The Thistle and the Maple Leaf: International Collaboration to enhance CPD

Drs Heather Armson &
Ronald MacVicar

PBLP
PABP

PBSGL

NHS
Education
for
Scotland

Quality Education for a Healthier Scotland

Key elements of PBSGL

- The ***process*** - facilitated small group discussion
- Trained ***peer facilitators***
- The ***content*** - evidence based educational modules
- The development and sustenance of a ***community of practice***

Key elements of PBSGL

- The ***process*** - a facilitated small group discussion focused on:
  - Practice reflection
  - Identification of gaps between current practice and best practice
  - Strategies to enhance change in practice
  - Commitment to practice change

Key elements of PBSGL

- Trained ***peer facilitators*** who:
  - are chosen by their group
  - are trained in a one-day workshop conducted by experienced facilitator trainers
  - play a vital role in the enduring success of PBSGL

Key elements of PBSGL

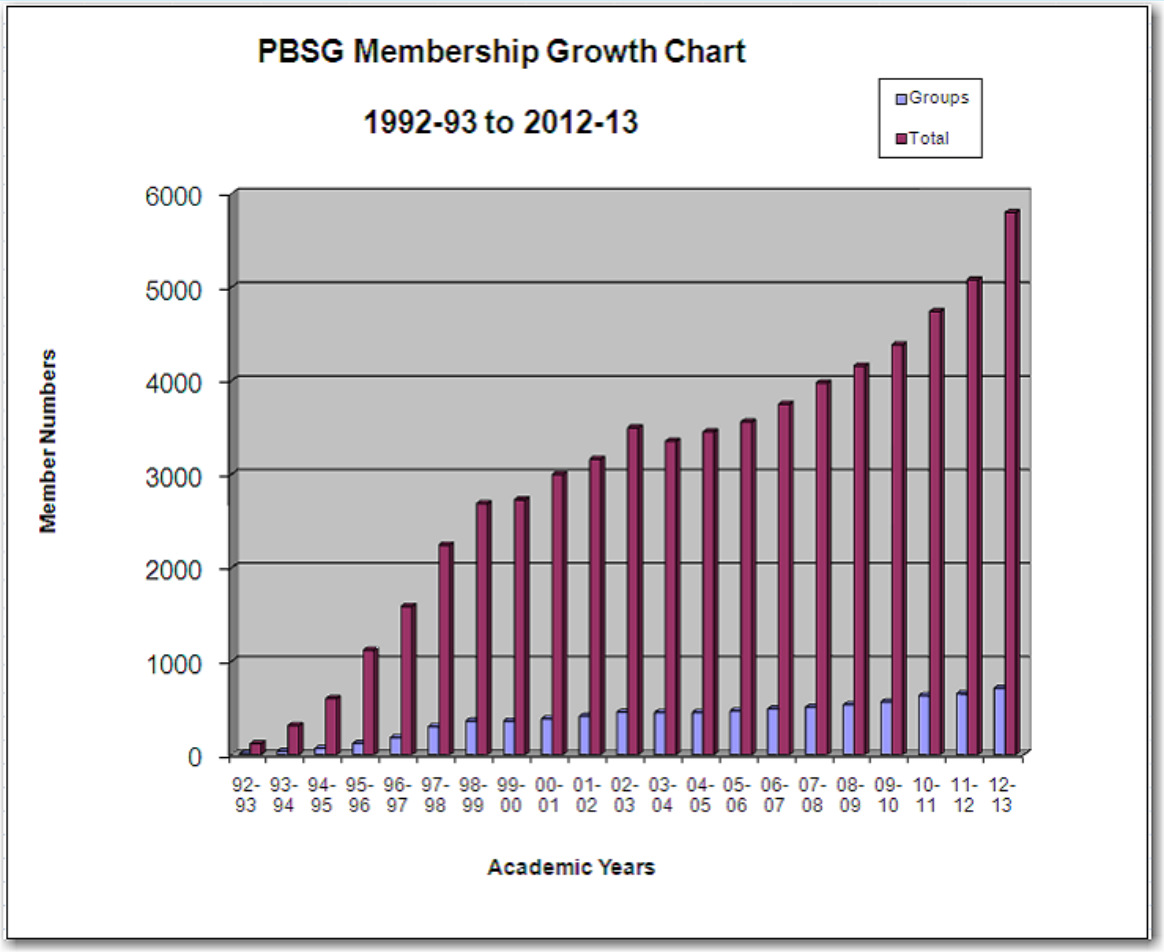
- The ***content*** - evidence based educational modules that:
  - present specific representative patient cases that stimulate participants in the small groups to reflect on similar cases from their own practices
  - summarise relevant best available evidence relevant to primary care practice
  - promote application of scientific knowledge to the specific patient problems members encounter in their practices, resulting in improved patient care.

Key elements of PBSGL

- The development and sustenance of a ***community of practice*** that
  - is consistent with educational theory and
  - is borne out by the function and longevity of groups

PBSGL in Canada

- 1992 - Pilot project in Ontario, Canada involving 117 physicians in 16 groups
- 1994 - Program extended across Canada (English & French)
- 1997- Incorporated in Canada as
- ***The Foundation for Medical Practice Education***
- 2009 – 6150 family physicians organized in 720 groups
  - PBSGs in all 10 provinces & 3 national territories
  - outside of Canada (Scotland, USA, Hong Kong, Saudi Arabia, Kenya, Trinidad & Tobago…)
  - 2719 PBSG residents
  - PBSG-NP 557 (plus 180 NP students); PBIL 388


PBSG Membership Growth Chart
1992-93 to 2012-13
Groups
Total
Member Numbers
6000
5000
4000
3000
2000
1000
0
92-93
93-94
94-95
95-96
96-97
97-98
98-99
99-00
00-01
01-02
02-03
03-04
04-05
05-06
06-07
07-08
08-09
09-10
10-11
11-12
12-13
Academic Years

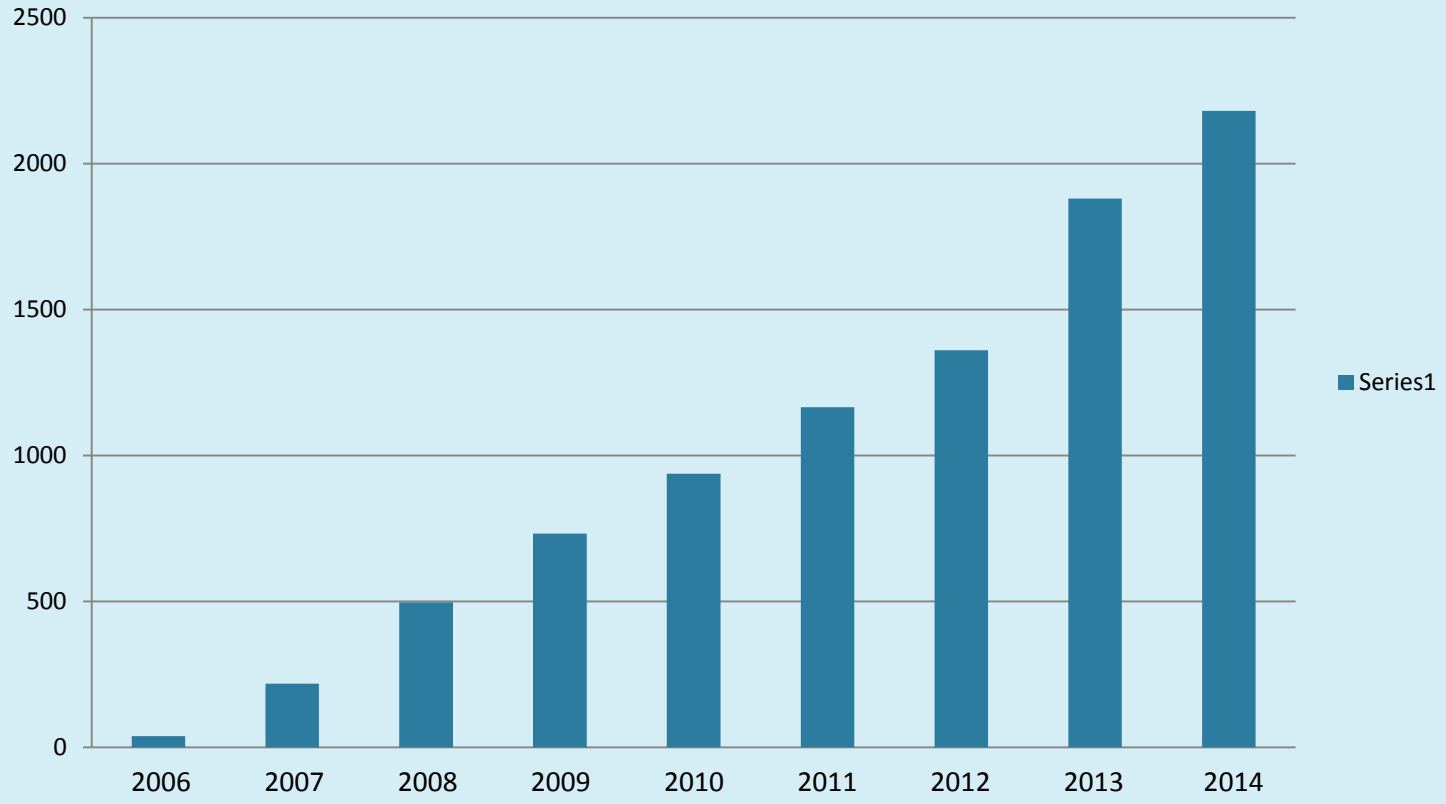
PBSGL in Scotland

NHS Education for Scotland

- 2003/04 pilot of 5 groups (>40 members) & roll-out from 2006
- Memorandum of Agreement with the FMPE
- Implemented in GP Specialty Training 2009
- From Canadian modules through 'tartanisation' to UK 'de-novo' modules
- By March 2014 approx 2100 members in over 200 groups (approximately a third of Scotland's GPs)
- Working with other professions to use PBSGL in their context; pharmacists, practice nurses
- Uni-professional and inter-professional groups
- Module production to meet members' needs & wants as well as Government priorities

PBSGL Scotland growth

NHS Education for Scotland



PBSGL Scotland membership

- End March 2014 – 2122 members
  - 1853 GPs (87%)
  - 91 Nurses (4%)
  - 140 pharmacists (7%)
  - 38 ‘other’/ unknown (2%)
  - ...plus up to 1000 GP Specialty Trainees
- More than 2/3 of the membership is female
- Planned detailed survey of membership

PBSGL research

- Canada
  - (Premi, Academic Med 1994)
  - BPP (Herbert, Family Practice 2004) & CTC (JCEHP 2003)
  - Categorization of commitment-to-change statements
  - Role of practice tools in knowledge implementation
  - Impact of test enhanced learning, CTC & community
- Scotland
  - PBSGL in pharmacy
  - Inter-professional learning
  - PBSGL for Faculty Development
  - PBSGL in GPST

PBSGL opportunities

- Collaboration : modules, research, programme changes
- Potential to increase the pool of module authors
- Further development of inter-professional approaches to practice based learning (integration agenda in Scotland)
- Opportunities to incorporate successful components that are developed by the other programme e.g. Practice Reflection Tool, Newsletter, Facilitator training module
- Broadening the pool of people who are thinking, talking and researching various components of the programmes
- Further development of the PBSGL network (Wessex)

PBSGL challenges

- Effective collaboration
- Cultural differences in practice & language impact module development
- Ownership of the program and its transformation
  - Clarity around negotiable and non-negotiable aspects of the programme
  - Expansion vs dilution
- Consistency of peer-facilitator training
- Organisational size & structure- maintenance & expansion
  - Canadian programme has been developed by a small group of physicians (directors of programs, facilitator training, module authors & editors) that is spread across the country and supported by a central office at McMaster University in Hamilton
  - Scotland has a small, close knit team functioning in a much smaller, geographical area but that is stretched to the limit
- Funding for research & development

The Canada Thistle

NHS Education for Scotland