory physician in undergraduate and postgraduate clinical training programs
- Preparation for national medical exams
- Writing of medical papers and books

Duration: All credits and curriculum codes earned in a fiscal year (from April to March of the following year) are reported.

Reporting procedure: Same as procedures through fiscal 2009; depending on the region, participants use the consolidated reporting system, or send a self-report form to local medical associations.


見本

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第000000号

日医 太郎 殿

あなたは日本医師会生涯教育制度の
研修に努められました。
ここにこれを認定します。

認定期間　平成22年12月1日～平成25年11月30日

平成22年12月1日

社団法人 日本医師会

会長 原中勝征

Fig. 2 JMA's CME Completion Recognition Certificate

Credit Certificate: Based on the credits and curriculum codes reported by the last day in April, a Credit Certificate noting the credits and curriculum codes earned, is issued around October every year.

CME Completion Recognition Certificate: CME Completion Recognition Certificate with a three-year term of validity is issued to those who have had a total of 60 or more credits or curriculum codes for three years in a row (the same curriculum code cannot be added twice) (**Fig. 2**).

Background of Revisions to JMA's CME Curriculum

The JMA's CME curriculum was prepared in 1992 as a guideline for physicians pursuing lifelong education, and was an addition to the previous independent selection of issues. The curriculum, conforming to the pedagogical model, specified general objectives and behavior objectives. Subsequently, in 1995 the healthcare issues were significantly expanded, and in 1999 areas that all physicians should know, regardless of specialty, were designated as basic healthcare issues, while the previous healthcare issues were revised and developmentally reorganized. Moreover, in 2001, the medical science issues that had not been revised in 1999 were revised, and the course of medical procedures was viewed as a

single process. These processes were summarized as key components of healthcare.

The CME Curriculum 2009, which represents the fourth revision, went through several stages before completion. First, the CME Promotion Committee prepared a draft from fiscal 2006, which was then revised from summer 2007 into a curriculum draft with the participation of three related academic societies (the Japan Primary Care Association, the Japanese Academy of Family Medicine, the Japanese Society of General Medicine) and, as observers, the Japan Geriatrics Society, Japan Physicians Association, Japan Pediatric Association, and Japanese Board of Medical Specialties.

In spring 2008, the curriculum draft was presented to the 47 prefectural medical associations, the 105 societies (at that time) belonging to the Japanese Association of Medical Sciences, and the Association of Japanese Medical Colleges for their opinions. After reflecting these opinions, with the addition of "nasal drainage and nasal congestion" and "bed sores," among others, the draft was finalized in January 2009. The CME Curriculum 2009 was enclosed with the April 2009 edition of the Nippon Ishikai Zasshi and sent to all members, and was also posted on the JMA's website to ensure its diffusion and familiarity.

This was first revision in eight years, and during that time there had been astonishing advancements in medicine, so the curriculum was substantially revised to raise its overall level. In order for physicians to enhance their overall patient care, the curriculum includes lists of differential diagnoses and initial responses for symptoms and clinical conditions observed frequently in daily medical practice, taking into account characteristics for ages (children, adults and the elderly) and gender. The curriculum also describes the steps to take to ensure that a patient is referred to a specialist at the right time and that physicians provide evidence-based healthcare when continuing to manage a case him/herself.

The curriculum is to be used in physicians' lifelong education so that they can review the curriculum and set an objective for their independent study, and then pursue their studies by attending courses and lectures without favoring any particular content.

Prefectural and municipal medical associations are asked to use this curriculum when planning and preparing JMA's CME lectures and various other seminars. The JMA also develops diverse learning methods based on this curriculum, such as planning special features for the Nippon Ishikai Zasshi and providing e-learning.

CME Program's Learning Strategies

This section provides a brief summary of the ways in which physicians can earn credits and curriculum codes in the JMA's CME program.

Lectures, seminars, workshops, and conferences: Local medical associations carry out many scholarly lectures. For example, 2,315 lectures were given in fiscal 2008 by the 47 prefectural medical associations. Since fiscal 2004, JMA has offered CME lectures in a seminar format on the same topic nationwide.

The lectures cover wide range of topics, covering medical sciences such as diagnosis and treatment of lifestyle-related diseases, infectious diseases, dementia, to healthcare system such as social insurance, long-term care insurance, specific medical checkups and health guidance, emergency medical system, and patient safety.

Supervisory physician in clinical exercise and training: Many medical departmentsand medical universities incorporate clinical exercise in local medical facilities in the curriculum for undergraduate medical students. Clinical training in local medical facilities is also required in the residency program for physicians in training.

Becoming a supervisory physician not only means that the physician will become involved in new medical education, but will also be able to learn by teaching and thus continue his/her own education.

Answering questions in Nippon Ishikai Zasshi: The Nippon Ishikai Zasshi selects basic topics in various fields essential in everyday medical practice, and features topics by putting together articles including minutes of a round table talk and review articles from the general to the particular.

About 171,000 copies of the journal are published for issuance on the first of each month. Special editions (JMA's CME Series) are published twice a year (in June and October). Readers can test their own understanding of the content by answering questions related to the feature topics of monthly and special editions ranging across all fields.

JMA e-learning: JMA e-learning is available

for the members and other CME participants at CME on-line (http:www.med.or.jpcme) on the JMA's website, and provides several distance learning formats.

In addition to the CME courses involving follow-up questions taken after watching approximately 30 minutes worth of footage, the e-learning program includes follow-up questions on healthcare guidelines provided through Medical Information Network Distribution Service (Minds), and an eTraining center for clinical trials carried out in cooperation with the JMA Center for Clinical Trials.

Hands-on learning: Hands-on learning includes learning in affiliations between hospitals and clinics, case study sessions, and small study groups working on skills, and was accepted for credit since the CME program was designed in 1987.

However, subsequently the scope of eligibility for medical fees was expanded for the evaluation of hospital-clinic and clinic-clinic affiliations. Accordingly, the CME Promotion Committee determined that "activities for which compensation is received will not be considered as hands-on learning" in the JMA's CME program. The Committee will be required to consider setting clearer standards regarding the scope.

Preparation of questions for national exam for medical practitioners: It is recommended that, as part of their continuing education, physicians with substantial clinical experience in community healthcare participate in the preparation of problem sets for national exam for medical practitioners and the development of good physicians for Japan.

Writing of medical papers and books: Various accomplishments such as the writing of medical papers and medical books are also considered to be part of continuing education.

Future Prospects

The JMA's CME program has steadily expanded for the 23 years since it was launched in 1987 to support healthcare in Japan, and this progress should not be halted. Indeed further adjustments and improvements are essential to adapt to the advances in medical sciences and medical practice. As such, the CME Promotion Committee continues to deliberate on such issues.

JMA is opposed to the medical license renewal system, which has been recently discussed by the Japanese government. But judging from the fact that a teacher license renewal system was adopted in April 2009, and current public sentiment, there is a good chance that demands for a medical license renewal system will increase, given the excessive reporting of medical accidents by the mass media. We believe that, the JMA as the professional organization should work to guarantee that medical standards are maintained, not the government. Accordingly, medical organizations must objectively demonstrate to society their willingness to upgrade CME programs on their own initiative so that this debate over a medical license renewal system will be null.

At the same time, the Guidelines for the Establishment of a Medical Specialist Program (Third Edition, December 2009), compiled by the Japanese Board of Medical Specialties, states that "in the future, lectures by the Japanese Board of Medical Specialties or the JMA could be added to training for the renewal of medical specialist qualifications." This should be discussed in the future.

As an academic organization, JMA must unflaggingly focus its efforts on raising the level of CME program to guarantee the quality of physicians and ensure that medical standards are maintained. The JMA significantly revised the program in 2010, and will continue to work in cooperation with specialist societies and other relevant organizations to meet the expectations of citizens to ensure the quality of healthcare providers so that local residents can feel reassured when they receive healthcare.

Conclusion

The JMA's CME program enables physicians to actively participate in self-learning with a sense of mission. Our efforts will lead to confidence among local residents that they are receiving safe healthcare.

We hope that more physicians will participate in the CME program and work together with the JMA.