Enhancing the population health capacity of general practice: an innovative training model for general practice registrars

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Table 1. Population health learning opportunities, competencies and educational activities

<table>
<thead>
<tr>
<th>Chest clinic (TB/leprosy)</th>
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<tr>
<td>Contact tracing and screening</td>
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<td>Prison and refugee settings</td>
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<td>AIDS/STIs</td>
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<td>Interpretation of syphilis and hepatitis C serology</td>
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<td>STI screening: including sex workers, Aboriginal and Torres Strait Islander patients and those in remote settings</td>
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<td>Other communicable diseases</td>
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<td>Immunisation update – new vaccines, schedule changes</td>
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<td>Communicable disease notification, surveillance and management</td>
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<td>Control protocols</td>
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<td>Outbreak investigations – pertussis, meningococcal disease, rotavirus</td>
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<td>On-call roster for disease control queries from health practitioners and public</td>
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<tr>
<td>Chemoprophylaxis and vaccination in response to disease outbreaks</td>
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<td>Laboratory ‘plate rounds’</td>
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<td>Adult immunisation database – pneumococcal disease, influenza</td>
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<td>Noncommunicable diseases</td>
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<td>Rheumatic heart disease register</td>
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<td>Child health school screening program</td>
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<tr>
<td>Other</td>
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<tr>
<td>Communication with CDC staff – meetings, regional teleconferencing</td>
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<tr>
<td>Visit to entomology department</td>
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<td>Mosquito surveillance surveys</td>
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<td>Legal issues – public health act</td>
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<td>Attendance at the annual CDC conference</td>
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There is currently a strong trend in Australia to increase general practitioner participation in population health activities. They are also key elements of the training programs of both The Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. However, formal population health teaching is relatively under developed in general practice vocational training.

We report on a short, competency based, population health training program for general practice registrars in Darwin, Northern Territory (NT). It was a collaborative project between the regional general practice training provider, Northern Territory General Practice Education, and the Centre for Disease Control (CDC) of the Northern Territory Department of Health and Community Services. The program focussed on communicable diseases for the following reasons: time constraints, the unique epidemiology of communicable diseases in the NT (which has higher notification rates of both common and exotic diseases), and the rural, remote and Aboriginal health focus of general practice training in the NT.

Training program

We placed four advanced term general practice registrars into the CDC to undertake supervised, clinically based training in communicable disease control. Registrars were self selected (interest and availability). Two urban registrars based in Darwin worked for 4 hours each week for a period of 6 months, and two registrars based in rural areas were seconded to CDC for a 2 week intensive block, giving each about 80 hours experience. Learning objectives that included clinical and population health competencies were first negotiated with the registrars. They were given comprehensive orientation to the program (including CDC staff, programs and a package of purpose developed educational resources).
Clinical training included work in a tuberculosis/leprosy clinic and an AIDS/STI unit. Nonclinical work (about one-third of the sessions) included participation in the on-call roster for disease control enquiries, and self-directed learning. All training was conducted under the direct supervision of experienced clinicians and public health physicians, with overall program coordination carried out by a senior medical educator and a public health physician.

Evaluation

Evaluation was positive. It took a number of forms: placement logbooks (Table 1), formal knowledge tests conducted before (pretest) and after (post-test) placement (which demonstrated improvement for all participants), and evaluation forms (showing a high level of satisfaction with the program and that the majority of learning objectives and competencies were met). Registrars commented on the high intensity of the program and the large amount of information to be learnt.

At an exit interview on completing the program, the registrars described other learning experiences: understanding the various roles of a public health unit, the population health resources available for GPs, and the interface of population health policy development and clinical practice. Other positive aspects of the training included enhanced communication skills (particularly cross-cultural) and working in a multidisciplinary team.

Follow up interviews 12 months later elicited a continuing positive influence (especially enhanced communication, referral and liaison with their local CDC). Two registrars reported an ongoing consistent population health approach to subsequent clinical encounters and felt the training had significantly contributed to this.

Discussion

We think targeted, short duration training in population health for general practice registrars is both feasible and effective. They improved their competency and confidence in managing communicable diseases and were introduced to epidemiological and population health principles. The training model allowed direct integration of this new knowledge and skills into clinical practice. Importantly, a sustainable influence on registrar practice 12 months after the training seemed to be evident.

There have been similar initiatives: the development of the Population Health Education for Clinicians (PHEC) program, (a set of population health education modules designed for clinical GPs), and a recent pilot training program from rural New South Wales (involving placement of a general practice registrar for 6 months into a general practice division). There are possible reasons our program was successful: population health learning occurred in the context of clinical practice, a familiar and comfortable environment for general practice registrars, and the CDC was a stimulating environment. This model could inform potential models of conjoint FRACGP and FAPPH training.

Implications of this study for general practice

- There is a strong national emphasis on population health activity in Australian general practice.
- Targeted, short duration training in population health may be effective and could be applied in a number of other settings.

Conflict of interest: none.

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References


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