

Assessing release courses in vocational training*

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SUMMARY. A series of visits to selected vocational training schemes revealed a wide variation in attendance by trainees, content of release courses, use of teaching methods, and participation in planning by trainees. The principal criticism made by ex-trainees was the absence of enough teaching on practice management.

I suggest that it is important to clarify as soon as possible the division of teaching responsibilities between training practices and release courses.

Introduction

IN June 1976 I completed three years' vocational training at Cambridge. Immediately afterwards I was asked to become tutor for the course under a new course organizer and my prime responsibility was for organizing the day release course.

Aim

The aim of my study was to learn about the organization and methods of other established courses.

Method

I visited the schemes at Aberdeen, Bury St Edmunds, Doncaster, Dundee, Exeter, High Wycombe (whose final year trainees attend the Oxford Regional day release course, which at that time was run by the Thames Valley Faculty of the Royal College of General Practitioners), Leicester, Nottingham, and Watford. In

addition, I had information about to my own course at Cambridge and kind assistance from the organizers of the Ipswich course.

All the schemes chosen had had graduates; that is, they had been in existence for at least three years. The Thames Valley course is a regional course providing day release for eight training schemes. The trainees also attend small local groups based on their separate schemes.

At each centre I spoke to the organizer who was actually responsible for the day release course and I also tried to speak to a number of the trainees going through the scheme. This proved possible everywhere except Aberdeen, Doncaster, and Leicester.

Such an assessment would be incomplete without an opinion from those who had completed the courses in question. I asked each organizer for the names of ex-trainees from his scheme and constructed a short questionnaire about the release course, which was sent out individually.

Results

The facts of day release courses

There is great variation in the way in which courses are organized. Most schemes have a half day for the release course. A number (Cambridge, Ipswich, Thames Valley) have sessions occurring for a whole day and at Aberdeen a whole day is also taken but only for two terms of the final (practice) year of the traineeship. At Exeter there is a half-day release course, but in addition there are several other courses which are usually held in the morning or evening of the teaching half day.

The number and type of trainees attending a particular release course varies, as does the size of groups which are taught (Tables 1 and 2). The release course at most schemes is attended by trainees doing a single year in a training practice as well as by those involved in three-year programmes. These two types of trainee will be referred to as 'one-year' and 'vocational' trainees

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Table 1. Total number of trainees attached to release courses.

Number of trainees	Courses
11-12	Bury St Edmunds
16-18	Cambridge
18-20	Doncaster Leicester Watford
20-30	Aberdeen Dundee Exeter Ipswich Nottingham
>40	Thames Valley

Table 2. Normal size of teaching groups.

Group size	Course
<12	Cambridge Doncaster Exeter High Wycombe local course Ipswich
12-16	Aberdeen Bury St Edmunds Watford
16-20	Leicester
>20	Dundee Nottingham
>40	Thames Valley

respectively. Only at Ipswich and Nottingham are there groups consisting of vocational trainees only. Among the other schemes the ratio of vocational to one-year trainees varies widely. In many of the bigger schemes the ratio is at least three to one in favour of vocational trainees, but in schemes with a small vocational intake, such as Bury St Edmunds and Cambridge, the one-year trainees form a greater proportion, outnumbering vocational trainees by at least two to one at Cambridge.

In five of the schemes trainees may enter the course at any time of the year but in the others nearly all the trainees begin together at fixed times. The schemes taking trainees at any time include all those with a higher proportion of one-year trainees.

Release courses during the hospital years

Attendance by vocational trainees while in hospital posts is also uneven. At Aberdeen there is no organized day release for the trainees while in hospital, although there is other teaching during this phase. At Dundee the hospital-based trainees are invited to all sessions but not expected to attend all. The other schemes expect trainees in the hospital years to attend. Trainees from all these schemes reported some difficulty in leaving their service posts, particularly obstetrics or paediatrics. Even when no pressure is exerted by senior hospital staff, trainees themselves are often reluctant to leave busy jobs because this entails extra work for their own colleagues. It was noted that the balance of a trainee's interest between his hospital job and the release course was often an important factor affecting attendance.

Trainers

The role of trainers in release courses is ill defined. Only at Nottingham was it policy that all local trainers should be involved. Trainers are not expected to attend the courses at Dundee and Thames Valley, and at Exeter the

course is run mainly by four part-time lecturers, all of whom are themselves trainers, in the Department of General Practice. Elsewhere participation varied from occasional 'dropping in', through attendance by invitation to act as resources for particular sessions, to prolonged and regular involvement over a period of months and years.

All this indicates much variation in attendance and continuity which has implications for the use of a small group as an important part of the day release teaching. All schemes sometimes split into small groups and some do this all the time. Given that some trainers are usually present, the normal size of the teaching groups is shown in Table 2.

The Ipswich scheme is unique among those I visited in that all the trainees of a single intake (eight) meet as a constant group throughout the three years of the course.

Planning the content of release courses

In all the schemes visited the course organizer took a major role in deciding the content of the release course. Most schemes have courses based on the five educational requirements described in *The Future General Practitioner—Learning and Teaching* (RCGP, 1972).

The advance planning of courses was subject to considerable differences. Some schemes (Nottingham, Watford) had ambitious three-year plans, although allowing modification of the content by discussion with the trainees at assessment meetings. The Thames Valley course and those at Dundee and Aberdeen last one year and are based on the course held the previous year. At Bury St Edmunds, Cambridge and Leicester the programme is planned one term ahead. The degree of consultation with trainees during planning seems greatest at Bury St Edmunds, Cambridge and Exeter: indeed it is a feature of the Exeter course that the

Table 3. Teaching methods.

Teaching method	Number of courses
Psychiatric seminars	7
Random case analyses	7
Assessment of the course	6
Multiple choice questions	6
Modified essay questions	
Trainee projects	6
Outside visits	5
Audit methods	5
Videotape recording	4
Role play	3
Clinical management plans	3
Journal reviews	3

trainees do the planning themselves as they approach the end of their scheme. The content is also determined by the trainees at Ipswich.

Teaching methods

A large number of different techniques are in use in courses but, as one would expect, some vary much more widely than others. Nearly all the schemes had tried most of the methods, but some schemes had succeeded with techniques which had been unhelpful in other groups. For instance, while most groups had tried role play, only three schemes had gone on to use it regularly.

The use of experts is universal, but the extent variable. The Thames Valley course relies on them almost exclusively and they are used considerably at Dundee. All courses also have at least some peer group discussion, for which the resource material is provided from within the group itself. The East Anglian courses relied on this method more heavily than any other. Other teaching methods are shown in Table 3. A number of techniques are used at only a single scheme and may be of interest. They include the 'fish-bowl' type of psychiatric seminar in use at Nottingham, where an inner circle discusses a problem case with a consultant psychiatrist, and an outer circle observes the interactions of the inner group, both circles joining for discussion towards the end of the session. At Exeter the trainees meet on their own in a 'trade union' and this provides a useful forum for the trainees to discuss their problems. Exeter is also alone in using a series of consecutive consultations from a single surgery as a teaching technique. The Department at Dundee have found it stimulating to use their trainees as trainers for first-year medical students doing a period of undergraduate study in general practice.

In several schemes meetings are held outside the release course on a voluntary basis for trainees who are interested in a particular aspect of training, and it is in

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meetings such as this that some schemes discuss the consultation, experiment with videotape and prepare for the MRCGP. This seems useful in that it avoids the deadening effect which may result from lack of interest or hostility of some members of the group to a particular type of learning.

Trainees themselves play a variable role in the preparation of material for the release course. Their role is very small at Aberdeen, Dundee, and Thames Valley. Elsewhere some preparation is expected, although in practice it does not always happen. The East Anglian schemes are most active in requiring this and at Exeter the trainees take a large degree of responsibility for the course as they progress.

Opinions of the release course

It is impossible to repeat the large number of opinions I heard about release courses, but the following points represent some of the most widely held views.

First, there was a general feeling that no topic is irrelevant to the course and that the practical value of a session is related to the quality of the presentation and particularly any subsequent discussion rather than to the title or the eminence of the speaker. Many trainees felt that not enough attention was paid to the selection of topics relevant to their needs, and of experts who really understood the sort of problems they faced during their year in practice. Some trainees felt aggrieved that they had little say in planning their course and that their comments, when sought, could only benefit trainees following them through the scheme.

Secondly, there was a strong feeling of anxiety in the comments made by some trainees about some teaching methods, notably self-assessment through role play, and critical evaluation of performance. The greatest hostility was expressed in courses not using the techniques in question: courses which had become used to these methods found them more valuable and less threatening.

Trainees in several schemes expressed their dislike of 'waffly' subjects and it seemed that trainees had a liking for topics with well defined boundaries where some sort of 'achievement' could be recognized at the end of the session. To set against this, concentration on methods overtly designed to prepare for MRCGP also came in for criticism, as did lack of adequate leadership in small groups, and in some courses behavioural subjects were felt to receive too much emphasis.

Asked the same questions, organizers confirmed the general anxiety about and resistance to techniques involving trainees in looking at their own performance, especially in interpersonal relations. Disappointingly three organizers commented that while their trainees were willing enough to listen to lectures and gather information from experts, they were much less prepared to involve themselves in work and preparation to improve the quality of sessions.

Questionnaire from ex-trainees

A questionnaire was circulated to graduates of the various schemes. Numbers were small, but 26 questionnaires were sent and 18 replies received (70 per cent). All respondents are now principals in general practice. Fourteen of the 18 completed their vocational training after June 1976. They were asked to indicate their satisfaction with the release course at the times they left it and at the present time on a scale from zero to 10. Reasons for any change in score were sought. In two further questions they were asked which aspects had received too much emphasis and which too little.

The average score given to the release course at the time of leaving the scheme was 7.4 (range 5 to 9), and the average at the time of the questionnaire was 6.6 (range 4 to 9). Eight of the 18 gave the same rating, one increased it, and all the remaining nine scored the release course less highly now than at the time of leaving the scheme, although usually only by a single point. The final average figure of 6.6 still indicates general satisfaction.

Among reasons for reducing scores by far the commonest was that the course had failed to prepare the trainees adequately for the reality of independent practice, especially in practice organization and finance. Over-emphasis and under-emphasis of clinical material were cited equally as causes for dissatisfaction.

Comments about topics receiving too much emphasis were varied. The topic attracting most adverse comments (eight) was for too much emphasis on the doctor/patient relationship, the consultation, and counselling. Educational theory attracted three black marks, and assessment and research one each.

Discussion

It has proved impossible to report or to comment on all the information accumulated even though this was only a small survey of a few release courses.

Content

The content varies considerably from course to course, although there is a core of topics considered important in most of them and dealt with in various ways. This agrees with the findings of Howie (1977). It appeared to me that many of the subjects appearing in release courses would be more appropriately learnt in the teaching practices. Indeed, the fact that they are dealt with in day release suggests that there must be deficiencies in the training offered in practices. Such subjects include sessions devoted to the members of the primary health care team and many topics in organic medicine.

For some trainees release courses appeared to be the main educational element in a trainee year. This led to the feeling that if a trainee was not adequately prepared for independent practice then this was the fault of the release course. It is clear to me that the great majority of

teaching must occur in the training practice and the relationship between teaching in release courses and in practices needs urgent consideration.

Teaching methods

Some teaching methods have acquired a bad name among trainees. Prominent among these are techniques aimed at self-assessment. Many trainees are happiest when being lectured to by an expert and where their active participation is minimal. However, in some courses assessment techniques have been found, with practice, to be extremely useful by trainees and indeed to be enjoyable.

In several schemes this bad name seemed to be handed down from trainees of one year to another and the initial threatening nature of some of the methods had been enough to prevent course organizers from being able to get them off the ground. It seems that greater familiarity could overcome this, but some mechanism would need to be found to convince sceptical trainees of their value initially.

Small groups

Wide variations exist between the size of teaching groups in different courses. Some of the groups are so large that small group teaching is impossible, or requires division into four or five groups. Other courses use the small group as the most important part of their teaching, and if this is to succeed the topics should be carefully chosen. It is really only possible to envisage the use of some less popular techniques in small groups. To choose the small group format itself has implications for the conduct of groups, since continuity then becomes an important factor and this in turn raises important questions about attendance by trainers and the admission of trainees to groups at all times of the year.

Some schemes are particularly affected by the number of their one-year trainees and there is no coherent national pattern for trainer involvement in release courses. For effective small group work it is probably necessary for an individual trainer to agree to attend for at least one term continuously. In many schemes the contribution expected from trainers is vague, and in some non-existent.

Trainees' motivation

Some schemes seemed to generate more enthusiasm among their trainees than others, and within courses, as one would expect, motivation of individual trainees varied. This showed itself in the fact that some trainees were able to leave a hospital post to attend the release course, while others consistently found this impossible from the same job. It also showed itself in willingness or unwillingness to be involved in preparatory work for sessions.

Some schemes seemed to be characterized by a greater degree of involvement of the trainees and a rather more

flexible and adventurous approach to the use of different learning techniques. It appeared that as well as individual variation there was a strong group feeling among trainees which made them feel positively or less positively about their courses. I found that to a large degree it was still felt that it was up to the course organizer to provide a 'good' course for the trainees rather than the trainees to be personally involved in ensuring that the course met their needs.

Extension of this small survey might reveal important information for course organizers as more trainees complete training schemes. It would also be of interest to ask some trainees to re-assess the course three or five years after completion.

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Incidence of depressive symptoms in users of the oral contraceptive

Evidence is presented that the incidence of depression among users of oral contraceptives is no higher than that among matched controls not taking such medication. There is an association between high depression scores and high neuroticism scores, more marked in controls than takers. Intensity of depression is related more to age, personality, and occupation than to the use of oral contraceptives. A higher proportion of users than of controls experience sexual satisfaction. Past takers include a large number of individuals with a high neuroticism score. The incidence of depressive symptoms in women increases with age. A higher proportion of housewives than of women going out to full-time work show depressive symptoms.

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