

A survey among UK general practitioners on attitudes to cardiovascular postgraduate education

To find out the extent of general practitioner interest in cardiovascular education, the Primary Care Cardiovascular Society carried out a survey to canvas their views. Terry McCormack discusses the results.

Abstract

A survey on cardiovascular education was sent out to over 1,800 general practitioners by the Primary Care Cardiovascular Society. This generated 304 replies. Of those responding, the majority indicated they would be interested in postgraduate education in cardiovascular medicine. Most would prefer a simple distance-learning course covering the 30 compulsory hours of postgraduate education required every year. Some would be interested in a more demanding course to achieve GPSI status. The majority did not like the current option of clinical assistant work in a hospital out-patients' department but would attend such a department for education. There were differing views on who should pay for the course.

Key words: cardiovascular disease, education, distance-learning, GPSI.

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Introduction

To aid the strategic planning of cardiovascular education in primary care, The Primary Care Cardiovascular Society (PCCS) decided to carry out a survey. This followed identification of a gap in primary care education in relation to cardiovascular medicine by the PCCS board. The board wanted to find out whether general practitioners (GPs) would be interested in attending such a course, and also what sort of course



'Respondents are clearly interested in cardiovascular disease and want to learn more about the subject'

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they would prefer. The survey was designed to compare the attitudes of PCCS general practitioner members against randomly selected GPs.

Cardiovascular care is a substantial part of all GPs' workload in the UK. *The National Service Framework for Coronary Heart Disease* specifically requires general practices to provide set levels of care in cardiac disease management. Furthermore, there is a move to introduce the post of General Practitioner with a Specialist Interest (GPSI) in cardiology as well as various other specialities, which will require specialist training in this subject.

Method

In July 2000 we mailed a two-page questionnaire with a prepaid return envelope to 274 GP members of the PCCS (PCCS member group) and 910 GPs selected randomly from a commercial database (non-member group). We received a poor initial response to the questionnaires sent to the non-member group (8.4%) and so we sent a further mailing to 654 GPs randomly selected from the General Medical Council database in June 2001 who also entered the non-member group.

The questionnaire contained 14 multiple-choice questions and was designed to be answered in less than five minutes. Respondents had a further option to return it with only the demographic data completed, a task which would take only 30 seconds. Although this option was clearly stated at the beginning, none of the 1,534 non-responders took this option.

Results

Of the 274 PCCS GP members mailed, 123 returned their questionnaires (44.9%). The first non-member GP mailing resulted in 76 returns (8.4%) and the second non-member GP mailing resulted in 105 returns (16.1%) giving a total of 181 opinions in the non-member group. Full results are shown in the tables 1–4.

Demographic data (table 1) revealed only small differences between the PCCS member group and the non-member group. The most significant difference, however, was that women comprised 39% of the non-member

Table 1. Demographics of questionnaire respondents

		PCCS GP members	Randomly selected GPs	Total
Gender	Male	106 (86%)	106 (59%)	212 (72%)
	Female	14 (11%)	71 (39%)	85 (25%)
	Blank	3 (2%)	4 (2%)	7 (2%)
	Total	123	181	304
Practice type	Inner City	18 (15%)	36 (20%)	54 (17%)
	Urban	55 (45%)	84 (46%)	139 (46%)
	Semi-rural	34 (28%)	37 (20%)	71 (24%)
	Rural	12 (10%)	15 (8%)	27 (9%)
	Blank	4 (3%)	9 (5%)	13 (4%)
	Total	123	181	304
Age	< 35 years	4 (3%)	34 (19%)	38 (11%)
	35–44 years	46 (37%)	63 (35%)	109 (36%)
	45–54 years	60 (49%)	60 (33%)	120 (41%)
	> 54 years	12 (10%)	21 (12%)	33 (11%)
	Blank	1 (1%)	3 (2%)	4 (1%)
	Total	123	181	304
List size	< 2,000	8 (7%)	14 (8%)	22 (7%)
	2,001–5,000	21 (17%)	38 (21%)	59 (19%)
	5,001–10,000	55 (45%)	74 (41%)	129 (43%)
	> 10,000	36 (29%)	44 (24%)	80 (27%)
	Blank	3 (2%)	11 (6%)	14 (4%)
	Total	123	181	304
Post	Full-time	104 (85%)	120 (66%)	224 (75%)
	Part-time	14 (11%)	54 (30%)	68 (21%)
	Blank	5 (4%)	7 (4%)	12 (4%)
	Total	123	181	304
Job type	Principal	105 (85%)	143 (79%)	248 (82%)
	Salaried	2 (2%)	11 (6%)	13 (4%)
	GP register	5 (4%)	6 (3%)	11 (4%)
	Other	2 (2%)	18 (10%)	20 (6%)
	Blank	9 (7%)	3 (2%)	12 (4%)
	Total	123	181	304

Table 2. Interest in cardiovascular disease as a subject

		PCCS GP members	Randomly selected GPs	Total
Are you interested in cardiovascular disease?	Strongly agree	100 (81%)	47 (26%)	147 (54%)
	Agree	18 (15%)	111 (61%)	129 (38%)
	Neutral	4 (3%)	0 (0%)	4 (2%)
	Disagree	0 (0%)	22 (12%)	22 (6%)
	Strongly disagree	0 (0%)	1 (1%)	1 (0%)
	Blank	1 (1%)	0 (0%)	1 (0%)
	Total	123	181	304
Are you interested in learning more about cardiovascular disease?	Strongly agree	86 (70%)	52 (29%)	138 (49%)
	Agree	31 (25%)	106 (59%)	137 (42%)
	Neutral	5 (4%)	22 (12%)	27 (8%)
	Disagree	0 (0%)	0 (0%)	0 (0%)
	Strongly disagree	0 (0%)	0 (0%)	0 (0%)
	Blank	1 (1%)	1 (1%)	2 (1%)
	Total	123	181	304
The National Service Framework for Coronary Heart Disease is an important development?	Strongly agree	57 (46%)	44 (24%)	101 (35%)
	Agree	51 (41%)	94 (52%)	145 (47%)
	Neutral	10 (8%)	34 (19%)	44 (13%)
	Disagree	1 (1%)	6 (3%)	7 (2%)
	Strongly disagree	1 (1%)	2 (1%)	3 (1%)
	Blank	3 (2%)	1 (1%)	4 (1%)
	Total	123	181	304

responses compared to 11% of PCCS members' responses. The non-members were also more likely to be from inner city practices (20% vs. 15%); had a median age range of 35–44 years (compared to 45–54 years in members) and a lower proportion (79%) were principals in general practice compared to members (85%).

Table 2 and figure 1 show that the respondents were clearly interested in cardiovascular disease and wanted to learn more about the subject, with the strongest interest, as expected, being expressed by PCCS members. It is encouraging that the majority feel that the *National Service Framework for Coronary Heart Disease* is an important subject.

There is much interest in a cardiovascular disease management course being made available and the majority wish this to be distance-learning based rather than lecture based (table 3 and figure 2). Table 4 shows that the most popular course would be based on one or two hours work per week for one year and would earn only a simple certification. The majority would accept weekend lectures and attendance at out-patients' departments (figures 3 and 4) but the idea of paying for the course gets a very mixed response (figure 5).

The final question was how the respondent would like to use cardiovascular education in practice. This clearly showed that the existing option of working as a clinical assistant in a hospital out-patients' department is not popular, with the majority preferring GPi work or enhanced access to investigations and tertiary referrals from the general practitioner's own surgery.

Discussion

The poor response to the questionnaire from non-members may be for several different reasons including poor morale and a dislike of more paperwork but it may also reflect a certain lack of interest in cardiovascular medicine. Those who did bother to respond are clearly interested in the subject. In view of the

Figure 1. Graph showing the numbers of general practitioners (GPs) interested in a cardiovascular education course

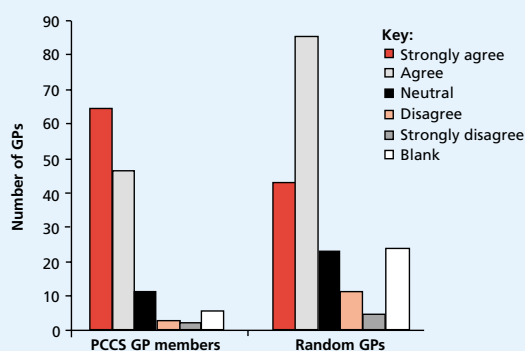


Figure 2. Graph showing the numbers of GPs interested in distance-learning and/or lecture based postgraduate cardiovascular medicine courses

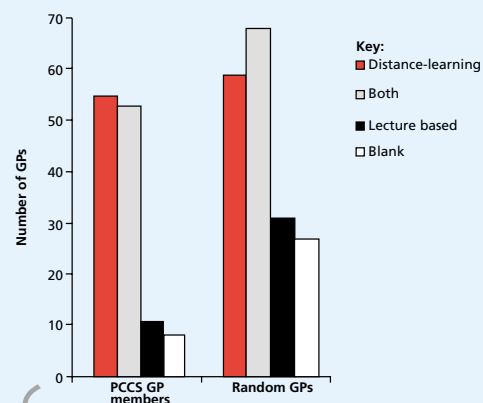


Figure 3. Graph showing the amount of time GPs would be interested in spending on a postgraduate cardiovascular medicine course

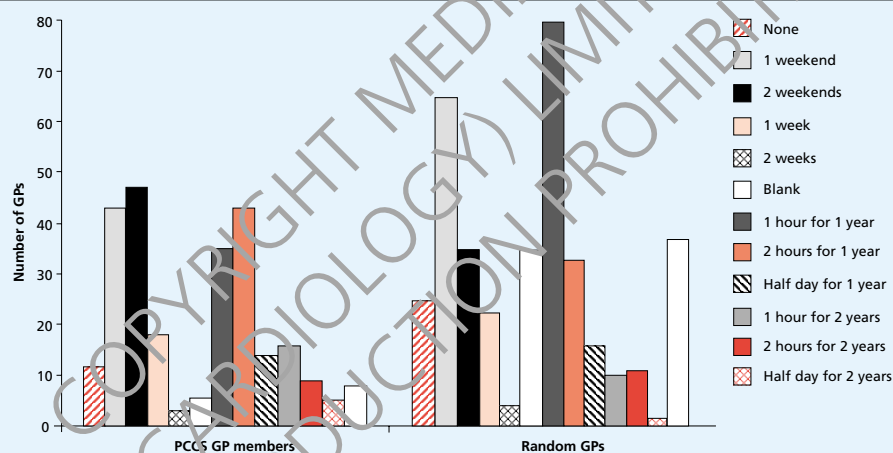


Figure 4. Graph showing the numbers of GPs interested in attending out-patients' departments for postgraduate cardiovascular education

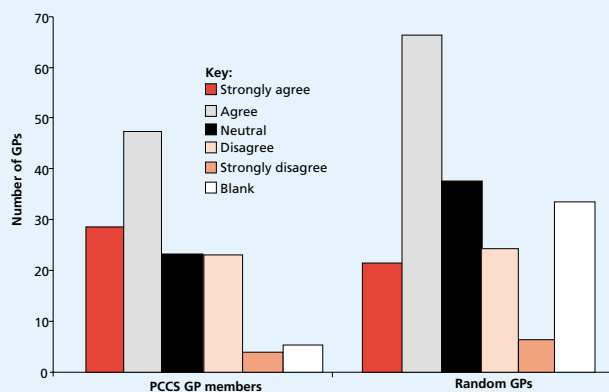


Figure 5. Graph showing the numbers of GPs willing to pay for postgraduate cardiovascular education

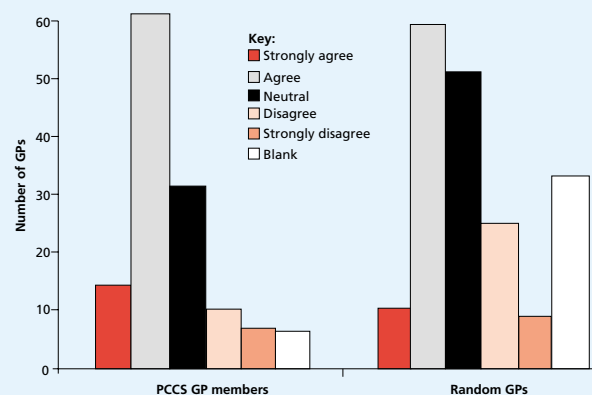


Table 3. Interest in a cardiovascular course

		PCCS GP members	Randomly selected GPs	Total
Are you interested in a detailed course in cardiovascular disease management?	Strongly agree	63 (51%)	41 (23%)	104 (37%)
	Agree	45 (37%)	84 (46%)	129 (41%)
	Neutral	10 (8%)	21 (12%)	31 (10%)
	Disagree	1 (1%)	10 (6%)	11 (3%)
	Strongly disagree	0 (0%)	3 (2%)	3 (1%)
	Blank	4 (3%)	22 (12%)	26 (8%)
	Total	123	181	304
Would you prefer such a course to be predominantly:	Distance-learning	54 (44%)	58 (32%)	112 (38%)
	Lecture based	10 (8%)	30 (17%)	40 (12%)
	Both	52 (42%)	67 (37%)	119 (40%)
	Blank	7 (6%)	26 (14%)	33 (10%)
	Total	123	181	304

**Key messages**

- Many GPs are interested in a distance-learning course in cardiovascular medicine, with simple certification
- A more demanding cardiovascular medicine course leading to GPSI status would interest some GPs
- GPs are divided on who should meet the costs of such courses

Table 4. What type of course?

		PCCS GP members	Randomly selected GPs	Total
On completion of the course I would prefer	A simple certificate	51 (41%)	96 (53%)	147 (47%)
	An exam & diploma	52 (42%)	49 (27%)	101 (33%)
	Blank	20 (16%)	36 (20%)	56 (18%)
	Total	123	181	304
The maximum time I would consider giving up for such a course /per week	1 hour for 1 year	34 (28%)	79 (44%)	113 (36%)
	2 hours for 1 year	42 (34%)	32 (18%)	74 (24%)
	Half day for 1 year	13 (11%)	15 (8%)	28 (9%)
	1 hour for 2 years	15 (12%)	9 (5%)	24 (9%)
	2 hours for 2 years	8 (7%)	10 (6%)	18 (6%)
	Half day for 2 years	4 (3%)	0 (0%)	4 (2%)
	Blank	7 (6%)	36 (20%)	43 (13%)
	Total	123	181	304
In addition I would be prepared to attend lectures for/per year	No time at all	11 (9%)	24 (13%)	35 (11%)
	1 weekend	42 (34%)	64 (35%)	106 (35%)
	2 weekends	46 (37%)	34 (19%)	80 (28%)
	1 week	17 (14%)	22 (12%)	39 (13%)
	2 weeks	2 (2%)	3 (2%)	5 (2%)
	Blank	5 (4%)	34 (19%)	39 (11%)
	Total	123	181	304
I would be prepared to attend the local hospital out-patients department for regular clinics as part of the course	Strongly agree	27 (22%)	20 (11%)	47 (17%)
	Agree	46 (37%)	65 (36%)	111 (37%)
	Neutral	22 (18%)	36 (20%)	58 (19%)
	Disagree	22 (18%)	23 (13%)	45 (15%)
	Strongly disagree	2 (2%)	5 (3%)	7 (2%)
	Blank	4 (3%)	32 (18%)	36 (10%)
	Total	123	181	304
I would be happy to pay a reasonable fee if the course complied with PGEA or a PDP	Strongly agree	13 (11%)	9 (5%)	22 (8%)
	Agree	60 (49%)	58 (32%)	118 (40%)
	Neutral	30 (24%)	50 (28%)	80 (26%)
	Disagree	9 (7%)	24 (13%)	33 (10%)
	Strongly disagree	6 (5%)	8 (4%)	14 (5%)
	Blank	5 (4%)	32 (18%)	37 (11%)
	Total	123	181	304

It is encouraging that there is interest in further cardiovascular education. For the majority of GPs this would need to be a simple distance-learning course covering just the 30 hours of compulsory postgraduate education required in one year. A minority would be interested in a more demanding course, which would achieve GPSI status. Such courses are currently being developed. The cost of producing such courses is immense and financial support will be required from government, the pharmaceutical industry or charities. Clearly GPs will be reluctant to shoulder the costs themselves. GPs are not interested in becoming clinical assistants. This is not surprising as such work is very poorly rewarded and it is time that such posts were phased out and replaced by either GPSI or hospital practitioner posts.

The PCCS has a relatively small number of female GP members. The survey reveals that this is not a reflection on female interest in the subject.

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time and expense involved in carrying out such surveys we would probably introduce an element to encourage

response, such as a prize draw, if we conducted a similar survey in the future.