

Scenes from Postgraduate Life

Continuing medical education for general practitioners in North Devon

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Summary: The establishment of a continuing medical education system for established Principals in a semi-rural area is described. The essential requirement is a 'link man' in each general practice in the area. Clinical tutors, course organisers and regional advisers are all actively involved to produce a regional educational policy.

The South Western Regional General Practice Education Committee has decided that continuing medical education (CME) for general practitioners should be a priority issue. In the past considerable time has been spent working on the establishment of vocational training in general practice but now the emphasis has switched to continuing medical education for principals.

The Committee has recognized the importance of this subject and has ensured that every general practice clinical tutor has a seat on the Committee. More recently the Regional Adviser/Associate Advisers and Course Organisers Group has extended its membership to the general practice clinical tutors.

Calculations about education in relation to numbers attending is of limited value. A lecture to 100 doctors is always cheaper than producing small group meetings for the same number, but is not necessarily more effective. The whole purpose of continuing medical education is to improve the performance of the doctor in his practice and thus improve the care that patients receive.

The general practice clinical tutor in North Devon is appointed by the University of Bristol and is responsible to the Postgraduate Dean and Regional Advisers in General Practice. He is responsible for CME for general practice in North Devon, and without his active involvement in the planning of postgraduate educational programmes, it would be most difficult to provide a relevant programme for general practitioners. His work is carried out in close liaison with the hospital based clinical tutor and the Vocational Training Scheme

(VTS) Course Organiser. Both these doctor liaisons mean that the general practice clinical tutor is able to bridge the gap between hospital practice and the early years in general practice. The starting point for the general practice clinical tutor is to motivate the general practitioners in his district. They must see the value of continuing education, and the need to become involved in it. With the advent of the new Postgraduate Education Allowance this will be imperative and eventually general practitioners could be responsible for its continuation in the practice and in the district.

With this objective in mind, the clinical tutor visits every practice in his district. There are 84 general practitioners in 24 practices within the North Devon district and in my first year of appointment as clinical tutor the majority of these have been visited by me – usually for about 1 hour over lunchtime. These visits are arranged well in advance and as far as possible at a time when every partner will be present.

There are a number of essential points at the visit, priorities for education, preventive care, acute and chronic care, and clinical audit. There is also the value and cost effectiveness of such care as measured by the patient, the doctor, and the National Health Service. The question of protected time for education within the practice timetable and possibly within partnership agreements is raised with the possibility of holding CME meetings within the practice and within practices in their area.

Without the motivation of the partners in the practice the visit is doomed to failure. At the conclusion of the visit I ask the practice partners if they feel they have anything to learn from continuing education and if so, to nominate one partner who will be responsible for CME. Having presented them with an impressive portfolio of facts, figures and financial benefits I have yet to meet a

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practice or a group of single-handed general practitioners who have failed to nominate a 'link' man. In each practice there will be one link man whose responsibility it is to ensure that as many partners as possible, but certainly at least one partner, will attend the next CME meeting. It is the duty of the partner or partners attending that they will report back the proceedings and decisions to the practice after each meeting. The continuing education for that particular topic in the practice should start from that point.

The concept of appointing one general practitioner in a practice to be overall in charge of its postgraduate education is a new one. With the conditions of the new postgraduate education allowance linked to a financial return, postgraduate education will very much become a practice activity and the link man is the ideal person to co-ordinate all the practice's ideas and decisions.

The next step for the link men is to appoint two representatives – one from a large group practice and one from a small practice, who liaise with the clinical tutor. These link men meetings, initially set up by the clinical tutor, are most effective as informal local gatherings to decide practicality, locality and productivity.

The 'Gang of Five' consisting of the general practice clinical tutor, VTS course organisers, associate adviser and chairman of the trainers' workshop, works most effectively as it occurs in protected time, usually during lunch hour, rotating between practices and with definite start and finish times. It meets every fortnight. There has never been any question of financial return in these meetings – the common goal is to look at education in all its aspects and to encourage minimum standards and eventually higher standards.

The general practice clinical tutors and the VTS course organisers of the region and the regional adviser for general practice meet quarterly to formulate a regional educational policy. This is a whole day meeting in the Plymouth Postgraduate Centre. The morning is given over to a particular burning topic, such as common core curriculum in general practice and in hospital. The afternoon is a business session covering the full range of postgraduate medical education in the Region. There is no financial return, but travelling expenses are reimbursed by the Regional Health Authority.

Falling attendances at postgraduate meetings, and the failure of general practitioners to set aside protected time for postgraduate education threatens to undermine the very essence of self-conceptual learning. The present policies of CME will set the standards for the general practitioners of the future. These policies must contain up-to-date, locally relevant topics which will be beneficial to the doctor and his patient.

The link men of North Devon have decided to give their full support to the newly formed Devon and Cornwall Co-operative. A subscription to this Co-operative will provide the necessary five days of postgraduate education to enable a general practitioner to claim his postgraduate education allowance. The closely knit link men system in North Devon is ideally poised to provide courses presented in places and at times suitable to North Devon doctors, and larger courses well researched by general practitioners, for general practitioners in Devon and Cornwall as a whole.

This experiment in North Devon has had its ups and downs but it is now fully tested and proven and is all set to put many innovative ideas into practice – inter and intra practice audit meetings, management, consultant, general practitioners and senior nurses seminar groups, psycho-sexual counselling teaching group and others. The purpose of this paper has been to show how intra practice communication and learning can be enhanced by the link men. The initial input, application and groundwork must come from the general practice clinical tutor (see Figure 1) but thereafter the benefits of his endeavours should result in an effective network of stimulated practitioners who will promote and run their own CME. What is now needed is for clinical tutors from general practice to meet more often and more regularly in much the way that VTS course organisers have met over the past 15 years, to encourage new ideas and experiments in continuing medical education and to use the columns of this *Journal* to let people see that this is an exciting time for general practice postgraduate education.

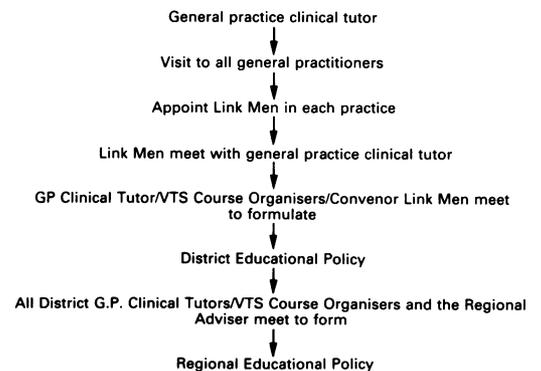


Figure 1 General Practice postgraduate education in North Devon