

Malaysian private general practitioners' views and experiences on continuous professional development: A qualitative study

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Abstract

Introduction: Continuous professional development (CPD) is an important aspect of a medical practitioner's career. Aiming to be at par with other developed countries for high quality of professional practice, Malaysia is planning to implement compulsory CPD for the doctors.

Aim: The aim of the study was to explore the private general practitioners' (GPs) views, experiences and needs regarding CPD programme in the primary care service.

Methods: This study used a qualitative methodology. Seven semi-structured interviews and three focus group discussions were conducted with private general practitioners from an urban area of Malaysia between January and December 2012. An interview topic guide was developed based on literature review and researchers' discussions and it was used to guide the interviews. All the interviews were audio-recorded, transcribed verbatim and the transcripts formed the data for analysis using the thematic approach.

Results: GPs undertook a wide range of CPD programmes to keep up with medical advances, meet patients' expectations and improve financial rewards. Conferences, lectures and online recourses were the most mentioned methods of keeping updated. Some of the GPs felt that peer motivation and networking seem to motivate and facilitate participation in CPD programmes. However, they were wary of the validity and relevance of some CPD programmes, particularly those related to pharmaceutical industry. Although the participants agreed to the new mandatory CPD regulation, they voiced concerns on how it would be implemented and wished for a more effective method of monitoring.

Conclusions: Organised peer support and relevant CPD content may improve GP participation in CPD but adequate regulatory measure should be in place to monitor the CPD activities.

Introduction

Continuous professional development (CPD) involves an ongoing process of learning and upgrading of knowledge and skills. It also entails personal development of a medical practitioner throughout his professional life.¹ CPD has been advocated and practiced worldwide.² In many countries, such as the United States, Canada and the United Kingdom, CPD is mandatory for the revalidation of a doctor's practicing license. Studies have shown that CPD is effective in improving general practitioners' (GPs) quality of professional practice.^{3,4} Within the region, Singapore has implemented compulsory CPD since 2003.⁵ Hong Kong's non-specialist doctors are encouraged to join the mandatory CPD imposed for specialist.⁶ Regulations and bylaws regarding CPD among medical professionals are already in place in the Philippines and Thailand⁷ but participation is still voluntary.

Despite the importance and effectiveness of CPD, its uptake and implementation remain challenging and varies across different settings and specialties. There are several reasons for this such as: time constraint, heavy workload, difficulty in finding replacements and inconvenient location.

Malaysia has a dual-sector (public and private) healthcare system. The primary care doctors in the public sector work in the health clinics where there are ample opportunities for training and updates on the latest medical evidence. On the other hand, doctors in the private primary care setting often run solo practices and do not have time and opportunity to attend CPD programmes, of which less than 2% of them have been accredited for vocational or postgraduate training. Most GPs receive

latest medical updates through pharmaceutical representatives and journals.

Currently in Malaysia, the practice of CPD is voluntary for medical doctors. However, with the impending amendments to the Medical Act 1971, the health authority is making CPD a pre-requisite for renewal of doctors' annual practicing certificate (APC).¹⁴ This will serve as an impetus for primary care doctors to continuously improve their medical knowledge and skills to improve patient care. However, there is a dearth of information on CPD activities undertaken by private GPs in Malaysia. It is therefore timely to explore the GPs' views, experiences and needs for CPD activities. This will help the health authorities and CPD providers to develop programmes and trainings that are relevant to and sustainable in the Malaysian primary care setting.

Methods

In view of the exploratory nature of the study, we used a qualitative methodology to answer the research question.¹⁵ We conducted seven semi-structured interviews (n = 7) and three focus group discussions (n = 10) from January to December 2012. The GPs were recruited from Klang Valley, which is an urban area in Malaysia. Purposive sampling was used and GPs were recruited based on their gender, practice experience and postgraduate qualification. We identified several practitioners based on the practice type (solo and group) and location (residential and industrial). After checking their registration in Malaysian Medical Register, we contacted them directly or by phone. Colleagues of the researchers introduce some more practitioners. To those who agreed, an e-mail was sent with further details on the study. This was to ensure the homogeneity and capitalise on the shared experiences among the GPs. Permission was obtained from the Medical Ethics Committee, University of Malaya Medical Centre (MEC ref no: 920.20). We sought written consent from all the participants for audio recording and interviews. The participants were assured of anonymity and confidentiality.

An interview topic guide was developed based on literature review and pilot tested for suitability. After the pilot study, few questions were rephrased for clarity. The researchers interviewed the participants and asked open-ended questions as far as possible. GPs who couldn't attend focus group discussions (FGDs) were interviewed individually. Few of the respondents who were personally known to the researchers were included in the FGD conducted by senior researcher not acquainted to them. GP researchers, who were trained in qualitative studies, conducted the individual

interviews of GPs. This enabled the respondents to relate their experience easier as they shared some common grounds in primary care. The interviews lasted between 35 minutes to 2 hours. Prompts were used only if important issues did not emerge spontaneously during the interview. The key topics included GPs' views and experiences of CPD, the hurdles they faced and needs for CPD and their views on compulsory CPD for annual practicing certificate renewal.

An independent researcher took the field notes on the non-verbal cues and group dynamics for FGDs. The in-depth interviews, focus group discussions and field notes were used to triangulate the data. We interviewed the participants and analysed the data in an iterative manner until no new themes emerged. The recruitment was stopped when the researchers reached a consensus that the analysis had reached thematic saturation.

All the interviews were audio-recorded, transcribed verbatim and checked, and the transcripts were used as the data for analysis. The data were managed using NVivo 9, a computer-assisted qualitative data analysis software. Two teams of researchers working in pairs analysed two transcripts and agreed on the coding framework. Two researchers then coded the rest of the transcripts separately. The researchers get familiarised with the data by reading the transcripts repeatedly. We analysed the transcript by labelling a significant section of the transcripts to form the free codes. The free codes were grouped to form themes, which were later condensed to form categories. The coding framework was then applied to all the transcripts and any new codes or themes that emerged were communicated to all the researchers. All the researchers reached a consensus on the final list of codes and themes.

We presented the major themes derived from the analysis.

Results

GPs' profile

Out of 46 GPs who we approached, 17 agreed to participate. Those who refused, gave reasons that they were not interested in research or they felt that the interviews would disrupt their clinical practice. There were eight men and nine women participants with age ranging from 38 to 65 years old. The duration of the practice as a GP ranged from 2 to 35 years. All GPs were private primary care doctors. There were eight solo practitioners and nine were either in partnership or group practice. Out of these, three had a postgraduate degree in family medicine.

CPD activities and resources

Table 1 summarises the types of CPD activities undertaken by the participants with a wide variation. The GPs in this study sought information from many sources depending on their perceived needs and interest. The most mentioned CPD activities by the GPs were conferences and lectures; however, the younger GPs preferred online resources although they have to pay for certain access. Some GPs reported that they can even learn from free web video site such as 'youtube'.

Many GPs subscribed to read local and international medical journals. Other GPs attended conferences where they can interact directly with various speakers and other colleagues. International events were deemed more prestigious and preferred. GPs employed in group practice had their own periodic discussions or consultations with the group specialists. Formal courses (as listed) were attended and recommended by the doctors but others considered them too time consuming. Even the least participating GPs read journals, attended lectures and actively sought direct information.

Table 1. Continuous professional development activities undertaken by the general practitioners

Type of CPD	Activities/Resources
Reading materials	Journals: Medical Progress, British Medical Journal, Medical Journal Malaysia, Australian Family Physician Newsletter: (Medical Tribune) Materials from sales representatives Newspaper, magazines Clinical practice guidelines
Conferences	Scientific conferences
Workshops	Workshops Formal training courses: Diploma family medicine, membership of the Academy of Family Physician, occupation safety health
Pharmaceutical industry activities	Short lectures sponsored by pharmaceutical companies Information update, brochures on medical products by sales representatives
Online sources	Search engines: Google, Yahoo Medical websites: Medscape, AcMed, Hippocrates Youtube Online journals E-learning programmes
Peer groups	Social network: Malaysian primary care network Small group discussions Clinical teaching with specialists

Although GPs perceived CPD as beneficial but there were also negative ideas about CPD.

GPs' positive perception of CPD

The GPs valued the CPD activities in several ways. They considered CPD essential to help them keep up-to-date with the latest medical development and to meet the needs of patients. In addition, CPD enabled the GPs to provide better services, which in turn helped them to generate more income. Some GPs formed network to support CPD activities.

Meeting patients' needs

The GPs considered it a necessity to keep abreast of the latest medical advances to meet their patients' need. As one senior GP put it succinctly:

"So unless you go for your CPD, how are you going to give optimum care for your patients?" (65-year-old man)

"Besides, you want to give your best for your patients. Of course, it's for your own personal development. Well, you don't want to be doing dumb kind of things. You want to upgrade yourself from time to time and know new information." (53-year-old woman)

Better financial return

Increasing GPs' clinical knowledge and skills on specific clinical areas, such as occupational health, enabled them to expand their range of services. This in turn would mean better financial return.

"Occupational health will open more doors basically. So knowledge is one thing but we also have to feed our children. So it has to translate into better compensation." (49-year-old man)

Provides peer motivation and networking

Some GPs established informal peer support groups, which motivated them to attend CPD activities. This network of doctors kept each other informed about available CPD programmes and shared resources.

"Since this year, I pushed myself to attend (CPD), to learn and I have got a group of GPs that I start meeting during this CME programmes and they are actually very supportive. So anytime they get the information, they will email, they will text." (38-year-old woman)

GPs who were part of a group practice benefited from in-house CPD programmes.

"Because the being part of XY (a big group practice), we do get internal updating of information." (49-year-old man)

GPs' negative perceptions of CPD

Although GPs considered CPD beneficial, a few negative views were expressed by the GPs in this study. The GPs voiced suspicions of the motives and credibility of some CPD providers. Some CPD content was perceived to lack validity and relevance to the general practice setting.

Hidden agenda by CPD providers

The GPs were aware of the hidden agenda of some CPD providers, including those delivered by private hospitals, pharmaceutical industry and academic institutions.

"Another thing is the private hospital. They are actually very keen to advertise their hospital so they actually will give you free invitation to attend talks given by their own doctors, promote their doctors and give us free lunch or dinner." (39-year-old woman)

"it's more on commercialization, it's more on advertising for drug companies.." (53-year-old woman)

It was common for GPs to attend industry-sponsored CPD activities and they were

aware of the potential bias. In addition, pharmaceutical representatives played an important role in keeping GPs updated on new drugs in the market.

"You know, like O&G conference or hypertension conference. Those things you know. I might go. I look for a sponsor and go, because sometimes it is expensive." (53-year-old woman)

Even teaching institutions were suspected to have their own agenda of marketing the organisation.

"Nowadays we find certain teaching institution also very...how to say...belong to same line as the pharma you know. Because they have got certain agenda like they try. Because you see they are already vying for each other for (market share)...you know" (43-year-old man)

CPD activities irrelevant to local general practice

The GPs commented that some of the CPD activities were delivered by foreign speakers, which might not be relevant to general practice locally. In addition, the content of some CPD activities focused on hospitals rather than primary care.

"I have to be more selective because sometimes the organizer brings in speakers from overseas and they are talking about topics that are more for the specialist, not for GPs, not practical in my setting." (43-year-old woman)

"I think sometimes the journals may not be very useful because they are not suitable for our context—our local (general practice) context. And as a GP, most of the literatures are focused on hospital practice rather than general practice." (53-year-old woman)

Validity of information

Several concerned GPs were uncertain about the validity of the information they received, especially online resources.

"But there're different versions. The American version is different. The British version is different. Sometimes you don't know which direction, which?" (56-year-old man)

Certain content of local journals was also doubted.

"Even some of the local experts, supposed to be experts, when they write, you can pick up some issues which should not be there. Sometimes, they're biased also." (65-year-old man)

GPs' views on the impending change in CPD regulations

All respondents were agreeable to the proposed compulsory CPD for the GPs. This reflects their desire to see an improvement in the standard of primary care.

"So by having compulsory CPD points before we get our APC, it will make our medical professional sit up and update ourselves. This is just to get our doctors to keep up to date...what is going on... so in the end they will become better health care professionals." (43-year-old man)

However, they expressed concern regarding its implementation and regulation. The GPs were skeptical about how the CPD attendance would be monitored. They observed some loopholes that should be improved before mandatory certification can be imposed.

"There are a lot of loop holes that the other doctors can do. Just sign in your registration, and come back the end of the day, collect your certificate, that doesn't mean you sign out for it. You will learn, so, let's make it something that the doctor voluntary wants to do." (49-year-old man)

Discussion

This study revealed several pertinent issues regarding CPD undertakings of GPs. As all our GPs were engaged in some form of CPD activities, previous notions that only a small percentage of private GPs participate in CPD may be reviewed. However, this will warrant a different study.

The GPs were actively engaged in different forms of CPD to meet their learning needs despite the absence of legal enforcement. The CPD activities appeared similar to that elsewhere in the world. These actions had also been previously proposed by the local researchers. Other forms of CPD such as audits, teaching or mentoring, research works and journal contributions have been described by GPs in other studies but not captured in our study. Similar to our findings, the popularity of lectures and conferences is universal as similar preferences were documented among primary care doctors in New Zealand, UK and South Africa. These modalities, though popular, were often less effective in improving doctor's clinical competency, as reported by Forsetlund and Thompson O'Brien. Some of the existing GPs initiated CPD programmes themselves, including small group discussion, which could be given due recognition and be awarded CPD points. This would encourage more GPs to be involved in CPD activities. Systematic planning, record keeping and content validation may qualify such events to be accredited. Practice

based small group learning (PBSGL) is an innovative and effective mode of CPD, which has been practiced by primary care practitioners in Canada and Scotland. Some of our GPs arranged in-house or peer group CPD activities. They readily shared information among themselves, despite business competition in private health service.

CPD was viewed favorably by our GPs but they were more concerned about the effectiveness of CPD and whether it resulted in improvement of health services. The relevance and validity of available CPD content were concerns raised by GPs in the study. Previous study of GPs by Loh et al. recorded similar findings. They were critical about the relevance of CPD delivered by hospital-based foreign specialist. Therefore, locally initiated CPD might appeal to these GPs as it had more relevance to their practice. On the other hand, the concerns about the validity of CPD content might actually reflect an essential but neglected GP needs, which was a critical appraisal skill. GPs should be guided to correctly identify their learning needs, which may reflect the health pattern of the community that they serve. A learning needs assessment tool for GPs could serve as a guide to plan the CPD development and evaluation. As such, appropriately trained GPs can fulfill the unmet healthcare needs of the population and contribute to the nation health provision more significantly. GPs must be prepared to change their paradigm from a simple end user of CPD to a critical contributor. They must also identify and communicate their learning needs clearly. More collaborative work between stakeholders and medical practitioners of different levels are needed.

Most of our GPs regarded CPD as an investment that should result in better financial returns. This was not surprising as most private GPs were business owners or partners. The entrepreneurial insights of GPs enabled them to grasp the business dimension of CPD. These could be used as a facilitator to encourage CPD among private GPs. The mechanism of reward for GP embarking on CPD is unclear at present.

Our respondents questioned the potential commercialisation of CPD and its regulation. For instance, in USA, CPD is a multi-billion-dollar business. The pharmaceutical industry contribution to the CPD has been the subject of debate for some time. All GPs in this study were aware of the role of the pharmaceutical industry when delivering CPD and their potential bias. They were very critical of industry-sponsored clinical materials. However, they still considered the financial support of the pharmaceutical industry to the CPD activities helpful and desirable. According to Othman et al., the concern of industry influence on the prescribing

pattern are mostly apply to junior and less experienced GPs. Educational integrity and independence must be maintained even as the grants provide value to the supporting organisation. Clear guidelines or regulations should be put in place to monitor the CPD providers, funders and target audience for best outcome. Present CPD monitoring system should be improved before mandatory revalidation of annual practicing certification can be implemented. Even in a teaching institution the role of various parties is debated and the demand for suitable reward is voiced.³⁸ As each doctor must respond to the need to fulfill his highest potential, proper support measures should be provided for the GP's attainment of CPD.

As far as we are aware, this was the first study to explore issues pertaining to private GP's CPD activities in Malaysia. However, there were limitations in this study. Our respondents were GPs from Klang Valley where CPD was most available. GPs from different parts of the country, particularly those from remote areas, might face different challenges in pursuing and benefiting from the CPD. The bigger portion of non-responders GP might have participated

in different CPD activities and had different perceptions and problems.

Conclusions

An organised network with peer support is helpful to encourage involvement of GPs in CPD. To improve CPD, topics and issues covered for private GPs should be relevant to their local setting. GPs are receptive to positive changes in CPD regulations to improve healthcare. However, proper regulations need to be out in place to monitor various stakeholders, users and contributors in CPD activities.

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Conflict of interest

The authors declare that they have no competing interest.

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