

CONTINUING EDUCATION AND QUALITY ASSURANCE

Faculty of Medicine, National University of Singapore, is to be congratulated for the excellent task in the review of the undergraduate curriculum in 1980. One of the most important and far-sighted recommendations is that the medical student should be instilled the philosophy of "expecting himself to be a student all his life and of recognising the need to keep abreast of current developments and willing to accept responsibility for his own learning and for the continuing evaluation of his performance as a physician". The desire and ability to upgrade oneself continuously throughout one's professional life is especially vital in medical profession as the knowledge acquired during one's undergraduate days will soon be out of date after graduation. Therefore to launch a young doctor on the public with only a qualifying diploma to guarantee life-long competence in the length and breadth of medicine is now, and probably was, totally inadequate. The flood of new medical knowledge turning out yearly has made it impossible for any doctor to read them all, much less assimilate them. This realisation has prompted the medical profession in many parts of the world to mount a major effort in continuing education as many doctors firmly believe that continuing education enhances the doctors' abilities to provide high quality medical care and failure to keep up through continuing education makes competent performance virtually impossible.

Continuing education alone cannot necessarily itself assure competence in practice unless it is directed to specific areas of deficient knowledge or performance. To identify these areas of deficiencies, objective study is required. And this process of objective quality assessment is popularly known as medical audit. Once deficient areas are identified by objective quality assessment, action should be taken to remedy them to ensure the provision of high quality

medical care. For the protection of patients, more and more criteria of competence have been brought in as medicine itself becomes more and more complex. Therefore the profession has increasing responsibility in the matters of quality assurance for doctors, and of the need to demonstrate to the public an interest in public accountability. Unless this is done voluntarily within the medical profession, the public will very soon impose compulsory audit on us as they are more and more aware of the "patients' rights". Fundamental among these rights is the assurance of quality. Already in some countries, powerful public interest groups are demanding greater and more explicit public accountability by the medical profession and hospitals. They have weighed the medical profession's performance and self-regulation in the balance and have pronounced it wanting.

In Singapore, we are fortunate that many of our professional bodies such as Academy of Medicine, College of General Practitioners, Specialists Societies and Singapore Medical Association are already fully aware of the need of continuing medical education. They have benefited many members of our medical profession for years by providing continuing medical education programme in the form of lectures, clinical meetings, seminars and conferences. Of course, there is still room for improvement and a lot more should be done to get more doctors to attend these meetings by ensuring the programme is both interesting and appropriate to their need. As for the new concept of medical audit and quality assurance, it is time that the same professional bodies should take an increasing interest. Our first task is to convince our members of the need and urgency of a voluntary quality assessment and assurance programme before it is imposed on us.

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