

# Member views on RNZCGP education and standards programmes

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## ABSTRACT

This research examines the views of College members on education and standards issues. Approximately 10% of College members were randomly surveyed and a response rate of 76% was achieved.

The questionnaire asked why members were working towards FRNZCGP and asked what barriers they face in doing so. It also asked how practice accreditation should be managed and about the effectiveness of the MOPS programme.

The results indicate that the College's review of the AVE (Accreditation) programme is timely, that most respondents felt the MOPS programme was reasonable as is and that members believe that the College has a role to play in the implementation of a system of practice accreditation.

## Key Words

RNZCGP, GP views

(NZFP 2001; 28:256-259)

## Introduction

This research formed part of a larger questionnaire sent to approximately 10% of the College membership in September 2000. This report outlines only the results relating to surveyed issues of education and standards.

## Methodology

Issues were discussed by College Council, College Managers and the Professional Development Committee who also piloted the questionnaire. The final questionnaire contained a total of eight sections and 27 questions. The sections reported in this article relate to RNZCGP Fellowship, the development of standards for General Practice, the MOPS programme, and demographics including gender, age, ethnicity.

In order to select a random sample of members to take part in the survey, 2 743 active members were identified in the College database and provided the reference population. To be 90% confident that the results were accurate  $\pm 5\%$  ( $p=0.5$ ), a total of 250 surveys needed to be returned. A response rate of 70% was set so from a total of 2 743 active members, 365 were randomly selected to participate through a computer generated selection method. After follow-up by mail and ultimately by phone, a final response rate of 277 (76%) was achieved which ensured the results were accurate  $\pm 4.7\%$  at the 90% confidence level ( $p=0.5$ ).

## Results

Of the 277 respondents, 115 (42%) were female and 162 (58%) were

## Key points

- A number of members do not fully understand how the FRNZCGP is currently obtained.
- A large majority (89%), thought that the College should support the continuing development of practice standards and practice accreditation for GPs.
- Seventy per cent feel that the MOPS programme is currently pitched at the right level.
- The current review of the AVE (Accreditation) programme is justified.
- A question exists as to how best measure competence.

male. This is a slightly different ratio to the demographics of the College as a whole, where 36% of members are female and 64% are male.<sup>1</sup> The proportion in each age group was similar to the College membership as a whole.<sup>1</sup> Respondents were predominantly aged 35-44 (41%), with 12% being under 35, 29% being 45-54, and 9% and 8% being aged 55-64 or 65 and over, respectively.

The majority of respondents were Pakeha 72% (200), followed by 5% (15) Sri Lankan, 3% (eight) Chinese and 2% (six) British. Eleven per cent (31) did not indicate their ethnicity.

Fellows comprised 63% (174), of respondents, a similar proportion to the College as a whole (60.5%).<sup>1</sup> This was followed by AVE (Accreditation) candidates, 22% (62). The remainder were made up of registrars, 2%, and seminar attendees 1.4%. A total of 11% (31) did not identify their membership category.

#### RNZCGP Fellowship

Of the 103 who were not Fellows of the College, reasons for working toward Fellowship were canvassed. Results are shown in Table 1. Participants were also asked what barriers they faced in obtaining FRNZCGP; 23.3% did not respond to this question. Nearly half, 48.5%, stated aspects of the AVE (Accreditation) programme.

Other barriers were less frequently mentioned with 7.8% saying that sitting Primex was a barrier, 6.8% stated a lack of time as a barrier, 2% said family commitments and 2% said they did not intend to gain FRNZCGP. Individuals made responses including being videophobic, finances, apathy. Unfortunately, there was not a 'no barriers' option to this question which may account for the high rate of no response.

Participants were asked if an alternative to the current College examination for Fellowship, which could include a mixture of academic courses, practice assessments and CME, would be more acceptable to them. The response to this question was split fairly equally between yes (37%), no (28.9%) and no response (34%).

A number of comments were made in response to this question. These related to a variety of issues such as negative personal experiences with the process and the need for the process to be reviewed especially for those working part-time. The seminar programme in GPVTP was considered excellent.

Some comments clearly indicated that a number of members do not fully understand how the FRNZCGP is currently obtained or what the criteria are for obtaining it. One did not feel happy about having to sit Primex when they already held the British MRCGP, and in fact this is erroneous.

Another felt that CME was a part of a GP's professionalism and that the degree of compulsion now involved made them feel uncomfortable with the process, and while feeling virtu-

ous when CME was voluntary, considered there was no incentive now.

Five respondents made suggestions for change. These included the need for more academic courses and CME, the need to change the format

An even larger majority also thought that the College should support the continuing development of practice standards and practice accreditation for GPs.

of AVE (Accreditation), the need to consider that for those who had been in practice for at least 10 years an individual assessment would be better. One re-

spondent said that they would prefer a much more structured, less self-directed learning system.

#### Standards for practices

The majority of respondents, 83.4% (231), indicated that they were aware that the College has developed standards for practice accreditation. Only one person did not respond to this question. An even larger majority, 89% (247), also thought that the College should support the continuing development of practice standards and practice accreditation for GPs. Six per cent did not respond to this question.

A total of 78% could see a role for the College in practice standards implementation with 51% (161) believing the College should manage practice accreditation in partnership

Table 1. Reasons for working towards FRNZCGP

Reasons	Number	Percentage %
To gain access to vocational registration	37	36
To complete their training	17	17
Feel vulnerable without FRNZCGP	13	13
It is an appropriate recognition of their GP status	12	12
Enable to work in a position which requires vocational registration	9	9
No specified response	12	12
Other	3	3
<b>TOTAL</b>	<b>103*</b>	<b>102†</b>

\* these respondents indicated they were working towards Fellowship

† does not add to 100 due to rounding

Table 2. Opinion on the MOPS programme

Note: Respondents were asked to rank their opinion on a scale of 1–5 (strongly disagree – strongly agree), with a 3 being 'neutral'.

	Mean	SD	Mode	Median	RR*
The MOPS programme is effective in helping GPs maintain professional standards.	3.5	0.87	4	4	100%
The MOPS programme is an improvement on the previous Reaccreditation Programme.	3.8	0.88	3	4	98.8%
The MOPS programme currently measures professional development participation. Would you support a move to MOPS that truly measures competence?	3.3	0.99	3	3	100%
The MOPS programme should include a facility for those who wish to demonstrate a higher level of performance.	3.1	1.11	3	3	100%

\*RR = response rate

with other GP bodies such as IPAs and NZMA and 27% (76) believing that the College should manage practice accreditation by itself. Only 7% (20) felt that the profession should use other professional organisations to manage practice accreditation and that the College should set the standards, but that measuring/monitoring of those standards should be contracted out. Small numbers (less than 2% for each response) did not respond to this question, did not know what would be the best way to manage practice accreditation, or thought that practice accreditation is just an 'additional burden and disruption for those GPs who are actually doing

The majority of respondents think that the College should support the continuing development of practice standards.

medicine' and therefore it should not be pursued.

When asked if the RNZCGP should support the concept that accredited practices would have access to extra benefits such as increased remuneration, 62.5% (173) said yes and 13% (36) did not respond. One said yes but depending on how achievable the standards are for the

average GP. One mentioned that practice accreditation would impose greater costs for doubtful benefits and stated that 'accreditation may show that you have a system in place but not that it actually delivers'.

#### Maintenance of Professional Standards programme (MOPS)

A total of 161 (58%) respondents were currently undertaking the MOPS programme, seven (2.5%) did not indicate whether they were undertaking the programme or not.

Of those undertaking the programme, 70% (112) felt that the MOPS programme is currently pitched at the right level. Table 2 shows the mean, standard deviation, mode and median responses to questions about the MOPS programme.

When asked what the reward for demonstration of a higher level of performance should be, half said a certificate. Other frequent responses were financial incentives, a distinctive category of membership and concessions from the Medical Council. One said self-satisfaction, another said personal action. One said ulcers, hypertension and migraine! Ten respondents did not agree with the idea of rewarding higher levels of competence, with some stating that the idea was distasteful, others had concerns that it could develop into an elitist 'two-tier', 'super-GP' category

or that it would discriminate against mothers who really can't do more. One felt that MOPS is for the GP's own benefit and that it should not be rewarded at all.

There was varied opinion as to whether AVE (Accreditation) and MOPS give evidence of competence, with some believing that they did, while others did not believe so. These expressed views such as that attending a lot of CME does not necessarily mean that you are a good GP or even that MOPS was of no practical use, but was politically correct and therefore probably necessary. Some of these comments demonstrate a lack of understanding of the multiple components of both MOPS and AVE (Accreditation). One stated that a better way would be to look at competence issues, not just what meetings one attends, and another had concerns about the possibility of an exam to measure competence but felt that it may be the only real way to assess competence.

#### Discussion and conclusions

Literature review and oral history showed no previous documentation of survey results by the RNZCGP of its quality and education programmes. Some articles were found relating in particular to rural GP views on CME in Australia, however comparable overseas research was

not found, and this is hardly surprising given the 'New Zealand specific' nature of this research. Nevertheless, this research has raised a number of issues for the College to pursue.

Of those working towards Fellowship of the College, almost half are finding aspects of the AVE (Accreditation) programme a barrier to gaining Fellowship. This is an indication to the College that the current review of the AVE (Accreditation) programme is well justified. In particular, to consider increasing the flexibility of the programme especially for locums and/or those working part-time. More research needs to be conducted to clarify opinion on whether an alternative pathway to the current Primex examination plus AVE (Accreditation) for Fellowship should be considered as the results from this research are not conclusive and offer little in the way

of useful suggestions. Further research could also help clarify if 23% of respondents really consider there are no barriers to gaining Fellowship.

It is encouraging that the majority of respondents are aware the College has developed standards for practice accreditation and think that the College should support the continuing development of practice standards. Most also thought that the RNZCGP should support the concept that accredited practices should have access to extra benefits. The majority could see a role for the College in managing practice accreditation with more favouring doing this in partnership with other GP bodies rather than by itself. These two options should be further investigated.

The majority of those undertaking the MOPS programme felt that it is pitched at the right level. There seems to be significant debate relat-

ing to the reward for, or even existence of, any programme demonstrating higher performance than MOPS. Some respondents were obviously aware enough of current issues to realise that a question exists as to how best to measure competence. The role that MOPS should play in competence measurement and how it may need to change to do this needs further consideration by the appropriate specialist College committees.

Lastly, College services and functions need to be promoted actively to College members. Members should be better informed about how FRNZCGP is obtained. College quality products could be more widely recognised. Hopefully the ongoing use of surveys such as this will aid in some better understanding, but more active means of information dissemination should also be sought.

## References

1. Wilkinson, M. The demographic characteristics of the RNZCGP membership – RNZCGP Occasional Paper number 6. Wellington: Royal New Zealand College of General Practitioners; 2001 Jan.