

Assessment of training needs of primary care health professionals

Health promotion and the feasibility of delivering training through e-learning



Health
Promotion
Agency

Assessment of training needs of primary care health professionals

Health promotion and the feasibility of delivering training through e-learning

Introduction

The Health Promotion Agency for Northern Ireland (HPA) is the major regional provider of health promotion services and plays a leading role in providing a planned and strategic approach to training and professional development in health promotion issues. The HPA seeks to develop the health promotion interests and capabilities of a wide range of professional groups and individuals within statutory, voluntary and private bodies to deliver on key health promotion objectives.

When determining its programme of training and development, the HPA seeks to assess need at strategic and operational levels to ensure that it is able to tailor delivery options accordingly.

A number of strategic contexts recommend the need to target primary care professionals with health promotion training. These include: *Caring for people beyond tomorrow*, published by the DHSSPS in 2005, which outlines a vision for the future of the primary care service and a policy framework designed to steer the development of policies and services in primary care.¹ The key aspects of this framework focus on prevention, health education and effective self-care. One objective in the framework is:

“to develop a strategy designed to strengthen the role of primary care professionals in contributing to improvements in emotional wellbeing, health promotion, health education and disease prevention”.

An increase in the importance of health promotion and disease prevention is highlighted by its inclusion in the General Medical Council's guidance, *Good medical practice*, which states that professionals should “encourage patients to take an interest in their health and to take action to improve and maintain it. This includes advising patients on the effects of their life choices on their health and wellbeing”.²

At a national level, health promotion is incorporated into the General Medical Services (GMS) Contract introduced in 2004.³ This contract includes information to set out what 'essential services' must be provided under a general medical services contract. These essential services include “the provision of advice in connection with the patient's health, including relevant health promotion advice”.

The Quality and Outcomes Framework (QOF), a system to remunerate general practices for providing good quality care to their patients, is a fundamental part of the GMS Contract.⁴ The QOF awards primary care practitioners achievement points for a number of aspects of patient care including prevention activities, eg smoking cessation and monitoring of body mass index.

The issues of time constraints and other barriers to implementing health promotion in primary care were highlighted in a report of European GPs' knowledge of and attitudes to evidence based health promotion and disease prevention in primary care. It was found that 61% of Irish GPs saw carrying out prevention and health promotion activities as difficult. The main barriers to carrying out health promotion activities were seen as a heavy workload and lack of time (85%), a lack of reimbursement (56%) and lack of consensus (31%).⁵

Developing the contributions of other primary care professionals, aside from GPs, offers a way around the problem of time constraints.⁶ *Caring for people beyond tomorrow* also outlines that all primary care professionals, not solely GPs, have a role to play in health promotion.¹ This was also highlighted in an evaluation of an HPA training programme, *Promoting mental health in primary care*, which recommended that health promotion training programmes could be more multi-disciplinary to

incorporate the whole practice team.⁷ Participants also indicated that the location of a course or training event is an important factor in deciding to attend. GPs suggested that training could be made more accessible.

One option for increasing the reach and accessibility of training courses for health professionals is via e-learning. E-learning refers to computer-based methods of learning. The courses offered can be accessed by participants via the internet or CD ROM. E-learning courses may take the form of text-based information, which may be enhanced by video and audio clips. Participants can read the information, carry out simple interactive exercises to extend or test knowledge and complete and return online assessments to tutors. The advantages of e-learning are that it can be accessed in multiple locations, supports self-assessment and can support personal and continued professional development programmes.⁸

In light of both the call for strategic targeting of health promotion training and awareness of constraints faced by many at an operational level, the HPA sought to examine the feasibility of introducing new training programmes through an e-learning training platform. A feasibility survey was conducted into training styles, access to IT and training needs of primary care professionals.

Aims

To conduct a survey of primary care health professionals to assess motivation, barriers to use and ability to access e-learning as a form of training in order to inform the development and implementation of e-learning programmes.

Objectives

- To assess previous learning experience and preferred modes of learning;
- To assess IT access, experience and motivation to use e-learning;
- To assess availability of time and motivation to use e-learning at work or at home;
- To assess what the perceived barriers are, apart from practicalities, and the motivators to using e-learning;
- To assess knowledge and skills gaps and needs;
- To assess professional training or information needs with regard to a range of health promotion issues.

Method

A questionnaire was developed to examine the views, perceptions, experiences and attitudes of a range of primary care health professionals in relation to training and e-learning. Primary care professionals included: GPs, practice nurses, health visitors, community pharmacists and dentists.

The questionnaire was administered via telephone interview using CATI software between March and April 2006. Prior to this, a series of pilot interviews was carried out to identify any problems with the questionnaire design.

Sample

Telephone interviews were carried out with a representative sample of GPs, practice nurses, health visitors, dentists and community pharmacists across each of the four Health and Social Services Boards (see Table 1 for sample of each professional group). Contact details were obtained for members of the professional groups from CSA databases except for details for health visitors, which were obtained directly from health visitor managers.

Table 1: Sample breakdown by professional group

Professional group	Numbers registered	Number of practices	Approx. sample to achieve	Actual sample achieved
GPs	1094	375	109	85
Practice nurses/ Nurse practitioners	240	-	100	76
Health visitors	540	-	100	115
Dentists	730	375	73	83
Community pharmacists	267*	510	100	219
Total			482	578

* Figure from 2005

Findings

Training experience and preferences

Health professionals were asked about their previous experience of training and the methods of training that they prefer to use. Ninety four percent of professionals had taken part in some training as part of their professional development; 50% had taken part in other training aside from this. There was little difference between professional groups for responses to this question.

Professionals were asked (unprompted) what format previous training had taken. Previous training had most commonly taken the form of a course or workshop (69%); 55% had attended a seminar or conference; and 28% had taken part in distance learning. Community pharmacists were the most likely to have taken part in distance learning (65%).

For two thirds of health professionals, the training undertaken is both as a response to the needs of their team and a personal choice (66%). Respondents stated a wide range of ways that their training needs are identified. Overall, the most reported ways to identify training needs were 'from the needs of the practice' (58%), 'from patient need' (49%) and 'continuous appraisals' (49%).

Table 2: Top three ways for each professional group that training needs are identified

GPs	Practice nurse/nurse practitioners	Health visitors	Dentists	Community pharmacists	Total (weighted)
The needs of the practice (76%)	The needs of the practice (53%)	Continuous appraisals (60%)	The needs of the practice (65%)	Patient need (51%)	The needs of the practice (58%)
Continuous appraisals (74%)	Continuous appraisals (46%)	The needs of the practice (53%)	Patient need (59%)	The needs of the practice (43%)	Patient need (49%)
New developments (66%)	Patient need (36%)	New developments (47%)	New developments (58%)	New developments (38%)	Continuous appraisals (45%)

Three quarters (76%) of professionals are expected to provide feedback to colleagues after training. Thirty two percent of GPs stated that this feedback was expected to be delivered formally (this was the highest percentage for any of the professional groups). Formal feedback could take the form of presentations, formal discussions or reports.

Factors in deciding to attend a course

Health professionals were asked what factors other than time and cost, influenced their decision to access a course of training. Table 3 below presents the top five factors for each group. The top answers overall were relevance to current priorities (34%), locality or access (23%), professional development needs (22%) and current patient needs (22%). However, for dentists and GPs, the top answer was access or locality.

Table 3: Top five factors (excluding time and cost) affecting professionals' decision to access training (unprompted)*

	Total (weighted) %	GPs %	Practice nurses/ nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %
Relevance to current work priorities	34	29	38	40	29	35
Access/locality	23	31	11	17	45	21
Continued Professional Development	22	18	17	28	31	19
To meet current patient need	22	20	22	23	33	18
Perceived need	20	28	14	19	28	13
<i>Base</i>	<i>482</i>	<i>85</i>	<i>76</i>	<i>115</i>	<i>83</i>	<i>219</i>

* Professionals could provide more than one response.

Professionals were then specifically asked whether contribution to their professional development was important in their decision to attend training; 81% confirmed that it was (with 45% stating that it was very important). There were no differences between these responses for each professional group. Accreditation was important to 59% of professionals.

Nearly one third (32%) of professionals do not have to seek permission to attend a course; these were mostly GPs (75%) and dentists (57%).

Over two thirds (69%) of professionals were able to get time off during work hours for professional development; this rises to 90% for health visitors. However, almost a quarter (24%) of professionals said they have difficulties in getting study leave and community pharmacists found it most difficult to get time off (47% had difficulty).

Professionals were asked what they saw as the main barrier to undertaking training. The main barrier stated was time (77% of professionals); other barriers also included cover for people to attend (24%), costs (23%) and access or locality (18%). Time was the most frequently reported barrier for all professional groups.

For GPs and health visitors, the second most commonly reported barrier was cover for people to attend (32% and 38%, respectively). For practice nurses, the second most commonly reported barriers were costs and cover for people to attend (21% and 21%). For dentists the second most commonly reported barrier was access/locality (41%) and for community pharmacists it was cost (16%).

Table 4: Percentage of professionals who have to seek permission to attend courses and the percentage who can, in principle, get time off for professional development during work hours

	GPs %	Practice nurses/ nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Do not have to seek permission	75	3	2	57	28	32
In principle, can get time off for professional development	60	80	90	66	48	69
Base						482

Training during personal time

Eighty eight percent of professionals have undertaken training in their own time. Dentists and GPs are the professional group most likely to have done this (99% and 93%, respectively); health visitors were the least likely, but eight in ten had still done so (79%). Of those who had not done this in the past, one third reported that they would not have the time to do so (34%); and just under a quarter do not believe it is appropriate to do so (22%). Dentists were the group most likely to expect payment for attending training in their own time (42%), GPs were the group least likely to expect this (19%).

Preferred training styles

The two most popular methods of learning about new skills or techniques and also learning about best practice and research were training courses or workshops (43%), and seminars or conferences (30%; see Table 5 overleaf). This was the case for all professional groups except for community pharmacists whose second most popular method was distance learning (30%). In terms of short training, all professional groups would prefer one-off events (63%) as opposed to a series of events.

Experience of distance learning

Fifty six percent had taken part in distance learning in the past; of these 82% had done this in their own personal time; see Table 6 overleaf. Community pharmacists were the most likely to have taken part in distance learning (92%); dentists were the least likely (19%).

Of those who had experience with distance learning, 67% found it to be a mostly positive experience. Those who stated that they had positive experiences were asked the reasons for this. The most common reason given was that they were able to study at their own pace (57%), followed by being able to choose the time of day that they were able to study (33%). Those who stated that they had negative experiences were asked the reasons for this. The most common reasons for a negative experience were the intrusion on personal time (27%) and a lack of peer support (26%).

Table 5: Preferred modes of delivery for learning about new skills or techniques and information sharing/best practice/innovations/research (rated 1 and 2 for top two for each, prompted with options)

	New skills or techniques Total (weighted) %	Information sharing/best practice/ innovations/research Total (weighted) %
Training courses/workshops	43	29
Seminars/conferences	30	30
Distance learning	10	7
Information sharing/ discussion groups	7	13
E-learning/CD ROM	4	10
Self-directed, eg reading	4	7
Lectures	1	-
Don't know	2	3
<i>Base</i>	<i>482</i>	<i>482</i>

Table 6: Percentage of professionals who have taken part in a distance learning program

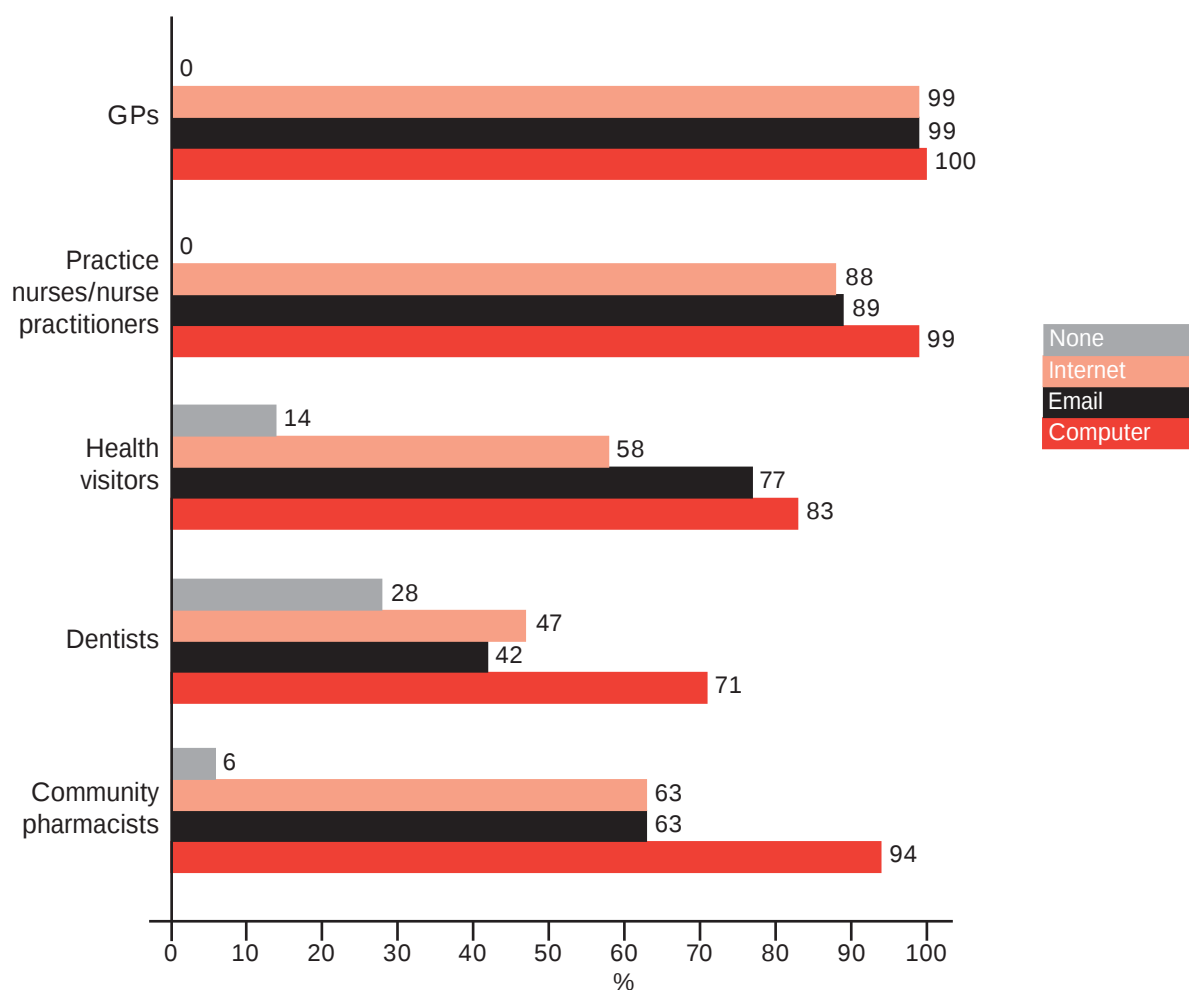
	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Yes	62	71	25	19	92	56
No	36	28	74	81	7	43
Don't know/unsure	1	1	1	0	0	1
<i>Base</i>	<i>85</i>	<i>76</i>	<i>115</i>	<i>83</i>	<i>219</i>	<i>482</i>

Access to and experience with computers

In order to assess the feasibility of providing training via electronic means, it was necessary to gauge current access to IT among primary care health professionals. Ninety five percent of professionals use a computer daily or weekly. Dentists were least likely to use a computer daily, but likely to use one weekly.

Around 90% of professionals have access to computers, the internet and email at home. Access at work is more variable. Over half of dentists do not have access to the internet or email at work (53% and 58%, respectively). Health visitors are also less likely to have the internet at work (58% have access at work) and one third of community pharmacists do not have email or the internet at work (63% for both).

Figure 1: Percentage of healthcare professionals with IT access at work (base = 482 (weighted))



Less than half of professionals use a computer with sound capabilities at work; 72% have this capability at home. Sixty seven percent have broadband/cable at home and 50% have this at work. However, 27% are unsure what type of internet connection they have at work.

Health professionals were asked about their level of confidence in using computers. Just fewer than 20% of professionals stated that they were not very or not at all confident with computers and software packages. Health visitors were the least likely to be confident using these with just under a quarter responding that they were not very confident or not confident at all (24%).

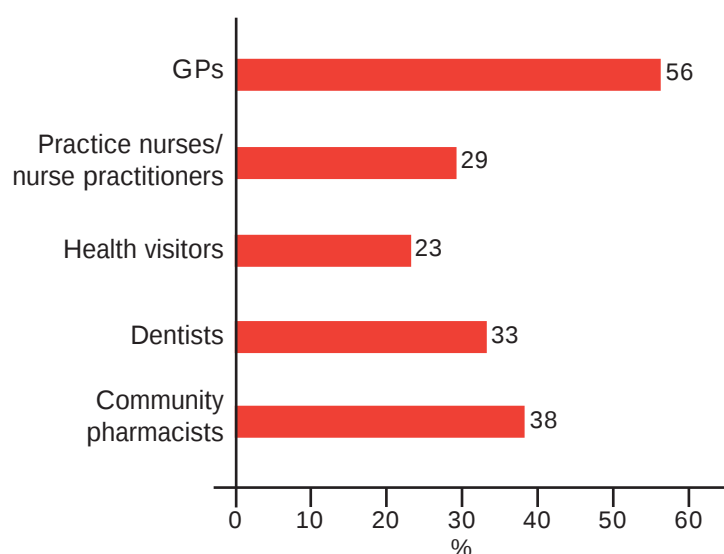
Table 7: Levels of professionals' confidence in relation to using computers and software packages

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Very confident	26	14	9	23	25	19
Quite confident	40	41	38	37	38	39
Neither/nor	15	28	29	18	20	22
Not very confident	14	16	21	14	11	15
Not at all confident	5	1	3	7	5	4
<i>Base</i>	<i>85</i>	<i>76</i>	<i>115</i>	<i>83</i>	<i>219</i>	<i>482</i>

Previous experience of e-learning

Just over one third of all professionals have had some involvement with e-learning (36%). The professional group most likely to have done so were GPs (56%) followed by community pharmacists (38%). The group least likely to have experience with e-learning were health visitors (23%).

Figure 2: Percentage of professionals who have had any previous experience of e-learning (base = 482)



Sixty eight percent of those who have had involvement with e-learning had mainly positive experiences. Reasons for this included the ability to study at their own pace (58%) and to choose their own time of day to study (63%). Those who had negative experience cited reasons including the lack of personal contact (29%), intrusion on personal time (18%) and difficulty in using the IT systems (17%).

Table 8: The top four reasons for a positive experience with e-learning

	Total (weighted) %
Study at own pace	58
Choose own time of day to study	36
Study wherever most convenient	30
No need to travel	12
<i>Base</i>	<i>145</i>

Table 9: The top four reasons for a negative experience with e-learning

	Total (weighted) %
Lack of personal contact with tutor	29
Intrudes on personal time	18
Difficulty in using IT equipment	17
Lack of peer support	16
<i>Base</i>	<i>38</i>

Willingness to participate in e-learning

Over 80% of professionals said they would participate in an e-learning course if it was relevant to their needs; this was a similar level for all professional groups. Of those who would not participate in an e-learning course (n=58), reasons included a lack of IT experience (32%) and time management problems (17%).

Professionals were asked what would make them more inclined to participate in an e-learning course. They were provided with a list of possible aspects which could be incorporated into an e-learning course and asked to indicate which would make them more likely to participate (see Table 10 below).

Table 10: Factors that would make professionals more likely to participate in an e-learning course

	Total (weighted) %
Feedback on self-assessment questions	92
Contribution to continued professional development	91
Technical support available	87
Certificate on completion of course	85
Course accredited	83
Study leave granted	83
Online tutor available	82
Manager support	75
External assessment	72
Base	482

Health professionals were asked if they would be willing to spend up to three hours completing an e-learning course. When given this time frame, almost 90% of professionals said they would be willing to, if it was relevant to their needs. This includes 70% who would be prepared to do this in their personal time.

There were mixed views in relation to the importance of interaction with others in a short e-learning course. Practice nurses and health visitors felt that interaction was more important (63% and 62% respectively rated it as very or quite important) than did community pharmacists (22%) and GPs (30%).

Sixty one percent of health professionals felt that it was important to have online tutor support available in an e-learning course. GPs and community pharmacists were least likely to see this as important with less than half rating it as so (47% and 45%, respectively); whereas practice nurses and health visitors were most likely to see this as important (77% for both).

Training needs

Before being asked about their health promotion training needs, respondents were presented with a list of possible factors that might prevent them from doing more health promotion with their patients. The overriding factor chosen by professionals was a lack of time (82%). This was high for all professional groups (between eight out of ten and nine out of ten for all) except for dentists, 66% of whom stated this as a reason. For dentists the fact that they don't get paid to do health promotion was a factor for 43% of them.

Table 11: Top four factors identified by professionals preventing them from doing more health promotion

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Don't have the time	92	80	79	66	87	82
Don't get paid to do it	1	3	3	43	8	10
Nothing prevents me	6	11	16	1	13	10
Lack of knowledge or training	-	4	5	8	6	4
<i>Base</i>						482

Respondents were asked about communication of health promotion information and which methods they would prefer. The modes of learning preferred by GPs and dentists were conferences and seminars (69% and 71%, respectively). Regular bulletins were the preferred means for community pharmacists (53%), practice nurses (53%) and health visitors (62%). Mini e-learning courses were popular with just under half of respondents (44%).

Table 12: Opinions on ways of effectively communicating with professionals to raise awareness about effective health promotion approaches relevant to the professional group (prompted)

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Regular bulletin	61	53	62	57	53	57
Included as part of a conference or seminar	69	32	57	71	30	51
Leaflet sent in post	46	37	46	48	48	45
Mini e-learning course	56	30	41	47	44	44
Don't know/unsure	5	-	3	1	4	3
<i>Base</i>						482

Health promotion training needs

All professional groups were asked about the need for more training in smoking cessation. Overall, 54% of professionals have taken part in smoking cessation training. Community pharmacists were more likely than any other group to have done this (81%). Previous smoking cessation training had largely covered three areas: the use of nicotine replacement therapy (NRT) (61%); brief interventions or advice (60%); and motivational interviewing (44%).

Table 13: Percentage of professionals who have taken part in smoking cessation training

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Yes	45	54	43	48	81	54
No	54	41	57	52	18	44
Don't know/unsure	1	5	-	-	-	1
<i>Base</i>						482

When asked about current training needs in relation to smoking cessation, 30% of professionals reported that they did not know what their current needs were. Over a quarter (27%) of professionals felt that they currently had no training needs in relation to smoking cessation. However, dentists were the most likely to require training in a number of areas, including the use of NRTs (41%) and brief interventions (33%).

Dentists and GPs were the most likely to say that training for smoking cessation is a low priority compared to other training needs (66% and 60%, respectively). It was seen as a high priority for 33% of community pharmacists and 28% of practice nurses.

Table 14: Priority of training for smoking cessation in relation to other training needs

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
High	5	28	18	10	33	19
Same as other training needs	31	42	37	24	42	36
Low	60	28	44	66	24	44
Don't know/unsure	5	3	-	-	1	2
<i>Base</i>						482

Two thirds of professionals would be interested in brief intervention training (66%) and motivational interviewing (67%) other than the area of smoking cessation. These training options were popular among all professional groups, particularly health visitors and community pharmacists, with 80% of health visitors indicating an interest in motivational interviewing training and 78% of community pharmacists showing interest in brief interventions training.

Table 15: Interest in undertaking training in brief interventions and motivational interviewing in areas other than smoking cessation

	GPs %	Practice nurses/ Nurse practitioners %	Health visitors %	Dentists %	Community pharmacists %	Total (weighted) %
Brief interventions	53	63	72	67	78	66
Motivational interviewing	58	68	80	52	72	67
<i>Base</i>						482

All respondents except dentists were asked whether they would be interested in more information or training on a range of other health promotion issues. Overall, their top five responses are seen in the tables below. Tables 17 and 18 identify priority need by professional group.

Table 16: Interest in information or training on different health promotion issues

	Yes interested in more info or training Total (weighted) %	
	Information	Training
Obesity	70	66
Alcohol	68	53
Sexual health	68	61
Mental health/stress	67	64
Drug abuse	66	55
Nutrition	63	50
<i>Base</i>		409

Table 17: Priority of needs for more information by professional group

Information needs				
GPs	Practice nurse/ Nurse practitioners	Health visitors	Community pharmacists	Total (weighted)
Sexual health (61%)	Alcohol (70%)	Alcohol (79%)	Mental health (79%)	Obesity (70%)
Obesity (60%)	Smoking (68%)	Mental health (78%)	Obesity (77%)	Alcohol (68%)

Table 18: Priority of needs for more training by professional group

Training needs				
GPs	Practice nurse/ Nurse practitioners	Health visitors	Community pharmacists	Total (weighted)
Obesity (60%)	Obesity (64%)	Mental health (80%)	Mental health (75%)	Obesity (66%)
Sexual health (58%)	Mental health (55%)	Sexual health (68%)	Obesity (72%)	Mental health (64%)

Mental health training needs

Professionals (except dentists) were asked specifically about different mental health issues. All professional groups indicated a high interest in each mental health area, with at least eight out of ten professionals indicating an interest in each area.

Table 19: Percentage of professionals interested in more information on a range of mental health topics

	Total (weighted) %
Stress management	89
Early recognition of mental health problems	86
Bereavement	86
Suicide	85
Self harm	85
Mental health promotion	84
<i>Base</i>	324

Breastfeeding training needs

Those GPs and practice nurses who indicated an interest in information or training in breastfeeding issues were given a list of specific issues and asked to say which they would be interested in. The areas of most interest were diagnosing and treating breast fungal infections (72%) and postnatal depression and breastfeeding (70%).

Table 20: GP and practice nurse interest in breastfeeding issues

	Total (weighted) %
Diagnosing and treating breast fungal infections	72
Post-natal depression and breastfeeding	70
Effective management of mastitis	67
Prescribing for breastfeeding mothers	67
Managing insufficient milk supply	49
Supporting mothers to continue breastfeeding after returning to work	49
<i>Base</i>	56

Health visitors indicated a high level of interest in a variety of breastfeeding issues, particularly postnatal depression and breastfeeding (95%) and supporting breastfeeding for the ill or premature baby (89%).

Table 21: Health visitors' interest in breastfeeding issues

	Total (weighted) %
Postnatal depression and breastfeeding	95
Supporting breastfeeding for the ill or premature baby	89
Supporting mothers with breastfeeding and working	86
Insufficient milk supply	83
Encouraging exclusive breastfeeding until six months	82
Managing common breastfeeding problems	82
Discussing bed-sharing with parents	80
Update on the health benefits	64
<i>Base</i>	56

Conclusions and recommendations

There have been recent strategic developments in primary care that have called for and encouraged more health promotion activities. Two thirds of primary care professionals surveyed would be interested in brief intervention training (66%) and motivational interviewing (67%). The current priority topic areas for GPs, health visitors, practice nurses and community pharmacists are obesity, mental health, sexual health and alcohol.

The main barrier that primary care health professionals said prevented them from doing more health promotion was time (82%). Increasing the capacity to carry out health promotion activities across the practice team and across primary care can help address this issue. This highlights a need for relevant, up-to-date evidence-based health promotion information and training to become more accessible and to reach a broader range of primary care staff.

Other than time and cost, factors influencing participation in training were: relevance to current priorities (34%), locality or access (23%), professional development needs (22%) and current patient needs (22%). As two of the factors influencing the decision to access training were time and locality, an e-learning course could provide an accessibility and flexibility that could further motivate primary care staff to avail of health promotion training.

The Department of Health's national learning strategy, *Working together, Learning together*, published in 2001, highlights the importance of incorporating e-learning into the NHS training programme.⁹ "The national vision for e-learning in the NHS is to enable staff to access learning opportunities at times and places that best fit in with their lifestyle." E-learning can provide a useful resource for health professionals in maintaining their training requirements.

Two thirds of primary care health professionals asked in this survey were able to get time off during work hours for professional development. The finding that almost a quarter of professionals have difficulties in getting study leave/time would further suggest the need for an e-learning programme. E-learning could provide a way to fit training into the work schedules of professionals who would also be able to learn in their own time if motivated to do so. Eighty eight percent of professionals had undertaken training in their own time, although some did expect payment for this.

Fifty eight percent of all professionals stated that they were either very or quite confident in the use of computers. Almost all professionals would have the capability to access an e-learning course from home. Around nine out of ten had access to the internet and email at home. However, level of access at work is varied and there may be difficulties for dentists and health visitors in particular.

Those who said they would not participate in e-learning (n=58) said lack of IT experience (32%) and time management problems (17%) were the main reasons. At the time of consultation, 36% of professionals had had some involvement with e-learning; for 68% of these, this was a mostly positive experience. Only 38 health professionals cited a reason for having a negative experience with e-learning in the past; for these the most common reason was a lack of personal contact with a tutor.

Learners may need to change their learning style to suit e-learning and may need gentle persuasion to do so. They may view the lack of interactivity as a problem and prefer personal contact. Computer anxiety, lack of IT confidence and lack of face to face teaching were also identified as barriers for learners in a review conducted in 2004.¹⁰ However, in terms of motivation to use e-learning in the future, over 80% of professionals included in this consultation would participate if it was relevant to their needs. More encouragingly, when given the example of a three-hour e-learning course, 90% of professionals said they would participate in a course of this length. It appears that when provided with a prescribed and short time frame primary care health professionals would be motivated to consider an e-learning course.

References

1. Department of Health, Social Services and Public Safety. Caring for people beyond tomorrow: strategic framework for primary care. Belfast: DHSSPS, 2005.
2. General Medical Council. Good medical practice. London: GMC, 2006.
3. Office of Public Sector Information: The National Health Service (General Medical Services Contracts) Regulations 2004. Statutory Instrument 2004. No. 291.
www.opsi.gov.uk/si/si2004/20040291.htm Accessed February 2008.
4. British Medical Association. Quality and outcomes framework guidance: summary of indicators - clinical domain. February 2006. www.bma.org.uk/ap.nsf/Content/qof06~summclinical Accessed February 2008.
5. Brotons C et al. Prevention and health promotion in clinical practice: the views of general practitioners in Europe. *Preventative medicine* 2005; 40: 595-601.
6. McAvoy B R. A scandal of inaction: how to help GPs implement evidence-based health promotion. *British Journal of General Practice* 2000; 50(452): 180-181.
7. Health Promotion Agency for Northern Ireland. Evaluation of the GP training programme: promoting health in primary care (HPA report, unpublished, 2000).
8. Development of e-learning for doctors: report by the Academy of Medical Royal Colleges. London: Academy of Medical Royal Colleges, 2007.
9. Department of Health. Working together, learning together: a framework for lifelong learning for the NHS. London: DoH, 2001.
10. Childs S, Blenkinsopp E, Hall A and Walron G. Effective e-learning for health professionals and students – barriers and solutions. A systematic review of the literature – findings from the HeXL project. *Health Information and Libraries Journal* 2005; 22: 20-22.



Health
Promotion
Agency



Health Promotion Agency for Northern Ireland
18 Ormeau Avenue, Belfast BT2 8HS.
Tel: 028 9031 1611 (Voice/Minicom). Fax: 028 9031 1711.
www.healthpromotionagency.org.uk