

## **ERG2023-01: The experiences of GP registrars as teachers in Australian general practice: a qualitative study.**

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### **Aim and Objectives**

To explore the experiences of Australian GP registrars as teachers in different contexts and from multiple stakeholder perspectives.

### **Method**

This qualitative study consisted of semi-structured interviews with GP registrars and GP supervisors and focus groups with Medical Educators (MEs) and medical students. Recruitment was open to participants nationwide and sampling was purposive, aiming for maximum variation sampling. Data collection was performed via videoconference. Analysis employed reflexive thematic analysis using NVivo.

### **Results**

15 registrars, 10 supervisors, and one ME were interviewed. Two focus groups were performed: one with four MEs and one with five medical students. Registrar participants taught in a variety of settings, including in-practice, universities, hospitals, and at educational workshop days. Three had experience in a GP Academic Post and one had experience in a Registrar ME role. Major themes were:

**Theme 1 - Value of near-peer teaching:** Participants identified benefits from near-peer teaching for both registrars and junior learners (medical students and junior doctors). For registrars, this included increased confidence, improved clinical knowledge, and benefits for examination preparation. Medical students identified registrars as approachable and more likely to involve them as part of the team. Medical students also described registrars' practice as being evidence-based, which they found helpful for their university assessments.

*"I found the registrars were a lot more willing to get me involved and actually discuss consults and some of their thought processes, whereas the senior GPs it was more just sitting and observing. And whenever we had free time, they were a lot more willing to teach me." – Medical Student 03*

**Theme 2 - Teaching makes you a better GP:** Educators noted the transferability of registrars' teaching skills to their clinical practice, commenting that this enhanced their patient care. Registrar participants were cognisant of this, noting that teaching medical students helped them to better teach their patients.

*"Every patient encounter is teaching. You're teaching your patients. I don't think you can practice in the community as a GP without being a teacher as well and I think learning how to teach...is absolutely vital to being a GP." – Supervisor 24*

**Theme 3 - Multi-stakeholder engagement:** Participants noted that support at multiple levels was needed to better engage registrars in teaching roles. Proposed measures included practice and supervisor support, remuneration for teaching, university support for medical education pathways, and college accreditation for teaching to count towards training time. Participants were divided over teaching being a compulsory part of the training curriculum, acknowledging that not all registrars should teach, particularly if they are struggling to meet their own training requirements. However, registrars also noted that unfounded assumptions about teaching capacity were often made.

*“I think asking registrars if they want to teach. I think people just assume registrars are so busy with the exams and trying to get their head around GP training, that they don’t actually get asked.” – Registrar 07*

**Theme 4 - Strengthening the GP workforce:** Registrars saw teaching junior learners as a way to improve the reputation of general practice and increase medical student/junior doctor interest in GP training. Registrars and educators also noted that a mix of clinical and education work improved job satisfaction and career sustainability, with most registrars commenting on the risk of burnout when working in a clinical role full-time. Educators also saw registrars as teachers as a necessary proponent of succession planning for future medical education workforce.

*“Educating’s fun. I mean, we’re biased, we’re the ME group. Another thing it can do is really prolong careers and with me it prevents burnout.” – Medical Educator 03*

## **Discussion**

Our findings suggest that registrars want to teach, consistent with existing literature. However, additional supports are needed to facilitate this on a larger scale. Registrars want to see more formal teaching opportunities during training that can count towards their training time. College-accredited teaching pathways are needed to achieve this. Registrars also want to be asked if they are interested in teaching and an opportunity exists here for supervisors to encourage and support registrars in teaching junior learners within their practices, being mindful of barriers such as competing priorities in their training (particularly assessment/examination requirements), remuneration (considering allocating the practice incentive payment), and time pressures (considering blocking off appointments to allow catch-up time for registrars whilst teaching).

## **Implications**

Our findings have implications for relevant stakeholders, including teaching practices, medical educators, hospitals, and universities. Increasing the number of formal teaching pathways in training will require funding and college support for accreditation. In addition, registrars require practice and supervisor support, and the provision of GP-oriented teacher training, to take on teaching roles.

These findings will inform future pilot programs for GP registrar teaching, including the 2024 ERG project ‘INTERACT 2’ led by A/Prof Caroline Johnson. We plan to disseminate our findings via conference presentation, peer-reviewed journal articles, a key summary of findings for participants, and an internal report for RACGP MEs.

## **Future research**

Dr Fisher will be part of the stakeholder advisory group for the INTERACT 2 study, which will see registrars in Victoria supported to teach medical students in-practice. The findings of this project will determine how best to support this on a broader scale across Australia.