

General Practice Observed

Continuing Education for General Practice—Analysis of a Programme

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Summary

General practitioners in the Northampton area were asked to assess the various meetings of a programme of continuing education they had attended between May 1969 and May 1970. Analysis of their replies suggests that meetings which depend on previous study and encourage participation are most likely to be successful.

Introduction

"Education never ends, Watson," said Holmes rather patronizingly. "Life is a series of lessons, with the greatest for the last." Today, with postgraduate centres mushrooming all over Britain, medical journals of one sort or another arriving by every post, and under pressure to attend so many educational sessions each year, a latter-day Watson so addressed might be forgiven a certain petulance. The chances are that this Watson will want to make up most of his sessions by attending approved meetings at his local hospital, and it is up to area postgraduate committees, and particularly the general practitioners on these committees, to see that he is offered a varied and lively programme, and one that is relevant to general practice. We thought it might be useful to analyse the educational programme arranged for general practitioners in this area and to attempt to assess its value.

Material and Methods

Northampton General Hospital has in its grounds a fine postgraduate centre which was opened by the donor, Mr. C. T. Cripps, in May 1969. This centre is used by more than 150 general practitioners, many of whom attend meetings at other local centres such as Kettering, though 99 use it almost exclusively. It is with the activities of the latter that this paper is concerned.

Our educational programme intended for general practi-

tioners was concentrated into two three-month periods—from mid-September to mid-December and from early March to the end of May. Most of the meetings were organized by our general-practitioner tutors, who were elected by their colleagues in 1968, and all were approved under Section 63 (Health Service and Public Health Act, 1968) or recognized by the Department of Health and Social Security. Hence attendance records were available for the study period, which ran from May 1969 to May 1970 inclusive.

Each of the 99 doctors was asked to assess the various meetings he had attended in terms of relevance to general practice, dependence on previous study, degree of audience participation, enjoyment, and educational value (on a 0, +, ++, and +++ scale) and to arrange them in his order of preference.

The following regular meetings made up our programme.

General-practitioner Lunch-time Meetings.—Individual general practitioners, and in one case a local authority medical officer, were asked to arrange these meetings, choosing their own subject and method of presentation. Just over half gave the talk themselves; the remainder invited consultants or others to take part.

Colloquia.—Subjects of general interest were chosen and doctors were invited to act as chairmen and to enlist their own panels of speakers. Each member of a panel was asked to submit half a dozen questions he would like to discuss, and from these the chairman selected about 10, which were circulated a week to 10 days before the meeting. The meetings were informal—in most cases members of the panel and the chairman sat with the audience—and the discussion of the questions one after another ensured audience participation from the start.

Extended Course in Paediatrics.—The subject matter and speakers were chosen by our consultant paediatrician, Dr. J. R. Harper, in consultation with our two general-practitioner tutors. The course consisted of 10 lectures at weekly intervals, half of which were given by speakers from outside the hospital.

Journal Clubs.—The first journal club had been in existence for five years and had been well attended by consultants, hospital junior staff, and general practitioners. At each meeting three speakers from a panel of about 20 presented articles of interest from the journals allotted to them, speaking for 10 to 15 minutes and allowing 5 to 10 minutes' general discussion before the next presentation. Most of the contributors were hospital doctors, and the subjects of the talks varied from the highly specialized to the general. The second journal club started in October 1969 and met weekly to discuss the last but one issue of the *British Medical Journal*.

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Members, who were mainly general practitioners, took turns to act as chairman. In both clubs a sandwich lunch was provided during the meeting, which lasted about an hour.

Study Groups.—The aim of these groups was to help general practitioners to keep up to date by discussion with their colleagues. Out of 170 approached 100 showed interest, and 10 groups were formed. In five groups the members were of a similar age, and in the other five they were of widely varying age. Each group elected a convener, and at a meeting of conveners it was suggested that meetings should be based on previous study and have a clearly defined objective. As was expected, each group developed its own pattern of working, some using audiotapes with slides, some discussing the current issue of the *Practitioner* or *Update*, and others choosing a different topic for each meeting.

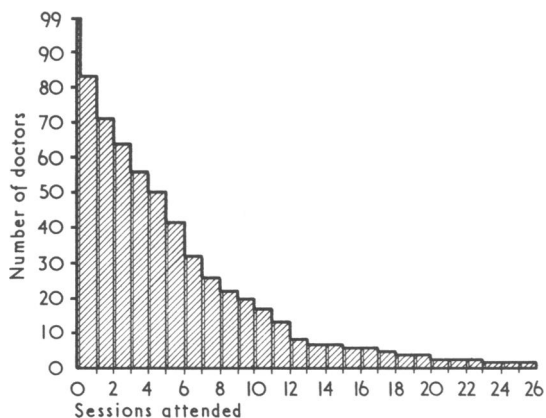
Film Club and "Medicine Today."—The film club held five meetings, and films were chosen primarily for doctors. Some, however, were of wider appeal and gave us an opportunity to invite members of the nursing staff and welfare services. Both the films and the "Medicine Today" television programme were shown with a specialist present to lead the discussion afterwards.

Clinical Meetings in Medicine and Paediatrics.—These meetings were intended primarily for hospital staff. Senior or junior doctors presented cases and were then open to questioning and criticism. Friendly rivalry between the medical firms often added a spice of excitement to these meetings, as did the regular presentation of a "random case" selected from patients recently discharged from hospital—a step, perhaps, on the road to a medical audit. We had hoped that family doctors would be invited to discuss their own patients; in practice this was not done as often as we would have wished.

Medical Society Lectures, etc.—These were formal lectures usually given by distinguished outside speakers. The meetings were arranged by the Northampton Medical Society, the British Medical Association, and our psychiatric tutor, Dr. T. E. Lear.

Results

The numbers of postgraduate sessions attended are shown in the Chart. A list of the approved meetings is given in



Number of postgraduate sessions attended by 99 general practitioners.

Table I, which shows in each row the sessional rating of the meeting, the total number of meetings held, and the number of our 99 general practitioners who attended at least once. The figures in the final column show the total number of sessions worked under each heading during the period of the study.

TABLE I—List of Approved Meetings

Meeting	No. of Meetings	No. Attending at Least One Meeting	Sessional Rating	Total No. of Sessions worked
G.P. study groups	32	50	+	97
Journal club 2	30	12	++	49
Journal club 1	22	11	+++	21
Clinical medicine	17	22	++++	41
Clinical paediatrics	15	33	++++	40
G.P. lunch-time meetings	11	38	++++	42
Extended course in paediatrics	9	39	++++	92
"Medicine Today"	8	22	++++	15
Medical society, etc.	7	54	++++	70
Colloquia	5	46	++++	49
Film club	5	34	++++	36

To assess the meetings questionnaires were sent to the 83 doctors who had attended one session or more. The 58 (70%) who replied were not representative of the group as a whole, since they included an undue proportion of those who had attended more than an average number of sessions. Of those who had attended five sessions or more 40 (80%) replied, compared with only 18 (55%) of those who had attended fewer than five sessions. Forty-eight (58%) general practitioners arranged the meetings they had attended in preferential order; Table II shows the number of times a meeting

TABLE II—Preferences Expressed by 48 General Practitioners: Related to the Mean

Meeting	No. Attending at Least Once	Above the Mean	Below the Mean	Ratio
Extended course in paediatrics	26	19	4	4.8
G.P. study groups	28	17	5	3.4
Clinical medicine	17	10	4	2.5
Journal club 2	10	7	3	2.3
Colloquia	32	11	6	1.8
Journal club 1	8	2	2	1
Clinical paediatrics	23	8	8	1
"Medicine Today"	16	3	7	0.4
G.P. lunch-time	27	3	15	0.2
Medical society	32	4	21	0.2
Film club	21	0	10	0

was placed (a) above and (b) below the mean, with the ratio of (a) to (b) in the fifth column. The second column gives the number who had attended the type of meeting in question at least once. Fifty-two (63%) general practitioners assessed the various meetings they had attended in terms of relevance to general practice, dependence on previous study, audience participation, enjoyment, and educational value; the result of

TABLE III—Average Assessment Made by 52 General Practitioners (0, +, ++, and +++ Scale)

Meeting	No. Attending at Least Once	Relevance	Previous study	Participation	Enjoyment	Educational Value
Extended course in paediatrics	28	++	0	+	++	++
G.P. study groups	30	++	++	+++	+++	++
Clinical medicine	19	++	0	+	+++	++
Journal club 2	11	+++	++	++	+++	+++
Colloquia	32	++	++	++	+++	++
Journal club 1	10	++	+	+	+++	++
Clinical paediatrics	24	++	0	+	+++	++
"Medicine Today"	16	++	0	+	+++	++
G.P. lunch-time	29	++	0	+	+++	+
Medical society	34	+	0	+	+++	+
Film club	23	++	0	+	++	++

their assessments is shown in Table III. The number who had attended each type of meeting at least once is again shown in the second column.

Discussion

We found it encouraging that 50 (51%) of the 99 general practitioners whose activities were studied attended five or more local sessions. Our local general practitioners had a wide variety of approved meetings to choose from, and this, perhaps, calls for comment. In the month before our centre was opened we were advised by several doctors not to attempt too much. Our own feeling then, and now, was that we were in much more danger of attempting too little, and there is evidence that those planning postgraduate education influence attendance by the number of courses they put on, rather than vice versa (Vollan, 1955). Nevertheless, a case can be made for restricting the number of approved meetings, and we felt that we should try to find out which meetings had proved the most worth while. Hence we had to choose criteria for assessing the value of our meetings, and this choice must be justified.

Relevance of the meetings to work in general practice was, we felt, a prime consideration, a view supported by Byrne (1969), who analysed the results of a questionnaire sent to 1,600 general practitioners in the Manchester region. Just over 750 replied, half of whom were dissatisfied with the postgraduate education offered to them locally; of these dissatisfied doctors at least half criticized "the hospital orientation of courses and the lack of appreciation of general practice needs and difficulties."

General practitioners "love to talk" (McKnight, 1968), and undoubtedly audience participation adds to the enjoyment of a meeting. It also serves an educational function because it forces those taking part to organize and express their ideas, which in itself is an aid for memory (Mace, 1968). Participation is also promoted by previous study, and Williams (1967), who commended this, gave planned daily reading and study in the home library first place in his "taxonomy of continuing medical education endeavour."

Obviously we cannot read too much into our findings when the most popular meetings—those which made up the extended course in paediatrics—were assessed (Table III) no differently from the least popular—the meetings of the film club. Do any factors differentiate the more popular meetings—that is, those with a ratio above 1.5 (group 1)—from the remainder (group 2)? Neither relevance nor enjoyment is of much value for almost all our meetings rated at least ++ under both headings. On the other hand, three of the five types of meeting in group 1 rated at least + under the heading "Dependence on previous study," compared with only one in the remaining six types of meetings. Similarly, three out of the five types of meeting in group 1 rated ++ or +++ under participation, whereas none of the remaining meetings rated more than +. This suggests that meetings which encourage previous study and participation are likely to prove popular.

The comparative failure of the general-practitioner lunch-time meetings was disappointing and is difficult to explain. Perhaps the subjects chosen were unsuitable; alternatively there may still be a feeling that only hospital doctors can "teach" general practitioners. Whatever the reason, we have had to think again and are now planning two series of meetings, one on "common conditions" and the second entitled

"meet the professional," which will give other Health Service personnel an opportunity to talk about their work. Both series will be organized by general practitioners who will also be in the chair at the meetings.

The medical society meetings were also poorly received, perhaps because their subject matter was not particularly relevant to general practice. These meetings were, in fact, intended for all doctors and have a social as well as an educational function. In this wider context they would, we feel, have been considered much more successful.

It is difficult to draw any useful conclusions about the value or otherwise of our programme, except in the context of what we were trying to do. Firstly, we had to attract general practitioners to our meetings, and we have had a measure of success. Beyond any financial incentive the bait had to be a "need to know," which Miller (1967) regarded as "the most fundamental requirement for efficient and effective learning." The second objective was drawing attention to this need by concentrating on subjects which were clearly relevant to the practitioners' everyday work. That almost all our meetings were considered relevant is reassuring and must reflect the fact that our programme, or most of it, was organized by general practitioners rather than hospital doctors. General practitioners also played a major part as contributors, so that the subjects discussed tended to be those which interested them and their colleagues. A third objective was the promoting and fostering of an enthusiasm for learning, and we cannot say how far we have succeeded. We felt, however, that this could best be done by ensuring that some of our meetings depended on previous study. These meetings, those of the second journal club, and some of the general practitioner study groups proved surprisingly popular, and interestingly the study groups accounted for more postgraduate sessions in this area than any other single type of meeting. This to our mind is a promising development. Certainly the pendulum is swinging, as it should, from teaching to learning—from "filling vessels to lighting fires." Pickering (1962) was more realistic than Holmes when he wrote "Education is terminated only by one event—namely intellectual death; and it is . . . the primary purpose of all good education to postpone this unhappy event as long as possible."

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References

- Byrne, P. S. (1969). *British Journal of Medical Education*, 3, 50.
- Mace, C. A. (1968). *The Psychology of Study*, p. 40. Harmondsworth, Penguin Books.
- McKnight, J. E. (1968). *Update*, 1, 50.
- Miller, G. E. (1967). *British Journal of Medical Education*, 1, 156.
- Pickering, Sir G. (1962). *British Medical Journal*, 1, 421.
- Vollan, D. D. (1955). *Journal of the American Medical Association*, 157, 703.
- Williams, D. H. (1967). *Canadian Medical Association Journal*, 96, 1040.