Higher professional education for general medical practitioners: key informant interviews and focus group findings

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SUMMARY

Background. *If higher professional education (HPE) for general practitioners (GPs) is to be implemented, then key stakeholders will need to be supportive.*

Aim. *To investigate stakeholders' beliefs about the concept of HPE, its funding, and relationships to education and care.*

Method. *Interviews were conducted using a topic guide with a health authority (HA) representative, the Local Medical Committee Chair, the Medical Audit Advisory Group Chair, a GP tutor from each of the six health authorities in the old South West region, and a senior member of the three academic GP departments and the two Royal College of General Practitioners faculties in the region. Focus groups were held with GP registrars on both vocational training schemes (VTSs) and on the one HPE course in the region. These were recorded, transcribed verbatim, and analysed for emergent themes that were triangulated with the ideas expressed in the focus groups; the same topic guide was used for both.*

Results. *Of 29 key informants, 24 were interviewed. Six focus groups were held (the one HPE group and five out of the nine VTSs), after which no new ideas emerged. There is a transition period, after becoming a new principal (NP) and before becoming a fully competent independent GP, during which NPs need support. Benefits would include receiving peer support to reduce stress during the transition, enhanced non-clinical competencies, becoming a better skilled GP, avoiding the negative personal impact of a career as a GP, and helping recruitment. To improve patient care there must be a link between education and service provision. Funding is the major consideration in setting HPE; mixed funding is best coming from top-sliced General Medical Services (GMS), the HA, and regional educational funds. Barriers might include NPs' practice workload, their enthusiasm, and their partners' attitudes. The other key is a local enthusiast to initiate a course and coordinate the 'players'. The curriculum would be principally non-clinical and should be agreed by learners and the course tutor together, taking advice from various interested parties.*

Conclusion. *There is a need for HPE for new NPs. It will require funding external to individual practices or NPs and a local enthusiast. Top-slicing of GMS funds is one source of funding, with additional funds from regional education and HAs. HPE must be related to service provision, to NP needs, and to vocational training.*

Keywords: *higher professional education; vocational training; funding; new principals; GP registrars; GP trainers; GP tutors.*

Introduction

INCREASING numbers of newly qualified general practitioners (GPs) are not going straight into practice as new principals (NPs), possibly because they are not adequately trained at the end of vocational training (VT).[1,2] Higher professional education (HPE), following soon after the end of VT, might address their needs;[3] a few such courses have been successfully set up.[4] To be set up more widely, a range of individuals would need to perceive a need and support it. As well as NPs themselves and future NPs — i.e. GP registrars — the 'leaders' of the profession would also need to be facilitative. Such key stakeholders were identified and their beliefs explored in depth to investigate if there was enough support to set up regional HPE courses.

Method

Following consultation, we approached the chief executive in each health authority (HA) area in the old South West region, the Local Medical Committee (LMC) Chairman, the Medical Audit Advisory Group (MAAG) Chairman, a GP tutor, and a representative of each of the three departments of general practice and of the two faculties of the Royal College of General Practitioners. All interviews (by RE) were taped, transcribed, and analysed for emergent themes (by LFPS). This is a well established qualitative research technique and involves detailed analysis of transcripts to look for common ideas and beliefs across the range of interviewees and then searching again for disconfirming evidence.[5,6] The results use quotations from the transcripts to illustrate these themes.

Focus groups[7] were held with the vocational training schemes (VTSs) in the region and with the only existing HPE course. Notes were taken (by RC) during each meeting and expanded into short reports afterwards. We were thus able to triangulate the beliefs of the key informants with those of registrars and NPs.

The topic guide used for both interviews and focus groups explored the principle of HPE; its duration and eligibility; who should decide on the curriculum; who should fund, teach, and administer the course; its benefits and disadvantages; the objectives of, barriers to, and positive influences on setting up a local course; and its funding.

Results

Between March and July 1997, 24 (out of 29) key informants were interviewed, including all six LMC Chairs and an officer from all six HAs (usually the chief executive). Interviews lasted

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between 30 and 60 minutes. Focus groups were held with five out of nine VTSs and with the only existing NP course during the same time period.

Outcomes

Several beneficial outcomes would justify such a course (Box 1). All interviewees were supportive of the concept of setting up a NPs' course to help new GPs:

'I think the concept is a good idea, I think also it is timely in that we have seen through other changes relieving considerable pressure.'

Registrars agreed with this, although several preferred the idea of support to training as they did not wish the public's perception of GPs to be that their first need after qualifying was for more training.

'The learning opportunities occur when you are actually doing the job, however good and well designed a VT scheme you have done.'

There was a clear consensus that one aim should be to enhance NPs' non-clinical competencies, with very few interviewees mentioning the need for any clinical component:

'I suspect the clinical issues will actually be lower on the list than a lot of others because I think there are burning concerns with people at the moment which circulate more around the business and relationships and the partnerships and preventing themselves exploding in a nasty mess!'

Non-clinical issues mentioned included change in role, immediate and continuing peer support, coping with a personal list, communication skills, the business side of practice, conflict resolution, being aware of the environment in which GPs practice, negotiation skills, boosting confidence, and the need to have a basis for continuing learning throughout one's professional life. Over half mentioned that undergoing such a course should make the NPs better doctors and would provide peer support. One-quarter hoped that the course would ultimately improve patient care. Some felt that such a course would make NPs more aware of the context within which they work, might improve recruitment, and encourage lifelong learning.

Enhanced non-clinical competencies

'Very often the early problems are more to do with mortgages, difficult partners, how to cope with relationships, a whole host of different things which are not directly related to patient care.'

'Making the transition to being a principal. Something about continuing learning and knowing that you are continually learning about the right sort of things, sort of scanning the environment as well.'

'The principal objectives I think would be to continue professional development and to continue to be exposed to both the support of, and constructive criticism of, one's peers. To broaden one's experience of working as a GP and then to achieve some form of structure for one's education which is based on the likely needs of the patients one would be looking after.'

Peer support

'First of all just sharing — sharing of information, ideas, and vision of the general practice. There would be increased enthusiasm ... they would be able to share life events within general practice.'

'Peer support would be the strongest thing and developing a variety of skills both sort of coping skills, clinical skills, and personal skills really — how to adjust to the totally new situation.'

'Meeting peers with similar problems to your own ... I see that as a major role ... practice accounts, taxation, agreements, etc., appraising staff — somebody in the practice needs to be doing these things.'

Reduced stress

'Hopefully it will avoid some of the experiences of finding that the early years of general practice are too difficult and too stressful.'

'If we have got a system that works, we cut down on that [stress-related illness] so that we get, in the long run, better care.'

'It would be less likely that the partner would develop either bad coping mechanisms or leave because they were stressed or become depressed, or some other negative outcome from being thrown in at the deep end.'

'I think the first couple of years in practice are incredibly stressful ... so it may be more of an eye-opener to the practice than anything else, increasing the awareness of what these guys are going through and what their needs are.'

'Better' doctors

'A better GP, a colleague who can deal with any of the pressures and tensions ... someone who is always going to want to be getting better at what they do — bring their skills to the practice — that is why we as a profession are allowed to set our own standards because we are meant to have this drive for continuous quality improvement.'

'I would hope that any practice would see the benefits as significantly outweighing the cost. In terms of the more rapid progress that an individual doctor might make in terms of taking a full part of work in the practice, but also presumably because it [the course] would take a load off the practice itself in providing support and mentoring. A good practice ought to be thinking about the needs of the young principals, and some keen senior partners no doubt do take people under their wings and help them along.'

'He has to be a better person — if he is a better person he will be a better partner ... I think unquestionably the practice will benefit by osmosis from the knowledge that he brings back.'

'A better quality doctor at the end of the day — who would perform better, more competently, and hopefully would cost less in hearings and complaints ... it is a very costly exercise at the end of the day, so at least there would be some spin-off financially for them [the HA] as well.'

Higher quality patient care

'Ultimately you should get a more consistent patient care — so this is probably what it is all about.'

'Improve the whole standard of the practice ... a spin-off effect all the way through the health service because if you can get your general practice

Box 1. Potential benefits of HPE.

Key areas

Two key areas emerged from the interviews and focus groups: adequate external funding and a local enthusiast. Most registrars would join such a course if locums were funded, but none would if they had to pay; all believed that HAs or, in wider terms, the National Health Service, should fund HPE. It was not felt that NPs, practices, other medical bodies, and commercial organisations should fund the course.

Funding was spontaneously discussed by all interviewees (Box 2), and various sources of funding were mentioned, including top-slicing the general medical services (GMS) budget, utilising the educational regional budget, NPs' self-funding, partnership funding, pharmaceutical companies, and central government. The HA as a source of funding was mentioned by three-quarters of interviewees, either as a sole funder, a pump primer, or as part of mixed resourcing of funding. Half of the interviewees discussed top-slicing the GMS budget to provide funding for this — nearly all in a positive way, including most LMC chairs. Most interviewees mentioned some use of the education budget, either in terms of specific funding from the region or as a general use of the education budget, or NPs paying for the course themselves and claiming monies back through the postgraduate education allowance (PGEA) system. There was a wide range of views about whether NPs should pay for any part of the education themselves. Nearly half of the interviewees mentioned that it would be more realistic for more than one source of funding to be used.

Overcoming this financial barrier was a definite key to successful HPE:

'The barriers would be financial — I don't think they are insurmountable. I think they would be more easily surmounted if one could go for a clear message of the perceived benefits but I think one would need to put a very cogent case forward and then I think the financial barriers would be overcome.'

'Money, cost. Its the same as bedevils all general practice type of work which is to take a GP out of his practice, you must cover his expenses for being away and that is a locum rate of £100 plus per afternoon. Multiply that by the number of new GPs, that by the number in the region and you have got a huge amount of money ...'

'I think that funding is the barrier that we make it ... I think that too often funding is viewed as an excuse for not getting ahead and doing new things.'

'The funding for it as protected time is the most important thing after the academic support.'

The other clear key area was an enthusiastic leader to set up and possibly tutor the course:

'You have to have somebody who is the enthusiast — someone who is willing to drive it forward ... someone who

Health authority

'I think there is some interest in the HA in terms of, if principals get launched into practice more safely for them and for their practices and for their patients, then it has to be of health gain and benefit, let alone financial benefit for a HA.'

GMS budget

'The only way I can see it being funded is essentially to top-slice GMS rather than education budget ... that would be a reasonable expense on the assumption that, over the course of time, every practice would benefit.'

'I wouldn't object to the profession funding it ... I wouldn't be against top-slicing it from GMS.'

'Now, would we be willing to see GMS used? The answer to that is that we probably would, I must admit. It's a bit difficult to say what my colleagues would say, but this is actually of benefit to GP principals themselves.'

'Anything that takes money from GMS to spend it on something that is new gets objected to very, very strongly.'

Region

'One should at least seek some money from educational budget, and I think that ought to pay really for the tutoring and the secretarial support and the hotel costs and, if the postgraduate centre was wanting rental, then it should be paid for out of the educational budget.'

New principals

'I would not like to see NPs spending too much of their money in buying into it.'

'I don't see any reason why NPs shouldn't be paying ... I mean, we pay for our PGEA ... we have to be careful that it doesn't work as a disincentive.'

'If people are enthusiastic enough, I think they should be prepared to fund themselves for travelling and getting together ... it's a question of enthusiasm and getting together if someone is just prepared to coordinate it.'

'I think it [the profession] has to, in some respects, be responsible for its own education.'

'The problem for newly qualified registered principals is that they are usually at the bottom of the financial ladder so they are going to be worried about the mortgages and all the rest of it and probably not feeling particularly delighted at stomping up money.'

Mixed

'I can't see anyone handing out large additional sums of money to health care, certainly in the next three to five years. I think one has to think creatively about how we can make best use of the resource and time that we already have within the service.'

'Funding has got to come from a variety of sources, some of it could be funded through the GMS route for example. Commercial sources even, I suppose.'

'I think that is not a bad solution [that the HA pay locum money to practices] ... but recognises that education is part of your responsibility of providing primary care ... and the tutor could be resourced elsewhere would be a reasonable model.'

'It could be the postgraduate department if the 18 months to registrarship doesn't come in — I see that the method of funding it pan-regionally is to convince all the health authorities that it is a good idea and, if they are willing to do it on a level playing field across the region, then educational input can come from the postgraduate departments — that would be one model.'

Box 2. Funding options.

knows how the system works.'

'Firstly someone who has got the vision and the belief in it and really wants to do it ... someone that will fire people's imaginations — all the parties will psychologically bind to it — so you need that individual.'

'You need someone who is going to motivate, and ideally need to have funding — and time — secretarial staff and your own time, so funding is very important.'

'I think you have got to have an advocate of it — a driver, and that could well be a clinical tutor.'

Context

Three contextual themes emerged: whether there was enthusiasm locally for HPE (Box 3), the increasing workload of GPs, and the relevance of the curriculum to stakeholders.

One-third of interviewees mentioned that partners of NPs might not wish them to be released, and nearly half mentioned a concern that, even if the course were put in place, there may not be particular enthusiasm for NPs to complete their education by attending. An ability to build on the existing educational system, having an appropriate culture in an area with key people having the vision to support such a course, and the need of the profession to encourage doctors to become GPs and then to retain them would all be helpful.

Over half of the interviewees mentioned the increasing workload in general practice. Even if money were available for locums and other parts of the jigsaw, the work still has to be done when the GP is away from the practice. Several mentioned that good quality locums would be hard to obtain and, even if one were appointed, that it is not the same as having one's partner in the practice:

'The pressure of working in general practice has gone up and up and up; it has squeezed education out of the working day totally.'

'I can't see that happening unless we cease to have an open-ended contract because it is the question of training or seeing patients, not training and seeing patients.'

'We just do not have any slack in the system ... I think the run-of-the-mill GP at the moment is feeling tired and stressed and it is just not going to take off adequately. There are so many problems in general practice now, so many reasons why we are not getting the right sort of people into the discipline, that is what has got to be tackled first.'

It was felt important that a range of groups had some input to the curriculum so that they could relate to HPE, especially 'recent NPs' (Box 4).

Links

Linkage to other aspects of education, service provision, and general practice is also important. There were many spontaneous comments during the interviews about the need to link the proposed HPE course with wider changes within general practice and service development. Over half the interviewees mentioned the potential relationship between education and the service provision, particularly at a time of change in the health service where there needs to be good communication between those providing the service, those educating them, and those managing the service. Several mentioned the need to educate new GPs about NHS developments:

'You can't look at secondary care without looking at primary care and what goes on within primary care ... that can only be met if you align that agenda together with the educational agenda so all the different bits come together.'

Some felt that HPE could stimulate a positive approach to lifetime learning and for some to undertake higher degrees:

'If we want people to take on continuing professional development then I think it [HPE] *should be integrated into that, and I think that very often a lot of things that people can do later, such as research, fellowship by assessment, MScs, can seem to be impossible mountains to climb at times. If we can do things in smaller chunks, such as HPE, which are more manageable over a period of time, then it would encourage people to do them.'*

Seamless VT and HPE, which should be available to all GPs, was favoured. They had no clear views about course credits,

Senior partners

'I think there is a limit to what senior partners can accept in terms of the junior partners doing, I think it is a hard one to sell to practices.'

'I think probably the major problem that young principals have is that they don't get recognition from the other partners. The sort of attitude — "well I never had it and I managed to get by" — it is a constraint on young principals having time out during the working day to go to a group unless there is funded locum money coming back in.'

'There will be anxiety that they will be developing skills faster and quicker than some of us old boys that have been around for a lot longer. They will be learning certain things that we feel anxious that we don't know so well. There may well be an anxiety created.'

New principals

'NPs seem to be less interested in doing that sort of thing ... are you teaching them to fly or are you teaching them to look for a free ride?'

'If it were linked to an academic department, that may exclude people as much as it includes people — that could be a danger. The other blocks are motivating the new recruits, making them feel that this is really something that they want to do rather than just have a day off.'

'New recruits are very often female and they have other priorities — usually at an age when they are thinking about starting families — you will have to work out what is going to suit them, given that they may well have a career break and be very uncommitted to practice for a while.'

Other groups

'We have a strong VT scheme so we have got a lot of people who became principals in the area who would be used to having half-day release in a strong department of general practice who would be used to running that sort of programme.'

'If you have got HA support then I think you have got a chance. If they are disinterested then I think you are stuffed — if they have got some goodwill and vision maybe to redirect resources then I think it would smooth the path. If they are there to help provide support then I think it will help.'

'I don't think it [who runs] matters in one sense — the important thing is that we have an agreement between the HA, the profession, and the various other players around as an ideal and anything else we are supporting at any particular time.'

Box 3. Enthusiasm for HPE.

New principals

'I would say the NPs themselves ... with suggestions from partners as well. It would be interesting to ask GPs "what do you want from a NP?" ... the HA could even have a role in saying what they feel some of the problems are, for instance.'

'I think NPs should have an input but I think it should be heavily supported by those who have a wider view of GP principals' needs, not only clinically but also organisationally in looking at the future ... the NPs would not have that — that is probably what they need out of the course.'

'I think the curriculum has to be generated by the participants, the individual group members have to. It has to be self-directed learning ... but I also think someone who has had several years of experience can look and see where the needs are and actually address them.'

'Recent NPs'

'I wonder whether there might not also be some learning from others who have been sufficiently recent NPs that we could gauge opinions off — what would it have been useful to have learned ... alongside the concerns of people who are newly appointed principals.'

'I think you can have some flexibility within the curriculum to allow people to flex it, but I think you really need to, in a way, set the curriculum based on the experience of people who have, say, been principals for five years and get them to reflect back about what the difficulties were they faced and are still facing and base the curriculum on that kind of experience. I think that people who have not yet learnt what it is to be a GP cannot set their own curriculum in its entirety ... because they have not had the experience they will not yet know what the problems are going to be.'

'Experienced principals are obviously people who have been through the mill but not so experienced that they say "aah, this is the way you do it". I think it would be quite helpful to have some kind of input from non-medical people as well.'

Health authority

'I think they would find it useful that if the HA has some input — there are a lot of stressful things out there in general practice and I believe the clinical training does not prepare them.'

'I would certainly hope the HA would have a representative on the curriculum setting committee. I think that participants should also have a contribution as to what they are looking to get out of such a programme.'

HPE tutor

'The role of the group facilitator comes in really just to make sure they haven't missed out a whole huge chunk which others might think are relevant.'

Box 4. Contributors to HPE curriculum.

linkage to Masters degrees, or re-certification.

There was a wide range of views about the involvement that HAs should have in administering such a course:

'Unquestionably we [HAs] *have a role ... so we are in a position to identify things which we consider to be educational issues.'*

'I think the HAs are obviously going to have to work closely with organising it, yes I think it is appropriate that they do some funding.'

'I am not sure that it is for us [HAs], *and I am not sure that it is a particularly good idea that undergraduate departments did it — it would be a bit academic. I suppose the GPs* [would administer the course] *themselves, through some sort of steering group.'*

'Personally, if the HAs get involved I would be less likely to attend myself ... they like to regard themselves as managers running a health service. Certainly there is a lot of antagonism about management getting involved in all sorts of ways which they shouldn't, and this would be another one of them.'

Discussion

The stakeholders all agreed that there is a difficult period of transition[8] after becoming a NP, when young GPs have particular needs that could be met by HPE.[1,2] By implication, these needs are different, both to those of established principals and of GP registrars. In particular they need to learn about the non-clinical aspects of being a principal while ideally being supported by their peers.[1,4]

Funding was seen as the principal barrier[9] to setting up HPE across the region. Despite previous work suggesting that central funding would be needed to support the infrastructure,[1] stakeholders believed that we exist in a cash-limited world, and so imaginative use of existing funding streams was needed.[2] There was a surprising consensus that top-slicing of GMS funds was one appropriate source, which would penalise all practices over time (by reducing development monies) but would also benefit all practices because their NPs were better supported and educated thus ultimately improving patient care. Regional educational monies were perceived as the other major source, with mixed support for NPs themselves funding HPE; GP registrars and NPs in particular did not support self-funding.

Even if funding could be secured, a clear need for a supportive environment in addition to a local enthusiast to set up and take forward an HPE course was perceived.[4,10] The local GPs, GP educationalists, the HA, and the region all have to be enthusiastic and involved so that they have some shared input into, and ownership of, the HPE course.

A HPE course will need to link to local VTSs,[2] but perhaps should not immediately follow on from it.[2,4] It must also relate to the service needs of local patients[8,11] as well as be learner-centred to address the educational needs of the NPs *per se*,[2,4,11] based on real experience as GPs[4,8] and their primary health care teams.[1] Such service linkage may encourage HAs to provide funding, and educational linkage might encourage regions to assist. Clearly, if NPs do not have a major say in the curriculum, then they may well not attend, as attendance will add further stress even if funded locums are provided.[4] Finally, the involvement of 'recent' NPs in course design and development should enhance HPE relevance and also encourage them to release their new young partners.[10]

In conclusion, in the old South West region of England, key stakeholders support HPE which they believe should be externally funded from mixed sources. A local enthusiast is the other key to providing a learner-centred HPE course of relevance to NPs and their practices. Any course would need to have demonstrable links to service provision and to existing educational structures.

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