

Continuing medical education for general practitioners — a Northern Ireland plan

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SUMMARY

Following the introduction of the 1990 contract for general practitioners and the new postgraduate education allowance, the Northern Ireland Continuing Medical Education Group, comprising the clinical tutors from four Belfast hospitals and members of the University department of general practice, was established to provide high quality co-ordinated continuing medical education for general practitioners.

A questionnaire was sent to all general practitioners in Northern Ireland to find out their needs and preferences with regard to continuing education. The responses indicate the value of small group discussion as well as the traditional lecture and the important role of local hospital consultants in providing education. Therapeutics, recent advances in medicine and learning new skills are all desirable topics. The group intends to use this information in the provision of courses for general practitioners in the province.

INTRODUCTION

With the introduction in April 1990 of the new general practice contract and the new postgraduate education allowance for general practitioners, the provision of continuing medical education for general practitioners became an open market. Before the introduction of the new contract the regional adviser for general practice to the Northern Ireland Council for Postgraduate Medical Education was responsible for arranging most courses. Now the role of the regional adviser is mainly that of accrediting and monitoring educational courses and also facilitating and promoting high quality education. Anyone can now run a course for general practitioners and charge a fee, but the providers of courses have to apply to the regional adviser for accreditation. General practitioners can qualify for the postgraduate education allowance which is £2,025 each year, provided they attend 25 days of approved and balanced courses in a five year period.

In June 1990 discussions began between members of the department of general practice at Queen's University, the regional adviser in general practice and the clinical tutors from the postgraduate centres under the Northern Ireland Council for Postgraduate Medical Education with the aim of establishing a liaison group

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for the provision of high quality education for general practitioners. The clinical tutors were already organising courses for general practitioners in their local hospitals and postgraduate centres. However, the "open market", possible competition between postgraduate centres, and the necessity to include courses covering service management and health promotion in general practice, with which clinical tutors were unfamiliar, made them feel that it was important to liaise more with general practitioners and with each other. Members of the university department of general practice wished to see continuing medical education develop, with the possibility of not only an annual co-ordinated programme but even a five-year programme which might eventually lead to the award of a diploma or degree. The group felt it was a priority to find out what general practitioners wanted with regard to their continuing education, and also to ascertain the degree of support there would be for the annual programme it planned to provide.

METHOD

A questionnaire was devised to ask about the general practitioner's training and experience, the value of various methods of postgraduate education, who should be involved in teaching in a postgraduate centre, and the range of topics to cover. Questions were included on the preferred weekdays, the length of courses, and whether or not they should be residential. Further questions included interest in either an annual or a five-year planned programme, and how much practitioners would be prepared to pay for these. The questionnaire was sent to all 950 general practitioners in Northern Ireland with an accompanying letter explaining the group's aims, and a reply-paid envelope.

RESULTS

Four hundred and ninety four completed questionnaires were received out of the 950 sent (52% response rate). Details of respondents' training and experience in general practice are shown in Table I together with comparable figures for all principals in Northern Ireland. Three hundred and eighteen respondents (64%) had undergone a course of vocational training for general practice.

Of those who replied, 438 (89%) said they would be interested in an annual subscription programme which would provide them with at least five days of

TABLE I
Experience and training

<i>Number of years as a principal in general practice</i>	<i>This study: Number of respondents (%)</i>	<i>Northern Ireland 1991</i>
> = 30	38 (8)	152 (16)
> = 20 and < 30	61 (12)	141 (15)
> = 10 and < 20	156 (32)	277 (29)
< 10	234 (47)	380 (40)
Not answered	5 (1)	—
Total	494	950

balanced education chosen from a Northern Ireland accredited course calendar, and 404 (82%) said they would be interested in a five year planned programme of continuing education covering important areas of general practice, delivered in modules providing at least five days of education each year. The response to the question on the value of the different forms of education is shown in Table II. Seminars and symposia were judged to be the most valuable, and tape/slide or video programmes the least valuable. Distance learning, small group work and workshops were mentioned by a few respondents. The response to the question on the importance of various people as teachers is shown in Table III. Local consultants were judged to have a very important role. Consultants and general practitioners with a national reputation, and local general practitioners were also judged to be important. The respondents thought that non-medical academics, social workers, nurses or drug firm representatives were less effective as teachers of general practice.

TABLE II

Responses to the question on the value of different forms of education

	<i>Very valuable</i>	<i>Moderately valuable</i>	<i>Little or no value</i>	<i>Uncertain</i>
Seminar	152 (30%)	250 (50%)	70 (14%)	22 (4%)
Symposium	147 (29%)	319 (64%)	21 (4%)	7 (1%)
Clinical attachment	119 (24%)	232 (46%)	41 (8%)	102 (20%)
Lecture	117 (23%)	329 (66%)	46 (9%)	2 (0%)
Case conference	87 (17%)	289 (58%)	89 (18%)	29 (5%)
Ward round	53 (10%)	200 (40%)	137 (27%)	104 (21%)
Tape/slide programme	51 (10%)	322 (65%)	102 (20%)	19 (3%)
Video programme	15 (3%)	298 (60%)	163 (33%)	18 (3%)

TABLE III

The importance of various people as teachers at a postgraduate centre for general practice

	<i>Very important No. (%)</i>	<i>Moderately important No. (%)</i>	<i>Little or no importance No. (%)</i>
Local consultant	307 (62%)	179 (36%)	8 (1%)
Local general practitioner	208 (42%)	240 (48%)	46 (9%)
National consultant	207 (41%)	246 (49%)	41 (8%)
National general practitioner	174 (35%)	244 (49%)	76 (15%)
Nurse	41 (8%)	309 (62%)	144 (29%)
Non-medical academic	31 (6%)	304 (61%)	159 (32%)
Social worker	18 (3%)	257 (52%)	219 (44%)
Pharmaceutical representative	15 (3%)	200 (40%)	279 (56%)

The response to the question on the importance of different topics in general practice education is shown in Table IV. Therapeutics, clinical topics, learning new skills and practice management were considered to be very important by the majority.

TABLE IV

The importance of different topics in postgraduate education for general practice

	<i>Very important</i> No. (%)	<i>Moderately important</i> No. (%)	<i>Little or no importance</i> No. (%)
Therapeutics	299 (60%)	192 (38%)	3 (0%)
Clinical topics	276 (55%)	213 (43%)	5 (1%)
Learning new skills	260 (52%)	229 (46%)	5 (1%)
Practice organisation/management	258 (52%)	217 (43%)	19 (3%)
Recent advances/new technology	241 (48%)	238 (48%)	15 (3%)
Case presentations	153 (31%)	311 (62%)	30 (6%)
Health promotion	150 (30%)	298 (60%)	46 (9%)
Medical/social problems	118 (23%)	336 (68%)	40 (8%)
Medical ethics	102 (20%)	312 (63%)	80 (16%)
The team	79 (16%)	296 (59%)	120 (24%)

As 234 (47%) of replies came from doctors who had been principals in general practice for less than 10 years we compared their responses to certain questions with those of their colleagues who had been principals for 10 years or more. Those who had been principals for less than 10 years showed more interest in participating in both an annual programme ($X^2 p = 0.001$) and a five year planned programme ($X^2 p = 0.01$). They were also significantly less likely to regard lectures ($p = 0.05$) or ward rounds ($p = 0.05$) as of value, or to include national consultants as teachers in a postgraduate centre. A significantly greater number ($p = 0.01$) considered it to be advantageous to include local general practitioners as teachers. They also considered education on practice organisation or management to be a very important topic.

Table V shows days on which doctors preferred to attend meetings. The least popular time for a postgraduate meeting was a Monday morning. Wednesday and Thursday afternoons were the most convenient. Single weekday meetings were very popular with all respondents. Half of the general practitioners liked longer meetings lasting between two and five days and just over one third liked residential or non-residential weekend meetings. Only 75 respondents (15%) liked to attend residential five day courses and less than half were interested in evening working sessions at a residential course. If residential meetings were chosen the vast majority of respondents preferred to stay at a hotel.

Two hundred and seventy respondents (55%) stated they would be prepared to pay between £200 and £300 for a programme of 10 half-days of postgraduate education either as an annual fee, or in annual instalments for a five year plan. There was no significant difference between doctors who had been principals for less than 10 years or for 10 years or more.

TABLE V

Days of the week on which general practitioners would find it convenient to attend postgraduate meetings

	No.	%
Monday am	48	(9%)
Monday pm	87	(17%)
Tuesday am	102	(20%)
Tuesday pm	217	(43%)
Wednesday am	145	(29%)
Wednesday pm	280	(56%)
Thursday am	119	(24%)
Thursday pm	264	(53%)
Friday am	87	(17%)
Friday pm	128	(25%)
Saturday am	120	(24%)
Saturday pm	80	(16%)
Sunday am	80	(16%)
Sunday pm	92	(18%)

DISCUSSION

Providing continuing education for general practitioners is not an easy task. They are a disparate group ranging in age from the late twenties to seventy years old, from being vocationally trained to having started the hard way directly after registration. Some are interested in continuing medical education, some see it mainly in financial terms. To suit all participants in one type of course would be an impossibility. We plan to provide a variety of courses lasting between one and five days using different educational techniques in several different centres throughout the province. We shall offer choices within courses and be prepared to run programmes for a small number of participants. General practitioners' own experiences are a rich resource for learning, and they may increase their knowledge more effectively through experimental techniques such as discussion or problem solving.

We will use all the educational methods mentioned but at the same time try to develop the small group discussion, the clinical attachment, video case analysis and learning of new practical skills. It is reassuring for hospital doctors to see how much they are valued as teachers by general practitioners. We would endeavour to integrate continuing medical education in hospitals and general practice. We envisage that hospital doctors and general practitioners can learn together on topics relevant to both groups. It is reassuring to see that general practitioners, especially the younger ones, feel they have a lot to offer each other in educational terms, but disappointing that nurses and social workers are felt to be of little or no importance. We shall try to address this by incorporating all the members of

the primary care team into our courses, including physiotherapists, speech and occupational therapists, clinical psychologists, dietitians and chiropractors. They are all very valuable people in the primary care setting with a wealth of knowledge to share with their colleagues if given the appropriate opportunity.

Disease management usually figures very highly on a list of topics. This is only to be expected as general practitioners are very aware of what they need to learn, which is generated by the real tasks and problems in everyday clinical practice. They wish to apply newly acquired skills or knowledge to their immediate circumstances, and as educators we must recognise this. If we are to succeed in our objectives we must keep our courses relevant to the needs of the participants. Service management is also felt to be very important by a large number of the general practitioners, especially the younger group who can accept change more easily. The introduction of the new contract has obviously influenced this response. Health promotion, although a requirement for a balanced programme, is still not felt to be important by many practitioners. It will be interesting to see, if health promotion develops as a part of the general practitioner's work, how this will affect its perceived importance in the educational scene.

Analysis of the response to this questionnaire encouraged the group to pursue its aim of setting up an office to provide continuing medical education for general practitioners. The Queen's University of Belfast was persuaded to fund the project for a period of three years by which time the organisation should be able to support itself from subscriptions paid by the practitioners. An office has been established within the Department of General Practice, staffed by a course manager and secretary. Since September 1991 we have run three five-day courses, (in the Belfast City, Royal Victoria and Ulster Hospitals), one three-day course in the Department of General Practice and several one-day symposia. These have been successful judging by the comments on the evaluation forms issued to all participants. We have sent out an annual subscription programme to continue from April 1992 until the end of March 1993 which will give general practitioners a wide choice of topics, dates and venues so that they can plan the time for their education well in advance. We also intend to produce a computerized database which will hold a record of the courses attended by each subscriber. In the longer term the group's aim will be to provide a five-year curriculum of continuing medical education for interested general practitioners, giving them an opportunity for further development and achievement. A further advantage of a five-year curriculum might become evident in the event of the introduction of "re-accreditation" of general practitioners in the United Kingdom.

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