

Evaluation of a general practice registrar training post in public health in rural New South Wales

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BACKGROUND General practitioners have an expanding public health role in Australia. Improved training is recommended to optimise this involvement. An advanced post for GP registrars in population health was piloted in rural New South Wales.

METHODS A reference group with experience in general practice and public health education advised on the development of the post, curriculum and qualitative evaluation framework. A part time GP registrar was employed within the local Division of General Practice and public health unit.

RESULTS Effective collaboration between stakeholders promoted teaching, research and practice in population health within a rural area. The registrar developed skills in project design, data analysis and report writing during this training post.

CONCLUSION This pilot demonstrates the feasibility of public health training for a GP registrar within a rural area. Projects in health promotion benefited from the input of a GP registrar among other stakeholders.

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Australian general practitioners have a role that extends to population health.¹⁻⁴ In 1998 the Royal Australian College of General Practitioners Training Program (RACGP TP) introduced a new curriculum emphasising population health for all registrars in training in recognition of this.⁵

General practitioner vocational training comprises a three to four year program including terms in hospital, general practice and advanced skills training. This can include training in emergency medicine, anaesthetics, obstetrics and surgery. The New England Area Health Service (NEAHS) is a rural area with a population of 174 000 in North West New South Wales (NW NSW).⁶ The New England Area Rural Training Unit (NEARTU) coordinated registrar training in NW NSW. Registrars include those in a three year general

pathway undertaking a six month mandatory rural term and rural registrars undertaking a four year program. The RACGP TP coordinated training during this pilot, which aimed to assess the feasibility of this model of training.

Method

A reference group of stakeholders in post-graduate training in general practice and population health was formed, with representatives from the RACGP TP, Australasian Faculty of Public Health Medicine (AFPHM), North West Slopes Division of General Practice (NWSGDP), New England Public Health Unit (NEPHU) and the NEARTU. 'Population health' and 'public health' were regarded as synonymous for this pilot.⁷

It resolved to deliver opportunities for general practice registrars to experience hands-on supervised projects, and

endorsed a learning plan based on the registrar's current knowledge and skills.⁸ The group proposed projects for the registrar, focusing on the division's key priorities, men's health and cardiovascular disease, consistent with those of the region.⁶

We set out the desirable components of the learning plan, with the registrar's initial goals (*Table 1*). Two applications were received. A selection panel ranked the registrar's motivation with an essay. Previous public health training was not essential.

The registrar was funded for a half time population health post for one year. (The other half was clinical general practice).

Evaluation

Informed consent to evaluate this project was obtained from the registrar. I sent the registrar and the stakeholders semistructured qualitative questionnaires by email



at the beginning, middle and end of the project. Questions were pretested and validated with peers and the RACGP Outcomes Evaluation Unit (OEU). With a research assistant, I analysed the questionnaires using content and thematic analysis coded separately. The final evaluation was validated by the reference group.

Results

The registrar returned all questionnaires, and most were returned from members of the steering committee. The registrar undertook the activities planned (Table 1). Regular feedback was conducted to discuss progress. A broad range of educational sessions in research methods, epidemiology, biostatistics and health promotion was also conducted (Table 1).

The registrar described positive learning experiences. Skills in project design, data gathering, analysis and report writing were developed together with greater insight into research, health promotion and national health priorities. The most beneficial aspects of the post included a broad overview of epidemiology, (learning applied skills in using Epi Info, and gaining a broader perspective of health issues), and gaining experience in communication, and fostering collaboration between different groups.

The organisations involved described benefits in terms of collaboration in teaching, research policy and practice. There were nevertheless a number of problems:

- staff resignations (preventing the NEPHU being involved in the registrar's orientation as planned)
- control and ownership of the project, and
- unease between the coexistence of clinical and population health roles.

By the end of the post, there was 'increased integration' (NEPHU) between the public health unit and division as more staff were recruited. Despite this change, some felt that the 'clinical

general practice component was too extensive for good integral work with population health' (NEPHU).

Discussion

General practice registrar training in population health in a rural area seems feasible. Both the sponsoring organisations and registrar appeared to benefit. Issues of conjoint training between specialist training in public health and general practice were discussed. While

registrars may apply for recognition of prior learning towards part of the AFPHM fellowship, this post by itself needed to be supplemented with broader training to gain specialist qualifications in public health.

The pilot has been viewed favourably by the RACGPTP, universities, AFPHM and registrars. The post is now recognised as an academic general practice registrar post in population health affiliated with the University of Newcastle. This has

enabled a source of ongoing funds to be obtained. Joint recognition of this type of training towards fellowship with RACGP and AFPHM has been endorsed. This post will continue to be offered in the New England consortium.

The special advantages of this model was the encouragement of interactive population health skills learning in a supportive environment. The learning goals were individualised to the skills base of the registrar and local needs. This model

of training has now been adopted as a core component of general practice and public health training programs.^{5,7,15,16}

This type of training should be expanded in other rural areas. A major limitation was that we are not able to evaluate the long term educational outcomes of this training. Useful questions would be how this type of training influences clinical practice and assists GPs supervising population health divisional projects.

Acknowledgments

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Table 1. Reference group plans, registrar goals, activities and educational sessions conducted during the population health post

Reference group desirable components in a learning plan in the population health post

- performing a systematic review of the literature
- developing a research question or project proposal from literature review
- implementing and evaluating the project
- developing skills in data analysis and statistical methods
- developing oral and written communication skills
- developing further understanding and skills in health promotion of populations
- attachments to public health unit staff who will act as resource people for project
- regular discussions about learning goals and progress with supervisor.

Registrar learning goals which were addressed during training

- to improve knowledge about population health
- to improve population health research skills
- to work in a multi disciplinary frame work
- to explore broader issues involved in implementing a population health research project.

There were no unmet goals identified by the registrar.

Registrar activities and outputs during the population health post

- analysis of men's screening data and final report completed
- literature review, project development and final report completed a descriptive study of smokers and Zyban use in NW NSW
- literature review, ethics submission of pilot to utilise pedometers to promote health completed
- involvement in population health research group of the New England Research Institute
- attendance at public health unit meetings
- representation of division at meetings relevant to population health
- attending men's health conference in Sydney 2001
- development of men's health promotion material and conducting workshops for men.

Teaching activities conducted by supervisor during the population health post

- orientation to divisions and public health unit, introduction to Epi Info 2000
- epidemiology
- ethics
- biostatistics
- health promotion
- qualitative methods
- peer review of drafts of projects and reflection on progress.

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Implications of this study for the GP

- There is an expanding role for GPs in population health.
- This pilot demonstrates the feasibility of training a registrar in population health in a rural area.
- A learning plan with regular feedback was a useful learning strategy.
- This post fostered collaboration between general practice and public health stakeholders.

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