

Continuing education in general practice in England and Wales

H. W. K. ACHESON, *O.B.E.*, F.R.C.G.P.

General practitioner, Manchester; Senior Lecturer in General Practice, University of Manchester

SUMMARY. In 1970, a random sample of 9.5 per cent of general-practitioner principals in England and Wales were asked about continuing education; 53 per cent of them replied. Respondents preferred long intensive courses, thought that dissemination of information about national courses was defective, and the 32 per cent who required a locum before they could attend a course had difficulty in obtaining one. Local educational activity is enhanced by the presence of a postgraduate medical centre.

Introduction

The Todd Report emphasised the importance of continuing education for general practitioners (Royal Commission on Medical Education, 1968) and there is now a widespread organisation, under the aegis of Councils for Postgraduate Medical Education, which is responsible for arranging suitable courses.

The value of courses of continuing education can be assessed either objectively, by evaluating the extent to which the knowledge, skills or attitudes of general practitioners have been improved by attendance or subjectively, by canvassing general practitioners' opinion of the value of the courses provided. Assessment should include general practitioners' preference for the type of course they find most useful and also attempt to identify difficulties which prevent them from taking full advantage of opportunities for continuing education.

There have been two previous subjective surveys of general practitioners' opinion (College of General Practitioners, 1957-1958; Byrne, 1969), both of which were confined to particular groups of practitioners. The first of these was confined to members and associates of the College of General Practitioners and the second was restricted to practitioners in the North-west region of England.

In order to achieve a more widespread review of general practitioners' opinion the Education Committee of the Council of the Royal College of General Practitioners carried out a further subjective survey in 1970, in which the opinion of a sample of all practitioners in England and Wales was canvassed.

Results

A questionnaire was sent to a randomly selected sample of 1,904 (9.5 per cent) of the 20,133 principals in general practice in England and Wales. There were 1,067 (53 per cent) respondents, representing 5.3 per cent of all practitioners. The age distribution of the respondents differed from that of all practitioners in that younger doctors were under-represented (table 1); 20 per cent of respondents were in single-handed practice.

Type of continuing education course preferred

Of the various types of continuing education course commonly available, an intensive course lasting a week or more proved to be the most popular choice. A short intensive midweek course was least popular (table 2). All respondents were asked whether or not, when attending a long intensive course, they would prefer it to be held in their locality, 56 per cent preferred to attend such a course outside their home area.

In reply to a question enquiring whether practitioners were *able* to attend weekend courses, 90 per cent said yes, but 31 per cent of single-handed doctors and 35 per cent of doctors in partnership added that they would prefer not to do so. Slightly more than half the respondents were *able* to attend an extended course on a weekday, half preferring it to be held in the afternoon and half preferring the evening.

TABLE 1
AGE OF RESPONDENTS COMPARED WITH ALL GENERAL PRACTITIONERS IN ENGLAND AND WALES

<i>Age group years</i>	<i>Survey population per cent (n = 1,067)</i>	<i>England and Wales* per cent (n = 20,133)</i>
70 or over	1.7	2.4
60-69	12.5	11.9
50-59	33.0	24.5
40-49	44.3	33.9
30-39	7.8	23.5
29 or younger	0	3.7
Not stated	0.7	0

(* Data derived from Wintersgill, W. (1973). *Health Trends*, 5, 26).

Apart from being asked to express their preference, practitioners were also asked to state which type of course they had actually attended. It was found that most respondents had attended lunch-time meetings and weekend courses (table 2).

TABLE 2
PREFERENCE FOR THE TYPE OF CONTINUING EDUCATION COURSES COMMONLY AVAILABLE
AND THE PROPORTION WHO REPORTED HAVING, AT SOME TIME ATTENDED THEM

<i>Type of course</i>	<i>Preference per cent (n = 1,067)</i>	<i>Proportion who report having attended</i>		
		<i>Single-handed per cent (n = 201)</i>	<i>Partnership per cent (n = 857)</i>	<i>Total per cent (n = 1,058)</i>
	(a)	(b)	(c)	(b + c)
Long intensive course of a week or more	30.6	50.7	59.3	57.7
Short intensive weekend course	23.4	63.7	68.0	67.2
Extended course (e.g. one session per week)	15.8	49.3	39.9	41.7
Lunch-time (weekday) meetings	17.7	73.6	72.1	72.4
Evening meetings (e.g. 08.00-22.00)	13.0	*	*	*
Short intensive midweek course	4.1	*	*	*

(*Data not requested).

Content of courses

Most respondents agreed that they received enough information about the courses held in their own region, but 49 per cent stated that they did not receive adequate information about courses that were held in other areas. Eighty per cent were satisfied with the level of instruction that they received and 70 per cent of respondents were satisfied with the way that courses were planned. Criticism, where it existed, was directed principally at the method of presentation and at the lack of use of modern teaching aids.

The subjects chosen for courses were regarded as satisfactory by only 57.5 per cent of respondents. The remaining 43.5 per cent suggested various changes including a greater use of case demonstrations (75 per cent), more teaching of the behavioural sciences (45 per cent), instruction in practice organisation (37 per cent), more frequent inclusion of basic science subjects (24 per cent) and teaching on research method (23 per cent).

A quarter of the respondents criticised the content of courses on the ground that it was too often orientated towards medicine as practised in hospital.

Regional and national facilities

Seventy per cent of the respondents were satisfied with the facilities for continuing education available in their own region and 65 per cent were satisfied with national facilities. Eighty-four per cent reported that a medical library was accessible to them and 56 per cent of the respondents were able to borrow books from their nearest medical library.

Thirty nine per cent of the respondents stated that they were familiar with the function of a journal club, of whom five per cent belonged to one and a further 55 per cent said that they would like to join one.

Locums

A locum was required by 64 per cent of the single-handed respondents, and by 30 per cent of those in partnership, when attending a course which required them to be absent from their practice. A third (32 per cent) of all who needed a locum reported that they had difficulty in obtaining one, and 42 per cent stated that the cost of a locum's salary was a significant deterrent against attendance at courses. A few asked for the creation of a locum pool from which a practitioner could obtain a deputy when attending an approved course.

Private study

Adequate time in which to keep up to date by reading was claimed by 50 per cent of respondents. Fifty four per cent of respondents requested that the 'terms of service' should contain provision for study leave, some of whom suggested sabbatical leave at regular intervals.

Ninety-six per cent of the respondents reported that they read at least one medical journal regularly, 36 per cent said that they read at least three journals. At least one medical book had been bought by 61 per cent of respondents during the 12 months before the survey and 22 per cent had bought at least three.

A third of the respondents listened to audiotapes on medical subjects; most of whom preferred to listen as a member of a group where there was discussion on the subject.

Postgraduate medical centres

A postgraduate medical centre was reported to be available to 79 per cent of respondents, of whom 65 per cent could reach it within 20 minutes. Five per cent of the respondents stated that they served on the management committee of their local centre.

Lunch-time meetings are a common activity at postgraduate medical centres and it was not unexpected to find a significant relationship between the availability of a centre and attendance of practitioners at lunch-time meetings ($P < 0.05$). A highly significant relationship was found between respondents who expressed satisfaction with the information that they received about local courses and the availability of a centre ($P < 0.001$). A centre was available to 84 per cent of those who listened to audio-tapes.

Further comments

At the end of the questionnaire practitioners were invited to add their own comments about continuing education. These comments included the view that attendance at a course was no guarantee that learning would take place. Others supported the value of pre-course preparation and requested that course organisers should give more detail about the subject, or subjects, to be covered with a recommended reading list. It was suggested by some that post-course evaluation of what had been learned should be the rule.

Discussion

The survey was designed to obtain the opinion of general practitioners on the present organisation of continuing education and to seek suggestions for improvement. It is important to stress that the results are purely subjective, being based only on opinion and in no way represent an objective evaluation of the effectiveness of continuing education. The age distribution of the respondents may have produced some bias since the opinions reflected are mainly those of doctors who have been qualified several years. Despite these constraints, interesting results emerged.

The questionnaire used by Byrne (1969) contained many questions similar to those used in this survey so that some direct comparisons can be made. One difference was course preference. Byrne (1969) found that the greatest demand was for evening meetings and that there was little desire for long residential courses. However, in this survey the opposite view was expressed. Though the surveys were separated only by two years it is possible, even in such a short period, that there may have been a genuine change of opinion among practitioners. Such a change could have resulted from the training in the technique of organising and running a course that has been available to course organisers.

Courses for course organisers became more frequent from 1969 onwards and may have led to an improvement in the production and execution of courses, in particular of long intensive courses. This suggestion derives a measure of support from the finding that 81 per cent of respondents in this survey were satisfied with the level of instruction that they received, compared with only 40 per cent reported by Byrne (1969). Unfortunately the survey did not contain enough data from which to gauge accurately the significance of this change in the popularity of long intensive courses. A further possible deduction is that practitioners may be finding an occasional intensive educational experience more rewarding than attendance at short courses.

Weekend courses have often been criticised by practitioners because they interfere with leisure time. The finding that a third of the respondents who stated that they were *able* to attend weekend courses also said that they would prefer not to do so, certainly indicates a difference between opinion and intention.

More respondents reported that they had attended lunch-time meetings than had attended any other type of course, yet lunch-time meetings were placed fourth in the order of preference. This apparently contradictory result could have been due to a larger number of lunch-time meetings actually held, and so available to be attended, rather than indicating an ambiguity in the replies received.

Even though most respondents were satisfied with the content of courses it is noteworthy that 43.5 per cent suggested changes. The criticism that courses were too often orientated towards hospital medicine was also encountered by Byrne (1969), and may be inevitable while hospital staff do most of the teaching. The obvious solution is for general practitioners to do more teaching. It is probably lack of experience in teaching, rather than lack of knowledge, that prevent them from doing so.

Although many doctors expressed difficulty in obtaining a locum, the extent to which this difficulty had a material influence upon their ability to attend continuing education courses was not investigated and must await further study.

A few respondents pointed out the opportunity for study leave given to hospital staff and the lack of such provision in general practice. The desire for allotted study periods, or sabbatical leave, was strongly expressed by some of them and should be noted. However, sabbatical leave, including locum provision, might be difficult to arrange within the confines of the present terms of service for National Health Service practitioners.

The results of the survey indicate that the presence of a postgraduate medical centre has a favourable effect on local educational activity, thus underlining their importance in continuing education. The rapid growth in the number of centres is shown by the finding that in this survey 79 per cent of respondents reported that a centre was available to them, compared with 29 per cent reported by Byrne (1969). However, objective evidence of the true educational value of postgraduate medical centres remains to be determined.

Comparison of some of the results obtained from this survey with those reported in 1958 (College of General Practitioners, 1958) shows that, apart from an increase in attendance at courses and greater access to library facilities, there has been little change in more than 20 years (table 3).

More research into continuing education is required. The educational value of different types of course should be compared, and other ways by which general practitioners may continue their education need to be investigated.

TABLE 3
COMPARISON BETWEEN THE OPINION OF GENERAL PRACTITIONERS IN 1958 AND 1970 REGARDING
SOME ASPECTS OF CONTINUING EDUCATION

	<i>College of General Practitioners (1958) per cent</i>	<i>This survey per cent</i>
<i>Courses attended</i>		
Long intensive	13·0	57·7
Weekend	14·0	67·2
Extended	20·0	41·7
<i>Content of courses</i>		
Too superficial	5·0	12·5
Too deep	5·0	6·8
Too hospital orientated	22·6	29·8
Should be more clinical	16·4	24·7
<i>Information about courses</i>		
Regional: good	91·0	92·0
National: good	53·0	51·0
Difficulty in leaving practice to attend courses	38·0	37·4
Hold appointment as clinical assistant	18·0	24·3
Access to medical library	36·0	84·0

Acknowledgements

I am grateful to the Department of Health and Social Security who provided the grant for this survey, to the General Practice Research Unit, Royal College of General Practitioners, who processed the results; and to the secretarial staff of the Department of General Practice, University of Manchester.

REFERENCES

- Byrne, P. S. (1969). *British Journal of Medical Education*, 3, 50-57.
 College of General Practitioners (1957). *Research Newsletter No. 4*, 151-152.
 College of General Practitioners (1958). *Journal of the College of General Practitioners*, 1, 171-175.
 Royal Commission on Medical Education 1965-1968 (1968). Report. London: H.M.S.O.

A STUDY OF GENERAL PRACTICE IN MASSACHUSETTS

Report of a study to identify some of the reasons patients seek help from their physicians. The 15 participating physicians were not randomly selected but were volunteers from the Massachusetts Academy of General Practice, which has a membership of 550. Their practices ranged from metropolitan urban to rural. Following a pretest, each physician was to complete questionnaires on 1,000 consecutive patient contacts in his practice, of which 500 contacts were to be in the summer and 500 in the winter. The participating physicians completed usable questionnaires for 12,835 patient visits. The average length of time to complete a run of 500 patients' visits was 23·6 days. This meant that, as a group, the physicians saw 21·1 patients per day, with a range from a low of 10·8 to a high of 45·4.

REFERENCE

- Brown, J., Robertson, R. S., Kosa, J. & Alpert, J. J. (1971). *Journal of the American Medical Association*, 216, 301-306.