



President's message. Still competent?

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I recently received a letter from my provincial college informing me that I was one of 500 community-based physicians chosen to undergo a review by their Physician Practice Enhancement Program. This is a relatively new program that will be reviewing all community-based physicians in British Columbia roughly every 7 to 8 years. The review involves peer assessment of recorded care, physician multi-source feedback assessment, and an office assessment of premises and processes. My initial response to this letter was one of irritation. More paperwork and a future time commitment are not things I crave. On further reflection, I think this will likely be a useful process for me and my associates. It may identify issues with our office practice and unrecognized educational needs. It also raises a question in my mind: How do we determine ongoing competence?

Most of us are involved in mandatory maintenance of competence programs through The College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. These programs evaluate whether we have completed some form of continuing education, but they do little to ensure that our continuing medical education (CME) meets our real needs. Many of us also have obligatory requirements from our hospitals, or other administrative structures for programs such as Advanced Cardiac Life Support, Advanced Trauma Life Support and the Neonatal Resuscitation Program. These requirements perhaps limit the ability of rural physicians to participate in CME that would be of greater benefit to them. Most of us will select CME courses based on what we perceive to be our needs, but we also

choose courses based on our interests. Does CME participation fully relate to ongoing competence? How do we gauge ongoing competence? Many of us have unrecognized educational needs. How can we identify these?

I work with a small group of colleagues and share an office, charts and, often, patients. This allows me a simple, perhaps simplistic, approach to assess the competence of my colleagues. Based on what I know of the care they provide, do I trust them to care for my patients, my family and myself? If I have significant concerns, it is my responsibility to approach my colleague in a gentle, non-threatening fashion and perhaps arrange relevant CME locally. Often, when patients or their problems make me uncomfortable or uncertain, it points to an unmet educational need. For many of us these relate to addictions, chronic pain, cultural issues and personality disorders.

There are competencies other than being a medical expert that as a trainee I was expected to acquire by osmosis, was never taught and for which I was rarely evaluated. Are you a competent communicator, collaborator, manager, health advocate, scholar and professional? Do you consider these competencies when you look at your continuing professional development? Do you consider them when you evaluate your colleagues and learners?

As professionals, it is our responsibility to assess our own competence and, to some extent, those of our close colleagues, in all areas of practice, and to rectify any identified deficiencies. As rural physicians, this can be challenging. However, if we don't do it, other organizations will take over this responsibility, and the results may not benefit us, our patients or our communities.

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