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EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE
In order to inform strategy regarding the marketing of general practice training options, GPET commissioned Piazza Consulting to research the attitudes of non-GP specialist registrars, towards general practice training. The research was designed to determine; why non-GP registrars did not choose general practice; what information they based their decision upon; and what factors may have altered their decisions.

METHODOLOGY
A series of focus groups were used to consult with registrars for this project as they enabled in-depth discussions and the generation of new ideas to assist GPET. The focus group structure also allowed the researchers the flexibility to delve into other important (but related) areas as they arose.

Seven focus groups in total were conducted with first, second or third year registrars from the following hospitals:

1. Monash Medical Centre
2. Prince of Wales Hospital
3. Royal Adelaide Hospital
4. Royal Brisbane Hospital
5. Royal Perth Hospital
6. Blacktown Hospital
7. Royal Hobart Hospital

The focus groups were held in hospital board or training rooms and light refreshments were provided. Participants were recruited with the assistance of various hospital administration staff (often directors of clinical training).

The groups were audiotaped. Transcriptions from the audio tape formed the basis of the analysis for this report.
SUMMARY OF MAJOR FINDINGS

Issue 1. Reasons and motives for becoming a non-GP specialist.

The reasons and motives for registrars choosing a non-GP specialist training program were the same across the different hospitals. There were 6 key reasons affecting their choice:

1. A genuine strong interest or passion for a particular specialist field.
2. A process of attempting to eliminate aspects of medicine that were disliked by the registrar and building in preferred aspects.
3. A preference for working in a hospital environment where support from colleagues was easily available, skills and knowledge are kept up-dated and where a spirit of teamwork exists.
4. Some registrars perceived general practice as boring and clinically uninteresting and disliked the GP role of routinely dealing with minor health issues.
5. The pressure for GPs to work and train in a rural location was seen as a detractor by some registrars.
6. Several registrars chose their current specialty as a result of inspirational mentors or trainers who were passionate about their field.

Issue 2. Do non-GP specialist registrars actively and seriously consider General Practice as a career option?

Overall, most registrars felt that they did put serious thought into general practice as a career option however many put only fleeting thought into this decision and a few never considered it as a real option. Several of those who put effort into this decision said that they had had an unfavourable GP training experience or that discussions with mentors or trainers discouraged them from taking the general practice option. Conversely, comments were made that positive encouragement from mentors can strongly predispose registrars towards particular training options.
Issue 3. Previous exposure to General Practice and impressions of general practice developed through earlier training.

Registrars from all the hospitals revealed that their main exposure to general practice was through their compulsory GP rotations. Almost all commented that this experience was very brief and provided relatively low-levels of exposure. While some registrars had positive experiences in their GP rotations, many had negative or unpleasant experiences - mainly due to unenthusiastic or unprofessional GP supervision.

A small minority had exposure to general practice through family members or relatives who were GPs.

Issue 4. The influence of family, relatives or friends on training or career choice.

Registrars almost universally disagreed that their family, friends or relatives influenced their choice of specialist training or career, rather they most commonly commented that their families supported their decisions. Only registrars from the Monash Medical Centre thought that families or friends may have had some influence. Most though felt that families did not know enough to advise and that the bulk of the influence came from supervisors or mentors encountered during training.

Issue 5. The extent that a desire to work in the hospital environment, affected registrars choice of specialty.

Almost all registrars indicated that working in a hospital environment was important to them and was certainly one reason for their choice of specialty. For most, the hospital provided; a professionally stimulating environment; the security of being surrounded by colleagues who can assist or advise when needed; a feeling of team-work; and continual pressure to improve professionally.

Issue 6. Perceptions of general practice as a training option.

There were three widespread perceptions (both positive and negative) about general practice training held by registrars in all hospitals:
1. GP training is easier, faster, less arduous, and provides a more reasonable training load than other specialties, allowing a less pressured lifestyle.

2. GP training is less academic and less intellectually stimulating in nature; it focuses on softer, clinically basic issues.

3. The pressure to train and work in a rural setting is inconvenient, isolating and is seen as a major training drawback.

There were two other perceptions held by some (although fewer) registrars. These were a) that training is broad-based, more holistic, providing more variety and greater subject flexibility, which might make it interesting; and b) The program itself is considered to be better structured, organised and supported than those of other specialties.

**Issue 7. Perceptions of general practice as a career option.**

Registrars held both positive and negative impressions of general practice as a career. Overall though, specialist registrars had more negative perceptions of general practice than positive. There was only one commonly held positive impression of general practice as a career put forward by this group. Most perceived that general practice provides the opportunity for flexible working hours or part time hours to produce a more lifestyle and family friendly work life.

Main negative perceptions included:

1. GPs work under very demanding circumstances, in a stressful environment and with heavy responsibilities.

2. GPs require a very broad based knowledge which can be interesting but increases professional risk as there is more chance for error with only limited training in each area.

3. Increasing commercial pressures require GPs to limit time with patients and maintain short consultations reducing the overall service quality and professional satisfaction.

4. GPs work in a professionally isolating environment with a lack of peer support.

5. GP work is less exciting and stimulating than other specialties as GP’s regularly need to deal with mundane, uninteresting and minor issues.

6. Poor remuneration and limited earning potential

7. GPs suffer a lack of respect from patients and the importance of their role within the community is underappreciated.
Issue 8. Order of preference of general practice as a training option, for those unable to gain a place in their preferred (current) training program.

The majority of registrars would have placed general practice quite highly as an alternative training option. Most suggested it would be second, third or forth on their list.

Issue 9. What can be changed about general practice as a career or training option that might make it more attractive to registrars?

There were six main suggestions made about changing general practice or general practice training to increase its attraction to registrars:

1. Remove compulsory rural area training.
2. Improve GP’s work variety by allowing casual hospital shifts, or integrate general practice and hospital medicine, and encourage GP’s to sub-specialise in other areas (e.g. dermatology, paediatrics etc.).
3. Increase pay.
4. Allow medical students more exposure to general practice during their training as most are more heavily exposed to non-GP specialties.
5. Reduce the commercialisation of general practice and the need for short, unsatisfactory consultations.
6. Use nurse practitioners to perform the more mundane, repetitive tasks to free GPs’ time to deal with clinically more difficult and interesting matters.

Issue 10. Are there any incentives that might have encouraged you to become a GP?

To a large extent, results regarding possible incentives to attract more people into general practice were unclear. Registrars were overwhelmingly able to agree that one-off financial incentives would not have encouraged them to become a GP. Child care was considered by most to be a useful incentive, although opinions on the effectiveness of subsidising HECS were mixed. Two possible incentives suggested by some registrars included reducing the hours that GPs need to work and generally increase the
professional status of GPs. One registrar commented that the requirement to work in rural settings was a disincentive for some.

**Issue 11. Would the option of training in parallel for General Practice as well as for your current specialty, influence you in your choice of career or training program?**

Training for general practice in parallel with other specialties was popular with a few registrars but not for most. Most registrars felt this would not be feasible time-wise and that other colleges may not approve. Some felt that the attempt to do both types of training would end up compromising the quality of training overall, and others were simply uninterested in the general practice field.

For the few who were attracted to the idea, main perceived benefits were; providing a more holistic balance to a specialist’s training giving them a background in community medicine and providing an interesting variety to work life. Some thought that the parallel training option might be useful for rural GPs or rural specialists who want to expand their skills and offer broader services to the community.

**Issue 12. Examination of marketing materials (posters). What message are these posters giving you? Is it an appealing message?**

The marketing posters were effectively able to communicate 3 messages to most registrars:

1. A good lifestyle.
2. Job variety and using a combination of different skills.
3. Multicultural work environments.

None of the registrars, in any hospital, felt that this sort of advertising would have had a significant impact on their career decision although registrars generally supported the idea of marketing to potential GP registrars. Some registrars were able to suggest other attractive messages that may increase the appeal of general practice:

1. Less bureaucracy than hospitals and more control over work life.
2. Computer information systems at your fingertips, no messy forms to fill out.
3. Flexible training.

Issue 13. (Prince of Wales Hospital only) Would family or friends have been as supportive of a General Practice career choice?

Prince of Wales Hospital Registrars mostly felt that their families would have supported them if they had have chosen a general practice career. Only one was not sure.

Issue 14. (Brisbane and Hobart Only) Is there a status issue about becoming a GP that affects your career decision?

Of the few registrars asked this question, most felt that general practice is more likely to been seen as a lower status option by early year medical students or a few older specialists. Consensus was that as a registrar develops more experience, their respect and appreciation for the importance and challenge of general practice increases. Most agreed that contemporary registrars do not consider general practice as a subordinate role.

Issue 15. (Perth and Hobart only) Did financial reward play an important role in your own decision to choose your current specialty?

While all registrars agreed that remuneration was a consideration, all felt that it was a secondary consideration and that general interest in the field was more important.
Results: Monash Medical Centre

Issue 1.
What were your real reasons and motives for deciding to become a specialist?

There were broadly four main reasons for deciding to follow a non-GP specialist training program and career.

Genuine interest in a particular field was the most common motivator followed by an attempt to avoid disliked aspects of medicine such as dealing with mundane illness or avoiding a perceived ‘boring and routine’ work environment.

Some perceived their specialty as having a more scientific, academic, or clinically rigorous approach compared to general practice. Only one commented that they were at least partially influenced by a perception that their specialty was looked on as more prestigious, and one registrar had been a GP in the past but wanted to expand their career and reinvigorate their interest in medicine.

Typical Comments

- I specialise in Gastro. There was no defining moment it’s just what you’re
interested in, what you see yourself doing and what you’re good at. And also a strong reason is the avoidance of what I’d term crap – stuff you don’t want to do, stuff you wouldn’t like which steers you away from General Practice. Also for a bit of variety - I didn’t want to be in an office all day long with people just filing in.

- Yeah, it’s not Monday to Friday or Monday to Saturday you come in, you stay there and then you leave at the end of the day. You can be in the hospital, be in rooms, doing some hands on stuff as well.

- I’m doing Neurology training and I think for me it was just that I have a lot of interest that field. I have the ability of being able to identify problems just by examining someone. It’s good just having well refined clinical skills and being able to apply that to different patients and being able to identify their illness or their lesion wherever it is in their brain and being able to target something to that specific disorder.

- I do Cardiology and I think I decided during my final year at medical school that I’d stick with Cardiology. I think the main reason was interest in the subject matter and particularly of the technical matter of the subject. There’s a general feeling both amongst staff and students that in some ways aspiring to a career in hospital medicine or hospital surgery was - more academic and more prestigious than general practice.

- I’m in Endocrinology and Diabetes. I really don’t have any specific reasons because I’ve never thought about being a GP. From both years onwards at medical school I wanted to do paediatrics but then I just changed after my internship after one term of doing paediatrics. I think endocrinology has a lot of challenges because you get a little bit more academic in nature.

- I was a GP for 22 year and I’ve trained a lot of GPs but I’ve been involved in Palliative Care for about 15 years in the Bendigo Region and I got to the stage where I was really tired of certain aspects of General Practice. I was really starting to feel I was having to dig a lot deeper for some of the stuff. I enjoyed Palliative Care despite it’s seemingly difficult nature and I felt that I just needed to take that interest further, I needed to develop more skills, I did some more distance education and then was given the opportunity to specialise - so that’s why I’ve come back to hospital medicine after all these years.

- I felt there was certain aspects that I just needed to take further and I had this opportunity and I thought well I need to devote the rest of my professional life however long I’ve got to an area that I feel good at, comfortable in and to develop better skills and be a bit more physician like. In terms of being a
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specialist, one has to have a bit more clinical rigour which perhaps you don’t have as much in General Practice.

Issue 2.
What are your impressions of general practice as a career?

There were 6 main perceptions of general practice as a career:

1. Poor remuneration for the level of work and responsibility.

2. A perceived need for maintaining a very broad knowledge base, rather than being able to focus on one or two main fields. While this was seen as something worthy of respect, it was also seen as providing additional risk for GPs as the chance for error is greater.

3. A lack of respect from patients, with patients treating GP’s as a simple referral or ‘certificate writing’ service.

4. One perceived that GP’s need to mechanically process patients and ‘pump people through’ without being able to spend enough quality time with them.

5. Working long hours and in a stressful environment was mentioned as detractor, but the potential for work flexibility was also seen as better than for non-GP specialists.

6. One felt that GPs suffer a lack of support and a sense of professional isolation as opposed to a hospital environment with many colleagues to confer with.

Typical Comments

- They don’t get any respect even if they’re very good - even if you’re very good you’re still just lumped into the category of “oh, you’re just a GP”. And also with the funding arrangement, they have to pump people through to be successful - just to keep going and you can’t spend lots of time with people because you’re not remunerated, not even for your costs. So, it’s not to make truck loads of money but you can’t just relax. I mean to run a successful business or successful practice in a busy area you just have to pump them through.

- I know some GPs who have got quite good clinical skills but you have to be very broad in your approach so you can’t be an expert in Neurology examination, you have to have a good knowledge and interest in a whole range of areas and that led to a fascinating area because it’s great to deal with little kids and Geriatrics.
and then elite athletes come in the next minute. But it’s a certain rigour in its own right and it’s a discipline to maintain that and it becomes pretty wearying.

- There was certainly the perception that GPs work long hours, it can be a fairly stressful sort of lifestyle for some people, although there’s probably a lot more flexibility than in some specialty areas. There’s also the perception that it’s poorly paid and I think that’s something that may not be acknowledged necessarily upfront but I think that’s definitely a factor in people choosing specialty training over GP training.

- There was also the question of the academic nature of medicine and the thing that put me off I think to be a really good GP, you need to have this incredible breadth of knowledge as well as depth and in a specialty area. As a specialist, you can get away with having a very deep understanding of what you deal with and I feel more comfortable that way... of having a very in-depth knowledge of an area which I practice in and I am expert in.

- The other thing that attracted me to hospital based medicine was the fact that you have colleagues and staff around you to refer to and I know that some of the GP registrars feel quite isolated in some areas and don’t feel that they’re well supported.

- I wanted to be a physician because I like having some control and knowing and being on top of what’s going on with your patient.

- Seeing city practices where I was during training, I didn’t actually like the way patients treat GPs and interact and approach GP consults. They sort of think that they own them almost. Whereas when they come in to see the specialist, it’s something that’s more special and they treat you with more respect and not coming in demanding medication or a certificate or something like that.

- **Moderator** - Is pay an issue for anyone?

- It was something that was an issue, might have been something further down the list.

- Maybe a little bit because in my specialty I won’t be able to make as much money as the Cardiology guys.

- It’s a big issue for me because I dropped down my salary to come back to hospital but that’s only a temporary thing.
Issue 3.

Previous exposure to General Practice and impressions of general practice developed through earlier training.

This group’s exposure to general practice was mainly through their training (5th year GP rotations) although most within this group also had families or relatives with a background in medicine. Most registrars did not make their decision to choose a specialty until after their 5th year and they also commented that their supervisors were specialists (not GPs) and this may also have impacted on their decision to choose a specialty.

The registrars’ experience during their GP rotations were varied but several examples of a poor GP rotation experience or exposure, that may also have influenced registrars’ decisions to choose a non-GP training option, were mentioned.

Typical Comments

- **Moderator** - Did you develop your impressions through your earlier training?
  - Yeah, just seeing that when sitting in during consultations. And just with that, I think that the whole government approach with bulk billing and the people whinge about paying $5 out of pocket or something like that is outrageous when you consider how much people pay for other tradesmen and stuff like that.
  - Yes, I think so.
  - Yeah, I’ve got experience in that as well and I didn’t want to go down that road cause of long hours, not brilliantly paid, phone ringing at home all the time and no one to consult like here you have registrars, residents and other people buffer you from what’s going on but there’s none of that for GP apart from the receptionist.
  - My dad liked it but he worked hard and after 6 years said “well, I’m going to retire now and thank you very much”
  - Whose family is involved in medicine already?
  - 5 people raised their hands.
  - We had almost a formal sort of exposure through the GP unit down there. We had regular or weekly sessions, this was at university, and then we had GP rotations. We went to some city clinics to sit in with the GPs for a week or a couple of weeks and then we went to some country ones as well. That was all during university
though in final year.

- **Moderator** - And before then, had you made a decision to specialise?
- No.
- We had a formal a GP rotation in fifth year for 2 months. We had 3 weeks in the country with 5 days a week with the general practitioner.
- Same thing, fifth year, GP rotation. A couple of weeks in the country and city based. The one thing I would have to say is the exposure to GP training is really junior medical school, after you graduate I had no exposure at all. And often in medical school it’s too early for you to make any career decisions and after when you’re an intern or resident you’re exposed to specialties and of course if you’re seeing that all the time every day then of course you’re going to say “well, that’s for me, that’s not for me” but because GP is so distant and you haven’t been exposed to it, it’s almost out of your equation.
- But the problem is most of the people who do specialise, they decide during their internship. I think like 60-70% decide middle of their intern year whether they want to specialise. From my experience most people decide by June what they want to do.
- **Moderator** - Were your course supervisors more positively disposed to a specialist career? Could they have guided you in someway?
- Most of them were specialists so they would never denigrate general practice or necessarily blow up their own one.
- Not deliberately.
- But they were coming from that perspective so they didn’t have any clear idea about what was happening out there.
- I think everyone’s experience would be the same through medical school, they would have some exposure to GP rotations. I have to say that my city experience was terrible, I didn’t enjoy it at all. It was basically this female GP sitting there writing out scripts, it really wasn’t attractive. The country GP on the other hand was an incredibly interesting and varied practice. That was really interesting. I think there’s a question of role models as well. You get exposed to a lot of consultant positions and surgeons and you look at them and in some ways you want to emulate them and if you don’t get exposed to good role models in GPs then it makes it difficult.
- GPs out there are very varied in terms of quality and if you go to a bad practice,
it would put you off for life. But if you go to a good practice you might think maybe but does it outweigh the bad experience you had down the road.

- At that point it was more of an experience, I definitely was not making a decision in terms of where I wanted to go. But it certainly did influence me later on. I thought predominantly I was going to be in the city, I’m not going to be living in the country in the long term and I don’t want to work as a GP in the city.

### Issue 4.

**Perceptions of general practice as a training option.**

The two main themes regarding perceptions of GP training were that the training workload and pressure for GP would be less and that this could be seen as attractive. The training was also seen as broad-based and more holistic, although it was also seen as less academic in nature.

One registrars thought that GP training provided more different training options than for a non-GP specialist program and this was attractive. The quality of GP training was considered variable and heavily dependent on the quality of the GP trainer. For one, clinic-based training for GPs was seen as a detractor.

**Typical Comments**

- As a training option, I imagine that it would be relatively holistic in terms of the way people are trained. Relatively civilised both in terms of the hours that trainees do.

- I agree and also as a training option I suppose there is less politics regarding training. I think also there is less pressure for the trainees with exams and things. I mean, they do exams but probably much less. I think that GP training is a bit more flexible.

- In terms of training, it seems like a good training program from what I’ve heard. Often quite difficult to get into because you get the impression that it’s hard to get into specialties. Just as much pressure although the exams might have a different focus.

- Rural rotations are something that we don’t often see as much. We’re always
pretty much in a city based practice.

- **Moderator** - Is that a detractor for you?

- Yes, definitely. And the same with career, the rural GPs can often find it quite isolated. And I think GPs are one of the hardest jobs to do well. You’re expected to know a bit of everything and it’s often quite difficult.

- As a training option, the words that came to my mind is that the training option is obviously a broad experience - GP trainees can get a broad range of experiences across a number of disciplines. I think that GP training’s difficulty is that there is an enormous variation in the quality of GPs out there and to have a good training option you need to have a good quality GP trainer or mentor to really feel that you’re achieving your goals. It’s difficult to get good trainers out there and I think a lot of young GP trainees have a hard time because of that.

- Training for GPs probably needs to have an increase status so if a GP is doing Paediatrics they’re often seen as not as important as the Paediatrics Physician trainees.

- **Moderator** - Does anyone think that there’s a background feeling that GP training is an easy option?

- I think they’ve made the training program too difficult to get into for an area which needs more people.

- Well, the things that came to mind when you mentioned training from my own personal view of it, I suppose it would be a lot more clinic based training as well and it detracts for me - spending time in clinics.

- The rural option for me would be an enjoyable option. I would like that.

- The training is very much patient directed, as is all of our training, but again as far as I’m aware there’s not necessarily the academic focus. But I guess the opportunities for research through your training are probably less likely for a GP trainee.

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**Issue 5.**

Are there any incentives that might encourage you to look at General Practice as an alternative?
An increase in pay for the amount of work and the type of work that GPs do was the most commonly mentioned change or incentive. The second most commonly mentioned incentive or job-improvement was to reduce the hours that GPs are required to work, either through after hours support networks or the provision of more part-time options for GPs.

One registrar felt that increasing the general professional status of GPs would encourage more people to consider GP training as an option.

**Typical Comments**

- Well in Britain they’ve certainly made General Practice a lot more attractive because they’ve actually removed the commitment to 24 hour day cover so GPs are no longer obliged to provide that - that has to be provided by the local health care networks. So that in itself has made General Practice a lot more attractive I think.
- They’ve got a new contract in the UK which is actually paying them more so that’s definitely valuable.
- I feel that General Practice training has a higher status in the UK than Australia. I think that just the way the training works there just seems to be given a higher status. That was generally my impression. I think it has been cranked up at the local health area I think that great changes have been made under the new contract and hours.
- A lot of it does get down to the hours that you’re on call and what you’re remunerated for some of the crap that you have to put up with.
- There’s no doubt about it. If you could work from 9 – 5 and be paid a lot of money and not having to worry about seeing 65 patients in the day, you would enjoy it heaps more.
- But if you had to work all day and then work all night and then get called out and get bulk billed to drive 20 minutes to see someone who’s got a cold and then driving home at 2 o’clock in the morning...... and then sitting down for 2 hours at the end of the day and do the paperwork and the red tape that you’ve probably heard over and over again that you have to do drives you nuts. If it was just about seeing patients and giving good quality care but you end up being a
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A glorified clerical officer for 2 or 3 hours a day for no money.

- It would be a great profession for females who wanted to work part time. Because if it’s a part time job you would be well remunerated but if you had to work full time and very hard, that’s when the people suffer and they don’t want to do that.

- Well I did a locum last year and I was the only doctor for a 100ks around for two weeks so you’re on call all the time for two weeks. They look after you and they appreciate you being there but that’s no compensation so it’s pretty isolating in most places.

- I think it’s also more than just pay as well. The impression that I get is it’s poorly funded generally to do what they have to do in terms of equipment, in terms of staffing. They’re running a small business and that’s pretty difficult to do and they’re not necessarily getting direct training to do that.

Issue 6.
Examination of printed marketing materials (posters). What messages are these posters giving you? Is it an appealing message?

This group identified two main messages or themes that the posters communicated; the ability to work in attractive physical environments and that GPs can use a combination of skills and perform a variety of interesting tasks in their job.

Other messages identified were positive lifestyle messages and multiculturalism.

Typical Comments

- Multicultural and country are the two messages. None of them are in the city and some of them have beautiful settings so that’s a positive.

- Moderator - Who else gets that country feeling?

- The one up there (the cat scan poster) has an A&E feeling and that’s good because that tells you that that’s her lifestyle but also she’s involved in some hospital medicine as well which some GPs are very good at and will work sessions in A&E to keep up their skills and don’t have to give away that aspect of
medicine altogether so you can have a combination of skills. But the other ones are definitely around the physical environment and unfortunately we can’t all live in those vineyard/reef like areas.

- **Moderator** - Do you think it’s a credible message?
- If you’re talking about rural medicine, the positive is you’re not in the city you can be in a beautiful environment. It doesn’t have to be Western Australia Outback it can be near the beach. And you’ve got to sell that message because that’s the positive - being in the country vineyard.
- **Moderator** - Is this the sort of thing that would encourage you to become a GP?
- I guess what it does is it shows the breadth of things you can be involved in. He’s a proceduralist and educator, he’s involved in his sport and family and he lives in Mudgee they make good reds. So it doesn’t all have to be slave labour.
- Yes, I probably agree.
- **Moderator** - Does it attract you?
- Not particularly.
- But you’re really trying to appeal to people younger than us who haven’t made up their minds.

### Issue 7.

**If you were able to train in your current specialty as well as train in parallel for General Practice, would that influence you in your choice of career or training program?**

This group was not particularly attracted to the ideas of training in GP as well as in their current specialty, although recognised this might be an option for GPs in rural settings or for current non-GP specialists who might want expand their skills.

**Typical Comments**

- It’s difficult enough to train in a specialty without trying to train in General Practice as well.
- I think there could be a role like that for someone in country settings.
• Maybe it should be the other way around, GPs doing specialty training rather than get specialist to be GPs.

Issue 8.

Was any part of your decision to choose your specialist training program influenced by your family, relatives or friends?

All but one in this group were at least partially influenced or encouraged by their family or relatives to choose a career in medicine generally, although the influence family had regarding the specific specialty or field chosen, seemed to be weaker.

Typical Comments

• Probably. My sister is a doctor who went through physician training.
• I can’t tell exactly how but I have to say yes. I have a lot of family in medical - some are GPs, some are specialists.
• Moderator - Since your dad was a GP, did he encourage you into or out?
  • Definitely into. Because he was pretty active in the high up realms of general practice and trying to get all these committees to get things better and he’s got very strong views on how it should be and he wants more people to get into it who can do some good rather than treating it as a two sessions a week job.
• I wasn’t actively influenced by anyone but exposure to medicine definitely encouraged me to go into medicine. It didn’t encourage me to go into General Practice though. My dad was a GP so that encouraged me into medicine but away from General Practice.
• Well, my family’s encouragement was to do Cardiology.
• No, not for me. My family had no background in tertiary education let alone medicine. So my influence was that I grew up in a country town and had a broad interest in a whole range of different areas. I went to the UK and started O & G training over there and the lack of sleep got the better of me and I realised that I would have to give up a lot of things I enjoyed doing so I decided to focus on becoming a GP.
How much of your decision to choose your specialist program was influenced by a desire to continue to work in the hospital environment?

A desire to work in a hospital environment was a key reason, for at least three of the registrars, for choosing their current specialist program. At least one recognised that the hospital environment was an attraction if not a main reason for their decision to choose their specialty.

Typical Comments

- I’d have to say not because that’s not my aim. My aim is to become a Palliative Care Specialist.
- Yes, my decision was mainly based on staying in a hospital.
- Definitely yeah, I get nervous if I have to do a clinical procedure.
- I think hospitals are necessary to what I’m going to be doing but not the be all or end all. It’s not why I chose what I wanted to do. But you sort of need it and you still want to be involved with it because a lot of good public work and technical stuff comes through it.
- Moderator - So it’s mainly the hospital facilitates, research possibilities etc.?
- Yes, like the equipment and funding and stuff like that but not because of the hospital.
- Hospitals provide the academic side of things and being able to talk to colleagues in other areas which is very helpful, but personally if I didn’t have to work in the hospital environment, I wouldn’t be disappointed.
- I can really see the collegian side to the hospital environment is very attractive.

Results: Prince of Wales Hospital

Issue 1.
Think back to the moment you first decided to become a specialist. Where were you and what were your real reasons and motives for deciding to become a specialist at that point in time?

The majority in this group also described the decision to choose a speciality as a process rather than a single decision. For most, the decision was made through a process of eliminating aspects of training and work they did not enjoy and incorporating aspects the registrar was passionate about. General practice, issues that registrars were trying to avoid by choosing their current specialty included; perceiving GP’s as having to work extremely hard (often witnessed during work experience or family and friends experiences), avoiding the professional isolation perceived within the GP clinic setting, avoiding clinically uninteresting work and avoiding working in the country.

One registrar recalled that at the time he made his career decision, he was influenced by a perception that medical registrars had a high professional status.

Typical Comments

- **For me, it wasn’t just one decision at one time but I think it was a gradual process. Looking back it might have even started in childhood because my mother is actually a GP in the country so I know a bit about it and probably something that I didn’t want to end up doing given her experience.**

- **For me it was more a matter of ruling out things because I’m doing Radiology training and I’ve a family friend who’s a Radiologist so I knew a little bit about it although you don’t get any training or any experience in Radiology usually as a rotation when you’re a student or even as a resident. I think it was something that stood out to me along the way, it was something that looked interesting and a good career choice and fairly flexible working conditions, and that’s something that at least country General Practice doesn’t offer.**

- **Moderator - So by choosing a non-GP specialist program you were more able to choose what you wanted to do and eliminate the things that you didn’t?**

- **Yes, there are things that I had some interest in but then looking further into it, I didn’t want to do them. I guess General Practice in theory was something that I was interested in particularly in Med school but there were a lot of things that put me off that as well.**

- **Some of the things my mum does as a GP put me off. She does work pretty hard and there is certainly a sense of feeling a bit trapped, it can be difficult to get away at times, limited resources and a lot of control from the top.**
• I’m doing physicians training. I pretty much made my mind up in Med school I think. And as far as GP or not GP, the GP exposure we had at Med school was either you did a term or half a term where you sat with a city GP and half a term where you sat with a country GP. The case mix of the country GP was really interesting but they work like dogs. That looked too difficult lifestyle-wise and then the case mix of stuff of the inner city GP just didn’t look as interesting or as broad so I made my decision then.

• I think probably likewise, I decided when I was still in Med school and I’m not really sure why it seemed so appealing at the time but I know that when you’re a student, the medical registrars seem like they know everything. I think I was probably influenced by that. I think that I would certainly consider GP but I’ve got a partner who’s a doctor and I probably would have enjoyed rural General Practice but he can’t work in the country so I wasn’t prepared to have to deal with that. So that was probably the biggest reason why I didn’t consider general practice and likewise, I’m not sure I would have enjoyed city general practice.

• I think my decision not to do GP was in Med school too. Ultimately the reason I chose my specialty was because I wanted to deal with bigger issues and I initially wasn’t in the physician training but I decided that it’s too ‘one person at a time’ type issues. So my reason was essentially one person at a time versus systems and dealing with bigger issues.

• There’s really very little GP exposure till fifth year Med school in my case. And pretty much all we did was what was said, a couple of weeks with a city GP and a couple of weeks with a country GP. I’d always found my area of interest particularly fascinating and it was always the thing that I wanted to pick. One thing that kind of struck me going through as a Medical student is that hospital based work seemed to be really exciting but I think in retrospect maybe that’s not the best way to describe it. When I went through I saw GP really as being not very exciting and also, we had so little exposure to it that I think maybe my opinion that it was not very exciting was not necessarily based on the actual case. But that was still my perception. But now I think that a good GP is worth their absolute weight in gold.

• In my case nothing sort of really came close to my interest as what I’m doing now, which is neurology. One advantage I guess of GP training would be the lifestyle. But the disadvantage was to me it just didn’t look so exciting and there’s not really any hospital based stuff there.

• I didn’t want to work in the country, I would rather die. I was forced to go to
Broken Hill for 3 months and I’ve never gotten over it.

- I think it takes you time to understand what GPs mean. I mean, we all go and sit in with them and stuff but only after you’ve been out of the hospital system for a few years that you actually understand all the other things that GPs do and you have some appreciation for how difficult it is and unless you spend a lot of time working with the community, you won’t appreciate it.

### Issue 2.

**Was any part of your decision to choose your specialist training program influenced by your family, relatives or friends?**

For this group, any influence by family or friends tended to be subtle rather than overt. Most registrars who may have been influenced by their relatives commented that their observations of their relatives’ poor experiences within their own medical fields may have affected their own career choice. Interestingly, only one within the group had a family without medical backgrounds.

#### Typical Comments

- My mum who’s a GP never said anything positive or negative about doing medicine. She never pushed me into that, it just happened. She may have at one stage mentioned a few options and then she could well have said something about if she could choose what she was doing or what specialty she would do, she probably wouldn’t have chosen general practice second time around.

- I’m from a non medical family so they were happy as long as I was happy, they were fine.

- In terms of older family members, no but in terms of partners, yes.

- My dad’s a Radiologist and his opinion probably would have been that I would have been slogging it out being a GP and that it’s difficult to run your own practice in the city or else you’d be part of the big conglomerate that wouldn’t necessarily be that satisfying work wise.

- **Moderator** - Do you think he steered you out of it?

- Not steered me out of it but I think he painted a certain picture of it that didn’t
sound that attractive.

- I think I’ve got a similar kind of experience, I guess indirectly observing my mum’s own experience in her practice and difficulty in finding replacements. I’ve got vague memories of someone suggesting that it wouldn’t be a very good one to choose but it didn’t influence me.

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**Issue 3.**
**Do you think your family or friends would have been as supportive of your career decision if you had chosen a General Practice program/career?**

Registrars mostly felt that their families would have supported them if they had have chosen a general practice career. One was not sure.

**Typical Comments**

- I think my husband would have been thrilled because there are fewer years in it. Plus you don’t necessarily need a PHD or a higher degree. Yeah, he would have been thrilled because you can go and do your years and then you can go off and have your family and do whatever.

- I think that was something that wasn’t clear to me. I know the training program is pretty intensive in some respects but my friends who have done GP, they’ve already been out there a couple of years enjoying life.

- I think the perception from family members is that a good GP is fantastic and the family and the community are aware of the value of a good GP so if I’d made the decision to be a GP, I think it would be strongly supported by family.

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**Issue 4.**
**Do you think you ever seriously considered becoming a GP? Was it a real and genuine consideration or did that option just get ignored?**
Answers here were mixed with two registrars commenting that they had seriously considered general practice as a career, but two saying that the option of general practice did not cross their mind. One registrar commented that the seemed to be a very narrow window of opportunity to make the decision to become a GP, that was not seen to be the case with other specialties.

**Typical Comments**

- I think I did probably consider it.
- No, not at all. It didn’t even cross my mind. It wasn’t that I would never do that, it was more just that I was so pro what I was into.
- I considered it and I just want to make the point it always seemed as though you had to make the decision to do GP in your RMO year or else there was the perception that if you didn’t then the college wouldn’t think that you were that interested and they wouldn’t want to take you anyway. It was as though there was a very narrow window of opportunity.
- I didn’t really actively think about GP training so I haven’t given the same degree of thought.

**Issue 5. What previous exposure to General Practice did you have?**

For this group, previous exposure to general practice came in the form of GP training terms or rotations. All of this group commented that they had a generally positive experience but didn’t choose general practice for reasons of a lack of interest in the work or a reluctance to live in the country.

**Typical Comments**

- I was training in Coffs Harbour and having a good time but that was due to having a lot of good friends up there rather than specifically the work in GP practice which didn’t particularly excite me.
- I had a good experience. We were actively encouraged to go somewhere in the country where you didn’t have any friends so you were forced to go work. So I had a good experience with my country GP term but as I said, I wasn’t prepared to work in the country.
I had a good country and city terms. In the country it was really good because they tried to make your stay enjoyable and they went out of their way to ask you out to dinner and they told you to take the day off to go for a drive. I wasn’t really looking at it in terms of a career choice but I guess they were trying to make it as appealing as possible.

Moderator - So no one had a bad experience?
No, well I had a great time. It was fine, it was no problem.

Issue 6.
How much of your decision to choose your current specialist program was influenced by a desire to continue to work in the hospital environment?

Two of the registrars in this group suggested that their decision to choose their current specialist program was significantly influenced by a desire to work in the hospital environment. An equal number commented that they either had no choice about the hospital environment or that they were not particularly attracted to that environment.

Typical Comments

Twenty percent.

You don’t have a choice. If you want to do what we’re doing, you have to be in the hospital.

I really wanted to continue working in a hospital environment because of how it was like as an undergraduate, I loved it.

It was by necessity for me at the moment but I see myself getting out of the hospital and hopefully out in the city. Radiology is limited to population centre size but I don’t find any particular attraction in working in a hospital and there’s a lot of negatives about it.

I prefer not to be in a hospital environment. Once again, bigger issues.

It was more out of interest that I chose my specialty and I wanted to continue training in a hospital setting because we had great teachers, great professors, really great registrars who teach you and it just sounded like a great environment.

I hadn’t really thought past the training program where I would ultimately end up
but I had thought when I chose physicians that I like the idea of staying in the hospital system but now, I’d rather be out I think.

Issue 7.
Write down 3-5 words that describe your perceptions of general practice as a training option.

The most common description of GP training was that it was faster and less arduous, allowing an easier, less pressured lifestyle. Two thought that GP training would be less interesting or exciting as training in other specialties and an equal number commented that the training could involve inconvenient relocation to the country. One recognised that the training could be quite varied and interesting as many different fields are studied at some level.

This group did not personally feel that they considered general practice as a professionally subordinate field but they commented that new and inexperienced medical students or some older specialists might.

Typical Comments

• For training I’ve written good lifestyle, quick (comparatively) and I put question mark less exciting.

• For training, I’m going from the perspective I had when I made my choice so-restrictive entry, I felt. In some ways it was difficult to get into. Various friends who were looking into it had found certain barriers. Fast, relatively quick to get on, if you do get on, and to get through it particularly if you’re willing to go to the country and be flexible. A lot of people move around or want to or are forced to move depending on which way you look at it, whether that’s a good or a bad thing.

• I heard from someone who went for the interview and they basically replied if you’re not willing to go to the country then they won’t take you and as soon as I heard that I said forget it.

• I thought the training sounded less arduous, it was perhaps less stimulating but I’m not sure if that’s right or wrong and it seemed like a one way destination that once you hopped on that pathway, you weren’t coming back. So once you put your hand up for GP, that’s kind of what you do because you can’t get out.

• In terms of training I put quick, varied in terms of you get to do Paeds and
ophthalmology and a bit of this and a bit of that. The other one was easy to pass relatively speaking compared to other specialties in terms of the actual exam process.

- **Moderator** - Who sees it as an easier option?
- Everyone (Yes.)
- **Moderator** - Do you think when specialists talk about it being easier, it is looked down on a bit?
- I think initially as a junior resident you see it as easier but when you get to a senior registrar level you see exactly how hard it is.
- But there’s still not that recognition. The recognition is really not there at all and I think that if you’re a really brilliant student or internal resident you’re encouraged to do a specialty.
- There’s a bit of bias from the older specialists. In the old days you could leave possibly after internship and go and set up your own practice. You didn’t have to do the extra training so there might be some bitterness or superiority because they’ve done the extra training.

### Issue 8.

**Write down 3-5 words that describe your perceptions of general practice as a career option.**

The majority of the comments made about perceptions of general practice as a career option were positive. A better lifestyle and autonomous work, satisfaction with having a holistic approach ‘treating the whole person’, and experiencing an interesting variety of clinical situations every day were all mentioned.

Two perceived that GPs can be very busy and under great time pressure to treat patients quickly. One felt the work would be less exciting than another specialty and another perceived dealing with paperwork and bureaucracy to be a drawback.

**Typical Comments**

- For career, I’ve written it’s much better lifestyle, largely 9-5 or something, and my perception of it is that it’s pretty autonomous so you only work overtime if you
want to, you only do house calls if you want to. Whereas where I am at the moment, you’re stuck here until god knows what hour of the night. But that might change when you’re fully qualified.

- As a career option, potentially very satisfying because you’re treating the whole person and the whole family so that’s something that certainly attracted me at one point. Interesting, like a variety of things you could see everyday, not necessarily in the city practice. Busy, you’re often as busy as you want to be depending on how many hours you want to work, and bureaucracy as there is a lot of interference from my impression anyway.

- Career wise I thought treating the whole person sounded great and in that sense things are more interesting. But possibly less interesting as well because you’ve got time pressure to concentrate on other aspects of that person that you wouldn’t get a great deal of time to spend on the medically interesting parts of that person. I thought it would be emotionally exhausting or just quite draining.

- For career, lifestyle. You can structure and have a bit more control over your life in the city but not necessarily so in the country. Limited remuneration in terms of career and certainly less exciting by which I mean less complex in terms of complexity of specialist practice.

**Issue 9.**

Is there anything that can be changed about general practice as a career or training option that might make it attractive to you?

While these registrars recognised that the choice of training or career option was done on the basis of field of interest, increasing general practice pay rates would probably make this field more attractive. One registrar felt that removing compulsory rural rotations would make general practice more attractive as well.

**Typical Comments**

- No.
- Probably more income.
- Moderator - How much of an influence was money in terms of choosing a specialist career?
- I think in terms of the fact that you could make a really decent income being a GP but you’d be working hard full time but that’s just my perception of it that’s
• Well I don’t think anyone around this table is an Ophthalmologist or a Cardiologist or whatever the three top earners are but certainly in my case I wouldn’t do medicine at all. It is so hard and it takes so long and if there wasn’t a decent pay packet, it sounds awful but if there wasn’t a decent wage at the end of the day, none of us would do it. You can’t just do it for love, it’s just too hard and it takes too long.

• I guess I had a bit of an idea on the restrictions of income. I guess there’s a lot of outgoings as well in general practice as there are for any kind of private practices.

• Higher pay - yeah because being a cardiologist is much more demanding on your time at all hours of the night so if you could have an equivalent job that went from 9-5 and get to go home at the end of it for equivalent money, you’d do it.

• For me, it was really the country factor. They could pay me a million dollars and I still wouldn’t go.

• It’s my impression that a lot of people end up choosing something they are comfortable doing for 30 years and because medicine doesn’t have that scope for changing careers mid-stream after 15 years or whatever.

• I think overall if income is higher for GP, it might be attractive to some people. If you have a special interest in one specialty unless if it’s a very poor income, you’d choose that. But I think that if you’re not sure and you’re still thinking which specialty to choose, obviously the income of a career is one aspect that you’d look at. If it’s a good income and good lifestyle, it would be one factor that would make you choose that career.

• But in terms of utility benefit of the extra income, the majority of medical specialists and medical people who have finished their training and are working as bosses will have a comfortable income and the utility benefit of extra bit of income might not affect them. If you’re starting out you might think “wow 20 thousand extra a year” but when you get to that point, it won’t influence you because things would come down to family issues and what am I going to do for the next 30 years rather than do I need another car, a bigger house or whatever.

Issue 10.
Examination of printed marketing material (Posters) – What messages are these posters delivering to you? Might they have influenced your decision to become a GP?

Messages that this group noticed the posters delivering included:

1. Good lifestyles
2. Varied work
3. Multicultural workplaces

The group generally supported the idea of marketing to potential GP registrars but felt that the posters may not have influenced their career decision. The group commented that most other colleges did not professionally advertise or promote to students.

Other messages that registrars would like to see in advertising include:

1. “Less bureaucracy than hospitals and more control over your life”
2. “Computer information systems at your fingertips rather than forms to fill out”
3. “Flexible training”

Typical Comments

- They’re nice posters, they’re colourful. I don’t think it would have changed my decision.
- There’s nothing in there that really jumps out at me that says “wow” about General Practice.
- It’s so clearly a marketing strategy. I think that potentially that could be what being a GP could be like. I think it’s trying to get its message across but it wouldn’t change my mind though.
- With that poster, you get the idea that they’re looking at more complex type issues, looking at a CT. Slightly more dynamic. More lifestyle plus kids, that’s good.
- They’re also multicultural.
- It’s pushing a lifestyle, essentially.
- It’s a bit too north shore or something - if someone walked in and said all that to you, you’d think “gee you’re up yourself”
- It’s a nice message.
- It’s very heavy on the marketing.
• **Moderator** - If you saw these at the time you were making your decision, might it impact on you?

• Consensus no.

• I think that it’s good that they’re advertising because the other colleges I’ve notice don’t.

• Neurology put out an ad that said please consider Neurology but it was a very basic ad.

• I think the surgeons put in a tiny ¼ page ad at one stage.

• I think it’s well done because we’re not used to advertising from specialties.

• **Moderator** - What messages should they be trying to tell you about being a GP to make it as attractive as possible to you?

• “Less bureaucracy than hospitals which leads to more control of your life.”

• “Information being at your fingertips” in terms of GP’s information systems, computer systems etc rather than having forms and forms and forms to fill out.

• I think for me it would be if they had some statistics or figures like that’s the percentage of people who have chosen GP, that’s the number of trainees and just a bit more information about the GP training. So positive information about GP training and also I personally prefer more professional figures.

• I think the ad if it’s targeted to people at that end then the careers should mention the training, there’s more emphasis on how they get on or how long the training is and the options for the training. Obviously the career is the end point but I think people are more focussed on short term so what they will be doing as trainees. And also keep the emphasis on the flexibility and the potential to balance the work and the lifestyle because that’s so important.

• They should have something like a before and after so have something like a surgeon and he’s really overworked and someone who’s half asleep and looks terrible and then you’ve got all this stuff that says long hours, long training, things that make you think “gee that’s such a drag”. Then you can have the half dead and tired person on one side and on the other side you can have a person with a big grin saying lots of time with all the kids, lots of the time for the family, quality time - all this kind of thing.

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**Issue 11.**
If you were unable to gain a place in your current training program, where would you have placed general practice in order of preference for an alternative specialist program?

For most of these registrars, general practice would not have been considered as an alternative training program.

**Typical Comments**

- For me it was if I didn’t get into Radiology, I would have done something completely different outside of medicine.
- I had physician as a back up and outside medicine as a third.
- I’ve never thought about it. I wanted to do what I do and there was no alternative.
- I have no idea what I would have done. If I couldn’t do the specialty that I’m on the road to now, I probably would have done another medical specialty but if you’re saying if I couldn’t have done any physician type specialty, then I would have done Rehab at a different college.

### Results: Royal Adelaide Hospital

**Issue 1.**

Think back to the moment you first decided to become a specialist. Where were you and what were your real reasons and motives for deciding to become a specialist at that point in time?

There were three main reasons for choosing a non-GP specialist career path:

1. A perception that GPs need to deal with too many mundane and uninteresting clinical cases or work in a boring or isolated work environment.
2. A strong interest or passion for a particular area of specialty.
3. A preference for a hospital environment with interesting cases and easy access to colleagues for support and advice.

**Typical Comments**
I didn’t choose GP because there seemed to be too much to know and the second thing was that there was too much psychiatry in general practice and I don’t like psyche. Thirdly was the lack of support and fourthly the sense I got that it could be quite boring and a lot of trivial issues to deal with. It might just be for people coming in for a script for colds or flu.

I guess for a start, whatever I chose I wasn’t necessarily thinking I wouldn’t want to do GP training but more that I’m applying for Physician training. The reason for that is that’s what’s captivating my interest from the outset and I’m also interested in specialist fields within physician training which General Practice I guess doesn’t allow.

A main thing for me is that I just like the hospital setting and I like the interaction and the variability of interactions that you have within a hospital that in my experience I wouldn’t necessarily have in a general practice setting.

I sort of like the hospital atmosphere and that you can often discuss a lot of the cases with other people whereas in a GP practice certainly especially in a solo practice I guess it can be quite isolated - even in a big practice everyone’s got their little rooms and you don’t have time to basically communicate about different patients in between them. In a hospital, you can always run things past people and round table discussions about difficult cases all that sort of things which allows communication and group decisions and there’s not so much pressure on one person to make a decision if it’s going to be a very hard one.

I did a general year after my intern year and went overseas for a year and found that the areas I was interested in meant that I had to do specialist training. Two other things, I did a GP rotation in the country and after seeing about 11 people in a row with the flu, I just thought, I just can’t do this. Also the GP I was working with was pretty mad. He’d make me see every patient before him and I’d say “this is what we’re going to do” and I’d think it would be a reasonable plan and the GP would say “nah, that’s rubbish”. I had difficulty with some of the decisions he’d make about things. Some things he was really good at and other things were just not modern medicine as such.

**Moderator** - So you had a bad experience. Do you think that affected your decision?

**Of course.**

**Moderator** - Do you think that if you had had a good experience, would you be a GP now?
I think I would be more likely to be, I mean I don’t know if I could say I’d definitely be a GP but I think that if I had a good experience I think that may have swayed me more in that direction. One other thing is also my personality wouldn’t really be akin to GP practice and one of the reasons is I don’t know if I would be able to sit for long periods of time.

I agree, that’s the thing I was thinking of too. I just couldn’t sit in one room for a long period of time by myself. I couldn’t do it.

Yeah, it sounds silly but that’s another reason why I chose not to do it.

I’d feel like I would fall asleep if I sat around for a long period of time.

Yeah, well I would fall asleep.

I’m in a surgical training program. The time that I realised I wanted to do a specialist training program was when I started operating lots. Assisting in operations and I realised that that was what I really loved and that’s what drove me. Although I kept an open mind throughout medical school, I could do all things I liked, including general practice, but what I really loved doing was operating. And also the teamwork you get in specialist programs. I don’t like dealing with rubbish. I don’t like people that aren’t sick who pretend that they are sick. I don’t have any patience for that at all. And also I had a bad experience in rotation in sixth year. I was working with a female GP, she was lovely but she was very depressed, her work drove her crazy, her marriage was falling apart and the work that she was dealing with I looked at my life in 10 years time and I said “no, no way”

I think the work that female GPs get you can’t get away from it, the counselling and the gynaecology. It’s the same for all female GPs. And that’s all she did and I don’t enjoy counselling because I don’t like talking to people that aren’t sick.

Moderator - If you had a different experience, say the GP was male and it was different, do you think you would be a GP now?

Well, I think I would have seen a totally different side. I might have approached general practice with a different frame of mind but I think once you got into it, I think that you could still get lumped with the counselling and the gynaecology.

Moderator - So you probably still wouldn’t have chosen GP?

Well no, I don’t think so. I think that was a real wake up call, that rotation.

Yeah, I’ve done some country GP and some city GP stuff. I just got bored shitless.
• **Moderator** - Is it because everything you see is routine?

• It’s variable. It can be. You can get the odd interesting case but I guess for the most part a lot of it tends to be fairly routine and again, just the environment I find kind of makes that worse because you’re in this one room and it’s a very non stimulating environment whereas in the hospital where you’re walking around and there’s people around and people to talk to, I just find that interaction much more appealing.

**Issue 2.**

**Had you ever specifically and seriously considered General Practice as a career option?**

Registrars in this group gave consideration to general practice as a career option. One commented that her discussions with GP colleagues lead to her decision not to become a GP. Of particular objection was the pressure for GPs to work in rural settings.

**Typical Comments**

• Yes.

• At some stage I did – I just wasn’t really interested.

• I considered it in my internship and mainly for lifestyle reasons. And then I took a year off to decide if I really wanted to do it and then after about 6 months of working in a hospital and talking to a few GPs I decided that I didn’t want to do it anymore.

• **Moderator** - What sort of things did they say? Were they GPs who wished that they had done something else?

• Some of them were. A lot of the women were happy because they were working part time and had families but they said that if they worked full time, they’d be bored with it and wouldn’t want to do it. And then there was the whole country issue as well - I didn’t want to go to the country.

**Issue 3.**

**Write down 3-5 words that describe your perceptions of general practice as a training option.**
Registrars commonly considered GP training as having a more reasonable training load than other specialties providing some lifestyle advantages.

The requirement to train in rural settings was mentioned by some as potentially being a drawback as it may be isolating and inconvenient.

One registrar considered the GP program to be generally well organised and supported.

**Typical Comments**

- As a training option I put down rural, quick in terms of the year because 3 years seems relatively short to suddenly become a GP and thirdly what I was saying before the medicine they see is not as acute and not as complex often as hospital stuff.

- It’s well supported with an orientation to family. So lifestyle and well supported training throughout like training weekends that sort of thing. Whereas we don’t really have that - also, the focus on the individual’s wellbeing. I know the GP training; they sort of get people together and go through how you’re feeling and all this sort of stuff. Assessing personalities and stresses that sort of thing. Whereas we don’t have that at all. When I actually think that would benefit us. And the other thing was rural as in push for rural training. I think it’s good but it’s not for everyone.

- I was thinking more that it was reasonable and doable compared with other training programs. And I guess it’s more friendly but I guess along with the rural concept, I felt that it could be potentially isolating having to do a rural component outside where I normally live.

- Yeah, definitely that it was seen as easier than specialist training and the hours (9-5), I’d love to live those hours compared to what I do. And the thought “is it looked down as a soft option?”

- In a way, yeah.

- I think the exams are easier, there’s no doubt.

- **Moderator** - Is that attractive or is that something looked down on in the profession?

- I don’t think it’s a soft option. I mean, if you want to do it and that’s what captivates you well that’s awesome and you go for it but maybe for some people it’s a soft option.

- It’s not a soft option for me.
**Issue 4.**

**Write down 3-5 words that describe your perceptions of general practice as a career option.**

This group considered GPs as generally being underappreciated in terms of the importance of their role within the community. One registrar felt that general practice is best described as ‘hard work’ with long hours while another felt that general practice, being away from the hospital system, could be quite isolating.

**Typical Comments**

- **Hard work** - My boyfriend works harder than I do because he’s doing rural GP and his hours aren’t 9-5, unfortunately, they’re actually 9-7 and then he’s on-call 1-4 and generally they wake him up in the middle of the night and he has to go to the hospital. Like 2 days ago he was at the hospital from 1-7 in the morning and then he had to go to work at 9. So, in that regard I guess it depends where you work really.
- **I now realise more** that GPs are much more isolated from the hospital system.
- **It’s an important community role but** other doctors here often don’t appreciate what GPs do in a community for their patients and what they’ve got to live with.
- **I see them as** people coming into the hospital and actually making our lives easier. They see 90% where we’re dealing with the 10%. A good GP can stop people needing a specialist later because of a lack of initial treatment.

**Issue 5.**

**If you could change anything about general practice as a career or training option, what changes would you make to make it more attractive to you?**

The main aspect of general practice training that this group felt should be changed is the requirement and the pressure to train and work in rural settings. One suggestion made was that GPs could have their work variety improved by allowing GPs to do
casual shifts at a hospital (e.g. in emergency departments). This was also considered a good way to maintain updated and high skill levels for GPs.

**Typical Comments**

- I’d find a way for GPs to be incorporated more to the public hospital systems and so maybe in part of ED departments. If I’d be able to work as a GP and do a few casual shifts in the ED departments, say here, I think that would have been very attractive to me.

- **Moderator** - So more options for GPs in a hospital setting is good? How would that role work?

- Well like in emergency we’ve got a lot of RMOs just doing shifts in emergencies so they just see patients who just come in and so if GPs could be given that option spending one day a week doing that. I think that would offer just a bit more variety to their work and it would also keep their skills up as well and they’d be able to see acute hospital medicine as well which often they’re out of touch with.

- I know a couple of my friends are overseas doctors and medically they’re as good as me but their whole issue is that they’re being forced to go to the country. So I think that’s a thing that I’d change - I’d probably not have that rule because they’re not doing it because they don’t want to go to the country so that’s a problem.

- Yeah - I’ve got two friends who are excellent doctors but because they have babies they’re just staying in the city doing casual locum shifts as oppose to starting general practice training.

- I think making everyone do a rural rotation, I would have an issue with that. Because I know everyone has to do at least 6 months somewhere. So I might have an issue with that too.

- **Moderator** - What if they made the country rotation optional but had really significant financial incentives to do it. Might that be better?

- I think that would be a lot better. As long as it’s optional I think that’s the way to go. I don’t think there’s any point in saying you have to do this because then people are just not going to want to do it.
I don’t think you could change anything to make me want to do it because it just doesn’t interest me and that’s it.

Issue 6.

If you were unable to gain a place in your current training program, where would you have placed general practice in order of preference for an alternative specialist program?

In terms of an alternate training program, general practice was generally placed quite high on peoples option list. For one it would have been the next preferred option, for others it was third or forth on the list.

Typical Comments

- It would still be second so if I don’t get through my exams next year, I’ll again consider general practice as an option.
- Probably somewhere in the middle.
- Maybe second or third for me.
- Probably third of forth.
- **Moderator** - So it’s not that far down peoples’ list?
- Definitely not for me.
- I think they just need to make it more attractive and then I think you’ll find that people will do it but one of the big issues I’ve talked and heard about with my friends is the rural issue and the feeling that if you do general practice you have to go to the country.
If you were deciding between a career in General Practice versus another specialty area, are there any incentives that might encourage you to take the General Practice option more seriously?

While money bonuses were recognised as a legitimate incentive, none in this group felt that a financial incentive would encourage them to take general practice more seriously. Child care assistance was seen as a potentially more useful incentive, as was providing GPs with accommodation.

**Typical Comments**

- Well, I’ve heard that there is some incentive thing to go to the country but I’d have to say that wouldn’t really affect my decision.
- No, I don’t think there is really anything that they could do apart from changing their work but not in terms of money.
- I think they’re paid heaps more than what I get. There are a lot of incentives for GPs and GP practice. My boyfriend gets escalates amounts of money each year just as a bonus – here’s 30 thousand just because you worked two years in the country.
- Moderator - And that didn’t interest you?
- No, because his money is my money anyway so that didn’t really interest me.
- I think the best incentive is always more money but they do get paid a lot more than we do a lot sooner too.
- Moderator - And that wasn’t enough to change your mind?
- No, I think you’ve got to look at the actual work that you’re doing in the end. No, it would just drive me bananas. I think the money is good though but it can always be better.
- Yeah, I think that the money is an incentive and I’m sure it probably is quite attractive to lots of people but I just couldn’t see myself doing it and that’s the bottom line, that’s it.
- Moderator - How about things like allowances for travelling away? Childcare assistance if you wanted families? Would any of these affect your decision to be a GP?
- Not right now.
Yeah, not right now but that’s something that you think about in the future so yeah, I guess it would be good. I guess people that are attracted to general practice are people who are thinking of families early as well so perhaps they were going to do it anyway.

Yeah, I think that if you’re going into the country and you don’t have your support there then that should be something that’s done.

Moderator - How about if GPs had to go to rural settings, assistance with finding your partner/spouse employment? Or finding accommodation for you?

I can’t see the employment thing happening but it would make sense I guess but everyone’s partner would be doing something different. I think that childcare and the accommodation are probably the most important ones.

I think a lot of the general GP practices do give accommodation because the two places my boyfriend has been; he’s had two houses given to him.

**Issue 8.**

**As an option, if you were able to train in your current specialty as well as train in parallel for General Practice would that influence you in your choice of career or training program?**

Training in parallel for general practice and an alternate specialty was considered an option for a couple or registrars but not for most. The majority of comments indicated a belief that this would not be practically feasible time-wise and that the other specialty colleges may not approve. For those who felt it was an option, parallel training would give a ‘balance’ between hospital and holistic community medicine. Another felt that it could provide interesting variety to work life.

**Typical Comments**

- Yes definitely. If that was an option, I certainly would have done that and if I was able to be a GP but just kind of see big medical things, definitely. Because you see all the primary care stuff and it mixes in with what we see in hospital and it would give us a bit of balance. I mean, a lot of things that we see anyway is what the GPs see, so it would make sense if you could do both. It would just mean that
as a GP you couldn’t do the other stuff like Paeds and O and G. And it would also give you a fallback for later.

- What’s the point?
- I guess it’s more for people who might have put GP as a second training option.
- I don’t see how the colleges would accept that as a reasonable option. You’ve got to sell yourself to the college to get into that training program and prove that you really wanted to do this.
- Moderator - Suppose it could be done.
- I don’t know how you would get the hours in operating to get your fellowship. You’d have to do a lot of work, I don’t know if you would have time.
- I guess the thing is, if people have decided that this is what they wanted to do, and that’s what they love, why do something that’s going to be second choice when you could potentially work part time in your area or expertise or whatever. You may as well work in that area rather than spend a couple of days a week doing something that was really your second choice anyway.
- And the only other thing is say you did do your specialty and then realised maybe 10-20 years down the track that it wasn’t really for you anyway or you’ve had enough of it, if you had the GP to fall back on I guess you could say “well, maybe I would do GP. I can do a session in the morning once a week and it’s more flexible with my young kids or whatever” than that I guess might be an option.
- Yeah, that’s the only thing I can say that it could be a good fallback option.
- Yes, absolutely. But I think getting through the training would be hard.

**Issue 9.**
**How much and what type of exposure to General Practice did you have before making your decision about your career path?**

All of this groups’ main exposure to general practice was through their training rotation. One registrar had an Aunty who was a GP and had positively promoted the career.

**Typical Comments**

- It was only the rotation but that was enough.
Yes same, it was the rotations for me as well.

I’ve got an aunty who’s a GP but apart from that it’s the rotations. She works part-time in Adelaide and if anything I guess that would have been an incentive because she’s very happy and she loves her work and she has always promoted that to me.

Moderator - But it’s mainly been through your rotation?

Mainly yes.

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**Issue 10.**

**Was any part of your decision to choose your specialist training program influenced by your family, relatives or friends?**

For most of this group of registrars, family or friends had minimal or no influence on their choice of specialist training program. Only one felt that their father and his friends, who had medical and senior professional roles, influenced their decision. Of those who were influenced, the bulk of the influence came from supervisors or mentors encountered during training.

**Typical Comments**

- No, most of my family and friends are non-medical. It was mainly colleagues or supervisors. When I was in the UK, there was a physician there whom I worked with for about 2 months and I really enjoyed it. I think that a lot of people would be influenced by medical doctors who were good at what they do and were enthusiastic and enjoyed it.

- I guess my dad has a lot of friends who are high up consultants and professors so that was something I always aspired to. They’re very lovely people, very well rounded, great lifestyles.

- Moderator - And you always associated with them and it rubbed off a bit?

- Yeah.

- I’d probably say that there’s a couple of people in the hospital I can think of that were maybe mentors that I thought “wow, they’ve done this” and it would be good if you could be like that and work like that. I wouldn’t really say there was much influence through my family or friends but maybe a couple of people I’ve
met through the hospital environment.

- I think that maybe there’s a wider community perception that GP is the softer option and maybe I think my parents may have that opinion but they don’t push that on me or anything. They don’t care what I do, that’s not something that has ever been pushed on me. Apart from that, no.

- **Moderator** - So do you think had you chosen to be a GP you would have the same support from your family and people that you do now?

- Consensus yes.

- I probably would have more support.

- Yeah, my family would have probably be a lot more supportive. They were actually pretty upset that I chose physician training. I guess because they’re non medical, they’re perspective is that general practice does offer a much better lifestyle so they were quite insistent that I did general practice and would still like me to do general practice.

### Issue 11.

**Examination of posters** - What messages are these posters giving you? Does it convince you about becoming a GP?

This group identified the main themes and messages being delivered by the posters as:

1. A good lifestyle / family oriented.
2. Work in a rural setting.
3. Work variety.

### Typical Comments

- It shows variety.
- **Moderator** - was that your experience?
- No.
• Potentially it gives you the feeling of going rural.
• Obviously mixed ethnicity.
• I think one of the main messages they’re trying to get across is lifestyle.
• **Moderator** - Is that an idea that fits with you?
• This is very family oriented and country, maybe we’re not at this stage yet.
• Yes, it’s too far off especially for med students or interns.
• **Moderator** - So what would you have included? What do you do when you’re not working?
• I’d put a younger person who was having a great social life.
• **Moderator** - If you saw a poster with younger people, would that have influenced your decision to becoming a GP?
• Consensus - no.

**Issue 12.**

**How much of your decision to choose your current specialist program was influenced by a desire to continue to work in a hospital environment?**

Working in a hospital environment was of significant importance to all of this group. Comments indicated that registrars perceived GPs as having to work in small rooms, with little or no interaction with other professionals, without continual training and learning, and without support.

**Typical Comments**

• I think it’s quite a big issue if you look at what we were saying before about the dingy, pokey, isolated little room that we’ve experienced in general practice setting. I think that the constant interactions that we have in the hospital is important to me and the support and staff as well.

• Yes, because a lot of it particularly after internship is just so daunting to think that you’ll be a GP out there all by yourself whereas in hospital you’ve got continual training, you’ve got older people teaching you and it seems that in General Practice you don’t get that.

• As a GP you’re sort of just stuck out there and you’ve got to deal with what walks
in the door. So for that reason I think that hospital setting does appeal to a lot of people because it appears more supportive.

- I think potentially there could be lots of risks outside of a hospital, but I guess you have to work out when to refer on if it’s sort of beyond your knowledge. A lot of them are very busy as they see 25 patients a day and 15 minute consults, I’m sure there are things you could miss by yourself. So I see how they could run into trouble but we could just as easily run into trouble here but at least we’ve got other team members or colleagues to double check with.
Think back to the moment you decided to become a specialist. Where were you and what were your real reasons and motives for deciding to become a specialist at that point in time?

Similarly to other groups, these registrars’ decisions to choose their area of specialty was based mainly on a desire to pursue a field they had a passion about, or a desire to eliminate aspects of medicine they did not enjoy. Another common reason for choosing a speciality career was the desire to know one topic very well rather than not know enough about many areas.

A couple of registrars commented that they became inspired about their subject area after inspirational lectures by respected, enthusiastic mentors.

Other attractions to a particular speciality included a desire for a hospital based team work situation, interest in patients with more severe illness.

**Typical Comments**

- Exposure to hospital specialties, severity of patients, team approach and more procedural.
- I chose to train in neurosurgery prior to entering medical school. No other specialty was an option.
- I’m doing dermatology and while I was at university we had excellent lectures from really respected clinical dermatologists in Brisbane. And one of them is our chief now and she made it exciting, interesting and just fun. She showed us lots of pictures and that was when I really though I liked dermatology. I also really like pattern recognition which is a huge part of dermatology and I like seeing patients primarily on an out patient basis when I don’t really have any after hours commitment. And also lifestyle decision – will be able to work mainly 9-5 without emergencies after hours and I also love knowing about one field of medicine rather than having to know lots about lots of aspects of medicine as you would have to do in GP. I really admire GPs but I really like knowing about one thing that not many people know about really well.
- Similarly, I really enjoyed the lectures in dermatology. We had 2 or 3 and I just thought “this is really interesting” and if that’s all I’m going to get in 2 weeks of my
entire medical training then I’m going to practice in Queensland and know nothing about this. So similarly in that I like knowing something really well and being good at something rather than having this broad based knowledge.

- **Moderator** - Does that make you feel more comfortable about helping patients?
- Yes.

- My dad’s a GP and I know the vast amount of knowledge he has to have and he’s nearly retired and he still worried that he’s going to miss things. I just really wanted to know something really well.

- There’s sort of a definition to what you should know and that’s what worries you about GP that there could be anything come through the room and think “I don’t feel on top of all those areas”. And also our specialty has both medical and surgical which is predominantly different to GP but you have to choose what part of it you want to be. And I enjoy talking to people and I enjoy the interactions I get in our patient interactions and patients tend to come back in the long term unlike GP patients which I enjoy. Like the chronic conditions, you see them all the time.

- Biggest decision for me I guess is that I get to focus on the areas and things that interest me and avoid the things I don’t. Flexibility and travelling.

- **Moderator** - During your decision, did you choose what you’re doing because you wanted to steer away from being a GP or that you were more attracted to what you are doing?
- Probably more attracted.

- Yeah, but probably more that I was attracted to what I’m doing.

- More that I found some things that I’ve done that I disliked more and those negative aspects of the previous ones sort of shape the aspect of the ones you tick as reapplying for and it sort of whittled down and now I’m doing Physician.

- Yes, mine was a process of elimination.

- Yeah elimination more than any particular attraction.

- And the problem with General Practice I suppose is you don’t know if you’d like it. You just don’t do it, you can’t do it except in a rural area with no support. Our only experience with general practice is being thrown out into the bush on our own. And that happens only in Queensland, I think. So all second years who work at this hospital, gets sent to woop-woop on their own, single doctor town and it’s
A MARKET
RESEARCH REPORT

a bad experience.

Issue 2.

What exposure did you have to GP before you decided to become a specialist registrar?

The bulk of the exposure to general practice for this group came from compulsory rotations as a medical student. At least half of the registrars’ described their GP training experiences in negative terms, but two had positive experiences. One also knew the area because of their father’s occupation as a GP.

One registrar commented that now, with the requirement for a provider number, it is difficult for registrars to try general practice.

Typical Comments

- Two weeks, as a medical student.
- My dad is a GP. I did electives in GP and I just knew some GPs that I liked.
- From the year ahead of me and on, you can’t locum anymore because you can’t get a provider number. So the option of locuming now is not there because you have to get a provider number. You have to be a trainee to get a provider number or you have to go out in the bush on your own. So the option of going and trying it when the provider number legislation came in has now gone. You can’t try it, there’s no way of trying it. Even if you want to you cannot try it, you can’t get a provider number unless you go to an area of need or you start the training program. So there’s no option to try it out and see how it goes.
- I think I probably had 2 weeks as a medical student, maybe 3 I don’t know. It was something like that and then that was it. And I got sent to the country relieving and I inherited someone’s practice for a week in the middle of nowhere. There was another person there but he wasn’t going to take anything and he didn’t want me to call him and he left for the weekend.
**Issue 3.**

**Who consciously and actively considered becoming a GP?**

This entire group felt that they had seriously considered the advantages and disadvantages of becoming a GP.

**Typical Comments**

- **Consensus** - All say they did.
- But I decided pretty quickly that it wasn’t for me. I don’t like not knowing everything, it really freaks me out. I needed to find something where I’d be comfortable.
Write down 3-5 words to describe your perceptions of general practice as a training option.

Several registrars commonly expressed a lack of knowledge about GP training. Of those who had an impression, the need for a diverse and broad knowledge across many health issues was recognised but for some, this was seen as exposing GPs to a level of risk (through potential for error) that specialists are not exposed to. A couple of registrars considered GP training as providing more flexibility in subject and more flexibility in lifestyle.

Two registrars held the opinion that GP training is well organised and supported although one felt that the pressure to work in a rural setting was a detractor. Only one registrar considered GP training as a ‘soft’ or easy option.

**Typical Comments**

- In regards to the training option, I do not have any information on what the training requirements or conditions are like.
- I don’t really know what the training is. I said I think you’d have to have a diverse knowledge of many things and it would give you some flexibility in your hours.
- I don’t really know much about the training. I really don’t know what their training involves.
- Flexible
- I thought from the outside looking in it’s fairly organised and this is from the syllabus, things that they publish. The negative things I’ve heard about was the relocation aspect of doing the rural terms, it was a bit high on the negative part of it.
- I just saw it as a pretty soft specialty to train in. And now that I’m in my own training, I realise that they’re job is probably much more difficult because they’ve got lots of different things that they need to know whereas I just focus on a few conditions and it’s difficult when you see a hundred people with headaches, it’s difficult to pick the one that’s subvarietal haemorrhaging that’s life threatening so I think it’s very difficult.
• Similarly, I think that you need multiple skills and it’s a very diverse practice and it’s probably what some people find attractive but what terrifies me about it. There’s so much potential to get it wrong.

• I watched my partner go through GP training and they’re just so nice and well supportive and they’re there to answer any questions.

Issue 5.
Write down 3-5 words to describe your perceptions of general practice as a career option.

The most common positive aspects about general practice identified by the registrars were the flexibility of working hours as a GP and the opportunity for a good life-style that is mostly family-friendly. One registrar believed that GPs are well supported by their profession and another acknowledged the need for broad-based knowledge as a GP and the need to be a ‘jack of all trades’.

Negative perceptions included; the pressure of maintaining short consultations; a generally very busy work life; exposure to regularly boring, minor or frustrating illnesses.

Typical Comments
• As a career option – flexibility of hours, availability of part time, time pressures forcing short consultations and eliminating procedures and lack of community solutions for complex situations.

• I think they can sort of choose to job share and things like that very easily whereas we’re pretty much full time.

• I said flexible, good lifestyle and well supported.

• I’m in neurosurgery so I’m very jealous of anyone who doesn’t have to get up at 3 in the morning to work. So, I’d think the flexible hours would be the biggest thing.

• For career I’ve said it’s busy, demanding and you have to be a jack of all trades.

• Flexible hours, difficult to diagnose conditions and boring at times.

• Nice lifestyle, flexible, frustrating, occasionally challenging often repetitive and
good time management which I wouldn’t be very good at – 10 minutes to deal with something.

- Family friendly unless you’re in a solo setup and if it’s a solo setup it’s very long hours.

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**Issue 6.**

*Is there anything that could be done to make general practice training, or general practice as a career, more attractive to you?*

This group was largely unable to make suggestions for improving the attractiveness of GP training or work. Registrars seemed to have little knowledge about General Practice and suggested more exposure to it during training.

One suggested that removing the need for a provider number might encourage more people to try it as a locum.

**Typical Comments**

- Probably a little bit more information about it. I don’t know maybe I just missed it and maybe I was told but it just didn’t sink in but now I certainly don’t know very much about the training.
- There’s just a void, there was only a 2 week glimpse of it.
- Maybe having a provider number, that’s a government decision I know but I think that a lot of people if they didn’t know what they wanted to do they would do GP for a while and decide if they wanted to do it but I know you can’t do that anymore.
- You could still make it restricted and fairly well supervised but it would be nice to have the chance just as an option because with no provider number, it was like “well, what are you going to do next year? I don’t know” there was no option so it was “what are you doing to do next year? I’ll study for my primary”. Because I’m working and I can still study for my primary while I’m working and that was probably an easier option than biting the bullet and saying “I’m going out as a GP”.
- I only did medicine to do Neurosurgery so there was no discussion or thought about doing anything else. But I know a lot of people around me sort of used general practice as a default so I know a lot of people who got into it that didn’t
make it into a specialty program. Then just didn’t know what else to do so they
did general practice and it seemed to be people that went for general practice
jobs tended to have less problems getting the jobs than people going for surgical
jobs and things so it was more of a default thing.

Issue 7.
Are there any incentive schemes that might encourage you to take the
General Practice option more seriously?

This group mainly felt that financial incentives would not be effective as they felt that
GP registrars already make more money than specialist registrars. One commented that
people will only be attracted to the fields they feel passionate about. No other
incentives were suggested by this group although discussion revealed that for some, the
requirement to work in a rural setting could be a detractor, but not for all.

Typical Comments

- They already make more money, GP registrars.
- No
- People feel very passionate I think about what they do and when they specialise
  you have to be passionate otherwise no one’s going to go through with their
  training program.
- Moderator - How about money? Was that a thing that you factored into your
  training?
- GP registrars make good money so that would be an incentive to go to GP if
  anything.
- Moderator - Does anyone think that working in a rural setting is a detractor to
  being a GP?
- It depends where we’re talking about.
- I think it depends dramatically.
- I don’t think I’d do to well literally in the middle of nowhere but if it was a small
  place near the coast, that would probably be ok.
My family and my friends are all here and I like my lifestyle here and you have to give up a lot to go out to the country. I think that when people are there they actually love it and I think people get a lot out of it and probably had to go and make the most out of it but it’s not something I would choose to do.

I don’t mind working in the country but for what I’m doing now, I really have to be in the city and I think you would get a bit of a selection bias there too because the people that say they really like the country you’ll find won’t be in a tertiary hospital.

Our college does a lot of regional visits. I mean we fly into a lot of places for a day or two and do clinics once a month in those places and all the dermatologists sort of do that and you’re encouraged to go on those visits with them so in a way we do service the country as much as we can. There’s also people who offer services where they can send photos in of rashes and things to dermatologists.

**Issue 8.**

If you were able to train in your current specialty as well as train in parallel for general practice, would that influence you in your choice of career or training program?

This group was opposed to the concept of training in parallel for general practice with specialist training. They considered there to be a conflict either between ‘specialising’ in more than one area or insufficient study time to train in two fields at once.

**Typical Comments**

- Consensus no.
- I think that most specialties are completely mutually exclusive.
- How could you afford the time?
Was any part of your decision to choose your specialist training program influenced by your family, relatives or friends?

No registrar felt that their decision to choose their specialist training was influenced by family and friends, although several in the group had families with a medical background. The group felt that their families, friends or peers would generally support whichever career decision they made.

**Typical Comments**

- No, there was no particular influence. I have a few medical relatives, some were specialists, some were GPs and friend wise there was also an equal mixture of specialists and GPs.
- Not specifically, it was nothing anyone ever said. I come from a medical family but more that my partner travels a lot so it needed to be something that I could potentially up and move interstate with.
- I’m not from a medical family at all so no except my husband’s a doctor and an aunt but that’s about it but that didn’t make any great impact.
- My dad’s a GP and he’s a solo practitioner and always has been. He’s got a very busy practice and he would have supported anything I wanted to do and I think he would have been very proud if I had decided to do GP but he could see how draining and busy it was to him and when I expressed an interest in something like dermatology, he was fully encouraging of that.
- **Moderator** - He didn’t discourage you from General Practice?
- No, never. I could see how much he gave to his practice, he’s very supportive of his patients and that’s very hard if you’re a solo practitioner. He’d put in huge hours and it’d take a lot out of him so when I expressed an interest in something else he said “go for it”
- I don’t have anyone that’s a doctor in my family and I’m from a Greek background so I don’t think they really knew what a Neurosurgeon was. And I think they just assumed that I would get a medical degree and go and practice as a GP and have lots of kids and stuff so they were a bit shocked when they realised that was not going to happen.
- Do you think if you had chosen a GP career, your peers and family would have been just as supportive?
Issue 10.
If you were unable to gain a place in your current training program, where would you have placed general practice in order of preference as an alternative specialist program?

As an alternate career option, general practice was rated quite highly by registrars. All would have prioritised general practice as second or third choice.

Typical Comments
- Fairly high – maybe even second.
- Second or third.
- Probably third.
- Consensus 2 or 3.

Issue 11.
Examination of marketing posters - Tell me what messages you receive from these posters. Is it a credible message and is it attractive to you?

The main theme that these registrars noticed from the posters, was a good lifestyle and ‘life outside of medicine’. This was considered an attractive message to all.

Typical Comments
- It’s saying you can have a life outside of medicine.
- Moderator - Is that an attractive message to you? Is that an issue that plays on your mind now?
- Consensus yes.
- That’s the most attractive thing about GP I think, having an outside life.
- I think you’ve got to have a few years in the hospital first to really appreciate it.
- Yeah, I don’t think you could jump straight into GP after uni. I don’t think you
Moderator - Does everyone have the same feeling that the longer you work in medicine the more appreciation you have of GPs?

Consensus yes.

I think you really appreciate the good GPs that are willing to carry on a patient’s management.

**Issue 12.**

*Is there a stigma associated with training as a GP? Is general practice looked down on by specialist colleges?*

Feelings were mixed regarding this issue. While nobody agreed that GP’s are looked down upon in a disparaging way, a couple felt that there may be some minor background ‘snobbery’ with some specialists about general practice. Most would agree that poor attitudes to general practice are now rare and mainly limited to older specialists but not by contemporary registrars. It was agreed though, that the importance of GPs’ role is generally under-recognised by patients. One commented that the new GP training regime further improves the professional status of GPs.

**Typical Comments**

- Not really.
- There’s still a bit of a snobbery thing like I don’t want to think that I’ll just settle for GP.
- But I don’t think that patients appreciate a good GP. Like some of our referrals you see are so dodgy you think “great, thanks” but others are so nice and thorough but I don’t think that patients appreciate them.
- I think because of the snobbery, the GP training program gives it a bit of credibility because you do have to train for it.
- I think people choose GP for the lifestyle and family options. I don’t know if the snobbery thing is so much a reflection of a contemporary thing but I do know early on, 20-30 years ago, when you had no formal training program it was seen as what you did when you failed to get on a particular speciality training.
- I think the training definitely helps formalise it and once you start working you realise and appreciate good GPs.
Results: Royal Perth Hospital

Issue 1.

Think back to the moment you first decided to become a specialist. Where were you and what were your real reasons and motives for deciding to become a specialist at that point in time?

Registrars here spoke of their decision as a process of eliminating disliked aspects of medicine and building in aspects that the registrars were interested in. Working in a hospital environment was important for some as this was seen to provide more professional support and ensure skills and knowledge were kept updated.

Two comments revealed an impression that GP training is clinically weak or light, and that GPs in the field become professionally ‘atrophied’ as they are not exposed to the peer review and the broad experiences provided in a hospital setting.

Less common criticisms about general practice involved perceptions that GPs are over regulated, are losing professional autonomy, are underpaid and often do dull or boring work.

Typical Comments

- I thought General Practice seemed quite over regulated, there’s more autonomy in specialist training and the GPs were doing less and less and losing power except in the rural setting.
I thought that it was dull, thought it was underpaid, I think that the GPs as a community lack respect from other specialties, I thought the training was pretty weak and it was bureaucratic. It just seems to be there for the sake of training rather than actually teaching anything useful.

I probably didn’t have one single moment. It was more of 4 years of a process of elimination where I just rotated through different areas I thought I might like, and if it turned out I didn’t like them then I removed them from my list. It was more a combination of finding an area that combined being an area of my interest, some lifestyle factors—pharmaceutical jobs had such atrocious hours that if I decided to have a family at some stage it would be almost impossible, and the environment. I like working in the larger teaching hospital system, the support system that’s there in the ICU that’s nearby and the other people on site is important to me.

I was a medical student at that time and in our medical school we’re exposed to general practice from the second year onwards and so from second year onwards I knew how GP’s worked and the general practices I was sent to were not very attractive. I could see how the GP’s worked and when I started my clinical years I contrasted the medical practice and hospital compared with GP and I felt at the time that hospital medicine was more rewarding. In the hospital system you go deeper into the patient’s medical conditions and you give them more definitive treatment. Also, in a large hospital there’s a lot of feedback from your colleagues and so you do not atrophy as you do out in general practice. I certainly did notice that some of the GP’s I come across are quiet atrophied.

**Moderator** - Do you mean in terms of being able to do academic research and keeping up-to-date?

There’s a lot of bad practice out there.

**Moderator** - So you think you could stay more up to date in a hospital system basically.

Yes certainly. If I make a mistake in here, a lot of people would jump on me and say “hey, what you’re doing is wrong” or “that’s not the best practice” or “that practice was abandoned years ago” whereas if you’re out there in solo practice, I noticed that a large proportion of them do not stay up to date.

For me it was really not so much steering away from general practice - it was probably just finding an area of interest. I like a lot of procedural work and anaesthetics has the combination of procedural work, an intensive sort of area, and pre and post operative medical care. It combines a lot of areas that I’m
interested in. I just wasn’t particularly interested in general practice.

**Issue 2.**

**Did you consciously and seriously consider GP as a career path or training path?**

Most of the registrars considered the option of general practice as a career. Some had poor GP training experiences (often because of unprofessional GP supervisors) which discouraged them from choosing this as a career option. Another detractor mentioned included perceptions of general practice losing its community respect and standing, as commercial pressures increase and patients increasingly ‘doctor shop’.

**Typical Comments**

- I knew I wanted to be a physician of some kind but at that time there were certainly a number of years where I was quite undecided.

- I think there are probably a number of females who seriously consider GP because they think that it offers a flexible lifestyle. Another negative in my training was being sent out to a rural term. It was quite helpful to see how things worked in a rural area but I personally don’t want to work in a rural area and I did not want to be away from my home and family for that long and it all gives you a negative overview – but yes I think I did consider it.

- **Moderator** - Does the rural aspect put others off?

- Absolutely not. I thought that rural GP offered a much more old fashioned and probably a more satisfying work experience because you’re a lot more involved and patients don’t doctor shop as much and you get to do more things. I would have thought about it but I think that’s all gone now.

- I think that in medical school I was exposed to general practice as well and I did consider it, but again I found some rather odd things happening out there. One of the examples that sticks out most in my mind, I had one rural GP telling a young patient who had come in with some lifestyle issues that he was going to go to hell and really bizarre things instead of perhaps what was actually best for that patient.

- **Moderator** - But do you think your experience was overly bad or do you think it represents basically what happens?
I think it was probably the bad experience not the overall picture.

Moderator - Do you think that if you had a good experience that you might be a GP now?

I think I probably still would have found what I’m doing now more interesting but it would have helped. I think certainly if you have a bad experience in an area then your interest there is much less in the future.

For me, and I think a lot of us, we were quite amused by our GP terms because I think that the medical school sent us out there because they wanted us to see what it’s like to be a GP and get to know it but the effect that it produced on many of us was the exact opposite of what was wanted. For example, I went to four different General Practices as an undergraduate and with one of them I was with this guy who had absolutely nobody to see and I would stay in his practice until 8pm and he would sit there playing computer games and I thought “I don’t like this” and asked to be transferred to another practice and all that guy saw were very boring things. He was very much an ‘in and out, in and out’ kind of practice and I was really expecting a general practitioner to be someone who’s in touch and close to the family and knows generations of the same family and knows them well. I just was not exposed to this and since then, talking to a number of my friends who have actually become general practitioners, I’ve found that this kind of practice is disappearing and it is very sad. If I looked around and saw more and more people were doing this, then I probably wouldn’t mind being a general practitioner – I’d definitely consider it more seriously.

I was thinking of becoming a general practitioner at one stage but I guess I saw the role of GP becoming quite restricted and constricting over time because of the medical/legal side of things and people were more and more scared of doing procedures that were not in their brief. I think that’s a significant factor. I mean you’re scared of doing things that are outside your area so you just refer on.

Issue 3.
Write down 3-5 words that describe your perceptions of general practice as a training option.

While two registrars felt that GP training was good, allowed time flexibility and the ability to work part-time, several comments revealed a perception that GP training focussed
on clinically basic, soft or shallow issues. Some felt that a lack of focus on hard clinical study might have made the training boring or dull.

**Typical Comments**

- In terms of the training probably the training was fine. The problem with the training is what happens at the end of it.
- Probably as a training option one of the things might be an incentive is if you’re a female and had family and needed to go part time for example, whereas some of the other specialties I think they say that you can do that but it appears to be very difficult.
- From all of my experiences as a medical student of the GP aspect of it, it was always a waste of time. It was always petty, little things that they would get concerned about. It was often run by strange people.
- It was very much a hand holding specialty and I always found it pretty boring. It wasn’t something that I was really interested in. It’s not that scientific, it was all about holding hands and I didn’t want to do psychology.
- The training is boring, incompetent and shallow. It’s boring because you only gloss over the surface of so many different illnesses rather that going into it and getting to know it very well. I think it’s incompetent because from the feedback of the GP trainees, who were my classmates, you get taught all sorts of quite plainly wrong things and they seem to focus a lot on the touchy feely side of things rather than the hard clinical side.

**Issue 4.**

**Write down 3-5 words that describe your perceptions of general practice as a career option.**

While as a career, general practice was seen to provide good working hours and the option of part-time work, there were several negative aspects perceived by the group. The most commonly mentioned criticism involved a perception that general practice is becoming increasingly corporatised where; financial pressures reduce available patient time and service quality; engagement with the community is decreasing; and professional standards are falling with doctors more willing to refer people for alternative treatments such as acupuncture.
General practice was also seen to be a professionally risky career, as there are no hospital colleagues to review decisions and the range of health issues covered is wide with only relatively shallow training in each issue.

Typical Comments

- As a career option it seems restricted, increasingly restricted, increasingly controlled by government bureaucrats without really knowing what they’re talking about and dealing with. And because the GP college has lost control of their own affairs to the government, it has become a cycle and it’s a big mess basically.

- As a career I think it’s got good hours, it’s pretty flexible, it’s a good thing to travel with, it’s nice in a way you could run your own business somewhere as a medic.

- You would have more opportunity for part-time work. With Anaesthetics, you do have the option with going part time but they certainly prefer you don’t. I think it would be very difficult to do something surgical part time.

- As a career – its the procedural aspect again for me. I don’t think the career path would be procedural enough and the interest is less in that area.

- I think there’s less of an opportunity if you’re not in a hospital to see other areas practising from day to day to keep you up to date.

- As for career pathway, there are a number of things that I don’t like. Firstly, it’s becoming increasingly corporatised and the solo family practise just doesn’t exist anymore. You get absorbed into this big health corporation where your salary and your clinical independence is gone. Second thing that I’ve noticed is that GP’s are more and more taking in and getting into all these alternative medicine quakes and it’s very troubling to see some people getting into acupuncture and referring patients to chiropractors and so on because they have to because that’s what the community expects. Another thing about career path is too little time with patients which is part of the corporatisation of General Practice.

- I agree with that. In my area at the moment I spend as much time as I need to with the patient before we go through to theatre because not to do so is unsafe. And afterwards, I have the opportunity to go back often for days because they are in patients and see them again if there was reason to. I think having a limited appointment where people are perhaps not keen to keep coming back because of ongoing charges is not desirable.
I’ve had some friends who have left hospital practice to get into general practice and the feedback that I got was that you’re too slow, you don’t need to take all this detailed history, you don’t need to worry so much about that kind of record keeping, just fix the problem and get the patient out and the next in. He told me that he felt like a battery chicken.

That’s another thing about GPs. Every patient you see you’re trying to work out there and then with a minimum amount of tests whether someone is a critically ill patient who’s going to go on and get meningitis from his flu or something else and each patient is almost like a time bomb ready to erupt. If you make the wrong call with someone you see time and time again where you see the same thing and one of them is going to be that patient who is a career ending mistake and it’s a scary thing with GP which is the same as emergency where you have to make quick decisions. You’ve got less support in GP and even less investigations that you can fall on so it’s a scary job from that point of view as well.

In the hospital, if we miss something, we’re going to pick it up the next morning and it’s not like you’ve sent them home back to their family and said come back if you get worse and they then crash. If they crash while they’re in ward it’s much safer. Whereas with a GP, you’ve got to make a critical decision every single time you see a patient about whether the patient can go home.

**Issue 5.**

How would General Practice or General Practice training have to change in order to make it more attractive to you as a specialist career?

The few comments made by this group on this issue indicated that a reduction of the commercialisation of general practice and increasing the available time per patient would improve the professional satisfaction of general practice. Comments also suggested that general practice would be attractive as a part-time career option.

**Typical Comments**

- It’s the time limits for the patients and the need to enter a certain number of people for the corporation you belong to at the end of the day. Compared to at the moment I’m here all day and see as many people as I can, but you only do what you can and no one turns around and says you didn’t work fast enough.

- Moderator - Is there a perception amongst the other specialties that it’s a soft
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option?

• It’s more of a part time option to be honest. It’s more set up for people particularly mums or lady doctors who become mums and then become part timers. I think it’s for a lot of GP mums to combine with practising.

• Moderator - Is it a status thing?

• No, I think they’ve got a very valuable role because they do a lot of things that we do not, like they ensure a lot of ongoing management that we suggest and if they weren’t there to keep an eye on the patient and make sure that things are going smoothly, everything would collapse. So I think what they do is exceedingly important.

Issue 6.
At the time of making your career decision, did you appreciate GP’s for their role or has that just dawned on you now – after you’ve been a registrar for a while?

This group generally agreed that the importance of general practitioners is not fully appreciated by medical students until they have been registrars for a while and learn more about the GP role. This group were very vocal about the importance of GPs and suggested that early year medical students are confused about what function they would perform as a GP.

Typical Comments

• That’s a good point, I didn’t appreciate that at the time but it has dawned on me recently.

• I think it’s a crucial role as primary care giver. Hospitals on the whole are seeing such a small percentage of people who are dying and they extend their lives for a couple of months but all the money goes into here and this is where we spend all our time, but the way you make big changes in health is with GP’s and primary care givers. I think there’s a definite feeling that there seems to be a lack of respect for them and there seems to be a lack of hard knowledge base – through my limited training experience there was always not an emphasis on hard facts and knowledge. It was all about ‘how do we talk to these people’, which is an
important thing but the hard knowledge seems to be lacking from their training.

- I think having worked in the United States, where the GP’s don’t have a big role, that there’s a huge advantage of keeping a hospital system that’s based on GP referrals. We depend hugely on our GP’s for clients and things like that but I think there’s no use doubting that it’s a crucial part of the health system but the question is how do you make it attractive and enjoyable?

- Moderator - If at the time of making your career decision, you knew what you know now, might you be a GP now?

- Yes I think so. I think a lot of the GPs are confused about what they would become.

**Issue 7.**

**What was your previous exposure to General Practice? Did you have family in medicine?**

Limited GP training rotations provided the most in-depth exposure to the field of general practice for this group. The exposures were either short or provided a boring or unpleasant experience. While this group didn’t have family in medicine they did have GP friends. Comments suggested that discussions with these friends may also have provided a negative image of general practice.

**Typical Comments**

- Well, I’ve got a number of mates who have gone into it and they all can’t stand it.

- I think we’d all give the same answer. We all grew up and saw GPs when we were young and we all got exposed to the same type of environment in medical school and we all have friends who are general practitioners now.

- Moderator - But most of your understanding came from your formal GP training rotations?

- Yes. Or even just around the city where we were placed with GPs from year one through year six we had to go and see a GP.

- Moderator - Did you have a good experience or a bad experience?

- It was just sitting with a GP and he was a nice bloke and it was just that I found it
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mind numbingly boring.

Issue 8.
If you were able to train in your current specialty as well as train in parallel for General Practice, would that influence your decision?

The two registrars who had an opinion on this issue felt that training for general practice in parallel with their other specialty would be an attractive training option.

Typical Comments

- I think I would.
- Yeah, I would consider it because it would be nice to be able to take a year out and wander around Australia working as a GP around the place if you could as another option. It’s an interesting thing to do to travel like to the UK.

Issue 9.
If you hadn’t been able to get into your current specialty, where on the priority list might you have put general practice as a next option?

Like other groups, this group would have prioritised general practice second, third or forth as an alternate training option.

Typical Comments

- If it was in a rural setting it would be higher.
- Yeah, if it was in rural Australia. So, probably second.
- Probably third or fourth.
- Yeah same, third or fourth.

Issue 10.
How much of your decision to become a specialist is influenced by a desire to work in a hospital setting?
Working in a hospital setting was important to most of the registrars, as it provided a professionally stimulating environment, the security of knowing you are surrounded by colleagues who can assist or advise when needed, a feeling of team-work and there is continual pressure to improve professionally. Only one felt that the hospital setting was unimportant.

**Typical Comments**

- Not much for me. It’s just the work itself, whether it’s interesting or not that I make my decision on.
- Well, I do like working in a hospital setting. I like the safety that it gives you.
- You get the camaraderie in a hospital - with various health professionals and seeing other medics and discussing ideas.
- In a hospital you are continually being challenged and continually having to improve.

**Issue 11.**

**Examination of marketing posters – What messages are these posters delivering to you? Might these posters have swayed your decision about general practice if you had seen them earlier on?**

While the positive lifestyle message and multicultural working environments message were noticed, this group doubted that the posters would affect their decision about becoming a general practitioner.

**Typical Comments**

- I don’t know. It’s kind of hard to say with advertising how it affects you.
- It looks nice, multicultural, like guys having fun without sitting at a desk holding someone’s hand.
- I think most people in medicine know that you can’t get anything from a poster anyway so you can make as many posters as you want and it probably won’t affect us.
Issue 12.
**Was financial reward a major reason you went into your current specialty?**

For all of these registrars, money was a consideration for choosing a medical career generally, but two felt that it was a secondary consideration.

**Typical Comments**

- One of the reasons. I wouldn’t say it was the main one.
- You can certainly make a lot of money as a General Practitioner if you’re willing to sacrifice your morals and get into all sorts of things like medical quackery.
- I don’t think GP’s get paid particularly well for their consultations. To be a really good primary care giver though, you can’t be charging the majority of the community very much money because a lot of them can’t afford it and you’re just trying to get a good organisation rates and look after your guys (your community). But by saying that, you also want to spend some time with them and you want to be able to afford a decent lifestyle and so it’s a hard line to call.
- Money was probably a reason but not the single most important reason.

**Results: Blacktown Hospital**

**Issue 1.**
**Think back to the moment you decided to choose a specialist field of study, what was it that made you choose that and why didn’t you become a GP?**

Several of the registrars reported having either heard of, or experienced unsatisfactory working conditions of general practitioners. Either during their training or through conversations with others, three within the group were discouraged to choose general practice as a career option.
Registrars here also commented that they had chosen their current specialty because they had been inspired by enthusiastic mentors.

Other detractors mentioned about general practice were insufficient pay, busy lifestyles and repetitive, uninteresting work.

One registrar commented that their training provided very limited exposure to general practice and this probably reduced her perception of general practice as a serious option. The pressure to work and train in rural environments was seen as a detractor as well.

**Typical Comments**

- I thought it was too generalised. Life style issues – they’re long hours of work. Not paid enough and the other GPs that I trained with were dissatisfied with being a GP.

- **Moderator** - So you’ve had some experience of general practice through your earlier training. Did you have a bad experience?

- Yes. When you work as a urologist you see different patients. As a GP you see the same sorts of things – variations on the same theme. I have decided from the beginning of med school that I wanted to do something different and I realised that GPs were not specialist and I decided that I wanted to go this way. When I think back and when you are working as a specialist in the hospital, you always get a positive stimulation and continuing education. That wouldn’t happen if I was going to be a GP.

- Why did I choose anaesthetics? I had good terms as a student I did a term as a resident really positive sorts of experiences. I spoke to a lot of registrars and specialist anaesthetists who encouraged me to do it, as opposed to my GP experience they did not offer us a term when you are an intern or resident. When I was a medical student during my GP terms I was actively discouraged by the GP I was with, who loved being a GP but hated all the actual red tape that went along with it - he said when he started it wasn’t this bad.

- Some similar points for me; one of the most important things were mentors - the senior staff in the hospital. Most of our training is in the Hospitals anyway with only very short practice terms. A lot of the consultants, when I was quite junior when I was making up my mind, would discourage general practice as an option. They said specialist training would be a more appropriate way to go and my own thoughts were that it would be boring to be a general practitioner because of the
general nature of it.

- **Moderator** - And did you make a conscious decision not to be a GP or was it that you were just interested in a specific field?

- I had to make a decision at one point not to do general practice but to go on to specialize and to do physician training. Most of the training is in hospitals, we don’t get the general practice term as a general resident, we all do it as a student but that’s about it. You are under the mentorship of a lot of very good senior clinicians. I think I would not mind doing that (general practice) one day. If we had more exposure to good general practitioners or people who were happy with their job, that would be better.

- **Moderator** - So, so far, the ones you had exposure with, the seniors, were not GPs?

- Yes, and the ones who were not that inspirational did not inspire me to go on to do general practice.

- I made an active choice in medical school not to become a GP although I did not know what I wanted to do until I had been working for several years but I knew that I did not want to be a GP. When in Brisbane we had quite a few GP rotations like one or two a year for a couple of weeks and I just did not enjoy the work. One of the GPs I worked with wasn’t very good and I thought some of the decisions he was making were not good decisions and I found the work quite boring and repetitive. You were almost triaging people and I felt that I would not be satisfied doing that and I would not enjoy it in the long term.

- Not as intellectually interesting. It’s challenging you have to deal with a broad range of things but I did not think I would enjoy it. So I made that decision in medical school.

- The first thing I wrote was that 99% of our training is exposure to specialty medicine so I was really young when I went to medical school. If all you are exposed to during this time is specialist medicine then you don’t think of other options. I had more GP experience because I did some extra rotations on a scholarship as a student and I found those experiences very positive - they were great. I could see myself being a GP in that form. My city GP experiences were terrible, an uninspiring person who said “I’m just doing this because I have to”. There’s lots of red tape and the most satisfaction he got from his job was that he could take blood from his patients. When you are young and you have done medical school for six years you don’t really choose that option because you’ve already invested six years into your degree. I know the GPs have made themselves a specialty college and I know that’s a good thing but it works against
them because all the positive things like a flexible lifestyle, and the training program is still shorter by six months but now it has to be spent in rural areas—that’s a turn off.

Issue 2.

Did anyone give serious consideration to becoming a GP or was it an option that was somewhat ignored?

While a couple of registrars had given serious consideration to becoming a GP, most had not. Comments were made that positive encouragement from mentors and comments from working peers, strongly affect a student’s likelihood of considering a particular career path. Two registrars indicated that their opinion and respect for general practice had increased as their own professional experience level increased.

Typical Comments

• Yes, at two points in time. One time in fifth year when I did really well in the GP Exam and then second time this year when things had changed in my personal life and I wanted something more flexible.
• Sometimes you might think about being a GP, you sort of think about it, and then I couldn’t imagine myself doing that.
• I never actually liked it. I don’t know why. It was never really an option I considered.
• It does not inspire me. I could not see myself in general practice.
• I did not have any exposure at all. I did not actually think about it.
• I don’t know that I thought about it consciously. I did consider it as an option but never really seriously.
• Moderator - Did your exposure to general practice during your training or in med school affect your decision?
• Well, you look at your friends who are doing general practice to see if they like it.
• I’m an anaesthetist, and I can remember distinct occurrences where people have given positive encouragement in terms of anaesthetics and maybe I have
Positive encouragement is so rare with your training and if someone says I think you would be good at this, wow! You don’t get that very often in medicine at all, it would really make you go for it.

The Graduate program has a different orientation to the Program that I went through. Now it’s very much specialist based so that may change the dynamics and people’s opinions.

Moderator – Is the new GP training program, as its own specialty, changing the way people look at general practice?

I can see that my perspective has definitely changed, and I can see the value of general practice much more now than I did. I guess you can still argue that it is an easier option than intensive specialist training that those of us have done.

I guess working in a hospital you get a lot of exposure to bad GPs you don’t get to see the good side because they are out there working fixing things up whereas you tend to see the negative side.

Issue 3.
Write down three to five words that describe your perceptions of General Practice as a training option.

The most common issue about general practice training brought up was the requirement for rural training – this was looked on unfavourably.

Registrars perceive GP training to be shorter and easier. While one registrar considered this to be positive from a lifestyle viewpoint, another felt that this indicated a less stimulating training experience.

Typical Comments

• The rural part is a big factor of the training, lack of choice regarding the training. A big chunk out of your life when you are just told where you will go.

• Six months rural is a problem and you may be asked for support if somebody gets secondments and that’s from talking to people.

• In terms of training, shorter training and less intensive with more time to spend with everything else.
Training shorter, the exams easier. Inflexibility of sectors. Anaesthetics can you do a year here and then move it’s hard, but not as hard as in general practice.

With training aspects - in addition to what people have said about not being very convenient and having to go rural, the terms that are chosen for general practice training some of them were not very stimulating.

**Issue 4.**

**Write down three to five words that describe your perceptions of General Practice as a career option.**

While two comments indicated that a general practice career provides flexibility in lifestyle and working times, most described the career as being potentially boring, regularly dealing with minor, uninteresting or unpleasant conditions.

**Typical Comments**

- In terms of career you could have a flexible lifestyle, always have a job but the boredom is a problem.
- From a career option, it is flexible and that’s good but it requires loads and loads of patience but I question whether it would be rewarding or not.
- I don’t see myself being a GP.....career wise it’s not an option unfortunately for many reasons.
- As a specialist you manage the patient by giving something useful in terms of input which would infer a secondary level of care, whereas a GP would be a screening tool to see who was going to be sorted out and sent to specialists. I see myself as being beyond that.
- I wouldn’t like to choose it as my career.
- In a hospital you see lots of people around all the time and I thought being a female GP you just get to do pap smears.
- Yeah that’s right. At one of my GP placements, I worked with a woman GP trainee who complained that she spent all her time with crying women and doing...
three pap smears a day. That’s what you do all day.

• I agree – it would be frustrating and repetitive work.

Issue 5.
What can be done to improve general practice training (or work) to make it more attractive to you?

The main suggestion to improve the attractiveness of general practice as a career was to encourage GPs to sub-specialise in other areas (e.g. paediatrics, dermatology, etc.). This was seen as a positive way to provide variety and interest to the job and also to help prevent a GPs professional development from stagnating.

One suggestion made was to encourage GPs to become more active in health-related community activities (e.g. immunisation committees, hospital committees etc.) to provide role diversity.

The use of nurse practitioners to perform the more mundane, repetitive tasks was encouraged in order to free up GPs’ time to deal with clinically more difficult and interesting matters.

Typical Comments

• I know there are some GPs who sub-specialise who do skin cancers and small procedural things or they focus on paediatrics, pregnancy or they have sub specialities that they are interested in. I can see this would be more appealing to me and I could see myself doing that.

• One of the GPs I worked with did a lot of different things, I think he found his job a little boring but he had other interests – on various sorts of community health committees and stuff. Maybe to encourage that.

• Moderator - Does everyone like the idea of being a GP and have an additional
specialty at the same time?

- Yes. As long as you can clearly separate your role and time. Also you wouldn’t want to tread on other peoples territory - like cutting out moles might be a thing a local dermatologist would do.

- Its useful for a couple of reasons. Maintaining professional interest is important but also if you had a special area of interest, you would provide a valuable service. This is good because there is a waiting list for specialist services, you would be able to manage those things yourself as a general practitioner confidently. I think that would be a good thing as well without the fear of encroaching on another’s territory.

- And it would presumably keep the ability to do the research in depth keeping the academic side up as well.

- I think that would be very hard you would still have your commitment as a general practitioner because the pay is less, you would see your patients during the day and research is very time consuming. I don’t think general practice and research go hand in hand.

- In other countries, general practitioners are backed up by other highly trained nurses who can perform the role of what GPs have to do here, for example, counselling not just for emotional needs, but for smoking cessation. There are trained people who can manage those sorts of problems. I think that would make GP’s lives much more interesting. Would not have to be stuck in the mundane when you have got a waiting room full of patients to see as well.

- Yeah but the problem with nurse practitioners, is that it will discourage even more people from doing general practice. If you say this Nurse practitioner can do this job then why do six years of training?

### Issue 6.

**Are there any incentives that might encourage more interest in general practice?**

This entire group felt that money incentives would not be effective in encouraging more GPs into the system. Subsidised HECS was not regarded as an effective incentive either.

One registrar thought that child care assistance could be very effective.

**Typical Comments**
As registrars we sacrifice quite a lot of pay to do our training. We work very hard in the public hospital system without getting hugely financially rewarded for that and we are prepared to accept that. I don’t think offering financial incentives to GP registrar trainees would be effective – we’re generally not doing it for the money anyway.

It’s a big sacrifice - if we have another ten grand thrown in as GP registrars, at the end of it, we would only be at the same level as GPs, so I don’t think it would be an incentive.

**Moderator** - How about things like providing child care for GPs?

It’s really the same thing as a financial incentive. Financial incentives are not going to make a difference.

I think it would make a difference if you provided child care because it is a huge financial outlay. Not just like a $10,000 handout to a registrar. If you take into consideration tax free income, that’s $50,000 a year towards childcare. If you could provide childcare that would be a big influence.

**Moderator** - What about removing HECS?

Not really.

No.

**Issue 7.**

If you are able to train in your current specialty as well as training in parallel for general practice, might that encourage you to become a GP?

None of these registrars were interested in training for general practice in parallel with their existing specialty; either because of a lack of time, no interest in the field or a belief that it would detract from the quality of training.

**Typical Comments**

- I think it would be impossible. It would definitely add much more time.

- Part of the reason I chose not to do general practice is a definite disinterest in some of the things general practitioners have to do. I would not want to train in those things. Some people find them fascinating but I have no desire to do anything related to general practice ever.
• It would not be rewarding mentally or financially.
• I don’t think it would be good for the community, you would end up being a ‘half-baked’ GP.

Issue 8.
To what extent did your family, relatives or friends influence your choice of career and training options?

Most in this group felt that their families would support their career decisions but their input did not influence their decision to choose a particular specialty. One registrar commented that his radiologist father would have discouraged him from becoming a GP and that this may have had some impact.

Typical Comments

• Mine probably encouraged me to become a GP. That’s their contact with the medical world – but it obviously didn’t affect my decision.
• **Moderator** - Would your family support you as much if you said you wanted to become a GP?
• They have got a very good GP contact and they would want to become like ‘him.’ They don’t know what the other training aspects are. The don’t understand what the other work aspects are. So I probably couldn’t take their advice seriously anyway.
• I think that’s true of the general public they have no idea what the training is like whether it’s for general practice or otherwise they have no perception of how doctors’ train.
• **Moderator** - Does anyone have a family with a medical background?
• My Dad is a radiologist. He would not have wanted me to be a GP. I am doing physician training.
• **Moderator** - So no particular influences from family or close friends?
• People who have an appreciation of what it’s like to do training to work long term in medicine yes, that would have discouraged me from doing general practice. But not family, because they are just not aware.
Issue 9.

Had your individual colleges done any sort of formal marketing to try to attract you?

None of this group felt that their own specialist college had directly marketed to encourage people into that specialty. They generally felt that if anything, colleges emphasised the difficulty of getting in. The group felt that positive mentors would have some effect on a decision to enter a particular field, but other factors like money, interest in subject and lifestyle considerations played a more important part.

Typical Comments

- No, but from their curriculum information, they state it is very fiercely competitive to get on – but there is no incentive. You don’t understand why there are so many restrictions but then on the other side, you do understand.

- No. In a way they warn you that it’s hard to get in. It’s almost pushing you away rather than attracting you.

- Moderator – Am I right then in saying that the most effective kind of strategy to encourage more GPs into the system comes back to having seniors or mentors during training, who are really inspirational and are passionate about general practice?

- Yep. That’s part of it. Other factors, financial, training, lifestyle all come into play though when you make the final decision.

- The major things will be financial, training and how you are going to like it. Inspirational people can change a few people on the border line and then they may choose to become GPs.

Results: Royal Hobart Hospital

Issue 1.
Where were you when you decided to become a specialist and what motivated you to choose your current specialty, as opposed to becoming a GP?

The attraction of the hospital environment was important for several of these registrars as it provided a level of support and professional development not attainable as a GP. Most chose their specialty either through a process of eliminating disliked aspects of medicine or pursuing their procedural subject area of interest. Two disliked the role and tasks performed by a GP and one felt that the need to study in rural areas detracted from general practice.

**Typical Comments**

- I like working in a hospital setting with many other doctors and specialists around me for support. I like working with my hands doing procedural work and surgery. I had a lot of encouragement from surgeons I worked under during my time at Uni.
- I was the same. I have always liked working with my hands and as a medical student I thought that surgery was more interesting for me than medicine.
- I guess things were a process of elimination and GP was something I hadn’t discounted because you can be a procedural GP but where I did my rotations I found that no one did procedures.
- **Moderator** - During your rotations you did not have the opportunity to be exposed to the surgery or procedural side of general practice?
- The level you got to do was not enough. Too shallow.
- I was a GP when I decided to go to specialisation. Basically because I thought I was getting left out when I needed support from someone who knew more which could have been provided in a hospital environment. Keeping pace with new advancements - I was getting complacent in the GP role. I was not keeping up with the changes. I wanted to improve my knowledge base.
- There is no evaluation of whether GPs are progressing or stagnating.
- **Moderator** - Would that have made a difference to you - if there was some sort of system to keep track of professional development?
- Yes it probably would have. If you have an evaluation every five years where your standards as a GP are tested again - that might help.
- I like the team environment of hospitals and choosing general practice was very
low on my priorities. The reason why I specialise in my area is probably related to the people that I worked with and the respect I had for them when I first started. I did not like the idea of being on my own. When I did my rotations as a student I worked hard long hours in a rural setting with no support and that is why I chose to stay within the system.

- I did not enjoy my six month GP internship for a number of reasons - it was located where I came from and I wanted to get out of the place. As a GP I found I was trying to solve unsolvable social problems that GPs did not have the support to do. Basically you end up being the shining light of the community with a huge responsibility most of the time. There are bad experiences, like teenage suicides, all part of the life of a GP. I enjoy academic medicine too much.

- I did the John Flynn Program I did the four year Graduate Course and went to a GP about 40 Mins away from where I grew up in a town of 400 people and apart from knowing everyone in the community all their good and bad points, although it was procedural, I did not want to go back to a small country town. I did not discount general practice at this stage, but when I did general practice in a city setting I did it at Mossman in Sydney. The GP went to all the local nursing homes dealt with very wealthy elderly people who lived there and I have never been so bored in my life. The General practitioner with whom I did my John Flynn Program was not very positive about general practice as he was intending to do something else himself.

**Issue 2.**

**Could you have been inspired by a GP who really loved what they were doing?**

Of the two who had an opinion about this issue, none felt that inspirational GPs or other mentors would have affected their ultimate choice of career.

**Typical Comments**

- No. It all depends on your own personality as to what you think you might like, as in Emergency medicine, I did it once and I would not work there, same as in surgery. That’s why it is important to do several rotations as a junior doctor to get a bit of an idea rather than going straight into the one thing.

- I had an inspirational paediatrician when I did six months of Paediatrics. I loved the paediatrics but the day to day issues dealing with family community services -
I just could not do it.

**Issue 3.**
**Did financial reward play an important role in your own decision about not becoming a GP?**

All of this group felt that financial reward was an important consideration affecting their decision to become a specialist rather than a GP.

**Typical Comments**

- Not being paid enough for what you do was part of it. If you are a country GP working long hours with huge responsibilities you just don’t get paid anywhere near what you should to do that.
- That is part of the general decision for me. Although, a city GP can still make a good income for not doing a lot and for not working that many hours.
- **Moderator** – If, as a GP, you could be paid as much as a specialist might you be a GP?
  - Absolutely.
  - GPs are more conducive to family than specialist trained. So yes, probably.

**Issue 4.**
**Did you ever seriously and actively consider general practice as a career option?**

There was a mixed response from registrars here, although ultimately, all of these registrars tended to have put a fleeting effort into considering general practice as a career.

**Typical Comments**

- You start with everything as an option and chip away at the edges until you end up with the specialty you’re interested in. So yes I supposed I had thought about it.
- I sat down last year with four options. I applied for all the Programs and whoever
let me in was where I went.

- I suppose you do think about it. Not that seriously for me because I knew what I was interested in and I knew that general practice couldn’t give me the same level of interest.

### Issue 5.
Is there a status issue about becoming a GP that affects your career decision? Do you see GP training as a soft option?

While this group said that they have, over time developed a level of respect for the importance of the general practice role, it was suggested that early on during training, a GPs status is not fully recognised by students.

#### Typical Comments

- I think that’s partly true – not much though.
- I think GP is a hard job and hard to do it well. In the Emergency Departments they are bagging GPs a lot.
- As your career progresses you find out more about GPs you respect them more.
- Yes, that’s probably right.
- My respect level for general practice is much higher now than it was several years ago. Definitely.

### Issue 6.
Write three to five words which describe your perception of general practice as a training option.

General practice training was considered to offer a more flexible, family and lifestyle friendly training option. The GP program was considered to be better structured and supported than the other specialist programs, although it was considered as an easier option in terms of the learning and knowledge aspects.

Two considered the training as boring and un-stimulating and one commented that they did not want to be forced into working in a rural setting. A couple of comments revealed a belief that trainee GPs are sometimes left to work unsupported in some
practices, without the skills to deal with certain community problems (e.g. drug addiction).

**Typical Comments**

- Training seems easier from the point of view of rotations are short and the hours are less.
- As a trainee my perception is that it is a more basic knowledge base so it is easier, it is flexible but usually less exciting.
- Lifestyle friendly training programs, easy to get into which means it is a fall back option if you don’t get into the things you want.
- I think it is fairly well structured as a training program, and by comparison I think it is better structured than the surgery program.
- The program really looked after the trainees. Rotations were generally specific to the local area, close to family etc. Lot less pressure with exams.
- I cannot work in a rural setting. I found the rural GP environment to be boring and I could not do that.
- I think the Training Program is really very good. The trainees have been able to take time out to have children, able to organise tutorials and study groups prior to exams, weekends away. Program is better supported than specialist programs.
- Limited scope for research compared to specialist training. Limited supervision when you first start as a GP – thrown in the deep end. More flexible training.
- Lack of training in certain areas like when a drug addict comes in and says I want to get off the speed there are no services to help GPs out.

**Issue 7.**

**Write three to five words which describe your perception of general practice as a career option.**

While two registrars commented that they felt a GP career allows work time flexibility, more considered a general practice career as being very demanding with heavy responsibilities, suffering a lack of peer support and requiring a very broad knowledge base.
A comment was also made indicating a belief that there is limited earning potential in general practice and that there is a financial pressure to speedily deal with patients rather than spending the necessary quality time.

**Typical Comments**

- Better lifestyle with family, drawbacks if you are on your own in an office and have no support. If you are a female GP you may get all the female issues which may not be what you want.

- It is more conducive to family life. You have enormous responsibility.

- I know the GPs are fairly active people and Governments are active in the support of GPs which is not apparent in surgery. The support from the Government is a lot better.

- The social responsibilities are too demanding that you get involved with and there are restrictions in terms of professional support.

- Career wise – lots of people like it as it can be moulded to what they want to do. Few days general practice, few days emergency, few days teaching etc. Easy to do part time.

- Limited earning potential. To make money you have to pump people through. Chronic disease and geriatric issues are becoming a huge part of their work and there is not a great deal of training in chronic diseases from a holistic point of view. GPs have to manage every single little thing whereas we only have to take snippets.

- In hospital medicine there is always someone around you can ask. We can get a test and show an ACD to someone, get an x-ray, talk to a radiologist, you are never left guessing. You are not left alone you can get a second opinion and you are less likely to do something wrong.

**Issue 8.**

**How could General Practice be changed or improved make it more attractive to you as a specialist career or training option?**

Three main suggested improvements to make general practice more attractive as a career were put forward. Increased pay for GPs was most commonly mentioned,
followed by integrating hospital and GP medicine to increase working variety, and removing the necessity to train in rural settings.

**Typical Comments**

- Integrate hospital and GP medicine two days week, procedural assessments with a surgeon. Studying to be a GP and a Specialist at the same time.
- If there was more financial rewards then everyone would do it. I am sure that’s a big factor.
- **Moderator** - How much would pay have to increase?
- There are different responsibilities for City and Rural GPs and the pay should be reflective of responsibilities. For GPs with families, you cannot educate children the same in a rural setting as you can in a City environment.
- It is unlikely that young people with go to the rural setting as they like the City living.

**Issue 9.**

*Are there incentives that might have encouraged you to become a GP?*

Registrars were somewhat sceptical that one-off incentives would encourage more people to become GPs. One-off financial incentives were considered to be the least effective, although HECS assistance and child support were regarded as potentially useful.

**Typical Comments**

- Money incentives would not have made a difference to me but there may have been people who were undecided and who are still locuming that it might be good for - those people may have been enticed by incentives.
- No – it wouldn’t attract me.
- **Moderator** - How about things like helping GP registrars finding accommodation,
travel allowances, childcare?

- There is a lot of allowances being paid already in those areas although assistance with childcare would be appreciated.

- Moderator - Would having HECS fees paid be an enticement?

- People took the Army option for that very reason - the Army paid for everything. To say that you had to go to a rural setting for five years after you finish would be dangerous but if they paid for your HECS...maybe. I suppose you could try.

**Issue 10.**

**What type of exposure did you have to General practice before making a career or training decision?**

The majority of registrars considered that they had very limited exposure to general practice before making their career or training decision. Most exposure was through short GP rotations or university lectures. Only one registrar felt that they had substantial exposure during their training.

**Typical Comments**

- I had far more exposure to general practice than I did to general surgery especially plastic surgery, hardly any exposure to any of the specialty training programs as opposed to GP.

- Not for me. Most of the hospital based training is about 17 weeks. Most of the hospital based training is with Specialists. We had GPs teaching us in third and fourth year.

- The only contact we had with GPs was on GP rotation.

- Very little exposure to GPs - one afternoon per week for 2 months. Most of the training was on a lecture basis.

**Issue 11.**

**If you were able to train in your current specialty as well as in parallel for general practice, would that be an attractive option for you?**
For one, the option of training for general practice in parallel with their current specialty was attractive but most regarded this as either unrealistic time wise or that they simply were not interested in the GP subject area.

**Typical Comments**

- Yes. It probably would.
- I’m just not interested in general practice.
- Who’s got the time to do that?

**Issue 12.**

**Was any part of your decision to choose your current specialty influenced by your family, friends etc.**

None of the registrars felt that their families or friends influenced their decision to become a specialist.

**Typical Comments**

- I had lots of support from my family but they didn’t really tell me what I should be doing.
- Not really.
- No.

**Issue 13.**

**Was your decision to choose your current specialty influenced by your desire to work in a hospital environment?**

Working in a hospital environment was important for this group of registrars. Even if their decision to choose their current specialty was not based on a desire to work in a hospital, it was still regarded as an important benefit of their career choice.

**Typical Comments**
• Yeah – definitely. I couldn’t imagine working by yourself all day.
• I really just ended up in the hospital because of my specialty but I suppose it’s better to work in a hospital – you’re surrounded by other people and there’s always something interesting going on.
• Same – I like the team support you can get in a hospital.