

# Characteristics of general practitioners who are high attenders at educational meetings

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**SUMMARY.** *The characteristics of general practitioners in the west of Scotland who are high attenders at meetings accredited for the postgraduate education allowance were studied. One hundred and seventy one principals in general practice (9.5%) had attended more than 35 half-day sessions of accredited education between 1 April 1989 and 31 December 1990 and 34 doctors (1.9%) had attended more than 45 half-day sessions. The highest percentage of the doctors worked in Greater Glasgow and Lanarkshire. The doctors who were high attenders were relatively more likely to be women, to be members of the Royal College of General Practitioners and to work in a training practice. The majority of the doctors had been qualified for between 10 and 30 years and worked in group practices of three or more doctors. The characteristics of high attenders contrast markedly to doctors who are low attenders. That there were such a large number of high attenders at educational meetings is encouraging.*

**Keywords:** *course attendance; GP statistics; continuing education.*

## Introduction

**A**TTENDANCE by general practitioners at postgraduate meetings fell when this ceased to be obligatory for seniority payments.<sup>1-3</sup> Payment of the seniority allowance was conditional upon a minimum of 12 hours' attendance at section 63 activities each year. Those who attended more sessions than their colleagues tended to have been qualified for between 10 and 30 years, to have been working in practices with five or more principals and were also more likely to hold additional appointments or to be trainers.<sup>1-3</sup>

The new contract<sup>4</sup> includes a postgraduate education allowance which is paid as part of the statement of fees and allowances. The maximum number of half days which any doctor can be accredited with in any one year is 20. A doctor who completes on average 10 half days each year will obtain the full allowance.

The west of Scotland region covers six health board areas. It stretches from Oban in the north to the south-west border of Scotland, with Falkirk and Stirling on the east. A total of 1802 general practitioners work in the six health board areas serving 2.8 million patients.

In the west of Scotland, the postgraduate committee has set up a computerized database<sup>5</sup> which keeps a record of all

doctors' course attendances at accredited meetings. If doctors attend a course outwith those organized by the West of Scotland Committee for Postgraduate Medical Education then they forward their certificate of attendance either to the committee or to their own health board, and the information is included in the database.

The aim of this study was to determine the characteristics of doctors who were high attenders at accredited meetings and to compare these with the characteristics of doctors who were low attenders. Some of the characteristics of low attenders have already been described.<sup>6</sup> As 35 half days was the maximum allowed for accreditation in the period studied, the group studied were those who had achieved greater than this.

## Method

A printout was obtained from the database on 1 March 1991 of all general practitioners in the west of Scotland who attended two or less half-day sessions of accredited education (low attenders) and those general practitioners who had attended more than 35 half-day sessions of accredited education (high attenders) between 1 April 1989 and 31 December 1990. The high attender group was further analysed to determine the number attending 46 or more sessions. A circular had been mailed directly to all general practitioners informing them of their half days about one month previously. This allowed them to check the data and highlight any discrepancy which could then be checked. The 1990 edition of the *Medical register* and the General Medical Council medical list were used to note the year of qualification and whether the doctor was a member of the Royal College of General Practitioners. The health board lists were used to determine the number of partners in each doctor's practice; information on training practices was based on local knowledge.

## Results

Of the 1802 general practitioners in the west of Scotland region, 171 doctors (9.5%) had attended more than 35 half-day sessions of accredited education and 34 general practitioners (1.9%) had attended more than 45 half-day sessions. Their distribution in the six health board areas is shown in Table 1. The highest proportion of doctors in a health board attending more than 35 half-day sessions (82, 12.6%) was in Greater Glasgow and the lowest proportion (13, 4.2%) in Argyll and Clyde. Of the doctors attending more than 45 half-day sessions, 28 of the 34 worked in Greater Glasgow and Lanarkshire.

A comparison of attendance rates between men and women is shown in Table 2. Of the 171 high attenders, 56 were women and 115 were men; this represented 11.9% of the women doctors and 8.6% of the men doctors in the west of Scotland region. Women doctors formed 26.1% of the general practitioners in the west of Scotland but 32.7% of those who had attended more than 35 sessions. In the group who had attended more than 45 half-day sessions, seven were women (1.5% of the women doctors in the west of Scotland).

Of those who were high attenders, 104 (60.8%) were members of the Royal College of General Practitioners; 25 of the 34 doctors (73.5%) attending more than 45 sessions were College members. Eighty eight of the high attenders (51.5%) came from 70 training practices, with 18 doctors (52.9%) attending more than 45 half-day sessions being in training practices. Nine of

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**Table 1.** General practitioners in the west of Scotland attending more than 35 half-day sessions of accredited education by health board.

Health board	Total no. of GPs in health board	No. (% of no. in health board) of GPs attending:	
		36+ sessions	46+ sessions
Greater Glasgow	653	82 (12.6)	18 (2.8)
Lanarkshire	300	36 (12.0)	10 (3.3)
Ayrshire and Arran	252	20 (7.9)	1 (0.4)
Dumfries and Galloway	104	8 (7.7)	0 (0.0)
Forth Valley	186	12 (6.5)	1 (0.6)
Argyll and Clyde	307	13 (4.2)	4 (1.3)
Total	1802	171 (9.5)	34 (1.9)

**Table 2.** Comparison of attendance rates at half-day sessions of accredited education of men and women general practitioners.

	Total no. (%) of GPs in west of Scotland (n = 1802)	No. (%) of GPs attending:		
		<2 sessions (n = 102)	36+ sessions (n = 171)	46+ sessions (n = 34)
Men	1332 (73.9)	34 (82.4)	115 (67.3)	27 (79.4)
Women	470 (26.1)	18 (17.6)	56 (32.7)	7 (20.6)

n = total number of GPs in group.

the 102 general practitioners attending two or less sessions worked in a training practice (8.8%); 14 (13.7%) were College members. Forty one of the 171 high attenders (24.0%) were course organizers or speakers; this applied to 17 (50.0%) of those who had attended more than 45 sessions.

The number of partners in the practices where the doctors worked is shown in Table 3. Eleven of the doctors in the group attending 36 or more sessions were in single handed practices with 22 from two partner practices. The biggest single group of high users was in the five-partner practices: 15% of doctors in five-partner practices had attended 36 or more sessions, and 5% had attended 46 or more sessions. There were considerably more low attenders in single handed and two partner practices; high attenders tended to be in practices of three or more partners.

The number of years since qualification is shown in Table 4. The largest group of doctors attending more than 35 and more than 45 half-day sessions were those who had been qualified

**Table 3.** Comparison of attendance rates at half-day sessions of accredited education by number of doctors in practice.

No. of GPs in practice	Total no. (%) of practices in west of Scotland (n = 601)	No. (%) of GPs attending:		
		<2 sessions (n = 102)	36+ sessions (n = 171)	46+ sessions (n = 34)
1	162 (27.0)	27 (26.5)	11 (6.4)	3 (8.8)
2	108 (18.0)	26 (25.5)	22 (12.9)	4 (11.8)
3	119 (19.8)	13 (12.7)	36 (21.1)	4 (11.8)
4	100 (16.6)	15 (14.7)	39 (22.8)	6 (17.6)
5	52 (8.7)	10 (9.8)	39 (22.8)	13 (38.2)
6	34 (5.7)	6 (5.9)	8 (4.7)	2 (5.9)
7+	26 (4.3)	5 (4.9)	16 (9.4)	2 (5.9)

n = total number of GPs in group.

**Table 4.** Comparison of attendance rates at half-day sessions of accredited education by number of years since qualification.

Years since qualification	No. (%) of GPs attending:		
	<2 sessions (n = 102)	36+ sessions (n = 171)	46+ sessions (n = 34)
<10	14 (13.7)	26 (15.2)	2 (5.9)
11-20	27 (26.5)	70 (40.9)	18 (52.9)
21-30	23 (22.5)	60 (35.1)	10 (29.4)
31+	38 (37.3)	15 (8.8)	4 (11.8)

n = total number of GPs in group.

for between 11 and 20 years. Doctors qualified for between 11 and 30 years accounted for 76.0% of those attending more than 35 half-day education sessions. Of those attending more than 45 half-day education sessions, 28 (82.3%) had been qualified for between 11 and 30 years. Thirty eight of the low attenders (37.3%) had been qualified for over 30 years.

## Discussion

The number of half-day sessions studied was the maximum number allowed by the statement of fees and allowances during the study period. Any education sessions attended above this number do not count towards the postgraduate education allowance so all the doctors described in the study would be attending meetings for which they would not obtain credits.

The distribution among the health board areas is interesting and the two areas with the greatest urban population (Greater Glasgow and Lanarkshire) had the highest proportion of doctors attending more than 35 and more than 45 half-day education sessions. These two areas also had the highest percentage of doctors who did not claim their postgraduate education allowance.<sup>6</sup> This may reflect the range of doctors within a city: the low attenders (attending less than two sessions) tended to work in single handed or two partner practices. Practice size is an important factor in attendance at meetings but the issue is more complex, with attitudes to education and motivation being of great importance. With the demands of the new contract it is unlikely that doctors will be attending a significant number of meetings which are not accredited for the postgraduate educational allowance. It is interesting that in the other health board areas, although as many as 7.9% of doctors attended more than 35 half-day sessions, there were few attending more than 45 sessions. It is difficult to postulate why this difference exists but it may be related to the number of meetings available.

The Royal College of General Practitioners has been interested in education and in the organization of educational meetings since its inception. In this study, members of the College formed 61% of the group attending 36 or more half-day sessions and 74% of those attending more than 45 sessions. Within the west of Scotland region, 31% of principals are College members (A Short, personal communication), so there were approximately twice as many College members who were high attenders as would be expected. This difference was even greater for those attending more than 45 half-day education sessions. The west of Scotland faculty is a provider of local meetings and this may explain the difference, however, the local faculty has always had a policy of opening its meetings to all doctors. In the group not claiming their first postgraduate education allowance because they had attended two or less sessions, only 14 were College members, half the number expected. There seems, therefore, to be an association between being a College member and atten-

dance at educational meetings. If attendance at educational meetings alters the way doctors work then it could affect the quality of care given in the practice. A recent paper<sup>7</sup> discussed qualifications and quality of care, and this may also be related to attending educational meetings. Further work is required in this area.

Eighty eight of the high attenders were from training practices and 18 who had attended more than 45 education sessions came into this category. There are 155 trainers in the region (West of Scotland Committee for Postgraduate Medical Education) and the 88 doctors came from 70 of the training practices, which is considerably higher than would be expected. Few of the low attenders (nine/102) worked in training practices. The presence of a trainee in the practice encourages active teaching and this must also provide a stimulus to seek education outwith the practice. The presence of a trainee in the practice may also make it easier for doctors to attend educational meetings.

The study found that women doctors were overrepresented in the high attenders category and this is encouraging as many may have a considerable number of commitments outwith the practice.

The distribution by number of years since qualification is similar to that found in previous studies<sup>1,2</sup> with high attenders having been qualified for between 11 and 30 years and low attenders having been qualified for more than 30 years. However, previous studies<sup>3</sup> were based on interviews and questionnaires, giving a degree of latitude with the answers, whereas this study is based on factual data, providing information which will be useful to providers and planners of education.

It is encouraging that such a large number of general practitioners are high users of educational facilities. The West of Scotland Committee for Postgraduate Medical Education makes one annual charge and the doctor can then attend as many sessions as he or she wishes. This strategy seems to be supported in educational terms as many doctors are attending well in excess of what is required. If educational sessions are of value to a doctor then the more sessions attended, the more likely they are to benefit. Course fees undoubtedly provide some restriction on attendance but a single annual charge may reduce this effect.

The study has produced interesting findings but further work is required to obtain the opinions of high attenders regarding the quality of the education sessions and why they attend so many meetings in comparison to their colleagues. The opinions of low attenders should also be sought regarding their lack of participation in approved education.

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