The Journal as a provider of continuing medical education

In Hong Kong prior to the establishment of the Hong Kong Academy of Medicine, higher training in a medical specialty consisted of being sent to the United Kingdom or Australia for a period of about 6 months. During this time, the trainees prepared for the membership or fellowship examination of one of the Royal Colleges, and at the same time got some experience through their 'attachment' to certain hospitals. As most of these trainees had already spent several years as Medical Officer, the sojourn in London or Sydney usually marked the end of their trainee status, with promotion to Senior Medical Officer shortly after their return. Their membership or fellowship diploma would from then on enshrine their specialist status.

Opportunities to obtain local continuing medical education were few and far between. Individual departments had 'grand rounds' and specialist societies had 'scientific meetings'. For a few 'opinion leaders', there were overseas meetings, the attendance of which was usually sponsored by the drug industry.

One of the main impacts of the Hong Kong Academy of Medicine has been, through its statutory powers, to make specialist status a locally defined entity. With it came the requirement that to maintain such status, a medical practitioner has to attend 30 hours per year of approved continuing medical education activity, or CME for short.

The majority of approved CME activities are passive. Attendees sign in at a lecture given by some local or overseas experts. Until recently, many of these lectures were industry sponsored, leading to a surfeit of meetings on topics like the treatment of cancer or hypertension, and a dearth of meetings on the clinical or pathological sciences.

Fortunately, scientific meetings or forums organised by individual societies and colleges, as well as by the two universities, are helping to ensure that some balance is maintained. Increasingly, Hong Kong has also become a favourite destination for international conferences where cutting-edge knowledge, as well as CME points, can be gained. The snag to these large meetings is that anyone can sign in, leave within minutes, and still be able to collect multiple CME points in the process.

For active participation, the opportunities are more limited. Some colleges award double points to the speaker or chairman of a lecture. Some colleges award points for 'self-study', some for publications, and some for performing audits or other approved activities.

Three years ago, this Journal began the publication of 'CME papers'. Essentially, these are articles which are felt by the Editorial Board to have particular relevance to the practice of medicine in Hong Kong. Readers will have noticed that in every issue we insert an answer sheet which, if they have access to a fax machine, will help them gain one or two CME points. Unfortunately, not all of the Academy's 15 constituent Colleges subscribe to this simple and practical idea. As a result, only about 2% of our readership return their answer sheets.

How else can this Journal help to provide CME? Globally there seem to be two other ways. One is to commission articles specifically for this purpose, but the diversity of our readership makes this method quite unappealing. Another method, which deserves more lobbying, is for the Colleges to award CME points to our reviewers.

Every year we engage hundreds of reviewers who give their time and expertise freely to scrutinise and enhance the articles we publish. As a result, the *Hong Kong Medical Journal* stands among the few journals in our region to be Medline-indexed. The process of reviewing a paper can be as laborious as preparing a lecture, yet to our reviewers we offer nothing more than a standard thank-you letter. A more meaningful token would be a couple of CME points. The costs are peanuts and at least 4% of our readership would benefit. Americans and Singaporeans are doing just that!

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