

Executive Summary

Will revalidation result in an increase in the attendance at accredited continuing education programs developed by CPL?

Revalidation has, as expected, resulted in an increase in the attendance at accredited continuing education programs developed by CPL.

If there is an increase in CPL attendance, when during the first five year cycle will it happen?

There was a slight increase in CPL attendance in 2007, the year in which physicians were expected to become members of the appropriate continuing professional development program. In 2008, the first year of the revalidation cycle the increase was more significant. It remains to be seen whether the 2008 increased attendance is part of a gradual increase that will continue throughout the first revalidation cycle.

Which type of accredited continuing education events will experience the most significant changes?

In general, there were increases in attendance at all of the educational categories tracked. However the degree of change varied by educational type.

In terms of delivery format, the most significant increase was in the membership of MDcme. This is likely due to revalidation as well as increased awareness, accessibility and comfort with online educational formats.

The attendance at videoconferenced programs had the second highest increase. This increase was likely be driven by revalidation combined with increased access to and comfort with videoconferencing technology.

The major conferences showed the third highest increase in attendance. Given the change in the participant distribution in 2008, this increase is most likely driven by revalidation.

The attendance at DMS Meetings remained at a level similar to the baseline data. However, given the drop in the number of DMSs delivered in 2008, this may not be a true indication of any impact revalidation had.

In what areas of the province will the changes in attendance be most noticeable?

Sun Country Health Region had the highest DMS attendance with an average attendance of 11 physicians or 26% of the health region's population. Cypress Health Region was a close second with 22% attendance while Kelsey Trail, at 19%, was third.

Sun Country Health Region had the strongest attendance at videoconferenced programs with an average attendance of 6 physicians or 14% of the health region's population. Kelsey Trail Health Region was a close second with 11% attendance.

From the perspective of major conferences, those that took place in Saskatoon had a 69% increase in attendance over the 2001 – 2006 baseline. The increase in attendance at Regina conferences was 43%.

An amendment to the Revalidation Impact Study allowed the changes in attendance at major conferences to be explored by health region. The most significant increase in major conference attendance occurred in the Cypress Health Region where they went from a baseline of 2% of the population in attendance to 10% of the population in 2008. Sun Country and Five Hills Health Regions also had significant increases in their attendances at major conferences.

Highlights

Population Demographics

- Eighty-six percent of Saskatchewan's physicians had full licensure in 2008, which is comparable to previous years. The remaining physicians had provisional licenses (8.5%) and special licenses (5%).
- In 2008, 52% of Saskatchewan's physicians were either general practitioners or family physicians.
- Usage of the SMA's CME Education Fund has been increasing steadily but has not reached 100% for any health region. The highest usage in 2008 was in the Keewatin Yatthe Health Region at 86%; the lowest was in the Prairie North Health region with 42% usage. The average usage for the province was 65%.
- Northern health regions experienced more significant population growth, based on the SMA regional data, in 2008 than the southern health regions did.

Attendance Data

- From 2001 to 2006, CPL offered an average of 5 District Medical Society (DMS) Meetings per site with an average attendance of 9. By 2008, there were 3 DMS Meetings per site in the north and 2 per site in the south. The average attendance was 10.
- The eight videoconferenced programs offered in 2008 were attended by an average of 32 physicians per program – an increase of 78% over the 2004 - 06 average attendance of 18 physicians per program. This represented 2% of the total physician population.
- Fifty-four Saskatchewan physicians enrolled in 90 MDcme courses with a 51% completion rate.
- The average attendance at Major Conferences in 2008 was 63 physicians per conference, nine of whom were specialists, which was a 62% increase over the average attendance from 2001 - 06. This attendance represents 5.8% of the general practitioners and family physicians and 1% of the specialists
- The average attendance at Major Conferences in Regina was 43, 9 of whom were specialists while in Saskatoon it was 76, 7 of whom were specialists.
- When compared to the average attendance for 2001 – 2006, the Regina major conferences experienced a 43% increase in attendance while the attendance at Saskatoon conferences increased by 69%.
- Regina major conferences were drawing 3.7% of the possible participants while Saskatoon major conferences were drawing 7.5% of the possible participants.
- The 5th Annual Peter & Anna Zbeetnoff Memorial Drug Therapy Decision-Making Conference in Saskatoon attracted 100 general practitioners and family practice physicians or 11% of this population.
- In November, the Practical Management of Common Medical Problems (PMCMP) in Saskatoon was attended by 121 general practitioners and family practice physicians or 13% of this population.
- The percentage of participants at major conferences from the majority of health regions increased in 2008.