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

In order to explore the contextual factors identified, a

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

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

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

Teamwork

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.

<u>'Specialty in crisis':</u>

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.

<u>Low salary:</u>

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

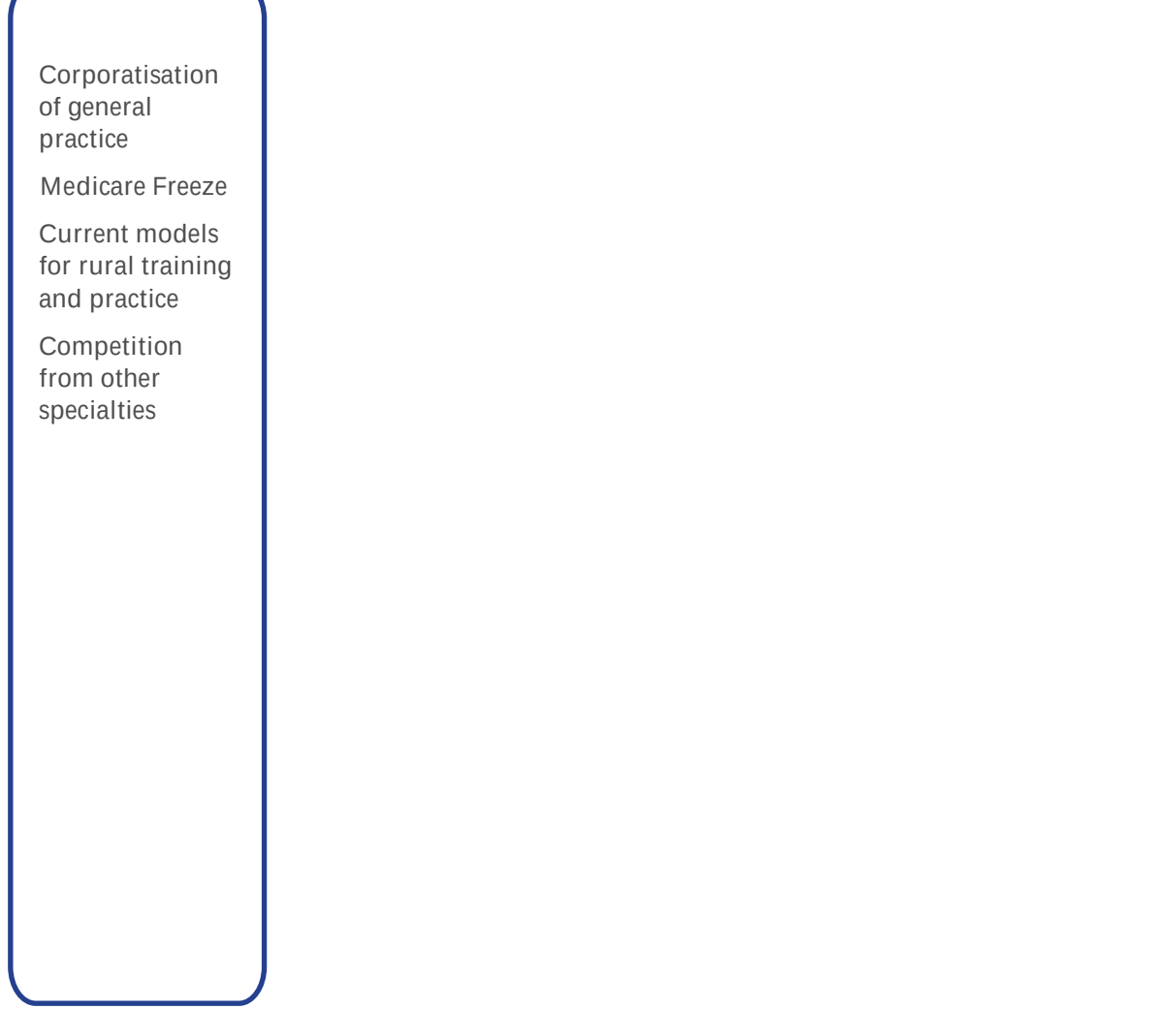
A lack of career progression opportunities was also noted by medical students within the survey as a disadvantage of rural general practice.

<u>Low prestige and status:</u>

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

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 mode

Acknowledgements

This report provides a short summary of some key messages from the full report, which will be available in January 2020.

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