

The UMDS MSc in general practice: attainment of intended outcomes

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SUMMARY

Background. *The United Medical and Dental School's (UMDS's) MSc in general practice* is one of the longest running courses of its kind. Although descriptive accounts of such courses have been published, little is known about their outcomes.*

Aim. *To measure the extent to which graduates feel they have personally achieved 16 intended outcomes derived from the course objectives, and to record current academic activities, particularly teaching and research.*

Method. *A postal questionnaire to graduates of the UMDS MSc in General Practice.*

Results. *The response rate was 93%. Of the 71 responders, 23 have gone on to register for or complete other degrees or diplomas. Over two-thirds of responders had an academic commitment following the MSc. Two-thirds were currently engaged in research and over half reported having had work accepted for publication. The majority of graduates confirmed the attainment of all 16 outcomes, although outcomes related to personal achievements were endorsed more strongly than those related to service delivery.*

Conclusion. *UMDS graduates are making a significant contribution to their discipline and are unanimous in describing the course as an important event in their personal development. As a result of this study, the course organizers are seeking to increase the links between academic study and everyday practice.*

Keywords: outcomes; career development; teaching; research.

Introduction

As long ago as 1984, Stanley and Wright¹ identified the potential interest among general practitioners (GPs) in higher degrees. Since that time, higher professional training has been developed for GPs in the United Kingdom through provision of taught master's degree courses in addition to doctoral training. Smith² was able to identify seven such courses with up to another 11 planned. Whereas participation in these courses was voluntary and involved only a small number of GPs, Smith suggested that possession of such a degree might become mandatory for those wishing to progress up the academic ladder, including those who wished to be appointed to educational posts in the postgraduate education organization, vocational training posts, and departments of general practice. It was argued that such participation 'should improve the teaching and research of those

appointed and thus ultimately improve patient care'. Little has been reported of the actual contribution of these courses to the continuing professional development of individual practitioners and to general practice as a distinctive discipline. An evaluation of the multidisciplinary MMedSci taught programme in Primary and Community Care at the University of Sheffield³ was concerned primarily to confirm adherence to the course's declared commitment to self-directed learning. Another publication, based on the same course, examined its impact on the department.⁴ Since these courses represent a considerable expenditure of resources, not least from the participants themselves, it seems pertinent to question their outcomes in terms of their contribution to research, teaching, and the personal development of service GPs.

The MSc in General Practice has been running continuously at UMDS since 1986. The two-year degree is offered part-time to principals in general practice. There are four taught terms that comprise modules in social science, clinical reasoning, research methodology, adult learning, and ethics. Teaching takes place in small groups and typically involves seminar discussion of pre-selected readings. Group formation is facilitated by a compulsory residential weekend at the beginning of the course. Assessment of students has evolved over the whole duration of the course and currently comprises a portfolio of written work; a written, case-based examination; a research project; and an oral examination. (An example of a portfolio item is given in Appendix 1.) A high value is placed on student feedback, which has informed the development of the course. The research methods module, in particular, has been modified in the light of students' comments. There are 11 tutors consisting of five GPs, three sociologists, two psychologists, and one statistician.

Students have been recruited onto the UMDS MSc from throughout the British Isles and beyond. A total of 83 GPs have been enrolled in the first nine cohorts, of whom 76 had graduated by October 1996, three had failed, two had dropped out due to ill health, and two had deferred submission of the project for a year. Over the years, most students have been self-funding, although increasing recognition of the value of such courses had led to the availability of some government funding.

The aims of the course are:

- to help doctors develop a critical approach to practice by closely examining their own work, by learning about the work of others, and by developing a critical approach to published work in order to improve their professional performance;
- to increase students' understanding of adult learning by relating practice to various theories of learning. It is intended that such an understanding will help students with their own development as learners and with any teaching they may undertake;
- to increase students' understanding of human behaviour in relation to health and illness in order to gain greater insight into the behaviour and needs of their patients and other health care professionals;
- to develop the skills necessary to enable the learner to identify the moral components of his or her work, the principles used to discuss these issues, and their philosophical basis; and

*As from 1st August 1998, this course was renamed the King's MSc in general practice.

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- to provide doctors with a training in research methods and with an appreciation of the existing body of research findings, in order to equip them to undertake their own research and critical enquiries.

Evaluations of the course have been made in the past: Ridsdale and Walker⁵ described an ethnographic evaluation of the first cohort to undertake the course, and Morrell⁶ attempted to follow up graduates and record their current activities. In addition, two independent educationalists have provided evaluations of teaching methods not intended for publication. The completion of 10 years of the course offered an opportunity of looking at some of the longer-term outcomes of participation. The aims of this study were first to determine graduates' continuing academic involvement and subsequent careers, and secondly to measure the extent to which graduates felt the aims of the course to have been personally achieved.

Method

A questionnaire was devised that attempted to seek information about intended outcomes; that is, outcomes that could be predicted from the stated aims of the course. The questionnaire items were stated in the same positive format as the aims from which they were derived. Using a five-point Likert scale (1 = disagree, 5 = agree), graduates were asked to confirm the attainment of 16 outcomes that were derived from the aims and could be taken as hallmarks of good practice. The questionnaire also sought information about changes in working arrangements since completion of the course, and current appointment, research, and teaching activity.

The questionnaire was piloted on the two cohorts who were currently in progression but who had not yet graduated. The final questionnaire was sent to all 76 graduates of the programme in the autumn of 1996.

Results

Completed questionnaires were returned by 71 graduates, which represented a response rate of 93%. Three of the non-responders were living abroad.

Characteristics of MSc graduates

Forty-eight (67%) of all graduates are male. Their mean age at entry to the course was 40 years (range 28 to 57). Sixty-two (87%) are graduates of United Kingdom medical schools. The average size of the partnerships in which they worked when they applied to the course was four (range = one, meaning single-handed, to seven).

Continuing service and academic involvement

Twenty-four (34%) of all graduates reported that they no longer worked in the practice they worked in when they had started the course. For 12 of these graduates, a change of circumstances could be seen as inevitable and unrelated to participation in the MSc (six re-postings within the armed forces; two retirements; three moves with spouses; one return to home country). For a further five, the move from their original practice was as a result of a career development within general practice that may or may not have been facilitated by their attaining a higher degree (three full-time academic posts, one FHSA adviser, one dean of post-graduate studies). Of the remainder, four had joined other practices, two had taken a career break, and one had made a career change into public health.

Fifty-five (77%) of the graduates were members of the Royal

College of General Practitioners when they started the course. This inclination for learning appears to have continued and a number of graduates have gone on to register for or to complete other degrees or diplomas. Five graduates have registered for PhDs, seven have registered for MDs, five have registered for other master's degrees, five have taken diplomas, and one has completed a Graduate Certificate in Education.

The skills and confidence acquired while doing the project appear to have enabled graduates to continue in research. Two-thirds of responders reported that they were currently engaged in such activity and, altogether, they were named on grants in excess of 1.6 million pounds sterling. For those who did pursue research, an additional skill acquired was that of preparing their work for publication. Whereas only 15 (21%) students reported having published work relevant to general practice prior to starting the MSc, 41 (58%) reported having done so after completing the course. These publications were either in the form of journal articles or contributions to books. This represented 106 journal articles (as author or co-author) and 13 books or book chapters. A list of publications arising directly from MSc projects is given in Appendix 2.

Reported teaching or academic commitments held by graduates included 16 (previously two) academic posts at professor, senior lecturer, or lecturer level; seven (previously three) regional advisers or associate advisers; 19 (previously 12) course organizers or trainers, and eight (previously two) undergraduate teachers (figures in brackets indicate the levels of these activities at the time of starting the MSc). Thus, over two-thirds of responders had an academic commitment following the MSc.

Attainment of intended outcomes

The majority of graduates confirmed the attainment of all 16 outcomes. However, when the scores of those unable to positively confirm attainment (all those endorsing 1, 2, or 3 on the five-point scale) were summed, and the outcomes ranked, an interesting dichotomy emerged (Table 1). High on the list were personal achievements, such as the ability to think critically, enhanced confidence, increased understanding of patients' beliefs and behaviour, and increased capacity for reflection. By contrast, low on the list were those outcomes that are to do with service delivery, such as identifying and implementing good practice and providing better quality of care.

Within this generally positive evaluation, some interesting anomalies appeared. Whereas 93% of graduates claimed to have increased their understanding of patients' beliefs and behaviours, a third did not consider that their communication with patients had improved. The most strongly claimed outcome of the course was an ability to be more critical of their own work and that of others (96% agreement), and 86% felt more able to evaluate published research. However, 44% of graduates could not agree that they felt more able to identify and implement good practice. Although 90% felt they had gained new insights into their own learning processes, and even more felt themselves to be more reflective, this did not appear to make them more able to transfer the benefits of the course to other members of their practice.

Discussion

Graduates of the UMDS MSc in general practice are unanimous in regarding the course as having been an important event in their personal development as GPs. They feel both more confident and skilled in areas important to their work. The course appears to have succeeded in its stated aims. Ninety per cent or more of graduates feel more able to evaluate critically the work of general practice, they have increased confidence as teachers,

Table 1. Graduates' endorsements of outcome measures.

	Rank	Percentage who could not agree ^a
The MSc has enabled me to be more critical of my own work and that of others	1	4
The MSc has increased my confidence as a teacher	=2	7
The MSc has increased my understanding of patients' beliefs and behaviour	=2	7
The MSc has enhanced my capacity for reflection	4	8
The MSc has given me new insight into my own process of learning	5	10
The MSc has helped me to evaluate published research	6	14
The MSc has increased my confidence as a doctor	=7	22.5
The MSc has increased my awareness of ethical issues	=7	22.5
The MSc has added to my enjoyment of my work	9	24
The MSc has added to my job satisfaction	=10	25
The MSc has given me new insight into my own process of clinical reasoning	=10	25
The MSc has enhanced my ability to deal with ethical issues	12	28
The MSc has improved my communication with patients	13	34
The MSc has enabled me to provide a better quality of care to my patients	14	38
Other members of my practice have benefitted from my doing the MSc	15	38
The MSc has helped me to identify and implement good practice	16	44

^aScores of 1, 2, or 3 on a five-point Likert scale.

increased understanding of patients' beliefs and behaviour, enhanced capacity for reflection, and have new insight into their own process of learning. The majority of graduates assess themselves to have attained every one of the course's intended outcomes.

The study appears to show a discrepancy between attainment of personal outcomes and service delivery. How is this to be explained? Is the sceptical view of the ivory tower confirmed: exhilarating for the occupants but not much use to those at the coal-face? An alternative view is that these graduates have genuinely become more critical, more able to recognize the complexities and uncertainties of the discipline within which they work, thereby being able to approach it with more, not less, realism. Furthermore, those outcomes that were least well achieved are all partly dependent both on the NHS as a whole and on the peculiarities of each practice, and, as such, participants have less personal control over them.

As a positive response to this evaluation, consideration is currently being given to strengthening the teaching of evidence-based practice. It is intended that this will increase the links between academic study and everyday practice, enhancing graduates' abilities to identify and implement good practice. Given the course's existing emphasis on the development of a critical approach, evidence-based practice will be examined for its

strengths and weaknesses and its relevance for primary care.

There is no doubt that this group of GPs have made, and continue to make, a significant contribution to their discipline. Although a third of graduates no longer work in the practice in which they started the course, this could be explained in terms of inevitable career progression or development. Entrants to a degree course of this nature are clearly highly self-selected, and it is possible that attainment of the degree represents no more than a necessary step along a career pathway that has been previously set. However, this study does not support the view that participation in a higher degree course will lead to disaffection with, and loss from, general practice. As a group, these graduates remain actively engaged in exploring and promoting their field, albeit in different settings for some.

Most responders reported increased confidence in their research skills and two-thirds have remained active in research since completing the course. This finding confirms that of Williams,⁷ who found that 81% of post-doctoral GPs remained active researchers. In addition, most graduates are actively involved in teaching and refer to an expanded range of material from which they can draw. Their contribution to their discipline is evident in the published work arising from their MSc projects and their subsequent research.

The purpose of this paper has been to report on the attainment of intended outcomes of this higher degree course. Other outcomes, seen from the student's perspective, together with issues of cost are reported elsewhere.⁸

If this course and others like it are to continue to make a significant contribution to general practice, it will be necessary to open them up to a wider group of GPs through the further provision of protected time and funding. In this respect, national initiatives are more equitable than local ones.

Appendix 1. Example of a portfolio item.

PORTFOLIO ITEM 2

You have been asked to discuss a principal concept from one of the modules with a group of trainees or other learners. Identify your target audience. Prepare a document of no more than 500 words explaining your chosen concept. Then describe two exercises, together with objectives, timetable and evaluation, which you might use to enable these learners to understand further the value of the concept.

Marking criteria:

- How good an account of the concept is given?
- Is the document pitched at an appropriate level?
- How feasible are the exercises?
- How well do the exercises bring out the concept?
- Is the evaluation appropriate?

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