Pulse

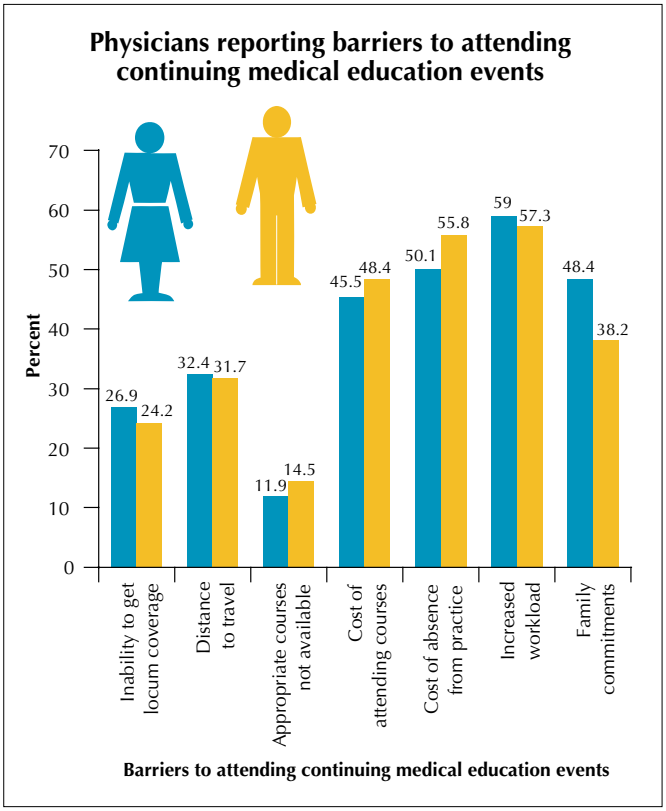
With CME, time is not on MDs' side

For the first time, this year's CMA Physician Resource Questionnaire (PRQ) gathered information about barriers that prevent physicians from attending CME conferences, seminars and courses.

Time appears to be the biggest obstacle, as 59% of males and 57% of female physicians said the increased workload generated by taking time away from practice to attend CME events kept them from going.

Family commitments are a greater barrier to CME for women than for men, with 48% of female physicians reporting this factor as an impediment always or often, compared with 38% of males. This gap is significantly wider for physicians with children under age 18 at home: 74% of female physicians with children at home report that family commitments are always or often a barrier to attending CME, compared with 56% of male physicians. The numbers rise even more — and the gap between males and females persists — for those with children under age 6, with 66% of males and 79% of females reporting that family commitments are always or often a barrier to attending CME. In contrast, only 14% of female physicians and 18% of male physicians with no children at home report that family commitments are a barrier to attendance at CME courses.

Male physicians are more likely to use technology (including CD-ROMs, the Internet and video) to access CME: 43% of females and 57% of males indicated that they use these resources. Of those who use them, female physicians are as likely as male physicians to report the quality as being good to very good (58% for females, 57% for males). The 1999 PRQ was sent to 8000 physicians; it attracted a response rate of 40.5%.



This column was written by Shelley Martin, Physician Survey Analyst with the CMA's Research Directorate. Readers may send potential research topics to Patrick Sullivan (sullip@cma.ca; 613 731-8610 or 800 663-7336, x2126; fax 613 565-2382).

Rapid lab test device for office on the way

The Rapid Analyte Measurement Platform (RAMP), a diagnostic testing device invented by researchers at the University of British Columbia 18 months ago, may be for sale by 2001. The desk-phone sized device completes immunoassays in 5 minutes.

Created by UBC researchers Dana Devine and Don Brooks (see *CMAJ* 1998;158:1259), RAMP will be manufactured by Vancouver's Response Biomedical Corporation. During the past decade, many companies have tried to develop this technology but failed because they could not obtain reproducible, quantitative results, explains corporation President William Radvak. The goal of point-of-care diagnostic tests is to achieve a coefficient of variation (CV) of less than 15%, says Radvak. RAMP's CV is between 5% and 9%; laboratories achieve 3% to 8%.

Tests are quick and simple to perform on the RAMP unit. The patient's identification number is entered on a keypad, then the sample — a few drops of blood, urine or saliva — is placed in a well on an assay cartridge, which is inserted into the unit. Inside the cartridge, antibodies coating a membrane strip bind to the sample, which passes through a "detection zone" where a "sandwich" is created. The sandwich assay consists of the test particle and

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