Training in North Queensland General Practice Settings

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The Medical Student Tsunami – or is it?

“Although often dubbed a “tsunami”, the increase in graduate numbers more closely resembles a rising tide. The change is neither unexpected nor sudden.”

“It is essential that government and educational leaders work together to anticipate these challenges and prepare Australia’s health care system to train a world-class medical workforce for the future.”

Reference: Gregory Fox and Stephanie Arnold – MJA, Volume 189 Number 9 • 3 November 2008
Hospitals buckle in "tsunami" of interns

HÚNDREDOS of international medical students were told this week they would not be guaranteed internships in NSW public hospitals because there were not enough staff to supervise them.

The warning came despite the Federal Government ramping up university places in the past three years to solve the state's crippling shortage of doctors.

The students, who each pay about $200,000 in course fees, are furious, saying it is now too late for them to get internships in their home countries and any forced break between the end of their study and starting work in a hospital was "career suicide".

For the first time, the State Government invoked a "tsunami" system this year when 679 students applied for 270 positions, saying it did not have enough money to offer internships to all graduates wanting to work in NSW.

The Institute of Medical Education and Training, which allocates internships, has blamed a surge in the number of interstate students applying for jobs in NSW because they have been unable to find enough supervised roles in their home states.

It said the problem was compounded by some students accepting multiple internships in several states, then not showing up for work when the rotations began in January.

Under the priority system, NSW students are offered places first, then Australian and New Zealand residents from interstate, then other international students studying in Sydney.

But overseas students have been told final offers will not be made until January, well after interns overseas have started their hospital rotations. "We're still shocked," one student said. "All along we've been assured we would get placements, then on Monday afternoon we got a two-line email rejecting us.

"We wanted to live our lives in Australia and work in the NSW hospital system. Now we don't know what to do. You just can't break a bond between university and vocational training. It is virtually impossible to get back in."

Medical student numbers in NSW soared from 403 in 2007 to 1304 last year, prompting universities to issue warnings the health system would not be able to support the rise.
Foreign medical students offer to do internships for free

TONY EASTLEY: We reported last week on AM about concerns among the deans of Australia’s medical schools about what they called the tsunami of medical graduates coming through the system. The deans say there are simply not enough doctors and training places to deal with the flood of graduates, despite the desperate need for doctors across the country.

With internships now increasingly hard to come by, some overseas students are offering to do their year’s training for free.
But there is hope.....

Australian Doctor

Govt closer to resolving intern ‘tsunami’

By Michael East

The looming crisis over intern places is a step closer to resolution, with general practice likely to be part of the solution.

Federal Health Minister Nicola Roxon announced the Federal Government was keen to expand the number of intern places to cater for a sharp rise in the number of medical students.

“We hope to work with states ... to expand training places, including into community settings like general practice,” Ms Roxon said. “[The government has] recognised the fragmentation of our workforce training and
Consequently: Will there be a GP Supervisor “Crisis”

How will this impact on:

- Supervisor income
- Supervisor responsibilities
- Administrative issues
- Overall workforce
- GP and Supervisor Training

But most importantly - Patient Care
GP Training Environment – Where is the extra capacity?
Project Aims

To Define:

– Current General Practice training capacity
– Existing and effective models of teaching
– Barriers to expanding General Practice teaching

*In the north Queensland region*
Our Training Environment

- 2/3 of Qld
- Region is equal to the combined size of NSW and Victoria
- Distance of at least 400km separating the major city centres.
- Diverse cultural and geographical features.
Collaboration

Increased capacity!
Project Outline

• **Phase 1**: Data audit: existing data from organisations involved in student, junior doctor and registrar placement.

• **Phase 2**: Questionnaire for GP/practices to define areas of interest determined in Phase 1. Issues to be explored include practice demographics, models of teaching and barriers to teaching.

• **Phase 3**: Analysis of teaching models

• **Phase 4**: Dissemination of project results including Case Study booklet.
Literature Review

• Minimal specific literature (< 10 articles)

**In-practice GP education effectiveness:**
  • Larson and Perkins, A. Journal Rural Health, 2006

**Supervision:**
  • Training of supervisors - Bonetti, Ross, Stewart, Clarkson, British Dental Journal 2007
  • Costs - O'Brien, MJA online 2011; Laurence, Black, Karnon and Briggs, MJA 2010.
  • Challenges - Pearce, Laurence, Black and Stocks, MJA, 2007

**GP Teaching capacity:**
  • Laurence and Black, MJA, 2009

**Teaching models:**
  • Laurence and Black, GPET convention presentation, 2010
  • Dick, King, Mitchell, Kelly, Buckley, Garside, MJA 2007
Phase One

• Practice Audit
How we did it?

• “Snapshot” of data from:
  – HWQ
  – TMT
  – JCU

• As at 31st March 2010.
• Data collected is for Practices rather than individual GPs.
• Data collated into General Practice Network regions.
# Results

<table>
<thead>
<tr>
<th>Location</th>
<th>Student only</th>
<th>Intern(s) only</th>
<th>Reg. Only</th>
<th>Intern + Reg.</th>
<th>Student and reg.</th>
<th>Student, intern, registrars</th>
<th>None</th>
<th>Total practices</th>
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</thead>
<tbody>
<tr>
<td>Cairns</td>
<td>15</td>
<td>-</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>-</td>
<td>46</td>
<td>84</td>
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<tr>
<td>Mackay</td>
<td>10</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Townsville</td>
<td>8</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>9</td>
<td>4</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>NWQ</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>21</td>
<td>37</td>
</tr>
</tbody>
</table>
Practices involved in teaching

Cairns 54.8%
Townsville 54%
Mackay 54.8%
NWQ  56.7% (*can only take GP Registrars)

• Interesting that numbers are comparable in all regions.
Teaching Engagement

• Almost 50% practices in all sites not involved in GP teaching at any level.
• Teaching engagement is similar at all sites.
• There variety of levels of teaching engagement. For example:
  – Townsville – student + reg.
  – Cairns – one type only.
• Do practices perceive that they are not needed and that’s why not involved – do training bodies fill usual capacity and so not seek more placements?
Obvious determinants of placements

- **Medical students:**
  - Course structure necessitates metropolitan placements.

- **PGPPP:**
  - PMC Accreditation
  - Relatively new program.

- **GP Registrars:**
  - In hospitals – doing special skills and intern positions – necessitate placement in a tertiary hospital.
  - % GP Registrars in hospitals:
    - FNQ 45.45%
    - Mackay: 18.8%
    - Townsville: 36.36%
    - Proportional to approved skills posts

- **Supervisors:**
  - Supervision requirements and accreditation, e.g. B term.
  - Mackay high IMG workforce – not accredited supervisors
Phase 1 limitations

- Differing methods of data collection by organisations – some by practice, other by Doctor.
- Data is dependent on quality and timeframes.
- Practices/Doctors on some databases not listed on others.

- Maybe problem with estimating capacity as there clear method of data collection and no uniformity.
Phase Two

- Practice Questionnaires
Questionnaires

• Practice Managers and “non-learner” Drs in every practice in our region (whether involved in training or not).
• 213 practices
• Email, phone or hard copy.
• Mixed methodology – quantitative and qualitative - thematic analysis using NVivo of qualitative data.
Results

- 83 questionnaires returned
- 60 GP questionnaires
- 23 from Practice Managers
- 5 from 'non-teaching' practices.
- Extensive follow-up and reminders and multiple techniques to gather results over 4 months.
Impact of increasing medical student places

"Delayed impact - practice needs GP now, not in 10 years." (Questionnaire 33)

"Eventually increased GPs but need to preserve training quality and fellowship standards." (Questionnaire 4)

"Little short term impact as we usually are at full capacity with training of students, PGPPP, and Registrars and will not be taking more students. Longer term there will be pressure on training practices to take on more training places as students come out into the workforce. This in-turn creates difficulties with infrastructure to cater for more trainees and the pressure to have sufficient GPs with an interest in training new doctors. The positive impact will be more available GPs in the long term." (Questionnaire 9)

"There is a glut/oversupply of Drs on the way." (Questionnaire 15)

"For most private GP - will effect learning capacity if more medical students come to the practice." (Questionnaire 21)

"Will overload GP to breaking point." (Questionnaire 32)
### TOTAL GENERAL PRACTITIONER RESPONSES

<table>
<thead>
<tr>
<th>Type of learner</th>
<th>Number of learners taken</th>
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<tbody>
<tr>
<td>MEDICAL STUDENTS:</td>
<td></td>
</tr>
<tr>
<td>JCU Year 1</td>
<td>49</td>
</tr>
<tr>
<td>- JCU Year 2 24</td>
<td></td>
</tr>
<tr>
<td>- JCU Year 5 129</td>
<td></td>
</tr>
<tr>
<td>INTERNS/PGY1 doing PGPPP terms</td>
<td>50</td>
</tr>
<tr>
<td>PGY2/3 doing PGPPP terms</td>
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</tr>
<tr>
<td>GP REGISTRARS</td>
<td>54</td>
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<tr>
<td>OTHERS:</td>
<td></td>
</tr>
<tr>
<td>- International Medical Graduates (IMGs)</td>
<td></td>
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<tr>
<td>- Registrars in other medical disciplines (e.g. public health)</td>
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<tr>
<td>- Others, please describe and specify number: 1 - Practitioners Asst</td>
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</tr>
<tr>
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<td>8 - 6th year</td>
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<td>3 - interstate med students</td>
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<td>1 - not specified</td>
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<td>25 - 4th year</td>
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<td>Nurse students</td>
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<td>2 - Uni Newcastle</td>
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<td></td>
<td>1 - AIN</td>
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<tr>
<td></td>
<td>2 - other Uni</td>
</tr>
<tr>
<td></td>
<td>Work exp students</td>
</tr>
<tr>
<td></td>
<td>10 - UQ med students</td>
</tr>
</tbody>
</table>

*NOTE: PGY refers to *postgraduate year. PGY1 = postgraduate year 1 (or intern), PGY2 = second postgraduate year and so on...

### TOTAL PRACTICE MANAGER RESPONSES

<table>
<thead>
<tr>
<th>Type of learner</th>
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</thead>
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<td>MEDICAL STUDENTS:</td>
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<td>- JCU Year 2 39</td>
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<td>PGY2/3 doing PGPPP terms</td>
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<td>GP REGISTRARS</td>
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<td>6 - Nursing students</td>
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<td>1 - Practitioner Asst</td>
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<td>Other Uni students</td>
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<td>2 - Admin staff</td>
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<td>2 - EN</td>
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<td></td>
<td>2 - RN</td>
</tr>
<tr>
<td></td>
<td>1 - 6th year</td>
</tr>
</tbody>
</table>

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Collaborative and 'teach them myself' models were most common.

"All GPs are happy to call the student through if an interesting case is being seen." (Questionnaire 63)

Ad hoc, task oriented and vertically integrated models less common.

Online and outsourced teaching models least utilised.

"Each GP does share and swaps students - registrars teach students, senior students lead." (Questionnaire 57)
Motivation to teach

• Altruism

• Benefits to the Doctor - enjoyment and updating skills and knowledge.

• Workforce

"I was a student once in GP and I want the students of today to have a better learning experience than I endured." (Questionnaire 11)

"Possible future colleagues, business partners and succession planning." (Questionnaire 26)
Benefits of Teaching

• Money

• Benefits to the Doctor - Chaperone, enjoyment, flexibility, teaching culture and altruism, update knowledge and skills, reflective practice.

"I frequently find that I am forced to hone my own history-taking or examination skills and drop the short cuts when the student is present - this gives a better result for the patient in some instances." (Questionnaire 62)

• Exposure

• Patient factors

• Workforce

"I feel better for having had a student for a half a day and exposing them to primary care. No matter whether they pursue a career in GP or decide to specialise, it is important all students gain an understanding of what happens in the primary care setting." (Survey 26)
Teaching disadvantages

• Time
"Practice has PGPPP, Med. students and Nurses - need to divide time between them and GP Registrars - and limit the number of people to make patients feel comfortable." (Questionnaire 46)

• Administrative
Less patients seen

• Financial
"Remuneration is inadequate. I am trying to run a business but increasingly I feel I am a social welfare arm of the government." (Questionnaire 57)

• Preparation for teaching

• Patient effects, e.g. rapport, consent, intrusion
"Patients are not receptive of 'extra' Drs in their consultations" (Questionnaire 39)

• Registrar factors, e.g. support, 'bad Registrars'
"Medico-legal issues if mistakes are made by intern or registrars." (Questionnaire 41)

"The money for training is inadequate. Unless more money goes to house a registrar, practices will try and keep the registrar and not accept new ones in the future." (Questionnaire 53)
Aspects of level of learner

• Teaching

"In most private practice a wide variety of patients and medical conditions are treated, usually with the individual GPs having their own speciality service. This gives the Med students a more personalised one on one tutoring which would be beneficial to the student."

(Questionnaire 35)

• Income
Teaching Capacity & Barriers to Increasing Capacity

• Majority of practices, stable as tended to be at capacity.

• Already engaged in enough teaching (majority of respondents)

• Time

• Finances
  "Please note minimal increase in registrar subsidies and they seem to have more and more time away at workshops (including half days to get there and back). Student payments have not increased either and are paid 9 months after (difficult to pass on to registrars). Student payments often go AWOL.” (Questionnaire 3)

• Space
  "I am tired! Need time off and also less relaxed when teaching. We also do not have necessary equipped space.” (Questionnaire 33)

• Intrusion

• Lack of confidence to teach
Practice support - what they'd like more of.....

• Specialist involvement in teaching

• Physical space and infrastructure

• Increased public awareness of education role.

• Less paperwork

• Education support, e.g. curriculum guidelines, training in practice-based teaching.
  "Train the trainer cheat sheet type resource would be valuable to help new teachers, e.g. registrars, PGPPP, senior students, teaching those more junior." (Questionnaire 9)
  "A curriculum and suggested weekly teaching topics would be good. Vague lists are not much good." (Questionnaire 59)

• Money
  "Would need to be substantially increased to make it worthwhile. The overall poor remuneration for the effort in GP has result in ageing, tired GPs with low morale. It's hard to teach and see patients without making mistakes or failing to write up notes adequately. There are inherent dangers in having one's multitasking brain distracted by a third party." (Questionnaire 72)

• Resources - especially online
Reasons for non-engagement

• Educational - lack of confidence.

• Money
  "I work part-time and can’t afford the loss of either time or money but mainly time." (Questionnaire 11)

  "I have enjoyed teaching students over the years but the current practice takes all the payments for students so I have decided to no longer be involved." (Questionnaire 2)

• Politics
  "Interference by corporate ‘primary health care.” (Questionnaire 19)

• Time, e.g. impact on patient numbers

• The majority of those not engaged had no plans for future involvement.
  "I would hope we may be able to accommodate 2 students at the same time, maybe at different levels in the future especially as we are trying to employ another full-time GP in our practice, but am finding it very difficult at present." (Questionnaire 41)
  "At the most practices take registrars on for workforce until the workforce issues resolve. Finding a place for a Registrar will be increasingly difficult.” (Questionnaire 63)
What Next? - Phases 3 and 4

- Case studies of models of teaching employed? E.g. Intern + basic vs Intern + subsequent, why only students?

- Dissemination of models to practices in an attempt to improve efficiencies in teaching.

How can we maximise capacity for education in General Practices to improve health outcomes for the NQ population?
"The good side in this is, Doctors are challenged by the students, they learn the latest from students, they tend to do research and use the latest technology and current medicine. The students are introduced into GP workforce at an early stage; they learn medicine and its challenges at a primary level, which GP is about. We treat patients at a primary community level. It will also help the students guide them in what speciality they would like to pursue their medical career in." (Questionnaire 15)