

Is continuous medical education really continuous?

Dear Editor

Mohammed Nemat should be praised for his editorial on continuous medical education in the recent issue of the journal. (1) His points are valid and arguments clear. Yet the situation remains that many countries in the world have inadequate systems of continuous professional development. BMJ Learning was proud of its contribution to continuous professional development in Iraq and laments the fact that this was not sustainable into the long term. In the meantime we remain keen to develop arguments regarding the importance of continuous professional development. There are many such arguments and yet the single most important one is surely the impact of continuous professional development on the quality of care that a healthcare professional can provide. Continuous professional development can enable healthcare professionals to learn new knowledge and develop new skills but funders of this activity are understandably and rightly interested in care quality improvement and so this is what we as providers of continuous professional development must concentrate on. (2 3)

The best way to do this is to find out the learning needs of healthcare professionals, to provide learning that is based on these needs, and to encourage users to put their learning into action for the benefit of patients. It is also worth remembering that high quality care is provided by teams and so continuous professional development must address team needs also. Continuous professional development must encourage the development of team working and communication skills and, where feasible, should be carried out in teams. Practice change brought about by continuous professional development should be sustainable, and so learners should develop methods of embedding best practice in institutions. Lastly it should be remembered that continuous pro-

fessional development is important and yet on its own is not enough. It must be accompanied by other components of clinical governance – including albeit not limited to quality improvement, risk management and multisource feedback.

In the meantime we are keen to continue to develop links with Iraq at all levels – from academe to quality to research. We also look forward to sharing our experiences in these fields, and to learning from the real life experiences of Iraqi healthcare professionals themselves.

Yours Sincerely

Kieran Walsh

FRCPI, Clinical Director of BMJ Learning.
BMJ Learning,
BMA House,
Tavistock Square,
London WC1H 9JR
Email: kmwalsh@bmj.com
Telephone: 0207 3836550
Fax: 0207 383 6242

References

1. Nemat M. Is continuous medical education really continuous? *Iraqi New Medical Journal* 2015; 1 (2): 1.
2. Walsh K. Online educational tools to improve the knowledge of primary care professionals in infectious diseases. *Education for Health* 2008;21 (1): 64.
3. Shojania, K.G. Continuing medical education and quality improvement: a match made in heaven? *Annals of Internal Medicine* 2012; 156: 305-308.