



International Association for Trauma Surgery and Intensive Care (IATSIC)

Statement on trauma CME/CPD courses

Background

Trauma CME/ CPD – Standardized, short (1-3 day) trauma CME (continuing medical education)/CPD (continuing professional development) courses improve trauma care knowledge, skills, and outcomes. Several courses exist, especially those that teach initial management of the injured patient, including ATLS (Advanced Trauma Life Support), NTMC (National Trauma Management Course), and (PTC) Primary Trauma Care, among other international courses and locally-run courses. These courses can all be considered as “*post-basic trauma skills*” courses.

Specific needs for trauma care - Most doctors who provide trauma care also need to care for other conditions. However, the urgency of trauma care and the fact that many skills will diminish unless used frequently creates a need for refresher courses that is more notable than for other conditions. This need is specifically met by the trauma CME/CPD courses noted above. These courses have specific benefits over courses developed by single hospitals or universities, in that they are externally-validated. Their curriculum and teaching methods have been vetted by a large number of experts from diverse backgrounds, the courses have accumulated experience over many decades, and they have outside oversight to assure quality and rigor. These courses also are complimentary to training received in medical school and post-graduate residency. Moreover, as training in medical school and residency may be variable as regards trauma skills, CME/CPD courses provide uniform, widely-applicable training.

Under-utilization of trauma CME/CPD – Ideally, all doctors providing trauma care should be currently credentialed in one such course. However, trauma CME/CPD courses are under-utilized, especially in low- and middle-income countries and especially in less-resourced public and rural hospitals. Reasons for such under-utilization include both **supply side factors** (e.g., number of courses, geographic availability, cost) and **demand side factors** (e.g., willingness and interest of doctors to take the courses).

Demand side policies – Several organizations are working to increase availability of courses and there has been advocacy to decrease the costs of courses, especially when conducted in LMICs (i.e. supply side factors). Limited attention has been paid to demand side factors.

IATSIC Recommendations

1. Surgical colleges and other surgical credentialing bodies should require successful completion of a standardized, externally-validated trauma CME/CPD course for graduation and/or certification of trainees.
2. Other medical specialties whose graduates provide a significant amount of trauma care (such as emergency medicine) should require successful completion of a standardized, externally-validated trauma CME/CPD course for graduation and/or certification of trainees.
3. Hospitals, networks of hospitals, or ministries of health should include current trauma CME/CPD course certification as a criteria for hiring, continued employment, and/or promotion for doctors providing trauma care.
4. When necessary, especially in locations where costs of courses are high compared to local salaries and where small percentages of doctors have taken trauma CME/CPD courses, governments should subsidize the costs of these courses.
5. Similar in-service training should be promoted for nurses providing trauma care.
6. General surgeons providing trauma care should have taken a course on advanced operative management, especially if they have limited experience with more difficult injuries.