

General practitioner teaching in the community: a study of their teaching experience and interest in undergraduate teaching in the future

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SUMMARY

Background. In line with the General Medical Council (GMC) recommendations for undergraduate teaching, many medical schools are implementing new programmes of community-based teaching. Little is known about the enthusiasm of general practitioners (GPs) for, or their ability to undertake, an additional teaching role.

Aim. To assess the reservoir of teaching experience among GPs and, in particular, their undergraduate teaching experience, their views on the rewards and problems of teaching, their interest in teaching in the future, and their needs for support.

Method. Postal questionnaire sent to all 417 GP principals with Lambeth, Southwark, and Lewisham family health service authorities (FHSA) in January 1995.

Results. We achieved a 74% (310/417) response rate. A total of 86% (261/303) of GPs have some sort of teaching experience in their current practice. A large number of medical and non-medical subjects are already being taught. Overall, 75% (228/303) of GPs had experience of undergraduate teaching. Only 13% (41/303) had no teaching experience of any kind. Very few responders felt that teaching was best done in hospital. Different rewards and problems of teaching were perceived by undergraduate teaching GPs and other GPs. There was a high level of interest in undergraduate teaching in the future and a demand for a variety of support measures from medical schools.

Conclusions. New community-based programmes are likely to receive support from GPs, but the vital issues of time, adequate financial reward, and teacher training must be addressed by medical schools if large-scale changes in undergraduate teaching are to be achieved.

Keywords: teaching techniques; questionnaire survey; primary care.

Introduction

THE GMC reports of 1980¹ and 1993² encouraged undergraduate teaching in the community.³ The implications for stakeholders have been studied,⁴ including the financial ones.⁵ Compared with doctors' views on hospital teaching,⁶ there has been little work on the views of GPs concerning community-based teaching. In a qualitative study, Fine and Seabrook⁷ looked at the motivating factors of 17 GPs. This survey examines the reservoir of teaching experience, the rewards and problems of

teaching, the demand for medical school support, and the future teaching intentions of GPs in one area. This area has three teaching hospitals, the United Medical and Dental School, King's College School of Medicine and Dentistry, and St George's Hospital Medical School. They are all planning new community-based programmes, and the views of these GPs will inform the planning process.

Method

A questionnaire,⁸ based on the work of Fine and Seabrook,⁷ was piloted on 50 GPs from an adjacent FHSA and posted to all 417 GPs in the Lambeth, Southwark, and Lewisham FHSA. A postal reminder at three weeks and telephone follow-up (three attempts) at six weeks increased the response rate. Some 14% (15/107) of non-responders were also telephoned. EPI-INFO was used for analysis.

Results

Questionnaires were returned from 74% (310/417) of GPs. Of these, 73% (303/417) were fit for analysis. There were several teachers in the sample of non-responders, suggesting that the results of this study may be representative of the whole GP population of the area.⁹

Altogether, 74.9% (228/303) of GPs had taught undergraduate medical students in their current practices; 24.8% (75/303) had not. A total of 44.9% (135/301) had taught undergraduates within the last six months, 12.6% (38/301) between six months and two years previously, and 16.9% (51/301) more than two years previously.

Demographic differences between teachers and non-teachers

When compared with other GPs, GPs with undergraduate teaching experience were younger and more likely to have been educated in 'western' medical schools; this group also included a higher proportion of women. They were more likely to declare the presence of children at home. In their practices, they had larger practice list sizes, more partners, and more teaching partners, but worked equivalent hours and had done so for an equal number of years. Neither group felt more overwhelmed by work than the other (Table 1).

Overall teaching experience of GPs in this survey

A total of 86% (261/303) of GPs had taught medical students, other doctors, trainees, or members of the primary health care team (PHCT), such as their practice nurses, nurse practitioners, district nurses, health visitors, midwives, pharmacists, clinical psychologists, physiotherapists, or reception staff. GPs are also teaching first aid, Project 2000 nurses, foreign medical students, and General Certificate of Secondary Education (GCSE), A level, and MSc students. One had received a visiting professor from abroad and one was teaching community nurses in Nigeria (Table 2).

Some 30% (90/300) of responders had taught non-medical

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Submitted: 3 July 1996; accepted: 22 May 1997.

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Table 1. Demographic characteristics of GP undergraduate teachers compared with other GPs.

	GPs with undergraduate teaching experience (n = 228) No. (%)	Other GPs (n = 75) No. (%)	P value
Mean age	43	47	P < 0.001
Male: female ratio	56:44	70:30	P = 0.031
Western medical school	194 (85)	39 (52)	P < 0.001
Non western medical school	33 (15)	32 (43)	
GPs declaring children at home	117 (53)	25 (36)	P = 0.01
Mean practice list size	7977	5955	P < 0.001
Median number of partners	4	2	P < 0.001
Number of teachers whose partners also teach	171 (79)	17 (25)	P = 0.001
Single handed	25 (11)	21 (28)	P < 0.001
Full time: part time ratio	87:13	83:17	P = 0.45
Mean years in current practice	11	11	P = 0.165
Feel overwhelmed by work	101 (44)	29 (39)	P = 0.57

Missing values: Undergraduate teachers: children = 9; other GPs: full time/part time = 1; children = 5. Western medical school: Europe, North America, Australia, and South Africa. Non-western medical schools: Asia, Africa, South America, Russia, China.

Table 2. GPs' experience of teaching in their current practice.

	GPs with undergraduate teaching experience n = 228 No. (%)	Other GPs n = 75 No. (%)	P value
Undergraduates	228 (100)	0 (0)	
Trainee	84 (36)	3 (4)	P < 0.001
Practice nurse	164 (72)	27 (36)	P < 0.001
Another doctor	81 (35)	7 (9)	P < 0.001
Another person (see text above)	50 (22)	9 (12)	P = 0.084
Non-medical teaching	79 (35)	11 (15)	P = 0.002

Missing values: undergraduate teachers: non-medical teaching = 2; other GPs: non-medical teaching = 1.

subjects. These include sports (42% of subjects volunteered), musical instruments (14%), languages (10%), school lessons (6%), and art and drama (3%); a further 19 subjects, from religious studies to financial management, were also listed (22%). Two responders were teachers before becoming doctors.

The results show that 45% (34/75) of GPs who have not taught undergraduates have some sort of teaching experience.

Rewards of undergraduate teaching

Responders marked a list of possible rewards of teaching as important, neutral, or unimportant (Table 3).

A large majority thought that the opportunity of learning from their own teaching was an important reward. Significant minorities thought that belonging to a tutors' group, enhancing the doctor-patient relationship, and gains in self-esteem and financial reward were important. GPs with undergraduate teaching experience were more aware of the personal aspects of teaching, i.e. facilitating student learning, helping with students' personal development, developing their own teaching skills, and feeling that teaching makes the everyday work of general practice more interesting.

Problems of undergraduate teaching

Responders were asked to score previously identified problems of teaching⁷ as 'strongly agree', 'agree', 'disagree', or 'don't know'. In Table 4, the 'strongly agree' and 'agree' categories have been combined. Altogether, 90.7% (273/301) of all GPs thought that lack of time and 59.9% (179/299) thought that lack of space were problems; making time and space the top-ranking

problems. A total of 34.0% (100/294) reported a lack of confidence in their own knowledge base, and 25.3% (75/297) felt that teaching may have an adverse effect on patient care. (These rankings were confirmed in a separate question in which responders marked the given problem only if they felt it was a particular personal issue.)

More undergraduate teachers felt that remuneration was inadequate and had experienced problems with students. Non-undergraduate teachers were more likely to report a lack of space, that they had never been asked to teach, that they were unaware of the support available from the medical school, and that they felt a lack of confidence in their teaching skills. Smaller numbers felt that they might be unsupported by their partners in their teaching intentions and that teaching was best done in hospital.

Time, money, and facilitating teaching

A total of 90.7% (273/301) of all GPs agreed or strongly agreed that lack of time was a problem, and this was reaffirmed in several places in the questionnaire. In a detailed question about time, 25.4% (76/299) of GPs marked the option 'I simply don't have time to teach'. However, a further 15.4% (46/299) would find time if teaching was shared within the practice, and 23.7% (71/299) would do so if another activity was given up.

Adequate remuneration for teaching was an important issue, particularly among GPs with undergraduate teaching experience. In total, 59% (127/228) felt that teaching must pay its way compared with only 38.5% (25/65) of other GPs ($\chi^2 = 12.48$, $df = 2$, $P = 0.002$). Some 27.9% (78/281) of GPs would teach more if it were better paid.

There was variation among GPs regarding what they felt they

Table 3. Numbers of GPs marking reward of teaching as 'important'.

	GPs with undergraduate teaching experience <i>n</i> = 228 No. (%)	Other GPs <i>n</i> = 75 No. (%)	<i>P</i> value
Learn from your own teaching	197 (87)	59 (79)	<i>P</i> = 0.089
Belonging to a tutors' group	91 (40)	23 (31)	<i>P</i> = 0.296
Enhancing doctor-patient relationship	88 (39)	25 (33)	<i>P</i> = 0.34
Gaining in self esteem	69 (31)	26 (35)	<i>P</i> = 0.713
Financial reward	67 (30)	29 (39)	<i>P</i> = 0.299
Facilitating student learning	203 (91)	56 (75)	<i>P</i> < 0.001
Helping students' personal development	168 (74)	39 (53)	<i>P</i> < 0.001
Developing own teaching skills	175 (77)	47 (63)	<i>P</i> = 0.028
Teaching makes everyday work of general practice more interesting	172 (75)	40 (54)	<i>P</i> = 0.002

Missing values: undergraduate teachers: self esteem = 6, finance = 4, tutors' group = 2, doctor-patient relationship = 3, facilitating student learning = 1, student development = 1, Other GPs: self esteem = 1.

Table 4. Agreed and strongly agreed problems amongst GPs.

	GPs with undergraduate teaching experience <i>n</i> = 228 No. (%)	Other GPs <i>n</i> = 75 No. (%)	<i>P</i> value
Time to teach	205 (90)	68 (92)	<i>P</i> = 0.3
Space to teach	128 (57)	51 (68)	<i>P</i> = 0.025
Lack of confidence in own knowledge	72 (33)	28 (38)	<i>P</i> = 0.258
Adverse effect on patient care	55 (25)	20 (27)	<i>P</i> = 0.052
Inadequate remuneration	128 (57)	29 (39)	<i>P</i> < 0.001
Problems with students	49 (22)	12 (16)	<i>P</i> < 0.001
Not asked to teach by medical school	25 (12)	49 (66)	<i>P</i> < 0.001
Unaware of support available from medical school	38 (17)	42 (56)	<i>P</i> < 0.001
Lack of teaching skills	80 (36)	39 (52)	<i>P</i> = 0.002
Fear of lack of support from partners	40 (18)	17 (24)	<i>P</i> < 0.001
Think teaching is best done in hospital	16 (7)	14 (19)	<i>P</i> = 0.012

Missing values: undergraduate teachers: time = 1, space = 4, inadequate remuneration = 4, lack of skill = 5, own knowledge = 7, patient care = 4, problem students = 5, partners' support = 7, medical school support = 8, not asked by medical school = 12, hospital best = 4. Other GPs: time = 1, inadequate remuneration = 1, lack of skill = 1, own knowledge = 2, patient care = 2, problems with students = 2, partners' support = 5, medical school support = 1, not asked by medical school = 1, hospital best = 1.

should be paid for a two-hour teaching session, although there was no statistically significant difference between those with and without undergraduate teaching experience. A total of 51.5% (153/297) wanted between £41 and £80, 34% (101/297) wanted between £81 and £120, and 10% (29/297) wanted between £121 and £200 (Figure 1).

When asked what support GPs would like from medical schools, 69.8% (210/301) said locum cover, 27.2% (82/301) cited administrative help, and 15.9% (48/301) wanted membership of a teachers' group (Figure 2). Overall, 39% (29/74) of GPs without undergraduate teaching experience requested teacher training compared with 25% (56/225) of those with such experience ($\chi^2 = 4.92$, *df* = 2, *P* = 0.027).

Interest in teaching over the next 12 months

A total of 66.2% (196/296) of all GPs were interested or very interested in teaching over the next 12 months. Some 44% (31/70) of GPs with no undergraduate teaching experience expressed an interest, whereas 12.6% (17/135) of GPs who had taught undergraduates in the past six months did not intend to continue, increasing to 47.8% (44/92) in those who had taught undergraduates more than six months previously. GPs show the same level of interest in teaching regardless of where they had been educated ($\chi^2 = 9.02$, *df* = 4, *P* = 0.061).

Overall, 33.8% (100/296) of GPs were not interested in teach-

ing. Among those GPs without undergraduate teaching experience, 66% (26/39) had not taught a medical subject and 92% (33/36) had not taught a non-medical subject. A total of 64% (25/39) also marked the 'I simply don't have time' box in the time and money section of the questionnaire.

GPs who did not wish to teach were demographically no different from those who did, except that they were more likely to have been in practice for more than 20 years ($\chi^2 = 24$, *df* = 14, *P* = 0.037).

Discussion

We have demonstrated a wide pool of teaching experience among GPs in Lambeth, Southwark, and Lewisham. They include GPs who might be expected to teach less; for example, single-handed practitioners, those with child care commitments, and part-time GPs. The sheer breadth of both medical and non-medical subjects taught by these doctors is an important new finding.

Many of the rewards, such as learning from your own teaching, were recognized as being important by almost all responders. However, those with undergraduate teaching experience were more likely to emphasize the personal aspects of teaching; for example, helping with students' personal development or feeling that teaching makes general practice more interesting.

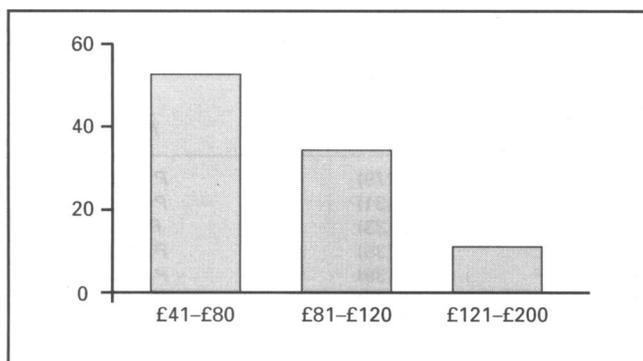


Figure 1. Percentage of all GPs stating minimum payment for 2 hour teaching session.

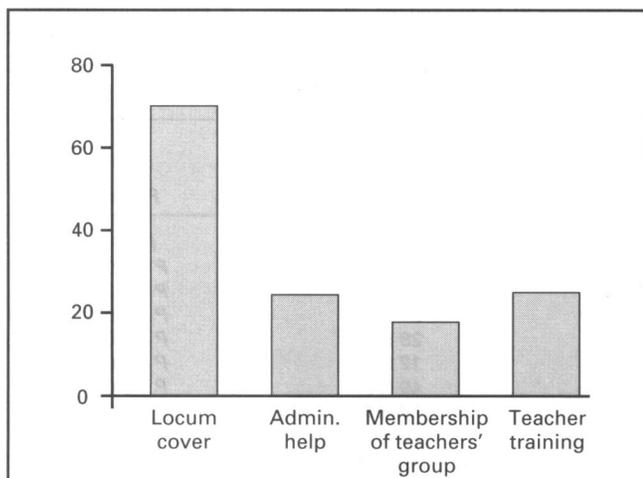


Figure 2. Percentage of all GPs requesting item.

This is perhaps not surprising given that the process of general practice usually operates at a personal rather than a technical level. Only a third of GPs stated additional income as a reward of teaching, but those with undergraduate teaching experience are becoming more hard-nosed. This may be because teaching is no longer simply face-to-face contact with students but includes time for preparation and teacher training. Indeed, a number of GPs would feel able to teach more if payments were enhanced, and this is recognized at a national level.⁵

Virtually all GPs recognize that time and space are significant problems.⁷ The results of our survey suggest a number of possible solutions to the time issue. In our view, the most helpful would be to share the teaching within and among practices. The provision of stable locum cover would enable GPs to have protected time for teaching. It is less easy to provide solutions to lack of space, although many GPs are creating space for teaching outside the consulting room. This additional resource could well bring in the extra income needed to enable more teaching to take place in the community. It is worth noting that a quarter of all GPs were worried that teaching activities might have an adverse effect on patient care.

We have found a reservoir of GPs who have not yet taught undergraduates but who are interested in teaching. Over half of this group have never been asked to teach. Many non-teaching GPs have no teaching experience at all and may in fact be saying, 'I haven't tried beans because I don't like them' and using 'lack of time' as an acceptable reason. In particular, GPs educated in non-Western medical schools are less likely to be teaching undergraduates but have the same interest in teaching as others.

Medical schools could explain to potential teachers the unexpected rewards of teaching, especially the personal ones, and demonstrate the potential for sharing the time commitment. Provision of locum cover, adequate financial reward for teaching, teacher training, and tutors' groups would be well received. Being aware of non-teachers' uncertainty of their teaching skills, rather than their lack of clinical knowledge, and of their partners' potential lack of support for this new activity are also important issues.

This is the first study to look at the views of all GPs in a geographical area with regard to teaching. We were pleased to find many GPs who already teach in one way or another and who appreciate the diversity of what they teach and the rewards they gain from their teaching. This bodes well for their ability to take on the curricular changes envisaged by the GMC.² Time, space, and financial considerations are the most important stumbling blocks for GPs. There is a healthy interest in undergraduate teaching and a demand for adequate teacher training and medical school support.

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Acknowledgements

We thank Paul Booton, Helen Graham, Roger Higgs, Mary Seabrook, Penny Shaw, Anne Stephenson, and Susan Williams, all members of the Department of General Practice at King's College School of Medicine and Dentistry, for their encouragement and advice. We would also like to acknowledge the statistical advice received from Fiona Reid.

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