

ERG 2025-18 report

Aims and objectives

- To explore the experience of part time (PT) General Practice (GP) registrars within the AGPT training program.
- To identify the barriers faced by PT registrars within the AGPT program
- To determine the enablers to PT GP registrars and the supports offered during their training.

Method

This mixed methods project used a pragmatic design, conducted in two phases. The initial quantitative component used data collected from the ReCEnT database, looking particularly at number of sessions worked compared to type of conditions seen.

Phase two involved the completion of 15 semi-structured interviews with recent fellows of the RACGP who had trained part time for most of their training. The average interview time was 45 minutes. Participants were initially invited via a EOI process, then targeted for an interview via purposive sampling across gender, age, training location, number of sessions worked per week and rurality.

Discussion

Phase 1

Data from 4587 registrars was analysed via the ReCEnT database. The mean sessions per week was 7.97 (95% CI: 7.93-8.00)

Working fewer clinical sessions significantly association with female gender (RR = 0.92, CI: 0.91-0.93), older age (RR = 0.99, CI: 0.99-1.0), later training term (RR = 0.95, CI: 0.94-0.96) and concurrent other medical work (RR = 0.86, CI: 0.85-0.88). This finding was further explored in phase two of the project, suggesting that the reasoning behind these associations is perhaps more complex than initially thought.

No substantive associations were found between number of sessions worked and the types of clinical problems managed, consultation outcomes (e.g. prescriptions, referrals, imaging, pathology, follow up) and patient characteristics.

Given the adage “The curriculum walks through the door”, this supports the notion that part time registrars have a similar experience of in practice consultations as their full time peers. Training concerns regarding continuity of care and breadth of exposure to clinical conditions for part time registrars are not supported by this data.

Phase 2

15 interviews were completed by the principal investigators which were transcribed and coded using Braun and Clark’s thematic analysis. Codes and themes were developed by the principal investigators.

Some of the data extracted from the interview was “expected” by the researchers given previous studies and experience. However, some findings were not as predictable and lead to further understanding of the experiences of registrars in the GP training program.

A number of participants described reasoning for part time training that were “expected”, including carer roles, work life balance and other medical work. Many participants, however, described part time as a pathway to reduce burnout and cognitive overload, particularly after starting GPT1 on a full-time basis. Reasons that were articulated by participants that lead to this were increased level of decision making, isolation, lack of clinical predictability, English as a second language, demands of development of consultation skills and insecurities around administrative requirements including Medicare billing.

Many participants were engaged in other medical work, which was often sought out to balance the cognitive demands of clinical general practice.

Generally, registrars felt there were no significant implications of part time training on their Workplace Based Assessments including ECTV's. There were implications on out of practice education however, including issues around payment, time off in lieu as well as loss of a cohort of peers given different training trajectories.

Registrars overall felt well supported by their medical educators throughout training, with some participants reporting that medical educators were integral in their decision to transition from full time to part time training.

Participants were also generally positive about the flexibility of training sites and supervisors regarding their part time training.

Other issues raised by participants were lack of remuneration for part time training, importance of a “buddy” in practice for continuity of clinical care and results follow up, lack of front loading of information regarding part time training prior to starting in GPT1, necessity to work part time whilst studying for FRACGP exams and need for a “part time mentor” during GP training.

Implications

There are several learnings that can be gained from this study which can influence policy and processes for the RACGP training program.

These findings have implications for the training program regarding the cognitive demands of early GP training, and a reflection on how the RACGP can better support registrars during this period.

There are also learnings around the importance of peer support for part time trainees, frontloading information about part time prior to GPT1, visibility of part time “mentors” for registrars, guidance around buddy systems and follow up, and support from the RACGP around registrars pursuing other medical work to reduce the cognitive load of clinic general practice.

Future Research:

This project has highlighted the importance of further research regarding the cognitive overload of GP training and the risk of burnout that GP trainees face. Further exploration of the predisposing factors and mitigating factors around trainee burnout would be of value to support registrars throughout their GP training journey.