The financial costs and revenue associated with teaching and supervision in General Practice

Executive Summary

Aim and Objectives

Teaching practices and supervisors are critical in General Practice (GP) training. However, recent surveys indicate that 83% of supervisors are not satisfied with current financial support, and those planning to retire cited frustration with administrative arrangements and poor financial return. Previous studies found that practices have not been adequately compensated for teaching. However, these studies are dated, and GP training has changed considerably.

This project aims to better understand the sustainability of GP supervision in General Practice by determining the financial costs and revenue associated with teaching and supervision. The research questions were:

1. What are the teaching and supervision activities currently occurring within GP training practices?
2. What are the financial costs and revenue of teaching and supervision in General Practice?

Method

This study used a mixed method design to address the research questions, with three interrelated parts.

- Part 1: Stakeholder interviews- Interviews were undertaken nationally with General Practice (GP) supervisors (n=9) and practice managers (n=9). Interviews focussed on: the types of direct and indirect teaching and

Overall, this ranged from a net financial loss of $52,760 for a practice hosting a full-time GPT1 registrar for six months, to a loss of $23,900 for a practice hosting a full-time GPT4 registrar for six months. The cost modelling shows that rural practices have higher net financial losses compared with urban practices. The greatest costs for teaching practices were the time spent by the GPS on direct teaching activities (this ranged from $43,998 for GPT1- $28,814 for GPT4). The other large cost for the practice was the opportunity cost of using a room for GPR training (this ranged from $35,344 for GPT1- $21,972 for GPT4). The highest revenue to the practice was the registrar income (this ranged from $46,862 for GPT1- $60,234 for GPT4). It is acknowledged that this cost model did not include a portion of practice running costs, which may result in an underestimate of cost to the practice. However, this model did include an opportunity cost for the practice, which estimated income foregone by hosting a registrar rather than a GP. It is acknowledged that this may not always be a real cost because there are likely examples where a practice was unable to fill the consulting room used by the registrar with another vocationally registered GP.

There was wide variation in time invested and other costs reported by the practices within both the interviews and the survey. Costs vary depending on the GPR, the practice and training context. Understanding the actual cost to any practice would need to be calculated on an individual practice and placement basis.

While participants flagged the non-financial motivators to teach registrars, such as fulfilling the love of teaching and gaining satisfaction from investing in the next generation of GPs, participants also flagged questions around sustainability of teaching. This was particularly apparent for those practices that did not retain GPRs after training, which is perceived as a longer-term benefit of the investment in training.

Financial and emotional investment in GPR training were both discussed. There was a low level of satisfaction associated with current financial support across practices and questions raised about practice sustainability. All interview participants felt that practices and GPSs wear costs for unfunded activities and resources. From the survey, 71% of GPSs and 46% of PMs indicated the teaching allowance was inadequate. Sixty-four percent (64%) of GPSs and 38% of PMs indicated the practice reimbursement was inadequate. Rural GPSs and PMs were more dissatisfied with the current payment scheme.

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