

Postgraduate examination in family medicine for private general practitioners: was it worth the effort?

DVK Chao, AKY Cheung

The authors explored the motivation, attitudes, and feelings of a group of five private general practitioners who had successfully taken the conjoint examination for Fellowship of the Hong Kong College of General Practitioners and Fellowship of the Royal Australian College of General Practitioners organised by the Hong Kong College of General Practitioners. A variety of incentives stimulated them to take the examination and many sacrifices were made in order to prepare for it. However, it was felt that much was gained by preparing and sitting for the conjoint examination, and as a result, the general practitioners' clinical practice has also changed. Studying for the examination can be viewed as a coping strategy for burnout. Active participation in continuing medical education is evident amongst the doctors even after the examination.

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Introduction

Since 1987, the Hong Kong College of General Practitioners (HKCGP) has held a conjoint fellowship examination with the Royal Australian College of General Practitioners (RACGP) in Hong Kong each year.¹ The examination has attracted increasing numbers of candidates, including practising general practitioners and vocational trainees in family medicine. The trainee group clearly chose to take the examination because they had decided to pursue a career in family medicine. However, most of the practising general practitioners already had well-established practices. The authors were interested in the motivations, feelings, and attitudes of practising private general practitioners towards taking postgraduate examinations in family medicine, as many of them finished their undergraduate medical training a number of years ago. As passing the examination can be accredited for the Continuing Medical Education and Quality Assurance Programme (CME and QA) under the regulations of the

HKCGP, the information elicited from this study could reflect the general attitudes towards CME in general practice in Hong Kong.

Subjects and methods

This was a qualitative research study in the format of a focus group interview.² The focus group method was used because of its demonstrated efficacy in generating in-depth attitude and opinion data.^{3,4} A one-hour discussion was held, with the authors as the group leaders. The interview was conducted in a semi-structured fashion with the authors drafting a series of questions for discussion during the interview. One acted as the facilitator, while the other recorded the discussion. The discussion was also recorded by audiotape and the analysis was extracted from the written script and the audiotape.

A group of five general practitioners in private practice were selected from the list of candidates who had been successful in recent conjoint examinations (1992, 1993, 1994) for fellowship of the HKCGP/RACGP. Doctors from the family medicine trainee group, government medical officers, and doctors who already had other specialist qualifications before sitting for the conjoint fellowship, were excluded from the study. The number of eligible doctors was 10; five were unavail-

Department of Community and Family Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong
DVK Chao, DCH, MRCP
G/F, 30 Wang Kwong House, 33 Ngau Tau Kok Road, Ngau Tau Kok, Hong Kong
AKY Cheung, DCH, FRACGP
Correspondence to: Dr DVK Chao

able, hence the sample comprised one female and four male doctors. At the time of obtaining their conjoint fellowships, their experience ranged from nine to 19 years since graduation from medical school.

Results

Motivation to take the examination

Different reasons motivated the doctors to sit for the conjoint examination. Influence from peers was commonly stated. Colleagues who had passed the examination served as role models and a stimulus.

“I heard from one of my classmates who had just passed the FHKCGP examination; I would like to sit for it as well.”

“Many of my friends sat it and passed in Australia. As I came back from Australia, it makes sense for me to sit for the Conjoint Examination.”

Many of the group's classmates and colleagues had already obtained postgraduate qualifications and/or higher degrees in their own specialties, which served as encouragement for them to obtain a higher qualification in general practice.

Preparation for the examination served as a catalyst to study and to keep abreast of current medical advances. As patients are becoming better educated, it is important for doctors to also be well informed. The setting up of specialist registers by the Hong Kong Academy of Medicine has also served as an added incentive for obtaining a higher degree. Hence, both social and professional developments played a significant role in inducing these candidates to take the fellowship examination.

“Burnout” after years of practice reminded a few of the group about the need for challenges and stimulation—both clinically and psychologically.

“I have been practising for over 10 years and I felt bored with the routine.”

Realisation of the importance of good general practice to good quality care in the community was another reason for sitting a higher examination. One of the group members was influenced by his teachers who served as his role models. He recognised their status and capabilities in terms of clinical practice and research.

Obtaining a higher qualification itself was not the

only reason for sitting the examination. The preparation involved meeting colleagues in study groups to share opinions and expertise, and was an extremely useful experience. The fact that it was not necessary to leave Hong Kong to sit for the examination was also helpful.

“Financial gain is definitely not a reason for taking the examination.”

General practitioners are usually very busy. Very little free time can be found in their daily routines and the exam preparation required considerable planning and effort. It was not unusual to extend it over a few years. Personal plans of the individuals concerned (e.g. emigration) also affected their timing in sitting for the examination.

Motivating activities during the exam preparation

Formation of a small study group facilitated group discussion and the exchange of information and opinions. Moreover, the group also provided mutual support.

“They become your support during times of depression.”

Problem-oriented journals, such as the Australian Family Physician and textbooks were found to be very useful. Self-assessment and practice questions from journals of various colleges of general practitioners were enlightening.

“The Diploma Course in Family Medicine organised by the Chinese University of Hong Kong was very helpful in learning the principles and practice of family medicine.”

The clinical skills course was also found to be useful. Lastly, strong family support was of vital importance in preparing for the examination.

Advantages and disadvantages

Apart from obtaining a postgraduate qualification, realising one's own weaknesses and updating current medical knowledge were two commonly acknowledged benefits. As a result, this built more confidence in dealing with patients. The doctor-patient relationship was also enhanced because one became more conscious of the holistic approach. The enjoyment derived from the interactions during the study group meetings actually outweighed the sacrifices made.

“We really enjoyed the companionship provided by the study groups.”

“We found that studying together was fun and challenging.”

“You get to know a group of dedicated family physicians and can work together.”

“Besides, there was the feeling of belonging to a specialty and the fulfillment of contributing to high-standard general practice.”

It was agreed that preparation for the examination was very time-consuming; nearly all present used up most of their free time in the process. Considerable family time was also sacrificed as participants could not spend time with spouses and children after clinic hours, and personal pastimes were also lost along the way.

“For the last three years, especially on Sundays, I don’t have time to accompany my children.”

“Father, when will you finish your examination?”

The financial cost was high, as examination fees, clinic closures, and employing locums cost a lot of money. This was more so when one had to repeat the examination. Some even postponed their business plans because of the examination. Psychologically, it created a great trauma when one failed the examination and generated additional pressure for the candidate to succeed the next time. It was felt that male colleagues had more pressure to pass, compared with their female counterparts. Women doctors faced a difficult decision deciding on priorities, especially those concerning children and family.

Attitudes towards CME and future academic activities

It was agreed that CME was of paramount importance in maintaining a high standard of general practice and delivery of care.

“If general practitioners did not interact with the outside world, it would be like locking themselves inside a castle. All they could see was the walls around the castle.”

Preferably, CME activities should be conveniently organised in terms of the time, venues, and relevance. However, it was acknowledged that it was difficult to satisfy everyone’s individual needs. Nevertheless, the physician’s perspective and the context of expressed needs should be explored.⁵

Short courses of practical importance were most welcome. General practitioners should be able to tailor their own CME according to their interests or needs. Individual doctors were interested in different fields such as dermatology, minor surgery, paediatrics and community medicine. However, educational needs are not static;⁶ they are always changing due to altering circumstances, skill requirements, and medical knowledge.

Of the five doctors participating in the focus group interview, one was preparing to take a further examination. One was going to join a family medicine training programme in the United States. Another had been studying for diplomas in paediatrics and practical dermatology. All were actively involved in the CME programme of the HKCGP.

Modification of practice

As a result of the learning process through the preparation for the conjoint fellowship examination, there has been a general modification to the participant’s clinical practice.

“Before sitting for the examination, I seldom touched on the social and psychological aspects of my patients. Now, it has become my standard practice to do so.”

There is an increased awareness of the holistic approach towards patients, considering physical, social, and psychological aspects instead of concentrating solely on physical aspects. This is in line with the notion that CME improves physician performance, and in some instances, health outcomes.⁷ It has also been noted that the average consultation time has lengthened.

“My average consultation time has become longer because I am dealing with more aspects and tend to dig out more problems about my patients.”

Confidence in dealing with patients has also received a tremendous boost as a result of passing the examination.

Discussion

As family medicine is a specialty, it is entirely logical to have a higher professional examination for family physicians. In Hong Kong, this examination has received tremendous support as evidenced by the rising number of doctors wishing to sit for it.

In preparing for the examination, or even before then, doctors wishing to sit for the examination feel the need to keep abreast of recent advances in clinical medicine. Hence, candidates could already see the benefits of the examination during the preparation stage. This adds to the impetus for taking the examination.

General practitioners lead very busy lives, and this is especially true in Hong Kong. In this focus group interview exercise, various reasons were provided for taking the conjoint fellowship examination, including the quest for a higher qualification, updating clinical knowledge, and dealing with burnout or boredom.

Using the examination to remedy burnout

Burnout is a syndrome characterised by emotional exhaustion, depersonalisation, and a decreased feeling of personal achievement, and above all, professional achievement. It appears to be frequent in the helping professions and in human services workers.⁸ If it is not taken seriously, the performance of the health care provider deteriorates rapidly and results in a drop in the quality of care given.

Burnout is a common phenomenon amongst doctors,⁹⁻¹² and those with a large number of daily consultations, such as general practitioners, are probably at extra risk. From our interviews, burnout—or the potential for it—was evident. It was stated that sitting the conjoint examination was induced by boredom after years of practice. Professional isolation is also a problem amongst practising general practitioners, and this gives an opportunity to interact with fellow colleagues. This was substantiated by the fact that a small study group was the preferred mode of studying for the examination.

Time away from clinical practice has been found to be important for job satisfaction and emotional well-being.¹¹ As reported by the group, participants had to spend a substantial amount of time preparing for the examination, contributing towards the time away from clinical practice, often over several years. This helped to foster the habit of regular involvement in educational activities amongst the doctors.

Sitting the conjoint examination, and preparing for it using small-group learning, can be seen as a kind of social support and a coping strategy for

burnout or the prevention of it.¹³ During the course of preparing for the examination, consensus amongst the peer group was that the updating of clinical knowledge and skills served to reinforce their self-confidence. After successfully completing the examination, the sense of personal and professional achievement boosted self-esteem.

Continuing medical education

By obtaining the conjoint fellowships, doctors are gathering credits for the CME and QA programme of the HKCGP. The group agreed unanimously on the importance of CME activities. Continued active involvement of the group in HKCGP activities, and further postgraduate examinations in general, confirms the doctors' commitments to CME beyond the fellowship examination.

Summary

A group of five general practitioners working in private practice settings were involved in a focus group interview on the preparation for the conjoint fellowship exam for the HKCGP/RACGP and CME. Formation of small study groups was extremely useful. Relevant courses in family medicine, such as the Diploma Course in Family Medicine, were very helpful in learning the principles and practice of family medicine. Preparatory work promoted and stimulated interactions amongst colleagues. Sacrifices in terms of time, energy, and income were substantial. However, it was worthwhile as the confidence of the doctors received a boost and they realised that they were contributing to high-standard general practice and quality care to patients. Continuing medical education was acknowledged as beneficial to both patients and doctors. All doctors noticed a substantial change in their practice behaviour. Burnout amongst health professionals is quite prevalent and needs to be addressed. The conjoint examination can be viewed as providing general practitioners with a coping strategy against burnout.

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