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## Continuing Professional Development for General Practitioners in the United Kingdom

Roslyn Corney<sup>[aff1](#)</sup>

University of Greenwich, London, UK Email: R.H.Corney@greenwich.ac.uk

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Roslyn Corney is Professor of Psychology in the Department of Psychology and Counselling at the University of Greenwich. Her research interests are in the area of mental health and general practice and she has conducted research over a number of years in primary care settings. More recently she has become interested in the area of female internet gambling and how to support men and women at risk of problem gambling.

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This article describes the setting up, delivery and impact of general practitioner (GP) postgraduate training sessions on problem gambling in the United Kingdom (UK). Four sessions were delivered in a pilot project conducted in South East England and 140 GPs attended a session of approximately one hour in duration.

### Background and Why GPs Were Targeted for Continuing Medical Education

Psychiatric co-morbidity is commonly found in problem gamblers, as well as drug, alcohol problems and other symptoms of ill-health ([Morasco, vom Eigen, & Petry, 2006](#); [Petry, 2005](#); [Wardle, Sproston, Orford, Erens, Griffiths, Constantine & Pigott, 2007](#)). However, most problem gamblers do not seek help from specialist services until they reach a crisis and by that time the gambling will have had a major impact on their financial and personal circumstances ([Evans & Delfabbro, 2005](#); [Productivity Commission 1999](#)). Identification of problem gamblers by other involved services is therefore difficult, especially as no one particular group can be

considered to be at particularly high risk ([McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004](#); [Tiffany, Dal Grande & Taylor, 2006](#); [Wardle et al, 2007](#)).

One service that a problem gambler is likely to have visited prior to specific gambling treatment agencies is his or her family doctor or GP ([Sullivan, 2000](#); [Sullivan, Arroll, Coster, Abbott & Adams, P, 2000](#)). Symptoms commonly presented include depression, anxiety, stress, headaches and tiredness; gambling may not be mentioned ([Goodyear-Smith, Arroll, Kerse, Sullivan, Coupe, Tse, Shepherd, Rossen & Perese, 2006](#)). While GPs may be well placed to identify problem gamblers and to provide support and referral, they do not routinely ask patients about their gambling habits ([Setness, 1997](#)).

Encouraging GPs to consider the need to investigate for gambling problems is not straightforward. Just writing to them is not enough as leaflets or documents are unlikely to be read or digested ([Tolchard, Lyndall & Battersby, 2007](#)). Literature may also fail to bring about change as it may be necessary to convince GPs that gambling issues merit their involvement ([Tolchard et al, 2007](#)).

One way to influence and inform GPs is to provide postgraduate education training on gambling issues. This has been found to be effective in the case of alcohol dependence ([Malet, Raynaud, Llorca, & Falissard 2007](#)). Training may have more impact on GPs' day-to-day practice than supplying information or practice visits.

In the UK, all GPs are required to undergo continuing professional development (CPD) in order to keep up their registration. These training sessions are usually co-ordinated by the GP tutor covering their area, whose role is to arrange a number of relevant speakers.

### **The Pilot Project**

The aims of the pilot project were to find out whether a GP postgraduate session on problem gambling was a feasible way of raising a GP's awareness of problem gambling; encouraging GPs to use a screening measure or probes to measure extent of gambling; and giving information about treatment services.

Sessions were set up by contacting the Postgraduate Deanery in South East England. Three one-hour sessions were arranged as part of a lunch time CPD session arranged for GPs. The fourth was conducted as part of a three day GP refresher course.

The sessions covered the following areas (see [Table 1](#)):

The sessions were supplemented with short details of problem gamblers' case histories. This was added to provide interest but also to show how serious the problem could become. This included the risks of suicide both during gambling and

when trying to give up. Handouts were given with details of the screening instruments and a list of contact details for treatment services.

## Evaluation

The 140 GPs filled out a questionnaire before and after the session. They also discussed issues at the end of the session. The findings are shown in [Figure 1](#) below.

## Conclusions

GPs in the UK are notoriously difficult to contact by letter or by email. Continuing medical education on gambling may be relatively straightforward to set up and arrange. Most sessions are up to one hour's duration and so there is time to consider a range of relevant issues, including screening, referral and treatment. In addition, a group format may have some advantages. The GPs may not feel under individual pressure, they have time to think about the issue and reflect.

Increased GP awareness might also be supplemented by posters and materials on gambling being displayed in the practice or in the waiting room. Leaflets and posters may give a signal to patients that this is an appropriate issue for discussion with their GP.

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## Figures

<p>GPs considered that:</p> <ul style="list-style-type: none"> <li>• Gambling was a relevant issue for GP involvement and further education.</li> <li>• While many of their patients might have gambling problems, GPs were rarely consulted directly for a gambling problem.</li> <li>• Those GPs that had treated gamblers were likely to have prescribed medication for them, talked through issues, referred to a counsellor, mental health professional or suggested contacting gamblers anonymous. They rarely had referred to a specialist treatment agency.</li> <li>• Their role was mainly treating associated health problems, supporting family members, referring on, rather than trying to treat the gambling problem.</li> <li>• The session increased their awareness of the problem and gambling's potential to cause harm. They recognised the need to ask their patients specific questions about gambling in the future, especially for those considered most likely to be "at risk". A small proportion indicated that they would use a screening instrument.</li> <li>• The information on the difficulty in stopping gambling, and the risk of suicide, was helpful for GPs.</li> <li>• GPs lacked knowledge about specific gambling treatment agencies.</li> <li>• GPs wanted information that would help support families of problem gamblers.</li> </ul>
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**Figure 1.**

Findings from general practitioner (GP) questionnaire and subsequent discussion

## Tables

**Table 1**

Topics covered in the GP training sessions

General information/ who is at risk	Impact of gambling/treatments available
Definitions/terms	Impact on health
Prevalence	Impact on family, finances, work, other domains
Signs/signals	Difficulties of giving up
How problem gambling develops	Different treatment services available including residential, outpatient, telephone, internet
Who is most "at risk"	Description of different treatment approaches
Examples of screening instruments	How to help and support families

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