

Australian doctors and their postgraduate qualifications

C Pearce, S T Liaw, P Chondros, L Piggford, B McGrath, K Jones

C Pearce, MBBS, FRACGP, FACRRM, MFM (Monash), is Senior Lecturer in Rural General Practice, Department of General Practice, The University of Melbourne, Victoria.

S T Liaw, PhD, MBBS, FRACGP, is Associate Professor, Department of General Practice, The University of Melbourne, Victoria.

P Chondros, MSc, is a statistician, Department of General Practice, The University of Melbourne, Victoria.

L Piggford, MBBS, FRACGP, is a general practitioner, Melbourne, Victoria.

B McGrath, PhD, MBBS, is Associate Professor, Department of Rural Health, The University of Melbourne, Victoria.

K Jones, PhD, MSW, is a research assistant, Department of General Practice, The University of Melbourne, Victoria.

BACKGROUND A key activity for doctors is lifelong learning. This may be as part of professional development, vocational registration, formal postgraduate study, eg. university diplomas and degrees, or vocational training which leads to fellowship of a professional college. However, there are significant barriers of time and cost that prevent many doctors from participating in lifelong learning.^{1,2}

METHOD We examined the range of basic and postgraduate qualifications held by a representative sample of 1198 doctors provided by the HIC of Australian doctors.

DISCUSSION Significant numbers of general practitioners practise without a formal postgraduate qualification in general practice, unlike our specialist colleagues. However, postgraduate studies are undertaken in a variety of other formats and

The first general practice training program was introduced in 1975 by the Royal Australian College of General Practitioners. In 1989 the federal government introduced vocational recognition which made postgraduate training mandatory for unsupervised practice in Australia.^{3,4} Before this, the default position for medical graduates was general practice. New developments in academic postgraduate study in Australia include Masters and graduate diploma degrees, some by distance education.^{5,6}

Methods

A random sample of 1198 doctors was provided by the HIC, based on their population sampling techniques. Eligible doctors were selected on the basis of having generated >375 claims in a three

month period on the general practice items in the Medical Benefits Schedule (MBS) (defined as general practitioners), or >200 claims from the specialist sections of the MBS (defined as specialists). The sample included both metropolitan (RRMA classifications 1–3) and rural (RRMA classifications 4–7) doctors. They were sent a questionnaire which asked their postgraduate qualifications from several choices (FRACGP, FRACS, FRACP, FRACOG, and ‘other’). General practice registrars in training (and thus without FRACGP) were excluded from this data set. Specialist registrars do not have access to the MBS.

Results

Of the 1198 surveys, 61% were returned. Qualifications were collapsed for equiva-

lent degrees in a given specialty, (eg. FRACS, FRCS (Lond), FRCS (Edin), FACS). No postgraduate qualifications were reported by 34% of respondents. These were almost exclusively GPs: <2% specialists compared to 46% GPs. The number of GPs without a postgraduate qualification in general practice (FRACGP or equivalent, FACRRM) was 56%.

Only 36% GPs were qualified with the FRACGP, and 5% with the FACRRM, (eight had both qualifications); 17% of rural GPs had the FACRRM compared to 1% of metropolitan GPs. Older GPs were less likely to have a FRACGP (median age 49 years for GPs without a FRACGP, versus 41 years for GPs with a FRACGP, $P < 0.001$); 16% of the GPs had at least one diploma, mostly a Diploma of

Obstetrics (10%) (Table 1).

There was cross qualification: 5% of GPs had a specialist qualification, and 3% of specialists had the FRACGP. Three percent of specialists had a PhD, compared to <1% of GPs. However, GPs were much more likely to have a Masters degree (5%) compared to specialists (1%) (Table 2).

Discussion

There are some limitations to this study. The methods limited the study to some doctors, not representing pathologists and anaesthetists for example. Nonetheless we believe this sample is representative of the majority of clinicians practising in Australia.

That 66% of clinicians had at least two qualifications in addition to their basic medical degree indicates how many doctors seek to improve their knowledge. Whereas the first and second qualifications may be necessary to practise in a given discipline, the third is usually voluntary. Many of these courses are expensive (eg. Masters by coursework is \$8000).

Despite barriers of time and cost, many Australian GPs continue to pursue postgraduate studies for formal awards.

Implications of this study for general practice

- 56% of GPs practise without the qualification FRACGP.
- 15% have postgraduate degrees (Masters, diploma or PhD).
- 7% have a specialist qualification.
- There should be encouragement of higher research degrees (PhD, MD) to achieve research parity with specialists.
- There should be adoption of the FRACGP as a standard for general practice to achieve professional parity with specialists.

Table 1. Number of qualifications per doctor, excluding basic medical qualification

| Number of total qualifications | Total n=665 | | Specialist n=180 | | GP n=474 | |
|--|-------------|------|------------------|------|----------|-------|
| | n | (%) | n | (%) | n | (%) |
| None | 228 | (34) | 3 | (2) | 220 | (46) |
| 1 | 351 | (53) | 155 | (86) | 191 | (40) |
| 2 | 60 | (9) | 17 | (9) | 43 | (9) |
| 3 | 16 | (2) | 2 | (1) | 13 | (3) |
| 4 | 6 | (1) | 2 | (1) | 4 | (1) |
| 5 | 4 | (1) | 1 | (1) | 3 | (1) |
| GP qualifications (FRACGP, FACRRM, FRCGP, CCFP) | | | | | | |
| None | 446 | (67) | 174 | (97) | 265 | (56) |
| 1 | 192 | (30) | 6 | (3) | 182 | (38) |
| 2 | 24 | (4) | 0 | (0) | 24 | (5) |
| 3 | 3 | (1) | 0 | (0) | 3 | (1) |
| Specialist qualifications (FRACS, FRACP, FRANZCOG, etc) | | | | | | |
| None | 475 | (71) | 16 | (9) | 449 | (95) |
| 1 | 181 | (27) | 159 | (88) | 21 | (4) |
| 2 | 3 | (1) | 3 | (2) | 0 | (0.0) |
| 3 | 6 | (1) | 2 | (1) | 4 | (1) |
| Other qualifications (PhD, Masters, DipObs, etc) | | | | | | |
| None | 570 | (86) | 152 | (84) | 409 | (86) |
| 1 | 84 | (13) | 26 | (14) | 57 | (12) |
| 2 | 8 | (1) | 1 | (1) | 6 | (1) |
| 3 | 3 | (1) | 1 | (1) | 2 | (0.4) |

FRACGP: Fellow Royal Australian College of General Practitioners
 FACRRM: Fellow Australian College of Rural and Remote Medicine
 FRCGP: Fellow Royal College of General Practitioners (UK)
 CCFP: College Certified Family Physician (Canada)
 FRACS: Fellow Royal Australian College of Surgeons
 FRACP: Fellow Royal Australian College of Physicians
 FRANZCOG: Fellow Royal Australian College of Obstetricians and Gynaecologists

References

1. Smith L F, Eve R, Crabtree R. Higher professional education for general medical practitioners: key informant interviews and focus group findings. *Br J Gen Pract* 2000; 50:293–298.
2. Smith L F, Eve R, Crabtree R. Higher professional education for general practitioners: postal questionnaire survey. *Br J Gen Pract* 2000; 50:288–292.
3. Bollen S. A history of general practice in Australia. In: *General Practice in Australia: 2000*. Canberra: Commonwealth Department of Health and Aged Care, 2000; 3–38.
4. National Health Strategy. The future of general practice: Issues paper no. 3. Canberra: Australian Government Printing Service, 1992.
5. Smith L F. Higher professional training in general practice: provision of master's degree courses in the United Kingdom in 1993. *Br Med J* 1994; 308:1679–1682.
6. Schattner P, Piterman L, Laerum E, McCall L, Parer M. Distance education. Part 5. Family medicine research at a distance. Guidelines for supervisors. *Aust Fam Physician* 2000; 29 (Suppl 1):26–29.

AFF

Table 2. Qualifications of specialists and GPs

| Qualifications | Total n=665 | | Specialist n=180 | | GP n=474 | |
|-----------------------|----------------|------|---------------------|------|-------------|-------|
| | n | (%) | n | (%) | n | (%) |
| GPs | | | | | | |
| FRACGP | 177 | (27) | 4 | (2) | 170 | (36) |
| FACRRM | 23 | (4) | 1 | (1) | 22 | (5) |
| Diploma in Obstetrics | 49 | (7) | 1 | (1) | 47 | (10) |
| Specialists | | | | | | |
| FRACS | 57 | (9) | 41 | (23) | 15 | (3) |
| FRACP | 88 | (13) | 83 | (46) | 5 | (1) |
| FRACOG | 28 | (4) | 16 | (9) | 12 | (3) |
| FRANZCP | 32 | (5) | 31 | (17) | 1 | (0.2) |
| Others | | | | | | |
| Other diploma* | 38 | (6) | 3 | (2) | 33 | (7) |
| Other fellowship** | 32 | (5) | 21 | (12) | 11 | (2) |
| Masters | 25 | (4) | 2 | (1) | 23 | (5) |
| PhD | 8 | (1) | 5 | (3) | 3 | (1) |

*Three GPs had two other diplomas

**Two GPs had two other fellowships

Correspondence

Chris Pearce

Department Of General Practice

The University Of Melbourne

200 Berkeley Street

Carlton, Vic 3053

Email: cpearce@unimelb.edu.au