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# GENERAL PRACTITIONER REGISTRARS' OPINIONS OF GENERAL PRACTICE TRAINING IN OPHTHALMOLOGY: A QUESTIONNAIRE SURVEY IN THE NORTHERN REGION

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## SUMMARY

**Purpose:** Approximately 6% of general practitioners have worked in ophthalmology but to our knowledge the relevance of this training has not previously been evaluated.

**Methods:** We sent an anonymous questionnaire to all doctors who had held general practitioner registrar (vocational training) posts in ophthalmology in the Northern Region during a 5-year period (1989–1994).

**Results:** Twenty-six of 48 (54%) questionnaires were returned. Twenty-five of 26 respondents (96%) thought the training was useful, with 22 (91.7%) continuing to use some ophthalmic practical skills and 17 (65.4%) said they had received adequate and relevant clinical exposure. Twenty-one (87.5%) of those in general practice felt that they were more confident with eye problems than their peers and 12 (50%) said their referral patterns differed. Eleven (46%) had provided advice for colleagues. However, 9 (34.6%) commented on the large service commitment and 5 (19%) felt that supervision had been inadequate. Only 9 (34.6%) had received relevant teaching and 18 (69%) thought more was necessary.

**Conclusion:** We conclude that general practitioner registrar posts in ophthalmology are useful and rewarding but that there is scope for improvement.

Several studies have been made of the management of eye problems by general practitioners<sup>1–4</sup> and have found that undergraduate medical training in ophthalmology often prepares doctors poorly for the diagnosis and management of eye problems.<sup>1–3,5</sup>

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To our knowledge, however, no studies have examined the effectiveness of the postgraduate training of the 6%<sup>2</sup> of general practitioner registrars (vocational trainees) who pass through eye departments. Our aim was to assess the quality and relevance of general practice training in ophthalmology in the Northern Region in order that the educational content of these posts may be maximised in the future.

## METHODS

An anonymous questionnaire (Table I) and explanatory covering letter was sent to all 48 doctors who had held general practice registrar posts in three different eye departments in the Northern Region between 1989 and 1994. Registrars were identified from eye department records and located using the medical register. Their perception of the teaching and experience they received, its relevance to their management of eye problems in general practice and their use of practical skills acquired in these posts were evaluated. The questionnaire was comprised of closed questions with a comments section for each question and at the end.

## RESULTS

A relatively low response rate was anticipated despite checking entries in the medical directory, as a proportion of the doctors were expected to have moved from their last listed address. Twenty-six of the 48 (54%) questionnaires were returned completed. Twenty-five of 26 (96%) respondents thought that vocational training in ophthalmology was useful (the remaining doctor did not answer the question) with 2 general practitioners adding that they felt confident in the management of eye problems in the community as a result of a 4-month period spent in ophthalmology. Seventeen of the 26 (65.4%) respon-

**Table I.** Questionnaire

Year of vocational training in ophthalmology: 19.....			
No. of months spent in ophthalmology: .....			
<i>As a GP trainee in ophthalmology did you</i>			<i>Comments</i>
(a) Receive adequate exposure to aspects of ophthalmology that would be relevant to you in general practice, e.g. casualty and outpatients?	Y	N	
(b) Receive teaching relevant to eye problems encountered in general practice?	Y	N	
<i>In General Practice:</i>			
(a) Are you more confident in dealing with eye problems than colleagues who have not worked in ophthalmology?	Y	N	
(b) Do your referral patterns to the eye department differ from those of your colleagues as a result of your extra experience?	Y	N	
(c) Do you provide advice for your colleagues on eye problems?	Y	N	
(d) Do you use any practical skills learnt during your time as an SHO in ophthalmology, e.g.			
foreign body removal	Y	N	
incision and curettage of cysts	Y	N	
use of equipment			
– slit lamp	Y	N	
– indirect ophthalmoscope?	Y	N	
other (please specify)			
If you do not use any of these skills now, why is that?			
insufficient funds	Y	N	
insufficient time	Y	N	
insufficient confidence	Y	N	
other	Y	N	
Do you think that vocational training in ophthalmology is useful?	Y	N	
Please write any comments or suggestions below			

dents felt that as a general practitioner registrar in an eye department they had received adequate exposure to aspects of ophthalmology that would be relevant to them in general practice while 9 did not. Nine (34.6%) said that they had received teaching concerned with eye problems encountered in general practice but 15 (57.6%) had not received any teaching directed specifically towards general practice.

Of the 24 respondents who had entered general practice by the time of the survey, 21 (87.5%) felt that they were more confident in dealing with eye problems than colleagues who had not worked in ophthalmology, but 2 (8.3%) were not. Twelve (50%) thought their referral patterns to eye departments differed from those of their colleagues as a result of their extra experience, 3 (12.5%) did not and 8 were unsure. Eleven (45.8%) had provided advice on eye problems for colleagues in general practice.

Twenty-two of 24 (91.7%) respondents said that they had continued to use ophthalmic practical skills in general practice, with 21 (87.5%) removing corneal foreign bodies, 8 (33.3%) performing incision and curettage of tarsal cysts, 3 using a slit lamp, 1 using an indirect ophthalmoscope and 1 measuring intraocular pressures (method unspecified). General practitioners who no longer used some or all of the practical skills that they had learned explained this as being due to insufficient funds in 12 cases, insufficient confidence in 9, insufficient time in 8, and infrequent practice of minor operations in 1 case.

Nine commented specifically on the large service commitment of senior house officers in the specialty and that the general practitioner registrar was assigned more routine ward work than the career senior house officers, resulting in less exposure to casualty and outpatients and little time for attending minor operation lists. Five general practitioner registrars who undertook regular casualty and outpatient sessions felt that supervision was not always adequate, with 6 noting that middle-grade staff and consultants tended to be so hard pressed in clinics that management problems were taken over to be sorted out quickly rather than used for teaching.

Eighteen of 26 respondents (69.2%) commented on the teaching that they received. Eight said that teaching was preferentially aimed at the career senior house officers to the extent that the general practitioner registrar was often expected to cover the ward while the others attended regional teaching, and any teaching sessions which were available were often incomprehensible or irrelevant to general practice. Six respondents felt that teaching for the general practitioner registrars was often unplanned and unstructured with no clearly defined aims or standards, and one felt that an important opportunity to train general practitioners was being underused.

## DISCUSSION

Ophthalmology has long been regarded as an equipment-dependent specialty which does not lend itself easily to the devolution of care into the community. However, with a growing emphasis on primary care in all specialties and rising demands on

an already over-stretched hospital eye service, the role of general practitioners in the management of eye problems seems set to increase. General practitioners appear willing to participate in this change, with one study finding that 78% of general practitioners in south Devon were prepared to take on more primary eye care if offered support.<sup>4</sup>

Patients with ocular symptoms account for an estimated 1.5–5% of all consultations in general practice.<sup>1,4,6</sup> Studies have shown that the majority of general practitioners lack confidence in the diagnosis and management of all but the most common external eye problems: a survey by Featherstone *et al.*<sup>4</sup> showed that 57% did not feel confident with ophthalmology as a subject and that confidence levels were particularly low regarding potentially sight-threatening posterior segment diseases such as glaucoma, diabetic retinopathy and retinal vascular occlusions. This is in agreement with a survey by Wilson<sup>2</sup> in which 68% of general practitioners admitted that they had 'some uncertainties about eyes' and 10% affirmed the statement that 'eyes scare me stiff'. Seven per cent of these respondents also admitted they never tested visual acuity, 17% that they never used fluorescein and 20% that they never tested visual fields during consultations for visual problems, thus increasing the potential for inappropriate diagnosis and management. These results are perhaps not surprising given the short amount of time generally devoted to ophthalmology by medical schools and the infrequency with which general practitioners see most eye conditions.

Many general practitioners are aware of deficiencies in their knowledge of ophthalmology, with 80% in Featherstone's study requesting a series of informal teaching sessions and protocols for the management of common eye conditions. In a survey of general practitioner registrars in the west of Scotland, Kelly and Murray<sup>7</sup> found that although a postgraduate ophthalmology training post was not considered to be necessary for general practice, 32 of the 246 (13%) respondents who said that they wished that they had chosen a different hospital job would have preferred a post in ophthalmology.

General practice training in such a specialised area poses several problems. Trainees usually have little or no prior ophthalmic experience and may spend as little as 4 months in post, thus finding it difficult to meet both the clinical and technical demands of the highly equipment-dependent eye casualty and outpatient sessions in which career senior house officers have to participate. As 9 of the respondents in our survey commented, there is therefore a great temptation to allocate general practitioner registrars a disproportionate amount of routine, non-specialised ward work<sup>7</sup> which is of little educational value and may affect their morale. However, with the

increase in day case surgery and the expanding role of nurses, junior doctors will be relieved of much of the clinical ophthalmic care of uncomplicated patients. With restructuring of the timetable, these changes should free sessions which would be available for both teaching and the acquisition of experience in an unpressured setting; for example the trainee could attend outpatient, casualty and minor operating sessions in a supernumerary role and thereby obtain informal instruction.

An entirely 'hands on experience' approach is, however, not appropriate for general practitioner registrars who may spend only a short time in ophthalmology and therefore require fairly intensive and directed training. In this study of vocational training in the Northern Region, only 65.4% of respondents felt that they had received adequate exposure to clinical aspects of ophthalmology relevant to general practice and 6 noted an apparent lack of structure to the training they did receive. Eight respondents also commented that teaching was often preferentially directed at career senior house officers to the exclusion of general practitioner registrars and only 34.6% could recall having received teaching primarily aimed at the eye problems encountered in general practice. It is possible that doctors who felt that they had received poor teaching were more likely to respond to such a survey and we accept that the (albeit expectedly) low response rate simply adds to the bias inherent in such a study. However, these figures are probably fairly representative of the national situation given Reeve and Bowman's<sup>8</sup> finding that 37% of general practitioner registrars in all hospital specialties in the North Western Region received no formal and 22% no informal teaching at all while only 6% felt that the teaching they received was completely orientated towards general practice. It is worthy of note, however, that 21 (87.5%) respondents felt that they were more confident than their peers in dealing with eye problems as a result of their time spent in ophthalmology, with 11 (45.8%) having provided advice for colleagues in general practice.

Formal teaching sessions solely aimed at general practitioner registrars are obviously desirable but very difficult to organise on an individual hospital basis for a single trainee who will quickly be replaced, given that sessions for a larger number of long-term career senior house officers also have to be accommodated. As there are few trainees at any given time, teaching would perhaps be better organised on a regional basis with all trainees allocated protected time to attend these sessions. Further use could be made of these half-day sessions by opening them to established general practitioners, especially if accreditation for the postgraduate education allowance was approved. Ideally, over

time it would be possible to devise an ophthalmic curriculum for general practitioner registrars in conjunction with the organisers of the regional general practice training scheme. It could be argued that the proportion of eye problems encountered in general practice is relatively low and that a training post in ophthalmology would be unnecessary if all general practitioner registrars were to receive a crash course in basic ophthalmology, learning the key facts and criteria for referral. We feel, however, that training posts in ophthalmology should not be abolished, as practical experience for even a small percentage of general practitioners is very valuable both for the provision of better primary ophthalmic care by more confident doctors and for the efficient use of over-stretched hospital resources (although the total number of referrals may not reduce with increased experience of the referring practitioner<sup>9</sup>). The establishment of enjoyable and educational training posts will also ensure that more general practitioners continue to be attracted to the specialty as clinical assistants, which may prove increasingly relevant in the present situation of an excess of career house officers in ophthalmology and the prospect of a reduction in the service commitment of Calman trainees.

From our survey and the work of others<sup>4,7</sup> it would seem that general practitioners are keen to gain relevant experience in ophthalmology, and indeed 96% of our respondents said that they found the training useful. However, it is important to ensure that the specialty educates general practitioner registrars appropriately in order not only to improve the expanding provision of primary ophthalmic care but also to enhance the liaison and communication between hospital-based ophthalmology and general

practitioners. We believe that there is still room for improvement in the current system in the Northern Region, and presumably elsewhere, so that the opportunity to train motivated future general practitioners in ophthalmology may be maximised.

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Key words: Ophthalmology, General practitioner, General practitioner registrar, Training.

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