

Evaluation Report

Continuing Professional Development Program

2003 to 2005 Triennium

INTRODUCTION

The Australasian College of Dermatologists (ACD) is committed to encouraging participation in professional development activities amongst its Fellows. In 1993, the Council of the Australian College of Dermatologists made a decision to formalise this commitment by developing a structured Continuing Medical Education (CME) program. The program was later renamed the Continuing Professional Development (CPD) Program to acknowledge the diversity of educational activities, both clinical and non-clinical, which contribute to a dermatologist's professional development.

The ACD CPD Program aims to provide participants with a formal structure to:

- monitor their own participation in professional development activities; and
- demonstrate their commitment to the maintenance and enhancement of their professional skills to patients, peers, regulatory bodies and the community.

This evaluation seeks to determine whether the CPD Program:

- reflects best-practice according to the education literature
- meets the requirements of regulatory bodies and
- is useful and feasible for participants.

These will be addressed individually.

EDUCATION LITERATURE

Speck¹ notes that many accepted principles of adult learning theory apply to continuing professional learning in the medical context:

- Learning needs to be relevant to the learner's personal and professional needs. Application in the 'real world' is important.
- Adults want to actively shape their own learning. Thus, professional development needs to give participants some control over the what, who, how, why, when, and where of their learning.
- Professional development learning needs to be related to day-to-day activities.
- Learning is more effective if it is structured to provide support from peers and to generate critique not criticism during learning.
- Learning is more effective if combined with feedback on performance and the results of their efforts.
- Small-group activities enable learners to move beyond understanding to application, analysis, synthesis, and evaluation.
- Adult learners come to learning with a wide range of previous experiences, knowledge, self-direction, interests, and competencies.

¹ Speck, M., Best practice in professional development for sustained educational change. ERS Spectrum , 1996, 33-41.

This diversity must be accommodated in the professional development planning.

- Transfer of learning into daily practice is not automatic and must be facilitated.

In addition to the general literature on adult learning, there is a growing body of work which considers the effectiveness of medical education activities. A recent report prepared on behalf of the Committee of Presidents of Medical Colleges (CPMC) comprehensively reviews these studies². The full report can be viewed at <http://www.cpmc.edu.au/cpd.html>. The report concludes that although there are relatively few rigorous studies of the impact of CPD activities on medical performance, a number of the more rigorous studies suggest that CPD can improve knowledge, clinical performance and patient outcomes. In addition, whilst acknowledging that the quality of educational activities and the motivation of individual practitioners are significant factors in determining the effectiveness of any CPD activity, the literature suggests that some kinds of educational activities are better at facilitating improvements than others. In summary, the report concluded that:

- Lectures alone may improve knowledge but are unlikely to result in change in performance. Small group discussions, peer interactions, interactive workshops and opportunities to practice skills are more likely to improve performance.
- Audit and feedback can provide small to moderate, but potentially worthwhile, improvements in performance. However, the literature suggests that audit is more likely to be effective in situations where naturally occurring feedback is inadequate and where the feedback serves to make the health professional aware of current performance. Activities such as audit, which allow practitioners to see gaps in their present level of performance compared with optimum performance will increase the effectiveness of any educational intervention.
- Unsolicited written materials are rarely effective.
- Educational outreach visits and local opinion leaders may be effective in changing performance, particularly when combined with other educational strategies.
- Sequenced and multifaceted activities can effect change in practice and patient outcomes.

Whilst the College CPD Program has long attempted to be responsive to the education literature, it is apparent that there is opportunity to revise some components of the Program to more convincingly embrace both the educational principles and research findings. For example, the College must ensure that the program is relevant to all participants regardless of the nature

² Continuing professional development for medical practitioners: a project conducted by the Royal Australian and New Zealand College of Obstetricians and Gynecologists on behalf of the Committee of Presidents of Medical Colleges with funding provided by the Commonwealth Department of Health and Aging. Melbourne: RANZCOG, 2003.

of their practice or their specific professional interests. To achieve this, the program needs to be non-prescriptive in terms of its content, and allow participants to determine their own learning needs and have control over their learning. They need to be able to choose from a range of educational formats, and to tailor learning to their own circumstances. Increasing the availability of activities based around participants own practices would ensure relevance to day-to day activities.

The Program should also be modified to place less emphasis on lecture-style activities and to encourage participation in small group interactive activities which have been shown to be more effective in improving practice.

REGULATORY BODY REQUIREMENTS

The Australian Medical Council (AMC) will review all of the Colleges educational programs, including CPD, in 2007. The AMC has set the following standards for CPD, which must be met by all medical Colleges:

- The training organisation has professional development programs that assist its members in maintaining their knowledge, skills and performance so they can deliver adequate and safe medical care.
- The training organisation monitors participation in all areas in which the specialist is currently practising and has processes to counsel fellows who do not participate in such programs when they are not compulsory.

In addition, all medical practitioners in NSW are required to present evidence of their participation in a CPD program to the State Medical Board in order to renew their registration. It is anticipated that with the proposed move to a national system of medical registration, practitioners in all states will need to meet this requirement.

The College currently provides evidence of participation in the CPD Program when requested, and provides a certificate of completion to those who meet program requirements at the end of the CPD cycle. Whilst there is currently a high level of participation in the program, the College needs to formalise its policies for encouraging participation, and particularly for follow-up of participants who do not fulfil program requirements.

FEEDBACK FROM PARTICIPANTS

College recognises that it is essential for program participants to be given the opportunity to provide feedback about the CPD Program. To facilitate this a survey was distributed with the College newsletter, *The Mole*. The survey sought to explore:

- Fellows' attitudes about CPD
- Acceptability of the current CPD Program
- Fellows' learning preferences
- Acceptability of current administrative processes.

Response Rate

49% of Fellows responded.

Respondent Demographics

- 36% of respondents have been College Fellows for over 20 years, 34% 11-20 years, 17% 6-10 years and 13% 0-5 years.
- 69% work full-time and 31% work less than 40 hours per week.
- 62% male and 38% female.
- 85% work primarily in a capital city; 12% in a regional centre population > 50,000; 2% in a regional centre population < 50 000; and 1% locums in a variety of locations.
- 44% are from New South Wales; 17% from Queensland; 17% from Victoria; 11% from South Australia; 10% from Western Australia and 1% from Tasmania.
- 61% are sole practitioners; 37% are in a partnership or group practice; and 2% in other arrangements (locums, etc).

Responses

It is recognised that the respondents to the survey were not a representative sample of College Fellows, and that the survey results are therefore not generalisable. Nevertheless, they do provide us with some insight into the attitudes and experiences of a sizeable proportion of the College membership.

Results for each question are considered individually.

Does College need a CPD Program?

96% of respondents believed that the College needs to have a CPD Program. This was consistent across duration of Fellowship, FT/PT work, gender, practice location, state, and practice type.

Does participation in a formal CPD Program increase your effectiveness as a dermatologist?

Overall, 67% answered yes to this question.

There appeared to be a relationship between duration of Fellowship and belief that participation increases effectiveness: 77% of Fellows of 0-5 years standing believed this compared with 72% who had been Fellows 6-10 years; 61% 11-20 years and 68% over 20 years.

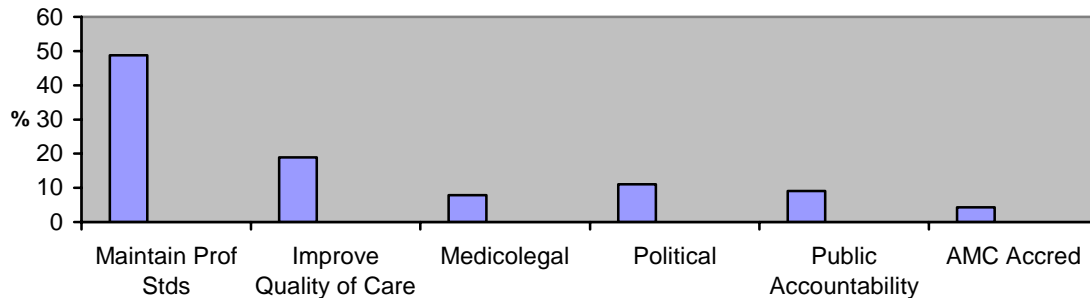
There was considerable variation between states: 75% of Fellows from South Australia indicated that participation increases effectiveness; 69% from New South Wales; 68% from Queensland; 64% from Victoria; and 48% from Western Australia.

What do you think is the main reason for having a CPD Program?

68% of respondents believed that the main reason for having a CPD Program was performance related, i.e. to maintain professional standards or to improve quality of care. The remaining 32% cited external pressures such as medicolegal risk, political pressure, public accountability and the upcoming

accreditation review by the AMC, as the main reasons. Opinions were quite consistent when analysed by demographic characteristics. Responses are outlined in Diagram 1.

Diagram 1. Main reason for CPD Program



Do you understand the requirements of the CPD Program?

Overall, 74% of respondents answered yes to this question.

A much higher proportion of Fellows of longer duration indicated that they understand the requirements: 76% of over 20 years and 82% of 11-20 years standing, compared with 64% of 6-10 years and 62% of 0-5 years standing.

Are the CPD Program requirements achievable?

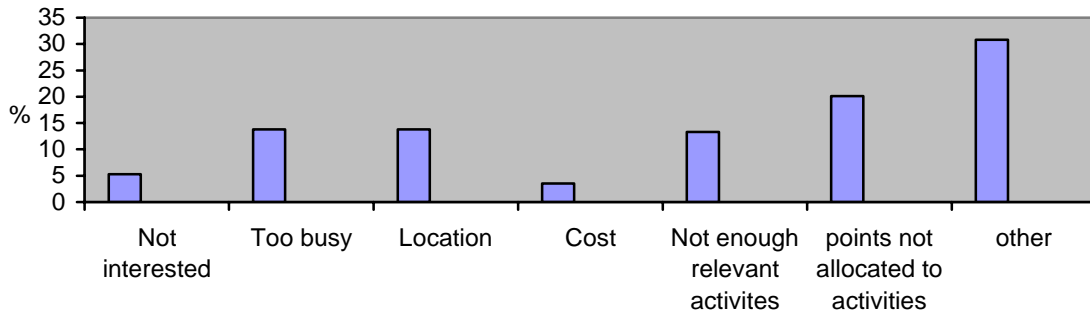
Overall, 76% of respondents indicated that the program requirements are achievable.

Again, there seemed to be a pattern emerging relating to Fellowship duration: 80% of Fellows of over 20 years duration indicated that the requirements are achievable compared with 77% of 11-20 years, 75% of 6-10 years and 62% of 0-5 years duration.

Slightly more Fellows who work full-time (77%) find the requirements achievable compared with Fellows who work part-time (71%). Slightly more males (78%) find the requirements achievable than females (72%). A lower proportion of Queensland Fellows (58%) found the program to be achievable compared with other states, which were in the 75-80% range. Unexpectedly, there was little difference in the proportion of capital city-based Fellows (76%) who find the requirements achievable, compared with non-metropolitan Fellows (74%).

Those Fellows who responded that they find the program requirements difficult to achieve gave a wide range of reasons. These are shown in Diagram 2.

Diagram 2. Reasons CPD Program requirements are not achievable



Of the 39 respondents who find the program requirements unachievable, 12 indicated that this is due to reasons other than those listed. They gave the following reasons:

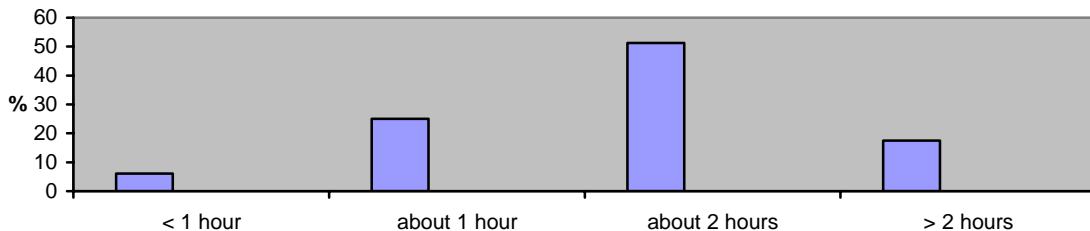
- Family commitments (5)
- Completing CPD requirements is easy – documenting it is hard due to time constraints (2)
- Requires too many hours (2)
- Category A requirements are too high (1)
- Category B requirements are too high (1)
- Not enough lectures/meetings without going overseas

Generally, the reasons given were quite uniform across demographic characteristics. However, the four Fellows who indicated that the requirements are unachievable because of their location, practiced in rural or regional areas.

Approximately how much time does an average dermatologist need to spend on CPD to maintain professional competence?

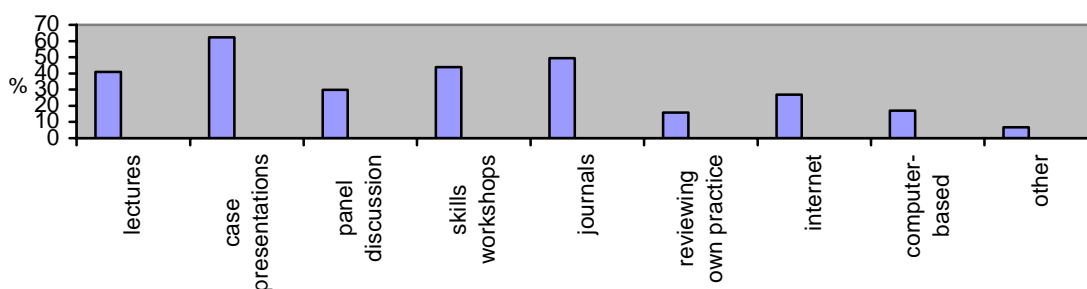
Overall, 69% of respondents thought two or more hours per week were necessary. This was quite consistent across demographic variables. However, there did appear to be a pattern related to duration of Fellowship: 63% of Fellows of 0-5 years duration felt that 2 hours or more was required; 65% of 6-10 years; 67% of 11-20 years and 73% of over 20 years duration.

Diagram 3. Hours per week of CPD to maintain competence.



What educational formats do you find most effective?

Diagram 4. Most effective educational formats

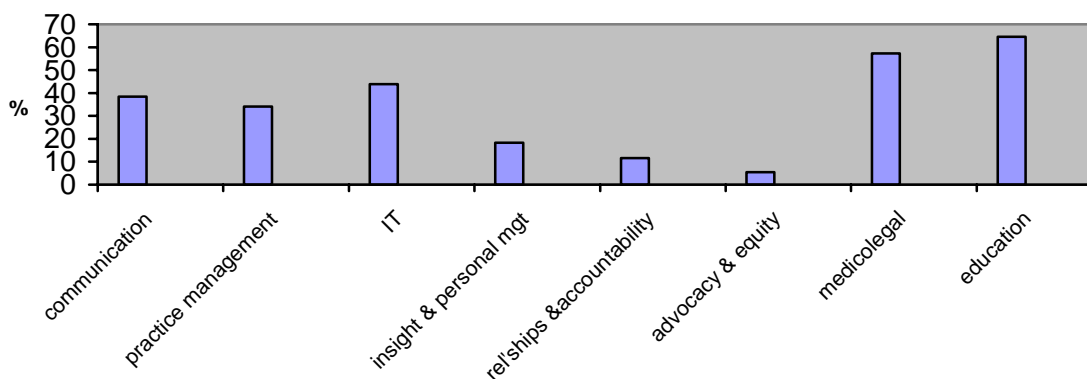


The most popular learning formats were case presentations, journal reading, skills workshops and lectures. Newer educational formats such as Internet and computer based learning and practice reviews were less popular.

Have you participated in CPD activities which focus on professional skills outside of clinical dermatology skills over the past two years?

This question sought to determine the extent to which Fellows are undertaking CPD in less traditional, less clinically-focussed areas. Fellows reported participating in a wide range of CPD.

Diagram 5. Fellows undertaking CPD in less-clinical areas over past 2 years.



Have you ever participated in medical audit/review style activities?

Overall, 55% of respondents indicated that they have participated in audit-style activities. These were mostly hospital department activities (34%). 17% have undertaken practice-based audits and 4% have participated in both hospital and practice-based audits. The most common reasons for not having taken part in this style of activity were not knowing how (20%) and lack of interest (16%). A further 5% believe it is too time consuming and 4% find it too difficult.

Have you ever participated in peer review?

Overall, 46% have participated in peer review: 32% in a hospital setting; 18% in private practice and 5% in both hospital and practice settings. 17% indicated that they did not understand peer review, 13% indicated that they are not interested; 8% felt it is too time consuming; and 6% that it is too difficult.

Does College keep you adequately informed about the CPD program?

75% believe they are kept adequately informed.

A smaller proportion (62%) of Fellows of 0-5 years duration felt that they were adequately informed compared with Fellows of longer duration. The perception also varied markedly between the states, with 94% of West Australian Fellows believing they were adequately informed compared with 71% of New South Wales Fellows.

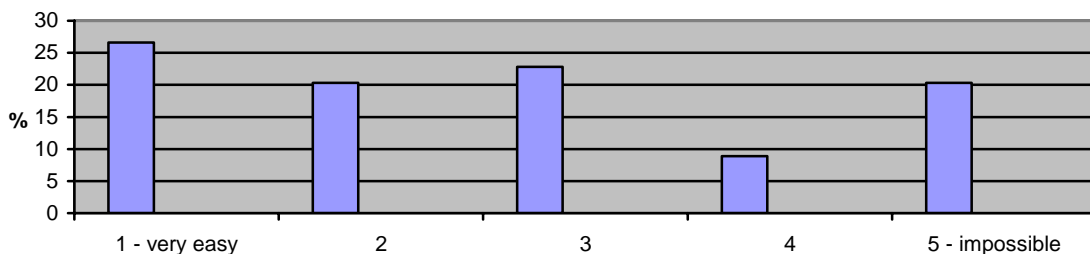
Do you record your CPD participation with College?

54% indicated that they do record their CPD participation with College; 43% that they sometimes do; only 3% indicated that they do not record participation. The proportion of Fellows who indicated that they record their participation increased according to duration of College Fellowship: 63% of Fellows of over 20 years duration and 35% of Fellows of 0-5 years generally record their participation; 35 % of Fellows of over 20 years duration and 60% of Fellows of 0-5 years sometimes record their participation.

Computer usage

90% of respondents indicated that they use a computer. 14% of these use Macintosh computers. All Fellows of 10 years or less standing use a computer. 40% of respondents had accessed the College web-site to record their CPD participation. Of these 27% found it very easy and 20% found it impossible. Most of those who found it impossible used Macintosh computers.

Diagram 6. Ease of use of on-line CPD entry



Discussion

The results suggest strong support for the concept of a CPD Program across all demographic characteristics. The majority of respondents also felt that they were adequately informed about the program, understood the program requirements and found them achievable. However, that about a quarter of respondents do not understand the requirements, feel that they are not adequately informed and/or find the requirements unachievable, is of concern. Approximately half of those who do not find the requirements of the Program achievable also indicated that they do not understand the requirements. A crucial initial issue would therefore seem to work towards improving Fellows' understanding of the Program.

The other issues which impact on Fellows' ability to achieve the requirements must also be considered. It is interesting to note that the most common reason given for difficulty meeting the program requirements was that "points are not allocated for the activities that I do". This suggests that there is need to investigate increasing the range of activities eligible for points in the Program.

Several respondents commented that they had difficulty meeting the requirements at times, due to specific circumstances such as maternity leave or illness of a family member. College could address this by developing a policy which could allow for limited periods of 'leave' from the program for participants in special circumstances.

College recognises the special difficulties which some rural and regional Fellows have in meeting program requirements. It is not feasible to reduce requirements for these Fellows, and College lacks the resources to fund their travel to attend education activities. However, College must continue to attempt to assist these Fellows to accessible professional development activities. In 2005, College will provide 18 hours of CPD to rural Fellows by recording hospital clinical meetings as part of the Support Scheme for Rural Specialists.

Only two respondents indicated that the requirements were difficult to achieve due to the number of points required. The current program requires 300 points over a three-year period. At the rate of one point per hour of activity, this equates to approximately 2 hours per week. Approximately 70% of those who completed the survey believed that an average dermatologist would need to complete two hours or over two hours of professional development per week to maintain competence. This provides a high level of support for maintaining the current point requirements.

Fellows of fewer years duration reported lower levels of understanding of the program, felt less informed about the program, found the requirements less achievable and were more likely to only record their participation sometimes. This may be due to the pressures of establishing a practice and raising young families that are frequent during the early years of Fellowship. Therefore, College should consider methods for assisting this group to understand and participate in the program.

It appears that many Fellows participate in CPD activities but do not consistently record their participation with the College Program. It is essential that Fellows are encouraged to record their participation. Fellows must be aware that, in the long term, both they and the profession will benefit from being able to demonstrate a commitment to professional development. College also needs to remain aware that, whilst many CPD participants are now recording their participation electronically, not all Fellows use computers. In addition, a significant proportion of Fellows use Macintosh computers and the current platform does not seem to allow them to enter their points electronically. College is investigating methods to overcome this problem.

CONCLUSION

Results of this evaluation will be used to inform the development of the CPD Program for 2006-2008. Fellows must be aware of the difficulties faced by College in attempting to develop a program which is satisfactory to all stakeholders, but should be assured that their perspectives will be taken into account by the Professional Development Task Force and Council in the development of the CPD Program for the new triennium.