Background Paper - CPD for ESSFP rural surgeons

The professional development opportunities for ESS physicians, both the broad scope community surgeons, as well as the focused operative delivery group (ESSOD), are extremely scarce. Their training programs offer nothing. Without established communities of practice, and without positive and supportive relationships with referral surgeons, they practice pretty much in professional isolation. Without a professional "home", although there is some prospect for this to change within the new SIFP section, they, as a discipline, are orphaned within the professional landscape of organized Medicine.

In today's world of professional accountability and measured competency, it is untenable for any discipline to sustain itself without programs for professional development. Quite simply, regardless of the enormous strides made by ESS in the past few years, it has no future without formal programming for continuing education.

What Are The Needs?

Knowledge Base

Similar to all professional practice, the knowledge base evolves and changes. The **journals of surgery and operative obstetrics** are the essential platform for keeping our knowledge base current.

Additional filters are found within both the current practices of other ESS physicians and the practices of the referral specialist physicians in the regional surgical and obstetrical network. Historically, access to these filters has been problematic for ESS physicians. How might this change?

1. Traditional CME Events

CME for GPS
Offered three times to date (2007, 2011, 2013), through a collaborative effort led by the Society of Rural Physicians of Canada, this one day program has attracted popular support and attendance by ESS physicians. In its developmental stage, it has received financial support
From the Saskatchewan Medical Association, the Rural Physician Action Plan (AB), and the Rural Coordinating Committee(BC). Presently, intentions are to offer it every two years.

There are no other similar CME programs offered in Canada.

How realistic is the expectation that there would be more of these events in the future? The low numbers of potential attendees and their geographic dispersal are problematic. Equally

problematic is the presence of 2 very distinct groups – the broad scope ESS and the operative delivery set. It is challenging to put together a program that will attract both to attend

1. Communities of Practice

" Communities of practice are groups of people who share a concern or passion for something they do and learn how to do it better as they interact regularly " (E Wenger)

Presently, the professional organizations representing major stakeholders in rural surgery and operative delivery (SOGC, CAGS, CFPC, SRPC) are considering jointly the recommendation that a Network Model is the optimized solution for the delivery of services to rural Canada.

This vision of networked care is built on a platform of genuine and productive interprofessional relationships between care providers throughout all levels of the health care system. Each rural surgeon, whether specialist or generalist, would be nested within a supportive *community of practice* that includes his or her own colleagues (both generalist and specialist), his or her mentors, teachers, and those who accept referrals and patient transfers. These *networks of care* should also include the other professions on which surgical and obstetrical care relies (anesthesia, paediatrics, nursing, midwifery, laboratory medicine, diagnostic imaging, transportation). They should be highly integrated across geography where referral centres function collaboratively with the local rural surgical program and should be formal, with a defined structure, and form the platform for both continuing professional development and continuous quality improvement activities.

The relationships, departmental meetings, and clinical encounters within these networks, where departments of surgery and obstetrics are inclusive of rural and regional ESS and specialist physicians, would, in the future, provide both the context and content of professional development for ESS.

Procedural Base

1. Maintenance of procedural skills

Procedural medicine in a generalist environment is often low volume. There is no evidence anywhere in the literature that this has impacted the quality and safety of ESS. Regardless, within the framework of professional development, it would be appropriate to provide ESS physicians with opportunities to increase their procedure volume.

- The advantages to providing opportunities within local referral hospitals, and with specialist surgeons with whom they have established relationships, are clear.
- Otherwise, or in addition to, one or more regional hospitals and/or university medical schools might identify professional development for ESS as part of their mandate-not unlike the proactive stance by both Prince Albert (U of S) and Grande Prairie (U of A) in starting ESS training programs.

- Simulation. Most (all?) department of surgery have a simulator lab where Residents have access to simulated training, occasionally with cadavers, but mostly with laproscopic and endoscopic simulators. These opportunities are often complemented with on line curriculae. A particular noteworthy example is the UBC Centre for Excellence in Simulation Education and Innovation(CESEI). www.cesei.org

What needs to happen?

- CME for GPS program continues, perhaps becomes an annual event?
- Emergence of Networks, perhaps supported by a demonstration project grant? Mentoring/CPD integral to networks
- Find some interest in one or more medical school CPD departments in taking on a CPD/ESS mandate?
- Consider whether there is a regional hospital that would be the PA/Grande Prairie for ESS/CPD….that is, a "home' for procedural maintenance of competence?CPD?
- Develop a colonoscopy " curriculum" within CESEI for ESS physicians wishing to use the simulators for CPD

Stu Iglesias, December, 2014