UNDERSTANDING GENERAL PRACTICE TRAINING CAPACITY IN NORTH QUEENSLAND

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Dr Rebecca Evans
“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
GP Supervisor “Crisis”

• Increased supervisory responsibilities
GP Training Environment – Where is the extra capacity?

OTDs

- GP Registrars
- PGPPP Doctors
- Medical students and other disciplines

GP Supervisor
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.
Aim of the project?

To Define:

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

*In the north Queensland region*
Collaboration

Vertical and Horizontal Integration = Teaching Capacity
Project Outline

- **Phase One**: Audit of existing general practice teaching capacity and load.
- **Phase Two**: General practice questionnaires
- **Phase Three**: Analysis of teaching models
- **Phase Four**: Dissemination of project results including Case Study booklet.
Phase 1

• “Snapshot” of data: existing data from organisations involved in student, junior doctor and registrar placement:
  – HWQ
  – TMT
  – JCU
• As at 31st March 2010 (reviewed yearly)
• Data collected is for Practices rather than individual GPs.
• Data collated into General Practice Network regions.
## Practices involved in teaching

<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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<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>
</tr>
<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>
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<td>NWQ</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>21</td>
<td>37</td>
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</table>

Cairns 54.8%
Townsville 54%
Mackay 54.8%
NWQ 56.7% (*can only take GP Registrars)
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 for PGY1
  - 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. GPT1/2 terms.
  - Mackay high OTD workforce – not accredited supervisors
Phase 2

• Questionnaires to 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
The Questionnaire

• Question themes:
  1. Impact of increased medical student places on individual practices and overall workforce.
  2. Teaching load – type/level of learner and numbers of each – Medical students (years 1/2/5), PGPPP, GP Registrars, OTDs, other disciplines).
The Questionnaire

3. Teaching models: Individual, ad hoc, task oriented, vertical integration, outsourced, collaborative etc.

4. Benefits and disadvantages of teaching.

5. Capacity to increase teaching

6. Resources required to increase capacity.
Preliminary data

• Week 3 of Phase 2:
  – 25% return of consent thus far
  – Awaiting questionnaires.
Future questions – Phase 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.
CONCLUSION

1. How well prepared are medical graduates to provide health care to the population of North Queensland?

2. How well matched are the predicted general practice education needs, training location and capacity?

3. Will these results affect the quality of medical service delivery to the NQ population?
Questions?