

Poster 09

Considerations made by rural registrars in 2009 regarding training location

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Background: Previous studies have both supported and rejected claims that spending time during vocational training in a rural location encourages rural practice at the completion of training. This paper is part of a larger study examining practice intention of rural registrars at the completion of their training.

Objectives: This paper hopes to explore whether rural registrars want to be in their current training location, and also what influenced their decision to train there. Having this information will enable current incentives to be correctly targeted in order to retain the registrar, within the rural community, on completion of training.

Methods: Following extensive research, a 20-question survey was administered to 1007 rural registrars through 'General Practice Education and Training' (GPET). There was a return rate of 34.25%. From the larger survey, it was possible to extract 3 questions which investigated whether the registrars had selected to complete rural training, if they would prefer to be working in another location, and what specific considerations they made prior to beginning rural training.

Results: Of the 294 participants in this study, 47% strongly agreed that they chose to complete their general practice training in a rural location, along with 32% who agreed. 20% indicated that rural training was not their choice. 1% did not respond. When asked if they would prefer to be working in another location, 26% indicated that they would, and 72% responded negatively. Of the themes identified that influenced registrars in their choice of training location, the 2 most frequent responses were family and the training term opportunities offered.

Conclusion: 232 rural registrars had chosen to work in that location and 77 indicated they would like to work elsewhere. These statistics may have been skewed by the 10-year moratorium in Australia. Family was the most popular consideration that registrars made before commencing rural training.

Poster 10

Long waiting lists and delayed access: An assessment of hospital specialist outpatient services in Queensland using the Clinical Microsystem Approach

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Background: Waiting times for Queensland Hospital Specialist Outpatient Department (SOPD) services have reached crisis point and patients are unable to receive timely treatment. Improving SOPD services to accommodate increasing demand and addressing the long waiting lists for SOPD services is a high priority for Queensland Health.

Objectives: To understand the underlying issues related to the long waiting lists, to identify the barriers and enablers to the referral processes, and to find solutions to improve the referral process and reduce hospital waiting times.

Methods: The clinical microsystem approach was used to assess four SOPDs in two Queensland hospitals. The research used mixed method strategy including quantitative and qualitative methods: key informant interviews with stakeholders and SOPD staff, audits of referral and discharge letters, an audit of hospital wait list data, and document review of referral processes and education packages developed for general practitioners.

Results: Perceived barriers to improving referral processes include: a lack of available services in primary care setting, current outpatient model does not have capacity to cope with high demand, low number of discharges, a historic lack of engagement between public hospitals and general practice and traditional disinterest in partnering with primary care clinicians. Perceived enablers include: a shift in culture about the importance of collaborating with primary care clinicians and enhanced communication and referral processes. Audit of referral and discharge letters indicated significant improvement in the quality and completeness of referrals from general practice to SOPD at post-intervention. The audit of SOPD waiting list and key performance indicator data indicated little positive change, in some cases negative, in wait list figures from baseline to post-intervention.

Conclusion: Findings can be used to inform the development of new approaches and innovative models, developed in partnership by primary and secondary care providers, to improve access to services by patients.