Background:

This study was carried out to investigate the factors influencing the uptake of continuous medical education among public sector health practitioners in Wakiso district.

Continuing Medical Education (CME) is an instrument for updating and expanding professional knowledge, skills and competencies to enhance performance. Reasons for employees undertaking CME include: maintaining up-to-date professional knowledge and experience; for career advancement; to meet requirements for annual professional licensure; and to improve organizational performance.

Konde – Lule et al (2006) underscored the fact that in Uganda, the quality of healthcare provided is perceived as poor and the utilization of health services is low, particularly in the public sector and inadequate continuous professional development of which CME is part was cited as one of the responsible factors. The uptake of CME by health professionals determines the quality of healthcare provision in the health sector.

Most health professionals in Uganda‟s rural and remote health units are underserved in terms of CME. They lack institutional libraries and access to medical journals due to geographical, economic and technological isolation. They do not have the personal resources to acquire up-to- date information. This situation is compounded by a heavy workload due to understaffing in most rural health facilities. It is therefore difficult for such staff to fulfill the professional requirements of annual licensure, which requires proof of undertaking CME.

Objective:

We therefore moved out to investigate factors influencing the uptake of Continuous Medical Education among Public Health Sector practitioners in Wakiso district.

Methods:

This was a cross sectional study with a sample size of 334 government employed health workers working in 67 public health facilities of Wakiso District, in addition to 14 key informants who were also interviewed as study participants. We employed purposive sampling of all the public health facilities followed by probability proportionate by size random sampling to get the number of public sector health practitioners per health facility and then systematic random sampling of individual 334 respondents. We collected quantitative data and analyzed it using stata and presented the results in form of tables, graphs and charts. Qualitative data was also collected and was manually analyzed, and is presented in form of verbatim quotations from the key informants.

Results:

The results show that uptake of continuous medical education among public sector health practitioners was still low despite the legal requirement by professional councils for every practitioner to have taken atleast 200 credit hours a year of CME. The study established that a slight majority 169 (51%) had taken up continuous medical education in the past one year while 165 (49%) had not participated in any continuous medical education in the past one year.

The study also revealed that the health practitioner‟s professional status and place of residence were significantly associated with uptake of continuous medical education with P values of 0.000. The study revealed that Allied Health professionals were two times more likely to take up CME than nurses at a 95% CI (1.25 -3.43) and midwives were 0.6 times less likely to take up CME than nurses as highlighted by the logistic regression model. The study also revealed that none of the health system factors like facilities having CME plans, budgets, CMEs being supervised by DHT/DHMT members among others were found to influence uptake of continuous medical education among public sector health practitioners in Wakiso District.

Conclusions and recommendations:

Uptake of continuous medical education is still unsatisfactory among public sector health practitioners in Wakiso District and therefore is need to enhance it by employing a multi sectoral approach. CME needs assessment should be regularly done. Furthermore the district health team (DHT) and facility in charges should devise mechanisms that will interest midwives and doctors in their health facilities to take up CMEs. Facilities should appoint a facility CME focal person to oversee and follow up CME schedules and also document those who have benefited in the CMEs not forgetting keeping track of those who have not taken up CMEs. There should be a dissemination mechanism for Policies and guidelines on CME. This, if done, will go a long way in improving the capacity of health workers in managing their clients health needs and thus enhancing the quality of health care delivery in their communities.