

Continuing Medical Education Activities of the Kumamoto Medical Association

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The annual number of medical lectures held in Kumamoto Prefecture is over 800. The Kumamoto Medical Association (KuMA) awards a certificate of credits for Japan Medical Association (JMA) continuing medical education (CME) programs based on a review by its board. Of these lectures, 212 were sponsored by the KuMA, and 420 were jointly sponsored by the KuMA and municipal medical associations. The number of study sessions held independently by various specialist societies including ophthalmologists, obstetricians/gynecologists, pediatricians, and orthopedic surgeons was 105.

Features of the CME Programs

CME programs in many local areas are held by the KuMA in collaboration with municipal medical association hospitals and core public hospitals in the local communities, not as conventional one-way communication, but as a proactive type of study like experimental activities to have the most advanced medical knowledge as well as collaboration of hospitals and clinics.

This began as clinical training programs in university hospitals 20 years ago and has recently been providing programs independently designed by medical association hospitals and public hospitals. It was made possible because the medical association hospitals or common-use facilities of the KuMA were built in a good location that is accessible to the municipal medical associations. The contents of the programs are subject to the review of the CME Committee of the KuMA to encourage more members to join.

The number of participants, however, has



leveled off with some facilities and regions always seeing the same faces. This may be the time for total revision of the program.

Kumamoto Promotion Council for Diabetes Control

In 2005, the JMA set up the Japan Promotion Council for Diabetes Prevention and Countermeasures jointly with the Japan Diabetes Society and the Japan Association for Diabetes Education and Care, and advocated diabetes control measures by regional medical associations. The KuMA elected a board member who serves as officer in charge of diabetes control. This board member formed a team consisting of a board member in charge of health checkups and other members, and created a committee that included Japan Diabetes Society-accredited specialists and members of the Japan Association for Diabetes Education and Care, in consultation with Professor Eiichi Araki, a specialist engaged in diabetology education at Kumamoto University. This committee has been working as the Kumamoto Promotion Council for Diabetes Control.

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Its efforts are focused on measures to control the increasing number of diabetic patients in this region through collaboration with the health promotion division of the prefectural government.

This council is attempting to promote collaboration between hospitals and clinics, including university hospitals, public hospitals, private diabetes care facilities, and diabetes society-accredited specialists, to advise diabetes-prone individuals to take health checkups and to provide counseling for diabetic patients in order to prevent them from dropping out of diabetes treatment. The council also encourages doctors including ophthalmologists, urologists, general internists, pediatricians, dermatologists, orthopedic surgeons, and obstetricians/gynecologists to study diabetes more deeply and obtain at least a certain level of medical knowledge about the disease, with the cooperation of diabetic specialists. These efforts successfully lead to establishment of a regional network in which severe patients are referred to diabetes specialists and patients in remission return to their family doctors. In this system, cases of acute exacerbation and progressive complications of diabetes are referred to university hospitals or other medical institutions that are capable of providing higher levels of specialized diabetes treatment. This system of treating diabetes is regarded as an effective model in major diseases addressed in the healthcare plan of the prefecture.

The development of a program of team healthcare that is based on the collaboration of co-medical workers including dentists has been proposed as a future strategy, with a view to creating a broad base of collaborative healthcare involving the industrial, academic, and governmental areas.

We hope that all members of the KuMA who are interested in collaborative work for diabetes treatment obtain a certificate of the training program to improve the measures to combat this specific disease from every aspect of its care. We have a program in the medical study courses that is designed only for doctors related to diabetes treatment. Basic course A is focused on the current situation of diabetes in Japan, diagnosis and treatment of the disease, management of complications, and collaboration with diabetes specialists. Course B includes case conferences designed to provide information on how to deal with mild diabetes, management of micro-vascular

complications of diabetes, and the use of insulin therapy. Diabetes specialists from university hospitals or public hospitals also hold lecture meetings in local areas of the prefecture with the same contents using slides.

At present, 179 members are listed on the URL of the KuMA as accredited doctors in diabetic care authorized by the Kumamoto Promotion Council for Diabetes Control. Further improvement of the training programs is required.

A Recent New Activity

The Kumamoto Medical, Health and Welfare Organizations' Council, which has its office in the KuMA, was set up in 1991. This council served as the basic body to create a liaison medical society of the prefecture with the help of 21 healthcare-related professional bodies including medical associations, dental associations, pharmaceutical associations, nursing care associations, and associations of occupational therapists, physical therapists, radiologic technicians, and clinical health laboratory technicians. It held its first medical conference in March 2008.

The council held a symposium on the main theme "Current status and problems in collaborative work of the medical, health, and welfare sectors." More than 1,200 individuals participated in the two-day symposium, attracting a great deal of attention from the mass media. The general public also look forward to the achievements of this council.

The Japanese Medical Society of Primary Care had been founded prior to the establishment of the above liaison council. The Kumamoto Primary Care Study Group that works in cooperation with this society was set up in December 2001. This study group consists of the aforementioned healthcare-related professional bodies, and has planned and managed annual study sessions. The Study Group has a steering committee of representatives from various professional bodies, and the themes of the training programs and the contents of workshops are determined every year with the approval of this committee. In 2006, for example, after the keynote speech on "Collaboration among different professions to minimize needs for long-term care," workshops were held under the themes of 1) locomotion function, 2) nutrition, 3) oral care, 4) dementia, 5) depression, 6) withdrawal at home, and 7) home visit

projects. A workshop took place that allowed every participant from any type of profession to select the themes they desire. In 2007, the keynote speech was on “Changes in terminal care and problems in primary care” and workshop themes included 1) home visit nursing care, 2) home visit rehabilitation training, 3) home visit healthcare, 4) oral care, 5) domiciliary care, and 6) mental care.

KuMA Medical Courses

The KuMA has been providing medical education programs jointly with its municipal medical associations. For these programs, the municipal medical associations play the main role in planning the study sessions and determining the date and venue of the session. The KuMA introduces instructors appropriate for the theme, and a board

member in charge of academic affairs accompanies people from municipal medical associations to attend study sessions and convey a message from the president of the KuMA to the participants. The study session has been held every year for the past 20 years.

Although the number of participants is not sufficient in some areas, the themes of these lectures have been determined by the boards of municipal medical associations taking members' requirements into account, without being subjected to one-sided provision of information or commercialism from pharmaceutical companies. These study sessions have dealt with timely topics that may attract the most attention of its general members. These great efforts put into the sessions are highly evaluated because they reflect the deep dedication of local healthcare providers.