

Focused CMES – Need to change from broad to subspeciality centric CMES

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Doctors are lifelong learners whose interests are shifting from specialization to hyper / super specialization. During the second half of 20th century, surgical field gave way to specialities focused on the individual systems such as Orthopaedics, Neurology, Gastrointestinal, Cardiac, Vascular, Thoraic, Urology, etc. Over a period, subspecialities blossomed in these specialities. In Orthopaedics, the divide is between Trauma, Joint replacements, Sports medicine, Spine and Oncology. Within these subspecialities, the divide grew further like arthroscopy specialists involving only a single joint, Replacements surgeons categorizing between primary and secondary replacement surgeons and joint specific trauma surgeons. This arborescence seems growing continuously in fields of medicine. This could be due to the fact that every individual has specific areas of preference and expertise owing to their own interests, training, influence of a mentor, or the exposure to the cases. With increasing specialized procedures, it is difficulty for one to be an expert in every domain of his profession. With the trends in management changing day by day, it is necessary to stay in touch with recent updates and Continuing Medical Eductation (CME) are the most widely used means to spread the message. Continuing medical education (CME) help in continuous learning for doctors to address gaps in their professional practice.

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These meetings are held regularly across the country in all specialities. With the latest move of state medical councils of having a minimum number of points for renewing the license every year, CMEs have gained more attention (1,2). But should there be a change in the way these CMES are conducted? People have started attending these conferences to gain points more than the need to imbibe knowledge. Most of the national conferences are held over a period of 4-5days which act more like a family vacation with an official leave. This results in the meetings losing their essence and importance. This is partly due to the way they are conducted. Due to the narrowing fields of interest of doctors, having focused Subspecialty centric CMEs seems to be the answer. Also the manner in which the points are awarded has to change. CMEs with workshops wherein the doctors gain in hand experience should be a priority. Instead of having didactic lectures on broad topics (3), CMEs with case based discussions and take home messages are the answer.

Ever evolving technologies have resulted in having high quality web-based CME courses. These have the advantage of catering to people far off, and help in cutting down the expenses and at the same time spread knowledge. These online CMEs have proven to be equally effective

as face to face modelled CMEs with high rating of participants (4). Many systematic reviews support an evidence-based approach to designing CME so as to meet its goal of improving patient health outcomes (5). While the learners will

is the key to achieve the goals regardless of the ode of presentation.

The Asia Pacific Musculoskeletal Tumor

continue to select the educational model

that suits their need, having focused CMEs

The Asia Pacific Musculoskeletal Tumor Society (APMSTS) is an international multidisciplinary society which encompasses specialists, practitioners and allied health workers in the field of musculoskeletal oncology in the Asia Pacific region.

APMSTS was initiated at 7th International Symposium of Limb Salvage Surgeons (ISOLS) meeting in August 1993 in Singapore by then President of ISOLS, Professor Robert WH Pho.
The first meeting of APMSTS was held on July 12-13, 1995 at Tokyo, Japan. Since then

July 12-13, 1995 at Tokyo, Japan. Since the the meeting has been held every 2 years in various countries across the Asia Pacific region.

India for the second time plays host to APMSTS MEETING. This 12th version of Asia Pacific Musculoskeletal Tumor Society Meeting is being held at Jaipur from 04 Oct to 07 Oct 2018 with the theme of "Education-Collaboration-Innovation". This meeting is co-hosted by the Indian Musculo Skeletal Oncology Society (IMSOS). Prof. Ajay Puri is the current President of both, APMSTS and IMSOS and the meeting is being conducted under his stewardship. Dr. Ashish Gulia as organizing secretary will ensure an exciting and informative scientific programme that encompasses plenary lectures, interactive discussions, free papers, posters presentations and exhibits. We are sure this will be a memorable and focused meeting which strengthens the fact that focused group meetings deliver better than large conferences

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