

## Major Conferences

In addition to the distance education initiatives that CPL is involved in, the staff works with a variety of physician and interprofessional planning committees to develop and implement major conferences in both Regina and Saskatoon. The themes and topics included in the major conferences tend to focus on the educational needs of general practitioners and family physicians.

Major conferences are typically one and a half days in length and accredited for between 8 and 12 Manipro M1 (family physician) study credits and/or the same number of credits for specialists under the Maintenance of Certification program. Thus, physicians following the continuing professional development program of the College of Family Physicians of Canada can easily obtain their annual Mainpro M1 requirements without leaving the province by attending two or three major conferences per year. Since there are fewer conferences for the specialists and their study credit requirements are higher, they will usually need to travel out of province to meet their educational needs.

The baseline data for the Revalidation Impact Study was drawn from the final registration data for the major conferences that took place between 2001 and 2006. This data includes conferences that, because of the content, had limited enrolment as well as conferences that had unlimited registration. The mandatory IMG Orientation Conferences which began in the fall of 2006 have not been included in the attendance data; however, the attendance data for the various examination preparation courses offered to IMGs have been included.

**Table 9: Number of Major Conference and Average Attendance 2001 – 2008**

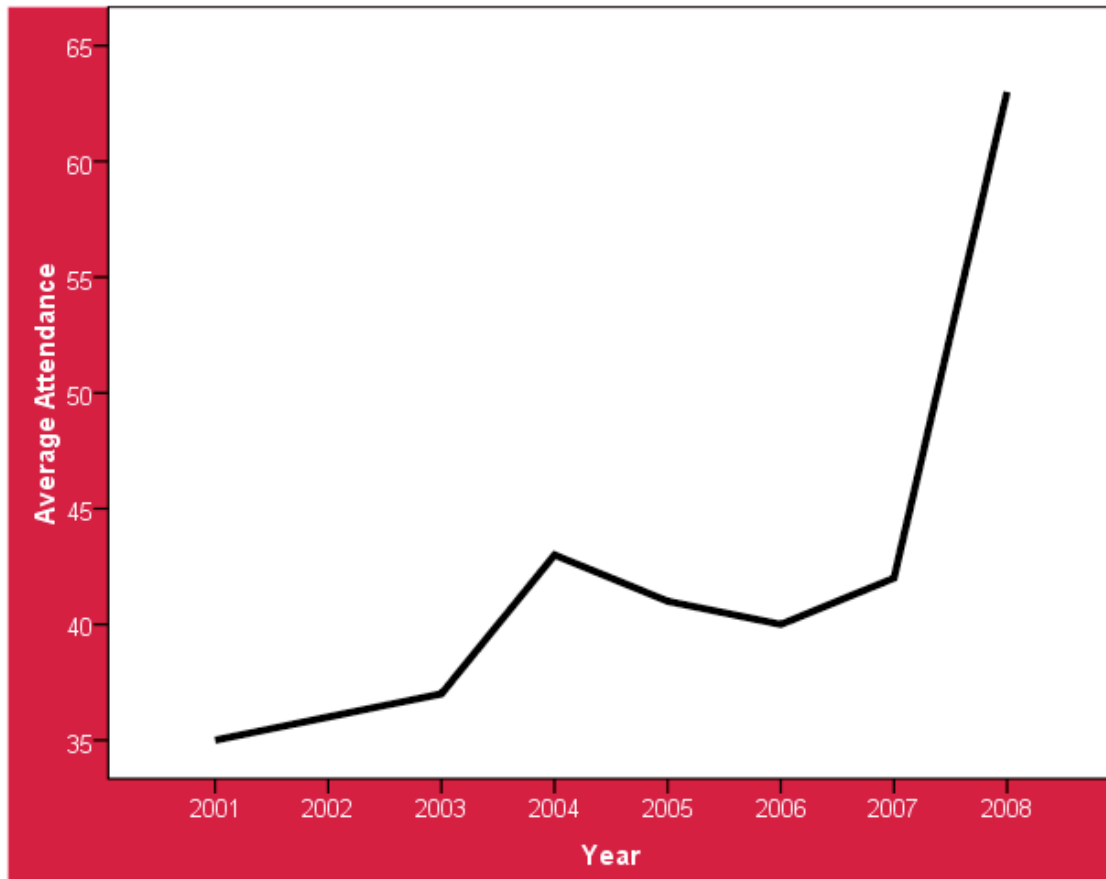
<b>Year</b>	<b>Number of Conferences</b>	<b>Average Attendance</b>
<b>2001</b>	18	35
<b>2002</b>	14	36
<b>2003</b>	16	37
<b>2004</b>	13	43
<b>2005</b>	15	41
<b>2006</b>	10	40
<b>Average</b>	<b>14</b>	<b>39</b>
<b>2007</b>	13	42
<b>2008</b>	10	63

As Table 9 demonstrates, the number of major conferences offered per year varied widely between 2001 and 2006. At a peak of 18 major conferences in 2001, CPL would have been offering a major conference every two and a half weeks between September and June. Interestingly, the average conference attendance in 2001 was the lowest for the years tracked at 35 physicians per conference. Reasons for this can not be determined but this observation may

suggest that there is an optimum number of conferences that can be offered in any year.

The peak in conference attendance between 2001 and 2006 occurred in 2004 when there were 13 major conferences with an average attendance of 43 physicians – 5 of whom were specialists. When compared to the 2004 licensure data for general practitioners and family physicians, this represents 4.5% of the population.

**Graph 8: Average Physician Attendance at Major Conferences 2001 - 2008**



As Graph 8 demonstrates, there was a 7.7% increase in the 2007 average physician attendance when compared to the average attendance for 2001 – 2006. This increased attendance is likely due to both the program content and the looming revalidation.

The 2008 average attendance of 63 physicians (6 of whom were specialists) at major conferences is a 62% increase over the 2001 – 06 average. This represents 5.8% of the general practitioner and family practice population and

1% of the specialist population. The driving force behind this dramatic increase is most likely revalidation.

Attendance at five selected major conferences has also been tracked as part of the Revalidation Impact Study. The major conferences selected for this part of the research were the three conferences that alternate on an annual basis between Regina and Saskatoon and two internal medicine conferences that do not alternate location.

The 2008 major conference data for Regina and Saskatoon with the five selected major conferences highlighted is presented in Table 10.

**Table 10: 2008 Major Conference Data  
Saskatchewan Physician Attendance**

<b>Conference</b>	<b>Regina</b>	<b>Saskatoon</b>
<b>Drug Therapy</b>	-	105 (5 spec)
<b>Pasqua</b>	-	-
<b>PMCMP</b>	-	126 (5 spec)
<b>POGO</b>	71 (4 spec)	-
<b>SPA</b>	38 (20 spec)	-
<b>Attendance at Other Conferences*</b>	64 (13 spec)	223 (10 spec)
<b>Total Number of Conferences</b>	4	6
<b>Total Physician Attendance</b>	173 (37 spec)	454 (20 spec)
<b>Average Attendance</b>	43 (9 spec)	76 (7 spec)
<b>Average 2007 Attendance</b>	31 (4 spec)	51 (6 spec)
<b>Average 2001 – 2006 Attendance</b>	30 (6 spec)	45 (5 spec)

When the 2008 Regina average major conference attendance is compared to that of 2007, there was a 39% increase. Compared to the 2001 – 2006 average attendance, the 2008 Regina major conferences experienced a 43% increase. The average attendance at 2008 major conferences in Saskatoon, compared to 2007, increased by 49% while, compared to the 2001 – 2006 average, they increased by 69%.

The 2008 average Saskatoon major conference attendance was 1.8 times greater than the attendance in Regina. Given that the 2008 Rural Family Physicians Needs Assessment indicated that Saskatoon is the preferred location for provincial conferences, this trend is likely to continue.

Two of the 2008 major conferences in Saskatoon drew the largest conference attendances ever. The 5<sup>th</sup> Annual Peter & Anna Zbeetnoff Memorial Drug Therapy Decision-Making Conference attracted 100 general practitioners and family practice physicians or 11% of this population. Then, in November, the Practical Management of Common Medical Problems (PMCMP) was attended by 121 general practitioners and family practice physicians or 13% of this population.

The attendance data for the three conferences which have traditionally alternated between Regina and Saskatoon – Drug Therapy, POGO and the SPA Conference – were analyzed to determine if there are any patterns to the attendance. Since the SPA Conference no longer takes place in Saskatoon (as of 2005), it was ultimately excluded from the final analysis. Table 11 summarizes the data for the Drug Therapy and POGO

**Table 11: Comparison of Regina and Saskatoon Average Attendances**

	<b>Drug Therapy Regina</b>	<b>Drug Therapy Saskatoon</b>	<b>POGO Regina</b>	<b>POGO Saskatoon</b>
<b>2001 - 06</b>	28	55	51	76
<b>2007</b>	51	-	-	95
<b>2008</b>	-	105	71	-

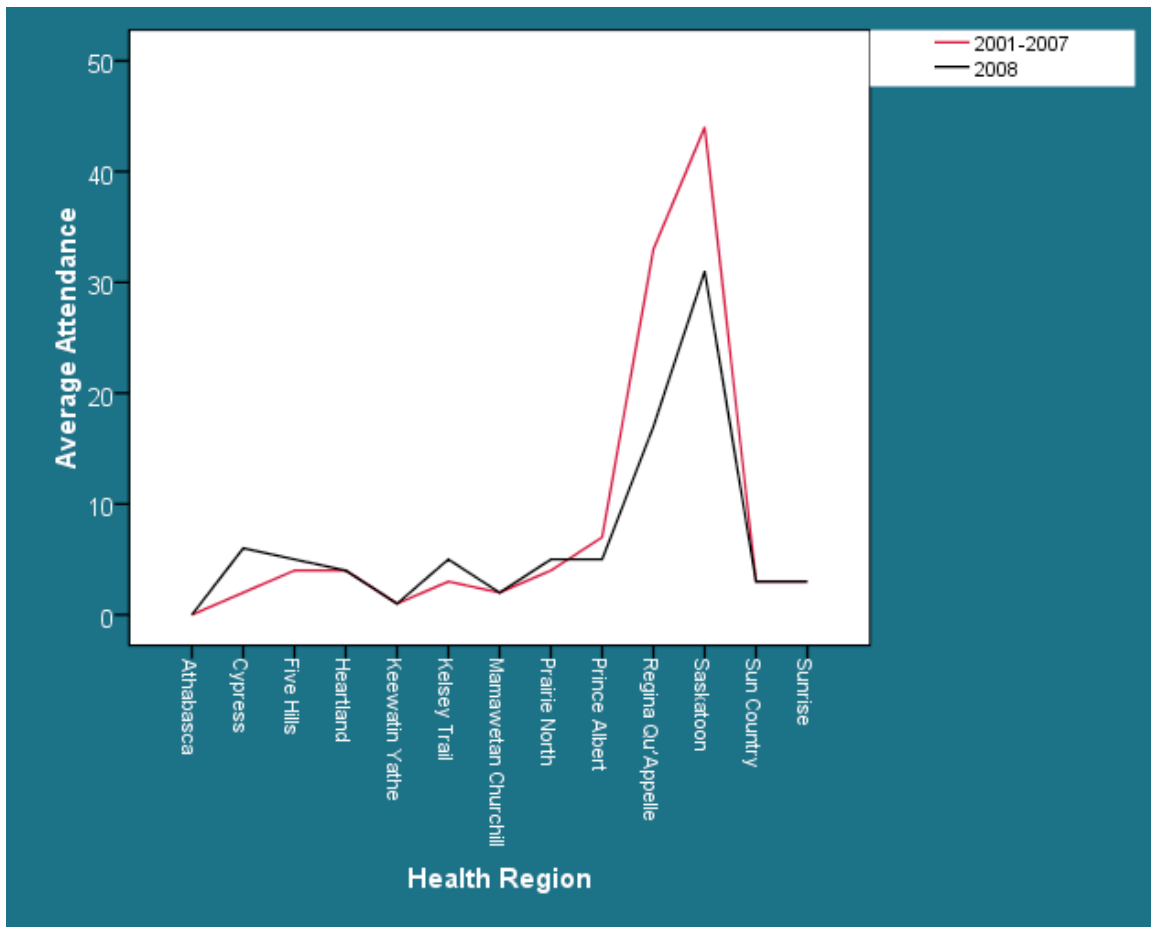
The ratio of the attendance of northern versus southern Drug Therapy conferences was 2:1 both at the baseline and when 2007 and 2008 were compared. The baseline ratio for POGO was 1.5:1 but that decreased to 1.3:1 when 2007 and 2008 are compared. This indicates that the attendance gap between the Regina and Saskatoon conferences may be closing so this will be monitored.

In 2008, the Drug Therapy attendance increased by 91% while the POGO attendance increased by 39%. These increases have implications for future planning of these conferences with regards to the facilities chosen and the number of small groups required.

In the fall of 2008, CPL sought and received an amendment to the Revalidation Impact Study so that the distribution of major conference attendance by health region could be examined. The attendance data for five conferences – Drug Therapy, the Pasqua Hospital Continuing Education Conference, Practical Management of Common Medical Problems, POGO, and the Saskatchewan Psychiatric Association Conference – for 2001 to 2007 was identified as the baseline data for the amendment. The data obtained from the Pasqua Hospital Continuing Education Conference and the Saskatchewan Psychiatric Association Conference was ultimately excluded from the analysis.

The final registration lists for each of the conferences named above were pulled from the CPL data bases. The participants at each conference were categorized by health region. The number of participants from each health region was then converted to a percentage of the total attendance at the conference. This data was averaged for 2001 – 07 to create a baseline distribution against which 2008’s attendance could be compared. The data is summarized in Graph 9.

**Graph 9: Health Region Representation at Selected Major Conferences**



During the baseline period, the majority of the participants at the selected major conferences were from either the Regina Qu’Appelle Health Region or the Saskatoon Health Region. Since there thirty or fewer rural physicians in each of these health regions, it can be concluded that three-quarters of the conference participants were urban physicians. Combined with the previous discussion of the low participation rates for rural physicians in the distance education programs, this has implications for the continuing education of rural physicians.

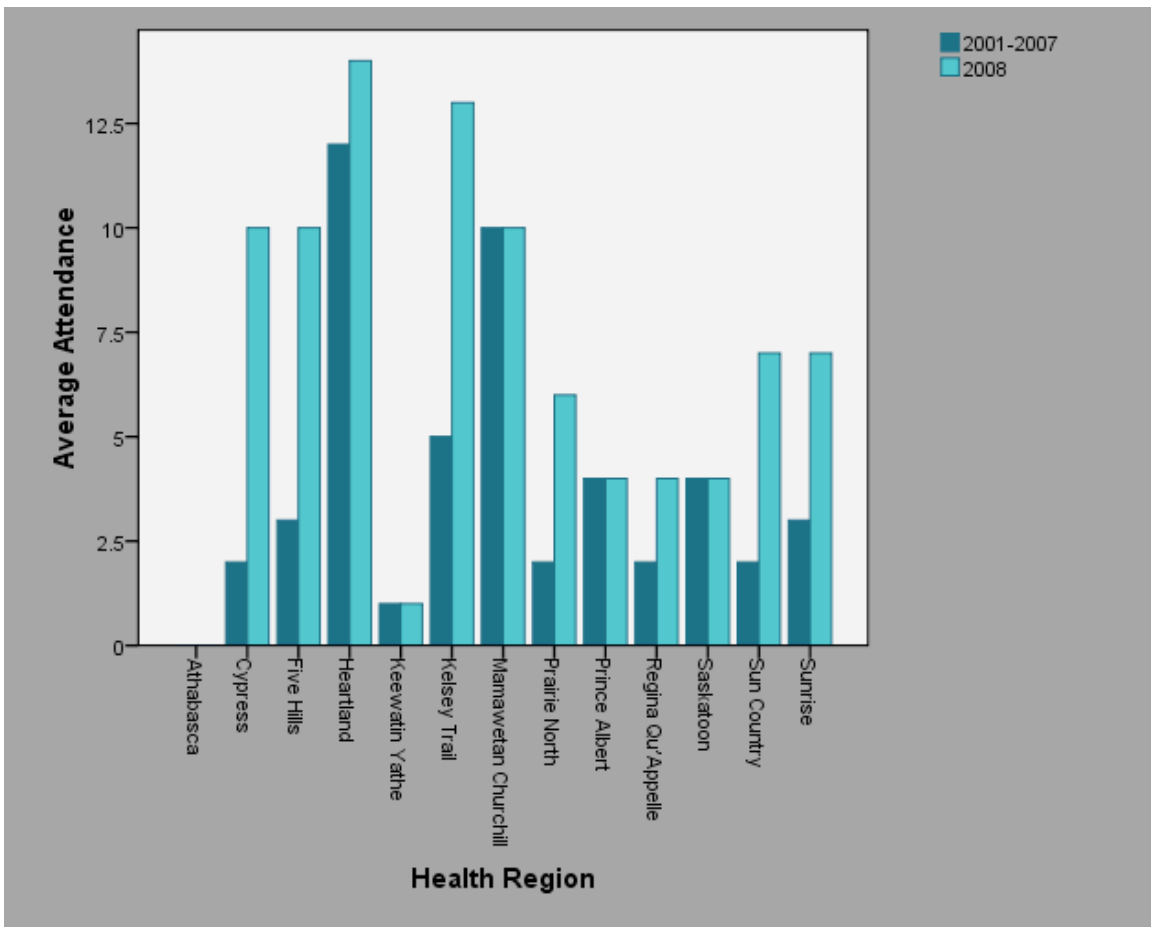
However, in 2008, the attendance shifted. There was a drop in the percentage of urban participants combined with increases in attendance from other areas of the province. The increases in attendance may be in response to revalidation and

may provide an indication of the population shift CPL will experience in subsequent years.

Unfortunately, some health regions demonstrated no increase in attendance while others experienced a drop in attendance. This does not necessarily mean that the physicians in these health regions are not concerned about obtaining study credits. It may be that a lack of locum coverage or the relevance of the content, which have always affected physicians' decisions to attend or not attend events, may be the underlying causes of this situation.

The 2001 – 2007 average attendance by health region was also compared to the SMA population data to determine the percentage of physicians from each health region in attendance at major conferences. The comparison of the baseline attendance to the 2008 attendance is included in Graph 10.

**Graph 10: Percentage of SMA Population in Attendance at Selected Major Conferences**



This graph, perhaps more than any other information contained in this report, demonstrates the impact of revalidation on physician's attendance at continuing medical education events in Saskatchewan.

The five "southern" health regions all experienced significant increases in their attendance at major conferences in both Saskatoon and Regina. In the north, both Kelsey Trail Health Region and Prairie North also had increased attendance.