
The general practitioner and continuing education

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SUMMARY. Concern that the existing provision for organized continuing education was not matching the needs of general practitioners in either content or teaching method prompted this Nottinghamshire survey. An initial postal questionnaire elicited responses from 50 per cent of a sample of general practitioners in the county; the non-responding group was then followed up by use of an abbreviated questionnaire and interviews, with about 50 per cent success. The findings are derived from the main sample and from two subsamples of the non-responders.

The findings from the survey have shown up the relative popularity of section 63 courses and, in addition, have revealed that two thirds of those doctors who did not attend section 63 courses had attended some other form of educational activity, which suggests that only a small number of general practitioners have poor motivation towards their own continuing education. The content on offer would appear to be in the most popular areas and the methods used the most acceptable. However, a low priority was accorded to research and audit techniques, and this is disturbing.

Introduction

IN August 1979 an 18-month project was begun in Nottinghamshire to investigate factors associated with the continuing education of general practitioners. The prime purpose of the project was to collect information from which an improved system of continuing education for general practitioners within the Trent region could be designed. The rationale of the research was the careful definition of educational objectives expressed by general practitioners.

During the project two major studies of postgraduate education for general practitioners were published. A report of a study carried out in Newcastle in 1977 was published in November 1979¹ and another report of work carried out between 1974 and 1978, based at the University of Manchester, was published in June 1980.² The Nottinghamshire project was planned and executed independently of these studies and we believe it to be of interest for two major reasons. First, our findings contain several new observations; indeed they anticipate suggested future research identified in the Manchester study. Secondly, our findings are the first to be derived from a population for which financial incentives for attendance have been removed, and the first since vocational training for general practice became mandatory.

The removal of seniority payments in 1977 was followed by falling attendances at lectures and courses provided for serving general practitioners under the terms of section 63 of the Health Services Public Health Act 1968. Concern that the existing provision was not matching the needs of general practitioners in either content or teaching method was one factor which prompted the Nottinghamshire project. Furthermore, it was apparent that use was not being made of techniques which might enable programmes of continuing education to be evaluated and improved.^{3,4} The establishment of mandatory vocational training was the impetus for a review of educational services for general practitioners, a review that would have to take into account their wants, needs and attitudes. Our defined population of Nottinghamshire doctors provided a broad survey of these factors and showed up areas for further investigation.

Since a new system of educational services might involve both adjustments to the existing scheme of section 63 programmes and the introduction of additional services, our principal research objectives were concerned with these areas. It was also considered important to ascertain what use was being made of other sources of continuing education, including personal reading. Additional investigations into the attitudes of general practitioners towards both their professional role and their own continuing education will be reported in a future paper.

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Methods

Two methods of collecting data were used for the Nottinghamshire project:

1. A postal questionnaire was sent to representative samples of the general practitioner population.
2. Semi-structured interviews were conducted with the general practitioners who did not respond to the questionnaire.

The main measures used were thus based upon self-reporting, in a context where anonymity was assured.

The framework for the postal survey was determined from the Nottinghamshire Family Practitioner list and consisted of all general practitioners whose main practice was located in the county of Nottinghamshire. This population of 413 general practitioners was stratified by the number of partners in the practice and the year of initial qualification. A randomly selected 50 per cent sample, reflecting the distribution across these variables, was sent a postal questionnaire.

Responders and non-attenders

The respondents to the original questionnaire constituted the main sample, and the majority of the findings are derived from this whole group. One section in the questionnaire asked for an estimate of hours spent in attendance at formal educational activities, such as lectures, over the previous year. This section contained one item related to section 63 sessions and thus enabled the identification of a subgroup of doctors who reported no attendances under this heading. This non-attending group were likely to be most disaffected with section 63 provision and their responses were compared with those of attenders on all items in the survey.

Follow-up of non-responders

The non-responding group was followed up by using abbreviated questionnaires and interviews. Two subsamples of approximately 20 per cent ($n=22$) were randomly selected from the non-responding group, stratified as before.

Results

After one reminder, 105 usable questionnaires were returned within two months, giving an effective response rate of 50 per cent. Each of the subsamples from the non-responding group ($n=104$) produced a 25 per cent response rate and showed no significant variations from the responses of the main sample. A further test of the reliability of the findings was made by conducting interviews with a 50 per cent sample of those who did not respond to the second questionnaire. Again there were no significant variations from the responses of the main sample. Approximately half of the doctors in the subsamples had not attended section 63 courses. This was a significantly larger ($P<0.05$) proportion of non-attenders than that found in the initially responding main sample.

Place of initial training. Respondents were asked to identify the medical schools which they had attended. The first schools cited were distributed as shown in Table 1. The non-attenders had slightly higher representation from medical schools in the Commonwealth and England/Wales, slightly lower representation from Ireland and no representation from Scottish schools.

Table 1. Place of initial training of respondents (percentages).

	Whole group (N = 105)
England/Wales	75.2
Scotland	8.6
Northern Ireland/Eire	6.7
Commonwealth	9.5

Table 2. Date of initial training of respondents (percentages).

	Whole group (N = 105)
Prior to 1946	—
1947–50	6.7
1951–60	13.5
1961–70	26.0
1971–76	23.1

Table 3. Medical journals and periodicals read regularly by respondents.

Publication	Percentage of respondents (N = 105)
<i>British Medical Journal</i>	70
<i>Update</i>	45
<i>General Practitioner</i>	45
<i>Practitioner</i>	41
<i>Pulse</i>	37
<i>World Medicine</i>	21
<i>Medicine</i>	18
<i>Journal of the Royal College of General Practitioners</i>	18
<i>Doctor</i>	16
<i>Modern Medicine</i>	15
Others (22 cited)	<10

Date of qualification. The distribution of dates of qualification is shown in Table 2. Those graduating earlier than 1951 were more heavily represented in the non-attender subsample and this is broadly in accord with the Newcastle finding¹ that those with the highest record of attendances had qualified from 8–27 years before the date of the survey. However, we also found that our relatively small number of non-attenders contained rather more doctors who had qualified between 1961 and 1970 than in other year groups.

Reading of journals and periodicals. Some 5 per cent of the main sample reported reading as many as eight publications in an average week, and the mean number of all responses was 4.2 publications. Approximately 6 per cent of respondents reported spending 6–10 hours per week reading such material, the mean figure being 2.7 hours. The popularity of publications is shown in

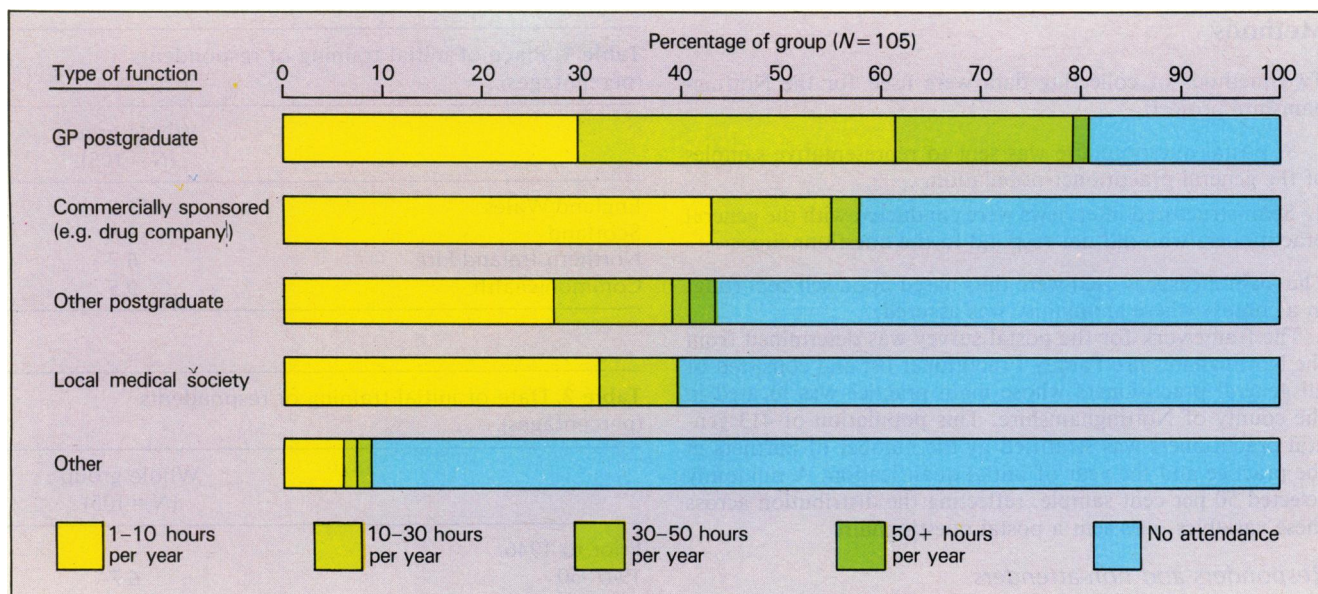


Figure 1. Attendance at formally organized educational functions over 12 months.

Table 3. The non-attending subgroup showed a similar pattern. They read fewer periodicals (mean 3.7) for fewer hours (mean 2.5) but the differences between attending and non-attending general practitioners were not statistically significant. No other significant relationships were found within the journals read, or other preferences for content or method reported below.

Attendance at organized educational functions

Figure 1 shows the self-estimated hours of attendance of the main sample at formally organized educational functions in the previous 12 months, excluding attendances by vocational training scheme trainers at their specialist functions. It is evident that sessions specially designed for postgraduate education are the most popular type of formal educational provision in terms of both the numbers of attending general practitioners and the amount of time estimated in attendance. Commercially sponsored functions are the second most popular type of educational activity, with other postgraduate functions and the local medical society the third and fourth most popular.

The responses of the section 63 non-attenders subsample showed that approximately two thirds of this group had attended educational events other than section 63 sessions. The relative popularity of each of these alternative events was, however, the same for both attenders and non-attenders at section 63 sessions.

Many general practitioners had, of course, attended more than one type of function. The range of types is shown in Table 4.

Methods of presenting organized continuing education

From a range of methods of presenting continuing education programmes respondents were asked to indi-

Table 4. Range of functions attended by respondents (GP trainers excluded) (n = 89).

Number of types of functions attended	Percentage of group attending
0	6.7
1	19.1
2	33.1
3	24.7
4	11.2
5	1.1

cate the ones which might suit their personal learning style (Figure 2). First preference for the traditional lecture followed by a discussion is a finding which is in accord with the Newcastle¹ and other studies. Two thirds of the general practitioners who rated organized independent study as 'not suitable' had no experience of the method.

The non-attending group showed even less enthusiasm for workshop or study groups than attenders but slightly more enthusiasm for organized independent study. In general, the more recently qualified general practitioners (average 10 years) tended to view the active educational methods (seminar, small groups and workshops) with more favour than did those who had on average qualified 20 years before the survey. The more senior group showed slightly more preference for both the lecture and discussion and for organized independent study.

Preference for content of continuing education

In Figure 3 the preferences regarding content of continuing education are shown by means of a score indicating the average rank allotted to each area. (Rank-

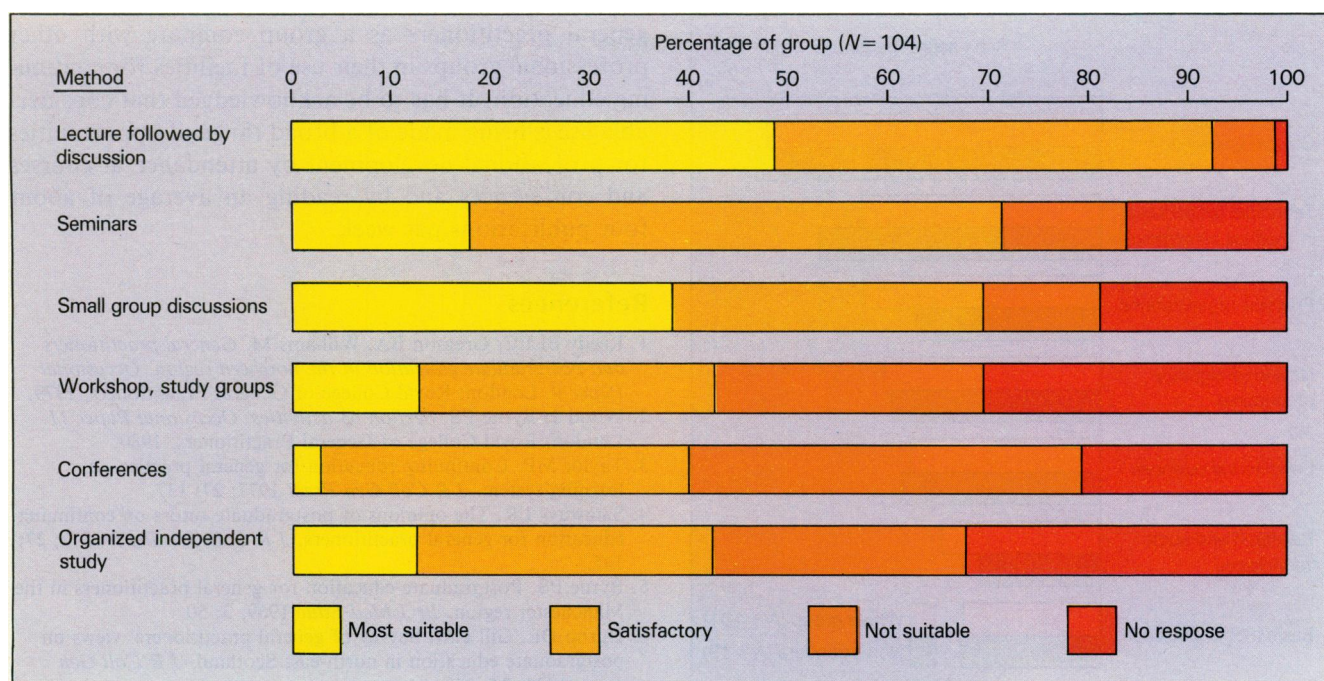


Figure 2. Methods of presenting organized continuing education; suitability for the individual respondent.

ing was chosen rather than rating: all doctors could rate each area as important.)

The areas of study which were more directly concerned with the doctor-patient relationship tended to be more popular than the areas concerned with background or ancillary skills for general practice. While clinical knowledge was clearly the most popular, there was obviously a recognition of the value of organizational skills.

Generally, the non-attenders showed greater preference for the clinically orientated areas and gave lowest priority to research and audit techniques.

Discussion

'We know next to nothing about general practitioners' normative and felt learning needs and very little about their expressed learning needs or attendances.' This was the situation at the start of the Manchester study.² We had reached similar conclusions in 1979, and set out to redress this position. Research concerned with continuing education presents a number of difficulties, not the least being low response rates to postal questionnaires. Previous workers have found effective response rates between 46.7 per cent⁵ and 74.6 per cent.⁶ Our response rate of 50 per cent was disappointing and indeed was much less than those from similar surveys using the same population at approximately the same time. However, with the exception of a higher incidence of non-attendance at section 63 sessions, our follow-up studies have shown that non-responders to our questionnaire are not normally very different from responders.

The findings from the survey have shown the relative popularity of section 63 courses and additionally have revealed that two thirds of those doctors who did not attend section 63 courses had attended some other form of educational activity, suggesting that only a small number of general practitioners have poor motivation towards their own continuing education, at least as far as attendance at formal lectures and courses is concerned. This goes some way to explain why we found so few statistically significant differences between attenders and non-attenders within our survey, and it may also help to explain some of the failures experienced by other workers who have attempted to establish the characteristics of the non-attending general practitioner.²

Reading behaviour has to be taken into account in any appraisal of how effectively general practitioners are keeping up to date. The self-reporting from our sample suggests that general practitioners do a large amount of reading, though the varied quality and origins of the reading matter raise questions about its value and commercial influence; similar considerations apply to the extensive use of commercially sponsored courses.

It is not surprising that, in common with previous workers,⁷ we found strong approval of the lecture and seminar. The general practitioner's experience of education, the nature of the discipline and the limited time available for continuing education all reinforce a preference for traditional teaching methods. Attitudes built on a decade and a half's experience of particular techniques are unlikely to change easily.

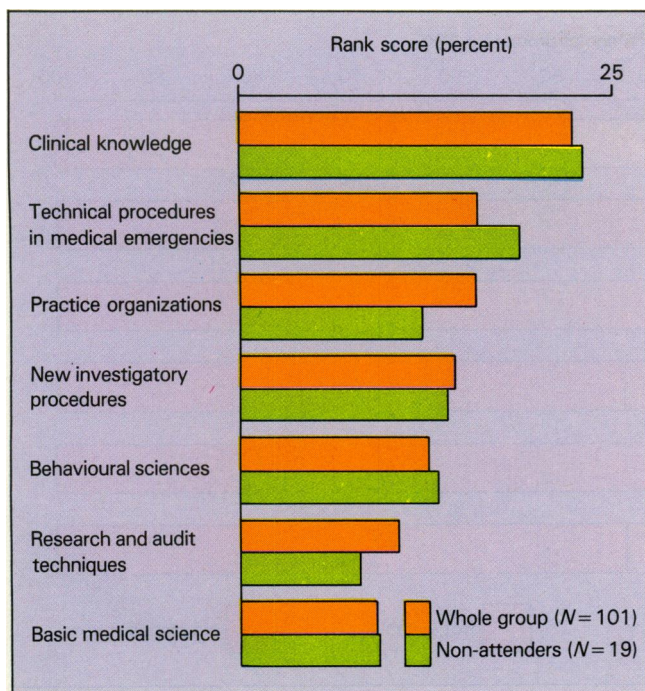


Figure 3. Average ranking score of preference for content of organized courses.

The content of general practitioner postgraduate education could possibly be adapted to reflect the preference expressed by our respondents. This would be in keeping with the view that adults learn best what they believe that they need to know. However, the low priority accorded to research and audit techniques is disturbing. There is here an indication of the unwillingness of many general practitioners to engage in evaluative activities which could improve practice and learning needs.

Conclusion

An initial assumption of the research was that low attendance at section 63 programmes might be explained by dissatisfaction with either content or methodology, or both. In the outcome no evidence has been found to support such a view. The content on offer would appear to be in the most popular areas and the methods used the most acceptable; in the responses to both questions there were only marginal differences between attenders and non-attenders.

If the reasons for non-attendance are not to be found in content or method, what other possible answers are there? Other sections of the questionnaire were concerned with obstacles to attendance and with difficulties in the general practitioner role. It is in the answers to these questions that alternative ideas emerge and these will be the subject of a further report.

Finally, the whole question of non-attendance at formal postgraduate courses has to be seen in a broader perspective. It would be interesting to establish how

general practitioners as a group compare with other professional groups in their use of facilities for continuing education. It has to be acknowledged that considerable use is being made of a broad range of opportunities for professional development by attendance at courses and conferences and by reading an average of about four publications per week.

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Foreign students

Because of the psychological stress associated with university life and the physical and mental stress associated with migration, researchers have become interested in psychological problems of foreign students. Four groups of foreign students from different parts of the world were compared with two British groups on a self-report measure of mental health. No sex differences were found, yet the overseas students, as a whole showed significantly more disturbance than either British control or first-year subjects. However, despite many differences between their countries of origin there were no significant differences between any of the overseas groups on the total scale score or any subscores. Further, with the exception of Malaysian students, the British subjects were significantly more satisfied with their social lives than the other groups.

Source: Furnham A, Trezise L. The mental health of foreign students. *Soc Sci Med* 1983; 17: 365-370.