
CAPTURING BEST PRACTICE RTO-LED INITIATIVES IN GP TRAINING

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BACKGROUND

Nine Regional Training Organisations (RTOs) across Australia delivered general practice (GP) training programs until February 2023, when The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) started leading their delivery, under the direction of the Australian Government. There is concern that valuable knowledge and programs will be lost in the consolidation of training programs in 2023.

AIM AND OBJECTIVES

Aim: To describe successful aspects of RTO GP training as determined by medical educators, supervisors and trainees, and to retain and build on best educational practice for a national training program.

Objectives:

1. To inform continuity of the knowledge, practice and wisdom held by RTOs into the national training program model.
2. To discover and articulate RTO educational initiatives that encompass aspects of best practice in five key focus areas.
3. To articulate opportunities and challenges for scaling up these initiatives in a national model, recognising the importance of local contexts and expertise.
4. To develop a conceptual model of best practice in Australian general practice training to guide further education practice, evaluation and research.

METHOD

Participants were recruited via RACGP and GPSA regular newsletters.

A half-day, online workshop with 24 Medical Educators from the 9 RTOs and the RACGP explored RTO-led initiatives and future opportunities in Recruitment and retention, Support and remediation and Research training using Appreciative Inquiry methods. The workshop was delivered by facilitators who are highly experienced with Appreciative Inquiry, and were independent and impartial to participant comments and interactions.

Semi-structured focus groups and interviews were conducted online with 100 participants, which included Medical Educators (n=22), and supervisors (n=23), trainees (n=14), recent Fellows (n=39), ECT visitors (n=17), academics/researchers (20), and practice managers (n=9), who were purposively recruited to ensure a diversity of views and perspectives in the focus areas. Participant roles do not add to 100 because many participants held multiple roles. They member-checked the workshop discussions, and explored Technology-enhanced learning. They were also based on the AI principles of focusing discussions on strengths, achievements and creativity.

All discussions were recorded and professionally transcribed. Ethics approval was granted by the RACGP NREEC, project: 22-133.

De-identified transcripts of audio recordings and notes taken during discussions were analysed using an iterative, inductive and deductive process of thematic analysis, including coding and recoding by patterns, and latent theme development and mapping.

RESULTS

Recruitment and retention

Several best practices were considered necessary for improving recruitment and retention of GP trainees. Practices centred around improving the status and respect of general practice in the health sector, the visibility of general practice as a career pathway, placements for interns and post-graduate junior doctors, work-life balance through employment entitlements, adequate support for rural general practice, and remuneration for supervision. The practices require a comprehensive revision of the exposure to general practice offered to junior doctors, and to the general practice business model.

Support and remediation

Participants strongly prioritised prevention through a supportive and stimulating environment, a community of learning, and informal and formal opportunities for discussion. Best practice remediation is delivered through experienced educators who can dedicate considerable time to working with the trainee using an individualised response to resolve their barriers to progress and promote their strengths. Early safety assessments and progressive assessments have been observed to be

excellent methods of providing timely and individualised support to trainees, which also improves trainee's performance in fellowship examinations and in providing quality care to patients.

Research in training

Participants value research in training for developing critical thinking skills and use of evidence-based medicine. Best practice involves trainee exposure to research in multiple environments, readings and practice throughout their education, during training in education modules, and in practices with a culture of evidence-based practice. Few trainees reported such immersion in research and participants were generally enthusiastic for more opportunities to be available to trainees to engage in research projects and communities of research practice.

Technology enhanced learning

While face-to-face is the preferred primary mode of interaction for trainees, the pivot to online videoconferencing platforms due social distancing regulations for the COVID-19 pandemic forced many to develop their skills and comfort with online platforms. Many online platforms are used to revise and retrieve information. Videos of procedures can be watched many times over, online databases allow efficient retrieval of medication information, regulations and the latest treatment recommendations. Online videoconferencing permits more convenient and flexible meetings, and social media platforms enable quick and flexible access to large and diverse groups of colleagues.

Cultural competence

The primary focus was on developing cultural competence for working with First Nations people, and CALD communities as a secondary group. Cultural competence was considered best developed through cultural immersion, which requires several days connecting socially and personally with a local community through unconventional methods such as playing music. Cultural immersion programs should be designed and operated by local communities because cultures are specific to their locations. Cultural competence should be elevated to a highly desired and essential skill for general practice, and cultural immersion a goal and privilege for GP trainees.

DISCUSSION

The findings present several challenges and opportunities for the sector in the coming years and decades. For example, the perceptions and reputation of general practice has diminished in recent decades and its impacts on recruitment of local junior doctors has been marked. The small business model of general practice is also flagged for revision to respond to interest among some general practitioners for employment in practices with salaries and entitlements that offer reliability and a work-life balance that supports family and personal commitments. There is also a strong argument for individualised approaches to training and support, including detailed progressive and assessment feedback, personalised support and remediation interventions, and cultural competence achieved through intensive and immersive experiences. The sector will also need to be responsive to the emerging need for trainees to be at the forefront of technological innovations and changes in social norms, such as telehealth and artificial intelligence technologies.

A document analysis of reviews and evaluations of RTO-led initiatives was in the original design of the study. However, accessibility of the required documents was limited because the study coincided with the sector's transition from RTO-led GP training to PLT training by the RACGP, which was a significant process for administration and policy. The documents likely hold further evidence and insights of best practices, including information about the resources, mechanisms and risks involved in designing and implementing initiatives in these five areas of GP training.

IMPLICATIONS

This study has demonstrated the considerable shared knowledge and wisdom of the general practice sector nationally; and highlights the importance of holistic frameworks of research and evaluation that incorporate the experiences and views of the whole sector, including educators, supervisors, trainees, researchers and practice managers. Holistic frameworks support a systems analysis approach, which can reveal the underpinning environmental levers with which to promote best practice and reduce risks.

FUTURE RESEARCH

Opportunities for the transfer of knowledge and evidence accumulated in the RTOs to the current training organisations must be efficient and well resourced. Continued monitoring, evaluation and research of best practices in GP training can ensure successful implementation of innovations, and agility and preparedness to adapt to emergent needs and opportunities in GP training and practice.