Preparing general practice training for an ageing population

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Aims

To improve the information available to older patients in making decisions to consult GPRs and enhance older patient-GPR interaction
Background

• In Australia, general practice registrars (GPRs), see fewer older patients and patients with chronic conditions than their vocationally registered counterparts (Spike and Britt 2006)

• This reduces learning opportunities for GPRs in the management of these important patient groups (Spike and Britt 2006)
Background

• Research indicates that the factors of trust and continuity of care are highly important to older patients in their interactions with GPs and GPRs (Bonney et al 2009, 2012, 2014)

• Despite two-thirds of older patients wanting to know the qualifications, experience and time in the practice of GPRs, only 12% of participants could recall receiving this information (Bonney 2010)
Background

Processes important to patients were highlighted in the resources including:

• Employing appropriately qualified and trained GPRs (Bonney et al 2009, 2012)
• Ensuring adequate supervision of these junior medical staff (Bonney et al 2009)
• Providing mechanisms for maintaining interpersonal continuity of care with the patient’s usual GP around GPR consultations (Bonney et al 2009, 2012)
Methods

Key components of the social marketing mix (Kotler et al 2002) around which the resources were developed:

1. Product – interaction with GPR and benefits
2. Price – perceived cost to the patient
3. Place – where and when the interaction will occur
4. Promotion – appropriate images, text and messages (Kotler et al 2002)
Materials to be developed

• Introductory poster
• Information booklet for patients (‘What is a GP Registrar?)
• Fast Fact Sheets for staff, GP registrars and GPs for practice training
Methods

• Two focus groups with older patients (n=18) and interviews with staff of training practices (n=12) were utilised to pre-test resources

• Amended resources were pilot tested GPR training practice using a structured patient questionnaire given to 90 patients as they left the surgery
Findings

Product and price (intrinsically related)
• Key messages positively influencing patients perception of GPRs:
  ‘A GP Registrar is a qualified doctor’
  ‘Registrars work closely with the experienced GPs in your practice’
  ‘You are always welcome to ask the Registrar to double-check management with your regular GP’
A GP Registrar is a qualified Doctor

These doctors have chosen to specialise as a General Practitioner, in the same way that a surgeon or paediatrician undertakes further studies to specialise in their field.

Why is this important for older people?

You are training future GPs, providing the skills they need to care for an older population.

What is a GP Registrar?

Ask your GP or receptionist today about making an appointment with our Registrar
Findings

Product and price (intrinsically related)

• An introductory poster was perceived to have an important role in familiarising older patients with incumbent GPRs

• For patients, information booklets “What is GP Registrar” were seen as carrying vital information
Findings

Place

• Waiting room poster
• Information booklet under the posters
• Some distribution of by practice staff
• Introductory poster (with GPR photo) at the reception desk
Findings

Promotion (images, messages)

• It was clear that for older patients the most important element of any photographs depicting GPRs within this resource was the presence of a stethoscope identifying GPRs as doctors.
Audience testing

- Fact Sheets were well received by front desk staff and Registrars
- GPs approached the Fact Sheets and their potential adoption within training practices with a level of ambivalence

Facilitating Older Patients’ Acceptance of General Practice Registrar (GPR) care

Older patients have been found to be reluctant to see GPRs, particularly for the treatment of chronic illnesses. As a result, GPRs often do not gain sufficient exposure to the treatment of chronic or complex conditions in older patients.

With the population ageing, it is imperative that GPRs gain sound experience in managing chronic health problems of older persons.

Key challenges that older people face regarding seeing a GPR for their chronic conditions:

- **They highly value their relationship with their primary care physician.** It is a common perception amongst older patients that meaningful communication will be difficult to achieve with a GPR.
- **Continuity of care is of great importance to older patients.** This includes concerns about transfer of medical information and the need to recount their medical history if they see a GPR.
- **They have a lower sense of trust in GPRs.** Typically, a strong sense of trust in their primary care physician has been established over a number of years or many visits. This trust can be transferred to an unfamiliar, short term GPR by maintaining a visible link to their regular GP during GPR management.
- **Supervision.** Visible supervision of GPR chronic disease management is highly important, both for enabling trust between the patient and the GPR and also for clinical outcomes for the patient.

To encourage your older patients to make appointments to see Registrars:

- Highlight the close working relationship that exists between the Registrar and your GP. Explain the benefits of practices that promote continuity of care such as the exchange of medical information and patient details that occur between physicians.
- Provide assurance to your patients for their appointment to see the Registrar at times. Discuss with your patient potential for them to also make appointments with the Registrar. Describe the Registrar under your supervision as your Registrar to highlight the working relationship and enhance patient confidence.
- Explore practice models that can assist to increase patient participation in Registrar care. For example models of shared care between GPs and supervising GPs for the management of long-standing conditions such as diabetes.
Audience testing

• For some GPs, the recommendations promoted discomfort about actively promoting GPR care to their older patients, with whom the importance of continuity of care was an important concept to both patients and GP
To encourage your older patients to make appointments to see Registrars:

- Highlight the close working relationship that exists between the Registrar and yourself. Provide assurance of practices that promote continuity of care such as the exchange of medical information and patient debriefs that occur between physicians.

- Provide endorsement or ‘permission’ for your patients to see the Registrar at times. Discuss with your patients potential for them to also make appointments with the Registrar. Describe the Registrar under your supervision as ‘my Registrar’ to highlight the working relationship and enhance patient confidence.

- Explore practice models that can assist to increase patient participation in Registrar care. For example models of shared care between GPRs and supervising GPs for the management of longstanding conditions such as diabetes.
Evaluation survey

• Response rate of 49% (n=44)
• Respondents were fairly evenly split between female (55%) and male (45%) adults
• Aged 65-69 years (32%), 70-79 years (34%) and 80 years or over (34%)
• Typically had a long-term relationship with their current GP, with 32% indicating a relationship of 15 or more years
Evaluation survey

• ‘I have a better understanding of GP Registrars’ (77%)
• ‘I have developed a better understanding of the importance of GP Registrars gaining experience in the care of older people’ (77%)
• ‘I feel I can trust a GP Registrar to provide me with quality care’ (71%)
Findings

• **Fifty four percent** of survey participants indicated they would be more likely to make an appointment with a registrar in the future as a result of exposure to the resources

• **Forty percent** of patients would feel comfortable having a GPR manage a complex or chronic condition, which compares favourably with 25% of similarly aged patients in previous research
Limitations

• This was a small-scale pilot study, with a primary focus on developing resources and a secondary aim of testing the feasibility of an intervention of this kind

• Pilot evaluation was with a small sample from single practice
Discussion

• Pilot evaluation suggests improved comfort and willingness of older patients to interact with GPRs
• Readily acknowledged by practice staff that they had difficulties in encouraging older patients to see registrars
• The response from GPs to improving this situation was ambivalent
Discussion

• GP concerns suggest that effective models of delivering high quality and safe GPR care to their older patients, whilst maintaining interpersonal continuity, had not been demonstrated to their satisfaction
References

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