

DOCET Evaluation & Development Research

Practitioner Survey Report 2002

Research completed and reported by:



**Business Excellence
(International) Ltd**

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N.B. Appendices 1 & 2 have been supplied as separate documents by request.

Executive Summary

Executive Summary

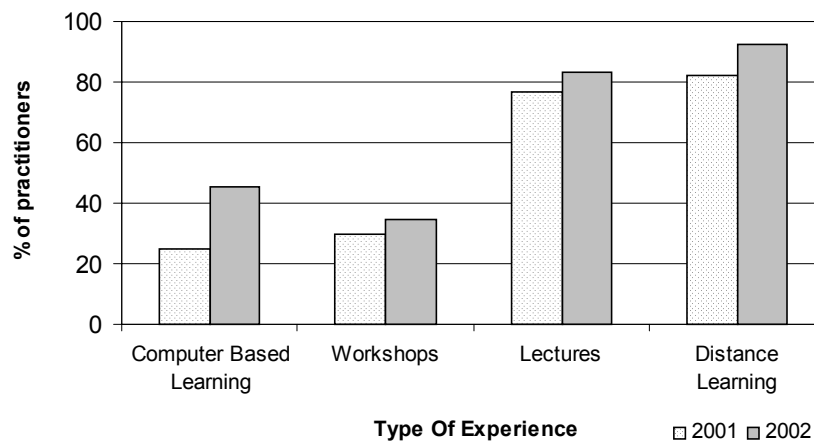
Introduction

A total of 9197 practitioners were contacted and 1578 (17.2%) participated in this year's survey. This compares with a 17.3% response in 2001. The questionnaire was posted directly to practitioners together with a covering letter from the DOCET Chairman. All questionnaires were entirely anonymous and a reply paid service was also included.

The main survey topics were taken from the 2001 practitioner survey to allow a direct comparison of results. However, some additional questions were asked to cover new developments in the services supplied by DOCET over the last year.

Feelings About Main CET Types

Figure 7: The percentage of practitioners undertaking each CET type in the last twelve months

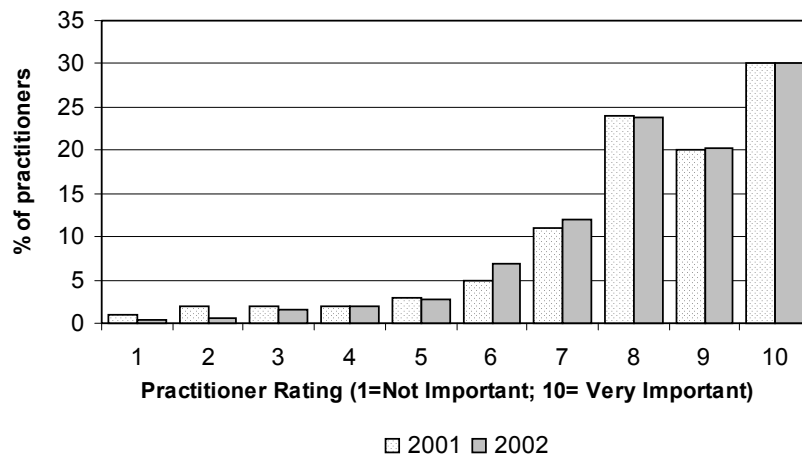


- ❑ Over four out of five practitioners have taken part in lectures and distance learning over the last twelve months. More than one in three has taken part in a workshop and two in every five has taken part in computer-based learning.
- ❑ Distance learning is perceived to be the most available form of CET. Practitioners have perceived reduced availability in both lectures and workshops.
- ❑ As the content of CET becomes less balanced it is perceived to become too theoretical, not too applied. Distance learning is thought to be the least balanced and most theoretical format of CET.

- ❑ No single form of CET has been rated particularly highly as meeting areas of need within the profession. Computer based learning is rated lowest at being able to meet areas of need within the profession.
- ❑ In every area, except that of computer-based learning, practitioners perceive DOCET to be performing less well in 2002 than in 2001 at supporting each form of CET.

Feelings About CET

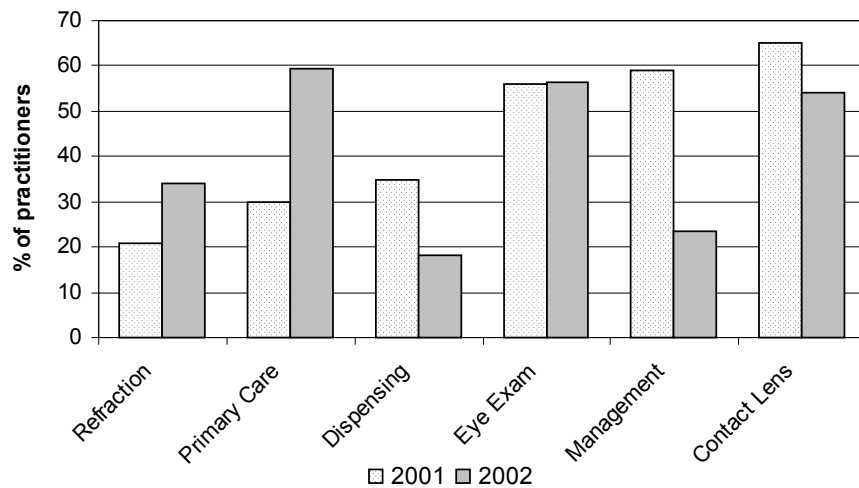
Figure 14: How important do you feel CET is to the standard of patient care available in the UK?



- ❑ The perceived importance of practitioners on the importance of CET to patient care has remained unchanged from 2001.
- ❑ There has been no marked increase in practitioner acceptance of CET over the last year.
- ❑ As in 2001, practitioners feel that the last 12 months CET has had far more impact on them than on their patients. The actual rating of how beneficial CET has been to them has fallen since 2001.
- ❑ Overall, the use of PDP's has fallen from an average of 25.4% in 2001 to 22.0% in 2002. It would appear although fewer practitioners now have PDP's those who do are using them to greater effect.
- ❑ The most common form of PDP was self-developed, followed by company developed, then DOCET/College developed PDP.

- 22.2% of practitioners attended a DOCET PDP Roadshow. Of these people, only 4.6% stated that it had a lot of impact in their likelihood to use a PDP. However, an analysis of feedback questionnaires returned at the time of the Roadshows showed that 92% of practitioners thought they would have a beneficial impact on their clinical skills!

Figure 21: How interested would you be in CET in the following areas over the next 12 months?

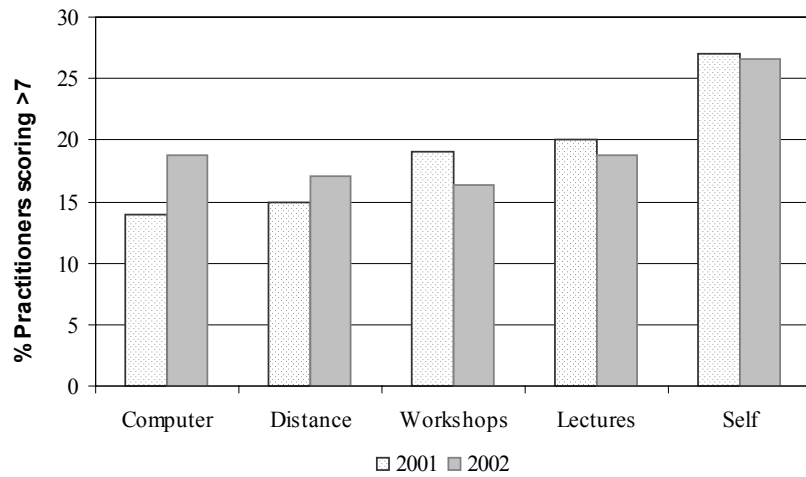


- Primary care and the eye examination are the forms of CET most likely to be undertaken over the next year. Practitioner interest in CET on refraction rose strongly, whilst interest in practice management CET suffered the biggest collapse. Dispensing also exhibited a large fall in interest.

Actual CET Undertaken

- Far more hours are spent on accredited CET than non-accredited CET. The most commonly undertaken form of CET was distance learning, with lectures coming a close second.
- Lectures and distance learning were rated as the formats that had most relevance in learning about ocular disease diagnosis and as in 2001, computer based learning was thought to have least impact.
- Workshops were rated as having the most relevance in eye examination CET and practitioners view lectures as being the medium with the least impact.
- Overall, the relevance of dispensing CET was rated as the lowest of all the five areas. Self-developed improvements were rated as having most relevance with computer based learning having the least relevance.

Figure 28: The relevance of CET in the area of practice management



- Practice management CET now has a greater overall relevance rating and likelihood of being undertaken than dispensing CET. Self-developed learning remains the most relevant for practitioners while both workshops and lectures are perceived to be less relevant.

- Overall, practitioners rated the relevance of each type of CET. The order of these (with the most relevant first) is:
 1. Ocular Disease Diagnosis
 2. Contact Lenses
 3. Primary Care
 4. Eye Examination
 5. Practice Management
 6. Dispensing

Introduction & Methodology

The Directorate of Continuing Education and Training (DOCET) has to determine that the services it offers and the CET being undertaken by practitioners are having a beneficial impact on patient care. In order to assess this DOCET commissioned Business Excellence (International) Ltd to undertake a 5-year study, on the effectiveness and impact of CET on patient care. There are three main parts to this project, which are:

1. The relationship between the amount of CET undertaken and patient perception of care/service.
2. The attitude, behaviour and needs of practitioners in relation to CET and also DOCET.
3. The evaluation of CET course effectiveness.

This report relates to point 2 and is the second year of information collected directly from practitioners. Information from the 2001 survey has been used to compare against that found in 2002 in order to monitor any differences in scoring over time.

The questionnaire was posted directly to practitioners together with a covering letter from the Chairman. It was made clear that all questionnaires were entirely anonymous and a reply paid service was also included.

Questionnaire Development and Piloting

The main survey topics were taken from the 2001 practitioner survey questionnaire to allow a comparison of like-for-like results. However, there was a consultative process between DOCET and Business Excellence International that produced some additional questions to cover new developments in the services supplied by DOCET over the last year.

Analysis

Where ten-point rating scales are used a score of nine or ten out of ten is taken to equate to total agreement or satisfaction with the issue in question. It will be highlighted in the report if (due to the nature of the question) a different point on the rating scale has been used as the cut off for the benchmarking standard.

Statistical Significance

Descriptive statistics simplify and summarise data so that it is more manageable. Inferential statistics are techniques that allow sample data to be used to make general statements about a population. Meaningful generalisations are only possible if the sample is representative of the population from which it was drawn. Random sampling helps ensure this. Both of these techniques were used in analysing the sample data.

The main inferential technique used was One Way Analysis of Variance, using the amount of CET as an independent variable.

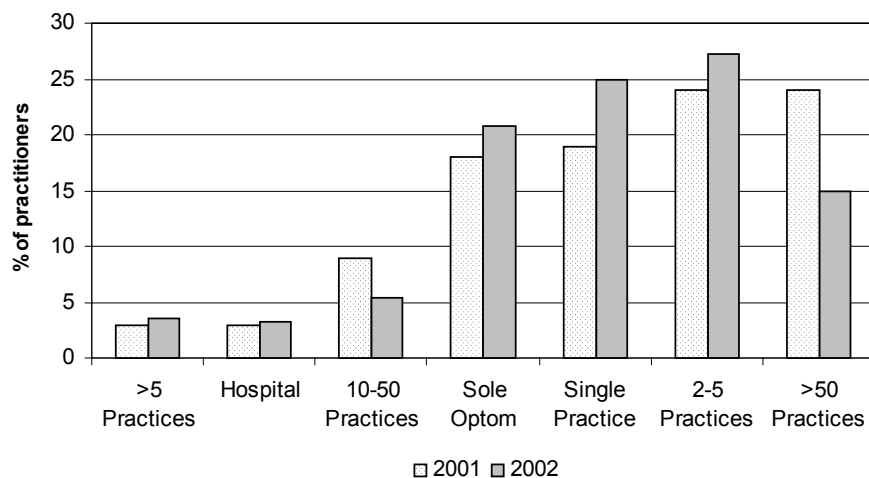
Analysis of Variance (ANOVA) is used to determine if mean differences exist for two or more populations. As it is very unlikely that two samples will be identical, even if they come from the same population, the purpose of ANOVA is to decide whether the differences between the samples are due to chance (sampling error) or whether systematic effects occur that cause the scores in one group to be different from the scores in another.

An F-test was completed for the sample data. In comparing the results of our statistical F-test with the Alpha level (the level of significance or alpha level is simply a probability value that is used to define the term ‘very unlikely’) we are able to confirm that the data is statistically significant.

Demographics

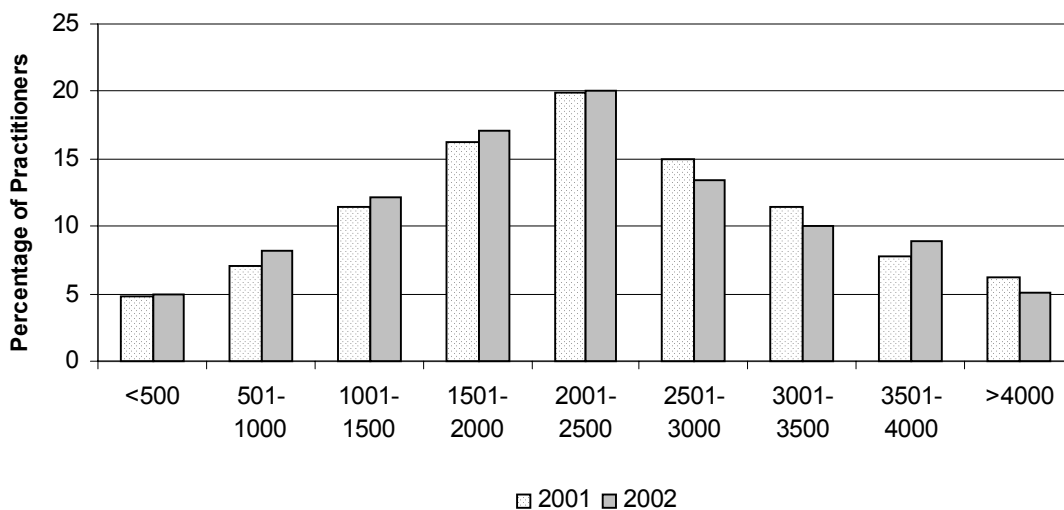
In total 9197 practitioners were contacted by letter inviting them to participate in the survey and 1578 (17.2%) responded. This compares with a 17.3% response in 2001, although in 2002 a greater number of questionnaires were returned. Within this mailing there were a noticeable number of retired and non-practicing practitioners, to whom the questionnaire was not applicable.

Figure 1: The main practice type of responding practitioners



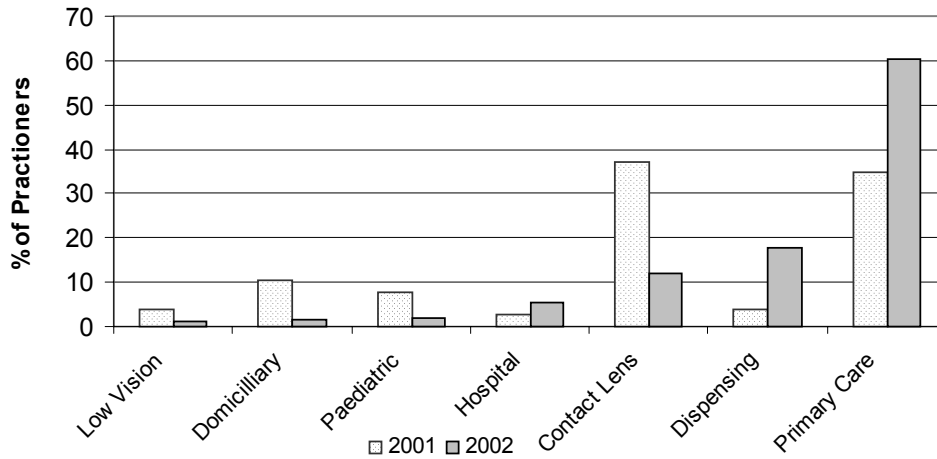
From Figure 1 we can see that the most common place for respondents to work is either in single practice or in a small group of 2-5 practices. Also, far fewer respondents worked in medium/large groups than in 2001.

Figure 2: How many eye examinations do you perform each year?



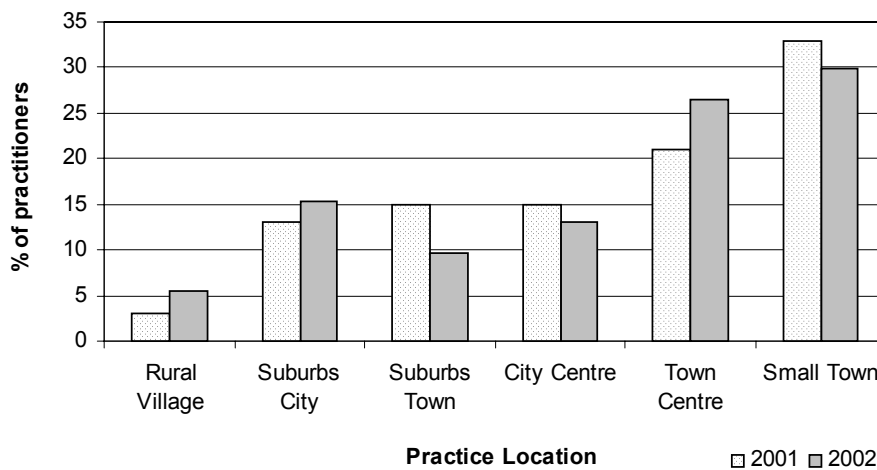
Both years' results show almost a normal distribution centred around 2001-2500 examinations per year. Again, the results here have not changed significantly from those in 2001.

Figure 3: What is the main form of practice you specialise in?



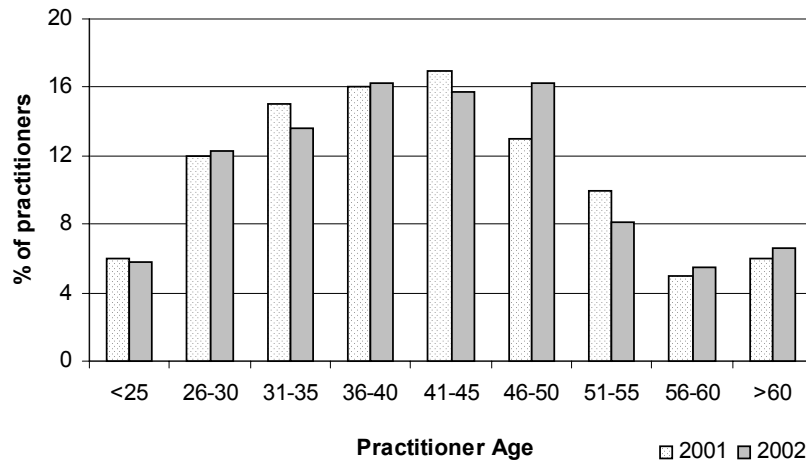
It can quickly be seen that primary care is the most common specialism of respondents and that dispensing is now much more common amongst the returns than it was in 2001. There are also significantly fewer returns from practitioners who specialise in contact lenses.

Figure 4: What location is this practice in?



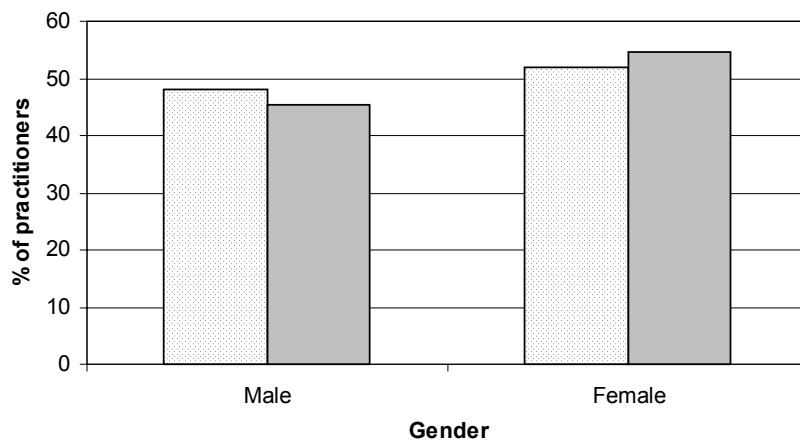
Over half the optometrists who responded work in either a small town or town centre. The smallest proportion of respondents work in rural villages.

Figure 5: The age of responding practitioners



The age profile of respondents in 2002 is very similar to that seen in last year’s report, with 12.1% of practitioners now over the age of 55 compared to 11% in 2001. The average length of time practitioners have been practicing for is 18.3 years.

Figure 6: The gender of responding practitioners



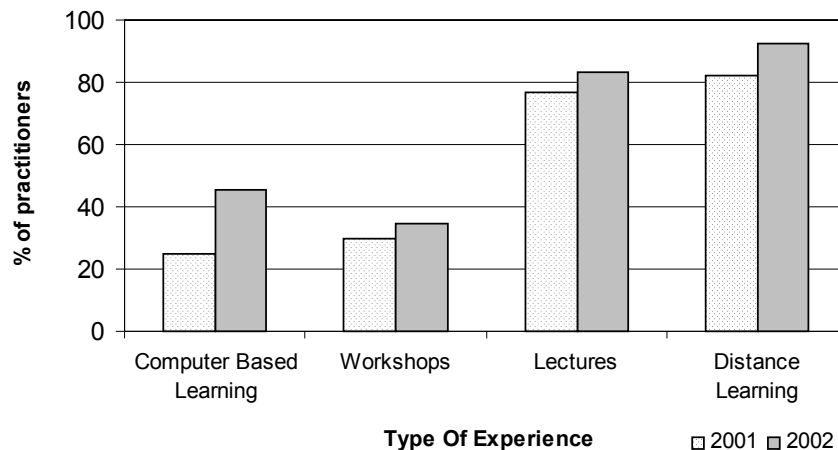
Very similar proportions of males and females responded in 2002 when compared to 2001. It is encouraging that these proportions are so similar and so we gain a balanced opinion of CET in terms of gender.

Practitioner Survey Results

Practitioner Survey Results

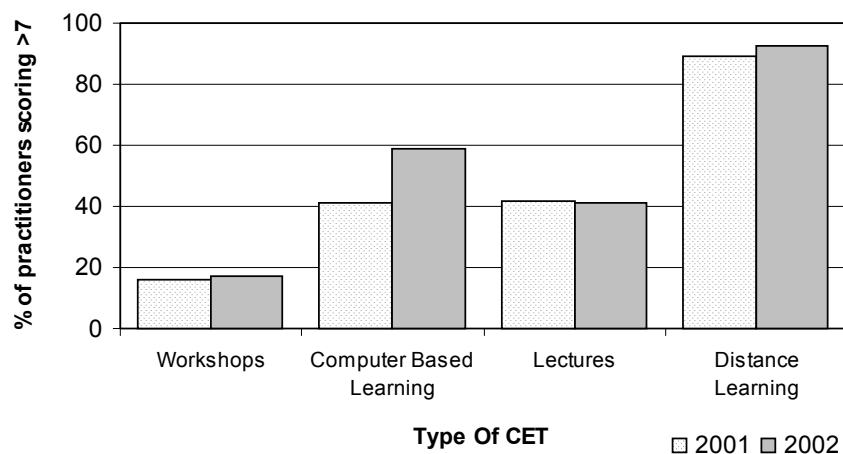
The Main Types Of CET

Figure 7: The percentage of practitioners undertaking each CET type in the last twelve months



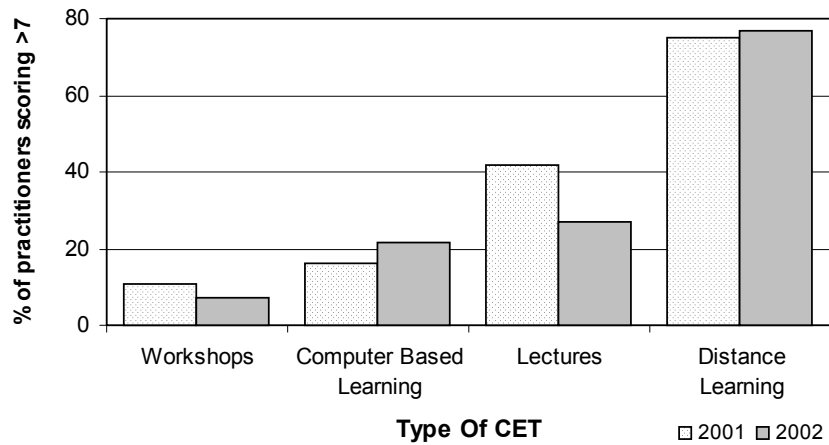
Over eight out of ten practitioners have taken part in both lectures and distance learning over the last twelve months. More than one in three has taken part in a workshop and two in every five has taken part in computer-based learning. These figures are all slightly up on those seen in 2001.

Figure 8: Practitioner rating of the accessibility of different types of CET



Practitioner ratings of the accessibility of the different types of CET on offer are largely unchanged from those in 2001. The main difference lies in the increased accessibility rating for computer-based learning. Is this due to an increase in this CET activity or is the increase due to more practitioners now having computers?

Figure 9: CET Available By Type



As in 2001, distance learning is rated as being most available. Practitioners perceived a reduced availability in both lectures and workshops, while the availability of computer based learning has increased slightly.

Figure 10: Practitioner ratings of the content of CET

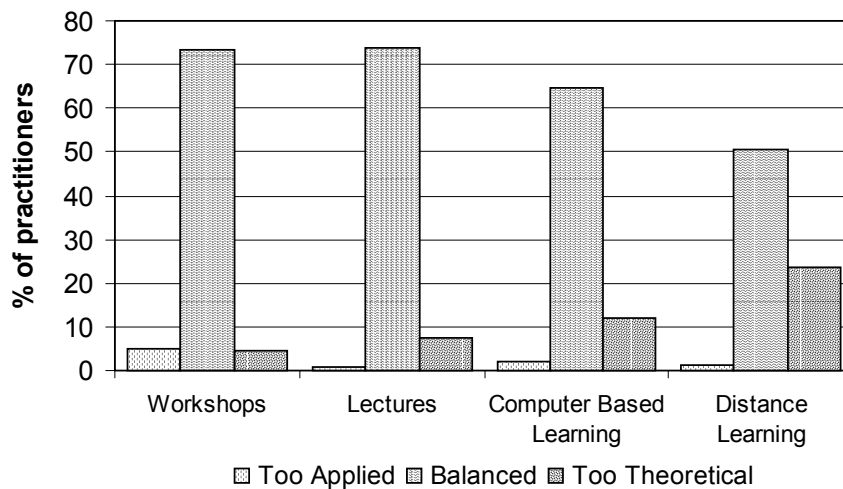
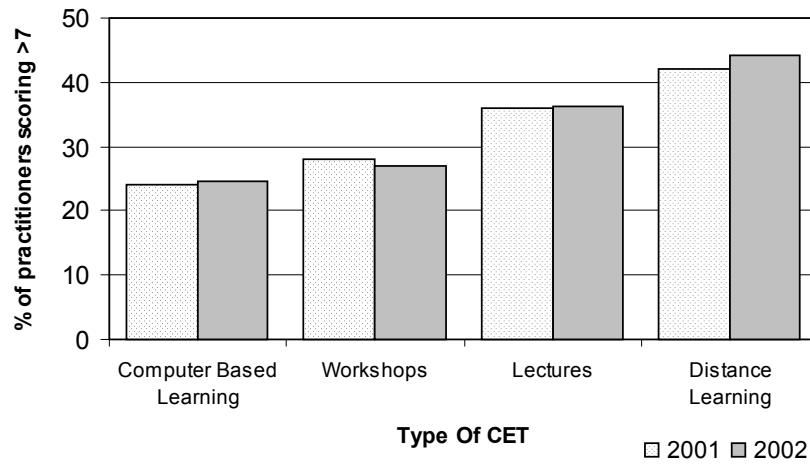


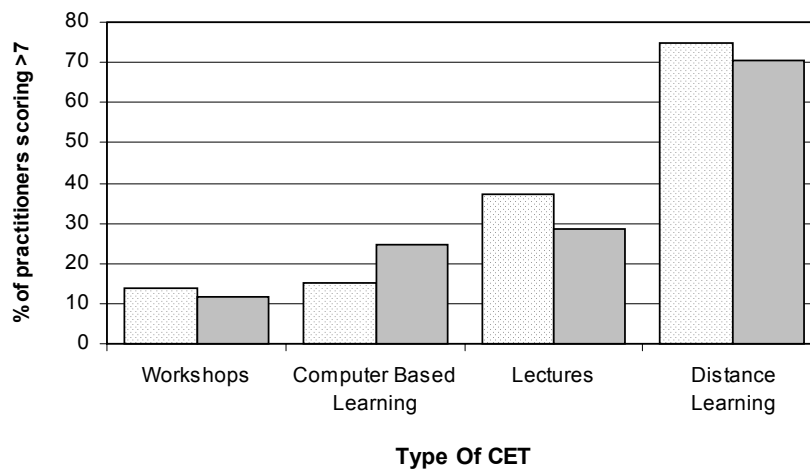
Figure 10 looks at the proportion of practitioners who rated each type of CET as too applied, balanced or too theoretical. We can show that in the opinion of practitioners, as CET becomes less balanced it is perceived to become too theoretical and not too applied. Although distance learning is undertaken the most, is most accessible, most available and is perceived to meet needs within the profession best (Figure 11) it is thought to be the least balanced and the most theoretical format of CET.

Figure 11: The ability of CET Types to meet areas of need within the profession



The pattern of scoring here is very similar to that seen in 2001. No single form of CET has been rated particularly highly as meeting areas of need within the profession. Interestingly, computer based learning, which has become more accessible and more available is rated lowest at being able to meet areas of need within the profession. Again, distance learning has been rated the highest but all of these CET types must try to better meet practitioner needs.

Figure 12: Practitioner ratings of how well DOCET has performed in supporting CET



In every area, except that of computer-based learning, practitioners perceive DOCET to be performing less well in 2002 than in 2001 at supporting each form of CET.

The following pages show the main themes in the comments practitioners gave on each format of CET. Full comments can be seen in Appendix 1.

Lectures

- ❑ Usually very expensive, difficult to travel to.
- ❑ Not local enough and far too expensive. I work part time and CET costs me several workdays' salary!
- ❑ Main problem with attending CET lectures is cost and time aspect – I do not expect lectures to be free.
- ❑ Tend to pack too much into the time and give inadequate lecture notes in many cases.
- ❑ Few courses locally – attendance means long travel and often expense.
- ❑ One has to make the effort by giving up precious family time to participate.
- ❑ I like this type of CET but home demands make it impractical at present.
- ❑ Only available by either taking a day off or too early in evening to reach after work – needs to be on a Sunday.
- ❑ People do not like to give up Sundays for work related activities.

The main comments on lectures were about the expense of the courses and the time out of practice/family they require. Some comments wanted courses to be on Sundays while others commented that this intruded too much on their private lives, which emphasises one cannot satisfy all of the people all of the time. The need for better lecture notes was also a common theme.

Workshops

- ❑ We need more locally based workshops.
- ❑ Tends to be part of larger events, so time out of practice required – but usually good quality CET.
- ❑ Generally not available in my locality.
- ❑ Most workshop type CET seems to be based in southern England, therefore very inconvenient.
- ❑ We need more! Seeing things and doing tasks teach more than a lecture.
- ❑ We need more workshops – better accessibility for whole country not just London and major cities.
- ❑ Location, location, location again!

The majority of practitioners made very positive comments about this format of CET learning. There were many comments asking for more of this but the main reason for practitioners not taking workshops up was that they found them to be not easily accessible (geographically), which is emphasised in Figure 8.

Distance Learning

- ❑ Very important form of CET for those of us who's other responsibilities means we cannot regularly travel to London.
- ❑ Brings CET to those unable to take time out of practice and personal time. Essential for part-time practitioners, difficult to ignore!
- ❑ This is the perfect top up for busy optometrists.
- ❑ Very flexible for me. Easily accessible. Can pick and choose topics I am interested in.
- ❑ Very good content and availability.
- ❑ Too easy to score points. Should be restricted to a maximum proportion of the annual 10 points.
- ❑ Should not be able to achieve all points this way.
- ❑ DOCET tapes excellent.
- ❑ Cassettes send me to sleep.

Distance learning is seen to be a very user-friendly form of CET due to the flexibility it offers in terms of time. However, there were concerns expressed about the validity of distance learning and the ability of practitioners to 'work the system' to get their CET credits. Comments were also made on the optometric quarterly tape/CD format. Again, it is impossible to satisfy all practitioners all the time.

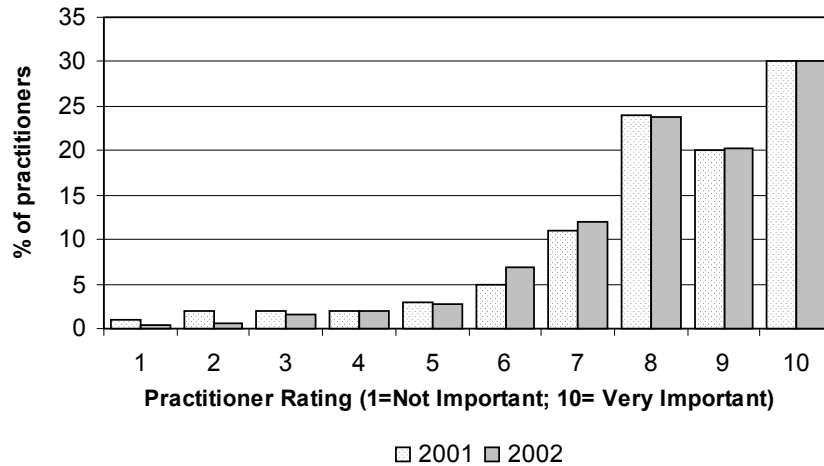
Computer Based Learning

- ❑ By far the best method, both for ease of use and more information retained – most effective in actual learning!
- ❑ I very much liked the CD ROM version because of the interaction/pictures.
- ❑ Excellent idea – more should be available.
- ❑ Excellent way to keep up with CET. Can do as much as you want whenever you want, therefore not fixed to set time or day. Can also stop/start/review. Nobody can give 100% attention to a lecture and often wish could hear something again. Also, can keep for future to refresh memory.
- ❑ Do not have access to a computer at present.
- ❑ I don't have access to a PC with enough memory to read most of the CD ROMs available.

Many practitioners find computer based learning to be extremely useful, whilst numerous others do not. The main problem with this form of CET is that a lot of practitioners still do not have access to a PC. However, if time and transport to CET are problematic for practitioners and this type of CET solves these problems then in theory, the uptake should be greater. In all probability as older, less IT orientated practitioners retire and younger ones come through, computer based CET should become more popular.

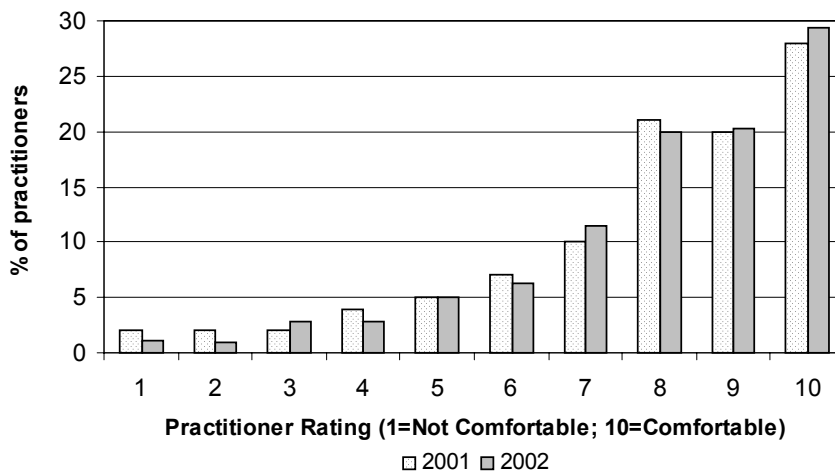
Feelings About CET

Figure 14: How important do you feel CET is to the standard of patient care available in the UK?



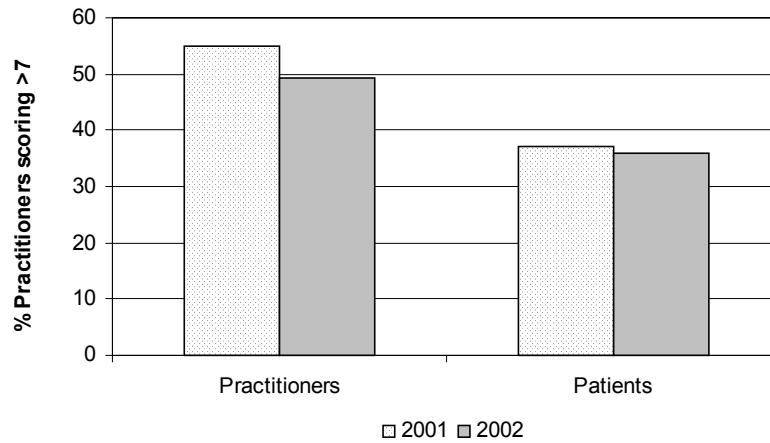
In 2001, 74% of practitioners gave a score of eight or above indicating that they feel CET to be important. This year the percentage is essentially unchanged at 74.1%. However, 3% fewer practitioners scored on the negative side of the scale.

Figure 15: How comfortable do you feel with the need to undertake accredited CET?



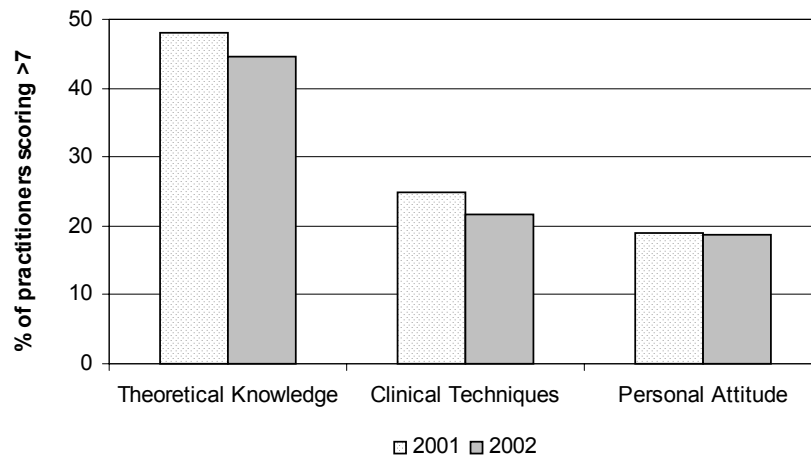
There has been no marked increase in practitioner acceptance of CET over the last year. In a very similar result to that seen in 2001, 69.5% of practitioners now feel 'very comfortable' with the need to undertake accredited CET. However, fewer practitioners scored negatively on this area. Data from future years will be required to see if this is the beginning of a trend in the acceptance of CET and whether or not it continues.

Figure 16: Overall, how beneficial has the last twelve months CET been to...?



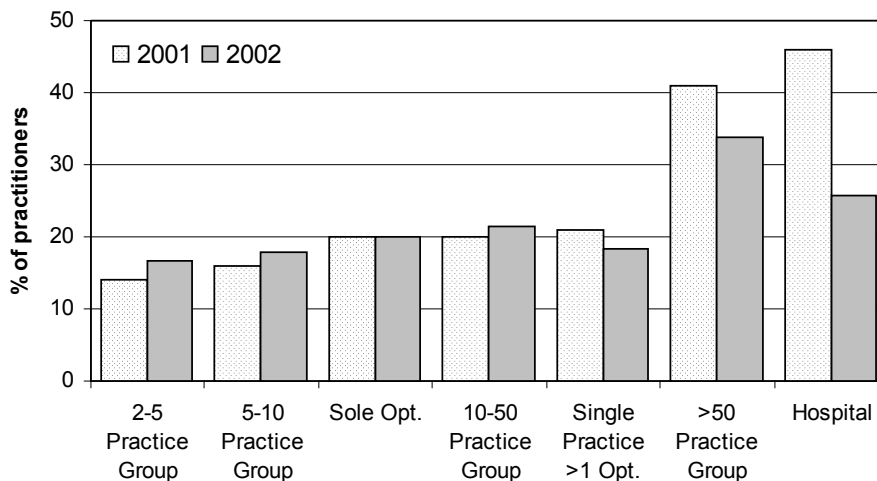
As in 2001, practitioners feel that the last 12 months CET has had far more impact on them than it has had on their patients. However, the actual rating of how beneficial CET has been to them has fallen over the last year, while that for the benefit to their patients has remained fairly static.

Figure 17: How much opportunity for improvement do you feel you have in the following...?



All three areas have shown a fall in the proportion of practitioners scoring 8, 9 or ten out of ten from 2001. There could be a number of reasons for this, one of which could be that the CET being undertaken is having a positive impact on practitioner perception of their skills. However, this hypothesis cannot be supported from the data available but it is important to note that a fall in scoring here is not necessarily a poor result.

Figure 18: Do you have a Personal Development Plan (PDP)?



Excluding hospitals and >50 practice groups the type of practice an optometrist works in has only a slight bearing on whether or not they have a personal development plan. Overall, the use of PDP's has fallen from an average of 25.4% in 2001 to 22.0% in 2002. A large reason for this reduction would appear to be due to the reduction in PDP use within >50 practice groups and Hospitals.

54.7% of practitioners have a self-developed PDP, 35.9% have a company developed PDP, while the remaining 9.4% have one from DOCET/College.

Practitioners were then asked what they felt the barriers were that either prevented them from implementing a PDP or of maximising the benefits of one. Full comments can again be viewed in Appendix 1 but the main themes were:

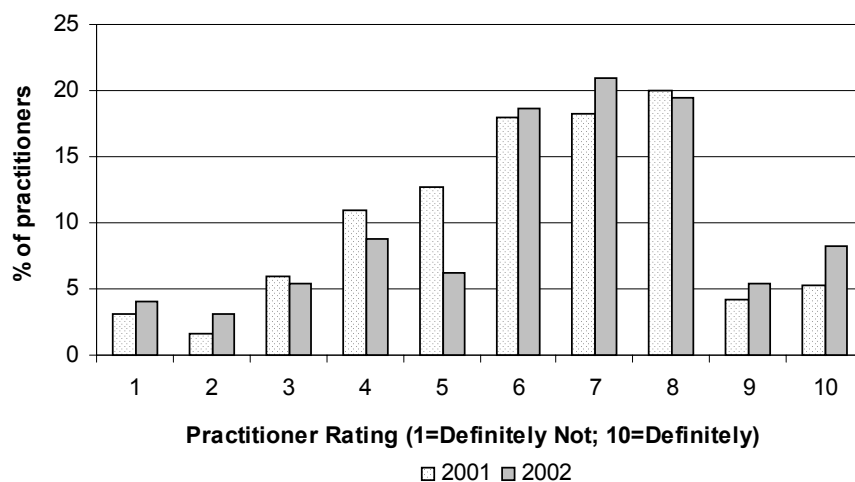
- Why waste time formalising something that I have been continuously doing for over 30 years?
- I don't know what a PDP is.
- It is a very bureaucratic way of stating the obvious. I know where I need to develop – don't need a portfolio to identify this and can't be bothered with the paperwork involved.
- Not interested.
- Time.
- Time and motivation.
- Not sure whether I have time to do it.
- Never heard of it!
- Do CET that is convenient and not that which may be more beneficial if inconvenient.

It would seem to be quite incredible, given the articles, Roadshows and DOCET effort given to publicising PDP's that many practitioners do not know what they are or have not heard of them. As with all CET the issue of time arises again and again. Done properly PDP's should save time but this message has obviously not gotten through. However, the question has to be asked, 'Is the issue of time just a convenient excuse?'

There are also numerous recalcitrant practitioners who do not see the point of implementing a PDP to formalise what they have been doing in practice. Most worryingly, was the comment that I 'do CET that is convenient and not that which may be more beneficial if inconvenient'.

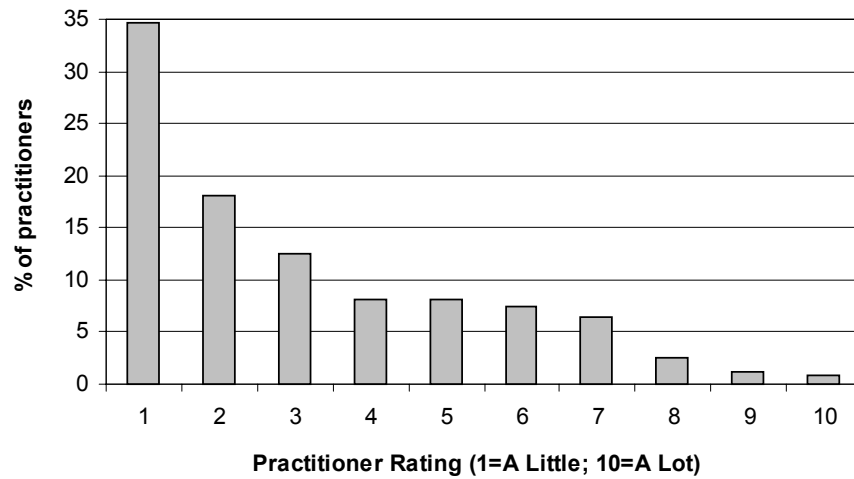
From the comments made on this section there would appear to be a great deal of apathy within the profession regarding personal development. This is obviously not the case for all practitioners but there are many who have admitted to falling into this category – just read their comments!

Figure 19: Do you maximise the use of your PDP in identifying opportunities for self-improvement?



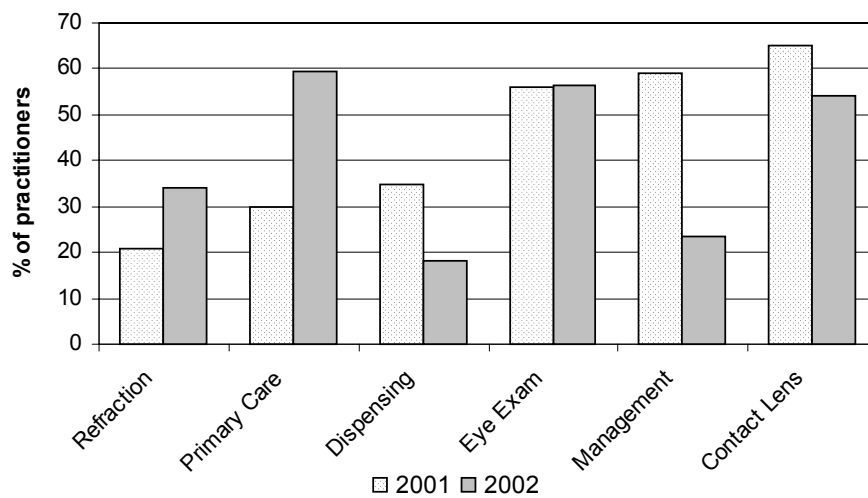
Encouragingly, more practitioners now use the PDP's they have to better effect. 33.1% now think they definitely utilise their PDP's to identify opportunities for self-improvement compared to only 29.5% in 2001. It would appear that fewer practitioners now have PDP's but those who do are using them to greater effect.

Figure 20: How much did the DOCET PDP Roadshows impact your likelihood to use a PDP?



Over one in five responding practitioners (22.2%) attended a Roadshow. Of those, only 4.6% stated that it had ‘a lot’ of impact in their likelihood to use a PDP. However, an analysis of feedback questionnaires returned at the time of the Roadshows showed that 92% of practitioners thought they would have a beneficial impact on their clinical skills! There is a contradiction here and it could be that the enthusiasm created by the Roadshows waned once practitioners returned to their practices and put their PDP onto a ‘to do’ pile where it still lies? As a result, perception of how useful these Roadshows were has dropped.

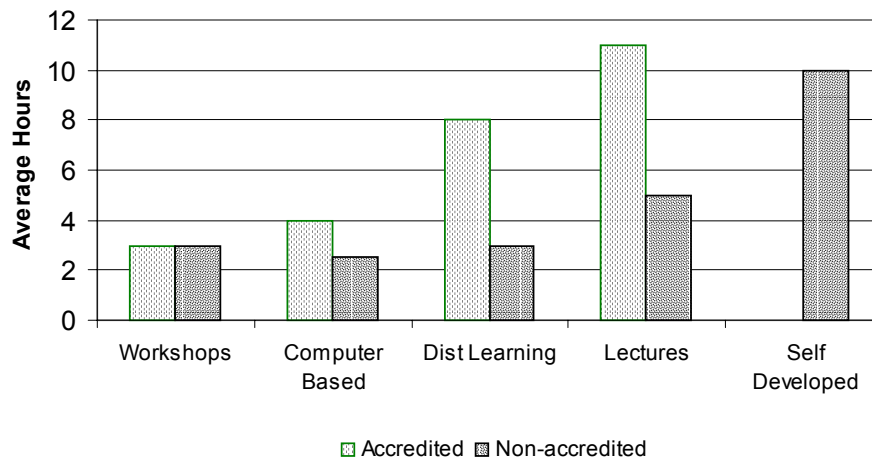
Figure 21: How interested would you be in CET in the following areas over the next 12 months?



Contact lens CET has now been replaced at the top of the interest level by primary care and the eye examination. Practitioner interest in CET on refraction also rose strongly. However, some of this change in perceived needs may be due to the fact that a higher proportion of respondents specialise in primary care and far fewer specialise in contact lenses (Figure 3). Interest in practice management suffered the biggest collapse with dispensing also exhibiting a large fall in interest.

Actual CET Undertaken

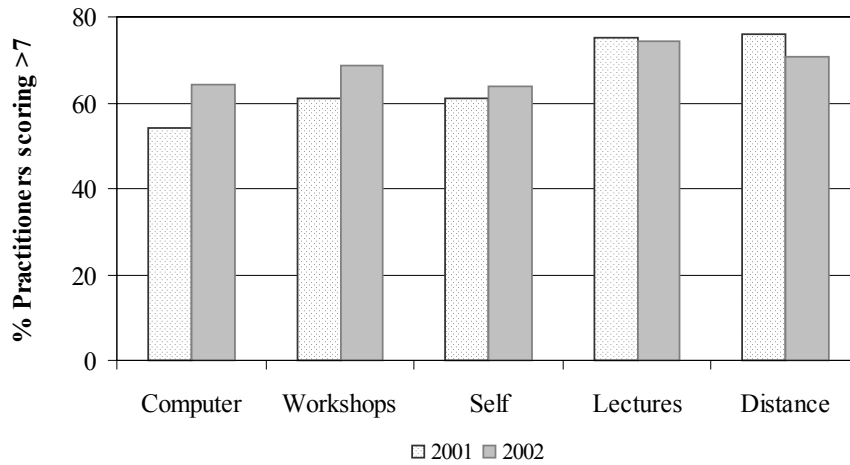
Figure 22: Practitioners were asked to state the approximate number of hours spent on CET of a given type over the previous 12 months.



Unsurprisingly, far more hours are spent on accredited CET than non-accredited CET. Figure 7 showed that the most commonly undertaken form of CET was distance learning, with lectures coming a close second. When looked at in terms of time spent on these activities, lectures come out top. Although more distance learning CET is done, it would appear to be done for shorter times. This can in fact be a very good way of learning and retaining information.

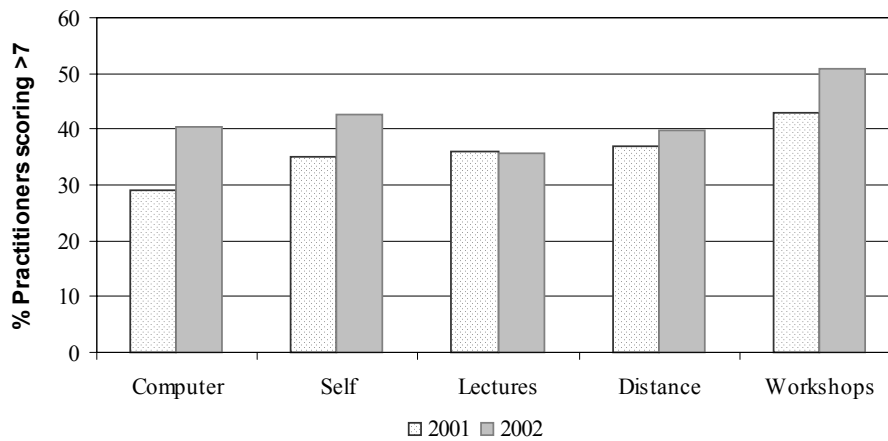
We also note that a significant amount of time is spent on self-developed CET. Indeed, practitioners rate this area as the most relevant of all in terms of practice management CET.

Figure 23: The relevance of CET in the area of ocular disease diagnosis



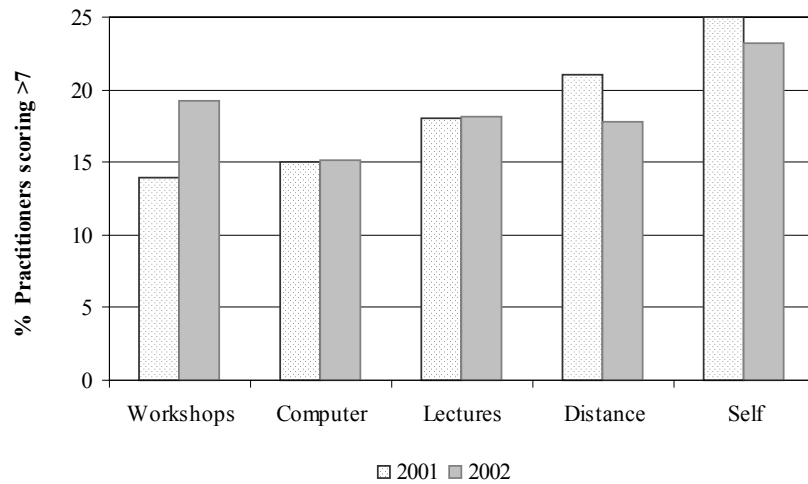
The above graph shows practitioner ratings of the relevance of different formats of CET on ocular disease diagnosis. Lectures and distance learning were rated as the formats that had most relevance in learning about this topic and as in 2001, computer based learning was thought to have least impact. Note, however, that all areas are rated relatively strongly in this case.

Figure 24: The relevance of CET in the area of the eye examination



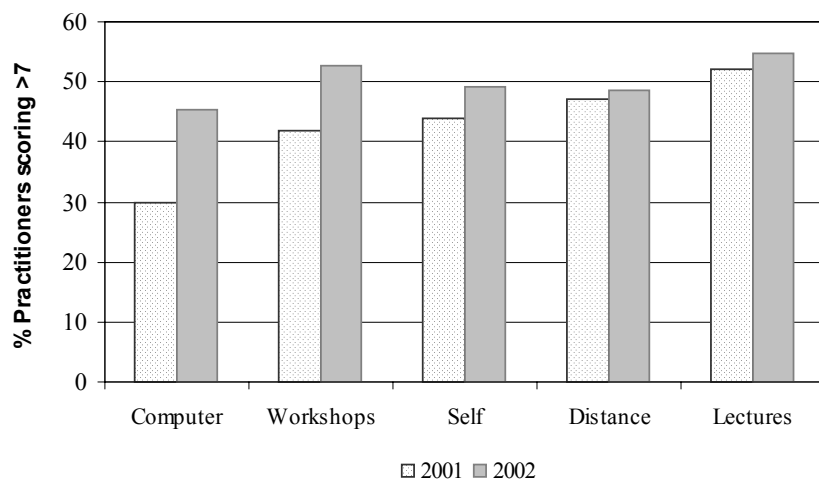
As in 2001, the relevance of eye examination CET is lower than that for ocular disease diagnosis. Workshops were again rated as having the most relevance but now practitioners view lectures as being the medium with the least impact. Both self-developed CET and computer-based learning have risen strongly in terms of practitioner perception of their relevance in this area.

Figure 25: The relevance of CET in the area of dispensing



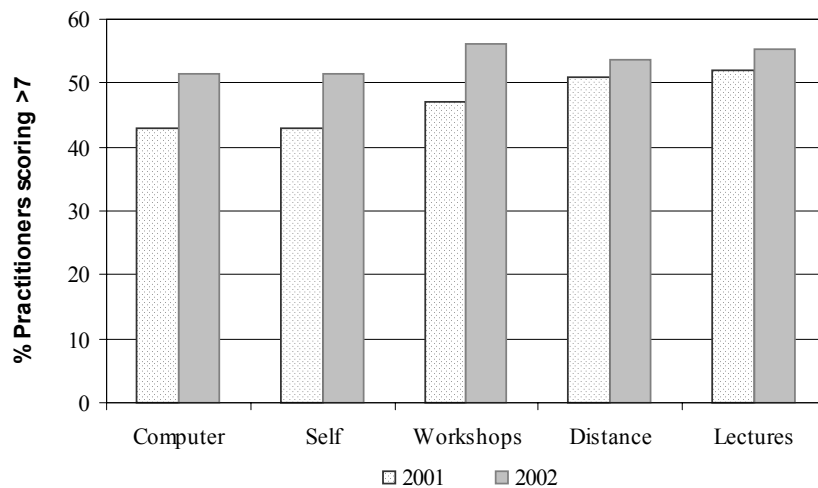
Overall, the relevance of dispensing CET was rated as the lowest of all the five areas. As in 2001 self-developed improvements were rated as having most relevance with computer-based learning having the least relevance. Workshops have been perceived to have become much more relevant in terms of dispensing CET over the last year.

Figure 26: The relevance of CET in the area of primary care



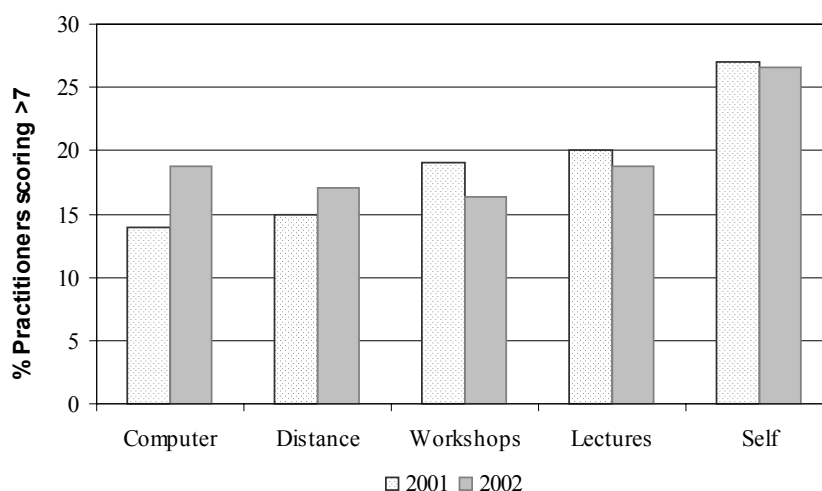
The relevance of primary care CET was rated more positively over all CET formats than in 2001. Some of this may be due to the higher proportion of respondents who specialise in this area. Again we note that the perception of workshops has greatly increased since 2001 and this has also been the case with computer-based learning.

Figure 27: The relevance of CET in the area of contact lens practice



Although there are fewer responding practitioners who are specialising in contact lenses this year, the perception of the relevance of contact lens CET has risen over all five formats. Workshops have now surpassed lectures as the most relevant CET format for contact lenses. Computer based and self-developed learning remain the least relevant formats, however, both have experienced a strong rise in their relevance ratings and there are now only small differences between all formats in this area.

Figure 28: The relevance of CET in the area of practice management



Almost one in four practitioners rated themselves as being very interested in practice management CET over the next 12 months. This area now has a greater overall relevance rating and likelihood of practitioner undertaking practice management CET than dispensing CET. Self-developed learning remains the most relevant form of CET for practitioners in this area with computer based learning being rated as far more relevant this year. Both workshops and lectures are perceived to be less relevant.