Swiss TPH
Swiss Tropical and Public Health Institute
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Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Continuing Medical Education/ Continuing Professional Development and Primary Health Care

Nargis Rakhmatova,

Medical Education Reform Project in Tajikistan

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Introduction

• High quality PHC development on Family Medicine principles (as set out in the National Health Strategy of the Republic of Tajikistan 2010-2020) depends on good professional training so that Family Doctors and Family Nurses develop the necessary skills, knowledge and overall competence to practice as high quality FM specialists.

•Ongoing quality improvement is fundamental to modern family medicine to provide person-centred, safe and effective care, and efficient use of current resources in a fast-changing environment.

•Structured small group work has been shown to contribute to an individual's professional growth and expertise (A. Rohrbasser, 2015).

• The MoH SP Regulation “On approving the continuing medical education procedures of family medicine specialists in RT” issued on 27/4/18 to ensure safe PHC practice, increase patient satisfaction, and reduce unreasonable costs.

Medical Education Reform Project (Phase III)

Overall goal of the Project:

The population of Tajikistan benefits from improved quality of health care services, especially at primary health care level, through reforming medical education leading to better health

Outcome 1: Policy Framework

Human resource for health policies that take into account needs and realities of the health sector in an effective and sustainable way are updated thereby the governance of the medical education system is improved

Outcome 2: Undergraduate

Doctors and nurses are adequately prepared to meet health needs of the population through curriculum and teaching reforms.

Outcome 3: Post Graduate and Continuing Professional Development

PHC workers offer services of better quality due to effectively functioning family medicine specialisation and CME programs

Transformation of CME from tradition to modern

- Traditionally in Tajikistan, CME is very formal, given the rather theory-based history of medical education. This system is mainly through refresher (USO) one/two month training courses every five years, which are centralized and problematic for medical specialists.
- An other example of a more theoretical, scientific direction of the CME system is a taking part in an international conference or publish a paper – which are generally far beyond the possibilities of a family doctor.
- Hence, MEP sought to establish a more modern approach and introduced the concept of Peer Groups already in 2007, as a potentially cost-effective and sustainable model that can also lead to team building because family doctors and family nurses both can take part.
- In addition, drive to build on Soviet tradition whereby more junior doctors learn from senior ones and estalblish a mentoring programme.

CME/CPD in family medicine: Achievements

- Ministry of Health and Social Protection (MoH SP) approved the credit-based CME Regulation on 27.04.2018
- In CME regulations are identified the roles and place of family medicine institutions and Family Medicine Association in implementation CME process
- CME system based in credit-hours among family doctors and family nurses are implemented from 01.06.2018
- The portfolio developed for FM specialists, launched web-site on CME (www.nmo.tj) to register of CME activities under the piloting

CME/CPD in family medicine: Achievements

- Peer Groups (PG) recognized as a CME method given successful implementation in MEP districts since 2007
- The MEP experience on PGs is shared with Kyrgyzstan and successfully implemented in their CME system
- This MEP CME approach was presented and published on National & International levels (Kyrgyzstan FM Symposium, 2015, Geneva Health Forum, 2018, WHO journal, 2018)
- National Guideline on Establishing Peer Groups is under development
- Including Mentoring in the updated Regulation as a CME method – with development and launching of a National Guideline on Mentoring

Main approaches of CME/CPD in family medicine

- **CME /CPD or Family Doctors & Family Doctors based in credit-hours**
  - *The total number of credit-hours are 250 hours for Family Doctors & 200 credit-hours for Family Nurses*
- **CME/CPD tailored to the needs of family doctors and nurses**
  - *The problem-based and practice-linked CME activities are highly effective approaches in organizing CME.*
- **CME/CPD is multifaceted**
  - *The CME Regulation includes formal and self-directed (non-formal) CME activities (see next slide).*
- **CME/CPD based in credit-hours more decentralized**
  - *Most of the formal CME activities for Family Doctors & Family Nurses are organized by educational institutions in the district level, close to the workplace of doctors and nurses*

CME categories and activities: distribution of credit-hours

Self-directed (Informal) CME: *15-20% of total credit-hours for informal CME*	• Reading the recommended medical literature (books and electronic library) • Participating in meetings of the Peer groups • Preparing of materials and presentations for the population • Speech on family medicine in the media (radio, television, newspapers, journals, etc.)
Formal CME, not directly related *with family medicine specialty, aimed at professional and personal development:* *10-15% of the total number of credit-hours*	• Participating in courses • Participating in seminars • Events, lectures, other types of learning that useful for the profession of a doctor / nurse
Formal CME, directly related with family medicine *- 65-75% of the total number of credit-hours*	• Participating in refresher courses (USO) • Participating in structured lectures • Participating in seminars, meetings • Scientific work (participating in conferences, publications) • Distance learning • Mentoring of doctors, interns, students • Conducting of practical activities with nurses

Peer Group Concept

"Continuous, systematic, and critical reflection by a group of doctors or nurses, on their own and colleagues' performance and problems, using structured procedures with the aim of achieving continuous improvement of the quality of care"

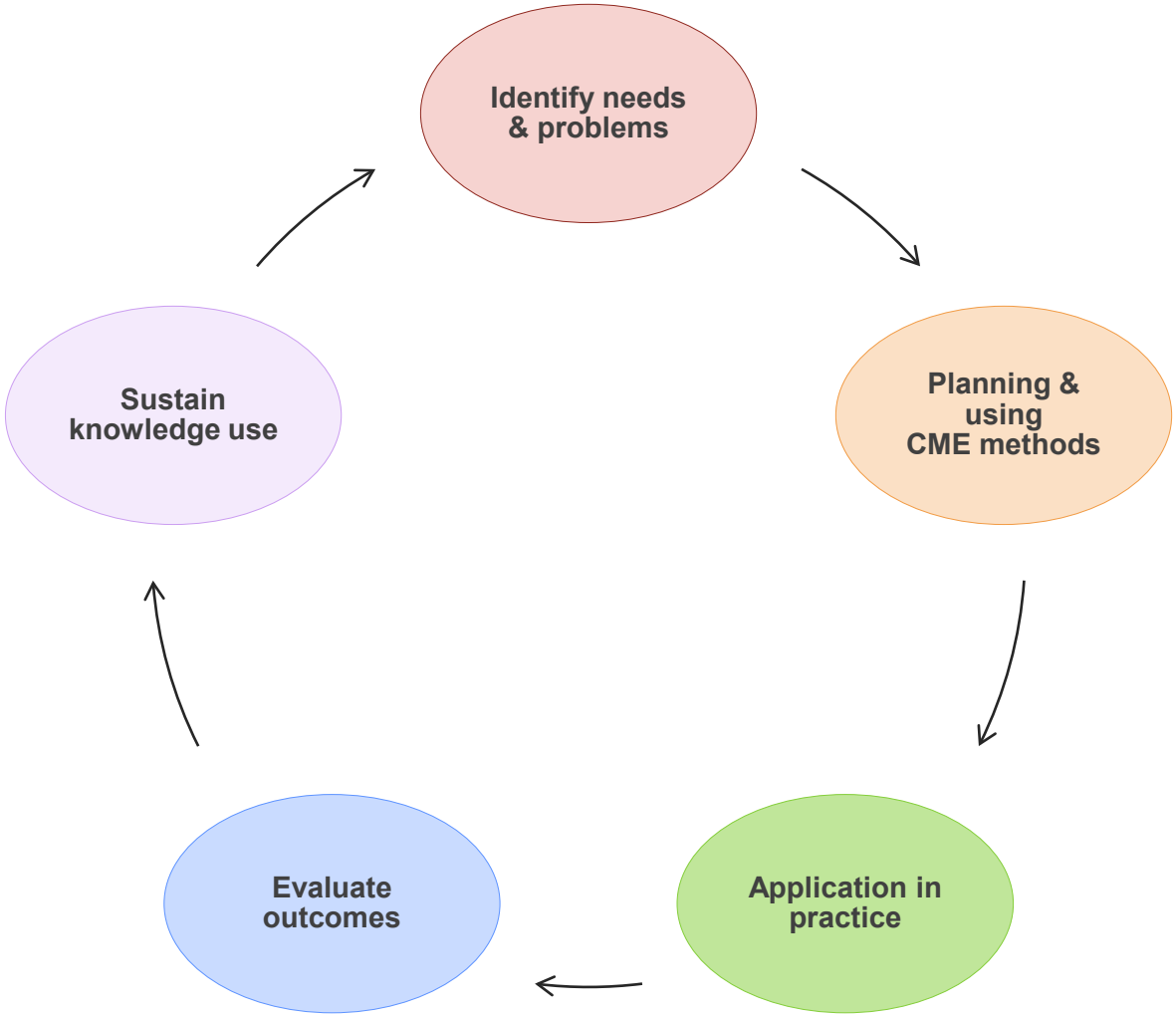
The goal of a PG: **continuous improvement of the quality of care.**

The people involved in a PGs: **a group of doctors or nurses.** They are people that have the same professional level in the health care system.

Currently, by MEP are organized regularly meeting 68 (655) PGs for Family Doctors and Family Nurses in pilot districts.

The principles of PGs are based in frame of "Knowledge-To-Action principles"

Knowledge-To-Action (KTA) Framework and CME



Interim evaluation of CME implementation

Aim:

Evaluate the opinions of family medicine specialists on CME piloting, to identify difficulties and to address the ways of solving.

Objectives:

- Collect -information on Family Doctors and Family Nurses experiences taking part in the CME system, based on credit-hours;
- Investigate the professional training and activities of Family Doctors and Nurses;
- To gather opinions of Family Medicine specialists re. their participation in CME;
- To examine difficulties, related with participation in CME system;
- Identify the decision of occurred difficulties and develop a recommendation for the problems solving.

Methodology:

Cross-sectional study and qualitative analysis

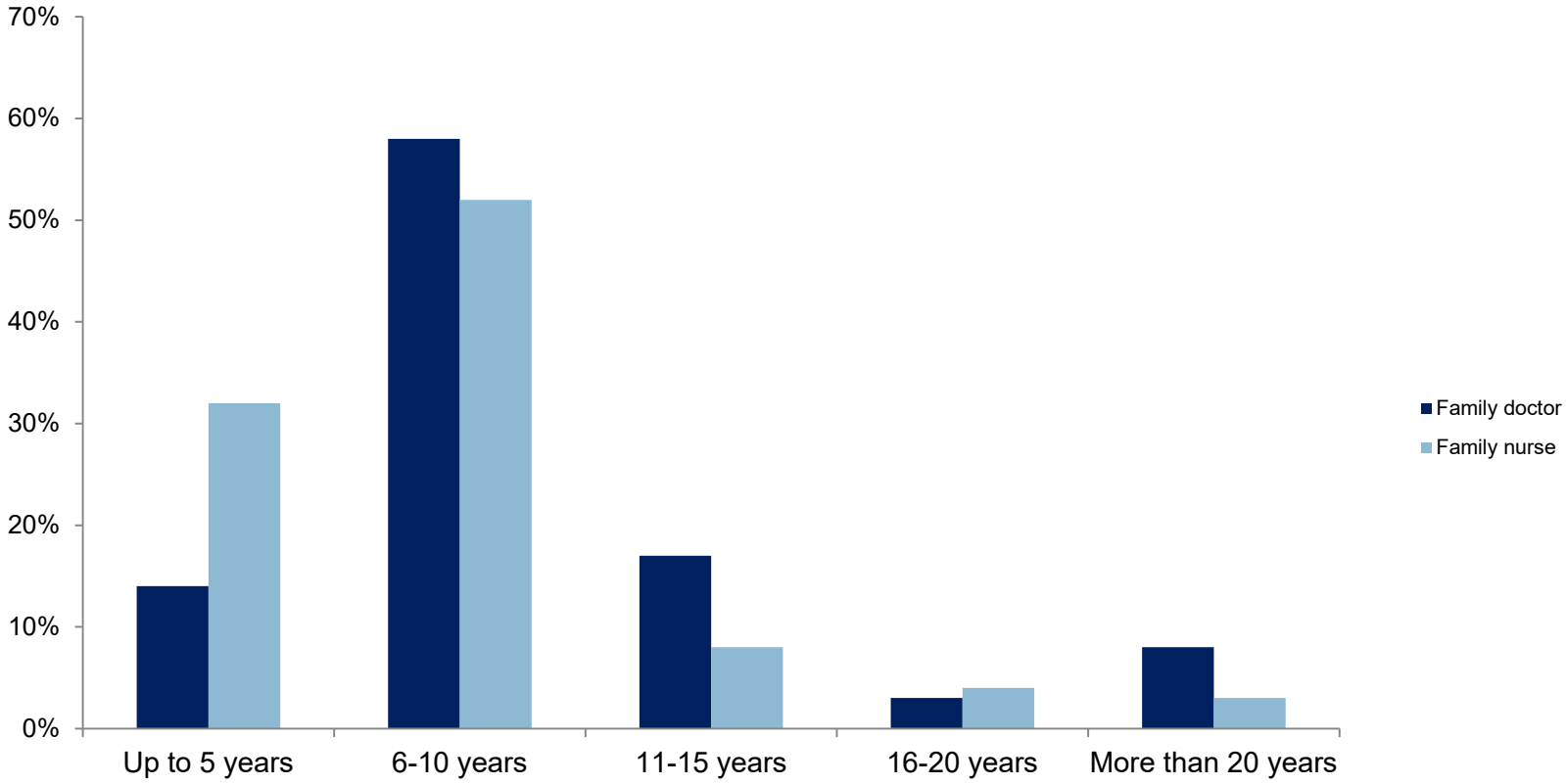
Sample size:

N= 61 family medicine specialists taking part in credit based CME system

Description of evaluation respondents by age and gender

	Total (n=61)	Total in, (%)	Doctors (n=36), (in % from total number of FD)	Family nurses (n=25) in % from total number of FN)
Sex				
Men	19	31%	50%	8%
Women	42	**69%**	50%	**92%**
Categories by age (%)				
25-30 years	3	5%	8%	-
31-40 years	16	26%	28%	24%
41-50 years	16	26%	17%	**40%**
51-60 years	25	**41%**	**44%**	36%
61 and older	1	2%	3%	-

Work experience of Family Doctors and Nurses



Respondents' perceptions on difficulties, encountered in participating in CME

Main difficulties/barriers	Total (n=61),	Family doctors (n=36)	Family nurses (n=25)
Lack of time for participation in Peer groups' meeting	5	5	-
I don't know how to participate in the CME events and collect a credit-hours	2	1	1
I can not work with CME web-site, because don't have enough computer skills	29	12	17
The Head of PHC facility does not understand and/or prevents my participation of CME activities	1	-	1
Other: «I don't see any barriers to participate in CME system»	23	17	6

Next Steps

- CME system based on credit-hours will be implemented in family medicine specialty on National level with taking into account lessons from the piloting model in the Tursunzade district – under Swiss support until 2021
- Integrating family medicine institutions in implementation of CME system, especially the Professional Associations
- Diversification and decentralization of the CME activities.
- Improving the problem-based and practice-linked CME activities
- Improving Peer Groups with focus to KTA principles
- Rolling out the national guidelines on Peer Groups and Mentoring – and ensuring their inclusion in the new national Health Strategy of RT

For more information see our film on Peer Groups :
https://vimeo.com/214812790

Thank you for your attention