Over-vigilance or Early intervention: How do we best assist GP Registrars?

Dr Rebecca Stewart & Dr Sue Wald
Why we did this...

• In 2010 there was a sudden rise in the number of advanced registrars requiring assistance - personal, professional, and educational.

• The registrars came to our attention mainly through reports from their medical educator, practice, or unfortunately the medical board.
Implications

• It is our 'job' to assist Registrars but there are several issues with remediation occurring late in the training program:

  • There is no financial support for practices to provide education for senior registrars.

  • These registrars have invested much time already in their career path and understandably are difficult to counsel out of General Practice.
What we hoped to find out was...

- Are there any predictive factors/activities for GP Registrars that ultimately require remediation?
- And if so, we can then provide extra assistance early in training.
How we did the project....

• Retrospective audit of GP Registrar training records and remediation records from August 2010 until August 2012. De-identified.

• Conditional Ethics Approval - James Cook University.

• Numbers too small for quantitative analysis so associations were sought.
TMT Traffic Lights

- A traffic light system was applied to GP Registrar training documents from 2010.

- **Green** – good to go.
- **Orange** – local management required.
- **Red** – this is serious - DOE, DOT, CEO.
But...........

• If the light is **green** and we proceed, what is the chance of an 'accident'.

• Does **orange** mean 'proceed with caution' or 'get ready to stop'.

• What will happen if you don't stop on the **red**.
TMT Alert Team (TAT)

• CEO, DOT, DOE and Program Administration Team (PAT) Manager.

• Meet monthly to discuss GP Registrars or Practices that are flagged by an Orange or Red light.

• **Watch List** - Information gathering, e.g. Early ECT visit or Supervisor report.

• If there are no Orange or Red lights identified after 3-6 months, the GP Registrar is removed from the Watch List.
Definitions

- **Notification of Concern**: Summary of GP Registrar training issues – can be completed internally or by an external stakeholder.

- **Internal Remediation**: Active intervention in training, usually with a Focused Learning Intervention Plan (FLIP) and funded internally by TMT.

- **Formal Remediation**: FLIP or other intervention funded by GPET accompanied by a formal contractual arrangement including defined outcomes. Also includes legal interventions, e.g. mandatory reporting.
The factors reviewed

- Selection scores
- RPL and Hospital assessments
- Registrar Review and Readiness
- ECT visits
- GP Supervisor Reports
- TA Contacts

- College Assessments - ACRRM and RACGP
- Notifications of Concern
- Length of time on 'Review List'
- Internal and/or Formal Remediation undertaken and the outcome.
- Nature of the problem - Pastoral, Professional or Educational.
Other information

- Transfer status - have they transferred in?
- Previous PGPPP term
- Age
- IMG vs AMG
- Gender
- College Pathway and Rural Generalist status.
- ATSI heritage – unable to comment on due to ethical considerations.
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<th>Band from cut score (R)</th>
<th>CET visits</th>
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## Cohort demographics

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<th>Total Cohort 2010 – 2012 n/%</th>
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<tr>
<td>Female</td>
<td>66% (74)</td>
<td>47.2% (23)</td>
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<td>IMG</td>
<td>23.9% (27)</td>
<td>37.7% (19)</td>
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<td>6.1% (7)</td>
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<td>FACCRM</td>
<td>23% (26)</td>
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<td>FRACGP &amp; FACCRM</td>
<td>14.1% (16)</td>
<td>15.9% (8)</td>
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What we found....

• IN GENERAL:

  • The more Oranges there are, the more likely there will be others, and the more likely that assessment will be failed repeatedly.

  • There are more AMGs requiring assistance than we presumed.

  • Older GP Registrars are more likely to end up requiring remediation.

  • TAs no good for detection - pastoral and not colour coded.
What we found....

• Higher number of males failing college assessment (n=14/16)

• If multiple causes/issues more likely to end up in formal remediation.

• Those that stayed on more than six months but didn't require internal remediation had more greens than oranges.

• Once on the Watch List, the majority of GP Registrars remained on it.

• AST Failure - orange flags and other assessment failure more likely.

• Ease of data collection will allow for earlier flagging. E.g. GP Supervisor reports.
Findings.....

• **SELECTION:**
  - Small data set – no correlation with assessment failure but more likely for multiple Orange ‘lights’ if closer to the cut score.

• **REGISTRAR REVIEW and ECTVs:**
  - Orange Registrar Review followed by Green ECT Visit – satisfactory progress more likely.

• **MULTISOURCE FEEDBACK:** Consistent with other assessments.

• **ASSESSMENT:** Only 50% those failing college assessments had Orange ECTs.
Limitations.....

• It takes around six months to 'gather' further data after a notification - hence the need to start early.

• Selection Data is difficult to compare amongst cohorts and will be more useful when the same process is used in consequent years.

• Hospital Assessments (unless already on the program) and RPL documents are received very late and are therefore difficult to use as indicators of progress.

• TA contacts are rarely used to indicate difficulties - is this because they are seen as pastoral or because they are not as well monitored?
Questions.....

• Should we be counseling people out of the program earlier when there are multiple flags?

• Early Assessment has resulted in 1/3 of our cohort being ‘monitored’ in some way. Will this have any impact on assessment results?

  • Are we causing more anxiety in our GP Registrars (and Medical Educators) by this process when we are unsure of its benefits?

• We don’t yet have enough data to determine the relationship between selection scores and completion of training.

• Is intensive tracking of our registrars of any true benefit and at the expense of developing better programs for those doing well?
1. We don’t know if early intervention will make it more likely that GP Registrars pass exams.

2. We do know that if we start collecting information early, we can maximise existing training structures to benefit the GP Registrar.

3. An early ECT Visit seems useful to differentiate between ‘slow-starters’ and those that will continue to struggle.
Questions?

“I think you should be more explicit here in step two.”