

Registrar onboarding in general practice: exploring the views and experiences of GP registrars, GP supervisors and practice managers

Aim and objectives

The Royal Australian College of General Practitioners (RACGP) standards for general practice training state that onboarding of General Practice Registrars (GPRs) is the responsibility of GP supervisors (GPSs) and provide some guidance as to what should be included in the onboarding program.¹ The aim of this research was to further explore current GPR onboarding experiences in Queensland to inform future GPR onboarding processes and guidelines.

The questions addressed by this research project were:

- 1) What are GPRs' onboarding experiences, and which onboarding activities do GPRs consider the most useful?
- 2) What onboarding processes do GPSs and practice managers (PMs) provide and which activities do practices consider the most useful?

Method

A qualitative, descriptive approach was employed for this research. Participants were GPRs, GPSs and PMs from two Regional Training Organisations (RTOs) in Queensland – General Practice Training Queensland (GPTQ) and James Cook University General Practice Training (JCUJGPT). Focus group discussions (FGDs) and semi-structured interviews (SSIs) were conducted online via Zoom. Interviews were audio-recorded and transcribed. Four FGDs and four SSIs were conducted with GPRs (n= 15). One FGD and two SSIs were conducted with GPSs (n=7) and 2 FGDs and one SSI was conducted with PMs (n=8). Thematic data analysis was conducted using the Framework method.²

Results

In describing their experiences, GPRs, GPSs and PMs outlined their onboarding priorities and underlying motivations. Participant onboarding priorities were mapped into 4 categories, administrative systems; general practice context; team support; and education and knowledge resources.

Onboarding priority - Administrative systems

All GPRs prioritised learning about administrative systems which improved their consultation efficiency, including orientation to billing, medical software and referral processes. Consultation efficiency was especially important to GPRs because they associated efficiency with the patient's perception of their competence. GPRs believed that administrative systems could be mastered more rapidly than other consultation competencies and hence their priority.

GPSs and PMs identified that patient billing is complex and confusing for new GPRs. GPSs and PMs acknowledged that transitioning to a new workplace was a challenging time for GPRs and that learning new computer systems increased the challenge. Medicare compliance, economic viability, and prevention of billing errors were substantial motivators for GPSs and PMs. Second year GPRs reported that administrative systems varied substantially between practices and suggested individualized onboarding which considers these differences.

Onboarding priority - General Practice context

First year GPRs described their immense anxiety when starting in general practice. Factors contributing included the new knowledge and skill set; increased autonomy of clinical decision-making; personal responsibility for patient safety; and difficulty in obtaining clinical help from GPSs. GPRs stated that being informed of who to ask questions and clear guidance on how and when to seek help for patient clinical concerns reduced their anxiety. According to GPRs, GPSs vary in their preferences for communication and help seeking. GPRs stated that being given specific permission to call GPSs regarding any concerns significantly reduced their anxiety about help-seeking.

First year GPRs highlighted the substantial difference in the GP consultation style by comparison with their hospital consultations and indicated that consultation skills were an important topic for onboarding. When it came to patient interactions, first year GPRs indicated that they needed to copy their GPSs initially. Other contextual differences

between general practice and hospitals identified included working conditions, working hours, medical emergency protocols and clinical documentation requirements.

Onboarding priority - Team support

According to GPRs, the welcoming and introductions to practice staff and other healthcare workers significantly contributed to their feeling of belonging. The GPRs reported that getting to know the staff and their roles in the practice reduced their anxiety and enhanced subsequent teamwork. GPSs and PMs reported that the GPR's welcoming was beneficial to the entire practice team.

Onboarding priority - Education and knowledge resources

According to GPSs and PMs, a focus of their onboarding program for GPRs was to identify potential problems and intervene early. GPSs indicated that directly observing GPR's consultations was the best way to identifying issues of concern. First year GPRs indicated that the most effective way of learning for onboarding was by direct observation of their GPSs. Second year GPRs indicated that they wanted GPSs to directly observe their consultations to detect areas of knowledge and skill deficiency.

GPRs stated that an iterative approach to onboarding with short sessions separated by consultations was more effective for learning than longer sessions of continuous onboarding. GPRs reported that their experiences during consultations helped them to generate questions and understand the relevance of onboarding topics. According to GPSs, it is difficult to know how much to teach GPRs in the initial onboarding session to ensure they are appropriately resourced and safe to see patients. GPSs and PMs highlighted the importance of appropriate funding to be able to provide high quality onboarding of adequate duration.

Discussion

GPRs, GPSs and PMs in our study identified the substantial challenges for GPRs starting in general practice. GPRs reported the initial anxiety could be reduced by addressing administrative system efficiencies, providing a warm welcome with introductions to staff, and providing permission and instructions for help seeking. GPSs and PMs were motivated by prevention of problems detected early through direct observation of GPRs.

Implications and future research

This research may inform guidelines provided by training organisations for their practices and GPRs to enable high quality onboarding experiences. The cost effectiveness of onboarding should be addressed in future research projects to inform appropriate funding of practices for GPR onboarding.

References

- 1) The Royal Australian College of General Practitioners. Standards for general practice training. 3rd edn. East Melbourne, Vic: RACGP, 2021
- 2) Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC medical research methodology. 2013 Dec;13(1):1-8.