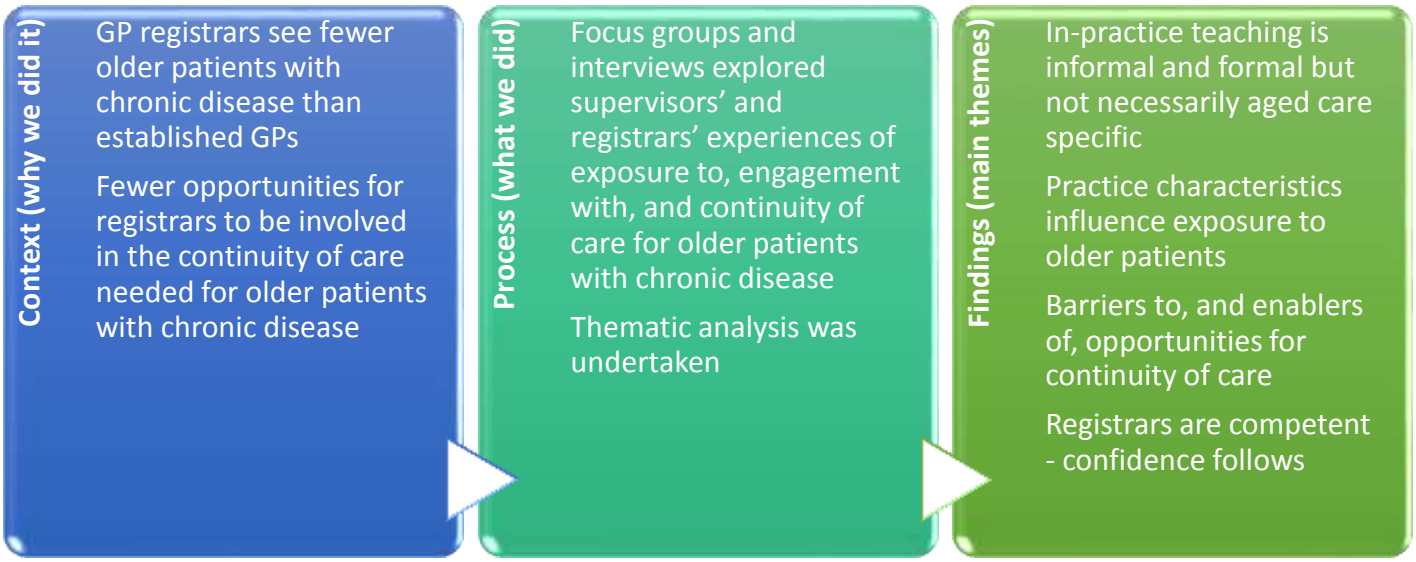
General Practice Training Tasmania

# Aged Care Teaching & Opportunities for Registrars (ACTOR)

## Project Summary


May 2018

## Overview of project



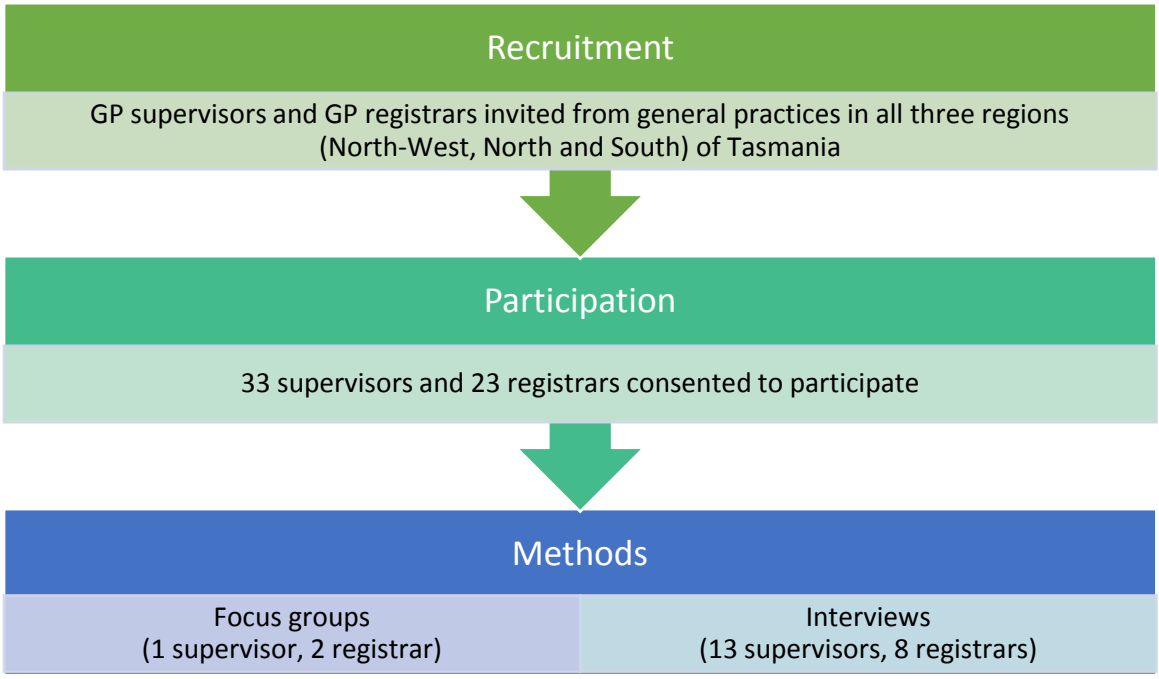

## Context

Tasmania, like other states, has an ageing population and general practice is under increasing pressure to provide optimal care to older Australians, particularly those with multimorbid chronic conditions. Yet, GP registrars see fewer older patients with chronic disease than established GPs and have fewer opportunities to be involved in the continuity of care needed for older patients with chronic disease. With increasing registrar numbers, there are increasing expectations on GPs to provide in-practice aged care training for registrars.

In Tasmania, not all general practices are associated with residential aged care facilities, not all practices regularly perform home visits and the demographic of some practices is such that minimal aged care and chronic disease management exists. These circumstances all point towards the importance of better understanding the complexities of providing care for older patients living in the community with chronic disease and providing in-practice aged care training opportunities for GP registrars.

This study explored the complexities of training in aged care, the enablers and barriers to GP registrars gaining greater exposure to, engagement with, and continuity of care of, older patients with chronic disease, and ideas for shared patient care models.

## How did we conduct the project?



## Main themes

### In-practice teaching is informal and formal but not necessarily aged care specific

- Supervisors and registrars commented on the informal nature of teaching.
- While regular weekly sessions are common, they are generally case-driven and are not usually aged care specific.
- Social and administrative aspects of aged care, e.g., carer support, ACAT assessment are generally not covered in formal training.

### Practice characteristics influence exposure to older patients

- Exposure to residential aged care facilities can be positive and negative for registrars; not all practices visit these facilities.
- Smaller practices can attract older patients.
- While registrars are familiar with ward environments, they find older people with chronic conditions living in the community are different to patients in hospital.

### Barriers to, and enablers of, opportunities for continuity of care

- Placement length can be too short for continuity of care; registrars often deal more with children and acute 'walk-ins'.
- When registrars see older patients while regular GP is away, good quality of case notes on complex comorbidities help the supervisor and registrar. However, not all patients are deemed suitable for sharing with registrars.
- Some practices have a more explicit team approach to patient care. Yet, shared care is ad hoc and informal.
- Both supervisors and registrars can take the initiative in increasing aged care exposure. Registrars can bring a fresh set of eyes to seeing older patients but identifying and selecting new aged care patients to follow during placement needs to be negotiated.
- An opportunity to make the most of supervisor payments in term 1 to give registrars early exposure to aged care.
- Practice nurses have a useful role in supporting registrars in, e.g., chronic disease training and community resources.

### Registrars are competent – confidence follows

- Supervisors recognise that registrars need to develop confidence to take on care of older patients – registrars are seen to be generally competent.
- Confidence to take on care of older patients comes with time.
- Registrars are trusted by older patients, when they understand the role of registrars, although the age difference between registrar and older patient can sometimes be a barrier.

## Key messages

- This study has not identified a model of shared patient care that suits all practices and supervisors.
- The next steps are creating conversations around ways to improve aged care exposure, engagement and continuity of care by GP registrars in general practice.

## Recommendations

- Formalising aged care teaching and exposure can build on the competence of registrars and the trust in registrars by older patients and by supervisors. Hence, professional activities can be entrusted to registrars through embedding aged care in individual learning plans based on the registrar's skills, abilities and confidence.
- Regional Training Organisations, registrars and supervisors should formally discuss aged care as an area of focus early in training given that much of the present aged care teaching and exposure is ad hoc and mostly informal.
- Discussions could include embedding in-practice aged care activities in individual learning plans at the outset of placements in general practice, and developing strategies including, for example, formal case discussions, joint consults between GP and registrar, selection of appropriate patients for registrar care, holiday handover of aged care patients to registrars, new patient allocation to registrars, and joint Residential Aged Care Facility visits.
- Practice education may be needed for practice managers, nurses and reception staff regarding the role of registrars and the importance of a full breadth of patient exposure.

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