

GP training term attracts interns to Hornsby hospital

Hornsby Hospital: GP Unit

Aim: To provide quality clinical training in general practice for students, junior doctors and registrars, delivered by a multi-disciplinary healthcare team.

Context: The Hornsby GP Unit is located in the grounds of Hornsby Hospital in Sydney and has a second site at Brooklyn, on the Hawkesbury River. While its GPs and other staff are NSW Health employees, the unit has been running for many years with an exemption from the Commonwealth that allows its doctors to charge patient services under Medicare.

Key partner organisations: Hornsby Hospital, North Sydney Local Health District, Primary Healthcare Network, Macquarie University, Sydney University, District Aboriginal Health Unit.

Context for training: The Hornsby GP Unit functions as a normal general practice open to the public, while providing education and training in general practice at all levels, from undergraduate to specialist. It is the prevocational GP training term, in particular, which is a rare training opportunity in a metropolitan area. [Prevocational GP training in rural areas is also scarce, but more likely to be available due to dedicated funding e.g., the John Flynn program].



KEY CONTACTS

Dr Penny Browne (GP) and Dr Liz Marles (Director)

Hornsby GP Unit, Hornsby Hospital

Value proposition for the hospital: The GP unit was initially set up to provide training in general practice at a time when there was no formal GP fellowship program. Its survival over several decades has depended on demonstrating to successive managers of Hornsby Hospital the value of continuing to fund a service which extends into areas of Commonwealth responsibility.

The value proposition for the hospital lies in the unit's provision of:

- quality training of future doctors
- accessible community-based programs and health services that reduce pressure on its hospital services through preventative care and chronic disease management
- a bulk-billing health service for hospital staff.

Prevocational training: The Hornsby GP Unit trains about five junior doctors per year – down from ten per year when the PGPPP¹ supported GP placements. The opportunity to do a GP term during prevocational training is a recognised drawcard for Hornsby Hospital in attracting interns. Some graduates know they want to specialise in general practice, while others haven't decided on a specialty and opt for Hornsby to find out more about it.

It is the prevocational GP training term, in particular, which is a rare training opportunity in a metropolitan area.

The Director of the Hornsby GP Unit, Dr Liz Marles, and long-standing staff member, Dr Penny Browne, are well aware of the impact that quality GP prevocational training can have on subsequent career choices. In 2010, they presented the findings of a research survey sampling 60 junior doctors who completed their GP training term at the Hornsby Unit in 2005. The survey showed that:

- at the beginning of the term, 42.5% of the trainees nominated general practice as their career preference
- at the end of the term, 72.5% of these trainees nominated general practice as their preferred option
- in the follow-up survey four years later (2009):
 - 72% of the respondents were undertaking or had completed GP training
 - 89% of the respondents stated that their term at the GP unit had influenced their choice of training.

"You need to have GPs who are absolutely passionate about GP education and who have experience in education. If you don't have that as a fundamental then it won't work, because it won't add value for the hospital, and it won't sell primary care as a career."

Dr Penny Browne



Photo: Team members at Hornsby GP Unit

¹ Prevocational General Practice Placement Program (PGPPP)

Undergraduate training: the Hornsby GP Unit also provides placements for medical students from Sydney and Macquarie universities.

- Year 4 students on four-week placements.
 Students do parallel consulting, aged care visits, and time with the practice
- Year 2 students on shorter placements, sitting in with the GPs and meeting practitioners from other disciplines (e.g. paediatrician, Aboriginal District Unit nurse).

Innovative community clinics: By drawing together multiple funding strands, both state and federal, the GP Unit has been able implement several innovative community-based clinics.

These multidisciplinary clinics often treat patients from the local area who might not otherwise be access timely medical care.

- Aboriginal Health Clinic: a collaboration with the Primary Care Health Network, Macquarie University, plus providers of other services including optometry, hearing and legal aid. Two full-time nurses are provided by the district Aboriginal Health Unit.
- Mental Health Clinic for patients with chronic conditions (e.g. schizophrenia, bipolar disorder) requiring medications.
 This clinic acts as an engagement process for a group that is typically very difficult to engage with general practice; patients can see the GP at any time and are reconnected to the hospital in case of an acute episode.

 Diabetes Clinic: at Hornsby for Aboriginal patients, and at Brooklyn (25Km from Hornsby), where many patients are isolated as they live on water-access-only properties.

It's not only about having a diversionary strategy for ED.

We are doing chronic disease management, mental health management, preventative medicine, and caring for all the complex, vulnerable patients.

We are looking after people for whom, at the moment, it's almost impossible to find a private general practice to look after them – because they are complex, because they don't have much money, and become sometimes they are a 'no-show'.

Dr Liz Marles

medicaldeans.org.au



+61 2 8084 6557



admin@medicaldeans.org.au



Suite 2, Level 5, 210 Clarence Street Sydney, NSW, 2000