

NEXT-UP: New alumni EXperiences of Training and independent Unsupervised Practice.

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Aims and Objectives

This study aimed to address the gap in knowledge surrounding early-career GPs' post-Fellowship practice (at 6-24 months post-Fellowship). We sought to capture participants' demographic and practice data as well as their attitudes on the effectiveness and utility of their vocational training.

Participants were GP Synergy, Eastern Victoria General Practice Training (EVGPT), and General Practice Training Tasmania (GPTT) alumni who achieved Fellowship between January 2016 and July 2018 inclusive.

The objectives were to establish:

- i) characteristics of early-career GPs' clinical practice
- ii) associations of these characteristics, including associations with GP vocational training experiences
- iii) early-career GPs' perceptions of utility of training experiences for post-Fellowship practice

Method

NEXT-UP is a cross-sectional questionnaire-based study. Participants were asked questions regarding their current practice, and opinions of their GP training experience.

Where consent was provided, participants questionnaires were linked to data previously collected during their vocational GP training.

Our analyses included multivariable regression modelling of a number of outcomes of interest related to alumni current practice.

Results

1256 alumni were invited to participate in the study. 354 responses were received (28% response rate). Participant demographics are provided in Table 1.

Table 1: Participant Demographics

Participant characteristics (n=354)		n (%)
Registrar gender	Female	221 (67.4)
Currently working as a GP	Yes	337 (95.2)
Qualified as doctor in Australia	Yes	256 (77.3)
Age (years)	Mean ± SD	36.4 (6.26)
RTO	1	235 (66.4)
	2	85 (24.0)
	3	34 (9.6)
Year of Fellowship	2016	110 (33.8)
	2017	125 (38.3)
	2018	91 (27.9)

Outcomes analysed to date are current rurality/urbanicity of practice, SES of practice location, workload, provision of After-Hours Care, Nursing Home Visits, Home Visits, non-GP work done, post-graduate education undertaken and provision of undergraduate and/or registrar supervision/training. Alumni perceptions of In-Practice verses RTO provided vocational training will also be analysed.

Our findings include:

Prevalence of outcomes of interest

- 69% of alumni practise in major city MMM1 location
- Only 26% of alumni practice in areas within the 4 deciles of greatest Socioeconomic disadvantage
- 70% of alumni work part-time in general practice (defined as less than 9 sessions of GP work per week)
- 34% of alumni do any Nursing Home Visits (NHV)
- 40% of alumni provide any After Hours Care (AHC)
- 41% of alumni provide any Home Visits (HVs)
- 50% of alumni provide undergraduate of registrar supervision

Associations of these outcomes

We have found a number of statistically significant associations of each of these outcomes. These include:

- For alumni practising in an area outside a major city MMM1 location is associated with
 - having a partner who is not in the workforce (compared with not having a partner)
 - having lived in regional or rural areas during school-age years
 - having trained in a rural location
- For alumni practising in a lower SES area
 - having trained in a low SES area
 - having trained in a rural location

- having worked at their current practice in training
- For alumni working full-time
 - being male
 - being an International Medical Graduate
 - having a partner who is not in the workforce, or who is working part-time (compared with not having a partner)
 - not having dependent children
 - having lived in regional or rural areas during school-age years
 - not currently undertaking non-GP work
 - having failed a Fellowship exam component
 - not having taken extra leave during training
- For alumni providing student or registrar supervision
 - practising in an area outside a major city MMM1 location
 - being an Australian Medical Graduate

Alumni perceptions of the utility of their vocational education/training.

When asked to rate the utility of their vocational education and training in preparing them for their current independent practice, registrars overall rated their education and training highly.

When we compared their ratings of the utility of their in-practice education/training to their ratings of their RTO-delivered education for *clinical areas*, alumni rated their in-practice education/training more highly for all areas (aged care, child and adolescent health, multimorbidity, mental health, chronic disease) except for Aboriginal and Torres Strait health (RTO-delivered education rated more highly).

When we compared their ratings of the utility of their in-practice education/training to their ratings of their RTO-delivered education for *clinical attributes or skills*, the situation was less clear. Alumni rated their in-practice education/training more highly for minor procedural skills, tolerating clinical uncertainty, professional responsibility, and teaching skills. They rated their RTO-delivered education more highly for Practising Evidence-Based Medicine. For a number of areas – knowledge, consultation skills, reflective practice, and self-directed learning – there was no significant difference in alumni ratings.

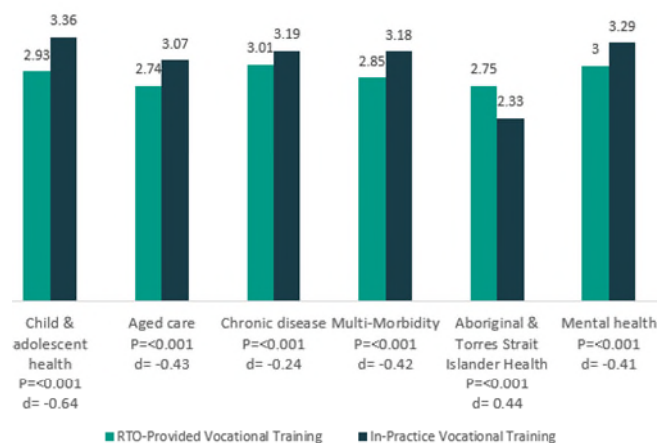
Discussion

The majority of participating alumni practice in major cities, work part-time, and tend not to work in lower SES areas. Additionally, the majority do not conduct NHVs, AHVs, and HVs. This will have implications for workforce planning and healthcare delivery planning. The

associations of these outcomes that we have established may inform that planning.

Our findings regarding perceived utility of RTO/in-practice training should inform within-RTO design of education and training programs.

Figure 1: Mean scores of alumni perceptions of RTO and In-Practice Vocational training for clinical areas



Implications

Educationally, NEXT-UP will provide:

- evidence to RTOs on effects and utility of their programs beyond the metrics of achievement of GP Fellowship; and
- insights into which aspects of training alumni perceive as having proved most useful in their independent practice.

NEXT-UP findings will also inform:

- GP workforce planning,
- policy decisions about distribution of registrars during training,
- training activity requirements,
- RTO education program content,
- supervision models,
- planning and policy on vocational training and Continuing Medical Education.

Future research

This cross-sectional study has potential to the baseline collection of data in a cohort study (with ongoing participant entry) of early-career GPs' practice.

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