

Factors affecting on rural medical officers' continuing professional development (CPD) in Sri Lanka

Priyanka Dilhani Munasinghe Pathiranage¹

Medical officers (MOs) who serve in rural areas report professional isolation and lack of opportunities for continuing professional development (CPD). These have also been related to dissatisfaction among MOs in rural areas. It has been observed that factors associated with professional isolation, geographic isolation, as well as access to CPD have a significant influence on recruitment and retention of medical professionals in rural areas. Therefore, it is believed that improved CPD access can alleviate the professional isolation of rural MOs and, in turn, may influence recruitment and retention. Factors associated with professional isolation, as well as access to CPD, are believed to have a significant influence on recruitment and retention of medical officers in rural areas. The purpose of this study was to explore the perceived obstacles and challenges to CPD and to identify the best practices for improving access to CPD. Key informant interviews and in-depth interviews via telephonic conversation were conducted. Key informant interviews were conducted with a purposive sample of senior administrators of the PGIM and ten trainers of the PGIM. In depth interview was conducted thirty Medical Officer in Charge (MOIC) those who attached rural hospitals in Sri Lanka. This study identified geographical, financial and organizational factors as key barriers to providing CPD to rural health care professionals. The geographical distribution of rural health care professionals and the associated costs of providing CPD to health professionals across dispersed communities were identified as fundamental barriers. Organizational factors such as a shortage of staff replacements and locum support were also identified as potential barriers. The lack of adequate access to technology was also identified as a key barrier, specifically a lack of Internet access and videoconferencing capabilities. Non availability of libraries attached to the hospitals, Lack of access to a medical faculty library or academic health sciences library, Lack of time for reading, Distance from specialist colleagues, Lack of local information, Geographic Isolation, Inadequate road and telecommunication infrastructure, Lack of awareness of available information, not availability of health information system were identified as key barriers to CPD. Shortage of Medical Officers was identified as major obstacle. Online education programme was identified as a best practice approach to improve CPD access as were regional and divisional CPD activities such as workshops, seminars etc. Best practices for improving access to CPD are; Professional Leadership is required from the government health authority and professional associations in support of national goals for CPD and international standards of care. A National Medical Human Resources Plan to set targets for the numbers and cadres of staff the country needs, identify the skills they require and introduce a national training plan to develop and update skills. Financial Support at local and national level for CPD is essential. Strategic policy and initiatives that address the barriers and challenges to CPD access are also needed to improve CPD access and reduce professional isolation among rural MOs.

Keywords: *Continuing professional education, medical officers, rural hospitals, Sri Lanka, Continuing professional education barriers*

¹ Postgraduate institute of medicine , University of Colombo
dilhani@pgim.cmb.ac.lk