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

Simon Morgan, MBBS, FRACGP, MPHTM, is Medical Educator, Northern Territory General Practice Education (NTGPE) Ltd, Lecturer, Northern Territory Clinical School, Flinders University, South Australia, and a general practitioner, Darwin, Northern Territory.

Paul M Kelly, MBBS, DTM&H, FAFPHM, PhD, is Public Health Specialist, Northern Territory Department of Health and Community Services, and Head, Education and Training Division, Menzies School of Health Research, Institute of Advanced Studies, Charles Darwin University, Darwin, Northern Territory.

There is currently a strong trend in Australia to increase general practitioner participation in population health activities.[1] 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.[2,3] 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),[4,5] 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).

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

Chest clinic (TB/leprosy)
Contact tracing and screening
Prison and refugee settings
AIDS/STIs
Interpretation of syphilis and hepatitis C serology
STI screening: including sex workers, Aboriginal and Torres Strait Islander patients and those in remote settings
Other communicable diseases
Immunisation update – new vaccines, schedule changes
Communicable disease notification, surveillance and management
Control protocols
Outbreak investigations – pertussis, meningococcal disease, rotavirus
On-call roster for disease control queries from health practitioners and public
Chemoprophylaxis and vaccination in response to disease outbreaks
Laboratory 'plate rounds'
Adult immunisation database – pneumococcal disease, influenza
Noncommunicable diseases
Rheumatic heart disease register
Child health school screening program
Other
Communication with CDC staff – meetings, regional teleconferencing
Visit to entomology department
Mosquito surveillance surveys
Legal issues – public health act
Attendance at the annual CDC conference

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[6]), 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).[7]

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 FAFPHM 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.

Acknowledgments

Thanks to Vicki Krause, David Peacock, Steve Baguley, Jan Savage, Tarun Weeramanthri and Nathan Zweck, and the CDC nursing and administrative staff for their support.

References

1. Joint Advisory Group on General Practice and Population Health. The role of general practice in population health: a Joint Consensus Statement of the General Practice Partnership Advisory Council and the National Public Health Partnership Group. Canberra: Department of Health and Aged Care, 2001.
2. The Royal Australian College of General Practitioners. RACGP Program Curriculum. Melbourne: RACGP, 1999.
3. Australian College of Rural and Remote Medicine. ACRRM Primary Curriculum. Brisbane: ACRRM, 2000.
4. Lin M, Roche P, Spencer J, et al. Australia's Notifiable Diseases Status, 2000. Annual Report of the National Notifiable Diseases Surveillence System. Commun Dis Intell 2002;26:118–201.
5. Lin M, Spencer J, Roche P, McKinnon M, and the National TB Advisory Committee. Tuberculosis notifications in Australia, 2000. Commun Dis Intell 2002;26:214–225.
6. Kelly P, Morgan S, Johnston F, Peacock D, Harrison C, Baillie R. The Population Health Education for Clinicians Project: are you interested in participating in a trial run? Northern Territory Disease Control Bulletin 2001;8:23–24.
7. Fraser J. Evaluation of a general practice registrar training post in public health in rural New South Wales. Aust Fam Physician 2002;31:685–688.

AFP

Correspondence
Email: simon.morgan@ntgpe.org