

Continuing educational requirements for general practitioners in Grampian

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SUMMARY. A postal questionnaire about educational requirements achieved an 81% response from all general practitioners in Grampian. A majority of respondents felt that it was important to keep up-to-date and they were setting aside a number of hours per week to do this. Evening meetings, intensive two to three day courses and week long refresher courses were still popular, as was the idea of small groups resourced by a consultant. Newer forms of continuing education, for example, audio and videotape and distance learning were not popular. Journals still remained an important way of keeping up-to-date. These results help in planning the rational use of postgraduate resources for the future.

Introduction

IN 1974, Durno and Gill¹ published a survey of general practitioners' views on postgraduate education in north east Scotland. Several helpful suggestions came from that survey for the future planning of continuing education for general practitioners. Since that time, several changes have taken place, for example, the decline locally of the traditional one-week refresher course, and the disassociation of seniority awards from postgraduate educational attendance. In September 1986 a survey was undertaken of general practitioners in the Grampian area. The objectives were: (1) to find out how general practitioners were managing their continuing education; (2) to find out how important they felt continuing education to be; (3) to assess the methods of continuing education offered to them; and (4) to provide guidance in modifying the continuing education being resourced by the regional adviser's office.

Method

A questionnaire was devised consisting of 27 questions about methods of study, attitudes to study and future needs. The questionnaire was designed after discussion with others interested in continuing education and, in addition, sought to cover some of the areas explored by Durno and Gill.¹ A pilot survey was carried out with local general practitioners and the questionnaire was modified before being finally sent out to all the general practitioners in the Grampian area. There were 297 general practitioners in Grampian, 129 in Aberdeen and 168 in rural Grampian. An initial response of 62% of doctors increased to 81% ($n=241$) after two further reminder letters. There was no difference in response rate between city and rural doctors.

Most of the replies were scored on a scale from 0 to 5 but for the sake of presentation, the six categories have been collapsed into three. The results were separated into city and rural doctors but as there were few differences between these the results are not given separately here.

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© *Journal of the Royal College of General Practitioners*, 1989, 39, 190-192.

Results

Attitudes

Table 1 shows that while 88% of general practitioners felt that it was very important to keep up-to-date, half were uncertain about whether they found themselves under too much pressure to set aside adequate time for postgraduate education. Forty three per cent of responders felt that they should be paid for attending courses and meetings and 53% disagreed that general practice is becoming a low technology job.

Table 1. General practitioners' attitudes to keeping up-to-date and postgraduate education.

	Percentage of respondents ($n=241$)				
	Positive	←	→	Negative	No response
Keeping up-to-date is important	88	11	0	1	
There is too much pressure to set aside adequate time for postgraduate education	32	49	19	0	
GPs should be paid for attending meetings/courses	43	28	28	1	
General practice is becoming a low technology job	4	42	53	1	

n = total number of respondents.

Set patterns for learning

Table 2 shows that a minority of doctors (33%) had a weekly routine for keeping up-to-date and this dropped even lower on a monthly or yearly basis. Looking at the results in terms of doctors having any routine at all, 53% of responders had none whereas 47% had some form of pattern, whether on a weekly, monthly or yearly basis.

Table 2. General practitioners' patterns for learning.

	Percentage of respondents ($n=241$)		
	Yes	No	No response
Do you have a set pattern or routine for keeping up-to-date?			
Weekly	33	64	3
Monthly	10	80	10
Yearly	12	76	12

n = total number of respondents.

Methods of learning

Only 30% of general practitioners found reading books of great importance and this contrasted with 79% who found that reading magazines was important in keeping up-to-date (Table 3). Books and magazines were mostly read at home (74% and

Table 3. Importance of different methods of learning.

	Percentage of respondents (n = 241)			
	Important	← → Not important	Not important	No response
Books	30	58	12	0
Consultants' letters	62	34	4	0
Hospital drug information service	16	53	31	0
Postgraduate lectures	37	51	9	3
Distance learning	10	34	49	7
Educational videotapes	9	38	52	1
Educational audiotapes	10	44	45	1
Drug company representatives	14	63	23	0
Magazines	79	18	1	2
Postgraduate courses:				
2-3 day intensive	47	31	14	8
Week long	40	34	20	6
2 week	6	13	67	14

n = total number of respondents.

73%) rather than in the surgery (both 8%). The *British Medical Journal*, *Update*, *General Practitioner* and *Pulse* were those most often read, the *Lancet* getting very low ratings. Consultants' letters were felt to be important (62%) but postgraduate lectures less so (37%). The more modern types of learning had a low response: distance learning (10%) and educational videotapes (9%) and audiotapes (10%). The importance of drug company representatives in passing on up-to-date knowledge was of low importance (14%) as was the drug information service provided by the hospital (16%). Postgraduate courses were most popular if they were two to three day intensive courses or week long courses rather than courses lasting two weeks.

Time and problems

General practitioners were asked to estimate how long they spent per week, on average, keeping up-to-date. The most frequent answer was one to two hours per week (41% of 227 replies) followed by two to three hours (22%) and up to one hour (17%). Five doctors (2%) spent in excess of six hours per week on their continuing medical education. When asked 'What are the barriers as you see it to your postgraduate education?', out of a total of 236 replies, not enough time was the commonest answer (51%), followed by family and social demands (16%), pressure of work (15%) and locum problems (5%), this last being mentioned most often by rural practitioners. Eight doctors (3%) felt that there were no barriers to their postgraduate education.

The future

In planning for the future general practitioners were asked, 'If postgraduate meetings are to be held, when is the best time?' (Table 4). During the working day, weekend meetings and lunch-

Table 4. General practitioners' opinions of timing of postgraduate meetings.

Best time for postgraduate meetings is:	Percentage of respondents (n = 241)			
	Positive	← → Negative	Negative	No response
During the working day (8am-6pm)	24	22	38	16
Lunchtime	10	25	49	16
Evening	48	30	11	11
Weekend	26	31	31	12
Week long courses	56	24	12	8

n = total number of respondents.

time meetings were not popular, whereas evening meetings and week long courses were.

When asked about other forms of postgraduate learning opportunities they would like implemented in Grampian, the most popular requests were for local small groups, two-day courses, newsletters/tapes/videos, a postgraduate centre, discussions with consultants, up-dating sessions, audiovisual teaching and one-week courses.

The suggestion that small groups resourced by a consultant should be set up was a popular idea with the majority of the respondents and the clinical areas which were most popular were dermatology, cardiology, paediatrics, ophthalmology and rheumatology.

Discussion

Continuing medical education is an important area which commands a significant proportion of educational resources. Muir Gray² in his review article states the principles of effective education, that is, relevance to the doctors's own work, an element of self-assessment and comparison with others in the same area, programmes which are developed in cooperation with doctors rather than being imposed on them and the application of knowledge to change working patterns rather than simply the acquisition of new knowledge. Sibley and colleagues³ have even suggested that in some situations continuing medical education does not work, when for example, the doctors are compelled to attend, and are not allowed to select their own areas of high preference.

It is therefore appropriate to attempt an investigation into how general practitioners in Grampian were carrying out their continuing education and to look at the methods they used and those offered to them. It is clear that Grampian general practitioners felt that it is important to keep up-to-date but in general did not feel under too much pressure to set aside time for keeping up-to-date and for their continuing education. In terms of the recent government white paper *Promoting better health*⁴ it is interesting to note that 43% of doctors would like to be paid for attending meetings and courses. As far as structuring the working day or week it appears that most of the general practitioners did not have a set pattern for their own continuing education, whereas the white paper⁴ mentions the concepts of continuity and structure for continuing education.

The estimates of time spent on keeping up-to-date are interesting. With the proviso that self-estimates can be misleading, 143 out of 227 doctors spent between one and three hours per week on educational activities. The barriers to postgraduate education are stated in terms of time, work pressure and family or social demands and clearly this raises the problems of prioritization and management of time. The difficulties of getting a locum are a particular barrier to some rural practitioners.

The results of this survey will help in planning the strategies for continuing education. It is clear, for example, that Grampian general practitioners do not wish to have postgraduate meetings held during the working day or at lunchtimes. Evening meetings seemed to be popular, whereas weekend meetings were not. These findings are in keeping with those of Durno and Gill,¹ who showed that there was a preference for week long educational courses while only 18% of doctors in that survey preferred lunchtime meetings.

It was not surprising to see that only 37% of respondents felt lectures were important to them, given that postgraduate lectures are often viewed with disfavour by medical educationalists. Traditionally the lecture has been criticized as being a passive method of teaching which is teacher-based rather than learner-based and reduces the opportunities for the audience to ask ques-

tions.⁵ Accusations of bias have been made since the lecture will contain only one person's interpretation of the topic. In investigations among undergraduate students⁶ well organized lectures are still popular, especially in putting over material which is not yet published. Perhaps we need to concentrate on the ways in which we can assist lecturers with their presentation, for example feedback, preparation, and lecture techniques.

The tradition in Grampian has been to run two to three day intensive courses on one topic or week long refresher courses with 18 or 19 presentations: these still seemed to be requested by general practitioners. It is disappointing, however, that this survey showed that newer forms of continuing education such as distance learning programmes did not seem to be popular.

Reading magazines was a very popular method with doctors, the majority reading them at home not in the surgery. Books did not have a high priority for most doctors and those who were using them as a means of continuing education read them at home and not in the practice. The influence of drug company representatives and sponsored meetings appeared to be modest as was that of the hospital drug information service. On the other hand, it was clear that general practitioners depended considerably on the content and comments made in consultants' hospital letters. In view of the perceived popularity of videotapes and audiotapes which are mailed free to general practitioners, it is of interest that few doctors appeared to make use of them.

Inviting suggestions for other forms of postgraduate learning gave an interesting list of requests. General practitioners felt a need for a postgraduate centre in Aberdeen. Most other requests were for small groups with self-generated topics or with consultant-led discussions and audiovisual teaching. These results will help the associate advisers in general practice to modify the support that the regional adviser's office gives in this area of continuing education and in addition challenge the effectiveness of the current style of education in changing the way doctors work.

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Acknowledgements

I am grateful to Dr M.W. Taylor for his help with the analysis, to Mary Findlay and Mollie Russell for secretarial work, also to Dr R.J. Taylor for helpful advice.

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