

MEDICAL SPECIALTY DECISION MAKING STUDY

Summary Report- February 2020

Background

There are currently a number of issues facing medical workforce planning and distribution in both primary and tertiary care within South Australia, which affect service delivery to South Australian rural communities.

Over the past two years GPEX, the South Australian provider of the Australian General Practice Training (AGPT) program, has experienced an overall decline in the number of applicants for the AGPT program. This decline in applications is more noticeable for the rural pathway of the AGPT program; with a 28% decrease in rural pathway positions filled between 2016 and 2019. Currently general practice registrars in rural South Australia make up approximately 25% of the medical workforce and with the declining numbers of applications for the rural pathway, this percentage will decrease, affecting service delivery to rural and remote communities.

Within South Australia there are also difficulties recruiting general practitioners (GPs) to work within rural and remote areas. The GPEX Graduate Tracking Study shows that 39% of GPEX graduates are retained in rural general practice. Notably, the study indicates that 20% of these graduates who were retained in a rural location had completed their AGPT program on the general pathway. Therefore, it is important that we consider that applicants to both the general and rural pathway are potential future rural workforce. Hence, with the reduction of registrars wishing to train in rural and urban South Australia it can be expected that rural general practice vacancies will continue to be impacted.

In order to address the challenges we need to begin by better understanding when, how and why doctors are choosing their specialty and location of future practice. Previous research has identified a number of factors that influence specialty career choice. These can be broadly categorised into four groups: personal characteristics, professional/work characteristics, training experience and lifestyle. However, there is a lack of current research in the South Australian context on the perceptions of rural general practice and general practice, as well as the factors affecting this career choice.

The aim of this study was to understand the perceptions of rural general practice and general practice in comparison to other specialties and the factors that influence career decision-making for medical students, prevocational and vocational trainee medical officers. This will assist to understand why applications to the rural pathway and general practice training more broadly are decreasing.

Method

The study was conducted in two parts and used a mixed methods approach.

Part one: Contextual factors

Part 1 focused on the contextual factors that may be impacting on general practice and included: a literature review, an environmental scan (including data analysis¹) and a stakeholder discussion.

¹ Data was analysed from the Medical Education and Training dataset, the AGPT Registrar Satisfaction Surveys and GPEX applicant data in order to identify any relevant trends.

In order to explore the contextual factors identified, a ‘round table’ discussion with the project Steering Committee was undertaken. Results from the contextual analysis were presented to stimulate discussion. The Steering Committee included those involved in medical training at South Australian universities, GPEX, Rural Clinical Schools, the South Australian Medical Education and Training Unit and Rural Support Services, South Australian Department of Health and Wellbeing.

Part two: Perceptions and decision-making

Part two focused on exploring the perceptions of rural general practice and general practice by medical students and medical trainees through focus groups and a survey.

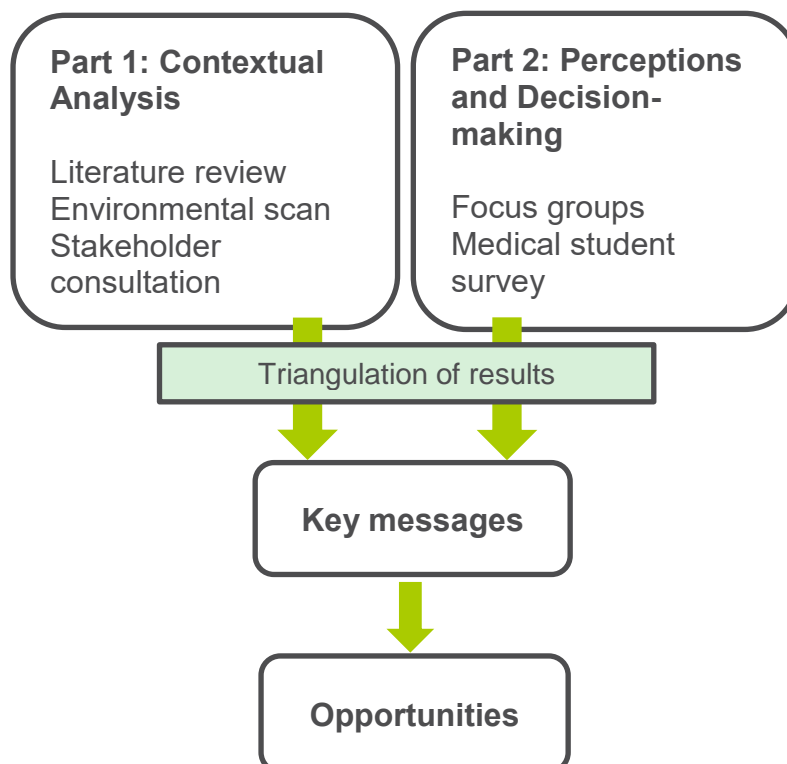
Focus groups were organised to engage participants across each section of the medical training pipeline: medical school, pre-vocational training and vocational training. Ten focus groups were conducted, with 96 participants across all groups (Female- n=46; Male- n=50).

The focus groups explored participants’ perceptions of rural general practice and general practice as a career, what factors are important when deciding on a specialty, what influenced their decisions and what could be done to make rural general practice more attractive to medical students and junior doctors.

In addition to the focus groups, a survey of final year medical students (at both Flinders University and The University of Adelaide) was undertaken. The purpose of this survey was to gain the views of rural general practice and general practice from a larger group of students than those within the focus group and to allow for triangulation of data. The survey was disseminated to 269 final year medical students; 145 at the University of Adelaide and 124 at Flinders University. Valid responses were received from 57 medical students, giving a response rate of 21.2%. This is a similar response rate to the 2019 MSOD by final year medical students.

Results from part one and part two of the project were triangulated to generate key messages and identify opportunities (see Figure 1).

Figure 1. Overview of mixed methods approach and synthesis of results.



Key messages

A number of key messages were identified from this study. Many of these messages were repeated across the different data sources, giving a strong and coherent narrative that can be used to develop solutions and begin to address the issues facing rural general practice and general practice.

The results describe the elements to consider in formulating future strategy including: important contextual factors, current experiences and messaging associated with rural general practice and current perceptions which impact on decision-making.

Key messages from this research are presented in Figure 2. This figure shows that when deciding on a speciality, doctors have specific criteria they are using to guide their choice (decision criteria). They rely on their knowledge and perceptions of that specialty to determine how well the specialty aligns with the criteria they are using to make their choice. This process determines a 'goodness of the fit', and results in a specialty decision.

Perceptions of a specialty are informed by the context, but are formed through the lens of the doctor's own experience with that specialty and the messaging they receive about it. Because people's behaviour is based on their perception of what reality is, and not on reality itself, it is important to gain an understanding of these perceptions. This knowledge can be used to influence the messaging and experience, and ultimately to change perceptions.

Figure 2 outlines key findings from both parts of the research, and organises these findings into:

- Context: Key elements of the context that should be considered in determining solutions.
- Experience and messaging: Important considerations regarding doctors' experiences of and messaging received about rural general practice and general practice.
- Perceptions: A summary of the key positive and negative perceptions of rural general practice and general practice.
- Decision-making criteria: A summary of some important criteria used to make a specialty career decision.

Contextual factors

The environmental scan identified a number of contextual factors that contribute to a medical student or medical trainee's perceptions of rural general practice and general practice. These included:

- The corporatisation of general practice;
- The business model of general practice and the effect of government policy on this such as the Medicare freeze;
- The current models of rural training and practice; and
- Increasing competition from other specialities for trainees traditionally entering general practice.

Stakeholders also discussed the perceived changing generational needs of medical students and prevocational trainees, such as increasing need for connectivity, decreased confidence and possibly resilience.

In addition to these, the changing profile of medical students and applicants to vocational training is also contributing to the current situation. The changes having an impact are:

- A decreasing proportion of female medical students;
- A decreasing pool of PGY2 trainees in SA to source future general practice registrars;
- A decreasing proportion of female graduates entering general practice vocational training, with an increasing proportion of females in other vocational training programs such as paediatrics;

- A decreasing proportion of medical graduates in SA over the next few years; and
- A substantial decline in GP registrars reporting previous experience in general practice at a prevocational training level.

All these factors combine to influence applications to general practice vocational training and particularly the rural training pathway, and should be considered when developing strategies.

Experience/messaging

In addition to the contextual factors, experiences and messaging about rural general practice and general practice are also having an impact on career decision-making.

A key message from the focus groups and final year medical student survey was that prior experience within general practice was an important pivot point in specialty decision-making. The survey indicated that exposure to the specialty was one of the key factors impacting decision-making.

Focus group respondents highlighted the importance of experience of a specialty in the decision-making process and the variability in quality of these experiences. They discussed both positive and negative experiences, which influenced specialty choice. "someone who had a GP placement that all they saw was patients with chronic fatigue syndrome".

Regarding rural general practice and general practice, the following issues were highlighted:

- The experience needed to be authentic, particularly for medical students;
- A variety of experiences which showcase the positive aspects of general practice and dispelled the myths is recommended; and
- The importance of the supervisor and the positive or negative impact they could have on the experience and the specialty choice.

The contextual analysis emphasised the reduced opportunity for prior experience within general practice, particularly at a prevocational training level. In addition, the survey found that a substantial proportion of respondents had not received communication about general practice from ACRRM, RACGP and/or GPEX. While this may be because these organisations cannot easily access these students, or because students they had chosen not to participate in any of the opportunities provided, this is an area worth reviewing. With a lack of exposure and information, this means that perceptions about general practice could be based on negative messages received within the hospital system and media, rather than first-hand experience. The messaging around a specialty gained from family, peers and the public were also important in influencing career choice. The study found that:

- Attitudes of peers to rural GP and particularly general practice were negative, creating a culture that general practice was a 'fall-back' specialty not the preferred specialty; and
- Participants perceived that the media and the professional organisations also conveyed a negative message, such as a '*specialty in crisis*', which makes it appear a less attractive career choice.

Overall there was a concern from the stakeholder group that the current messaging around rural general practice as a career was confusing. There are a number of different organisations involved in marketing general practice, but there is no co-ordinated message. This is made more complex due to the many different training options for a career in rural medicine, which may not be well understood. In addition, the concern was raised that we have been promoting the 'super doctor', not the breadth of rural general practice, which may be an unattractive career for some.

Perceptions and decision-making criteria

The survey and focus groups provided insights into how medical students, prevocational and vocational medical trainees perceive rural general practice and general practice. These insights can be used to address negative perceptions and promote positive aspects of these specialities. Perceptions of general practice more broadly are used as a point of comparison to identify features, which are seen as similar or different. This will assist to target messaging.

There were a number of positive perceptions which can be promoted to challenge and/or reframe negative perceptions. Rural general practice was perceived as an interesting specialty, with diverse career opportunities, offering challenging work, with a procedural component, having a mix of practice and hospital work, and giving a sense of agency. Focus group participants discussed rural general practice as providing an opportunity to 'make a difference' in a rural community. This was in contrast to general practice more broadly.

"I'd be bored if I had to work in the city....in rural ... you have to deal with everything".

(General practice registrar)

Both rural general practice and general practice were perceived as providing versatile work and flexibility.

Negative perceptions must also be understood in order to target strategies, experience and messaging. The negative perceptions of these specialities are summarised below.

Long working hours:

- Flexible working hours was one of the most highly rated criteria used to inform medical specialty decision-making. However, rural GPs were seen to work long hours.

Mundane and patient churn:

- Clinical problem-solving was one of the most highly rated criteria used to inform medical specialty decision-making. The perception of general practice broadly was that it could be mundane, repetitive and boring, with lots of menial administrative tasks. *"people are like I want a sick note or I want a referral to see a real doctor"*;
- This contrasts to rural general practice, which was seen to be challenging work, an interesting specialty, providing versatile work, a mix of practice and hospital work, and giving a sense of agency. *"I'd be bored if I had to work in the city" , "in rural ... you have to deal with everything"*; and
- It is important to ensure messaging confirms the positive clinical and cognitive aspects of rural general practice and general practice more broadly, so we do not lose potential future rural GPs because of the perception of mundane clinical practice.

Partner work opportunities:

- Compatibility with family life was also a most highly rated criteria used to inform medical specialty decision-making. While rural GP was seen to be compatible with family time there was seen to be a lack of partner employment opportunities. *"My husband works in the city and I don't think he'd be able to get a job in a regional town"*.

Professional and social isolation:

- Teamwork opportunities was one of the most highly rated criteria used to inform medical specialty decision-making. However, rural general practice was seen to be a profession which was professionally and socially isolating. This was seen by medical students through the survey as the most common disadvantage of rural general practice, and was also a theme in the focus groups. There was a perception that rural GPs had quite a high level of risk and low level of

support. “...So, the idea of being the only kind of GP doctor that out there you do something wrong, like that's quite scary.”; and

- There were two kinds of rural, one being remote and one being much closer to a major city, with the latter being less socially isolating and able to maintain relationships with family and friends.

‘Specialty in crisis’:

- Rural general practice was seen as a specialty in crisis by medical students with high workloads, lack of resources and lacking respect from some colleagues.

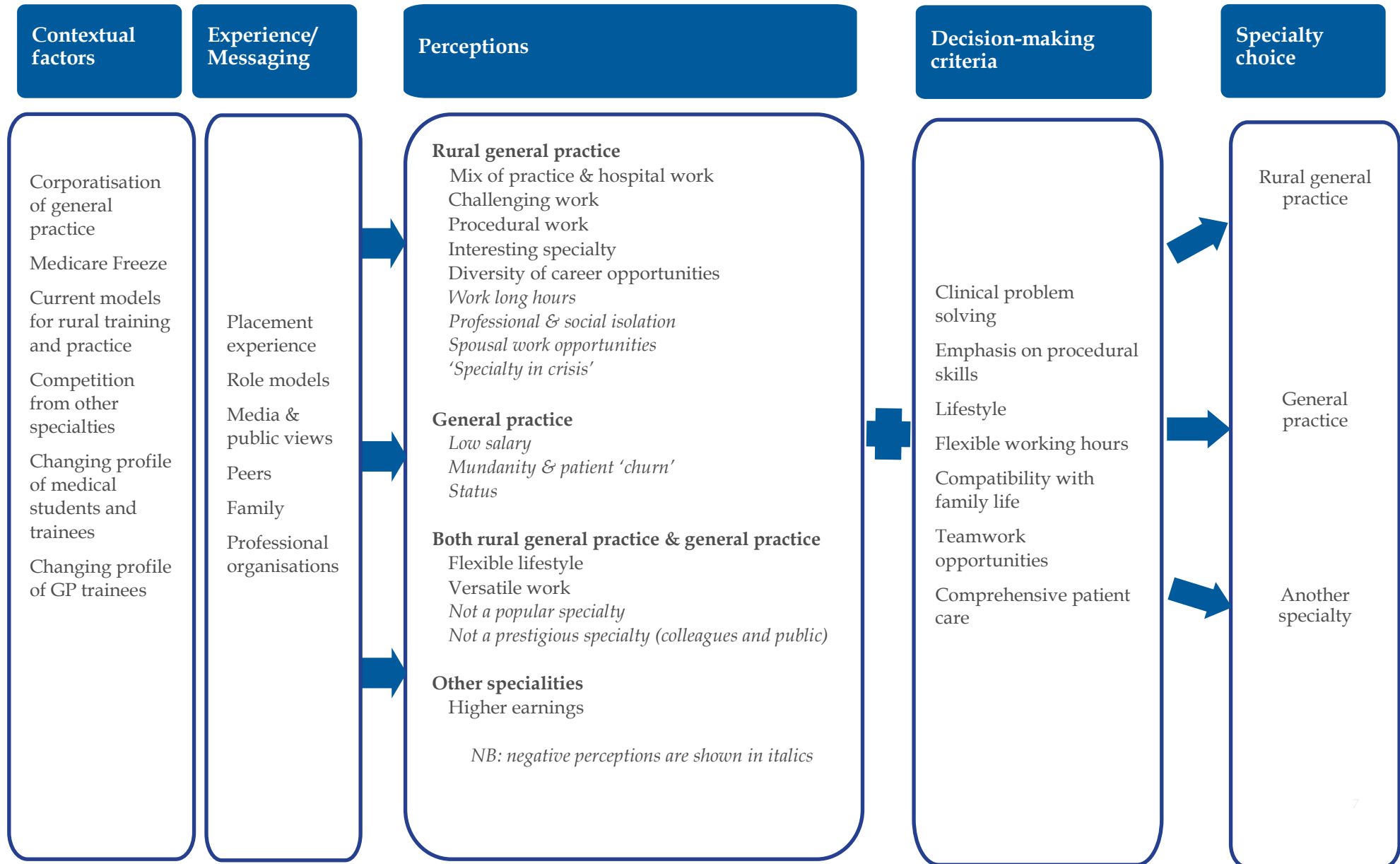
Low salary:

- GPs were perceived as earning significantly less than other specialties. “...one of the GPs there sat us down and went through the economics of being a GP in Broken Hill, where you don't do hospital cover, and at the end of the day you were earning less than minimum wage.”;
- While there were also confused views on what GPs earned, there was a general perception that the number of hours GPs worked, the depth and breadth of their knowledge, and the training required, was not financially rewarded; and
- A lack of career progression opportunities was also noted by medical students within the survey as a disadvantage of rural general practice.

Low prestige and status:

- Overall there was a clear theme across the survey and focus groups regarding the low status of general practice. Participants talked about: *‘just a GP’*, *‘the slack way out’* and *‘the easy way out’*. General practice was not a popular or prestigious specialty, despite being ranked in the top three specialty choices by medical graduates in Australia in 2018; and
- General Practice was talked about in a gendered way as *‘women’s work’*. It was viewed as a career choice for females who were expected to spend time with children and have a less demanding job. “Even without kids as a female ‘so you’re going to do GP? No, I want to do surg, Oh okay you know what that involves?’”

Figure 2. Summary of the key messages from the research.



Opportunities

Opportunities were also identified which draw on suggestions from the participants themselves as well as arising from a synthesis of the results. Opportunities identified by the participants include:

- Create more flexible work arrangements including job sharing

This idea addresses the concern that rural training and general practice can be socially and professionally isolating. Having a peer to work alongside in a rural setting could alleviate the sense of isolation and overburdening responsibility discussed in the focus groups. It was also suggested that job-sharing could involve fly-in-fly-out arrangements. This would involve GPs working, for instance, on a week-on-week-off shift arrangement, affording a continuum of care for the community, but allowing the GP to remain connected to their social networks.

- Promote rural general practice early in medical school

Many participants noted that rural general practice had much to recommend it, and a more systematic introduction to the specialty could enhance its competitiveness in the specialty decision-making process. For some, this also included a more significant grounding in rural general practice work. Better communication in medical school of the realities and opportunities of training and working rurally was considered worthwhile. This aligns with feedback from the survey, which indicated a number of respondents had not received communication about general practice.

- Review rural placement process

Some participants felt a rural general practice training placement that was in a single rural town could be beneficial. In addition, giving more choice over rural placement locations and reducing the number of towns in which registrars needed to work, were both considered important facets of improving rural general practice recruitment. This is a perspective of some participants and it should be noted that this does not consider the equity of distribution of workforce across rural and remote South Australia, or the needs of the GPs, general practices, hospitals or rural communities. While this model may not be the norm, it could be considered as an option, but would need to incorporate safety netting for registrars, supervisors, practices and the community.

- Increase opportunities for and enhance quality of early general practice experiences

The general practice experience was perceived as pivotal to specialty decision-making. Poor quality medical school placements which were mundane, lacked quality supervision, and did not give the student an opportunity to experience the diversity of general practice were often denoted as the turning point that took participants away from the idea of choosing general practice as a specialty. Medical student and prevocational placement quality is important to attract applicant to rural general practice.

- Improve information regarding remuneration

Remuneration is a factor in the medical specialty decision-making process. Our data suggests that there may be a significant degree of misinformation circulating among students and trainees, which is arguably influencing decision-making. Participants recommended more clarity be provided over what a GP could be expected to earn, so they could make an informed decision. It was also recommended that working conditions should be changed so they are more comparable to those found for hospital-based vocational trainees (e.g. leave entitlements).

- Improve information regarding support for partners.

For participants with partners, a chief barrier to going rural was the problem of what their partner was going to do for work. Participants were unaware of support for partners to find work and suggested that an agency be set up to support partners. It was thought this barrier might be partially remedied by the job-sharing and fly-in-fly-out strategy already discussed.

In addition to the opportunities provided directly from the focus group participants, a number of additional opportunities emerge from a synthesis of all data. These include:

- Develop strategies to change messaging around negative perceptions of general practice (e.g. professional and social isolation; status of general practice; “women’s work”, remuneration etc);
- Reinforce the positive aspects of rural general practice through messaging, especially those that are key decision-making criteria for specialty choice (e.g. an interesting specialty, with diverse career opportunities, offering challenging work, with a procedural component, having a mix of practice and hospital work, and giving a sense of agency);
- Work towards a coordinated approach to messaging about rural general practice and training that provides a clear message and avoids confusion;
- Build resilience and skills in medical students and prevocational rotations so trainees feel more confident to practise rurally;
- Significantly increase the number of quality general practice placement opportunities – with particular emphasis on prevocational years to improve confidence for entering rural practice;
- The PGPPP model should be considered in developing prevocational rural general practice placement opportunities, ensuring there is a clear linkage between the prevocational doctors and the RTO;
- Manage ongoing quality placements which reinforce positive elements of general practice, within both medical school and prevocational years;
- Prioritise rural general practice placements for those who have stated an intention to work rurally in the future.
- Use rural exposure to provide the opportunity to build agency² and develop confidence and skills;
- Share the outcomes of this research with GP role models and work together to reframe communication;
- Strategies developed must take into consideration the effect that contextual factors may have and explore opportunities for influence, advocacy or change; and
- Changing trends in the profile of medical students, prevocational trainees and vocational trainees should be considered in developing and targeting strategies.

Conclusion

This project has drawn together findings from a contextual analysis, focus groups and a survey to better understand the perceptions of rural general practice and general practice in comparison to other specialties, and the factors that influence specialty decision-making for medical students, junior doctors and specialists in training. Triangulation of results across the project showed strong agreement, which assists to strengthen the overall key messages and combat the limitations of individual study parts. The final model of specialty decision-making highlights the important contextual information, experiences and messaging, perceptions and decision-making criteria being used to inform specialty choice. This information can be used to understand why applications to the rural pathway, and general practice training more broadly, are decreasing. Finally, the opportunities presented should be used to generate discussion and inform future strategy.

² Agency means to have independence and control over the decisions one makes.

Acknowledgements

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