

Final research report: ERG2022-04

Becoming a general practitioner/rural generalist supervisor: registrars' and new fellows' perceptions of the incentives, enablers and barriers

Aim and objectives

The aim was to identify the incentives, enablers, and barriers to becoming a GP supervisor (GPS) or Rural Generalist supervisor (RGS), as perceived by senior GP registrars and new fellows, to inform recommendations to support GPs to become (and remain) supervisors).

Research Questions:

1. What do senior GP registrars and new fellows identify as the incentives, enablers, and barriers to becoming a GP supervisor or Rural Generalist supervisor?
2. Do the identified incentives, enablers, and barriers to becoming a supervisor differ between those with general versus rural generalist training and/or employment, and how?

Method

This research employed a qualitative description approach, also known as generic qualitative research or pragmatic qualitative research. This approach was used here to discover and understand the perspectives of early career GPs and RGs on becoming a GP supervisor and to provide a rich description of these perspectives that remain grounded in participants' viewpoints and experiences. Eligible participants were new RACGP or ACCRM Fellows and senior GP/RG registrars recruited by email invitation from the two RTOs in Queensland, General Practice Training Queensland (GPTQ) and James Cook University General Practice Training (JCUGPT). A brief demographic survey attached to the consent form enabled purposive sampling to ensure diversity among participants. Data collection was through focussed group discussions (FGDs). Semi-structured interviews (SSIs) were conducted with participants who could not attend a FGD. Data analysis proceeded inductively, informed by the principles of thematic analysis and centred around identifying factors influencing early career GPs/RGs' intentions to supervise. The transcripts were coded using NVivo. Team members then reviewed the coding summaries to succinctly describe and summarise participants' perspectives.

Results

A total of 24 early career GPs and RGs participated in the study (20=new Fellows; 4=senior registrars). Nine participants were affiliated with JCUGPT and 15 were affiliated with GPTQ, 11 were RGs, and 14 were female. Ten participants were situated in urban or metropolitan locations; the remaining 14 were situated in regional areas (n=6), rural areas (n=6), remote areas (n=2). Most participants (n=19) worked in private practices. Participants identified personal, professional, and system-level barriers to GP supervision. Findings were classified into 4 sub-themes:

1. Individual personal (e.g. Time pressure, family responsibilities, lost income)
2. Individual professional (e.g. Lack of professional confidence, stage of career)
3. Practice level (e.g. Unsuitable practice logistics)
4. System level (e.g. Lack of familiarity with pathway to becoming a supervisor)

Most participants expected they would become supervisors, but none knew how this occurred. They were not aware of any training for taking on this role, neither were they aware of when they could become a supervisor. Participants were early career GPs, and generally, were still learning to be effective and efficient GPs. Consequently, many spoke of feeling insufficiently experienced or knowledgeable to take on the responsibility of registrar supervision.

Factors unique to rural settings included the limitations around supervision given the lack of registrars placed in rural areas as well as the perception that lower quality registrars are usually placed in rural settings which can make supervision more challenging for GP supervisors. Participants reported that other barriers in a rural context were medical workforce shortages in general practice and hospital settings being greater compared to

metropolitan areas. Training practice sizes were also smaller in a rural context meaning less physical space and a smaller supervisory team available to support GP supervision roles.

Suggested financial incentives and enablers included remuneration for supervision time, discounted college membership fees, access to or subsidised professional subscriptions and subsidised attendance at professional development training events. New models of supervision, shared supervision and having a teaching culture within the training practice were reported as being other key enablers to becoming a GP supervisor.

Our research findings from participants across both metropolitan and remote settings around what key enablers and incentives would benefit GP's into influence their decision into becoming a GP supervisor are:

1. Establishing clear pathways to becoming a GP supervisor
2. Nationally consistent and mandatory training modules
3. Subsidised or paid continuing professional development
4. Adequate remuneration that reflects the time commitment and importance of the role in the GP training context.

Discussion

Recruitment and retention of GP supervisors has been a challenge experienced by all Regional Training Organisations (RTOs), particularly in rural and remote areas. It is unknown whether the range of strategies adopted by RTO's are seen as incentives or enablers to those GP's who will become future supervisors. In addition, there are workforce factors contributing to shortages of GP supervisors including the decreasing size of the general practice workforce, a lack of GPs in regional, rural, and remote areas and the impending retirement of a significant proportion of older GP supervisors meaning that the insufficiencies will likely worsen. Existing research has predominately focused on current supervisors who report the role as rewarding but with numerous barriers and there is a lack of research on the perspectives of the next generation of supervisors in senior GP or rural generalist registrars as well as new GP fellows. Our research findings have identified several recommendations to improve strategies and incentivize the recruitment and retention of the next generation of GP supervisors.

Implications

Understanding the factors that influence GPs to take on supervisory roles is imperative in guiding future strategies around GP supervisor recruitment, training and support, and retention. There is an opportunity for the professional GP colleges to use the key findings from this research as part of future policy and practice strategies in planning to reduce the impacts on the effects the shortage of GP supervisors will have on the current and future GP training model. Our research team propose that understanding the perceptions outlined by participants who are the next generation of GP's and Rural Generalists around the incentives, enablers and barriers associated with the role of a GP supervisor, will assist to inform future strategies to build capacity and support in the GP supervisor workforce.

Future research

Our research has identified a number of strategies identified by early career GPs to improve and incentivise the recruitment and retention of GP supervisors. Opportunities exist for future research around the establishment of consistent pathways to becoming a GP supervisor, consistent and mandatory training modules and paid CPD, flexibility in supervisory models, and remuneration that reflects both the importance and time commitment of the role.

As Australian GP training moves towards ACRRM and RACGP college-led training, the incorporation of a national GP supervisor curriculum, professional recognition of supervisory status, and implementation of nationally consistent GP supervisor professional development is pivotal. Investment in these enablers is a strategic imperative to build the pipeline for sustainable clinical, teaching and strengthening supervision of the GP workforce.