CPD - The learning preferences of general practitioners

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Abstract

Introduction: General Practitioners need to stay up to date and to maintain professional competence. The Health Professions Council of SA has introduced a mandatory recertification system starting in 1999. Insufficient research exists locally to reliably identify the continuing professional development (CPD) habits of GP's in South Africa. This study was conducted to continue this search and measure GP's opinions about recertification.

Method: A descriptive cross-sectional survey was done by using a postal questionnaire. This was sent to the 110 GP's in private practice in and from the twenty surrounding towns that traditionally refer patients to the town of Worcester in the Western Cape.

Results: The results were analysed from the 70 questionnaires returned. The most popular forms of CPD were reading journals (94%), evening lectures (92%) and refresher courses (71%). 76 % were in favour of recertification. 17 % were hostile to the concept.

Discussion: The high response rate (64 %), and the data received, supplied answers to many of the questions that inspired the study. An attempt was made to understand why some doctors were against recertification.

Methods of introducing GP's to computer CPD were explored, after it was noted that only 20 % used the internet. The traditional CPD menu of lectures, journals and refresher courses remained adequate for the majority of GP's in the study.

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INTRODUCTION

Obligatory continuing professional development (CPD) in South Africa from 1999 onwards has introduced a new set of challenges and opportunities for the medical profession.[1] All medical practitioners registered with the Health Professions Council of South Africa (HPCSA) must now obtain at least 50 hours of CPD per year for recertification. General Practitioners (GPs) face particular challenges to stay up to date. They need to maintain professional competence and acquire new skills and knowledge in the fast expanding field of medicine, often at a distance. GPs also care for an increasingly knowledgeable public, with litigation for malpractice on the increase.[2]

CPD is concerned with the acquisition, enhancement and maintenance of knowledge, skills and attitudes by doctors. Its broad aim is to enhance professional performance and optimise the outcome of their practice. There are 3 types of CPD, namely the update model, competence model and performance model.[3] The update model, which simply aims to communicate and disseminate information, is the model most widely used in South Africa.

It is important that more is known about what general practitioners do in order to fulfil the HPCSA CPD regulations.[4] The aim of this study was to identify the CPD habits and preferences of GPs in 21 Western Cape towns and to discover their opinions on the new recertification regulations. This information will be useful to providers of CPD such as academics, government and journal editors.

METHOD

A descriptive cross-sectional survey was conducted by means of a self-administered, postal questionnaire. The target population was anonymous and consisted of all the 110 GPs in private practice in Worcester and the surrounding twenty towns, within 160 km, which traditionally use Worcester for referral. Permission for the research was obtained from the Ethics Committee of the University of Stellenbosch. The questionnaire, in English and Afrikaans, contained 9 questions on demographics (Table 1) and 23 on CPD activities, including time spent and degree of usefulness (Table II). It was sent only to doctors in private practice as those in the public sector have different CPD opportunities. Addresses were obtained from private hospitals,

Table I: Demographic characteristics of respondents		
1. Town of Practice	21 Towns, Worcester to Caledon and Ceres to Hermanus	
2. Age	27 to 72, mean 43 years.	
3. Sex	Male 86% Female 14%	
4. Academic Qualifications	MBChB	100%
	Other University Degree	10%
	MFamMed or equivalent	14%
	Double MFamMed or equivalent	1.45%
	One Medical Diploma	10%
	Two Medical Diplomas	1.45%
	Other University Qualifications	3%
5. What University did they qualify at?	Stellenbosch	69%
	Cape Town	13%
	UOFS	5.8%
	Pretoria	7%
	Natal	1.45%
	India	1.45%
6. What diploma or degree were they studying for at present?	13% studying for a Med. Qualification 1% studying for another qualification	
7. How many years have they been a GP?	Most = 45 years, least = 1 year. MEAN = 14.5 years	
8. How many years did they spend gaining experience between qualifying and commencing general practice?	Most = 12 years, least = 0 years. MEAN = 3.3 years	
9. Did they attend a GP vocational training programme?	Yes = 11.6%, No = 88.4%	
10. Language	Afrikaans = 82.6%, English = 17.4%	

directories and the Dept. of Health. The data was analysed by Excel® computer software.

RESULTS

Seventy completed questionnaires were returned, representing a response rate of 64%. The respondents were well qualified, with 15.5% holding a Masters in Family Medicine degree or equivalent, 11.5% holding diplomas from the Colleges of Medicine of SA, and 10% other university degrees. 13% were busy studying for a further medical degree.

The GPs spent an average of 15 minutes a day on CPD. The most popular CPD activity was reading medical journals, utilized by 94% for an average of 18 hours a year. 84% read journals for CPD. Evening lectures provided by pharmaceutical firms were attended by 92% and those provided by the medical profession by 78%. Refresher courses: at academic institutions were utilized by 71%. Textbooks were useful to 74% of GPs, and 75% found medical representatives helpful. 38% gave teaching lectures, and 39% attended medical congresses.

The response to the new legislation requiring all doctors to earn 50 CPD points per year was excellent. 30% said this was a very good idea. A further 46% found it a good idea, but added their own personal opinions such as: " too many or too few points needed", "journal points should be worth more", "badly organized", etc. 17% regarded the system with hostility, describing it as "very bad", "insulting", "ridiculous", or stating that they were not interested in acquiring CPD points. 1% felt recertification was unnecessary. 6% gave no reply. 9% found the cost of acquiring CPD points for recertification to be high in time and money, for rural GP's.

DISCUSSION

Journals, lectures and refresher courses were the three most favoured methods of CPD. This should help editors and Health Science faculties to provide appropriate and relevant CPD material, and courses that address the learning needs of GP's.

While popular to many, some of the least favoured pastimes reported were journal readings (23%), journal readings for CPD points (11%), refresher courses (11%), and "all CPD" (1%). This is an improvement on a 1995 [4,12] survey of doctors in Johannesburg when it was found that less than 33% attended CPD regularly, and 60% said they gave no time to CPD activities. The difference appears to be due to the present compul-

Table II: Example of sample question										
CPD Activities that were available to them	Do they utilise them?			How often? (Hours per year)	How helpful for your CPD were they?					
	Yes	No	Not available		Least Helpful	Slightly helpful	Helpful	Very helpful	Most Helpful	No Response

Table III: CPD activities used, time spent and helpfulness.

CPD activity	Percentage of respondents using activity	Average hours per year spent on activity	Helpfulness	
Medical journals	94%	18	Very Helpful	29%
Journal questionnaires for CPD points	84%	8	Very Helpful	21%
Lectures organized by pharmaceutical companies	92%	4.7	Very Helpful	41%
Lectures organized by profession	78%	3.4	Very Helpful	30%
Textbooks	74%	3.6	Very Helpful	26%
Refresher courses	71%	17.9	Very Helpful	38%
GP congresses	39%	6.5	Very Helpful	22%
Teaching (to others)	38%	4.9	Helpful	13%
Computer assisted – (internet, CD's and software programmes).	20%	0.97	Very helpful	7%
Research	4%	0.36	Unhelpful	10%
Learn from Medical Representatives	75%	1.94	Very helpful	36%
Learn from Specialists	81%	1	Very helpful	25%
Learn from G.P.'s	61%	1	Very helpful	14%
Attend small GP meetings	24%	1.6	Very helpful	10%
Use X-ray or Ultrasound equipment etc.	32%	0.72	Very helpful	10%

sory system of recertification.

The popularity of evening lectures, sponsored by pharmaceutical firms, has the danger of bias toward products, for certain illnesses, resulting in a one-sided CPD curriculum. It would be more satisfactory for the profession to strive for a partnership with the pharmaceutical industry, where professionals themselves according to the identified learning needs of the target audience shape CPD.

A pleasing discovery was that 76% of the respondents regarded five-yearly recertification as good or very good, showing them to be keen to know and grow. The Academy of Family Practice[2] has been working toward this for 18 years.[2,13] Unfortunately, 17% of replies where strongly against the recertification process.[2,12,13] Traditional CPD may not be to their taste, and they may be utilizing other methods such as communication skills or practicing whole person medicine etc.[12] It was not stated what forms of CPD they would prefer. Recertification is in its infancy and has plenty of room for modification and finding other forms of CPD, to involve everyone.

The use of computer-based CPD was relatively low. The Internet was used by only 20% of doctors with an under 10% usefulness rating. In a large CPD survey in 1999 in the Western and Northern Cape, only 7.9% of doctors considered cyber CPD of importance.[5] These studies contrasted with a 1995 study in Johannesburg where 84% of GP's said they *wanted* to use computers for CPD.[12] This may reflect the availability at the time of Internet based CPD, but also presents an opportunity to introduce the 80% of non-computer users to Internet based CPD. Providers should make the development of computer-based education a priority, because of the potential for self-directed learning and cost effectiveness. Facilitators and one-to-one teachers could also be considered for home or practice visits. A similar solution may be the answer to the fairly low popularity of journal clubs and small group discussions.

Unfortunately attending a GP congress rated fourth in CPD preference, being utilised by only 39% of respondents. Congresses provide a balance of camaraderie, recreation and CPD, while building unity and professional pride, and political and financial self-control.

The study's main limitation was the small sample size limited to one geographical area, decreasing the generalisability of the data. CPD activities embarked upon may simple represent their perception of available CPD. There was also little qualitative exploration of motivation for using different CPD methods.

Until recently GP's in South Africa emerged as dependant learners from a largely didactic medical education system. A characteristic of dependent learners is to look to teachers to provide education.[6] Unfortunately didactic CPD fails to change or improve the performance of doctors.[9,10,11] A better form of CPD for GP's in South Africa may be self-directed, problem based, small group, learning, that is applicable to everyday clinical practice.❐

References

1. Continuing professional development. Guidelines for GP's and dentists A brochure from Interim Nat. Medical & Dental Council of SA 1999-01-01
2. Van Rensburg HCJ. Maintenance of professional competence – expectations of the public *S. Afr Med J* 1994;84:591-594
3. Grant J. Stanton F. The effectiveness of Continuing Professional Development. Medical Education Occasional Publication. ASME, London, 2000
4. Miller J, Bligh J, Stanely I, Shehri AAL Motivation and continuation of professional development. *Br J Gen Pract* 1998;48: 1429-1432
5. De Villiers MR. The availability, utilisation and needs for CPD of rural GP's in Western and Northern Cape. *SA Fam Pract* 2000; 22(2): 11-16
6. Stanley I, Al-Shehri A, Thomas P. Continuing education for general practice. 1. Experiences, competence and the media of self-directed learning for established general practitioners. *Br J Gen Pract* 1993; 43:210-214
7. Kies B. Assessing the CPD system – what do doctors think? *S Afr Med J* 2000; 90(4): 353-354.
8. Van Selm J. CPD – a heavy burden (Letter) *S Afr Med J* 2000; 90(4); 323-321
9. Davis DA, Thomson MA, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education. Do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior of health care outcomes? *JAMA* 1999;282(9):867-874
10. Davis DA, Thomson MA, Oxman AD, Haynes RB. Changing physician perfor-mance. A systematic review of the effect of continuing medical education strategies. *JAMA* 1995; 274:700-705.
11. Fox RD, Bennett NL. Learning and change: implication for continuing medical education. *BMJ* 1998; 316: 466-468
12. Wright AE, Sparks BLW. Shrugging off the past: CME and a changing SA. Dept. Fam. Med. University Wits and SA Academy of Fam. Practice / Primary Care 15.08.1995.
13. Blitz J, De Villiers M. Continuing Professional Development. A Guide For Family Practitioners.*SA Fam Pract* 1999; 20: 102-103