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CMAJ's new online continuing professional development course

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amuel Clemens is reputed to have said, "I never let my schooling interfere with my education." The efficacy of organized education is rightly debated, and no more so the variety known as continuing medical education, or continuing professional development (CPD) to use the current euphemism. Evidenced-based educators tell us that traditional continuing education does not appear to change practice patterns at the bedside. In the midst of serious inquiry into the best ways to educate practising physicians¹ has come pressure on the self-regulating bodies to monitor their members and assure the public that they are keeping up to date. Consequently, in addition to the ethical imperative to maintain knowledge and skills, physicians now face the threat of losing some of the letters after their names if they don't.

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada have each recently revised their requirements for CPD that physicians must meet if they are to continue to be accredited. For example, in addition to spending 50 hours a year in continuing medical education activities to maintain college membership, family physicians must now spend 24 hours in enhanced Maintenance of Proficiency (MAIN-PRO-C) activities every 5 years in order to maintain certification (www.cfpc.ca/cme/mainpro/mainpro.asp). Fellows of the Royal College must earn 400 credits selected from a variety of educational options over 5 years under the Maintenance of Certification Program (rcpsc.medical.org/english /maintenance/programinfo/index.php3). Didactic methods such as attending rounds or reading medical journals receive less credit than do more active undertakings such as

reviewing personal learning objectives before rounds or participating in small-group discussions. For a CPD course to receive accreditation at these higher levels, it must assess and respond to the individual learning needs of the participants, support and facilitate interaction between peers and require participants to measure the impact of the course on their practice 3 months down the line.

These new criteria have implications for physicians as they familiarize themselves with college requirements and for course developers as they design courses in accordance with these requirements. They also have implications for medical journals as they try new ways to package medical knowledge while still upholding the standards of peer review and open access. The availability of *CMA7* in an electronic format allows us think about delivering knowledge in different ways.

Last year *CMAJ* embarked on a process to bring online CPD courses to the journal. We consulted physicians who had successfully run accredited CPD courses online,²⁻⁴ we sought guidance from university continuing education offices, we paid attention to the criteria and accreditation process outlined by the colleges, and we sought out and transformed traditional workshop material for online delivery. Along the way we met and collaborated with an unexpected number of enthusiasts: authors willing to spend time converting their material into an online curriculum, educators candid about their lessons learned, community physicians keen to facilitate discussions with their peers, and agencies willing to sponsor initiatives to educate physicians for the benefit of public health. We are grateful to everyone who helped us.

From these efforts comes our first of what we hope will

be many online CPD courses. It is an email-based small-group discussion on the health effects of outdoor air pollution linked to a review article in this issue (see page 1161).⁵ The online course, offered at a cost of \$50 and limited to 30 participants, starts May 1, 2002, and runs for 4 weeks. Participants can take the course from their home or office computer at their convenience. Those who complete the course will receive 6 MAINPRO-C credits or 6 Section 1 Maintenance of Certification credits from their respective college. Instructions for registration, which can be done by phone, fax or email, appear in the ad at the bottom of this page or on our Web site (www.cmaj.ca).

We are starting small, but we are starting. The lessons learned from this experiment will be applied to a second course, on occupational asthma, which is already on the horizon.

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Competing interests: None declared.

Acknowledgements: We thank Alan Abelsohn, Tom Barnard, David Chan, Brian Gibson, Ted Haines, Tom Kosatsky, Sandra Leith, Gary Liss, Manson Mak, J. Neil Marshall, Darlyne Rath, David Ryan, Margaret D. Sanborn, Harvey Skinner,

David Stieb, the Air Quality and Health Division of Health Canada, the Departments of Public Health Sciences and Family and Community Medicine, University of Toronto, the Ontario College of Family Physicians Environmental Health Committee, the Canada Mortgage and Housing Corporation and the International Joint Commission Health Professionals Task Force for their contributions to the development of this online CPD course.

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