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ORIGINAL ARTICLE

Why do primary care doctors undertake postgraduate diploma studies in a mixed private/public Asian setting?

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Objective: The aim of this study was to examine the reasons why primary care doctors undertake postgraduate diploma studies in a mixed private/public Asian setting.

Methods: Twenty four past or current postgraduate diploma students of the family medicine unit (FMU) of the University of Hong Kong participated in three focus group interviews. A structured questionnaire was constructed based on the qualitative data collected and was sent to 328 former applicants of postgraduate diploma studies at FMU.

Results: "Upgrading medical knowledge and skills" and "improving quality of practice" were two of the factors that most of the respondents considered to be significant in motivating them to undertake postgraduate diploma studies. "Time constraint" and "workload in practice" were however the most significant demotivating factors. Financial issues were more seriously considered by the junior than the senior doctors. To be able to "expand patient base and/or number" was considered to be a significant factor by the private doctors who were also keen to "improve communication and relationship with patients".

Conclusion: These findings suggest that there are mixed reasons for primary care doctors to undertake postgraduate diploma studies. Course organisers should take into consideration these various reasons in planning their programmes.

In many countries, young graduates who intend to make general practice as their career are now undertaking vocational training.¹ There are also structured postgraduate programmes at many medical schools around the world that provide opportunities for primary care doctors to improve their skills to better serve their patients.^{2–3} These programmes have become popular in recent years.^{4–5}

Hong Kong's health care delivery system is structured around general family practice, with specialist support available both privately and through public hospitals. Western trained private medical practitioners provide 75% of primary care while public doctors provide 15% and the rest by other health care providers, such as traditional Chinese medicine practitioners. In 2004, there were about 11 000 registered doctors. It was estimated that more than 4000 doctors worked in the public hospitals and clinics, and 6000 worked privately in the community. Most of the others probably spent most of their time outside Hong Kong but continued to be registered. There is no separate list of primary care doctors, but many primary care doctors are fellows (obtained by examination), full members (with at least three year experience of active general family practice), or associate members of the Hong Kong College of Family Physicians.

In a recent review, the standard of primary care in Hong Kong was considered to be highly varied.⁶ Many of these primary care doctors have not received any formal postgraduate vocational training in general practice. It is also uncertain if many of them are participating in continuing medical education.⁷ However, a key activity for doctors should be lifelong learning, which has a direct effect on the quality of clinical care and the service that they provide.

Studies in UK showed that those doctors who were women, members of the Royal College of General Practitioners, and worked in a training practice were more likely to be high attendees at educational meetings. Similarly, those who had been qualified for 10 to 30 years and worked in group practices of three or more doctors were also more likely to participate in postgraduate seminars.⁸ Financial

incentives by the employer were found to be another major factor in UK.⁹ However, motivation to learn among established general practitioners is known to be varied¹⁰ and it may be affected by time commitment, general practice workload, and family pressures.¹¹

The reasons for primary care doctors to undertake postgraduate studies in some Western countries were investigated but such information is generally lacking in Asia. In addition, the healthcare systems are considerably different in many parts of Asia, with an active private sector in many Asian countries running parallel to the public system. Hong Kong is one such example. The reasons why some busy Hong Kong primary care doctors, most of them in private practice, attend intensive postgraduate diploma courses could be different from their Western counterparts but are important because better trained, more up to date primary care doctors might be expected to deliver better quality health care to the citizens in the community. The aims of this study were therefore to examine the factors that motivated primary care doctors to undertake postgraduate diploma courses in a mixed private/public setting in Hong Kong. The implications of this study may also be useful for course organisers in providing programmes to doctors practising in similar healthcare system with a mixed private/public setting.

METHODS

Both qualitative and quantitative methods, administered in the form of focus group interviews and questionnaire survey respectively, were adopted in this study.

Focus group interviews

Three focus groups were conducted on three Saturday afternoons in April and May 2004 to identify the key factors that might affect primary care doctors' decision to undertake postgraduate studies.¹² Twenty four past or current postgraduate students of the family medicine unit of the University of Hong Kong who were primary care doctors

Table 1 Categories of college membership of the respondents

	Number	Percentage
Fellow	47	21.8
Full member	30	13.9
Associate member	86	39.8
Non-member	53	24.5

working in the community were purposively sampled to participate in the focus groups. Efforts were made to include variety of age and doctors working in both private and public sectors, as well as graduates from both local and foreign medical schools. Their postgraduate training record was also taken into consideration when invitations were sent out.

Participants were encouraged to talk freely after the introduction of the theme of the study by the facilitator who was experienced in conducting focus groups. A checklist was used to ensure all relevant domains were covered. These included the participants' views on the motivators and demotivators to undertake postgraduate diploma studies and the factors that affected their choice of courses. Each discussion session lasted about 1.5 hours. With confidentiality emphasised, the interviews were audiotaped for record and analysis purposes.

Qualitative data analysis

The three focus group interviews were transcribed verbatim. Transcripts were then reviewed and verified by TPL who is an experienced qualitative researcher and has gained wide experience in qualitative data analysis. The data were coded independently by TPL and a research assistant who is also experienced in qualitative research and the consistency between both was analysed. The objective of the analysis was to identify themes for the construction of the questionnaire.

Questionnaire survey

A questionnaire was then designed and developed based on the data collected. The questionnaire was pilot tested. All applicants for postgraduate studies at the family medicine unit over the previous four years (2000–2003), who numbered 328, were sent the questionnaire twice, in July and September 2004. In the September mailing, those who had not responded to the first mailing were requested to return their completed questionnaires.

Table 2 Factors that motivate primary care doctors to undertake postgraduate diploma studies

Factors	Percentage of respondents answering very significant or significant
Upgrading medical knowledge and skills	99.1
Improving quality of practice	97.2
Keeping updated about recent development in the medical scene	96.7
Improving confidence in practice	92.1
Acquiring qualifications	87.9
Lifelong learning	87.0
Improving communication and relationship with patients	80.9
Increasing job security	54.9
Expanding patient base and/or number	51.2
Increasing income	48.4
Establishing network with other doctors	46.5

Statistical analysis

The quantitative data were analysed using JMP for Windows (version 5.0.1). Simple percentages of the responses were summarised and presented. Ordinal logistic regression analyses were carried out to study the importance of the possible factors, perceived by various groups of primary care doctors, that motivate or demotivate them to undertake postgraduate studies. The response variables were measured in a four point Likert scale, namely 1, very significant; 2, significant; 3, insignificant; and 4, very insignificant. The independent variables included in the above regression analyses were (a) sex; (b) years of clinical practice; (c) types of practice; and (d) category of college membership. To determine the best model for the two regression analyses, the backward elimination approach is adopted at which the most insignificant independent variable is eliminated at each step until all the p values associated with the independent variables left in the working model is less than 0.15 so as not to throw away too much information.

The study was approved by the ethics committee of the Faculty of Medicine of the University of Hong Kong.

RESULTS

By October 2004, 216 completed questionnaires had been returned after two rounds of mailing. Eleven questionnaires were returned because of incorrect addresses. The response rate was therefore (216 of 317) 68.1% overall and 76.7% of the respondents were men. Their ages ranged from 26 to 71 years (mean = 37.7 years). They had been in clinical practice for between 1 and 47 years (mean = 12.5 years). Just over 75% of the respondents belonged to different categories of membership of the Hong Kong College of Family Physicians (table 1).

Table 2 details the factors that motivated the respondents to undertake postgraduate diploma studies. It can be seen that "upgrading medical knowledge and skills" and "improving quality of practice" were the factors that had the highest percentages of respondents considered as very significant or significant. Ordinal logistic regression analyses showed that those who had less clinical experience considered "acquiring qualifications" ($p < 0.001$), "increasing income" ($p < 0.01$), "expanding patient base and/or number" ($p < 0.0001$), and "increasing job security" ($p < 0.0001$) more significant than those with more clinical experience. Doctors in private practice considered "improving communication and relationship with patients" ($p < 0.05$) and "expanding patient base and/or number" ($p < 0.05$) more significant than public doctors. Female doctors considered "improving confidence in practice" ($p < 0.05$) more significant than male doctors. On the other hand, male doctors considered "lifelong learning" ($p < 0.05$) more significant than female doctors.

Table 3 details the factors that demotivated the doctors. "Time constraint" and "workload in practice" were the factors that had the highest percentages of respondents

Table 3 Factors that demotivate primary care doctors to undertake postgraduate diploma studies

Factors	Percentage of respondents answering very significant or significant
Time constraint	95.8
Workload in practice	87.5
Pressure of coursework and/or assessment	81.5
Family commitment	70.8
Financial burden	53.2

Table 4 Factors that affected primary care doctors' choice of postgraduate diploma studies

Factors	Percentage of respondents answering very significant or significant
Whether the time schedule of the lessons is suited to your needs	98.6
Personal interest in the discipline	97.7
Relevance to your own practice	97.7
Quality of teaching materials	92.1
Quotable course	91.2
Length of course	90.3
Reputation of organising institute	86.5
Mode of assessment	84.5
Proximity/accessibility of teaching venues	83.3
Mode of delivery	82.8
Reputation and/or qualification of tutors	80.1
Market's demand on the discipline	79.2
Course fees	76.9
Recommendation by other doctors	71.2
Eligibility for CME or CPD points	55.1

considered as very significant or significant. Ordinal logistic regression analyses showed that respondents with less clinical experience considered "time constraint" ($p < 0.01$), "workload in practice" ($p < 0.0001$), "financial burden" ($p < 0.0001$) more significant than the more experienced doctors who had however considered "family commitment" ($p < 0.01$) more significant. Private doctors also considered "family commitment" ($p < 0.05$) more important than the public doctors. Female respondents thought "workload in practice" ($p < 0.01$) and "pressure of coursework and/or assessment" ($p < 0.05$) more significant than the male respondents.

Table 4 details the factors that affected the respondents' choice of postgraduate diploma course. "Whether the time schedule of the lessons is suited to their needs", "personal interest in the discipline", and "relevance to their own practice" were the factors that had the highest percentages of respondents considered as very significant or significant. Ordinal logistic regression analyses showed that respondents with less clinical experience considered "market's demand on the discipline" ($p < 0.05$), "course fees" ($p < 0.05$), "quotability of the qualification (registered qualification) by the Hong Kong Medical Council" ($p < 0.001$) more significant than those with more clinical experience who had however considered "reputation of organising institute" ($p < 0.01$), and "quality of teaching materials" ($p < 0.01$) more significant. Senior members—that is, fellows of the College of Family Physicians—were found to consider "personal interest in the discipline" ($p < 0.05$) more significant than the junior members. Female respondents considered "whether the schedule of the lessons is suited to their needs" ($p < 0.01$) more significant than male respondents.

DISCUSSION

This study aimed to examine the factors that motivate primary care doctors to undertake postgraduate diploma studies in a mixed private/public Asian setting. It can be seen that the factors are diverse. When undertaking a postgraduate diploma course is being considered, financial implication would be a more significant issue among junior doctors with less clinical experience who tend to be financially less secured than the "established" senior. After attending the courses, they would want it to help to increase their job security and, for those who are already in private practice, to expand their patient base and/or number. Despite the fact

that "increasing income" was not noted to be a different motivator between private and public doctors, "expanding patient base and/or number" was noted to be a more significant consideration for doctors in private practice who are also more keen to "improve communication and relationship with patients" than public doctors. This is an interesting contrast with a UK study that found that finance was the most commonly stated reason for attendance by most of the respondents.⁹ The fact that male doctors tended to consider "lifelong learning" more important than female doctors may reflect the tendency that some female doctors might have higher priorities for other commitments, for example, child birth and family. It is difficult to explain why more female doctors would find "improving confidence in practice" a more significant consideration than their male counterparts.

There were not many demotivators coming out of the focus group discussion. As expected, time is the biggest constraint for busy primary care doctors in Hong Kong who often spend 50 to 60 hours in their practices per week. There is not much "free time" for updating their medical knowledge and skills. The restrictions imposed on the junior doctors are again more than those on the senior doctors who are already well established in reputation and finances. Private doctors who often work longer hours than their public counterparts considered family commitment a more important consideration as undertaking postgraduate studies is likely to erode their precious time with their families because of their longer working hours. Many of these findings are consistent with the reports from other countries.¹¹

It is important for course organisers to note that the time schedule of the lessons is an important consideration for doctors to decide on their education. Private doctors in Hong Kong often work broken shifts—9 am–1 pm and 5 pm–9 pm. Afternoon is often a good timeslot for them to attend to their own education. The relevance of the course is also important and this may explain why our clinical courses on community geriatrics and community psychiatry at the family medicine unit are popular as they are constantly over-subscribed. Possible contributing factors may include, firstly, Hong Kong is experiencing a rapid ageing process and, secondly, has recently gone through one of the worst economic downturns in recent memories, which may have contributed to the emergence of rising prevalence of psychological problems among patients attending primary care doctors. Quotability of the courses by the local medical council is an important issue in Hong Kong's private practice setting as it is not uncommon for patients to look for doctors with special experience. It is also a recognition of their efforts in postgraduate training.

There were certain limitations of this study. The participants of this study were doctors who had previously applied to attend postgraduate studies. It is also noted that the proportion who had joined the Hong Kong College of Family Physicians is higher in this group of primary care doctors than that of the general population of primary care doctors. This may limit the generalisability of the results as these respondents may be more active in postgraduate education than the average primary care doctors in Hong Kong. Despite these limitations, this study provides important information on the motivators and demotivators for primary care doctors to undertake postgraduate diploma studies in a mixed private/public Asian setting.

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FILLER

Conventional wisdoms? Er, no

John Kenneth Galbraith, the Canadian economist, invented the phrase “the conventional wisdom” (CW), pseudofacts that everyone knew to be true, were hardly ever questioned but which, when challenged were often not evidence based. Medical textbooks are full of such CWs.

Differentiating between sharp and blunt appreciation? Simple. The CW is to ask the patient “Is this sharp or blunt?” when administering a sharp or blunt stimulus. Er, no. Differentiation can be quite difficult. Have you tried it on your own feet? A more useful question is to ask, when alternating a sharp and blunt stimulus, “Is there any difference between these?”

The CW when testing for cerebellar intention tremor in the arms is to use the finger to nose test. Er, no. Cerebellar intention tremors get worse as the target is approached and this may cause an affected patient to jab their face. Ask the patient to touch your variably positioned fingertip with their fingertip.

The CW for testing nominal dysphasia is to show the patient a common object and ask them to name it. Er, no. This is insulting if they can and sometimes distressing if they can't. Far better to pretend to be testing vision “I want to test your vision. What is this?”

Testing for defective short term memory is patronising if normal and often distressing for the patient if abnormal. The CW is to give a sequence of numbers to remember or ask about current events. It is better to ask, “How long have you been here?” or pretend to be asking about appetite “What did you have for breakfast this morning?—in hospital practice this should be known.

When examining the abdomen the CW is that the patient should be lying flat, with their hands by their side, breathing through their open mouth, and letting their abdomen wall relax. Lying flat? Er, no. If the abdominal muscles are to be relaxed to facilitate palpation it makes sense for the hips to be flexed and this can be achieved by having the knees drawn up with the ankles near the buttocks, or for the patient's chest and head to be raised slightly by pillows, or the bed or examination couch head to be raised slightly. Incidentally when did you last sit on an examination couch? The conventional couches are unjollyly* uncomfortable, do not assist relaxation and, if the head end is raised by 45 degrees, patients slide down the incline especially when a paper undersheet is being used.

The CW is that increase in the jugular venous pressure (JVP) is a good indication of a failing right heart. Er, no, not at 9 am in hospitals it isn't.† The CW is that the only way to confirm or monitor JVPs is to insert a central venous line. Er, no. Certainly not in my case. The veins on the back of my hand are easily visible and when my outstretched arm is slowly elevated and, providing there is no constriction proximally, my hand veins collapse at the level of my JVP—thus constituting a “Poor Man's CVP”.

You might think that I have made a good case that CWs are *sometimes* wrong but it is opaquely obvious that the CW is that CWs are *always* wrong (including this one).

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* I use this made up word because it is useful and has five consonants in sequence. For some reason I think this important.

† Diuretics are invariably given at about 7 am. Look for raised JVPs later in the day.