Introduction
Licensure and registration are the traditional approaches of profession regulation to ensure the minimally acceptable standards of care. However, due to the advanced technology, knowledge obtained during basic training may rapidly become out of date. There is a global trend for a compulsory requirement for Continuing Medical Education (CME) and Continuous Professional Development (CPD) to maintain professional competence.

Objectives
To explore doctors’ perceived needs and attitudes towards continuous professional development.

Methodology
A postal self-administered questionnaire survey was conducted in 2015 among a random sample (2,459) of all medical doctors listed in the up-to-date registration obtained from the Medical Council of Hong Kong.

Result
A total of 870 doctors returned questionnaires, with a response rate of 35.4%. The results showed the majority of doctors (over 90%) perceived the importance of continuous professional development to keep their knowledge and skills up-to-date. However, just above half (52.3%) agreed to introduce a compulsory CME CPD which is linked to the renewal of practicing certificates. Non-specialists were more likely to disagree with the requirement of CME CPD for renewal of practising certificates (only 30.7% agreeing) as compared to specialists (65.4% agreeing). Slightly less than half (47.2%) thought CME CPD should be included as one of the criteria for joining the government healthcare programmes. 64.3% of all doctors expressed that they encountered barriers to CME CPD learning. The non-specialists were more likely to encounter barriers as compared with specialists. The barriers to participating in CME CPD included time, convenience, workload issues as well as the concerns on the variable content, format and quality of CME CPD courses. Given the rapid
advance in medical practice and the demand from higher transparency and
certainty from the public, there is a need to enhance continuous professional
development for doctors in Hong Kong. In order to encourage doctors to take part in
CME CPD, there is a need to address the barriers to participating in CME CPD for
doctors in phase e.g. reviewing the content and formant and quality of CME CPD.
There should also be flexibility to facilitate doctors to participate Different enforcement
strategies can be considered. For example, apart from the deterrence strategy i.e.
removal of practicing certificate, compliance strategy using financial incentives in
making CME CPD as a criterion to join government initiated healthcare programme(s)
could be an alternative.