

Project Title: Mind the Gaps: preparedness of new general practitioner fellows for independent practice.

Project aim: To identify the gaps in training and preparedness for practice for RACGP New Fellows (in their first 5 years of independent practice), as perceived by New Fellows and GP Supervisors.

Research Questions:

1. What gaps in knowledge, skills and experience do New Fellows identify, including clinical and non-clinical?
2. What aspects of training do New Fellows perceive to be most valuable?
3. What gaps in knowledge, skills and experience do GP supervisors identify in New Fellows?
4. What strengths do GP supervisors perceive exist in New Fellows?
5. How do New Fellows' perceptions of the most valuable aspects of training and gaps in training compare with GP supervisors' perceptions?
6. What strategies do New Fellows and GP supervisors suggest to address perceived gaps in training?

Methods

Key issues in relation to the potential gaps / strengths in training for new fellows, were preliminarily explored in focus group discussions with a purposive sample of new fellows (n=13; 3 groups) and GP supervisors with experience working in practices with new fellows (n=11; 3 groups). These findings, a review of the published literature, and reference to the RACGP domains of learning, informed the development of an online survey for RACGP new fellows.

Study participants were recruited from across Australia using advertisements posted via GP social media groups, RACGP faculty newsletters, and emails to alumni of some RTOs that agreed to support the study recruitment. New fellows who had achieved their RACGP fellowship between 2016 and 2021, were eligible to participate. The anonymous online survey included questions seeking participant demographic details, new fellows' perceived preparedness for independent practice (overall, and for a range of clinical and non-clinical areas, during their first two years post-fellowship), their preferred length of vocational training and sources of support, their reported satisfaction with various aspects of practice, their plans and perceived potential barriers to continuing in general practice.

Results:

New fellow and supervisor focus group discussions: On the whole, new fellows and GP supervisors concurred that new fellows are generally well-prepared for and largely competent in the clinical sciences, acknowledging that gaps in knowledge and skills for specific clinical topics were inevitable given the broad nature of clinical general practice, and the varied prior experiences of new fellows as registrars in practices with varying patient demographics. Both groups also agreed that new fellows had not yet mastered the "art" of general practice, something which comes with experience, e.g. managing challenges in areas of business acumen, uncertainty and complex presentations, and also professional identity formation (the latter being especially recognised by supervisors). Supports recommended by new fellows included providing additional training sessions / resources targeted at new fellows, accessed via a portal that all new fellows were aware of upon Fellowship, access to a local new fellows-type group and/or mentor, and extending the vocational training period. GP supervisors suggested supports largely focused on offering supervision with an experienced GP, mentoring / informal support groups, encouraging reflective practice, and providing educational sessions on the business of and transition to general practice. Both participant groups proposed a transition workshop in the post-Fellowship exam period.

New fellows survey: 129 eligible new fellows from across Australia completed the survey; 90 (70%) were women and 110 (85%) were aged <40 years. Alumni from 7 RTOs were represented.

The majority (103, 80%) reported being moderately / extremely well prepared overall for their first two years of independent clinical practice. From three lists of topics under the headings of clinical areas, procedural skills and non-clinical areas, the most commonly reported topics for which new fellows reported being moderately / extremely well-prepared, and poorly / somewhat prepared, in their first two years of independent practice, are presented in the Figure 1 (attached). Topics for which low levels of preparedness were reported included eating disorders, family and domestic violence, assessing developmental and behavioural disorders, substance use disorders, intrauterine device insertion, musculoskeletal injections, practice partnership or ownership and business aspects of practice.

Whilst 71 (55%) new fellows described their experience of transition from registrar to new fellow as easy or very easy, 18 (14%) reported a difficult / very difficult transition.

From a list of sixteen possible sources of support, new fellows reported the supports they most frequently accessed in their first two in independent practice were; senior GP colleagues, nursing staff, other GPs, new fellow peers, doctor social media groups, RACGP continuing professional development activities and RACGP online learning services.

Over 40% of respondents indicated they would have liked increased access to a mentor, senior GP colleagues, transition-to-practice workshops, and new fellow peers in their first 2 years of independent practice. New fellows who had not previously trained in their current main practice (n=67) were more likely than new fellows currently working in a practice where they had previously trained (n=62), to indicate they would like more support from senior GP colleagues (p = 0.001), other GPs (p = 0.022) and a mentor (p = 0.014).

When asked about their preferred duration of vocational training time, 80 (62%) indicated a preference for an additional one or more years of post-general registration hospital terms, and 39 (30%) an additional one or more years of GP training terms.

Ninety-four (73%) of all respondents, and 79 (72%) participants aged < 40 years, indicated they would be extremely likely to continue work in general practice at five years. The most frequently reported perceived significant barriers to a long-term career in general practice (selected from a list of possible barriers), were remuneration, sick leave, parental leave, protected non-clinical time, and superannuation.

Discussion:

This study provides new knowledge about Australian GP new fellows' perceived preparedness for independent practice, to inform future program development. This is an area of research priority with limited published literature to date. A further strength of this study is that it includes findings using two methodologies: (1) focus group discussions (seeking perceptions of both new fellows and experienced GP supervisors), and (2) a survey of new fellows.

Whilst the majority (103, 80%) of new fellows reported feeling moderately-extremely well prepared for independent practice overall, preparedness for specific clinical, procedural and non-clinical topics varied for respondents with some important gaps identified. Suggestions to provide support to new fellows in their transition phase to independent practice, were made by both new fellows, and experienced GP supervisors, including increased access to GP supervisors, mentors, peer support groups and transition-to-practice workshops. Many new fellows also reported a preferred increase in training time. Only 73% of new fellows (and 72% of those < 40 years of age) indicated they were extremely likely to be continuing work in general practice in 5 years, raising possible concerns regarding the sustainability of the GP workforce into the future.

The project delivered its intended outputs, however a limitation is the relatively small number of survey respondents. Whilst we are advised the estimated number of RACGP new fellows at the time the survey was undertaken was ~ 7,900¹), we are unable to derive a denominator to calculate a response rate given the recruitment strategy used. The potential for volunteer / non-response bias may limit the generalisability of the survey findings. The key focus group discussion findings however, were broadly consistent with survey themes.

Implications (What is the wider impact of your research and what are the implications of your findings for policy and practice?)

Our study findings provide new insights into Australian new fellows' perceived preparedness to practice, and gaps in training. Some suggested considerations from this study are to:

- Provide training to address key identified non-clinical aspects of independent practice and clinical gaps. The post-exam period could be used to provide additional workshops focused on transition to practice.
- Improve access to supports desired by new fellows e.g., mentors, senior GP colleagues, transition workshops, and those proposed by GP supervisors e.g., clinical supervision, mentoring or informal support groups.
- Provide advocacy for new fellows to address their reported support needs, pay and leave conditions, and their preference for a longer training time.

Future research - outline areas for future research that your work identified

- Consider further exploration of new fellows' preparedness for independent practice, potential barriers and enablers to sustainable careers for new fellows in general practice; and the possibility of lengthening the training period.
- Evaluation of the introduction of additional supports and training recommended in the "Implications" section above.

¹ Personal communication - 2021 Membership & Transformation, RACGP

Figure 1: The most frequently reported topics in the lists of clinical areas, procedural skills and non-clinical areas, for which new fellows reported being moderately / extremely well-prepared (Strengths) and poorly / somewhat prepared (Gaps), in their first two years of independent practice.

Strengths (moderately + extremely well prepared)

Clinical areas

- Chronic disease management (88%)
- Internal medicine (84%)
- Mental health (83%)
- Emergency presentations (82%)

Procedural skills

- Immunisations (93%)
- Cervical screening test (88%)
- Contraceptive implant insertion (83%)
- Cryotherapy (75%)
- Skin lesion biopsy (67%)

Non-clinical areas

- Professional boundaries (85%)
- Moral and ethical standards (82%)
- Professional development (74%)

Gaps (poorly + somewhat prepared)

Clinical areas

- Family and domestic violence (76%)
- Eating disorders (74%)
- Substance use disorders (72%)
- Developmental paediatrics (73%)
- Gender diverse patient care (69%)
- Complex social stressors (65%)
- Palliative care (61%)
- Occupational medicine (61%)

Procedural skills

- IUD insertions (85%)
- MSK injections (71%)
- Toenail surgery (63%)

Non-clinical areas

- Partnership / practice ownership (79%)
- Business aspects (67%)
- Negotiating salary / conditions (55%)