GPMAGIC- measuring and growing inherent capacity (for learning and teaching in Tasmanian General Practice)

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- Dr Nick Cooling, UTAS
2010 questions

Of all Tasmanian GPs and practice managers:

• How many GPs and practices are teaching/supervising which level of learners?
• What are the attitudes of GPs that enable or inhibit this role?
• What are the inhibitors or enablers to increasing placements for medical learners?
• Can we contact you for more information?
Methodology

- On-line survey questions based on literature review and pilot to 6 GPs and 2 practices
- Permission to contact GPs or practices lead to visiting practices to undertake focus group interviews attended by those available – GPs, Practice Nurses, Practice Managers in all three regions of the state. Questions based on survey responses, lit. review and pilot
- Focus group audiotaped, transcribed and thematically analysed.
- Minimum risk ethics approval
Survey data is presented today

- Use of the General Practice Tasmania’s (State Based Organisation for Tasmanian General Practice divisions) annual census was the key to an unusually high GP response rate.
- In May 2010 all GPs and practice managers received an online survey.
- After 6 years of effort all have been groomed to respond though a technical hitch lowered the practice manager response rate in 2010.
Response rates

- 67% (379) of the total Tasmanian cohort of practising GPs (559) responded.
- 47% (262) consented to follow-up.
- 40% (65) practices replied
Report of teaching in the last 2 years

Response from 67% of Tasmanian GPs

<table>
<thead>
<tr>
<th>Category</th>
<th>Am involved</th>
<th>No but want to be</th>
<th>No, never</th>
</tr>
</thead>
<tbody>
<tr>
<td>U/grad</td>
<td>72</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>PGPPP</td>
<td>19</td>
<td>70</td>
<td>11</td>
</tr>
<tr>
<td>Registrars</td>
<td>36</td>
<td>54</td>
<td>10</td>
</tr>
<tr>
<td>IMGs</td>
<td>23</td>
<td>66</td>
<td>11</td>
</tr>
</tbody>
</table>

GPET, 2011
What influenced GPs to teach?

response from 67% of Tasmanian GPs

<table>
<thead>
<tr>
<th></th>
<th>General Practitioner %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy</td>
<td>85</td>
</tr>
<tr>
<td>Prof duty</td>
<td>83</td>
</tr>
<tr>
<td>Inspire</td>
<td>84</td>
</tr>
<tr>
<td>Money</td>
<td>15</td>
</tr>
<tr>
<td>Up-to-date</td>
<td>80</td>
</tr>
<tr>
<td>Positive exp</td>
<td>91</td>
</tr>
</tbody>
</table>

GPET, 2011
Would they like to up-skill as a teacher/supervisor?

- 40% said no
- 35% said yes
- 25% were unsure

20% commented:
- 11% of these undertaking postgrad study
- 13% trained via their registrar’s RTP
Comments from 20%

What skills were needed?

- Clinical – communication skills, EBM, skin, etc.
- Mentoring
- General/basic teaching methods
- Managing time whilst teaching
- Unsure of their need
Approaches to up-skilling

Where comments were made:
- RTP workshops
- UTAS grad cert
- Would like to learn by observing others
- Would like training to be based on feedback
- Feedback from teaching organisation welcome
- Flexible times – evening, days, weekends
Reasons: no teaching last 2 years

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>no opportunity</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>negative experience</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>lack confidence</td>
<td>24</td>
<td>76</td>
</tr>
<tr>
<td>negative impact on care</td>
<td>31</td>
<td>69</td>
</tr>
<tr>
<td>financial loss</td>
<td>27</td>
<td>73</td>
</tr>
</tbody>
</table>
Other reasons

- Time poor due to clinical workload (4%)
- Limited scope of practice
- Retiring or taking a break from practice
- Poor support from teaching organisation
- Lack of support from other GPs in practice
- Inexperienced clinician
Comparing data-sets

262 GPs gave consent for us to contact them and – our identifiable dataset

• A close match to GPTas data 2010:
  – GPTas: 45% female, 55% male
  – Identifiable GPs: 47% female, 53% male
  – GPTas: 57% southern, 25% northern, northwest 18%
  – Identifiable GPs: 55% Sth, 29% Nth, 16% NW

• No gender or regional differences in responses to questions
regional distribution of teachers who consented to follow-up

<table>
<thead>
<tr>
<th></th>
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<th>PGPPP</th>
<th>Registrars</th>
<th>IMGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West</td>
<td>80.5</td>
<td>19.5</td>
<td>41.5</td>
<td>43.9</td>
</tr>
<tr>
<td>North</td>
<td>77.6</td>
<td>31.6</td>
<td>47.4</td>
<td>34.2</td>
</tr>
<tr>
<td>South</td>
<td>73.8</td>
<td>13.1</td>
<td>36.6</td>
<td>16.6</td>
</tr>
</tbody>
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GPET, 2011
Comparing identifiable & anonymous General Practitioner results

The 2 data sets were just as likely to have taught all 4 levels of learners in the past 2 years.

There were significant differences favouring identifiable GPs for:

- Enjoyment of teaching ($\chi^2 (1) = 8.4$, $p=0.004$)
- Teaching as prof. duty ($\chi^2 (1) = 16.3$, $p<0.0001$)
- Inspiring GP as career ($\chi^2 (1) = 12.7$, $p<0.0001$)

But no significant difference for:

- Financial benefits acting as an incentive
- Agreeing that teaching assists in keeping up-to-date
- Having positive experiences with learners
- Or reasons not to teach

GPET, 2011
General Practices- 40 % response rate

reasons for practice taking learners in next 2 yrs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Practice response</th>
</tr>
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<tbody>
<tr>
<td>workforce need</td>
<td>yes 60, no 10, no answer 30</td>
</tr>
<tr>
<td>room for ob learner</td>
<td>yes 52, no 15, no answer 34</td>
</tr>
<tr>
<td>room for learner consults</td>
<td>yes 46, no 18, no answer 34</td>
</tr>
<tr>
<td>study area</td>
<td>yes 40, no 21, no answer 39</td>
</tr>
<tr>
<td>pay adequate</td>
<td>yes 26, no 31, no answer 43</td>
</tr>
</tbody>
</table>
Conclusion

- We know Tasmanian GPs like to teach and practice managers think more GPs teaching would permit increased capacity for provide clinical placements.
- 35-60% of GPs would/may engage in supervision/teaching skills building.
- Although the money is acknowledged as an issue, lack of it does not stop teaching.