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Perceived need and barriers to continuing professional development among doctors

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ABSTRACT

There is growing need for continuing professional development (CPD) among doctors, especially following the recent introduction of compulsory revalidation for all doctors in the United Kingdom (UK).

We use unique datasets from two national surveys of non-training grade doctors working in the National Health Service in Scotland to evaluate doctors' perceptions of need and barriers to CPD. We test for differences over time and also examine differences between doctor grades and for other characteristics such as gender, age, contract type and specialty.

Doctors expressed the greatest need for CPD in clinical training, management, and information technology. In terms of perceived barriers to CPD, lack of time was expressed as a barrier by the largest proportion of doctors, as was insufficient clinical cover, lack of funding, and remoteness from main education centres. The strength of perceived need for particular CPD activities and the perceived barriers to CPD varied significantly by doctors' job and personal characteristics.

An understanding of the perceived needs and barriers to CPD among doctors is an important precursor to developing effective educational and training programmes that cover their professional practice and also in supporting doctors towards successful revalidation.

1. Introduction

The importance of continuing professional development (CPD) among doctors is well recognised by medical regulatory bodies and medical associations. The United Kingdom (UK) regulatory body, the General Medical Council (GMC), states as part of its good medical practice guidance that doctors must keep their "professional knowledge and skills up to date" and "regularly take part in activities that maintain and develop competence and performance". This reflects the role of CPD in maintaining or improving physician performance and ultimately improving patient outcomes (for a review of the effects of CPD see Bloom [1]). In the United States for instance, the vast majority of State regulatory medical boards require a set number of continuing medical education credits per year as a requirement of licensure renewal. The American Board of Medical Specialities (ABMS) also provides a voluntary system where physicians can demonstrate competency within a speciality area. The Maintenance of Certification (MOC) programme includes a "Lifelong Learning and Self-Assessment" process. This outlines specialty specific continuing medical education recertification requirements. In Canada, the Royal College of Physicians and Surgeons lead the standards for specialty post-graduate medical education. Their Maintenance

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of Competency (MOC) programme is a mandatory programme of continuing professional development for its members which sets out minimum number of CPD activity credits within a 5-year cycle. The College of Family Physicians of Canada offer a similar membership scheme with evidence of CPD a requirement. The Medical Council of New Zealand is the body charged with registering doctors and include CPD as part of their requirements for renewal or recertification of the practicing certificate. The Medical Board of Australia also require participation in CPD for registration renewal. In the U.K. compulsory revalidation for all doctors has been recently introduced (renewable every five years) as further assurance to patients and the general public that doctors are "up to date and fit to practice".[1] Within this new revalidation framework, CPD is one key type of supporting information used to demonstrate how doctors are maintaining good practice, and where CPD is not only concerned with the updating of clinical knowledge but the need to maintain competence across the whole range of behaviours including management, research and teaching activities.

With the importance of CPD as a means to achieve better patient outcomes and as a practical requirement for licensing or revalidation there also exists a growing body of literature looking at perceived barriers to continuing medical education [2–6]. Researchers identify several key barriers to professional development, which can generally be grouped in terms of organisational, logistic and funding issues. Commonly perceived barriers to CPD have included lack of time, funding or motivation, or lack of access either due to the paucity or unavailability of CPD opportunities or insufficient organisational support for CPD (e.g. through sufficient clinical cover). Most researchers have however concentrated on reporting perceived barriers to CPD, without necessarily reporting what the (level of) perceived need for CPD are. There are exceptions but these studies are generally based on small samples [6].

It should be noted that the concentration on doctors' perception of their needs and barriers to CPD assumes that doctors are able to accurately identify or self-assess their own CPD needs. The "unskilled and unaware of it" phenomenon, as outlined albeit in a non-medical setting [7], suggests that subjects who were unskilled in an area, tended to overestimate their own ability, make errors and then do not have the ability to recognise these failings. Within the medical area there has been research that considers clinicians and medical students self-assessment abilities [8,9] with a review of the accuracy of physician self-assessment concluding physicians have only a limited ability for accurate self-assessment [10]. Whether CPD needs may be identified by individuals' own assessment or set to some extent as mandatory requirements, it is important to document this need from the perspective of doctors, not only as a planning tool, but also as a reference guide for other (especially new or younger) doctors.

The objective of this paper is to analyse perceived need and barriers to CPD among doctors as a way of providing information necessary to support doctors towards successful revalidation newly introduced in the UK. We test for differences between doctor grades and also consider differences in other characteristics such as gender, age, contract type and specialty. Such information (on need and barriers to CPD) is not routinely collected or published by secondary data sources for the U.K., hence this analysis is expected to help advice policy makers and practitioners about identifying and dealing with potential barriers to CPD among doctors, especially following to the roll out of compulsory revalidation in the UK.

2. Methods

2.1. Sample

Data for this analysis were obtained from two national postal surveys of non-training grade doctors working in NHS Scotland in the periods 2005/06 and 2011/12. Both surveys gathered a wealth of information relating to working conditions including specific questions relating to continuing professional development. Data are available for two types of doctors; specialty and associate specialist (SAS) doctors and consultants. Consultants are senior physicians who have completed all relevant specialist training and are entered on a specialist register. SAS doctors include staff grade, speciality doctors and associate specialists and are fully qualified but non-consultant grade doctors and as such are not entered on a specialist register. Response rates from these surveys were 60% and 39% for specialty doctors and 56% and 41% for consultants in 2005/06 and 2011/12 respectively. Although there were overall lower response rates from the second surveys, the samples were generally representative of the population of doctors working in NHS Scotland in terms of age and gender. More details about the surveys including the representativeness of the samples are reported elsewhere [11].[2]

Within both surveys, one set of questions asked doctors to state the areas they felt they needed (further) education/training. Another set of questions sought to assess the factors that restrict doctors' participation in CPD activities. Doctors were presented with a wide range of training areas as well as various factors that could potentially restrict their participation in CPD activities. The training areas map well to the areas outlined in the GMC good medical practice guidance which form the basis of the appraisal and revalidation process within the U.K. The guidance sets out how clinicians should be meeting their professional values where, along with the need to maintain and develop good clinical practice, the requirement to be competent in all aspects of work including management and teaching and the need to be able to communicate effectively are also referred to. The inclusion of the general area of

[1] Revalidation is set out in line with the Good Medical Practice Guide, which is available through the following link www.gmc-uk.org/GMP-framework_for_appraisal_and_revalidation.pdf_41326960.pdf.

[2] See the following link for details about the 2011/2012 survey http://www.aomrc.org.uk/publications/reports-a-guidance/doc_details/9507-the-impact-of-revalidation-on-the-clinical-and-non-clinical-activity-of-hospital-doctors.html.