Obstacles to continuing education

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SUMMARY. An earlier study showed that low attendance at section 63 courses of continuing education was not explained by dissatisfaction with content or methods employed in these programmes. In this enquiry to the same sample of 105 general practitioners, several additional factors were studied related to enjoyment of professional role, practice skills and perceived obstacles to continuing education. Thirty-seven per cent of respondents said that their work was less than fully enjoyable and one in 20 found no enjoyment; similarly, 30 per cent were dissatisfied with their organizational skills but for neither of these factors was there any difference between attenders and non-attenders. Half of the sample found difficulty in keeping up to date, and in this finding the proportion who were attenders was significantly higher than non-attenders. Eighty-two per cent had encountered obstacles to their continuing education, in particular lack of time, practice commitments and the need to preserve family life. Recommendations for an ideal system of continuing education included high acceptance of self-assessment exercises as a means of identifying areas of educational need.

Introduction

IN an earlier report we questioned whether low attendance by general practitioners at section 63 courses of continuing education[1] might be explained by dissatisfaction with either the content or methodology of such programmes, or both. In the outcome no evidence was found to support such a view.[2]

In this study, a questionnaire was used to examine other possible reasons for non-attendance and to obtain general practitioners' views on obstacles to continuing education, associated with both professional and personal aspects of their role and lifestyle.

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Methods

The structure of the questionnaire, the response rate and the follow-up validation enquiries have been described previously.[2] The findings reported here are derived from a sample of 105 Nottinghamshire general practitioners and include information on the following areas: enjoyment of professional role; difficulty in keeping 'up to date'; satisfaction with organizational skills; obstacles to continuing education; characteristics of an ideal system; acceptability of self-assessment.

Ninety-six per cent of the respondents answered all the questions. Responses were compared for general practitioners who had been attenders or non-attenders at section 63 postgraduate education programmes during the previous 12 months.

Results

Enjoyment of professional role. There were no differences between attenders and non-attenders, but overall 37 per cent of respondents were unwilling to describe their work as unequivocally enjoyable, and for 5 per cent this dissatisfaction is a serious problem. Over one third identified particular difficulties such as an excessive workload exacerbated by attitudes and demands of patients, bureaucracy and 'trivia'.

Difficulty in keeping up to date. The respondents were evenly divided overall. However, 70 per cent of non-attenders claimed that they were not experiencing difficulty in keeping up to date compared with only 43 per cent of attenders ($\chi^2 = 6.41$; df = 1; $P < 0.025$). The reasons for difficulty included workload allied to tiredness and the sheer size of the task of keeping up to date in general practice ('impossibly wide field', 'volume of literature too great').

Satisfaction with organizational skills. Approximately one third of the sample felt the need for improvement. There was, however, no difference between attenders and non-attenders and the open-ended responses added nothing to our understanding of the problem.

Obstacles to continuing education. Only 18 per cent of respondents claimed not to have experienced problems with their approach to continuing education. A wide range of perceived obstacles was identified by several minority groups, dominated by commitments to both practice and family but including poor communication about courses, inconvenient timing, distance from practice, locum difficulties, and lack of motivation.

Characteristics of an ideal system. A wide range of characteristics were suggested, partly reflecting the obstacles encountered but including innovations such as peer audit, small group discussions, home learning aids and computer-linked courses (Table 1). Other recommendations were often at variance, some respondents arguing for greater emphasis on relevance to general practice, others seeking more clinical meetings with consultants. Over 20 per cent of the responses suggested changes in the timing of the available programmes, such as education in working hours, half-day release and regular continuous courses.

Acceptability of self-assessment. Only one fifth of the sample stated that they were unwilling to use such procedures. Non-attenders were less prepared than attenders to subject their performance to this form of self-administered evaluation, but the differences were not statistically significant.

Table 1. Characteristics of an ideal system of continuing education identified from a total of 105 responses.

	Number of times mentioned (N = 105)
Activity	
Postgraduate lectures	8
Peer audit	7
Local informal groups of general practitioners	7
Small group meetings	7
Home learning aids	3
More time for reading/individual learning	2
Computer-linked courses	2
Help with general practice-based research	2
Provision of good journals appropriate to general practitioners	2
Discussions with general practitioners, not consultants	1
Involvement in the vocational training scheme	1
Content	
Group-determined curriculum	3
Of greater practical value to general practice	5
Clinical meetings with consultants	5
Greater depth in topics on general practice	3
Information on new developments of relevance to general practitioners	4
More emphasis on general practice as a speciality	1
Criteria for practical procedures	1
Critical path analysis	1
Prescribing directives	1
Psychotherapeutic techniques	1
Meetings with health visitors and other ancilliaries	1
Location	
Local courses	7
Meetings at a teaching hospital	2
Timing	
Regular and continuous programmes	7
Education in working hours/weekend courses	7
Meetings at weekends or evenings	5
Systems of regular (half-day) release	4
Study leave	
Study leave	7
Facilities for peripatetic locums	2
Periodic detachments	2

Discussion

The results of this survey reveal some of the attitudes and needs of potential users of section 63 programmes, including past non-attenders. They also provide indicators for planners of such programmes. Most general practitioners find their professional role enjoyable but as many as 35 per cent claim that there is room for improvement. Half of the respondents report difficulty in keeping up to date; workload and other professional and personal commitments are important obstacles to continuing education by more than 60 per cent.

Wood and Byrne found relatively little criticism of section 63 courses but they pointed out that most of the criticism came from attenders.[3] This may indicate that comments from non-attenders are uninformed and inevitably biased. Throughout this study we have tried to identify important differences between attenders and non-attenders at section 63 courses. There have been remarkably few differences, though earlier we reported on lack of interest by non-attenders in research and audit techniques.[2] It is perhaps cause for concern that 70 per cent of non-attenders at section 63 courses maintained that they did not experience difficulty in keeping up to date. This apparent confidence may help to explain their non-attendance but it may be that they have a different view from attenders on the nature of being up to date.

Education planners can, of course, do nothing directly to alleviate social and work pressures but they could minimize the time which has to be allocated to education by being innovative in both the design of delivery systems and their location. There is considerable variation in the large number of suggestions for course content which originated from relatively small numbers of general practitioners in this survey. Local organizers may therefore find that their own supplementary survey is necessary to clarify local attitudes and needs. In terms of delivery systems, self-directed learning programmes are considered to be appropriate. They would eliminate travelling time and also permit the general practitioner to allocate time for education in a way which avoided a clash with practice and personal commitments. Education planners could also take as their starting point the finding that 78 per cent of general practitioners expressed a willingness to use self-assessment tests to identify their own areas of deficiency. Such information

would not only help planners with the choice of content for continuing education programmes but, as a confidential and non-threatening procedure, it might provide an effective stimulus for some doctors to learn.

References

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3. Wood J, Byrne PS. *Section 63 activities. Occasional Paper 11.* London: Royal College of General Practitioners, 1980.

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Copies of the original questionnaire can be obtained from the authors.

Protective effects of aspirin

A multicentre, double-blind, placebo-controlled randomized trial of aspirin treatment (324 mg in buffered solution daily) for 12 weeks in 1,266 men with unstable angina (625 taking aspirin and 641 placebo) was conducted. The principal end-points were death and acute myocardial infarction diagnosed by the presence of creatine kinase MB or pathologic Q-wave changes on electrocardiograms. The incidence of death or acute myocardial infarction was 51 per cent lower in the aspirin group than in the placebo group: 31 patients (5.0 per cent) as compared with 65 (10.1 per cent); $P=0.0005$. Nonfatal acute myocardial infarction was 51 per cent lower in the aspirin group: 21 patients (3.4 per cent) as compared with 44 (6.9 per cent); $P=0.005$. The reduction in mortality in the aspirin group was also 51 per cent—10 patients (1.6 per cent) as compared with 21 (3.3 per cent)—although it was not statistically significant; $P=0.054$. There was no difference in gastrointestinal symptoms or evidence of blood loss between the treatment and control groups.

The data show that aspirin has a protective effect against acute myocardial infarction in men with unstable angina, and they suggest a similar effect on mortality.

Source: Lewis HD, Davis JW, Archibald DG *et al.* Protective effects of aspirin against acute myocardial infarction and death in men with unstable angina. *N Engl J Med* 1983; **309:** 396-403.

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