Final report – RACGP ERG

Project title: Informing stronger integration across all sectors of the GP education and training pipeline

Background / rationale

Demand for GP services continues to climb, partly relating to increased life expectancy and more of the population living with chronic disease. Whilst GP supply has increased, the proportion of GPs in the healthcare system has declined over the last 30 years when compared to most other medical specialties. The supply of a sufficient GP workforce remains an ongoing system-level concern, but few effective solutions have been identified and implemented, to date. Post COVID-19 headlines of the "GP workforce crisis" confirmed renewed need for urgent action.

Aim

To explore where and how stronger integration across all sectors of the GP education and training pipeline are needed.

Methods

Three related processes were applied across the project.

1. The MABEL (large, national) dataset was reviewed to characterise who was choosing GP; a complementary scoping review was completed on available theories and theoretical frameworks in general practice career choice research.
2. Semi-structured interviews (n=25) of around 30 minutes were conducted by experienced qualitative researchers with GPs who had completed their fellowship training in the last 10 years, to provide insights into the decision-making process for a GP career. Interviews were transcribed verbatim, then applied a framework method analysis in an iterative manner, using both inductive and deductive approaches. Trustworthiness of findings was addressed through continual input from GP researchers, including multiple presentations of interim findings for their feedback.
3. Four co-design online workshops (total n=17 participants) were conducted with two researchers, with data verified by participants post-workshop. Participant representation(s) included GP practice managers, medical school managers, GP educators (medical school, vocational training), hospital-based clinicians, GP training administrators, other GPs (not previously interviewed). Each was around 2 hours and was designed to draw out current system / pathway enablers and barriers, as well as discussion of potential system solutions (encouraging 'blue sky thinking') to increase GP uptake.

Results

Following full-screen review, 25 articles were included. These used a range of theories / frameworks from a wide range of disciplines applied to general practice. There was agreement that GP career decision-making was complex, considering time before and during medical training, incorporating perceptions from multiple medical educators and role models. Individuals seemed to take into account their desired personal lifestyles/goals, individual medical interests, specialty training program requirements and associated status/income to decide on the best person-specialty fit and work-life balance for themselves.

Interview data confirmed major career decisions (i.e. choosing GP careers) developed over multiple years of information gathering and experiences. Major themes for targeting system improvements include: (1) Gaps in GP career information, such as insufficient socialisation of junior doctors into the GP context, constantly changing GP pathways, and less accessible (sometimes out of sight) GP career information; (2) Holistic GP career decision-making, i.e. although critical GP-specific information may be learned differently at various training stages, decision-making was described as a multi-factorial process using a strategic long-term planning approach, where preferred work-life balance and personal/family goals were critical; (3) The importance of GP norms (i.e. 'fit' of the job), where perceptions of low GP status in the medical profession

could be overcome by alignment with their preferred medicine (e.g. continuity of care, broad variety, community-based), work-life balance fit and possible career achievements; and (4) Critical positive experiences could 'convert' or trigger interest of individuals in medical student and junior doctor phases, i.e. connections and longitudinal positive experiences in GP communities, good colleagues and supervisors in GP practices were pivotal, and transitional schemes between hospital and GP settings were especially helpful.

The workshops generated nearly 150 different ideas and potential contributing solutions, cutting across three major categories: (1) Pathways – to decrease barriers in the training pathway of those seeking to choose GP, ranging from increased selection of rural origin students to improved college, business and peer support in prevocational years and supporting those seeking clinical excellence and other career goals; (2) Exposures – starting early and often, the critical role of strong primary care in Australia should be entrenched into all medical training. This may range from pre-medical education awareness strategies, better and increased use of GPs in medical school and hospital teaching, more and varied high-quality GP placements throughout medical training stages (including critical prevocational years), and stronger connections to the GP discipline through readily available mentors, educators and career counsellors; (3) Equity – addressing many system-driven inequities related to understated importance and valuing of GP work within the medical profession. These include alignment of remuneration particularly relating to teaching and academic work, directly and regularly addressing disrespect or reputational statements framing GP as a 'lesser' specialty, the increased presence of GPs in medical school, hospital training leadership and college CPD, increased recognition and reward for GPs' value to an efficient and effective healthcare system (including generalism philosophy, supporting special interests and system-knowledge skills), and prioritising prevocational GP learning and access to hospital rotations to support GP learning and meeting GP entry prerequisites.

Discussion

Our research confirmed GP career decision-making is a complex process, during which most junior doctors spend multiple years gathering evidence before committing to a choice. First-hand positive and quality experiences (or exposures) may play a critical role, but are often lacking within medical school and prevocational years (other than second-hand disparagement). Moreover, a lack of specific higher-level information about being a GP or non-hospital doctor results in many not choosing this specialty, largely due to ignorance about its broad person-specialty fit. At all career stages, increased presence of GPs and continual reminders (i.e. through learning and connections) about the importance of strong primary care may be key elements to ensuring a GP career is seen as both attractive and personally rewarding.

We did not overtly seek negative feedback around general practice, but key issues were consistently raised, highlighting underlying GP despondency caused by diminishing financial viability and unwarranted stigmatisation within the medical profession, consequential perceptions of GP under-recognition by the general public and government, and exacerbation of the situation through a lack of primary and tertiary care system integration across medical training and healthcare. Most participants noted choosing GP specialty despite these contexts working against them. Evidence suggests that any more may be interested in a GP career if the context was improved.

Implications

Over the last decade there have been multiple think-tanks, seminars, government reports and headlines seeking action to fix general practice. This study uniquely brought together GP career-decision making theories to the first-hand reflections of those who successfully navigated to GP careers and the 'blue sky' workshopped solutions to address underlying issues. This suite of evidence may be valuable to all medical training sectors, ranging from medical schools and hospitals to GP leaders and policymakers. Breaking the current cycle of chronic GP shortages requires radical system change and ideas, which can be drawn from this suite of data.

Future research

This research was not able to individually investigate all proposed solutions, including published evidence (where available) of their demonstrated impact and which ideas should be prioritised. The research team hopes to continue some of its work to date, and more closely investigate where there may be opportunities for the health system to implement some of these future solutions.