

Hong Kong Academy of Medicine

From CME to CPD

Frequently Asked Questions

1. What is CPD?

Development of competencies relevant to the practice profile of a practitioner that may change over the years, and professional development endeavours are directed at enhancing his quality of care and the delivery of safe standard of practice.

2. Why CPD?

CPD encourages active participation in CME/CPD activities, which is more effective in changing one's behaviour/practice, and discuss and review their CPD with others. It provides flexible and wider choices of learning to Fellows. The Academy wishes to let Fellows adopt the CPD programme that is most appropriate for their practices.

3. How do we move from CME to CPD?

The definition of CME would be gradually expanded and made comparable to CPD in broad terms. Starting from 1 January 2008, all Colleges would cap the passive CME points allowed at 75 points or below per cycle. Fellows would have to include some other CME/CPD activities into their CME/CPD cycle. Starting from 1 January 2011, tentatively, Fellows must obtain some points in activities like quality assurance, medical audits, mortality and morbidity meetings, or those activities involving improvement of patient care. The contents of CME/CPD will be expanded to cover other non-medical professional development activities such as knowledge and skills relating to relevant laws, information technology, clinic management and interpersonal communication.

4. What are the major changes of CME/CPD for 2011?

Mandatory component - Fellows must obtain some points in activities like quality assurance, medical audits, mortality and morbidity meetings, or those activities involving improvement of patient care

Wider Choices of Learning - Contents will be expanded to cover other non-medical professional development activities such as knowledge and skills relating to relevant laws, information technology, clinic management and interpersonal communication

From CME to CPD: Milestones

■ 1st Jan 2008

- Capping of 75 points maximum for passive CME to encourage Fellows to do other activities

■ 1st Jan 2011

- Further capping of participation as attendee of meetings
- Certain activities become mandatory (QA, Audit, M&M and those activities that would improve patient care)