The financial costs and revenue associated with teaching and supervision in General Practice

Executive Summary

Aim and Objectives

Teaching practices and supervisors are critical in General Practice (GP) training. However, recent surveys indicate that 83% of supervisors are not satisfied with current financial support, and those planning to retire cited frustration with administrative arrangements and poor financial return. Previous studies found that practices have not been adequately compensated for teaching. However, these studies are dated, and GP training has changed considerably.

This project aims to better understand the sustainability of GP supervision in General Practice by determining the financial costs and revenue associated with teaching and supervision. The research questions were:

1. What are the teaching and supervision activities currently occurring within GP training practices?
2. What are the financial costs and revenue of teaching and supervision in General Practice?

Method

This study used a mixed method design to address the research questions, with three interrelated parts.

- Part 1: Stakeholder interviews- Interviews were undertaken nationally with General Practice (GP) supervisors (n=9) and practice managers (n=9). Interviews focussed on: the types of direct and indirect teaching and supervision activities occurring, perceived benefit of these activities, other costs and revenue associated with registrar placements and factors impacting on the cost of teaching. This information, in combination with input from the project Steering Group, was then used to develop a questionnaire used in Part 2 of this project. The interviews also informed the factors considered in the cost-revenue analysis and the discussion and interpretation of this model.
- Part 2: Stakeholder survey- A national online survey of supervisors (n=238) and practice managers (n=142) was undertaken. The purpose of the survey was to sample a broad range of AGPT teaching practices to understand their practice environment and model, teaching and supervision activities occurring, and perceptions of current practice and teaching financial support.
- Part 3: Cost revenue analysis- To determine the financial costs and revenue of teaching, this part of the study used survey data drawn from teaching activities (Part 2), other publicly available data; and expert advice from the Steering Group and stakeholder interviews (Part 1).

Results and discussion

This study has several key findings. First, it has confirmed that it is important to acknowledge that the whole practice team are involved in supporting registrar placements, with significant contributions from the GP supervisor and practice manager.

A range of costs and revenue were identified and included in the modelling. Costs included: GP supervisor, practice manager and practice nurse time, registrar salary and entitlements (including estimates for reduced productivity of the GP registrar) and the missed opportunity cost resulting from hosting a registrar in the practice instead of a vocationally registered GP. Revenue included: GP registrar income to practice, GP supervisor professional development support payments, teaching allowance and practice reimbursement payments.

The cost modelling shows that despite current subsidies, on average, practices experience a net financial loss by supporting a registrar placement across all training terms, albeit at a reduced rate over time.

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Overall, this ranged from a net financial loss of $52,760 for a practice hosting a full-time GPT1 registrar for six months, to a loss of $23,900 for a practice hosting a full-time GPT4 registrar for six months. The cost modelling shows that rural practices have higher net financial losses compared with urban practices. The greatest costs for teaching practices were the time spent by the GPS on direct teaching activities (this ranged from $43,998 for GPT1- $28,814 for GPT4). The other large cost for the practice was the opportunity cost of using a room for GPR training (this ranged from $35,344 for GPT1- $21,972 for GPT4). The highest revenue to the practice was the registrar income (this ranged from $46,862 for GPT1- $60,234 for GPT4). It is acknowledged that this cost model did not include a portion of practice running costs, which may result in an underestimate of cost to the practice. However, this model did include an opportunity cost for the practice, which estimated income foregone by hosting a registrar rather than a GP. It is acknowledged that this may not always be a real cost because there are likely examples where a practice was unable to fill the consulting room used by the registrar with another vocationally registered GP.

There was wide variation in time invested and other costs reported by the practices within both the interviews and the survey. Costs vary depending on the GPR, the practice and training context. Understanding the actual cost to any practice would need to be calculated on an individual practice and placement basis.

While participants flagged the non-financial motivators to teach registrars, such as fulfilling the love of teaching and gaining satisfaction from investing in the next generation of GPs, participants also flagged questions around sustainability of teaching. This was particularly apparent for those practices that did not retain GPRs after training, which is perceived as a longer-term benefit of the investment in training.

Financial and emotional investment in GPR training were both discussed. There was a low level of satisfaction associated with current financial support across practices and questions raised about practice sustainability. All interview participants felt that practices and GPSs wear costs for unfunded activities and resources. From the survey, 71% of GPSs and 46% of PMs indicated the teaching allowance was inadequate. Sixty-four percent (64%) of GPSs and 38% of PMs indicated the practice reimbursement was inadequate. Rural GPSs and PMs were more dissatisfied with the current payment scheme.

There are also opportunities for improving practice sustainability in a future Australian General Practice Training (AGPT) model through: optimising GPR/practice fit through implementation of a fit-for-purpose placement process, ensuring continuity of quality registrars for placement, considering 12-month placements, training and resourcing practices to implement practice-based enablers, and continuing to advocate for the broader challenges facing General Practice.

Implications and Future research

This research is the most current and comprehensive project the authors are aware of that has attempted to identify, describe, and quantify the actual costs, revenue and revenue foregone associated with supporting a GP registrar placement. A strength of this study has been the inclusion of a qualitative element to initially identify the activities and costs to be mindful of in constructing a cost model. This qualitative part of the research also enabled a richer discussion of the context and caveats attached to the final models.

The future model for delivery of AGPT training should consider the findings from this research and seek opportunities to improve financial support to teaching practices and prioritise system level enablers (including implementation of a placement process aimed to maximise GPR/practice fit and continuity of quality registrar placements). The practice and teaching subsidies currently provided do not reflect the variation of training at different levels and in different locations. Moving away from a one-size-fits-all subsidy to account for variation in costs to practices is recommended, particularly across rural and urban based practices. It should also be noted that any increase in requirements of training practices and supervisors in future training models may increase the financial loss to the practice. Future research should consider the financial impact of part-time registrar placements, separate the cost to the practice and supervisor, and further explore the impact and financial benefit of retaining registrars after Fellowship.

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