

Evaluation of continuous medical education of medical officers in Sri Lanka: A case study

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Abstract

Introduction: Continuous Medical Education (CME) is the engagement of health professional in educational activities to support their continuing professional development. The situation in Sri Lanka shows that almost all the educational institutes related to health sector in Sri Lanka are providing variety of learning opportunities to improve CME programmes. However, there is a great opportunity for further streamlining this system.

Root cause analysis: Out of several key problems identified, "The National CPD Certificate is not well implemented" was selected as the priority problem for root cause analysis.

Conclusion: Findings concluded that absence of a health policy; absence of an efficient process; non - availability of a focal point; CME is not a requirement for registration, promotion or transfers; lack of sufficient academic facilities; limited E - learning facilities; inadequate encouragement; doctors are less motivated with no tangible gains; inadequacy of government funds; and inadequate material for reference were the root causes and recommendations were made accordingly.

Keywords: continuous medical education, medical officers

Introduction

Continuous Medical Education (CME) is the engagement of health professional in educational activities designed to support their continuing professional development which maintains, develops and increases their knowledge, skills, professional performance and professional relationships to provide a good quality service to the patients, public and to the profession.

"CME is a Bridge to Quality"

Medical schools and residency programs are the basic training of medical officers. For the rest of their careers, medical officers need to keep themselves updated with advances in medical science and in specific fields relevant to their own practice. Patients and society too expect to be assured that their consulting Doctors practice up-to-date medicine and offer them good quality care. Hence, physicians need an accredited continuing medical education to improve their practice and deliver high-quality, safe, effective and efficient patient care.

Research has shown that accredited CME is an effective tool for changing physician practice and patient care. Practicing evidence-based medicine too requires clinical expertise as well as proficiency in retrieving, interpreting, and applying the results of scientific studies to patients in order to use current best evidence in everyday practice. In this way, CME activities support health care professionals' commitment to lifelong learning and practice improvement.

CME is required for health care professionals in many developed countries for licensure, certification, credentialing, membership in professional societies, and other professional privileges. In contrast to the past with life time valid certification, currently many medical council certifications are time-limited, requiring renewal of certification every 10 years. This process includes adherence to professional standards, maintaining knowledge update through participation in CME, passing a recertification examination and assessment of performance

in practice.

Accredited CME covers the full range of topics important to health care. CME is designed to be relevant, effective, Independent and is based on the principles of adult learning. These activities need to be high-quality, unbiased, evidence-based, up-to-date, learner-driven, and produced in a variety of formats. CME can take the form of reading journals, attending lectures and seminars, rounds, small group work, audit, informal consultations with colleagues, interactive computer programs and practice visiting. They may take place as live events, written publications, online programmes, audio, video, or other electronic media. It may vary from national conferences to grand rounds hospitals to just-in-time learning at the patient's bedside.

Main objectives of a CME programme are to; Promote Team-based Education; Address Public Health Priorities; Enhance Skills; Demonstrate Educational Leadership; and Achieve Outcomes. CME activities are to be learner centered, and improve the ability of professionals to provide high-quality, comprehensive, and continuous patient care and service to the public and their profession. The expected outcome is to increase number of practitioners who implement a meaningful change in their practices. CME expects organizations to improve; inter professional collaborative practice, address public health priorities, create behavioral change, show leadership, demonstrate the impact of education on healthcare professionals and patients and quality and safety initiatives.

CME is a core component of continuous professional development (CPD). CPD covers a broader range of skills including education, training, audit, management, team building and communication. The CPD activities of practicing clinicians are integrated with practice based learning and improvement (PBLI) concept. The award of CME points contributes to improved participation at clinical meetings and conferences.

CME must be continuous and not opportunistic, erratic or

casual. CME appears to be useful at the acquisition and retention of knowledge, attitudes, skills, behaviours and clinical outcomes. Therefore, it is our responsibility to conduct comprehensive CME programs to educate the clinicians and to ensure quality assurance in clinical practice.

Current Situation in Sri Lanka

Medical Schools Recognized by the Sri Lanka Medical Council are Faculty of Medicine, University of Colombo, Peradeniya, Jaffna, Ruhuna, Kelaniya, Sri Jayewardenepura, Rajarata, Eastern University and Kotelawala Defence University. After the basic training of 5 years & 2 months in these faculties, graduates have to go through an internship period of 1 year to work in a clinical setting under the supervision of a consultant.

During the 1-year free period of pre internship, some induction training courses are arranged by the Ministry of Health in collaboration with the Government Medical Officers Association (GMOA). Good Intern Programme is one to provide the pre interns with National language training, Stimulation skills training & Hospital skills training.

Society for Health Research & Innovations (SHRI) has launched a variety of programmes with GMOA such as Language training programme with Tamil reading & learning manual & video, Sinhala /Tamil /English online dictionary and several books for pre-interns.

During the Internship, all the House officers are expected to participate in weekly clinical society meetings of their hospital to upgrade their knowledge and to share the experience with superiors.

Before the post intern appointments are offered, the doctors selected to specific posts such as Additional Medical Officers of Health (MOH), Medical Officers – Accident & Emergency, Medical Officers - Anesthesia, Medical Officers - Psychiatry, Medical Officers - Blood bank, Medical Officers – Medico legal, are given a special training for a period varying from 2 weeks to 6 months depending on the requirement.

After starting the work in the new post intern appointment doctors receive in service training such as In - service training for MOHs on Management of community health, Management training for Medical Officers In – Charge in Primary Care Health Institutions, Training on Health Systems Research for Medical Officers, Training on Educational Science for Medical Officers organized & conducted by National Institute of Health Sciences (NIHS).

In addition, Education, Training & Research Unit of the Ministry of Health (MoH) organizes both local and foreign training courses especially on Training & Research for Medical Officers. It has launched an e - learning management system in collaboration with NIHS. At the same time all the other central level units responsible for different programmes such as Family Health Bureau (FHB), Epidemiology unit, Health Promotion Bureau (HPB), Non-Communicable Disease (NCD) Bureau, Health Information Unit, Environment & Occupational Health Unit, Mental Health Unit, Youth, Elderly & Disability Unit etc. plan and implement training programmes both local and international for Medical Officers working in those specific fields. International Health Unit of the MoH receives international training programmes to be distributed among relevant specialty.

Medical Officers attached to clinical units of hospitals are frequently trained for Dengue Fever / Dengue Hemorrhagic Fever management, Disaster management, A&E / Emergency Treatment Units /Preliminary Care Units, management & Infection control etc. There is a Skills Development Programme coordinated by MoH and GMOA for developing Technical skills of Medical Officers in Operation Theaters, ETU, PCU and wards.

MOs attached to Public health units are trained for Family Planning by FHB, Gender Based Violence by FHB, Nutrition by Medical Research Institute, Healthy Lifestyle Centres by NCD unit and Health care waste management and Occupational & Environment health by Faculty of Medicine, Colombo. MOs attached to Quality management units are trained by the Quality Directorate on management of Health Care quality & patient safety.

Sri Lanka Medical Association (SLMA) has a Continuous Professional Development (CPD) portal for doctors to maintain & improve competencies & performance in diverse professional environments and it was included even in its 2015-2020 strategic plan. CPD Portal has a series of videos, lectures and interactive quizzes, SLMA guidelines and newsletters to update the knowledge.

Professional colleges of all the specialties organize variety of programmes such as college academic sessions, lectures, seminars, conferences, forums, peer groups meetings, teaching sessions and reading articles to expand knowledge, to introduce new diagnostic strategies, new treatments, clinical management and patient care, both for MOS and for members of the college. In addition, they conduct audits, publication of research articles / abstracts, e - learning programmes and encourage participation, as part of CPD programme.

Society for Health Research & Innovations (SHRI) has published clinical practice guidelines in CME for Diabetes, Dengue, Malaria, Acute coronary syndrome, Snake bites, Anti - thrombolytic therapy, Epilepsy, Hypertension, Stroke, Lower Respiratory Tract Infections and Hypercholesterolemia; prepared Study material for Efficiency - Bar exam for medical officers; organizes a Sinhala /Tamil language programme, Training of master teachers and training of post - internship MOs, MOs and pre internship MOs, in communication skills programme in collaboration with MoH, GMOA, HPB, NIHS & WHO.

The College of Medical Educationists (CME) improve the quality of medical and health professions education in the country by supporting the continuing professional development of health professionals by conducting workshops to improve knowledge and skills in curriculum planning and designing, teaching and learning, assessment and research. It provides professional help and assistance to institutions and programs on developing or improving their program curricular. It has organized workshops on work place-based assessment in collaboration with MEDAC and Peer Assisted Learning in collaboration with SLMA. College of Medical Educationists (CME) has stated Colombo Conference on Medical Education 2017, with MoH, National Science Foundation and Common Wealth Medical Association.

Medical Faculties in the country have started CME programmes for Doctors. They are the certificates and diploma courses such as; occupational health & safety programme, health care waste management, certificate of health nutrition & dietetics, certificate in biostatistics and

epidemiology, e - certificate in health programme management and e - diploma in quality management of Faculty of Medicine, Colombo and a Lecture series of CME programme in faculty of medicine, peradeniya.

The Sri Lanka Medical Association (SLMA) has introduced a National CPD Certificate (NCPDC) to Sri Lankan doctors to maintain the highest professional standards. NCPDC reflects good professional practice and has an advantage when looking for jobs abroad. The National Centre for CPD in Medicine (NCCPDIM) is currently functioning under SLMA and may come under the Sri Lanka Medical Council (SLMC) in future. Programme is funded by the Ministry of Health (MOH). Certificates are awarded based on a credit point scheme. Knowledge development, Skill development, Development of attitude and behavior, Personal development and Development into a self - directed reflective learner are the aspects where credits are collected. There is an increasing interest in ICT mediated distant learning for CME. Web-based learning is an attractive methodology for medical education which has led to improved clinical practice and improved clinical decision making as a result of web-based learning. Professionals are satisfied with the flexibility and the convenience for health professionals in the peripheral areas.

Evaluation

Maintaining lifelong knowledge and skills is essential for safe clinical practice. Continuing Medical Education (CME) is a method that can facilitate lifelong learning.

Above description shows that almost all the educational institutes related to health sector in Sri Lanka are providing variety of learning opportunities by conducting CME programmes. A considerable amount of funds are utilized to conduct these programmes. They have indeed contributed significantly for the existing capacity of medical professionals. However, there is a great opportunity for further streamlining this system from the perspective of all the stakeholders.

- There is an obvious deficiency in collaboration between these educational organizations.
- The pattern of providing the CME is ad-hoc with regard to the specialty, geographic distribution, length of service and continuity.
- There is no scientific method used for learning need analysis; the methodology for selecting trainees is not satisfactory making some committed MOs demotivated.
- Continuity and comprehensiveness of these programs have issues.
- Most of these programmes are still conducted centrally. Therefore, there is even a tendency among doctors in reluctance in participating in CME programmes due to time limitations and inconvenience due to long traveling.
- E - Learning programmes which can improve the access to professionals working in the peripheries and which can cater to a larger number of participants, are still in

the initial stage.

- Still, there is no functioning system for the Doctors in peripheries to share experience with consultants in close by secondary care institute via online system which is already proposed in cluster system approach.
- Further, the renewal of registration of MOs with the Sri Lanka Medical Council taking place every 5 years, does not need to fulfil any Continuous Medical Education.
- There is a pathway for grade II MOs to be upgraded to grade I without a requirement of following even a diploma.
- In addition, those who have selected a specific field and followed a diploma/MSc course have no chance of receiving a post related to the field in the next annual list of transfers.
- There is no system for performance appraisal for those who have engaged actively in CME.

All these factors have indirectly discouraged MOs to engage in CME.

Anyway, the new system known as “The National CPD Certificate (NCPDC)” introduced to Sri Lanka by SLMA and later would be led by SLMC is a new experience for doctors in Sri Lanka. This kind of CPD certification is now a common practice among many professional groups worldwide. It facilitates recognition by overseas countries, peer groups and the public; improves self-growth and satisfaction; develops proficiency and improves the position of the profession.

This process will naturally encourage educational institutions to formulate and collaborate their CME programmes in a more systematic way to cover all the medical professionals in the country and to provide them with a need based comprehensive & continuous medical education.

Problem Identification

Following key issues were identified

1. No streamlined system for CME
2. No collaboration between education institutions
3. The National CPD Certificate (NCPDC) is not well implemented
4. CME is appraised in grade promotions, transfers or renewal of registration.

Prioritization

In the prioritization process, using nominal group discussion among 4 trainee colleagues, it was decided to select one problem for in depth analysis by root cause analysis to find root causes and to make recommendations. “The National CPD Certificate (NCPDC) is not well implemented” was selected for this purpose.

Root cause Analysis

KII, Review manuals & guidelines and review of literature were carried out in this regard.

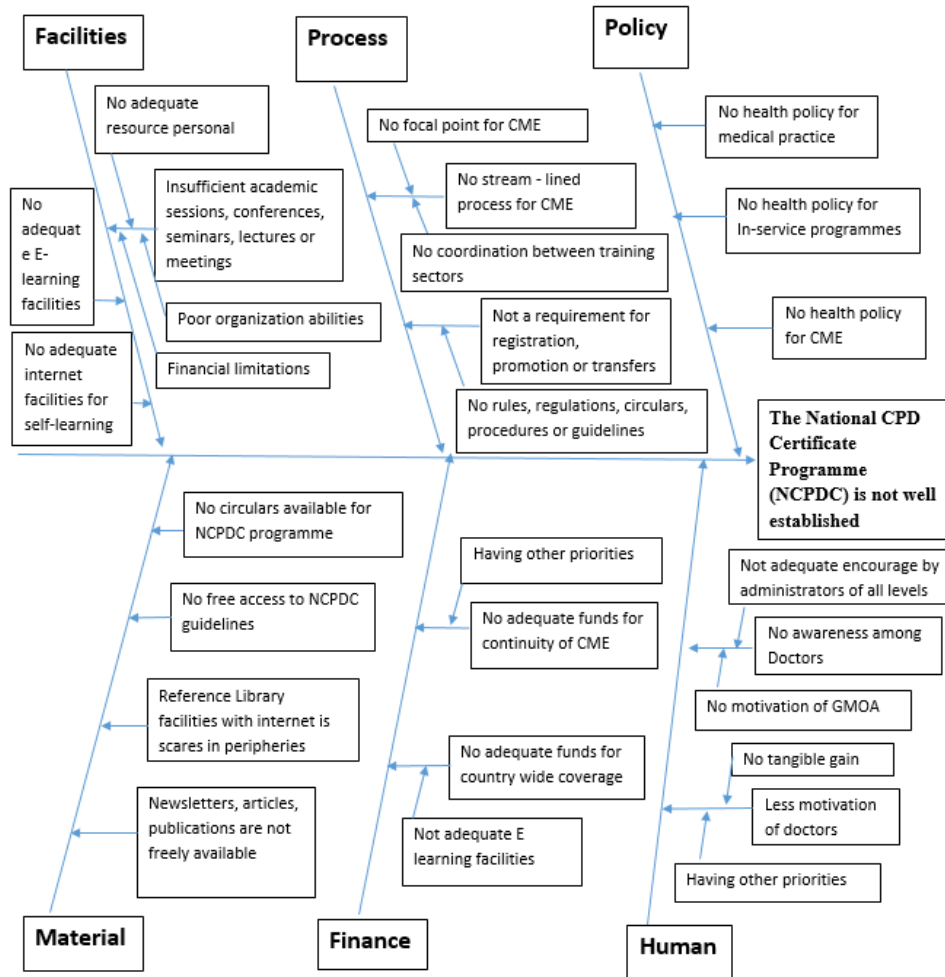


Fig 1

Conclusions

1. There is no health policy for CME, In – Service & Medical practice.
2. There is no streamline process for CME due to non - availability of a focal point for CME and poor coordination between training institutions.
3. CME is not a requirement for registration, promotion or transfers due to lack of rules, regulations, circulars, procedures or guidelines in this regard
4. There is no sufficient academic facilities such as sessions, conferences, seminars, lectures etc. due to insufficient resource personnel, poor organizing capacity and financial issues. There is limited E - learning facilities and internet facilities for distant education & self-learning.
5. Awareness among doctors about NCPDC is poor due to inadequate encouragement by administrators and GMOA.
6. Doctors are less motivated towards CME because there are no tangible gains and they have different priorities.
7. There is inadequacy of government funds for continuity and country coverage of CME activities because there are other health issues with higher priority.
8. There are no circulars, freely available guidelines, publications & library material for reference.

Recommendations

1. A health policy needs to be formulated for CME & CPD.
2. A focal point is to be established to streamline and coordinate the CME.
3. New rules and regulations need to be enforced for CME to be a requirement for renewal of SLMC registration, promotions and transfers.
4. More facilities such as financial support, organization support, resource personnel and E learning facilities should be provided to conduct institutional academic activities.
5. More material should be published, circulated and made freely available for adequate reference.
6. Administrators and GMOA should improve awareness and encourage doctors in engaging in CME and CPD up to certification.
7. Government allocation for CME should be increased and its distribution should be coordinated through a focal body for CME/CPD.

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