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Research Article

CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) OF DOCTORS IN SRI LANKA: A QUALITATIVE STUDY

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Abstract: *Continuous professional development is the method by which doctors maintain their knowledge, abilities, and attitudes up to date to meet the demands of their patients, the health service, and their career growth. The goal of this study is to evaluate Sri Lanka's present continuous professional development program for medical officers. This qualitative study was conducted from January 2020 to August 2020 at the Ministry of Health, Sri Lanka. Data was gathered through in-depth interviews, as well as two focus group discussions and a review of the literature. In 2010, the Sri Lanka Medical Association launched a new initiative with the assistance of the Sri Lanka Medical Council, the Ministry of Health, and the professional colleges, which was partially successful. However, this program could not be sustained for an extended period. At the movement, there is no well-organized continuous professional development program for Sri Lankan doctors. Continuous professional development activities are not required for doctors in Sri Lanka to practice or renew their registration. In the absence of a well-organized and streamlined program for medical officers, medical officers' lack of interest in participating in programs, the fact that programs do not reach out to remote areas of the country, and a lack of financial incentives for continuous professional development activities have all been identified as major reasons for non-engagement in activities. Based on the findings of this study, it is suggested that the ministry establish a central body to organize, streamline, and coordinate programs, that an annual calendar should be prepared and published on the ministry website, that a mechanism is developed to link continuous professional development activities to the renewal of the Sri Lanka Medical Council registration, and that a web-based mechanism to be established to bring medical officers working in rural hospitals for programs.*

Keywords*: Continuous professional development, career pathway doctors, Sri Lanka, and revalidation*

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1. Introduction

Continuous professional development is defined as any learning received outside of undergraduate or postgraduate education that aids in the maintenance and improvement of performance. Both formal and informal learning activities are included. CPD strives to improve and sustain the quality of patient care as well as the standards of health care services and teams. CPD keeps doctors up to date and competent in their field of practice. CPD assists doctors in identifying areas where they excel, addressing areas where they need to improve, and learning new skills, information, and habits [1].

CPD is the method by which doctors keep their knowledge, abilities, and attitudes up to date in order to fulfill the demands of patients, the health service, and their own professional growth. The terms CME (Continuous Medical Education) and CPD (Continuous Professional Development) are frequently used interchangeably. Since the previous decade, CME has expanded to incorporate social, management, and personal skills in addition to typical clinical medicine topics [2]. CPD encompasses not only the skills needed to practice high-quality medicine, but also the multidisciplinary context of patient care, ethical practice, communication, professionalism, management, team building, information technology, audit, and attitude change in order to improve patient services and outcomes and achieve the highest levels of stakeholder satisfaction. CME and CPD are learning procedures that last a lifetime [3].

The CME is also defined as the body of knowledge and skills generally recognized and accepted by the profession within the basic medical sciences, clinical medicine, and the provision of health care to the public [4]. Some countries use a credit-based system to quantify CME activities. One hour of CME activity is equivalent to one credit. The doctor should obtain 50-100 credits per year. CME activities are not compulsory in most countries, but doctors engage them actively and voluntarily as professional self-regulation. CME is a mandatory requirement for doctors in countries like the Netherlands, Canada, the United States, Australia, and New Zealand, where revalidation and recertification of doctors is a compulsory requirements [2].

However, hour-based credit systems for recertification have not been successful in most Southeast Asian countries due to a lack of motivation, absence of need-based accredited CME/CPD programs, incentives, and legal bindings [3]. CME became compulsory in Singapore in 2003 [5].

Only a handful of doctors are currently engaged in CPD activities in Sri Lanka. Although there have been a few attempts to implement CPD, it has been unsuccessful due to failures in the system [6]. Since there was no CPD framework, continuous medical education, or continuous professional development programs, doctors didn't need to participate in the CPD program in Sri Lanka [7]. Therefore, assessing the currently available CPD program for doctors in Sri Lanka is very important to design and implement the CPD program and revalidation system in the future. This study aims to assess the current continuing professional development program for medical officers in Sri Lanka.

2. Methods

Our research team consisted of three MD (Doctor of Medicine) researchers (two males and one female) and one of them with formal training and experience in qualitative methods, one with formal training in statistics, and the other with experience in health care management and health system research, but no formal training, in qualitative methods or statistics.

This qualitative study was conducted from January 2020 to August 2020 at the ministry of health, Sri Lanka. In-depth interviews and focus group discussions (FGD) were used as study instruments. In addition, conducted a review of the literature to gather more information to complete the data collected in the interviews and focus group discussions.

Face-to-face in-depth semi-structured interviews with the four relevant higher officials of the ministry of health and four doctors were conducted by the principal investigator (R.S) using the validated interview guide. A purposive sampling technique was used for sampling. Interviews were conducted in a respective office room and lasted approximately 20 minutes each. Answers were recorded by the audio recorder and -re-interviewing also was conducted to complete the data.

Focus group discussions were conducted by other two researchers (D.D and S.R), with 12 medical officers and 10 medical administration (health care management) postgraduate trainees respectively. Study participants with a minimum of one year of work experience at the ministry of health in Sri Lanka were selected by using the criterion sampling technique.

The key informant's interview guides, formats for FGDs were predesigned, pretested, and validated. Data were collected until no new data was generated by the participants. Anyone else was not present besides the study participants during data collection times. All responses of key informants and participants in focus group discussions were transcribed using the verbatim transcription. Transcriptions were returned to the participants for comment and correction. The data was then initially coded, with descriptive categories, subcategories, main categories, and themes created. Finally, a narrative summary of the main findings was prepared.

The time for data collection was discussed with relevant ministry officials and the medical officers and postgraduate trainees. Every possible measure has been taken to prevent the disruption of routine work departments and participants. All participants were given a brief introduction before the study. The participants were provided enough time to answer the questions and they were provided the contact details of the investigators and asked to contact them for any clarifications and investigators had built a good relationship with the participants. Administrative clearance for the study was obtained from relevant authorities. The anonymity of the participants was preserved.

3. Results and discussion

3.1. In Sri Lanka, the CPD program for doctors is evolving.

The Sri Lanka Medical Council (SLMC) introduced a revalidation program for doctors registered under the SLMC in 2000. Although some necessary initiatives were brought to introduce CPD program for doctors in the whole country, it was not very popular among medical officers and couldn't persist for long due to inadequate support from the ministry of health (MoH), professional colleges, and doctors.

In 2010, the Sri Lanka Medical Association (SLMA), with the help of SLMC, the MoH, and several professional colleges, started a new CPD program, and it was successful to a certain extent. SLMA introduced two routes for CPD activities. The route for a specialist was planned to be conducted via professional colleges, while the route for medical officers was through district CPD committees. The professional colleges have been given the responsibility of organizing and conducting CPD activities for specialists. SLMA published the way of doing CPD activities and the way of obtaining CPD points. Those who completed required CPD activities were awarded the national CPD certificate. However, this CPD program was also not sustained for a considerable period, and there is no well-organized CPD program for doctors in Sri Lanka at the moment.

3.2. Sri Lanka's Ministry of Health has an education and training unit.

The education and training unit (ETR) is the responsible department for the CPD of doctors and other health care workers under the ministry of health, Sri Lanka. The ETR unit arranged and conducted various in-service training programs to build the capacity of the doctors. Usually, the annual requirement for in-service training is identified by health care institutions after conducting a gap analysis. Healthcare institutions send their training requirements with the budget to the ETR unit. After considering the priority and technical feasibility of the proposals, the ETR unit approves the training program and budget to conduct the training. The ETR unit had allocated Rs. 6,807,856 (33536 USD) for the in-service training program of doctors during the year 2018 and which was highly insufficient. Further, the doctors can request funds from ETR for their training courses conducted by government institutions. The course fees of prior approved training courses are reimbursed by the ETR unit, MOH.

3.3. Other institutions under the ministry of health in Sri Lanka

There are several other departments of the ministry of health that also carry out continuous professional development programs for doctors. The National Institute of Health Sciences conducts

public health training, research methodology, and GPS technology training for doctors engaged in preventive health in Sri Lanka. The Family Health Bureau (FHB), Epidemiology Unit, and Health Promotion Bureau conduct training on maternal and child health, communicable diseases, and health promotional program respectively for doctors' offices island-wide.

3.4. Induction training of doctors under the Ministry of Health

Before starting the post-intern appointments and after transfers, doctors selected for specialties like anesthesia, intensive care, transfusion medicine, psychiatry, and neonatology need induction training under respective specialists. The training period may vary from one month to six months, depending on the specialty. Also, before starting the internship, the government medical officers' association with the collaboration of the ministry of health and the University of Colombo conducts a good intern program for doctors. It was designed to improve the clinical skills of pre-intern doctors, reduce medical errors, and improve communication.

3.5. Professional associations and colleges

The SLMA, professional colleges, regional medical associations, and clinical societies conducted CPD activities like academic sessions of professional colleges or associations, regional meetings, local meetings, case conferences, non-routine teaching, journal club activities, skills training workshops, research, and publications for doctors in various places. The SLMA initiated the awarding of the national continuing professional development certificate (NCPDC) to doctors who had completed the above activities to ensure the highest professional standards among doctors.

Identified deficiencies and suggestions for improvements through the in-depth interviews and FDGs for CPD of doctors are given in the following themes.

3.6. Participation in CPD is not a mandatory regulation in Sri Lanka.

The vast majority mentioned CPD is not a mandatory requirement according to the current law of Sri Lanka, and CPD activities are not a required criterion for renewal of the registration. Therefore, it becomes a low priority among doctors' schedules. Renewal of the SLMC registration of doctors is done without an examination or completion of CME/CPD points once every five years. The most common challenge for CPD for doctors in Sri Lanka is the lack of legal requirements for CPD, as highlighted by a director of the ministry of health, Sri Lanka:

"Like most of the regional countries, CPD for doctors in Sri Lanka is not a mandatory requirement for the renewal of registration by SLMC. CPD is also not necessary for annual salary increments or grade promotions of doctors. Therefore, no one cares about CPD except extremely self-motivated doctors''.

The previous study conducted in Sri Lanka also identified the main reason behind non-engagement in CPD [6]. The provision of CME is not legally considered a "service of general interest" in Europe [8]. However, in the Netherlands, the recertification system is made compulsory by law, and CPD activities are made compulsory for most specialties. Australia and New Zealand encourage self-learning of CME/CPD but include mandatory components for all [2]. However, once the doctor is qualified and registered, he is licensed to practice medicine for a lifetime without proper revalidation in most Southeast Asian countries [9].

3.7. Lack of a properly organized CPD system within the ministry of health, Sri Lanka

"Many participants pointed out that currently, the CPD system is not being well established and organized within the ministry of health, and CPD activities take place in an ad hoc manner. The hospital

administrators or the MoH have not taken the trouble to have an annual calendar for CPD activities. Therefore, doctors could not decide and make duty arrangements enabling them to take part in CPD activities relevant to their fields. Further, there is no point system for CPD activities in the ministry of health, Sri Lanka. In the focus group discussion with doctors, they pointed the finger toward the ministry of health for not having a proper CPD framework in Sri Lanka as:

"It is a responsibility of the ministry of health to develop a proper CPD framework for the country, including a training priority, an annual training calendar, duty leave arrangements for participants, a point system, and incentives for those who complete the required number of points."

Similarly, a few other studies found that Sri Lanka lacks the infrastructure and mechanisms to provide appraisal and CPD points for doctors [10], and a feasible platform for CPD activities for doctors at the institutional, provincial, and national levels is required [11].

3.8. Lack of incentives and career pathways for doctors engaged in CPD activities.

As per many participants, since there are no financial incentives like allowances or salary increments for doctors who participate in CPD program in Sri Lanka, they are reluctant to engage in programs. During the focus group, discussion with doctors engaged in medical administration described the problem as:

"*CPD activities are not recognized in the current salary increment system operating in the ministry of health or in grade promotion of doctors under the ministry of health. The doctors are recruited to the ministry of health as preliminary grade medical officers, and they are promoted to grade two after completing the efficiency bar examination of the ministry of health. The Efficiency Bar examination assesses government procedures, discipline, hospital management, and financial regulation. It doesn't assess the clinical competencies of doctors. "*

"Doctors are promoted to grade one after completing a post-graduate diploma or MSc in 6 years or without any qualification in 10 years. Although this grading system has been established in the ministry of health in Sri Lanka, it doesn't link with any career pathway within the health care system of the country. Therefore, CPD activities don't help doctors to advance their position in their career pathways."

The doctors who completed the required CPD activities had been offered incentives in Belgium, Norway, and the United Kingdom [2]. General practitioner trainers in the United Kingdom were paid 500 GBP in the 2019 financial year [12].

3.9. Low interest of medical officers in participating in CPD programs

According to the views of some doctors in focus group discussion, doctors are not interested in participating in CPD program due to two main reasons.

"Since government sector doctors in Sri Lanka are allowed to do private practice after their working hours, they don't have time to engage in CPD activities after working hours."

"Further, according to the current extra duty payment system of MoH, we couldn't claim extra duty payments for the days that we engage in CPD activities. Hence, most of us are not willing to participate in CPD activities".

A study conducted in Pakistan also revealed lack of study leave (time) busy clinical schedules, cost, and work-life imbalance as the most common perceived barriers to practicing CPD [13].

3.10. Doctors in rural hospitals are unable to attend CPD program.

During the individual interviews and FGDs, many participants highlighted Most of the CPD programs are being conducted in cities where teaching hospitals and other large hospitals have the necessary resources and resource people are available. The doctors who are working in peripheral

hospitals do not get a chance to take part in those activities unless they come to the relevant centers. The lack of online or web-based CPD programs for doctors working in remote areas was also mentioned as a barrier to the participation of remote working doctors. One of the doctors working in the remote hospital described their difficulty in attending CPD activities as:

Since I have been working in a rural hospital 350 km away from Colombo for 3 years, it is very difficult for me to attend physically to CPD activities. Only two doctors are working in my divisional hospital. If one takes a leave, the other one must work continuously for 48 hours. Then that doctor must see OPD patients, emergencies as well as ward patients. Sometimes, he must conduct NCD clinics or antenatal clinics. Therefore, how can we attend the CPD program conducted in Colombo? "

A study conducted in Sri Lanka suggested that eLearning using web-based distance education would expand the opportunities for doctors working in rural distal areas of Sri Lanka by providing a flexible, convenient, and interactive form of CPD [14]. Furthermore, a review conducted to evaluate the outcomes of web-based continuing medical education in Europe revealed that web-based education provides numerous advantages to general practitioners (GPs), particularly those in rural and remote locations, including convenience, ready availability, reduced travel costs, and flexibility [15].

3.11. Study limitations

This study includes the views of health ministry officials' doctors and doctors engaged in health care management. This study doesn't contain the views of professional colleges, the Sri Lanka Medical Council, or the Sri Lanka Medical Association. However, the data obtained from the focus groups consist of rich information and diverse perceptions were acquired.

4. Conclusions and recommendations

The study highlighted the importance of CPD activities as a means of empowering doctors to demonstrate their competency and professionalism to patients. Although several activities related to the CPD of doctors are arranged by the ETR unit and other units of the ministry of health, the well-organized CPD structure which links to the revalidation of SLMC and performance appraisal is not established in Sri Lanka now. Based on the findings of this study, the majority suggested establishing a central body in the MoH Sri Lanka to organize, streamline, and coordinate the CPD program for doctors. It was suggested that representatives of this central body should be selected from relevant stakeholders like MoH, SLMC, professional colleges, university academics, and trade union representatives. An annual CME program calendar should be prepared, and it should be published on the internet and the website of the MoH. The program should be communicated to doctors by letters, emails, or messages. Those organized by the professional colleges should be published on the websites of the colleges.

It was suggested by many participants that the SLMC and the MoH get together with relevant stakeholders to work out a mechanism to link CPD activities to the renewal of the SLMC registration. Each MO should be advised to keep a CPD record with them, and one hour's CPD activity should be regarded as one CPD point. Since the SLMC registration is renewed once every five years, it is appropriate to have CPD cycles of five years. The number of CPD/CME points required for renewal of registration should be decided after adequate consultations with relevant stakeholders. Many of them emphasize the importance of providing financial incentives like a bonus or a salary increment to MOs who complete the prescribed number of CPD/CME units, and the system adopted by private sector hospitals could be taken as a benchmark practice for this. Furthermore, the use of information and communication technology (ICT) to popularize web-based CPD/CME activities. Many suggested facilitating MOs working in remote areas with limited resources using these types of digital web-based distance learning programs and evaluation after the course. The study emphasized the importance of having their own pre-prepared annual CME/CPD activity calendar and communicating this calendar

among relevant doctors. According to the study findings, many participants believed adopting the above suggestions would help to establish proper career pathways and interim carder links to CPD activities for doctors in Sri Lanka in the future.

Ethical statement

Administrative clearance for the study was obtained from the deputy director-general, medical services, Ministry of Health, Sri Lanka. Prior to the interviews, all participants provided verbal informed consent. This project was conducted as a part of CME development program. Hence, ethical approval was not required because study participants were chosen based on their professional roles.

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Conflict of interest:

All three authors declared that they had no conflict of interest in this study.

Authors' Contributions:

This study's conception and implementation were aided by all three researchers. The first author was in charge of overseeing the entire study and coordinating the operations. The first author conducted the in-depth interviews, while the second and third authors participated in focus groups and literature reviews, respectively. The final manuscript was read and approved by all writers.

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