

Survey of general practitioners' views on postgraduate education in North-east Scotland

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SUMMARY. A questionnaire was sent to all doctors in North-east Scotland enquiring about postgraduate education. The educational programme devised by the Education Committee of the North-east Scotland Faculty of the Royal College of General Practitioners was considered to be relevant, interesting, and well-planned. Suggestions made by the doctors have been taken account of by the Education Committee in their present programme.

Journals considered to have the best educational content were *Prescriber's Journal*, *Update* and *The Practitioner*. Those doctors who read *The Journal of the Royal College of General Practitioners* thought it expressed up-to-date and helpful views about the development of general practice. However, it was ranked poorly alongside such journals as *Update*.

The doctors rated contact with their partners and hospital colleagues as the most important sources of education. These links must be a growth point for postgraduate education within an integrated health service.

One-week courses, covering several subjects with a variety of presentations, were most favoured by the replying doctors.

This study was originally devised to evaluate the educational programme compiled by the Education Committee of the North-east Scotland Faculty of the Royal College of General Practitioners for the session 1971-72. In planning the study, it soon became apparent that a wider remit was desirable. Thus the aims of the study were to ask general practitioners, by questionnaire, to express their views on the educational content of:

- (1) The local education programme of the College for 1971-72,
- (2) *The Journal of the Royal College of General Practitioners*,
- (3) Various other publications,
- (4) Contact with colleagues.

Method

A questionnaire which was both confidential and unsigned was sent to all general practitioners in North-east Scotland to be covered by the new Area Health Board, i.e.: the City of Aberdeen, the counties of Aberdeen and Kincardine, and the counties of Banff and Moray.

In addition, doctors in Orkney and Shetland received copies of the questionnaire, as they have close postgraduate links with Aberdeen. In all, 293 questionnaires were distributed; each responding doctor returned separately a postcard indicating that he had returned his questionnaire. This enabled the organisers to compile a list of doctors who had not replied to the questionnaire. One reminder was sent to these doctors three weeks after the initial distribution of the questionnaire.

Results

These are discussed under five headings:

- (1) Personal details of doctor and practice,
- (2) Views on courses,
- (3) *Journal of the Royal College of General Practitioners*,
- (4) Other publications (e.g. *British Medical Journal*, *Practitioner*, *Pulse*, *Update*)
- (5) Personal contact with colleagues.

(1) *Personal details of doctor and practice*

TABLE 1
NUMBER OF DOCTORS REPLYING TO QUESTIONNAIRE

<i>Area</i>	<i>Number</i>	<i>Per cent</i>
Orkney & Shetland	29/33	88
Aberdeenshire & Kincardine	79/100	79
Banff & Moray	45/64	70
Aberdeen City	64/96	67
TOTAL	217/293	74

The total response rate of 74 per cent (217) was most encouraging and it was interesting to note that the more urban the community, the less was the response.

There was a proportionately equal response from both male and female doctors. Fifty-five per cent (118) of doctors were aged over 45; of the remainder, 16 per cent (35) were under 35 years of age and 29 per cent (63) were aged between 36 and 45.

TABLE 2
YEAR OF QUALIFICATION

<i>Year</i>	<i>Number</i>	<i>Percentage</i>
1920-29	6	3
1930-39	38	18
1940-49	65	30
1950-59	58	27
1960-69	46	21
1970-	1	<1
TOTAL	214	100

(3 no replies)

Table 2 represents an almost equal distribution of doctors qualifying before and after the introduction of the National Health Service.

TABLE 3
LIST SIZE

<i>Number of patients</i>	<i>Number of doctors</i>	<i>Percentage</i>
<1000	21	10
1001-2000	123	57
>2000	72	33

(1 no reply)

Table 3 shows the distribution of list size, with over 50 per cent of doctors with lists of between 1,000 and 2,000 patients.

The number of nights on duty per week was considered as a factor possibly influencing doctors' attendance at evening lectures. However, 63 per cent (134) of the doctors were on call not more than one or two nights per week, therefore nights on duty do not seem important. Nine doctors in the remoter parts of Northern Scotland were on call seven days (and nights) per week.

The response from College and non-College members was almost equal.

Half the doctors in the study had one or more higher degrees or diplomas.

(2) *Views on courses*

Doctors were asked whether, in planning their attendance at courses, they were following particular clinical interests or trying to improve their clinical skills in weak areas. From the replies it appeared that they were trying to achieve both. This problem has been highlighted elsewhere (Castle and Storey, 1968).

There was a preference expressed for single-week courses, covering several subjects, and including a mixture of lectures, case presentations, and group discussions.

Only 18 per cent (40) of doctors thought lunch-time meetings were acceptable as a source of regular education. Indeed, only 15/40 replies came from city doctors, who would be most likely to attend such meetings.

An attempt was made to evaluate the 12 lectures organised by the Education Committee of the local Faculty during 1971–72. Not all doctors who answered the questionnaire could have reasonably been expected to attend these lectures. However, doctors outwith the area of Aberdeen who could not attend the lectures, commented that they thought the list of titles was interesting and relevant. The programme consisted of a series of lectures on rheumatology and physiotherapy, followed by single lectures covering the following topics and ranked in order of preference by those who attended: hepatitis, idealism in prescribing, drugs and addiction, deep vein thrombosis, plastic surgery, and haemorrhagic states.

Subjects which were suggested as necessary inclusions in future programmes were: trauma, practice organisation, the eye, paediatrics, and gynaecology.

One third of the doctors (65) found television a useful source of postgraduate education, and its value for the more isolated practitioner should not be underestimated.

Several doctors replying to the questionnaire have their own local postgraduate groups, particularly in semi-rural areas, e.g. Stonehaven, Fraserburgh, and Peterhead. After exclusion of doctors working in the City of Aberdeen, 55 per cent (77) of the remaining doctors found these to be a satisfying method of learning, where the atmosphere was more informal and a visiting speaker could be questioned with less inhibition.

Traditionally, the general practitioner has looked to the hospital consultant as the main teacher of postgraduate medicine. On questioning the doctors about this and suggesting that the general practitioner play a larger part in such activity, the following results were obtained:

TABLE 4
GENERAL PRACTITIONER RESPONSE TO (GENERAL PRACTITIONERS) PLAYING A LARGER
PART IN TEACHING

	<i>Number</i>		
	<i>Yes</i>	<i>No</i>	<i>No reply</i>
Should general practitioners play a larger part in postgraduate teaching?	122	80	15

Those doctors who were in favour of the concept were on the whole the older doctors who were also members of the Royal College of General Practitioners.

(3) *Views on the Journal of the Royal College of General Practitioners*

There were 85 members or associates of the Royal College of General Practitioners who replied to the questionnaire and who would normally receive the *Journal*. However, a total of 100 doctors said they read it, 55 regularly and 45 occasionally. Some doctors, who said they never read it, had never heard of it! Only 18 of the doctors read it fully, the remainder only in parts. Of the 65 members who ranked the *College Journal* with other journals reviewed, less than half these doctors (28) rated it as a 'good' journal. Indeed, ten of these doctors rated it as 'poor' from an educational point of view.

The content of the *Journal* was divided into four categories of presentation and these were

ranked in order of preference by the readers, as follows: articles, editorials, news and reports, and correspondence.

Eighty-six of the doctors thought it expressed up-to-date and helpful views about the development of general practice. Yet when given the opportunity to rank it alongside other journals the same doctors rated it badly. The remainder, (14), who were critical of the *Journal*, found it uninteresting and much preferred the presentation and content of *Update*.

(4) *Views on educational content of journals and paper periodicals*

TABLE 5
LIST OF JOURNALS ON WHICH OPINION ASKED

<i>British Journal of Medical Education</i>
<i>British Medical Journal</i>
<i>Geriatrics</i>
<i>Health Bulletin</i>
<i>Journal of the Royal College of General Practitioners</i>
<i>Lancet</i>
<i>Medicine</i>
<i>Modern Medicine</i>
<i>Practitioner</i>
<i>Prescribers' Journal</i>
<i>Update</i>

TABLE 6
LIST OF PAPER PERIODICALS

<i>Doctor</i>	<i>Modern Management</i>
<i>Economics of General Practice</i>	<i>Pulse</i>
<i>General Practitioner</i>	<i>World Medicine</i>
<i>Medical News Tribune</i>	

Doctors were asked to rank these individual publications as 'good', 'fair' or 'poor'; remembering that the main aim of the study was to examine the educational content of the publications.

The three publications which were read most were: *Prescribers' Journal*, *Update*, and *British Medical Journal*.

However, the journals with the best educational content were ranked as follows: *Prescribers' Journal*, *Update* and the *Practitioner*.

It was disappointing to find the *Journal of the Royal College of General Practitioners* ranked only eighth in the list of journals. It is difficult to conclude much from the replies from non-College members. Just over one-third of the members or associates ranked the educational content as good.

Both the *British Journal of Medical Education* and *The Lancet* were excluded from the analysis as they had virtually no readership among this group of doctors.

Pulse, *World Medicine* and *Economics of General Practice* were the most valued educationally in the 'lesser' list of publications.

Seventy-two per cent (154) of doctors had purchased one or more textbooks in the preceding two years. Most had purchased between one and three books, although two doctors had each purchased more than eight books. There appeared to be no correlation between the location of practice, membership of the College, and the purchase of books.

Thirty-two per cent (70) of the doctors used libraries regularly either in Aberdeen or elsewhere, which contrasts sharply with the figure of 60 per cent found by Ogston (1969) in a study of *all* graduates from Aberdeen in the years 1956-58.

M.I.M.S. (Monthly Index of Medical Specialities) was used by the majority of doctors at least once per week, although two doctors said they rarely used it.

TABLE 7
USE OF M.I.M.S. ANNUAL COMPENDIUM

<i>Frequency of use</i>	<i>Number of doctors</i>
Daily	18
Weekly	56
Monthly	49
Rarely	2

(4 no replies)

Table 7 shows the use made of *M.I.M.S. Annual Compendium*, suggesting that it has a useful role on occasions.

(5) *Views on the educational value of personal contact*

Doctors were asked to express their views on the importance of contact with colleagues as a source of continuing education. Not surprisingly, the replies showed that partners within the practice and hospital colleagues were the most valued contacts, from an educational point of view. Other sources of contact would, of course, reflect the type of practice organisation, e.g. those without trainee assistants could not express views on this contact. The results showed the following rank order of distribution: partners, hospital colleagues, university department of general practice, medical students, trainee assistants, nurses, health visitors, secretaries, public health staff, and family planning staff.

These rankings obviously reflect the opportunities individual practitioners have to meet their colleagues. It is disappointing, as Byrne (1969) found, to see local authority contacts rated so lowly. Although the doctors appreciated contact with their hospital colleagues by letter or telephone, they most valued the personal contact made either professionally or socially.

Visits by drug company representatives were encouraged by 65 per cent (143) of doctors. A slightly smaller number, 56 per cent (122), found lunch or dinner meetings with drug firms of value. Doctors commented that the representative was a useful source of information on new drugs, and that meetings arranged by drug companies were also a useful source of contact with other general practitioners, and on occasions, hospital consultants.

General practitioners also came in contact with hospital colleagues while working as part-time clinical assistants in hospital. Sixty-eight doctors (30 per cent) held such posts. Byrne (1969) found a figure of 23 per cent in the Manchester area. Fifty-three of the doctors had responsibility for new cases. The main specialty was medicine, reflecting replies from doctors in the more rural and isolated areas with cottage hospitals. The rank order of specialties in which clinical assistantships were held was: anaesthetics, geriatrics, psychiatry, casualty and orthopaedics, general surgery, obstetrics, paediatrics, and rheumatology.

Byrne's (1969) figures in the Manchester area were similar, probably only reflecting hospital staffing requirements. When given the opportunity to select specialties of their choice, the general practitioners would opt for: obstetrics, medicine, and paediatrics.

Doctors were asked to express their views on the benefits (other than financial) from holding such posts. There was a clear statement by many of the doctors of the value of the contact made with hospital colleagues on a regular basis. Hopefully this is a two-way educational process. These clinical posts allowed the doctor to widen his clinical interest and knowledge, often to the benefit of his patients. Some commented that it was a welcome break from the routine of practice, and enabled them to keep up to date more easily with developments in the particular specialty.

Discussion

Although the total response rate of 74 per cent (217 doctors) was encouraging, it was disappointing to find no clear difference in the response from College and non-College members. Two other points of interest arose; firstly, the greater likelihood of a reply to the questionnaire the further the respondent was from Aberdeen and, secondly, the non-response from one third

(32) of Aberdeen doctors. The questionnaire offered no ready explanation for this variation. Perhaps the relatively more isolated doctor is more appreciative of opportunities to express his views in this way.

A similar trend was reflected in the replies to the question on lunch-time meetings. Of the 40 replies in favour of lunch-time meetings, only 15 were from doctors working in practices in the City of Aberdeen. The attendance at a series of such meetings in Aberdeen recently was poor—perhaps only the timing was wrong. The opportunity to 'integrate the service' through these meetings, by bringing together all branches of the profession should be encouraged and developed.

Personal contact was highly rated as a source of continuing education, particularly contact with partners or hospital colleagues. Contact with hospital colleagues was achieved in several ways. Local postgraduate groups flourish in the north-east of Scotland. Local speakers (mainly from hospital) are invited to talk on a subject of their choice. The meetings are usually held in a local hotel during the winter months. Attendance by doctors is often 100 per cent and question time (unlike those in larger meetings) is vigorous and enthusiastic. It may be that learning and changes in attitude take place more readily in these 'social' settings.

Contact with hospital colleagues was also achieved by 30 per cent (68) of the doctors, who held part-time clinical assistant posts in hospitals.

'Integration' of the Health Service is upon us, yet there is reluctance to accept and implement the recommendations made in the report from the Scottish Home and Health Department on *General Practitioners in the Hospital Service* (1973). The educational value of contact with hospital colleagues is accepted by the majority of general practitioners. However, the development of this relationship to a role as a clinical assistant in a specialist unit, or general practitioner caring for his own patients in his own bed unit in a district hospital, is not wholly accepted by the majority of general practitioners. The development of vocational training will produce doctors with skills which will be lost if facilities to care for their own patients in general practitioner beds are not provided.

Although no enquiry was made of doctors of their use of the medical recording services of the Royal College of General Practitioners, British Medical Association, or any private service, it was noted that one third (65) of doctors found television a useful source of postgraduate education. With the development in the future of the audio-visual cassette, using a domestic television set, this might be a growth point for postgraduate medical education.

Such a venture would appear easier to organise than experiments at present taking place at the Central Institute in Moscow, where correspondence courses are organised. These courses are designed to identify individuals strengths and weaknesses and these are concentrated on at a later date in whole-time refresher courses. (*British Journal of Medical Education*, 1970).

The replies to this questionnaire clearly showed a preference for single week courses, covering several subjects, with a variety of presentations (lectures, group discussion, case presentation). These findings are similar to those of Ogston (1969). Perhaps the organisers of courses locally need to take account of this in their future plans.

In planning the 1972-73 programme the Education Committee of the Faculty was acutely aware of the danger of making their lectures "too hospital orientated". The experiment of inviting several general practitioners to contribute to a series of talks on prescribing proved to be highly successful. The development of the general practitioner as a teacher is a concept we wholeheartedly support.

Journals and periodicals will always remain a major source of learning for the general practitioner. However, the variety of such publications both subscribed and non-subscribed, makes it necessary for the general practitioner to be discriminating. Both Byrne (1969) and Ogston (1969) found the journals with the widest circulation to be the *British Medical Journal*, *The Practitioner* and *The Lancet* (the *British Medical Journal's* circulation being influenced by the British Medical Association membership). Byrne also found the *Journal of the Royal College of General Practitioners* to be 'read regularly' by 13 per cent of the replying doctors. The criticisms made of the *College Journal* in this study are less encouraging. However, the impact of the new journal, *Update*, was only just beginning at the time of the Byrne study. Its popularity may account for some of the loss in favour which the *College Journal* has suffered.

The high ratings given to *Prescribers' Journal* (supporting other findings, Wade 1968) and *Update*, suggests the type of presentation and content of journals which is educationally acceptable to the general practitioner. The publication which was referred to most often by general practitioners in the section of the questionnaire " . . . other journals " was *Drug and Therapeutics Bulletin*. This with the support given to *Prescribers' Journal* indicates the need for the general practitioner to have clear, unbiased, yet authoritative, views on drugs.

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PUBLIC ACCOUNTABILITY AND REPORTING SYSTEMS IN MEDICARE AND OTHER HEALTH PROGRAMMES

Public accountability embodies, in health care as in other fields, the principle that a government should be responsible to its constituency. The ability to meet that responsibility depends on the extent to which the government possesses information from which determinations about programme operation and effectiveness can be made. The data must facilitate an accounting to various sectors on the public that bear the costs and feel the impacts of public programmes. These data should reflect distributional and performance aspects of the system and quality of services provided. Care must be exercised in determining which data are to be collected routinely and which are to be developed from special studies. Of equal importance are decisions about how and by whom data are to be collected.

The experience gained in rendering a proper public accounting of the Medicare programme should prove valuable for future programmes of national health insurance.

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