

Some people with epilepsy chose to remain on multiple drugs rather than risk a further seizure and others preferred to have occasional seizures rather than take tablets. This study indicates that protocols of care have a place in general practice but should not be imposed in a rigid way. Personal circumstances should and will always influence the type of care offered and the treatment decisions made by patients.

This example brings us back to the important difference between quality assessment and quality control. Quality control is external audit which will encourage doctors to achieve high standards of care as they are currently defined. Quality assessment implies an active participation approach to audit which will generate new ideas and concepts of health care. To be effective this participation includes patients as well as the primary care team.

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## Is there a future for general practice postgraduate education?

THE Department of Health's proposed new contract for general practitioners' will mean major changes for general practice postgraduate education. Both the vocational training allowance and the postgraduate training allowance will be abolished, and a new postgraduate education allowance will take their place. This will be worth £1700 and will include an element to pay course fees, travel and subsistence. It also appears the funds previously available under section 63 will be abolished apart from use by trainees.

The new contract proposes a rigid set of criteria for the new allowance. These include a minimum of five days training per year in the previous five years. The courses that will qualify under the new regulations include those on health promotion and prevention of illness, disease management, and service management; the general practitioner will have to attend two courses under each of these three headings in each five-year period. The regional adviser will still have a role in deciding whether the course is educationally valuable and should be recommended for general practitioners. The family practitioner committee will decide, with advice from the regional adviser, into which category each course falls.

With vocational training for general practice now up and running successfully, the next major educational task in general practice is the establishment of continuing medical education for all general practitioners. However, the new contract does not appear to help towards this goal. It does not mention general practitioner tutors, course organizers or associate advisers nor the great strides made in the last 10 years in general practice education, young principals' groups, general practice research workshops, audit groups, Balint groups or symposia run by general practice tutors. There is no mention of assessing the value of courses, an activity which should be an integral part of education. There is no mention of study leave, or of the master's degree courses in general practice currently being set up in several universities.

Presumably vocational training will continue as before, with

course organizers paid by the family practitioner committee under the fees and allowances system. A major concern is the serious effects the new contract will have on continuing education. All that has been learned in general practice education in the past 20 years seems to have been disregarded with the likely return of the 'expert' lecture. We all remember lunchtime lectures when the expert came to talk on some esoteric subject, of no relevance to general practitioners or their patients. The lights went out, slides appeared on the screen, and quite soon most of the audience were asleep. Some doctors merely ate the lunch, signed the attendance book and went home while others felt they could do better, and set about organizing more meaningful general practice educational activities.

Most regions now have some sort of general practitioner tutor scheme. In the West Midlands region there is a general practitioner tutor in every postgraduate centre.<sup>3</sup> In most centres there is a single tutor, but in some the general practitioners prefer to have a small group to run the general practice side of the postgraduate centre. General practitioner tutors are paid a small honorarium for their efforts and they may also claim a 'chairman's fee' for each meeting that they organize and chair. With the abolition of section 63, this funding will be lost, and it may lead to the end of the general practitioner tutor network. When the new proposals for hours of direct consultation in the surgery come into force will general practitioners who have been extensively involved in organizing educational activities still have the time to do this work? There appear to be no provisions made for general practitioners who already carry out educational work. Presumably, those who spend one day a week organizing postgraduate education will need to work every weekend in the practice in order to fulfil the new basic criteria for surgery consulting sessions. The latest proposals<sup>2</sup> suggest that the surgery commitment could be reduced to four days to take account of general practitioners' work on 'health related activities elsewhere in the public service — for example the hospital sector'. There is still no confirmation that educational activities carried out

by general practitioners will qualify for this dispensation.

Who will set up meetings which will satisfy the criteria for the new postgraduate education allowance? The meetings will have to be self-financing and in many areas this may make it impossible to invite speakers from other regions. Cost considerations are likely to restrict general practitioners to local meetings with local speakers, and they will consequently not benefit from the broad experience of others outside the region.

This preoccupation with finance will tempt many to ask for support from the pharmaceutical industry. How long will it be before the only meetings taking place are those with support from the industry? Will the present guidelines of the National Association of Clinical Tutors (recently reinforced by the Royal College of Physicians working party on ethics and the pharmaceutical industry<sup>4</sup>) be followed? How long before the fate of general practice postgraduate education is closely linked with the products of the pharmaceutical industry, and debate is stifled? As an example, consider cholesterol screening and the new generation of lipid lowering drugs about to be marketed. Some expert opinion<sup>5</sup> holds that the whole concept is flawed, and not enough is known to claim that lowering cholesterol levels prolongs life. Would such an opinion be expressed at a sponsored meeting? Subjects such as counselling are unlikely to receive sponsorship because they are not linked to drug treatment and consequently they may not be included in continuing medical education.

Good, meaningful and relevant continuing education for general practitioners costs time, effort and money but it is money well spent as it improves the standards of general practice and the care of patients. It seems that the Department of Health has little idea of the size of the task facing general practitioners in continuing education.

This is one area which it is appropriate for the College to comment on. The aims of the College include the undertaking of educational activities to enhance the medical knowledge and skill of general medical practitioners, to 'encourage, foster and maintain the highest possible standards in general medical practice'. The proposals in the new contract for the postgraduate education of general practitioners fall far short of the aims of the College. The section on continuing education is substantially flawed and needs to be rewritten urgently. Advice and expertise will be given willingly by those general practitioners who have been involved in the organizing and assessing of general practice education in the last 10 years.

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