

Continuous Professional Development in the Sri Lankan Health System: Past, Present and Future

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Abstract

Introduction: Continuous Professional Development (CPD) is a system of practice that plays an integral part in honing the knowledge, skills, attitudes and mindsets of healthcare professionals leading to improved patient experiences and better health outcomes, the world over. CPD in the Sri Lankan context is at the cusp of a monumental achievement. Following many years of discussions and setbacks, the National Continuous Professional Development (NCPD) framework has finally reached operational status with pilot programs being planned in several districts.

Methodology: we referred to local literature, official documents and various research studies centered around CPD in an effort to detail the history of CPD activities in Sri Lanka, the establishment of the NCPD framework, the obstacles encountered during previous attempts of implementation, the journey thus far and the way forward for a sustainable, long-lasting NCPD program that is beneficial for all Grade Medical Officers (GMOs) and health professionals later on.

Results: Findings included uptake of a wide array of e-learning modalities following the COVID-19 pandemic. Multiple research studies showed that stakeholders were satisfied with the cost-effectiveness, heightened productivity, convenience, flexibility and information accessibility offered by web-based CPD initiatives. However, the underdeveloped digital infrastructure remained the main drawback of adopting e-learning strategies in our context.

Conclusion: E-learning platforms that gained traction during the COVID-19 pandemic have become a boon to actualizing the NCPD program together with the steps taken to strengthen the local digital infrastructure. This promises to mark the next major era of Medical Education in the country.

Keywords: Continuous Professional Development, Medical Education, Emerging Trends, Sri Lanka

Introduction

The Sri Lankan university education system has been lauded the world-over, for producing medical professionals of the highest caliber (Siribaddana et al., 2012) who have, over the years, taken up positions in highly reputed institutions and accepted to posts in various esteemed organizations based on their exemplary academic and professional record

(University of Colombo, 2023). With proven evidence of CPD participation and physician performance in practice (Wenghofer et al., 2014) there is an urgent need to re-evaluate its relevance in the local context and initiate an effective, sustainable CPD framework with high yields.

CPD includes all activities undertaken by doctors who have concluded their training and are in independent practice - formally and informally- to maintain, update, develop and enhance their knowledge, skills, attitudes, and behaviours in response to the needs of their patients (World Federation for Medical Education, 2015). In the past, medical

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knowledge accrued during the undergraduate period was considered adequate for the entirety of a clinician's career. However, this does not ring true nowadays, and the notion "once in, good for life" is not an acceptable frame of thought anymore (Karunathilake, 2020). This is due to three fundamental reasons which have affected the very nature of medical education in the modern era - the exponential expansion of medical knowledge, the ever-evolving practice of medicine and the changing expectations of patients (Karunathilake, 2020). Because of the aforementioned reasons, engaging in CPD is not only a professional obligation but also a prerequisite for enhancing the overall quality of health care (World Federation for Medical Education, 2015).

The Birth of the CPD concept

The concept of a lifelong, continuing education is not something radically new. Since time immemorial certain medical practitioners with vested interest in professional development and improved patient care, had always been involved in such endeavours. The United States of America is one example for a country with a very rich history of Continuous Medical Education (CME) extending back to the early 1900s spearheaded by the efforts of the Mayo brothers, Charles and William (Partin et al., 2014). Although, CPD and CME are used interchangeably in the modern day, the term CME has largely been replaced by CPD. Since CPD incorporates non-medical competencies such as professionalism, and inter-personal, managerial and communication, along with medical teaching, its relevance and impact are greater (Hellenberg et al., 2005).

Challenges in implementing a National CPD framework

At the global stage several countries have successfully implemented CPD programs for the benefit of doctors, on mandatory or voluntary basis, but there have been some challenges in implementing a proper CPD framework in the local setup. A few research studies have delved into and analysed reasons

for the lack of active participation in CPD activities by medical professionals in Sri Lanka. A qualitative study conducted in 2020 concluded that the major reasons for non-engagement in CPD activities were, an absence of a well-organized and streamlined programs for medical officers, lack of interest to such programs by Grade Medical Officers (GMOs), programs not reaching remote areas of the country and lack of financial incentives for CPD related activities (Sabhathige et al., 2022). Another study, which made a SWOT matrix analysis of implementation of CPD for GMOs in Sri Lanka identified lack of financial incentives, lack of CPD infrastructure, remoteness of doctors from main educational centers, lack of time and CPD being non-compulsory by law for re-validation (Samarasinghe et al., 2020).

Provision of CPD before the establishment of a National CPD framework

Before the establishment of the National CPD (NCPD) framework and as of currently, there are several institutions and academic bodies which engage in CPD related activities throughout the year. The Education, Training and Research Unit of Ministry of Health (MOH) is the national focal point for all CPD related activities. The Postgraduate Institute of Medicine (PGIM) also provides CPD courses for medical professionals apart from their routine postgraduate training courses. Besides training undergraduate students, the medical faculties too, provide CPD programs through their outreach arms across the island. The Sri Lanka Medical Association (SLMA) is another academic body which conduct CPD programs the year over. Additionally, the Family Health Bureau, Epidemiology Unit and Health Promotion Bureau conduct regular training programs for the benefit of the country's public health staff. However, there was a need to establish a proper NCPD framework in Sri Lanka that shared characteristics and paralleled that of international CPD systems. Because such a move would enable local CPD programs to be recognized by other responsible bodies overseas (Jayarathne et al., 2016).

The Evolution of the National CPD program

The origins of the National CPD (NCPD) program could be traced back to the early 2000s when a proposal was made by Dr. S. Seneviratne Epa, then President of the SLMA, to link up the National CPD program with the revalidation process of GMOs. A committee was appointed to achieve this end, however, the initiative stalled due to lack of concurrence between the stakeholders concerned. Undeterred by this initial setback, the National Center for CPD in Medicine (NCCPDM) was successfully established in 2005 with a plan to carry out a pilot program in Hambantota assisted by funds allocated by the MOH. Prof. Indika Karunathilake took the lead in devising a formalized CPD point scheme, accepted by all, which would be used for said program. To spearhead these activities, that same year the Central CPD Committee (CCPDC) was inaugurated, and Dr. Epa was unanimously elected as its president.

The following year saw pilot programs expanded to several more districts and the establishment of dedicated regional training centers. CPD continued to be actively promoted during regional clinical meetings of the SLMA, but progress of the NCPD program stagnated once again due to interruptions in fund allocation by the MOH. During this period of uncertainty, however, a few research studies to determine the feasibility of a web-based approach to the CPD initiative were conducted, with fairly positive outcomes. One study involved the implementation of a web-based CPD program on medical genetics, which revealed that professionals were satisfied with the flexibility and convenience offered by such an initiative, as it saved time and money (Kulatunga *et al.*, 2013) and the other concerned the development of an online CPD module on management of breast cancer for general practitioners in Sri Lanka, that concluded there was a preference to CPD modules delivered online since it ensured better accessibility and flexible scheduling, facilitated frequent CPD updates and was relatively cost effective (Pathirana *et al.*, 2015). In 2016 a draft conceptual CPD framework was conceived to enable effective CPD provision for GMOs in Sri

Lanka, using baseline information on lifelong learning and CPD practices of GMOs in the Central Province, along with views from island wide CPD leads. In that CPD model, physicians, CPD providers and accreditation bodies were identified as key responsible entities, including the MOH, which was required to take the lead in initiating such a CPD framework in the country (Jayarathne *et al.*, 2016). The following year saw a few positive developments taking place regarding the NCPD program. Chief of which, was consensus being reached to conduct CPD on voluntary basis and the revision of the CPD credit points scheme to be on par with current adopted international standards. Another plus was, the MOH recognizing CPD as a major area that contributed to the improvement of overall quality of care. With the CCPDC's initiation, NCPD certificates were issued to GMOs who voluntarily participated and submitted portfolios as per previously published guidelines.

The induction of Prof. Indika Karunathilake as the SLMA's president in 2020 ushered in a new era for CPD and reignited interest in the NCPD program. The SLMA's theme for that year – Education, Life-long learning and Continuous professional development – reflected the greater importance placed upon the concept of CPD. However, the occurrence of an unforeseeable event turned the tide of the NCPD program.

A Major Paradigm shift in Medical Education

The global COVID-19 pandemic in 2020 served as the primary contributory catalyst of a major paradigm shift in Medical Education the world over. To adapt to this 'new normal,' the field of Medical Education underwent a rapid digital transformation on a global scale. This provided a window of opportunity to expand the NCPD program in Sri Lanka, which had, up to that point been limited to candidates who voluntarily participated and confined only to the medical profession. The SLMA shifted its strategic approach for knowledge sharing and information dissemination to the virtual space, by organizing a series of successful webinars and hybrid conferences - such as the Asia Pacific Academic Consortium of Public Health

(APACPH) Conference and the Conference to mark the Sesquicentennial Anniversary of the Faculty of Medicine, University of Colombo (Karunathilake *et al.*, 2021). The webinar trend continues to thrive in the post-COVID era and has emerged as a cost-effective methodology of CPD provision in the face of the ongoing economic crisis. Therefore, cost-effective digital solutions that offer ease of access to learning materials and learning opportunities have paved the way for the incorporation of the NCPD framework, with the approval of all stakeholders.

The Establishment of the National CPD framework

In 2023, the MOH issued a circular addressed to all Provincial and Regional Directors, as well as, all line ministry institution heads, under the title “Establishment of a National Continuous Professional System for Health Professionals” in an effort to fast track the establishment of the NCPD framework (Ministry of Health, 2023). According to the document, “Phase one will focus on medical professionals and subsequently extended to all health professionals. The first activity of this phase is to carry out an all-island CPD pilot project” (Ministry of Health, 2023). The circular further urged potential CPD providers, members in colleges/associations interested in being mentors and medical officers who wish to volunteer, to register for the pilot program. The focal point coordination for this endeavor would be the Education, Training and Research unit of the MOH. All CPD activities pertaining to this framework will be assessed under five main competencies. They are,

1. Knowledge, skills development and change in performance
2. Research, innovations and publications
3. Leadership/teamwork skills
4. Communication skills, IT skills and social skills
5. Teaching/mentoring/coaching

Under the first competency GMOs should update and enhance their medical knowledge, clinical and procedural skills and professional values to enhance patient care. Under the

second competency GMOs, individually or as a group, would actively contribute to the creation or dissemination of knowledge. In the third competency GMOs should learn to collaborate/engage with all categories of healthcare professionals and other relevant stakeholders. The fourth competency concerns effective communication with the various strata of healthcare professionals and other relevant stakeholders, whilst improving documentation skills and knowledge regarding medical ethics. The fifth and final competency involves the improvement of a GMO's ability as a skillful teacher/mentor.

Those eligible for the NCPD certificate must achieve a minimum of 30 credit points annually, based on the above five competencies, and accomplished in a manner that is relevant to their scope of practice. These CPD points would be calculated on an hourly basis for both online and onsite activities and must include the minimum requirements as depicted in the scoring guide (Table 1). Further, they should include a mandatory reflective log for each competency category, comprising a minimum of 300 words. The rationale of including reflective logs was for participants to identify their gaps in competencies by themselves, as they proceed with their CPD activities.

The certificate in question will be valid for a period of three years from the date of issue with a renewal cycle of three years duration, a timeframe officially decided upon by the NCPD committee. Renewal would only be considered if a GMO has actively engaged and completed three years of uninterrupted CPD related activities consecutively, and submitted their annual e-portfolios which will function as a repository of evidence – such as text, images, videos and blogs – maintained online. The NCPD certificate will be issued by the NCPD committee, and the process will be funded by the MOH.

The status of the NCPD program and its subsequent implementation is a perpetually evolving process, however, finalization of the governing structure, guideline development for CPD providers/ mentors and recruitment of resource persons have already been

completed. The training of service providers and development of the CPD management

information system and a learning management system like MOODLE await completion.

Table 1: Scoring guide for CPD credits

Knowledge, skills development and change in performance (Minimum 10 points)		
Activity	Points per activity	
	Resource person	Participant
Attending local or regional academic/scientific meetings, symposiums, exam preparation courses, workshops, seminars, courses and lectures (face to face or online)		
1 hour	3	1
30minutes	2	
Workplace based training		
1 hour	3	1
30 minutes	2	
Attending national and international meetings directly relevant to the scope of practice and courses to learn technical skills		
1 hour		1
Presentations given at a national/international specialty meeting or course		
1 presentation		5
Training, assessment or re-assessment of practical and other skills carried out at work such as: Life Saving/Resuscitation Safe prescribing Hand hygiene		
1 hour	3	1
30 minutes	2	
Personal Learning: Journal of textbook reading (online or printed) Viewing recorded lectures Preparation for committee meetings, workshops or workgroups		
1 hour		1
Research, innovations and publication (Minimum 5 points)		
Developing and undertaking an audit		3
Presentations given at a national/international specialty meeting or course		
1 poster presentation		2
1 abstract presentation		2
Publishing research articles in peer-reviewed journals		5
Publication of a chapter in a book		5
Publication of a book		15
Authoring a research grant application		5
Reviewing/editing peer-reviewed publications		1
Editing/assessing research grant applications		1
Developing national guidelines		5
Conducting training programmes in relation to research – 1 hour		3
Leadership/teamwork skills (Minimum 5 points)		
Formal leadership courses	3	1
Training related to leadership – workshops, seminars	3	1
Team building exercises/activities	3	1
Working with colleagues	3	1
Multi-professional meetings	3	1
*Credits per hour given		
Communication skills, IT skills and social skills (Minimum 5 points)		
Training/teaching in communication skills /IT – workshops, seminars, symposia, lectures , formal courses	3	1
Multi-disciplinary meetings	3	1
Multi-professional meetings	3	1
Organizing /conducting social activities within and outside the working place	3	1
*Credits per hour given		

Teaching/mentoring/ coaching (Minimum 5 points)	
Formal basic training/ undergraduate or postgraduate teaching (1 hour)	1
Setting exam questions (1 accepted question; maximum 5 per year)	1
Examining	
Formal postgraduate and undergraduate examining (1 hour)	1
Mock postgraduate examining (1hour; maximum 5 credits per year)	1
Examining a postgraduate thesis	Maximum 10 per thesis
Other academic activities (per 1 hour)	
Chair academic meeting	1
Contribution to educational programmes or curricula	1
Thesis supervision	1
Mentoring, coaching (points per hour)	1

The Way Forward

As highlighted earlier, a major contributive factor for non-engagement in CPD activities by GMOs in the past was the fact that such programs did not reach remote areas. This particular gap can certainly be bridged by utilizing e-learning methodologies to deliver CPD activities to participants. The findings of a study centered on a CPD training module developed by the Ministry of Health in conjunction with the SLMA, Primary Healthcare System Strengthening Project (PSSP) and World Bank for the benefit of GMOs attached to rural Primary Medical Care Institutions (PMCI) revealed that e-learning platforms were an effective mechanism for CPD delivery and strengthening primary health care (Karunathilake *et al.*, 2020). GMOs perceptions towards the entire CPD course were also positive. The challenges faced were primarily due to the shortcoming in our country's digital infrastructure with internet access issues in remote areas, downloading video-related course material in low-bandwidth areas and technical difficulties encountered while conducting the course (Karunathilake *et al.*, 2020).

The rise in smart phone usage, and rapid developments in the sphere of information and communication technologies (ICT) in the country can successfully offset these shortcomings. The opportunities that e-learning and m-learning afford for CPD activities are many. Access to information via the usage of repositories or digital libraries in medical education is on the rise. The Health Education

Assets Library (HEAL) and the Online Multimedia Educational Resource for Learning and teaching (MERLOT) are two examples for digital libraries. These are freely accessible resources of high-quality information that benefit both medical educators and medical students. Additionally, m-learning offers many exciting opportunities for CPD. M-learning refers to learning via a mobile device such as a tablet or smartphone. Such devices are ubiquitous among doctors and offer an array of potential opportunities for CPD (Karunathilake, 2017). Artificial Intelligence (AI) is another exciting modern tool that can be used in the future, to offer a tailor made CPD experience for medical professionals in our country. An AI-driven digital platform for reflective learning can provide a virtual backbone for integrated learning that can empower clinicians to take their point-of-care learnings and draw connections to their work (Cohen *et al.*, 2023). As with any technologically related application there may be detractors who would view things differently, and view AI as a threat to their very livelihood. Therefore, curating an adequate number of AI education programs to counteract the lack of AI literacy should be considered before the inclusion of such a tool into our National CPD program.

CPD plays an integral role in crafting an effective and professional health workforce. With the implementation of a NCPD program in the offing, the future of CPD in the Sri Lankan context certainly looks promising. However, potential challenges should be anticipated and considered to ensure success and sustainability.

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