QUALITY TRAINING PRACTICES - THE REGISTRARS' PERSPECTIVE

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Background
In exploring how to define and identify quality training practices an Education Integration Project (EIP) analysed registrar satisfaction ratings and regional training provider (RTP) ratings of practice quality against a range of data collected by the RTP.

Aims/objective
To identify predictors of quality training practice registrar satisfaction was used as a proxy measure for quality.

Methods/approach
Qualitative and quantitative research methods were applied to GP registrar and training practice data collected over a three-year period. Item analysis of registrar survey questions was performed, and linear regression used to model variables based on registrar and practice-based data. Qualitative methods were applied to the registrar survey comments to capture views about training that were not captured in the quantitative analysis.

Results/findings
The factors, identified by multivariate analysis, that were significant predictors of training practice quality from a registrar perspective were supportive supervision (single most important factor), working conditions/facilities, total events for all teaching techniques, and number of trained supervisors at each practice. Registrars also valued the opportunity to consult with other professionals during their in-practice training. Direct observation was inversely associated with quality.

The clinical environment influences the registrar’s perception of quality and the analysis identified modifiable and non-modifiable factors that impact this.

Discussion
This analysis particularly contributes to the literature regarding what GP registrars perceive as supportive supervision, reflected in the 21 questions from the registrar survey which contributed to this domain. These provide a valuable insight for GP supervisors, educators and RTPs.

In addition, the item analysis of the registrar survey has identified 35 questions that perform well in identifying registrar satisfaction across four areas – supportive supervision, curriculum coverage, exposure to patients and working conditions/facilities. These could be used by other RTPs.