

Innovation at Bega

Building careers in General Practice and Rural Generalism

Solving Australia's GP crisis and rural doctor crisis will depend in large part on attracting a greater proportion of medical students and junior doctors to a career in general practice or rural generalism. One innovative training model currently operating in Bega, on the south coast of NSW, is achieving exactly this desired outcome. Associate Professor Katrina Anderson explains why.

Medical intern training right across Australia is extremely hospital-centric, with junior medical officers (JMOs) having little exposure to chronic disease or continuity of care with patients. In 2017, as both Associate Professor of General Practice at ANU medical school and Chair of the relatively new Canberra Regional Medical Education Council, I was in the right place to secure support for a new internship model focusing more on general practice.

The Rural Junior Doctor Training Innovation Fund (RJTIF) offered a unique opportunity for innovation in a rural setting at that time, so we created a model mixing general practice and emergency terms together over six months, as part of a one-year internship in a rural hospital. The aim was to give JMOs a longitudinal experience with patients and with their GP supervisors/mentors.

Applying the model in Bega

South East Regional Hospital (SERH) in Bega has traditionally had medicine and surgical interns rotating from Canberra Hospital for three-month placements. Under the new model, interns spend a full year in Bega, where they undertake general medicine, general surgery and a six-month combined term of general practice and emergency. The interns can also undertake two more terms at the Bega hospital in their PGY2 year, then rotate back to Canberra Hospital for a tertiary emergency term and paediatric term.

The model's unique innovation is the combined six-month general practice/emergency term: two interns undertake the six-month term together, swapping between general practice and emergency. Before COVID they swapped halfway through the week; since COVID they swap on alternate weeks.

Twenty JMOs completed the placement from 2018 to 2022. The GP component of the model is currently being funded under the John Flynn Prevocational Doctor Program (previously RJTIF).

Intern Interviews

In 2021, to assess how well the model was meeting its aims, I interviewed eight of the 12 interns who completed the general practice/emergency term from 2018 to 2020 [click on this link to see the full evaluation report <https://www.health.act.gov.au/sites/default/files/2023-06/An%20innovative%20longitudinal%20rural%20internship%20in%20Bega%20An%20evaluation%20of%20the%20program%20from%202018-2021.%20AndersonK.%20Reid%2C%20MA.pdf>]

These interns found their six-month longitudinal rotation to be a rich experience and reported enjoying doing the work of 'real doctors' – diagnosing and managing patient care. They were able to build continuity of care with patients in general practice and learn about managing chronic disease. They first saw some of these patients in emergency, which created continuity of care across tertiary and primary

health services for both the patients and the interns. The development of skills and knowledge in both settings was complementary.

The six-month relationship with GP supervisors allowed the interns to develop mutual trust, demonstrate their development as clinicians, and show improved performance. They also reported that the variety of work during the term led to job satisfaction and reduced burnout.

Of the eight JMOs interviewed in 2021:

- Six had either cemented their plans for, or changed course to, or a career as a rural generalist doing a mixture of work. One had decided to train locally and stay.
- One JMO who had previously not been keen on general practice had decided that becoming a GP was a good option.

Of the four JMOs from the 2018-20 group that I did not interview in 2021:

- three have decided to continue their career in rural general practice
- one has decided to do ophthalmology.

I think the length and variety of the six-month experience led to people changing their career path to rural generalism, as it can take some time for interns to feel confident and comfortable in a role. The interns got to see GPs walking the extra mile and admired this; they also came to understand the benefits of seeing patients in general practice rather than a hospital.

The quotes below, from the eight interns interviewed in 2021, demonstrate the multiple benefits created through longitudinal intern placements in general practice – in this case in a rural setting.

Continuity in patient care: interns developed a better understanding of chronic disease and how to manage the patients' journey over time.

- “GP rotation is the best. I learned a lot more about being a doctor in that environment than being an intern on the ward. I enjoyed seeing the progress of patients' illnesses and making decisions about them over a period of time. In my GP practice, the supervision was excellent and everybody was very helpful and supportive, and there was just so much learning about being a doctor. The GP part was definitely the highlight of my year – I didn't actually expect this but every time I was in general practice for half the week, I really loved it.
- “Being in general practice for at least six months was fantastic because I got to see patients over the course of that time, see them for everyday care, and build relationships with those patients. I got to see what happened to patients after discharge and over a long period of time and that was great.”

Stronger relationship with GPs: Interns built excellent relationships with GPs; GPs' mentoring roles sustained over the whole year; GPs' connection with patients and community modelled the deeper parts of being a rural GP.

- “The doctors were great. I love that as an intern you could develop relationships with the doctors, but particularly with the GPs, who we were connected more closely with because we worked with them for six months. Even in a small rural hospital, you don't connect with doctors as well as we did to the GP supervisors.”

- “The GP supervisors got to know me really well over six months and trust me. My GP supervisor would often debrief me about challenges in ED and help to normalise and manage the stress of medical practice. Having a long-term relationship with them was so helpful. I felt respected in my general practice experience and part of the team.”

Better integrated primary and tertiary care: *Mixed GP-ED term enabled excellent clinical skills development and better integration between primary and tertiary care.*

- “The exposure to general practice as an intern made me a better hospital doctor. In the hospital there is lots of GP bashing from people who don't understand general practice and the context; having been there and worked there helped me as a hospital doctor not to have this attitude. For example, I understood how important it was to communicate with GP's, how important a discharge summary is as I had been on the other end seeing a patient who didn't have one, so the GP experience helped me to create better discharge summaries and do better handovers.”

Greater breadth and depth of learning experience: *Longer placement in a rural hospital and general practice gave interns a well-rounded experience and encouraged independent thinking.*

- “I loved going to work, particularly in my GP/ED term, as you could work independently and be thrown in to the deep end and this accelerated your learning.”
- “Good independence of practice because there is less registrar supervision in a rural hospital; you develop skills because you are asked to do things.”
- “In a rural hospital you get to think outside the box because you have less access to resources and you can't just order a bunch of tests, so you learn to really think about what you need to do to solve the patient's problem. This happened in the hospital and the general practice, as the issues are the same in a small town.”

Positive connection with community: *several interns reported the connections with the local population as one of the advantages of the placement.*

- “I loved being in a rural region because I joined local netball team went to the beach and it was nice to connect with the community.”
- “I really enjoyed being part of the community and got to know people well; as a doctor I was known as an individual by other doctors and the community.”

Orientation toward generalism: *the longer term confirmed GP or rural generalist as the best career options for the interns.*

- “The internship confirmed for me that I want to be a rural GP. Initially I had thought that I would do emergency but I really liked the slower place in general practice, and I liked building a connection with patients. So for me, as a result of this internship, I am keen on being a rural generalist and doing general practice as well as emergency.”
- “The term has definitely influenced me to do rural GP and ED mix as a rural generalist. Before this term I wasn't sure but now I am very open to doing ACRRM or RACGP. I think I do need to go to a larger hospital to get some skills in my PGY 2 year to make me more confident to be a rural generalist.”

- “The general practice experience, and being a real doctor, helped me to think about general practice as a career, whereas before that I was thinking about specialty training.”