General practitioners’ attendance at courses accredited for the postgraduate education allowance

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SUMMARY. An analysis was undertaken in the northern half of the South Western Regional Health Authority of general practitioners’ attendance at courses accredited for the postgraduate educational allowance over one year. A total of 358 courses provided 2341 hours of accredited education and produced a total general practitioner attendance of 50 389 hours. The mean attendance per principal in the area was 49.2 hours although the region may be a net importer of attenders from outside the area. Of the 50 389 total hours of attendance, 28.3% were in health promotion, 48.2% in disease management and 23.5% in service management. Course provision and attendance varied considerably over the year. September, October and November accounted for 42.7% of the total hours of attendance, compared with 6.8% in June, July and August. Courses of two to four days or of one week in duration accounted for 48.3% of total attendance hours; 10.1% of total attendance hours were at commercially organized courses and 5.6% at courses organized by practices. A total of 66.1% of attendance hours were in postgraduate centres and 6.8% in the practice. Courses with more than 30 participants accounted for 15.9% of courses attended. A total of 174 general practitioners and others organized courses, 21 of them influencing 33 521 hours of general practitioner education.

The study shows that in this area, there was an encouraging provision, range and uptake of continuing education courses for general practitioners. The concentration of educational activities in postgraduate centres underlines the need for increased provision for developing educational skills for clinical tutors.

Keywords: continuing education; course attendance; GP statistics.

Introduction

The 1966 charter for general practice incorporated staged seniority payments which were dependent upon attendance at postgraduate education sessions. This requirement was withdrawn in 1976. Funding provided from section 63 of the health services and public health act 1968 provided an education budget to pay lecturers’ fees and a travel and subsistence budget to reimburse the costs incurred by course attenders. The new 1990 general practitioner contract introduced a postgraduate education allowance payable to general practitioners attending 30 hours of accredited education annually, provided that in a five year period two courses were included in each of the three categories of health promotion, disease management and service management (National Health Service General Medical Services statement of fees and allowances, 1990). Educational activities eligible for the postgraduate education allowance included postgraduate centre courses, inpractice education, small group activities, commercially organized courses, unpaid clinical attachments, roadshows, overseas courses and distance learning programmes.

With the introduction of the postgraduate education allowance there was a parallel reduction in seniority payments. Postgraduate education allowance courses did not qualify for section 63 monies either for course costs or for travel and subsistence. Regional advisers in general practice became responsible for accrediting and monitoring postgraduate education allowance courses and each region established its own guidelines. Initially no central funding was provided for this task and many regions introduced accreditation fees to cover costs. Subsequently accreditation support funds became available, enabling fees to be reduced or abolished.

Much of a general practitioner’s continuing medical education continues to come from reading journals and medical publications and from letters and discussions with consultants and colleagues. Education from postgraduate education allowance accredited courses is only a proportion, albeit important, of a doctor’s personal information acquisition systems.

The aim of this study was to analyse figures of the first year of postgraduate education allowance activity for the northern half of the South Western Regional Health Authority (Gloucestershire, Avon and Somerset). Using Department of Health categories, the provision of an attendance at courses could be determined; further analysis would enable monthly variations to be identified. Comparison of provision by postgraduate centres, practices and commercial organizations, and examination of the length of courses and number of attenders could be undertaken.

Method

From 1 April 1990 details of all courses accredited for the postgraduate education allowance held in the northern half of the south western region were entered on a database to assist in the administration and evaluation of courses. The data were analysed when all the returns on attendance and evaluations for the courses held up to 31 March 1991 were completed. Numbers attending, hours of course education provided and total course attendance hours were examined. Analysis was undertaken of category of course, availability throughout the year, timing and length of course, provider, choice within districts, venue of course, numbers attending and output of individual course organizers. Which general practitioner belonged to which postgraduate centre was determined by the mailing list of the centre.

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Results

Gloucestershire, Avon (excluding Bath) and Somerset have eight district hospitals with postgraduate centres and 1025 general practitioners who have their main practice in the region.

A total of 466 courses in the northern half of the south western region were accredited for the postgraduate education allowance by the regional adviser between 1 April 1990 and 31 March 1991. These accreditations were requested either by the course organizer or by general practitioner attenders at individual courses. Twenty eight courses were subsequently cancelled. Of the 438 courses which took place, 278 were aimed at all general practitioners in the local health district and 80 were mainly for general practitioners in their own practice. Seventeen courses were clinical attachments for individual general practitioners, 57 applications were from individual general practitioners attending courses which were not aimed primarily at general practitioners and six were distance learning courses. These last three categories made up a negligible proportion of activity accredited for the postgraduate education allowance (762 hours attendance, 1.5%) and are therefore omitted from the analysis. Thus, 358 courses provided 2341 hours of accredited education and produced a total general practitioner attendance of 50 389 hours. Twenty nine courses (8.1%) were monitored by the regional adviser or his representatives who presented written reports; 188 formal course assessments (52.5%) were received from organizers of courses.

Category of course attended

The 1025 general practitioners attended a total of 50 389 hours of postgraduate education allowance accredited education over the year, a mean of 49.2 hours each. Of the total hours attended, 48.2% came under the category of disease management, 28.3% under health promotion and 23.5% under service management.

Annual variation in course attendance

Attendance at and provision of courses varied throughout the year (Table 1). Attendance at courses in September, October and November accounted for 42.7% of the total attendance hours (with October accounting for 20.7%). This compared with June, July and August which accounted for 6.8% of total hours attended. Attendance during December was also low (4.9% of total hours attended).

Length of courses

The proportion of hours attended, by length of course, is shown in Table 2. The percentage of hours attended at half day courses was 7.6%, compared to 23.0% at courses of between two and four days. A total of 1234 hours (2.4%) were gained from attendance at 11 different weekend courses.

Providers and venues of courses

District hospitals were the main providers of courses, accounting for 84.2% of the 50 389 hours of attendance by general practitioners. Commercial organizations accounted for 10.1% and practices for 5.6% of the general practitioners' total hours of attendance at courses. Of the practice based courses, 45 were organized in groups with no outside input and 35 had a lecture from a visiting health professional. A total of 26.5% of the 1855 hours provided in district hospital based courses were in health promotion, 49.7% in disease management and 23.8% in service management. A total of 13.3% of the 255 hours provided in practice based courses were in health promotion, 37.6% in disease management and 49.0% in service management. The

<table>
<thead>
<tr>
<th>Month</th>
<th>Provided</th>
<th>Attended</th>
<th>Ratio of attendance: provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>208 (8.9)</td>
<td>4245 (8.4)</td>
<td>20.4:1</td>
</tr>
<tr>
<td>May</td>
<td>150 (6.4)</td>
<td>4769 (9.5)</td>
<td>31.8:1</td>
</tr>
<tr>
<td>June</td>
<td>139 (5.9)</td>
<td>2456 (4.9)</td>
<td>17.7:1</td>
</tr>
<tr>
<td>July</td>
<td>37 (1.9)</td>
<td>726 (1.4)</td>
<td>19.6:1</td>
</tr>
<tr>
<td>August</td>
<td>24 (1.0)</td>
<td>243 (0.5)</td>
<td>10.1:1</td>
</tr>
<tr>
<td>September</td>
<td>232 (9.9)</td>
<td>5318 (10.6)</td>
<td>22.8:1</td>
</tr>
<tr>
<td>October</td>
<td>352 (15.0)</td>
<td>10 437 (20.7)</td>
<td>29.7:1</td>
</tr>
<tr>
<td>November</td>
<td>275 (11.7)</td>
<td>5776 (11.5)</td>
<td>21.0:1</td>
</tr>
<tr>
<td>December</td>
<td>136 (5.8)</td>
<td>2481 (4.9)</td>
<td>18.2:1</td>
</tr>
<tr>
<td>January</td>
<td>342 (14.6)</td>
<td>5029 (10.0)</td>
<td>14.7:1</td>
</tr>
<tr>
<td>February</td>
<td>189 (8.1)</td>
<td>3563 (7.1)</td>
<td>18.9:1</td>
</tr>
<tr>
<td>March</td>
<td>257 (11.0)</td>
<td>5346 (10.6)</td>
<td>20.8:1</td>
</tr>
<tr>
<td>Total</td>
<td>2341 (100)</td>
<td>50 389 (100)</td>
<td>21.5:1</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Course length</th>
<th>No. (%) of hours of total attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunchtime</td>
<td>8538 (16.9)</td>
</tr>
<tr>
<td>Evening</td>
<td>5204 (10.3)</td>
</tr>
<tr>
<td>Half day</td>
<td>3821 (7.6)</td>
</tr>
<tr>
<td>1 day</td>
<td>8507 (16.9)</td>
</tr>
<tr>
<td>2-4 days</td>
<td>11 572 (23.0)</td>
</tr>
<tr>
<td>5 days</td>
<td>12 747 (25.3)</td>
</tr>
</tbody>
</table>

231 hours provided by courses run by commercial organizations comprised 9.1% courses in health promotion, 49.4% in disease management and 41.6% in service management.

Postgraduate centres accounted for two thirds of the total number of hours attended by general practitioners. Conference centres were the venue for 11.3%, health authority venues for 9.0%, the practice for 6.8% and other meeting places 6.8%.

Provision of courses by districts

Table 3 shows the number of principals served by each district with a general hospital and postgraduate centre, together with the number of hours of education provided by all course providers within the district.

Size of courses

The numbers of general practitioners attending the 358 different courses varied. Seventy one courses (19.8%) had between one and five attenders; 89 courses (24.9%) had between six and 10 attenders; 151% of courses had between 11 and 15 attenders; 11.5% had between 16 and 20; 12.8% had between 21 and 30 and 10.1% had between 31 and 50. Only 21 courses (5.9%) had 51 or more attenders. The 89 courses having between five and 10 doctors amounted to 6.9% of the total course attendance hours while the 36 courses of between 31 and 50 attenders and the 21 courses of 51 or more doctors accounted for 39.9% and 23.7% of the total respectively.

Organizers of courses

There were 174 organizers of courses of whom 77 were general practitioners. One hundred and five were each responsible for less than 125 hours of total education attended. Twenty one
tutors influenced 33,521 hours of total education attended. Six of the 21 organizers specialized in single areas: child health surveillance (three organizers), minor surgery, terminal care and homoeopathy.

Course fees
Course fees varied from being free (as was often the case when provided by pharmaceutical companies or organized within practice) to between £182 and £250 for a five day course. The cost of a one day course varied from between £6 and £130, a half day course from between £7 and £35 and a lunch time meeting from between £5 and £10.

Discussion
The regional adviser was asked to accredit an enormous variety of educational activity for the postgraduate education allowance, ranging from a general practitioner's attendance at a one hour specialist meeting to a week's course for 79 doctors amounting to 2370 attendant hours. The 57 courses not aimed primarily at general practitioners and some of the 17 clinical attachments produced a disproportionate amount of accreditation work per hours attended at courses. The request to accredit some of these probably sprang from general practitioners' anxiety about completing postgraduate education allowance requirements or a desire to emphasize the importance of a special interest. Some requests for accreditation for courses not aimed primarily at general practitioners were intended to attract general practitioners to courses where the participants were mainly non-general practitioner doctors and professionals allied to medicine. General practitioner attendance was often low and in some cases organizers are now asked to advise general practitioners who may attend to apply individually after the course. The aim of the region is for an observer to monitor 10% of courses and for all course organizers to submit assessments on how the course has met its objectives. Uncertainty over funding of the increased work made this difficult to achieve in the first year (8% of courses were monitored and assessments received from only 53% of course organizers).

Total hours attended gave a mean attendance at postgraduate education allowance accredited courses of 49 hours, 64% more than the requirement of 30 hours. Considerable numbers of general practitioners come from outside the region to attend one week and one day courses and likewise local general practitioners attend courses outside the region. The numbers doing so cannot be precisely calculated, but it is believed that the number of doctors from outside the area attending courses in the region exceeds the number of doctors from the region attending courses elsewhere, so the mean number of hours attended may be somewhat less for local doctors. Similarly, distance learning courses that are nationally approved give an unquantifiable addition to local postgraduate education allowance accredited activity. There may also have been some temporarily increased activity with general practitioners taking advantage of the extension of the 1989–90 postgraduate education allowance period to September 1990 in order to make it easier for general practitioners to qualify for the allowance. The figures are consistent with many anecdotal reports from general practitioners in the region who have easily reached their requirement to claim the postgraduate education allowance and so have not recorded all educational activities.

The requirement of completing two courses in each of the three general areas of health promotion, disease management and service management could be seen as a ratio of 1:1:1 to represent a balanced education but attendance at courses seems to indicate a ratio of almost 1:2:1. This seems to accord much more closely with the work of general practice. The South Western Regional General Practice Education Committee¹ has defined the length of a course as six hours. Over a five year period general practitioners will be required to attend at least 12 hours of education in each of the three categories and the remaining 114 hours in any of the categories.

There was seasonal variation in course attendance, June to August and December having lower levels of attendance while October was the peak month. Attendance must, of course, reflect provision but the ratio of the two was higher in May and October, suggesting scope for more courses and lower in August indicating lack of demand at this time. The ratios for February and March provide evidence that there was no end of year rush to complete the requirement for 30 hours of accredited education.

Longer courses naturally produce higher total hours of attendance figures; 49% of the total was spent on courses of between two and five days. Longer courses appear more popular for general practitioners under the postgraduate education allowance than in Branthwaite and colleagues' study.¹ This may be due to the need for less paperwork, less travelling and easier time allocation compared with 30 hours of multiple courses. Meetings at lunch time produced more attendances than in the evening.

Concern has been expressed that the increasing provision of commercially funded courses may undermine the educational environment of district postgraduate centres.² However, district hospital courses accounted for 84% of total attendance hours while commercial programmes accounted for only 10%. Since practice based courses can provide more choice and more participatory learning it is disappointing that they have been slow to develop with only 6% of total attendance hours. Both the commercially funded and practice based courses showed a large bias towards service management and less time on health promotion than the district courses.

Although general practitioners often travel outside their health district for courses their main source of education needs to be provided by district postgraduate centres in order for general practitioners to carry out effective referrals, shared care, resource management and teamwork.³ However, postgraduate centres showed considerable overlap in the area they served and 54% of principals were regarded as being served by more than one centre. Some smaller districts, for example C and G, cannot provide as many courses as larger districts, thus providing less choice, while other districts do not match the rest in the range of education offered considering their number of general practitioners, for example F and H.

Attendance varied enormously and was often less than expected. The large size of some courses gives cause for debate. Sixteen per cent of courses had more than 30 general practitioner attenders but they accounted for nearly two thirds of all hours attended. It is difficult to see how participatory learning,
feedback and individualization of instruction\textsuperscript{1} can occur in these circumstances and overcrowding may make maintaining attention difficult. These courses are potentially more profitable as the fee is usually not reduced relative to numbers. Courses designed for smaller numbers often need to be organized on several occasions which in turn can facilitate course development. Practice based education is encouraged because of the considerable potential in peer learning and performance review.\textsuperscript{2} Some courses that depend on group contribution may only need a quorum to resource them and some of the 20% of courses with a general practitioner attendance of five or less may fall into this category.

The new postgraduate education allowance arrangements produced an entrepreneurial spirit with 174 course organizers (of whom 77 were general practitioners), organizing courses. However, 21 tutors influenced 33 351 hours of education. Although their success is apparent by the attendance it is clear that even a small increase in their own skills as tutors would produce a considerable improvement in general practitioner education and the education of course providers should become a prime demand on resources. This provision should also extend to the general practitioners who want to improve practice based education in their own practice.

The study shows that in this area, there was an encouraging provision, range and uptake of continuing education for general practitioners with a reasonable choice of course lengths spread throughout the year. The concentration of educational activity in postgraduate centres underlines the need for more provision for developing the educational skills of clinical tutors. Further research is being directed towards the subject content, learning styles and evaluation of courses.

References

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Diploma in Community Health

The Royal College of Physicians of Edinburgh, the Royal College of General Practitioners and the Faculty of Public Health Medicine invite applications to take the next examination for the Diploma in Community Child Health (DCCH) which is to be held on 1 October 1992.

The purpose of the DCCH is to assess the competence of doctors who provide health surveillance, diagnosis, treatment and continuing care to children within the setting of the child's family, social and educational environment.

Possession of the Diploma in Community Child Health is recommended, for acceptance as accreditation for Child Health Surveillance, by the British Paediatric Association and the Royal College of General Practitioners.

Examination regulations, application and testimonial forms with instructions to candidates can be obtained from the address shown below. Past examination papers (costing £5) may be obtained from the same address.

The fee for this examination is £200.00 and the closing date for applications is 4 September 1992.

The first diet of the examination in 1993 will be held on 25 March and the second diet will be held on 30 September 1993.

The Registrar, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ.

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