DEcision factors that determine choice of medical speciality amongst medical students, prevocational doctors, general practice registrars and general practitioners

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There is an urgent need to increase the attractiveness of general practice to the future workforce. At present, there is an acute shortage of general practitioners (GPs) in Australia and 40% of the current GP workforce is aged 50 years or older (Kamien 2004). The gravity of the situation is heightened by the low uptake of general practice by Australian medical students with the number of registrars in general practice training declining from around 1900 in 1994 to just over 1400 in 2002 (Brooks, Lapsley & Butt 2003).

The aim of the current study was to explore and compare perceptions related to personal, professional and social factors that determine choice of medical specialty. Four cohorts were investigated: medical students, prevocational doctors, GP registrars and GPs. Following a familiarisation study that revealed the primary concepts to explore, 16 participants were involved in semi-structured interviews and qualitative analysis undertaken using NVivo. Preliminary results will be discussed. Common perceptions across these different cohorts will be discussed leading to an understanding of how and when speciality choice is made.
CHOICE OR CHANCE! A STUDY OF THE INFLUENCE OF THE PAST 10 YEARS OF REGIONALISED TRAINING ON THE RETENTION OF GPS IN THE BOGONG REGION OF NORTH EAST VICTORIA

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Bogong Regional Training Network

Background
Attracting, training and retaining GPs in rural communities is the subject of intense interest and debate in medical and political circles. Government reviews and policy decisions, including the introduction of the 10-year moratorium, have been implemented to address workforce shortages in rural Australia. In a landmark decision in 1998, a government assessment of GP training recommended dissolution of centralised general practice education. In 2001 Australian General Practice Training (AGPT) was formed and, in 2003, regional training providers began training GP registrars in a regional environment.

Objective
This paper examines the impact of the decentralised model of GP training and the influence of the 10-year moratorium on the retention of GPSs who trained with Bogong Regional Training Network (BRTN) between 2004 and 2009. It explores the differences in perspectives of Australian and overseas-born GPs as these relate to remaining in rural practice.

Method
Registrar file data were examined and socio-demographic profiles of GPs compiled. Of 61 doctors who completed their GP training with BRTN, 30 participated in semi-structured interviews to discuss career path decisions. The data sets were analysed to identify and examine themes associated with GP career path decision choices.

Results
Sixty-one doctors completed the GP registrar training program with BRTN between 2004 and 2009. Fifty-seven, gained their Fellowship of the Royal Australian College of General Practitioners and four are awaiting fellowship. In 2010, almost 42% of the fellowed GPs remained in rural general practice, 31% in the Bogong region. The research showed that there is a positive association between rural training and rural retention. However, it also revealed distinct cultural and regulatory differences between Australian and overseas-born doctors that profoundly influence their decisions to remain in or leave rural practice.
VERTICAL INTEGRATION IN TEACHING AND LEARNING (VITAL) IN GENERAL PRACTICE

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With the increasing shift of medical education into the community, the current shortage of GPs, and the increasing numbers of medical students, the medical education demands placed on already busy GPs are escalating. The Vertical Integration in Teaching and Learning (VITAL) project provides a model in which the teaching and learning roles in general practice are shared across all learner stages – general practitioner (GP) supervisors, registrars and medical students. This project aimed to ease the GP supervisor workload, provide teaching skills and experience to GP registrars, and enhance the learning experience for students.

Twenty general practices in south-east Queensland that take both GP registrar and medical student placements concurrently participated in the project between March 2009 and August 2010. One half-day teaching skills workshop and a follow-up practice visit by the investigators was provided to most of the participating supervisors and registrars. The shared teaching model was adopted during the University of Queensland’s medical student eight-week general practice rotations. Participants completed pre- and post-student placement questionnaires to evaluate the impact of the study.

Results from the project are very positive with 90\% (18) of supervisors and 75\% (15) of registrars planning to continue using shared teacher-learner roles beyond the completion of the project. Ninety-five per cent (18) of students rated their overall learning experience as good to excellent and the final GP rotation results suggest that participation in the study does not appear to have disadvantaged the grades of participating students. Approximately 30\% of supervisors and registrars self-reported an improvement in their teaching skills. The study has been able to identify some advantages and disadvantages of the VITAL model.

The VITAL model holds great promise to share the teaching workload for busy GPs and to provide practical educational benefits for all involved in the teaching-learning process. This in turn should help to ease some of the current workforce concerns for general practice.
FACTORS INFLUENCING PATHOLOGY ORDERING RATES IN GP REGISTRARS

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Does GP registrar pathology ordering decrease with experience? Findings from the Registrar Clinical Encounters in Training (ReCEnT) study.

Background
Inappropriate pathology test ordering has a substantial effect on the Australian health budget. The number of Medicare-funded pathology tests, 2000-01 to 2007-08, increased from 62.1 to 95.7 million. Costs increased from $1.1 billion to $1.9 billion. We aimed to document registrars’ pathology-ordering behaviour and correlate the findings with patient and registrar variables, including stage of training. We hypothesised that with increasing experience, GP registrars would be more judicious and order fewer investigations.

Methods
In ReCEnT, General Practice Training Valley to Coast registrars record demographic, clinical and educational details of 60 consecutive consultations. Outcome factors in this analysis were rates of pathology ordering per 100 patient encounters. Univariate analysis employed chi-square and Mann-Whitney tests. Multivariate analyses will also be presented.

Results
Seventy-eight registrars (45%, 18%, 37% in terms 1, 2, 3 respectively; 32% ≤5 sessions/week) from 42 practices provided data on 4661 consultations. Registrars ordered 83 investigations per 100 encounters. Statistically significant higher rates of pathology testing on univariate analyses were associated with female registrars, Australian university graduates, female patients, privately-billed patients, and when the supervisor was called into the consultation. The stage of training wasn’t significantly associated with rates of pathology ordering.

Discussion
From our data registrars were found to have ordered 50% more pathology tests compared with data from general practitioners in a national study. Our hypothesis of rates of pathology test ordering being lower in later term registrars was refuted. Instead, a number of registrar, patient consultation and billing factors were associated with pathology ordering. These factors are relevant to vocational general practice training, as well as current government reviews of pathology services.
WHERE ARE THEY NOW? CAREER PATHS OF THE FIRST JAMES COOK UNIVERSITY MEDICAL SCHOOL GRADUATES

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Aim
To collect information regarding the career paths of the first graduates of the James Cook University School of Medicine during their first five postgraduate years, including where postgraduate employment and training has taken place, and what factors have influenced postgraduate employment and training.

Methods
A longitudinal mixed methods study with data collection from the first cohort of graduates from the James Cook University School of Medicine (n=58). The quantitative data was collected via an online survey. A subgroup of participants was interviewed to explore their experiences in more depth, with a specific focus on those pursuing general practice careers. Survey data was collated and analysed using simple bivariate descriptive statistics. Interviews were transcribed in full and analysed with an iterative thematic analysis.

Results
Preliminary results suggest that many graduates have worked in rural, remote, Indigenous and tropical health related employment since graduation, with the majority remaining in Queensland. While many graduates are undertaking specialist and subspecialist training, a significant proportion of the graduates have accepted general practice training positions, despite some graduates previously indicating that they were not considering careers in general practice. There are many factors influencing the decision to pursue general practice training.

Conclusions
The focus on rural, remote, Indigenous and tropical health and strong promotion of general practice throughout the James Cook University medical course encouraged graduates to pursue careers in these fields.
QUALITY ASSURANCE BY SPARHC OF PGPPP KEY PERFORMANCE INDICATORS

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The School of Primary, Aboriginal and Rural Health Care (SPARHC) at the University of Western Australia (UWA) is an established rural provider of the Prevocational General Practice Placements program (PGPPP) in Western Australia. The PGPPP sites are all academic hubs for the Rural Clinical School of WA, which provides additional co-located educational resources for the trainees. As part of ongoing quality assurance of the program we performed a qualitative study utilising the pre- and post-placement surveys of 41 junior doctors who participated in the program in 2009 and 2010. This focused on key performance areas including vertical integration of training, Indigenous health, educational resources and delivery, cultural safety and cultural mentoring, and PGPPP learner management and support. During the study we had to carefully match the survey questions with the key areas. There was a wide spectrum of responses across sites and this presented a challenge of drawing generalised conclusions.

Overall, the majority of the doctors surveyed were extremely positive about their experiences and felt that they had made significant career development gains by participating in the PGPPP. However this study identified some important areas for consideration and development within the program.

These included improvement of the cultural training provided prior to commencing work, particularly in the Kimberley region, and streamlining the orientation program to provide more information concerning Medicare billing as well as more site-specific and logistical information about the placement.

As a result of this study we have modified our orientation procedure to include increased cultural training, alerted our supervisors in the sites around trainees’ orientation needs and created new orientation resources.
NT PIONEERS OF PGPPP – OUR STORY SO FAR

Ms Nicole Lamb
Northern Territory General Practice Education

Background
Northern Territory General Practice Education (NTGPE), Australia runs a very successful Prevocational General Practice Placements program (PGPPP) for hospital based junior doctors. An integral component of the program and support provided to the program participants is their wellbeing while they are with us in the Northern Territory.

Theme of the presentation
Through this presentation we would like to look at all facets of the program including the program participant, feeder hospital, health service, supervisors and NTGPE.

We will share the stories and points of view on the success of the program in the NT and why we have been so successful in expanding our program from only eight placements in 2005 to well over 100 in 2011.

Each of the stakeholders will share their experience with the program and how they see the program fitting in their long term plan.
**ORIENTATION: ESSENTIAL OR JUST NICE TO HAVE (OR A WASTE OF TIME)?**

Ms Nicole Lamb  
Northern Territory General Practice Education

**Background**  
Northern Territory General Practice Education (NTGPE), Australia runs a very successful Prevocational General Practice Placements program (PGPPP) for hospital based junior doctors. An integral component of the program and support provided to the program participants is their wellbeing while they are with us in the Northern Territory.

**Theme of the presentation**  
To discuss the orientation NTGPE provides to all prevocational doctors coming to the NT with the aim of establishing the proven importance and success shown over the past six years.

We will discuss the different topics delivered over the three days of orientation, what we hope they will learn from us during this time and the pitfalls of not having an orientation prior to heading out to a remote community.

Our conclusion will also show what we have delivered that has not worked and how we continually improve through feedback from our speakers and program participants.
**JUNIOR DOCTORS, CYCLONES AND TELESUPERVISION**

Dr Rodney Omond

Remote Health, Department of Health, Northern Territory

The Darwin District Medical Officer (DMO) Service supplies medical input to remote Aboriginal communities via fly-in fly-out clinics to supplement the work of resident GPs and to smaller communities. It also provides telemedicine as emergency assistance to most of the Top End of the Northern Territory via the 24-hour DMO on call roster. The service allows Prevocational General Practice Placement program PGPPP doctors (junior doctors) a unique insight into Indigenous health as they accompany DMOs to communities.

Most small community health centres normally are run solely by RANs. After some supervised experience, junior doctors may be allowed to visit communities to see patients by themselves. A DMO is assigned to receive phone calls for consultation.

As you would be aware, there are some challenges to providing medical care to these communities and the junior doctor shares in this process. These challenges revolve around distance, resources, cultural issues, and the weather.

This presentation outlines the typical working environment of our junior doctors and examines some of these challenges. Similar problems and their solutions may be found in other remote health locations around Australia. While the environment is entirely different to the situation in their previous hospital experience all the junior doctors so far have found their term both rewarding and educational.

We are planning to also accept registrars from mid 2011 and expect that two junior doctors and one registrar could train with the Darwin DMO Service concurrently. The experience from supervising junior doctors will flow into the program for registrars.

For instance on the first day of their placement we will, in future, try to avoid cyclones.
A LONG LOOK AT RURAL MEDICINE

Mrs Renee Day, Professor Scott Kitchener
Queensland Rural Medical Education

Following a successful pilot in 2010 the Queensland Rural Medical Longlook Program (QRMLP) has been established. The program is possible due to the collaboration of Griffith University, University of Queensland, Queensland Rural Medical Education (QRME) and Queensland Health. With significant federal funding from Health Workforce Australia and the Increase Clinical Training Capacity Program, self-selecting third and fourth year students are able to experience a full year of clinical experience in southern Queensland rural hospitals. QRMLP utilises the vertical integration model to maximise the learning for both student and registrar. Students work as part of a rural health team made up of interns, registrars, senior medical officers and visiting consultants. Vertical integration as a model for enhanced medical training capacity has been utilised in rural hospitals and general practices for several years. This study focuses on gaining a more comprehensive understanding of the opportunities and barriers vertical integration as it is employed in QRMLP offers all of those involved.