

**British Columbia Rural Physicians
Continuing Professional Development /
Continuing Medical Education
(CPD/CME)
Needs Assessment**

FINAL REPORT – EXECUTIVE SUMMARY

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Rural Education Action Plan

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Executive Summary

Introduction

A general lack of data on the current educational needs of rural physicians has created significant challenges for CPD providers responsible for designing, organizing and implementing rural CPD. This needs assessment provided a comprehensive summary of the educational needs of rural physicians in B.C. Findings presented in this report will help to inform the development of future rural CPD programs and has an aim to promote the establishment of an educational support system for rural physicians.

Environmental Scan

Rural physicians in many countries face similar barriers to accessing and participating in CPD. Many of the barriers are due to factors of geographic distance, locum coverage and financial cost. These factors, combined with limited health resources in rural communities, make it challenging for rural physicians to develop and maintain a wide range of clinical skills as well as keep up to date on new medical knowledge.

Methods

A multi-method approach was used in this needs assessment. Two parallel surveys were developed – one for GPs, one for specialists. This was followed by a series of focus groups and interviews involving a cross-section of rural physicians from across the province. The purpose of the survey was to gain a comprehensive understanding of the educational needs of rural physicians. Topics such as barriers and incentives to CPD participation, clinical and non-clinical learning needs, interprofessional education, and preferred delivery formats were addressed in the survey. Data from the survey was analyzed using the computer program SPSS 13.0. In November 2005, interviews and focus groups were conducted to validate and contextualize the survey findings. Content analysis was conducted using a step-wise, thematic approach.

Sample Characteristics. A total of 307 GPs and 141 specialists responded to the survey, producing a response rate of 31% and 28%, respectively. Twenty percent of respondents were female. The number of years in practice ranged from 0 to 50 and respondents covered each of the five health authorities. Five GP focus groups, four GP interviews, and five specialist interviews were conducted. The focus groups and interviews provided a cross-section of the five health authorities and involved a total of 35 rural physicians.

Findings

Key CPD Challenges

Challenges identified included time, locum coverage, and costs; timing and location of CPD events; and, for specialists, feelings of professional isolation.

Preferred CPD Content and Delivery Formats

For GPs, the top three learning need areas were emergency medicine, obstetrics and gynaecology, and psychiatry. Specialists ranked obstetrics and gynaecology, anesthesia, and emergency medicine as their top three learning need areas. Approximately two thirds of GPs

expressed interest in CPD focused on incorporating chronic disease management (CDM) tools into their practice, and one quarter expressed interest in CPD related to using Clinical Practice Guidelines for enhancing patient care related to CDM.

Both GPs and specialists identified hands-on, small group sessions as the preferred mode of CPD delivery. Small group formats enabled more interactive participation and in-depth discussions to occur between instructors and learners. With regard to CPD content, physicians preferred CPD to be relevant to a rural context and focus on the essential elements of what they needed to know. CPD offerings that showed a clear linkage between the subject matter and its applicability to daily practice were viewed the most valuable type of CPD.

Technology

There was strong support among physicians to receiving training in using personal digital assistants (PDAs) for a variety of purposes, such as looking up clinical practice guidelines and pharmaceutical information. There was also significant interest in the increased use and training in the use of the internet and computers to access CPD. Important factors identified regarding the integration of technology into rural practice were *cost effectiveness* and *ease of use*. Many mentioned their 'limited comfort' with new technologies (such as videoconferencing) and viewed the demands of having to learn a large number of new technologies as overwhelming. Infrastructure limitations were cited as having a negative impact on physicians' use of and interest in learning new technologies.

Roles and Responsibilities of CPD Organizations

UBC CPD-KT was viewed as most responsible for developing content and organizing and delivering CPD. In terms of setting standards, GPs considered the CFPC and CPSBC as most responsible for this task, while specialists viewed this role as most appropriate for the RCPS and CFPC. The health authorities and the BCMA were seen as most responsible for funding CPD by both GPs and specialists. Many physicians commented that the administration of CPD funds was very bureaucratic, lacked adequate promotion and was generally insufficient for covering actual CPD costs. GPs saw the CFPC and UBC CPD-KT as most responsible for publicizing CPD while specialists cited the BCMA. Both GPs and specialists noted that keeping abreast of upcoming CPD events was a major challenge.

Solutions

Physicians offered many solutions for improving CPD. To promote local CPD, the suggestion was frequently made that local specialists be recruited to teach CPD. This would reduce travel time, costs and strengthen local GP-specialist relationships. Suggestions to improve locum coverage included developing a pool of locums to cover physicians' practice responsibilities while attending CPD and providing assistance with locum coverage as part of CPD registration. Advice on improving CPD content included offering regular electives at local hospitals and creating a feedback loop between CPD providers and rural physicians when designing CPD programs. Lastly, a centralized body to manage and administer CPD funding and/or publicize CPD events was another frequently mentioned suggestion.

Discussion and Recommendations

Based on the findings, the following set of recommendations was developed. The recommendations were organized around the fundamental questions of *what* do rural physicians need and *how* can CPD be improved?

Recommendations to address *what* rural physicians need:

1. Establish and nurture linkages between rural practitioners and specialists in their referral area to ensure CPD is responsive to the needs of a rural audience.
2. Offer more interactive, small group CPD sessions; increase the time allotted for questions and feedback.
3. Increase awareness of rural needs and realities to urban specialists teaching rural CPD.
4. Encourage more rural specialists to teach CPD with adequate financial compensation and/or CPD credits.
5. If not currently available in RSA communities, promote access to high speed internet and make available decision support tools such as "UpToDate", PDA programs and videoconferencing capability.
6. Provide support for training physicians in the use of technology-enabled CPD such as basic computer skills and PDA usage.

Recommendations on *how* CPD can be improved:

7. Develop and maintain a directory of 'rural savvy' CPD educators who are familiar with rural practice and possess sufficient teaching skills to communicate their knowledge in a practical and engaging manner.
8. Establish a feedback loop between CPD providers and rural physicians to ensure CPD is responsive to rural CPD needs.
9. Provide more opportunities for enhanced skills training for rural physicians; ideally this would occur locally and be taught by local specialists. These 'enhanced skills' physicians might allow specialists more time to attend out-of-town CPD, enhance local GP-specialist relations, and promote more local health care.
10. Create an accessible central registry of upcoming CPD events. This could be an internet-based, searchable database of upcoming CPD events throughout the province. Rural physicians could view upcoming CPD opportunities and select the best event to meet their learning needs and practice demands.
11. Establish and support a provincial rural CPD office to centrally coordinate CPD opportunities. This body would possess a strong understanding of rural issues including avenues for rural CPD funding and teaching opportunities. Other responsibilities could include developing and delivering new rural programs, ensuring effective advertising of quality CPD events, and serving as physician liaison to answer questions about funding and upcoming CPD events. UBC CPD-KT in association with

its Northern Medical Program in Prince George is one organization that may be well-situated to perform this function.

12. Funding should be requested from Health Authorities or the JSC to explore the development and implementation of road shows, particularly using simulation technologies and addressing the topics of emergency medicine and obstetrics and gynaecology.
13. Create a central agency for administering CPD funding as well as providing information on funding programs available. The establishment of one, single process and one set of forms to administer rural CPD funds would streamline the administrative workload of rural physicians to receive compensation.
14. Consider increasing the amount of CPD funding available to rural specialists who need to travel farther to obtain the highest quality CPD in their field
15. Advocate for unused CPD funds to be reallocated at the individual health authority level to meet the diversity of rural physicians' CPD needs.

Conclusion and Future Directions

This needs assessment provided a comprehensive summary of what rural physicians within B.C. need from their CPD and how they think CPD can be improved. It also provided a better understanding of what types of educational activities, technologies and resources are most beneficial for rural physicians, given the particular context of practicing in a rural area. Overall, this project provided insight into how rural GPs and specialists think about and experience CPD as well as outlined some practical directions to CPD providers on what is required to increase user satisfaction and success with CPD.

Future research initiatives can be envisioned in two main directions: (1) further in-depth analysis of existing data collected by this needs assessment; and (2) new research and areas of exploration based upon the current findings.

In-depth Analysis of Existing Data

Several areas of potential significance to rural CPD were not included in this report, given the comprehensive nature of the needs assessment, and hence represent key areas of further analysis and reporting. Specific areas of investigation arising from our existing data set include an examination of rural physicians' CPD needs related to: chronic disease management, interprofessional education, occupational health, enhanced skills training, and existing CPD funding programs.

A detailed examination of the differences between rural physicians' CPD needs, based upon demographic groupings, represents another potential area of further in-depth investigation. Rural physicians are not a homogenous group, but have varying perspectives based on such factors as age, gender, stage of professional practice, cultural background, and location.

Directions for New Research

This needs assessment also provided a valuable starting point for initiating future research projects related to rural CPD.

Potential future research directions include:

- Detailed examination of rural physicians' CPD needs. Rural physicians are not a homogenous group, but have varying perspectives based on such factors as age, gender, stage of professional practice, cultural background, and location.
- A comparative study between rural and urban CPD needs in order to identify similarities and differences between the educational needs of physicians in B.C. This type of study could have a considerable impact on the design of future CPD programs (e.g., identifying topics where rural and urban physicians share similar needs and interests, facilitating co-learning between urban and rural physicians, etc.).
- Evaluating the impact of implemented recommendations.

Dissemination of the results of this needs assessment to CPD providers, rural physicians, and local CPD coordinators is an important next step of this research initiative.