ORIGINAL ARTICLE

Profile of the General Practices Participating in the Undergraduate Teaching Programme of the University of Malaya

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Summary

A selected group of thirty-five urban family practices in the community participating in the teaching of undergraduate medical students of the University of Malaya were surveyed to study their practice profile and teaching methods. Most of the tutors were found to be well experienced in General Practice but only about half of them possessed a postgraduate qualification in Primary Care Medicine. Most practices were well equipped and provided a comprehensive range of services. However, there was no uniformity in the teaching methods used for medical students which will require future refining.

Key Words: Primary health care, Medical curriculum, Practice management

Introduction

The importance of Primary Health Care is now well recognised in Malaysia both by government and non-government sectors and one reflection of this development has been the setting up of the Department of Primary Care Medicine at the University of Malaya in 1987[1] to cater for the training of doctors wishing to enter this new specialty of Family Medicine. Aside from providing postgraduate training, the department also teaches Primary Care Medicine at the undergraduate level to medical students entering their clinical years of MBBS from the third to their final years.

During the third year MBBS, each medical student does a posting with the department of Primary Care Medicine where they are introduced to Family Medicine and are taught the essential elements of Primary Health Care viz first contact, continuous, comprehensive, and co-ordinated care. They are also taught history taking, examination, consultation and diagnostic skills in the primary care settings. Clinical management is emphasised in later years. Out of the total four weeks with the department, they are posted to their Family Practice Tutors for one week to introduce them to community General Practice.

The Family Practice Tutors were recruited as part time lecturers of the department by application. They were chosen based on the location of their practices which had to be within manageable travelling distance from the University Hospital and on their commitments to teach different groups of students on a regular basis throughout the year. They were remunerated nominally on an hourly basis up to a ceiling amount.

It is recognised that the actual nature and characteristics of Primary Health Care Practice and delivery in different countries will vary depending on different factors and circumstances. These may include the different ways the health care system is organised and financed, the different ways that medical practitioners are remunerated or health workers are trained and the linkages of health care delivery to public health and the community[2]. The details of the

vision for Primary Care Services in National Health Development for Malaysia have already been documented elsewhere[2,3].

In the UK[4] and Australia[5] where vocational specialisation of Primary Health Care delivery has been already established, much has been written on the subject of General Practice in their respective countries. However a local literature search has yielded relatively few studies to describe the nature of General Practice in Malaysia[6,7,8,9,10]. Questions such as "What is it?", "How is it conducted?", "What do general practitioners do?", "How do they contribute to Primary Health Care and teaching?" seem pressing given the role of General Practitioners in Primary Health Care delivery, especially in urban setting of Malaysia[11].

A descriptive study was thus carried out with the aim of attempting to answer some of the above questions in the practices of our Family Practice Tutors by collecting data on the essential elements or characteristics that make up their practices[5]. (See "materials and methods").

Although the data obtained does document certain contemporaneous standards practised currently, it is not the purpose of this study to measure quality indicators of these practices. That would have necessitated a far more exhaustive study encompassing the audit of indices that reflect the process of care and other structural and outcome indices.

Materials and Methods

A postal survey was designed using a questionnaire which consisted of questions mostly requesting a no/yes answer followed by a space for comments where appropriate. Following a trial interview, the questionnaire was limited to approximately thirty main questions and several subquestion items which were directed to be answered by the Family Practice Tutors. The Family Practice Tutors were questioned about their professional qualifications, experience, practice type, special interests, teaching, continuing medical education activities, community activities, work premises, workload, patient profile, appointment systems, medical record system, staff, practice management, facilities eg. dispensary, equipment, office tests available and questions about selected services offered and their referral patterns.

The study population was selected by choosing all forty Family Practice Tutors involved in the third year MBBS undergraduate medical student teaching programme. 37(90%) of them were located in the Klang Valley viz Federal Territory, Petaling Jaya, Shah Alam, Klang except for one each in Semenyih, Rawang and Seremban.

The first round of 40 questionnaires were mailed in September 1994 and 25 responses (62.5%) were obtained by November 1994. The non-responders were then contacted by telephone and questionnaires were mailed to the remaining 15. In December 1994, a total of 35 practices had responded out of 40 giving a response rate of 88%.

The results were analysed by the two investigators. Overall the questionnaires were found to have been completed satisfactorily with few omissions. Where omissions were present this was indicated in the results.

Results

Practice Type

The practices were nearly equally represented by both solo and group practices (see Fig. 1).

Profile of Practice Tutors

Fifteen (42.8%) of our tutors were graduates from University of Malaya and 11 (31.4%) were graduates from India. The rest were from Singapore 3 (8.6%), Australia 3 (8.6%), Hong Kong 2 (5.7%) and Bangladesh 1 (2.9%). Most of them 30(85.7%) obtained their basic medical qualification before the 1970's. However, among the Family Practice Tutors, only 19 (54%) possessed postgraduate qualification(s), some of whom possessed more than one qualification. Among these 19 tutors, 11 (58%) of them possessed MCGP FRACGP(Mal), 4 (21%) possessed MRCP, 1(5%) possessed FRCS, 2 (10%) possessed Occupational Medicine and 5 (26%) possessed various diplomas (DRCOG, DCH, DRM, Dip Derm., Dip. Venerology).

Thirty-two (92%) of the Family Practice Tutors were members of a GP organisation. 26 (75%) of the Family Practice Tutors had more than ten years of GP experience, 8 (23%) had between 5-10 years of GP experience and only 1 (3%) having less than five years of GP experience. This indicated the wealth of GP experience amongst our Family Practice Tutors.

There was a wide range of self nominated special interests among the Family Practice Tutors. Amongst the commoner ones were Paediatrics 9 (26%), Internal Medicine 8 (23%), Obstetric & Gynaecology 7 (20%), followed by Dermatology 6 (17%) and Occupational Medicine 5 (14%). The other less popular interests noted were Surgery, Sexually Transmitted Diseases, Preventive Medicine, Geriatrics, Family Medicine, Psychology & Counselling, Orthopaedics, Sports Medicine, Ultrasonography, Acupuncture, Emergency Medicine.

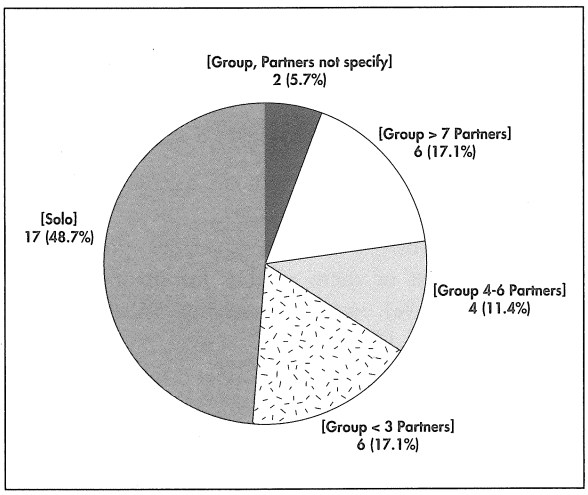

Fig. 1: Practice Type

Teaching

All of the Family Practice Tutors surveyed taught clinical consultation skills and communication skills. 34 (97%) of the tutors taught whole person approach to consultations. 27 (77%) of them taught practice management and an equal proportion of them also taught the students how to carry out minor surgical procedures. 23 (66%) of the tutors taught therapeutic prescribing. 21 (59%) of them allowed students to clerk and present cases while 15 (43%) took the students on home visits. Only 24 (69%) of the practice surveyed had library facilities accessible to medical students although this is believed to be an essential teaching facility.

Continuing Medical Education (CME)

Thirty-three (94%) of the tutors declared their participation in CME activities defined as taking part in one or more of the following activities within the last three years: journal reading, audio visual learning activities, lectures, seminars or conferences. Four of the respondents (11%) stated their involvement in doing some form of research within the last three years.

Community Activities

Half of all the Family Practice Tutors are actively involved in community activities such as Rotary Club, MMA, Pure Life Society, Olympic Council, St. John's Ambulance, Red Crescent, Children's Welfare, Sai Baba organisation, Home Nursing, Bahai Community etc. This reflected a high degree of participation and integration into community life practised by our study group of Primary Care Physicians.

Practice Premises

Twenty-eight (80%) of the practice premises surveyed were shoplots while 6 (17%) were suites in offices/ complexes and 1 (3%) was in a hospital. None of the practices were purpose built centres or factories. 22 (63%) of the premises were rented, 11 (31%) was owned and the balance consisted of one in a hospital, and one practice premise was owned by a company.

Outside of their main premises, 5 (14%) of the family practice tutors also worked in a hospital but none worked for a nursing home. 29 (83%) stated they would do home visits and most of them would do it once or twice a month.

Workload

Thirty-one (88%) of the tutors worked full time whereas 4 (12%) worked part time. 15 (43%) of them employed a regular locum or assistant to help out in their practices. 31 (89%) of them opened six to seven days a week. There were 4 (11%) practices which ran a 24-hour clinic and all of them were group practices. 31 (88%) of the tutors had stated to have a patient

load of more than 20 patients per day. However, it remained unclear whether this patient loads reflected personal workloads of the Family Practice Tutors or workloads of the practices as this was a methodological error that had been overlooked. (See discussion).

Appointment System

Twenty-eight (80%) of the practices ran an appointment system in combination with open access system. 25 (90%) of them had less than half of their patients seen by appointments.

Patient Profile

Most practices 22 (63%) saw a mixture of private and panel patients. 29 (82%) of the tutors saw patients of all ages but two (6%) of them saw mainly the young and they were paediatricians. The other two (6%) saw mainly adults, one of them was a General Practitioner while the other worked as a company doctor.

Medical Records

All practices kept medical records but there was no agreement on the length of time records were kept. A minority kept it for two years after the last visit while the majority kept all the records for at least five years and some indefinitely. 27 (77%) of the practices used the card system while only 3 (8%) used the problem orientated medical record (POMR) system. Two practices used both computer and card systems, one of them was a group practice and the other one a solo practice. Three practices used both cards and POMR systems; one of which used the POMR system solely for family medical records only.

Administration

Twenty-five (71%) of the tutors managed their practice administration themselves and only 7 (20%) delegated it to employees. Others were managed by other partners or their employer in the case of the tutor who was a company doctor.

General Practice's Staffing

All practices employed receptionists although one of them used a qualified nurse to double up the job as a receptionist as well. Only 11 (31%) of them had a qualified nurse. All practices except one had in-house dispensary services and 21 (60%) of the practices employed a dispenser. One (3%) of the practices reported having a physiotherapist and a dietitian and it was a hospital based practice.

Investigatory Facilities

The practices were questioned about various in-house investigatory facilities they provided. Eighteen (51%) of the practices had basic biochemistry facilities, 14 (40%) had reflolux and 8 (23%) had basic haematology facilities. All but one (97%) practices provided facility for urine pregnancy test and 26 (74%) did urine biochemistry.

Equipment

The three most common types of equipments possessed by the practices were ECG 31 (89%), peak flow meters 29 (83%) and nebulisers 29 (83%). Eleven (31%) practices had ultrasounds and an equal proportion of the practices provided X-ray facilities. Other equipment possessed were dependent on individual tutor's special interests eg. a bilirubinometer in a paediatrician's practice, a bicycle ergometer in the practice of a tutor who had a special interest in sports medicine.

Computer in Practice

Twenty-one (60%) of the practices possessed a computer. Most of them used it for the purposes of billing 16 (76%), word processing 14 (66%) and patient listing 6 (29%).

Provision of Services

All practices provided well person checks and sexually transmitted diseases services. Thirty-four (97%) of the practices provided services for immunisation, and/or minor surgery, and/or general counselling. Thirty-one (89%) of the practices did antenatal and postnatal checks but only 15 (43%) provided intrapartum care. Most practices 30 (86%) did insurance and employment checks. 29 (83%) provided pap smear service. 25 (71%) of the practices provided HRT and/or marital counselling and/or sexual counselling services. 21 (60%) of the practices had quit smoking programmes and 20 (57%) dealt with alcohol problems. Few practices 13 (37%) dealt with drug abuse problems and only one practice (3%) reported dealing with spiritual counselling and/or hypnosis.

As for minor surgical procedures, most do cyst removals, incision & drainage of abscesses, wound care, removal of warts & corns, avulsion of ingrown toe nail, circumscisions, lump removals, skin biopsies etc.

Referral Patterns

All practices referred to other doctors or hospitals. Nearly 24 (70%) of the practices utilised both private sectors and government hospitals mostly, 8 (23%) referred mainly to the private sector and only 3 (9%) referred mainly to government hospitals.

As for referrals to para medical professions, only 27 (63%) of the tutors referred to non-medical colleagues for their professional services. Amongst them, physiotherapists topped the list 21 (60%), followed by psychologists 10 (29%), social workers 9 (26%), dietitians 8 (23%), marriage counsellors 7 (20%) and nurses 6 (17%).

Discussion

From the profile of the Family Practice Tutors, it is noted that only 19 (54%) of the tutors possessed postgraduate qualifications out of which 11 (58%) were postgraduate qualifications in Primary Care Medicine. These consisted exclusively of MCGP FRACGP (Malaysia). It would be ideal in time to come to aim for all Family Practice Tutors to possess a recognised postgraduate qualification in Primary Care Medicine. Steps have already been taken to set up a system of training Family Medicine specialists in several universities in Malaysia by having the Department of Primary Care Medicine offering master programmes in Family Medicine. The Academy of Family Physicians of Malaysia has also started a vocational training programme for general practitioners. Of the non-GP postgraduate qualifications, Internal Medicine (MRCP) was best represented. This reflects the strong input of Internal medicine specialists working in primary care settings in Malaysia currently.

Nevertheless, most of our Family Practice Tutors had more than ten years of general practice (GP) experience which indicates the wealth of their GP experience amongst them.

The wide range and emphasis of special interests amongst the Family Practice Tutors such as Paediatrics, Internal Medicine, Obstetrics & Gynaecology, Dermatology and Occupational Medicine also appear to reflect closely the components of vocational training programmes[5,12]. in countries where primary care specialisation is well established and it would seem to have important implications for our local postgraduate training programmes in Family Medicine.

As for teaching, practically all the Tutors taught medical students clinical consultation skills, communication skills and whole person approach. Over half of the tutors allowed the students to clerk and present cases which is encouraging given that the patients were private patients. Nearly half of them took the students on home visits and the majority of them also taught students how to carry out procedures, prescribing and practice management. It is surprising to note that one tutor did not teach whole person approach. In the teaching curriculum for the third year MB BS, each Family Practice Tutor were given a guidebook on the contents of the curriculum. In this study it seems that there has been no uniformity in teaching methods used among the tutors. It has become apparent that it is necessary to brief the Family Practice Tutors about the teaching methodology and hence standardise teaching.

With respect to making library facilities accessible to medical students in the community practices, it is believed to be essential that all teaching practices should aim to provide these facilities in the future for educational purposes.

It was encouraging to find a high percentage of the Family Practice Tutors declaring their participation in CME. These findings may be explained by our bias in study selection since the Family Practice Tutors would be expected to be more committed to their professional obligations having already declared their interest in teaching medical students.

In the U.K. only 2% of doctoral thesis in medicine are awarded to general practitioners[13], despite general practitioners outnumbering consultants by two to one and 90% of contacts between patients and the health service occurring in general practice. A consultant is expected to have published research, but for a general practitioner this is rare[14]. Therefore, it is commendable that despite their heavy private practice workload, some Family Practice Tutors were involved

in some form of research activities and it is hoped that more primary care physicians will be encouraged to do research in the ideal community settings such as research on prescribing habits, common clinical conditions, practice management etc.

Regarding patient workload, as the clinics have different operating hours and days, different number of physicians worktime and different administration arrangements in employing locum, in order to calculate patient workload in this mix, it will probably be more meaningful to calculate patient load per physician's hour or patient load per hour per individual doctor for future research. It is believed that patient workload is an important factor in the recruitment of Family Practice Tutors since teaching and explanations take time and as Geoffrey Marsh, a general practitioner in U.K. said, "Medical students are the enemy of larger lists."[13]

Most practices used both appointment and open access systems. This indicates the demand for convenience when accessing doctors from the general population. Nearly all the practices were dispensing practices. This is in contrast to the U.K. and Australian practices where the reverse is true. Most of the dispensing in these countries are done by pharmacists.

In the results for patient profile, we were surprised to find that one tutor did not see the elderly and another did not see paediatric cases. This finding is surprising since doctors in primary care setting would be expected to see patients from all age groups and this would also seem to be an important fundamental principle in Family Medicine to teach medical students especially in their introductory year in Primary Care Medicine. Nevertheless, most practices surveyed did provide a comprehensive range of services except for a few practices with relatively restricted interests.

When looking at General Practice staffing, only a third of the practices were found to have employed a qualified nurse. It would seem desirable to make use of more qualified nurses' services to enhance the nursing care provided and to facilitate health promotion and education within these practices.

In comparison to the wider usage of physiotherapists, it was noted that only about a quarter of the practices referred patients for the services of either psychologists, social workers, dietitians or counsellors. It could be advantageous to explore greater utilisation of external resources available such as the foregoing voluntary groups and social services to reflect better appreciation of the team and holistic approaches in delivering primary health care. This is also another salient principle of Primary Care Medicine that should be taught to medical students.

Conclusion

This study has provided us with an insight into some of the characteristics of urban Primary Health Care practice and delivery in a selected group of community based clinics participating in the undergraduate medical curriculum of the University of Malaya. It is hoped that this will add to a better understanding of the urban Primary Health Care System in Malaysia given the national priorities in upgrading Primary Health Care towards Vision 2020[2,3].

It can also be recognised that important principles of Primary Care Medicine can and are being taught to our undergraduate medical students in the ideal community setting. It is hoped that this study will assist in further refining the Primary Care Medicine curriculum for our undergraduate medical programme.

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