

Expanding medical education in general practice

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General practitioners are major providers of medical education, with recent expansion at both undergraduate and postgraduate levels, particularly in rural areas.¹ General practitioners not only teach general practice, but also provide access to patients well suited to other aspects of medical school curricula. Teaching demands on GPs, already high, may increase with the addition of extra medical school places, additional medical schools, and expanding vocational GP training. The challenge for this growth is the low morale in the GP workforce; a feeling of being undervalued, a lack of trained GP teachers, and poor remuneration for teaching.^{2,3}

The teaching capacity of general practice is made up of several factors including: sufficient educationally experienced GPs, physical resources (eg. consulting rooms), educational resources (eg. internet access and a small library) and, in rural areas, accommodation and transport for learners. We report an exploration on the expansion of medical education in one well established training region.^{4,5}

Method

We used questionnaires and interviews to focus on specific emerging issues. Questionnaires were sent to all GPs in the local divisions of general practice, including rural public hospital generalists. We sought information about practice facilities, teaching experience, local estimates of the capacity to teach medical students and general practice registrars, perceived barriers to expansion, and how to overcome these barriers. The data were content analysed to derive themes for interview exploration of perceived barriers to expansion and how to address them. Interviews were conducted by telephone with a small sample of GPs chosen to represent urban and rural locations, and experienced and inexperienced GP teachers. Audiotapes of the interviews were transcribed before further content analysis.

Results

A total of 113 completed questionnaires were returned from 98 different practices and rural hospitals in the region (70%). A substantial expansion of practice based teaching was indicated (Table 1). Most

regarded teaching as an enjoyable and worthwhile activity. Eight selected GPs agreed to be interviewed. Themes arose from the analysis of both questionnaires and interviews (Table 2).

Discussion

We found substantial room but also significant barriers to expand medical education. The policy of proposed medical education expansion must be tempered by these constraints.

Although many GPs enjoy teaching, despite relatively poor remuneration and overwork, expansion may not be sustainable beyond a certain point. We believe the teaching role needs to be professionalised; remuneration for teaching increased, more and better targeted teacher training, and assistance to provide additional doctors and physical facilities. Payment of teaching infrastructure grants should be considered for teaching practices (similar to the funding of teaching hospitals). These grants could fund the construction of dedicated clinical teaching facilities in larger rural communities (shared by local practices), and portable clinical teaching facilities in smaller com-

munities that cannot sustain teaching either all year or every year. The lack of accommodation for learners, including those with partners and families, requires collaborative funding initiatives. The lack of trained GP teachers can be addressed in part by targeted, flexibly delivered teacher training programs. However, the poor workforce situation in rural and remote communities presents a major barrier to expanding quality teaching in those communities. Until a more stable remote workforce is recruited, remote supervision may allow registrars to be placed, and trained to work, in those communities.⁷

Implications of this study for general practice

- New policy is set to expand teaching in general practice.
- Substantial potential exists to expand this at both undergraduate and postgraduate levels, but there are major barriers.
- Overcoming these barriers requires substantial funding and innovative solutions to professionalise the teaching role of GPs.

Conflict of interest: none declared.

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Table 1. Geographic distribution of returned questionnaires

Area	Responses	n (%)		
		Current teaching accreditation	Student capacity current (new)	Registrar capacity current (new)
Urban*	37	25 (68)	23 (8)	18 (4)
Rural**	52	17 (33)	19 (21)	19 (15)
Remote†	9	1 (11)	2 (5)	0 (3)
Total	98	43 (44)	44 (35)	37 (22)

* Townsville and Cairns (RRMA 2 and 3)⁶

**Mackay and coastal rural communities (RRMA 3, 4 and 5)

† Western Qld and Cape York communities (RRMA 5 and 6)

Table 2. Themes arising from thematic analysis of questionnaires and interviews

Theme	Sample comments
Educational resources	<ul style="list-style-type: none"> • Most have a practice library • Most have access to the internet • Few have broadband internet • Few existing teachers feel the need for additional educational resources
Barriers to expanding teaching in general practice	<ul style="list-style-type: none"> • Excessive workloads • Insufficient time • Loss of income • No room for a learner • No accommodation (rural practices) • Lack of a permanent workforce to supervise (rural practices) • Lack of education skills • Previous bad experience with poor registrars or students • Patient resistance • Insufficient patient numbers (especially small remote sites in summer) • Insufficient advance notice of possible placements
Strategies to address barriers	<ul style="list-style-type: none"> • Increased financial incentives • Manage the supply of registrars to local needs • Assistance in adding a consultation room for registrars • Building accommodation for registrars and students • Addressing needs of partners and families for longer placements in rural and remote communities
Supervisor training needs	<ul style="list-style-type: none"> • Training in how to be an effective teacher or supervisor especially in the rural and remote communities

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