Continuing education—a new approach

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SUMMARY. Many teachers of general practice in this country and abroad have called upon colleagues in practice to take upon themselves a larger share of continuing education within this branch of the profession.

One response to this call, reported in this article, was a five-day intensive course for 29 established general practitioners, held at the Eastbourne Postgraduate Medical Centre, 1980. The course was planned entirely by a team of seven general practitioners who had gained their teaching experience as vocational training course organizers. The course and its evaluation are described. We offer it as a new approach to continuing education which some of our general practitioner colleagues may prefer to conventional courses, but we do not suggest that our approach should replace well-tried and successful methods.

Introduction

THE Leeuwenhorst Report (1980), advocating "a new balance" in continuing education for general practitioners, states: "We believe that general practitioners should have the basic responsibility at this stage for seeking their own education; for identifying their deficiencies; for helping to plan, organize and contribute to the teaching of their fellows." Yet Reedy and colleagues (1979), reviewing postgraduate education for general practitioners in the Northern Region, make no mention of continuing education courses planned and organized by general practitioners themselves. Nor has any other region reported such a course. The courses run by the Experimental Courses Study Group at the College are probably the only intensive ones of this type to have been held in Britain prior to the course in the South East Thames Region reported in this article.

The new features of this course were involvement of course members in planning the content of the programme, and the use of six vocational training course organizers from the South East Thames Region as the main educational resource.

Aims and objectives

The aims of the course were:

1. To develop a course for principals in general practice within the region which allowed them to decide on its content according to their perceived educational needs.
2. To include in the programme primarily those subjects which cannot be taught by hospital-based doctors.

A subsidiary aim was to provide the organizers with further experience of course planning, teaching methods and course evaluation.

The planning group of course organizers and an associate regional adviser met on six occasions, chose the title "New Things 1980", and set the following six broad objectives:

1. To attract a group of general practitioners who would be prepared to audit the work they are doing, with a view to self-education and improved patient care.
2. To attract general practitioners who do not regularly attend conventional postgraduate activities.
3. To teach practical skills which the general practitioners could use in the consulting room and so reduce their number of hospital referrals for technical procedures.
4. To examine and audit members' use of hospital facilities, and to improve the quality of future referrals by course members.
5. To teach effective management skills, particularly staff management, efficient organization of doctor/patient contacts and use of time, finance and resources.
6. To allow members to state and meet their educational needs.

Methods

There are 1,624 principals in general practice in the

Table 1. Members' choice of programme content* (first 21 applicants).

Section 1 Audit exercises		Section 2 Practical procedures		Section 3 Management	
Care of the dying	15	Steroid injections	16	Financial planning	17
Obstructive airways disease	13	Examination of the eye	15	Age/sex and diagnostic registers	15
Prescribing psychotropics	13	Manipulation	13	The GP and the law	14
Fitness to drive	11	Pathological investigations	11	Use of non-medical staff	13
Repeat prescriptions	10	Dermatological procedures	10	Office equipment	10
Hospital referrals	9	ECGs and 24-hour tapes	10	The practice nurse	9
Management of hypertension	9	Clinical records	9	The GP as employer	8
Prescribing antibiotics	7	Peak-flow meter	7	FPC returns	6
Immunization planning	6	Practical obstetric procedures	6	Health centres	5
Full medical check-up	5	Audiometry	4	Buying practice premises	1

*The figures represent the number of doctors who chose these subjects as one of five they wished to be included in each section of the programme.

The course timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
9.15–10.45	Introduction to New Things in New Ways *Dr Chris Savile*	Practice audit in a south coast practice *The partners*	Obstructive airways disease *Dr John Emmanuel and partners*	Practice activity analyses *Dr John Baker*	Care of the dying *Dr John Woodward*
11.15–1.00	MEQ paper and discussion	GPs too can examine eyes *Dr Frank Marshall*	New records? *Prof. Peter Higgins*	Age/sex and diagnostic registers *Dr David Goodridge* Sharing the caring *Mrs Pam Thomlinson* Should you really be doing that? *Mrs Rosemary Cornish*	Steroid injections *Dr Jan Wojtulewski*
	LUNCH				
2.15–3.45	*Bazaar** 1. Path tests in the surgery 2. Office equipment 3. ECGs in practice 4. Dermatological procedures	The GP and the law *Mr John Cheesbrough* and The GP as employer *Mrs Pat Seamer*	Brief psychotherapies *Dr Paul Lewis*	Manipulation in practice *Dr Roy Shove*	Financial planning *Mr B. J. Parker (Nat West Bank)* *Dr John Ashton* *Mr Derek Billett (FPC)*
4.00–5.30	Immunisation 80 *Prof. David Long*	Adolescent behaviour problems *Dr Herb Etkin*	Specialized clinics in the surgery *Dr John Woodward*	Sexual counselling *Dr Mary Wigfield*	Course review *Course members*
	SHERRY				

*Bazaar: (1) Dr Stuart Forsyth, (2) Dr Alan Forster, (3) Dr John Emmanuel, (4) Dr John Clarke.

Table 2. Assessment methods used on the course.

On the first morning

1. Questionnaire:
   a) What postgraduate courses have you attended in the past five years?
   b) How frequently do you attend Section 63 lectures?
   c) What medical journals do you read regularly?
   d) What medical books have you bought in the past three years?
2. An MEQ paper — to assess problem-solving ability, attitudes and knowledge in relation to the course content.
3. Peer assessments — after the first group task.

Daily

1. Questionnaire:
   a) What did you find most helpful in today's programme and why?
   b) What did you find least helpful in today's programme and why?
   c) Please comment on the day's programme as a whole, including your criticism of speakers and organizers.

On the last day

1. Questionnaire on end-of-course intentions:
   a) In what ways, if any, do you intend to audit your practice as a result of this course?
   b) What new skills which you have learnt on the course do you intend to use in your practice?
   c) Do you think the course will affect your hospital referral pattern in any way? If so, how?
   d) What management/administrative/financial changes, if any, do you intend to introduce into your practice (partners permitting) as a result of anything you have learnt on the course?
2. Feedback session.
3. Peer reassessments.
4. Course members' assessments of tutors.

Four months after the course

1. Questionnaire:
   Which of your end-of-course intentions have you put into effect?
2. Resit MEQ paper.
3. Questionnaire relating to the practical procedures taught:
   a) Would you have treated the following conditions yourself before the course or would you have referred them to hospital?
   b) Do you now treat them yourself or do you refer them to hospital?

Region. An attractive brochure was sent out to all of them, inviting them to attend the course. Those who responded before the final programme was planned were asked to complete a section of the brochure which offered a wide choice of subject matter for the course. Each member was asked to choose five out of 10 subjects in each of three sections. The programme was planned from the first 21 returned questionnaires (see Table 1). (The remainder arrived too late for planning purposes.) Members were also invited to suggest three subjects of their own, and they were offered a chance to teach on those subjects. Three offered to do so and were included in the course programme, which was then distributed to all the principals in the Region, with a further invitation to attend. Twelve more signed on, but four of the original 21 dropped out, leaving 29 doctors on the course.

One of our problems in planning a course for colleagues, some of whom were more experienced than ourselves, was to avoid appearing to have all the answers. We needed to convince members that they already had amongst them enough knowledge for most of the group activities, but that the information contained in their practice records must be accessible if it is to be useful. A series of audit exercises demonstrated how this could be done. We challenged standards of record-keeping and showed how records could be used to show whether we do what we think we do.

We brought in general practitioners with specialist knowledge to demonstrate such practical procedures as manipulation, psychotherapy and fundoscopy, which we can all use in the surgery, and we brought in non-medical speakers to cover many aspects of practice management in which doctors do not excel. Above all, we wanted members to become involved in their own learning through small group work. We knew from experience with trainees how valuable the College's Modified Essay Question (MEQ) paper can be for stimulating discussion, so we decided to start the course by asking members to complete an MEQ individually on the first morning, and then to discuss their answers in their groups after coffee. The paper was based on subjects covered in the course programme. We also included in the programme a brief exercise in peer assessment.

The method of peer assessment invited participants to assess the other members of their group on a 0–5 scale for six pairs of behavioural opposites: encouraging–discouraging; dogmatic–conciliatory; diffident–confident; calm–tense; defensive–open; and conventional–original. This assessment was made on first impressions at the end of the first group task, and on a more

Table 3. Members' intentions on using new methods at the end of the course.

New method	Number of numbers
Audit procedures	
Repeat prescriptions audit.	6
Hypertension audit.	4
Prescribing costs, practice activity analyses, consultations, no change.	2 each
Diabetes, OP referrals, emotional and sexual problems, use of the nurse.	1 each
Skills	
New or increased use of steroid injections.	14
New or increased use of manipulation.	7
Use of peak-flow meter, design an audit.	3 each
Use flow charts, psychotherapies.	2 each
Self-criticism, financial aspects, doctor/patient communication, group clinical seminars, improved record-keeping, improved business control, punch biopsy, design a special clinic, 'allow patients to be themselves', construct a diagnostic index, examine optic fundi, sexual counselling.	1 each
Hospital referral	
No change.	13
Reduce rheumatology referrals.	3
Reduce psychiatric referrals.	1
Investigate more first, audit may alter behaviour, reduce eye department referrals, reduce diabetic referrals, 'reduce referrals hopefully'.	1 each
Management	
Construct age/sex register.	7
Construct diagnostic register, complete more claim forms.	5 each
Employ full-time manageress.	4
Issue staff contracts, no change.	3 each
Claim £450, check D of B on registration, increase my management, carbon-copy prescriptions, improve record-keeping, check staff insurance, review own administration, understand financial forms, have agenda and minutes of partners' meetings, claim Sec. 63, 'check my will'.	1 each

considered judgement on the final day. Course Tutor assessments using the same forms correlated well with the peer assessments. There was naturally some reluctance to complete peer assessments, but all members were persuaded to do so when they were given an opportunity to assess the tutors in the same way. The results of these personal assessments were handed to members in sealed envelopes.

The programme

Each day was structured to divide the programme into four sections—audit, practical skills, management and course members' choices. The Figure shows the course timetable. Eleven of the 18 parts of the programme were led by general practitioners; four consultants gave lectures or demonstrations and the remaining three sessions were led by non-medical speakers. The audience were asked to participate whenever possible. Most members were new to group work, which featured in six of the sessions led by the general practitioners, and there was general approval of group learning methods. Two of these group tasks followed presentation of practice audits, one carried out in a teaching practice on hypertensives and the other on patients with obstructive airways disease. Members were asked to discuss opportunities for similar audit exercises in their own practices.

Evaluation and results

It is particularly difficult to evaluate an intensive course of this type without intruding on the group or creating antagonism. However, an attempt was made as we felt that evaluating each of the course objectives was an essential part of an experimental course, even though no outside evaluator was available, and the task had to be performed by the course organizer. Table 2 lists the methods used.

Assessment of objectives achieved

Objective 1 (to attract a group of general practitioners who would be prepared to audit the work they are doing) can be demonstrated by the attendance of all except two of the course members at each of the audit sessions and by their enthusiastic participation in the subsequent group work. The end-of-day questionnaires rated highly the audit work on asthma, care of the dying and group work on the MEQ, but when members were asked to examine and criticize their own case records the task emerged as the least popular one of the day. The low rating was because this session set out to prove that most of our case records are inadequate. Members accepted that, but had hoped for constructive ways to solve the problem. Interestingly, nine doctors claimed

Table 4. Post-course questionnaire. Techniques members have used for the first time in the four months following the course.

Technique	Number of members
Audit	
Introduced clinical audits.	6
Audited FPC returns.	5
Set up administrative audit.	4
Started diagnostic index, started financial planning.	3 each
Set up age/sex register, joint practice activity analyses group.	2 each
Audited patient waiting time.	1
Skills	
Increased use of steroid injections.	9
Used new manipulative techniques.	7
Used peak-flow meter, improved care of bereaved.	3
Treated adolescent behaviour problems.	2
Improved fundoscopy, counselling methods.	1 each
Management	
Improved case records.	9
Reviewed office equipment.	6
Issued staff contracts, started special clinics.	4 each
Reviewed immunization policy.	1

after the course to have improved their record-keeping techniques (Table 4).

Objective 2 (to attract general practitioners who do not regularly attend the conventional postgraduate activities) was assessed by a questionnaire on the first day asking for details of members' past attendance at courses and lectures and of their medical reading habits. The answers show that seven (24 per cent) had attended no course in the previous five years and that seven only (24 per cent) had attended more than four courses. The courses they listed were mainly extended and intensive trainers' courses and courses lasting two to five days on specialized subjects. Eleven (38 per cent) of the doctors attend lectures in their postgraduate centre less than once a month. The selection of journals they claimed to read indicated that members had little interest in academic medicine, preferring the journals which offer review articles. Although a comparison with other courses was not attempted, replies to this questionnaire seem to suggest that course members were an average sample of general practitioners in the Region, rather than a self-selected group who attend more courses than most.

Objective 3 (to teach practical skills) was assessed in three ways. First, we assessed the relative popularity of the individual teaching sessions on practical procedures. The sessions on manipulation, steroid injections and brief psychotherapies scored highly. Then we asked about members' intentions at the end of the course (Table 3). Approximately 50 per cent intended to start using steroid injections in their own practices, or to increase the range of joints they were previously willing to inject. A post-course study (Table 4) showed the range of new skills members had employed during the following four months. It was not possible to collect evidence to demonstrate any change in hospital referral patterns as no pre-course figures were available for comparison. We considered, perhaps wrongly, that we might generate antagonism by asking doctors we had never met to undertake a study prior to a course of this type. Although we were keen that the evaluation should demonstrate whether we had achieved our aims, we were also keen that it should not interfere with process.

Objective 4 (to examine and audit members' use of hospital facilities, and to improve the quality of future referrals by course members) had to be a long-term objective, for referral rates depend upon many factors. It was our intention to help members manage more of their patients themselves. Participants' intentions at the end of the course (Table 3) and the post-course questionnaire (Table 4) gave some indication that audit procedures were beginning to be used to further this aim.

Objective 5 (to teach effective management skills) was assessed by the extent to which the management teaching on the course was taken up by members in their intentions at the end of the course and in the post-course questionnaire. Members were very selective in the management techniques they chose to use. Table 4 lists those now being used, sometimes experimentally, by some of the participants.

Objective 6 (to allow members to state and meet their educational needs) was achieved inasmuch as only four of the 30 topics originally suggested by participants (Table 1) did not find a place in the programme. No attempt was made to assess increased knowledge. The MEQ paper set on the first morning of the course provided some measure of members' pre-course knowledge and problem-solving skills, and, to a lesser extent, of their attitudes in relation to the aims of the course. Participants were invited to complete the same MEQ paper four months after the course. Eighteen members (62 per cent) did so, but the marks did not demonstrate statistically significant changes. The MEQ was more successful as an instrument for stimulating useful group work on the first morning.

Subjective assessment

Whilst preferring objective to subjective methods of assessment, Pereira Gray (1979) makes a plea that subjective methods should not be discarded. Subjective assessments given at the feedback session on the final day of the course indicated that both tutors and course members were well satisfied with the educational

methods which had been used. Many had little previous experience of small group work, but approved of it. Participants also approved of the wide range of topics on the programme and of the attempt to make the course relevant to members' individual needs and to involve them in the teaching.

Members were divided between those who would have liked more lectures by experts and those who would have liked fewer. Stott (1979), reporting on his own group of trainees, found this same division within his group.

One comment ("Next year you must have a day on computers") made us wonder whether our title, "New Things", might not become a millstone around our necks. However, we now feel that our title has challenged us to look at the new developments in technology which are beginning to find a place in progressive practices. "New Things 81" devoted a whole day to computers.

Conclusion

Seven participants have begun to achieve the Leeuwenhorst "new balance" in continuing education for general practice by managing a course unaided using the resources available in the postgraduate centre of a district general hospital. We hope that others will build on our experience.

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