

Postgraduate education allowance: general practitioners' attendance at courses outwith their region

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SUMMARY. A study was undertaken to investigate the number of doctors attending postgraduate education courses outwith their own region. During the one year study period general practitioners from the west of Scotland obtained 2262.0 half-day sessions accredited for the postgraduate education allowance from 335 different courses outwith their region and 10 different distance learning programmes. Four hundred and thirteen doctors from the west of Scotland region (22.6%) attended courses in other areas and 85 doctors (4.6%) participated in 258.6 half-days of distance learning. More than half of the education sessions (56.0%) were in the category of disease management. Sixty four doctors (3.5%) attended 10 or more half-day sessions outwith their region. Almost half the courses were in England and 32.5% of courses were in south east Scotland. Over the same period 122 doctors outwith the area attended 263 different courses in the west of Scotland region. Despite concern regarding the removal of travel and subsistence contributions for postgraduate education activities, general practitioners are attending education courses outwith their region.

Keywords: postgraduate education allowance; course attendance; continuing education; travel.

Introduction

SECTION 63 activities were the main provider of continuing medical education for general practitioners.¹ The section 63 budget had two components: one for course provision and a separate budget for travel and subsistence. Since 1985 the latter has been cash limited in England and Wales but not in Scotland.

The 1990 contract includes a postgraduate education allowance which is paid as part of the statement of fees and allowances.² To qualify for this a general practitioner has to attain on average five days of accredited education each year. The West of Scotland Committee for Postgraduate Medical Education³ decided that one method of encouraging attendance at meetings would be by making an annual charge to each doctor in the region. If the doctor attended a course in another region the course fee would be paid up to a limit of £50 per day; no contributions to travel and subsistence would be made.

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The new educational arrangements may affect doctors travelling to meetings and the committee decided to examine the attendance of doctors at meetings outwith the west of Scotland region and their participation in distance learning programmes.

Method

The committee has a computerized database which keeps a record of doctors' attendances at accredited meetings both within and outwith the region. A printout was obtained from the database of all meetings accredited for the postgraduate education allowance between 1 April 1990 and 31 March 1991. A list of courses was also obtained giving the titles of courses, providers of courses and the number of doctors attending courses outwith the region; a separate list gave the number of doctors from other areas attending courses in the West of Scotland region. A printout was obtained of those participating in distance learning programmes. The amount of money refunded to doctors for course fees outside the region was calculated.

Results

During the study period general practitioners from the west of Scotland attended 335 different courses outwith the region and took part in 10 different distance learning programmes. The doctors obtained 2262.0 half-day sessions of accredited education with 1267 sessions (56.0%) being in the category of disease management, 424 (18.7%) in health promotion and 571 (25.2%) in service management.

Over the same period 122 doctors from outside the area attended 263 different courses in the west of Scotland region. These doctors attended 711 half-day sessions of which 295 (41.5%) were in disease management, 176 (24.8%) in health promotion and 240 (33.8%) in service management.

Attendance at accredited courses by general practitioners from the different health boards in the west of Scotland is shown in Table 1. Four hundred and thirteen general practitioners (22.6%) attended courses outwith the region and they attended 2003.4 half-day sessions, a mean of 4.9 sessions. Sixty four doctors (3.5%) attended 10 or more half-day sessions outwith the region. There was variation between health boards with numbers of doctors attending varying from 15.0% in Greater Glasgow to 42.6% in the Forth Valley. The number attending 10 or more half-day sessions varied between 0.6% in Greater Glasgow and 10.6% in Dumfries and Galloway.

The location of the different courses attended is shown in Table 2. One hundred and eighteen (35.2%) were in south east Scotland, with 159 (47.5%) in England. Two doctors attended accredited courses outwith the UK. A total of £35 257 was refunded to doctors for course fees outside the region during the study period.

Analysis of location of courses (except those in south east Scotland) and their content revealed that there were 12 meetings where five or more doctors attended. Seven of these meetings were funded by the pharmaceutical industry. Twenty four doctors had attended a meeting in Aviemore about cardiovascular risks; 13 doctors had attended a meeting of the Cottage Hospital Association and 12 had attended a meeting about infection in general practice, both in east Scotland. Five further courses at

Table 1. General practitioners' attendance at accredited courses outwith the west of Scotland region by their health board.

GPs' health board	No. (% of no. in health board) of GPs:		Total no. (mean no.) of half-days attended
	Attending courses outwith region	Attending 10+ half-days outwith region	
Greater Glasgow (n = 640)	96 (15.0)	4 (0.6)	350.6 (3.7)
Lanarkshire (n = 327)	77 (23.5)	12 (3.7)	368.3 (4.8)
Argyll and Clyde (n = 308)	63 (20.5)	10 (3.2)	329.4 (5.2)
Ayrshire and Arran (n = 252)	57 (22.6)	9 (3.6)	262.0 (4.6)
Forth Valley (n = 190)	81 (42.6)	17 (8.9)	448.1 (5.5)
Dumfries and Galloway (n = 113)	39 (34.5)	12 (10.6)	245.0 (6.3)
Total (n = 1830)	413 (22.6)	64 (3.5)	2003.4 (4.9)

n = total number of general practitioners in health board.

Table 2. Location of courses outwith the west of Scotland region attended by doctors from that area.

Location	No. (%) of different courses
South east Scotland	118 (35.2)
England except Cumbria and London	111 (33.1)
East Scotland	38 (11.3)
London	34 (10.1)
Cumbria	14 (4.2)
North Scotland	12 (3.6)
Grampian	6 (1.8)
Outside UK	2 (0.6)
Total	335 (100)

which more than five doctors attended were in east Scotland. A meeting in Shropshire about sports injuries was attended by 10 doctors, a meeting in Oxford about cardiology was attended by eight doctors and one in Stratford-upon-Avon about management for trainers was attended by five doctors. Six doctors attended the university teachers' conference in Grampian region.

Participation of doctors in distance learning is shown in Table 3. Eighty five doctors (4.6%) participated in 10 different distance learning programmes, completing 258.6 half-day sessions, a mean of 3.0 half-day sessions. The variation in the percentages participating by health board varied from 1.8% in Dumfries and Galloway to 8.4% in the Forth Valley. Of the 85 doctors participating in distance learning programmes, 29 had also attended courses outwith the west of Scotland region.

Discussion

The change in funding of postgraduate education, particularly the removal of a specific budget for travel and subsistence, might be expected to produce a situation where educational activity was restricted to the region in which the doctor worked. This could result in less exchange of ideas between doctors from the various regions. In addition, the need to accommodate the workings of the 1990 contract for general practitioners might cause doctors to choose to attend nearby courses to minimize the time away from their practice. However, this survey in the west of Scotland region suggests that there is a healthy exchange of doctors attending courses between the various regions.

Table 3. General practitioners' participation in distance learning programmes by health board.

GPs' health board	No. (% of no. in health board) of GPs participating in distance learning programmes		No. (mean no.) of half-days
	No. (%) of GPs participating in distance learning programmes	No. (mean no.) of half-days	
Greater Glasgow (n = 640)	26 (4.1)	77.3 (3.0)	
Lanarkshire (n = 327)	17 (5.2)	48.7 (2.9)	
Argyll and Clyde (n = 308)	14 (4.5)	56.4 (4.0)	
Ayrshire and Arran (n = 252)	10 (4.0)	13.4 (1.3)	
Forth Valley (n = 190)	16 (8.4)	55.4 (3.5)	
Dumfries and Galloway (n = 113)	2 (1.8)	7.4 (3.7)	
Total (n = 1830)	85 (4.6)	258.6 (3.0)	

n = total number of general practitioners in health board.

During the study period, doctors in the region completed 25 675 half-days of accredited education⁴ of which 2003.4 half-days (7.8%) were activities outside the west of Scotland region so it appears that doctors look to their own region to provide the majority of their education. Over one fifth (22.6%) of all doctors attended a course outside the west of Scotland region and the figure is higher for doctors from Dumfries and Galloway (34.5%) and the Forth Valley (42.6%). This may be because these areas adjoin other regions so distances to attend other meetings may be shorter. There has been a traditional exchange between Dumfries and Galloway and Cumbria and that appears to have been maintained. Doctors who attended courses outwith the region attended a mean 4.9 half-day sessions.

In a previous study in the northern region of England when travel and subsistence was paid, 18.1% of doctors attended meetings outside their region.⁵ The numbers found in that study are similar to those found in the present study both for attendance at meetings and participation in more than 10 half-day sessions. In a more recent study,⁶ distance was found to be a factor in attendance at a postgraduate centre; this corresponds with the findings of the present study where doctors closest to other regions were the highest recipients of educational sessions outwith their own region.

The West of Scotland Committee for Postgraduate Medical Education took a positive decision at an early stage to encourage exchange with other regions and the generous refund of fees was to facilitate the process. The committee was also keen that the annual fee would cover all educational activity. There was no limit to the number of courses for which fees would be refunded and some doctors were reimbursed more than their initial payment. As doctors from the west of Scotland attended more than three times as many half-day sessions of accredited education outwith the region as doctors coming into the west of Scotland, it would appear that this policy has been successful. It may have been that there were more attractive courses available outside the region but this was not investigated in this study. It is interesting to note that 56.0% of half-day sessions outwith the region were for meetings about disease management and this compares with 41.5% of sessions attended by doctors from outside the area coming into the west of Scotland region. Although a third of the outside courses were in south east Scotland, a considerable number were taking place in London and other parts of England. It is interesting to note that only two doctors had attended courses abroad considering the publicity in the weekly medical press that this issue has generated.

The vast majority of meetings had less than five doctors from the west of Scotland attending and this may have been because

the content was of specialized interest or the attendance may have been influenced by the location. When more than five doctors attended it seemed that a more representative picture could be obtained by excluding the adjoining region, south east Scotland, from the analysis. Only 12 meetings came into this category and the pharmaceutical industry seemed a significant provider within this group, funding seven of the meetings.

An innovation of the new educational arrangements is the introduction of the distance learning programme but only a small number of doctors within the west of Scotland region (4.6%) participated in this. There is still some confusion as to what distance learning involves, and this may be a factor. Another factor could be that the doctors have to be actively involved to receive the recognized credits, a situation which is not always true in more traditional educational methods, such as lectures. These findings regarding distance learning are similar to a recent report from Grampian⁷ where only 10% of general practitioners considered distance learning important. It is interesting that the doctors in the most rural part of the region, Dumfries and Galloway, used distance learning least. A survey in the northern region of Scotland showed that doctors wished to attend courses centrally and have contact with colleagues (I McNamara, 1990, personal communication). They did not see distance learning programmes as a solution to their problem: McNamara's findings are supported by the present study.

It is encouraging that despite the changes in educational arrangements, doctors are attending courses outwith their own region. Exchange of ideas is a healthy educational situation and the pointers suggest that this will continue.

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