

Monitoring Section 63 activities

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SUMMARY. The descriptions published about educational activities provided for general practitioners under Section 63 in the North-West Region have been analysed and the pattern of attendance by general practitioners on the list of the Salford Family Practitioner Committee examined. On the one hand there was a small group of 25 out of 131 (19 per cent) of frequent attenders, who accounted for over half of all attendances; on the other hand there was a group of 18 out of 131 (14 per cent) who never came at all. More than 80 per cent of the topics fell in the area (1) of the Royal College of General Practitioners (1972). Evening meetings were preferred to lunch-time meetings and few general practitioners (12 per cent) travelled more than ten miles from Salford to attend Section 63 meetings in 1973 to 1974. We suggest that local organizers should be requested to complete a form giving brief details of such meetings to assist in regional planning.

Introduction

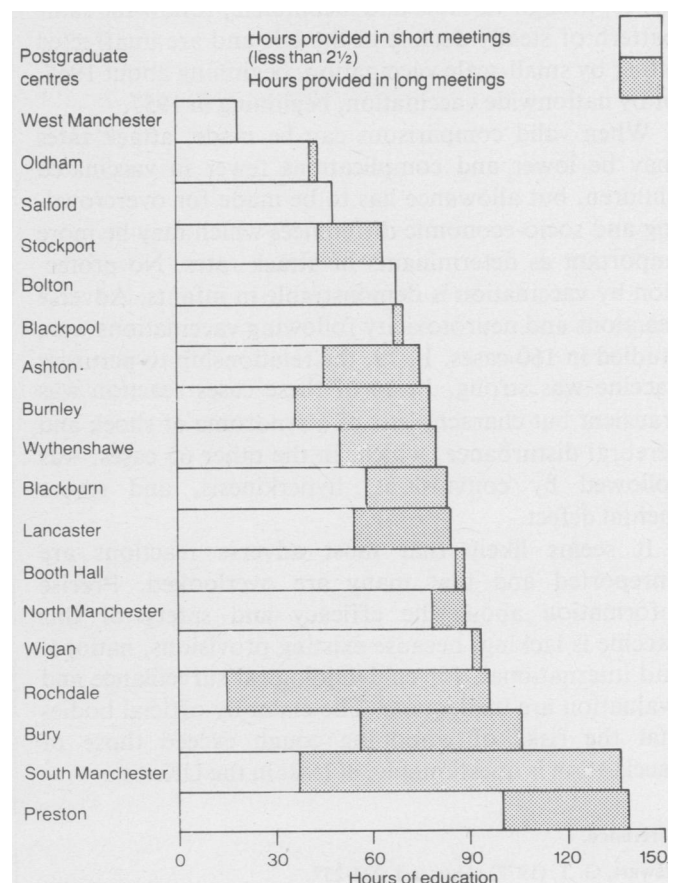
THERE is little published information to assist in planning educational activities under Section 63 of the Health Services and Public Health Act, 1968. Although the Department of Health and Social Security publishes annual reports on the number, type and content of Section 63 activities in England and Wales and on attendances at them with analyses by region, the statistics appear to fulfil a decorative rather than a practical role.

They may be useful as an organizational prestige symbol or as a cause for self-congratulation but not as a basis for developing Section 63 activities within a region. For example, although the DHSS statistics may be used to show that the opportunities for general practitioners to continue their education in England and Wales are many and varied, and that attendances have

increased at a satisfactorily rapid rate (by over 130 per cent since 1968, when these courses were begun), they do not, however, provide an informed basis for formulating regional policies, allocating resources within a region, and for co-ordinating the activities of various local bodies. Nor do they provide a basis for developing local activities that will not only appeal to those who already attend but will also attract those who do not.

For these purposes, detailed information is needed on the regional supply of, and local demand for, Section 63 activities. On the supply side, an analysis is specifically

Figure 1. The amount and nature of Section 63 education at postgraduate centres in the North-West Region (excluding Manchester Royal Infirmary and South Trafford) 1973/1974.



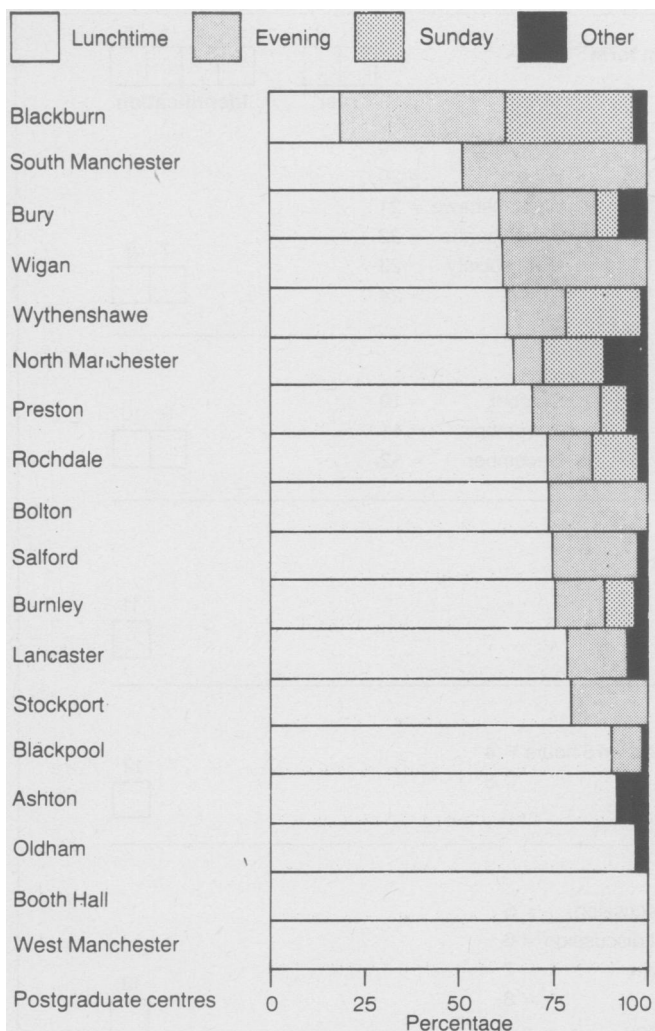


Figure 2. Timing of Section 63 activities at postgraduate centres in the North-West Region (excluding Manchester Royal Infirmary and South Trafford) 1973/1974.

needed of the differences between the activities organized by various bodies within a region and changes in the nature and content of these activities with time. On the demand side, an analysis of the pattern of attendance by general practitioners is required to determine the extent to which postgraduate centre programmes succeed in attracting local general practitioners and the nature of their appeal—whether it is limited to a small hard core of addicts or whether it is more broadly based.

Two small feasibility studies were conducted in the North-West Region to explore how such information could be economically obtained. One was designed to investigate the feasibility of monitoring the regional supply of Section 63 activities from published promotional material; the other to assess the feasibility of monitoring the local demand for these activities from existing records.

The rest of our paper describes the sources of data used in these studies, the analyses undertaken, and some

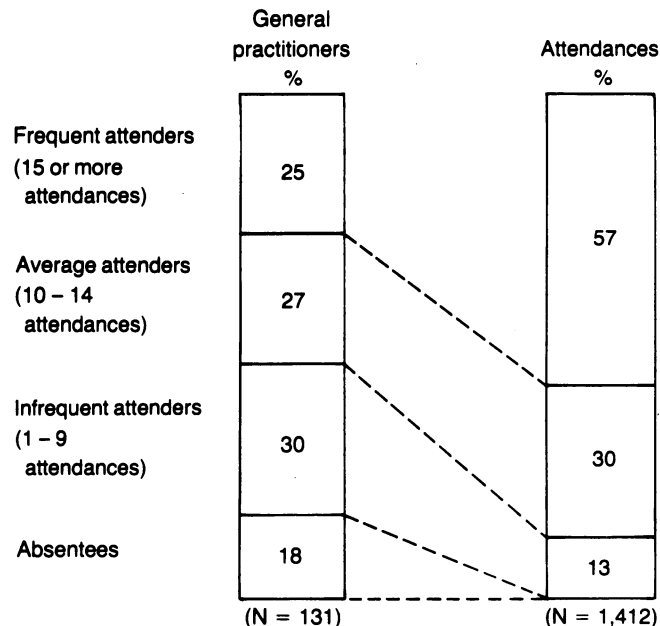


Figure 3. Salford general practitioners and their attendances at Section 63 activities 1973/1974.

of the more interesting findings. We discuss how information about the supply of and demand for Section 63 activities could be obtained economically.

The regional supply of Section 63 activities

The data for this analysis were extracted from the diaries published by 18 of the 20 postgraduate centres in the region in 1973/74 to publicize their activities for that academic year. Published data for two centres, Manchester Royal Infirmary and South Trafford, and other organizing bodies were inadequate for analysis and these were, therefore, excluded from the study. For each centre, the available data were analysed to show:

1. The total number of hours of Section 63 approved instruction provided.
2. Whether this instruction was provided in long or short meetings.
3. The content of meetings.
4. The format of meetings (i.e. teaching methods).
5. The timing of meetings.

The results of this analysis revealed that about 1,450 hours of instruction approved under Section 63 were provided by the 18 postgraduate centres and that about three quarters of the total instruction was supplied at short meetings (counting for less than a full session for seniority purposes), held mainly at lunchtime.

The amount, composition, and timing of Section 63 instruction provided by different postgraduate centres varied considerably (Figures 1 and 2). The median number of hours of Section 63 instruction provided by these centres was 81½.

Education for General Practitioners

Section 63 meetings in the NWRHA				Data collection form		1 2 <input type="text"/> <input type="text"/> Year	3 4 5 6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Identification	
Location								
Blackburn = 01	Lancaster = 07	Oldham = 13	Tameside = 19					
Blackpool = 02	N. Manchester = 08	Ormskirk = 14	Wigan = 20					
Bolton = 03	S. Manchester = 09	Preston = 15	Wythenshawe = 21					
Booth Hall = 04	N. Trafford = 10	Rochdale = 16	Health centre = 22					
Burnley = 05	S. Trafford = 11	Salford = 17	Med. society = 23					7 8 <input type="text"/> <input type="text"/>
Bury = 06	M R I = 12	Stockport = 18	Others = 24					
<hr/>								
Month								
January = 01	April = 04	July = 07	October = 10					
February = 02	May = 05	August = 08	November = 11					9 10 <input type="text"/> <input type="text"/>
March = 03	June = 06	September = 09	December = 12					
<hr/>								
Timing								
Monday - Friday Lunchtime = 1	More than one day = 5							
Monday - Friday Evening = 2	Saturday = 6							
Monday - Friday Morning/afternoon = 3	Sunday = 7							11 <input type="text"/>
Monday - Friday All day = 4	No information = 8							
<hr/>								
Length of meeting								
1 but less than 1½ hours = 1	More than 2½ hours but less than 5 hours = 4							
1½ but less than 2½ hours = 2	5½+ = 5							12 <input type="text"/>
2½ hours = 3								
<hr/>								
Format								
Lecture = 1	Film with discussion = 5							
Case demonstration = 2	Film without discussion = 6							
Combined lecture and case demonstration = 3	Film unknown = 7							13 <input type="text"/>
Group discussion = 4	Others = 8							
	No information = 9							
<hr/>								
Speakers' characteristics								
Local = 1	International = 4							
Regional = 2	From more than one location = 5							14 <input type="text"/>
National = 3	No speaker = 6							
	No information = 7							
<hr/>								
Speakers' status								
Consultant = 1	Others = 4							
Other hospital staff = 2	More than one type of speaker = 5							15 <input type="text"/>
General practitioner = 3	No speaker = 6							
	No information = 7							

Figure 4. Form used to monitor Section 63 activities in the North-West Region.

Information published about the content and format of courses in many of the diaries was not detailed enough to allow analysis for the region as a whole. Consequently, the analysis of content had to be limited to seven centres and the attempt to examine meeting formats abandoned.

The categories used in the analysis of content were those of the Royal College of General Practitioners (1972), as this was the only known method of classifying general practitioners' educational needs. The results of

this analysis revealed that more than four out of five topics at the centres studied fell into the 'health/disease' category. Analysis of this category using the International Classification of Diseases (World Health Organization, 1967), and excluding general topics, showed a varied and uneven spread of clinical subjects, with circulatory disorders (18 per cent) being the most popular.

Local demand for Section 63 activities

The analysis undertaken of attendance patterns was

Education for General Practitioners

Number of general practitioners present

Under 5 = 01	15 - 19 = 04	30 - 34 = 07	45 - 49 = 10
5 - 9 = 02	20 - 24 = 05	35 - 39 = 08	50 + = 11
10 - 14 = 03	25 - 29 = 06	40 - 44 = 09	No inf. = 12

16 17

Content

Title (write in)

Future general practitioner classification

Health and disease = 1	Medicine and society = 4
Human development = 2	The practice = 5
Human behaviour = 3	Unclassifiable = 6
	No information = 7

18

International classification of disease

Infective and parasitic diseases	= 01
Neoplasms	= 02
Allergic, endocrine, nutritional diseases	= 03
Blood disorders	= 04
Mental disorders	= 05
Nervous system diseases	= 06
Circulatory system diseases	= 07
Respiratory system diseases	= 08
Digestive system diseases	= 09
Genitourinary diseases	= 10
Pregnancy, childbirth complications	= 11
Skin, subcutaneous tissue diseases	= 12
Musculoskeletal system diseases	= 13
Congenital anomalies	= 14
Perinatal morbidity	= 15
Symptoms and ill defined conditions	= 16
Accidents	= 17
Prophylactic procedures	= 18
Therapeutics	= 19
New methods of diagnosis	= 20
Others	= 21
Multiple category	= 22
Unclassifiable	= 23
No information	= 24

19 20

limited to 131 general practitioners on the Salford Family Practitioner Committee list for the whole, or part, of the period from September 1973 to June 1974. This group of general practitioners was selected for convenience and not for theoretical reasons. An up-to-date list of this population was readily available and, in the absence of any previous research, there was no strong case for examining one group rather than another.

Records of these general practitioners' attendances at

Section 63 activities in the academic year 1973/74 were obtained from the course registers of postgraduate centres in the North-West Region and the records of the Salford Family Practitioner Committee, the latter providing data about attendances at meetings outside the region.

While these sources are the only available cheap source of information on general practitioners' attendance patterns they should be considered with caution. On the one hand, clinical tutors report that some

doctors may appear to sign the register, only to disappear before a meeting begins. On the other hand, some doctors claim they do not bother to sign their names after they have attended enough sessions to qualify for their seniority allowances. Consequently, analysis based on such data may either overestimate or underestimate general practitioners' attendance.

Despite such limitations, data from these sources provide a reasonably accurate record of attendances and were analysed to show:

1. The level of non-attendance.
2. The frequency of attendance.
3. The time spent at meetings.
4. The location of meetings attended.
5. The content of meetings attended.
6. The format of meetings attended.
7. The timing of meetings attended.

The results indicated that about one in five Salford general practitioners (14 per cent) did not attend a single Section 63 meeting in the year under review. This level of non-attendance was similar to that found in England and Wales as a whole in 1973/74 (DHSS, 1975).

Analysis of the frequency with which Salford general practitioners attended Section 63 meetings revealed a striking amount of variation (Figure 3). At one extreme, there was a small hard core of general practitioners who as a group accounted for over half the total attendances at Section 63 meetings while, at the other extreme, there was a slightly larger group of general practitioners who between them accounted for less than one sixth of the total attendances. Moreover, an examination of the relationship between attendances and the hours spent at meetings suggests that those who went rarely did not attend longer meetings. These findings indicate that there may be a case for broadening the appeal of meetings in this area.

As for the location of meetings attended by Salford general practitioners, it was clear that although most general practitioners (62 per cent) did not attend meetings exclusively at one location, few (12 per cent) had travelled more than ten miles from Salford to attend Section 63 meetings in 1973/74.

Examination of the popularity of meeting topics and formats among Salford general practitioners proved impossible because of the lack of sufficiently detailed published information. As for timing, however, evening meetings appeared to have a wider appeal than lunchtime meetings, although the latter were more numerous. A similar preference for evening meetings among general practitioners in the region as a whole was found by Byrne (1969).

The future

The study, designed to examine the feasibility of

monitoring the regional supply of Section 63 activities on the basis of postgraduate centre diaries, indicates that they contain enough information to analyse the number, length, and timing of meetings, but not enough for a comprehensive analysis of their content or format. To overcome this, we propose that all postgraduate deans should request postgraduate centre secretaries/course organizers to complete a standard 'meeting profile form', outlining the characteristics of each meeting. Such a form would, of course, need to be quick and easy to complete and suitable for computer processing at regular intervals. One designed for use in the North-West Region, as a result of this study, might be used as a blueprint (Figure 4). Interest in comparing one's own programme with that of other centres might provide the necessary incentive for secretarial staff to complete yet another form.

In contrast, the study designed to assess the feasibility of monitoring the local demand for Section 63 meetings by analysing existing records indicates one way in which this could be done. We suggest that postgraduate tutors—perhaps in association with college tutors—should analyse the attendance patterns of general practitioners in their 'catchment area' at regular intervals. Ideally, of course, they should adopt a standard analysis so that the data can be amalgamated for the region as a whole and trends identified.

Conclusion

We have shown that the methodology and data to monitor Section 63 activities are readily available. The cost of doing so, as shown above, would be virtually invisible: a little organization and clerical effort would be all that is required. The only major obstacle would be a lack of interest or intent. However, now that there is a ceiling on expenditure on Section 63 activities and resources are limited, this would be an appropriate time to begin to assess their value and the need for change.

The information obtained would be useful to those responsible for organizing future courses under Section 63, and would allow comparisons between courses to be made.

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Acknowledgements

The studies reported in this paper were supported by a DHSS grant. The authors gratefully acknowledge the advice of Professor P. S. Byrne and Professor A. Holzel and the clerical help of Mrs Cassidy.