

# The benefits for house surgeons of a three-month rural general practice run:

## First responses from a longitudinal study of rural trainees

John D Pearson MSc, M.Ed. Admin, Education Officer, The Royal New Zealand College of General Practitioners



Correspondence to: [jpearson@rnzcgp.org.nz](mailto:jpearson@rnzcgp.org.nz)

### ABSTRACT

#### Introduction

The Postgraduate Rural General Practice Education Programme, funded by the Clinical Training Agency beginning in 2002, is run by the Royal New Zealand College of General Practitioners to promote rural general practice as a rewarding career option. Each year of the programme, 20 junior doctors have spent three months in a rural general practice. This study reports on the first stage of a longitudinal study of trainees' career plans. The data for the study comes from a free-response questionnaire administered at the end of the attachment.

#### Results

Thirty-six of 53 trainees replied to the survey with 31 indicating they were either in general practice or in-

tending to train in the registrar programme. Recurrent themes reported by these doctors were to the effect that they valued working with committed rural doctors, experiencing a breadth of clinical cases with greater continuity of patient care, and living in a rural community. Trainees also reported a greater understanding of rural general practice, and identified the need for effective GP-hospital communication and the importance of communication skills generally. Trainees also reported the positive influence the attachment had on their further learning and career plans.

#### Key words

Rural GP training, career plans, vocational education

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### Introduction

The Postgraduate Rural General Practice Education Programme (PRGPEP) in New Zealand, which began in 2002, provides a three-month run in a rural practice setting for postgraduate year two and three hospital doctors (PGY2/3). The programme is run by the Royal New Zealand College of General Practitioners. It aims to expose them to rural general practice, rural medicine, and training outside the hospital setting. It has been suggested that these experiences influence the future career plans of junior doctors with increased numbers choosing rural general practice.<sup>1,2,3</sup>

Undergraduates from medical schools in New Zealand have the opportunity to experience several weeks of rural medicine during their intern training.<sup>4</sup> The PRGPEP programme builds on this experience. The principal objective of the programme is similar to that of rural placement programmes in Australia, that of 'providing a high quality and positive training experience in a rural community practice for junior doctors prior to vocational training'.<sup>5</sup>

The Clinical Training Agency, which funds the programme, has a

clear rationale for the programme in the funding specifications.

*'There is currently a widely acknowledged shortage of GPs in rural practice. Providing trainees with experience in a supportive rural practice will ensure trainees are better prepared, and more fully understand the special needs of practice in a rural area.'*<sup>6</sup>

The objectives of the training programme include:

- Promoting rural general practice as a viable and rewarding career option
- Appreciating patient content in rural settings

- Acquiring further medical knowledge and expertise.

During the three-month attachment, there is a planned emphasis on patient-centred medicine. Trainees are expected to see a diverse range of patients with a greater level of personal autonomy and responsibility for patients than in hospital settings. These experiences are designed to improve their understanding of primary care, and the importance of an effective GP-hospital interface. The attachment includes quality teaching in rural general practice from an accredited teacher, and protected time for study and learning.

The design of the programme builds on the experiences of overseas providers in running pre-vocational programmes, for example, general practice attachments in Great Britain.<sup>7,8</sup> There, significant general practice experience for house officers resulted in gains in understanding of primary care, an increase in the breadth of clinical experiences, and an opportunity for greater responsibility and independence in decision-making. Rural training initiatives in Australia also yielded increases in self-directed learning and skills development. Rural terms were considered a good introduction for those considering general practice and *'even more beneficial for a doctor who will go into specialist training, who can then appreciate the role of the general practitioner and the importance of assessing and managing patients in the context of their social circumstances.'*<sup>9</sup>

While the programme here has been evaluated for effectiveness in providing a *'high quality and positive training experience'*,<sup>10,11</sup> no study has been done on the influence of the PRGPEP experience on trainees' decisions regarding their future learning plans and careers. This study aims:

- To identify influential factors of the programme that change the trainee's thinking about primary care and medical practice;

- To follow the vocational education and career progression of PRGPEP trainees for the next five years, particularly in relation to their selection of general practice and, especially, rural general practice positions.

This paper takes its focus from a comment made by one trainee:

*'It was a great experience. I think more PGY2s should have the opportunity to do this even if they don't pursue this as a career as it gives them a good insight in general practice, which is often lacking during undergraduate years.'*

### Methodology

Survey questionnaires are routinely administered to all PRGPEP trainees. Trainees complete a beginning survey covering their expectations for the attachment, perceptions of clinical preparedness, anticipated learning experiences, and indications of anticipated career plans.

The second survey is the trainee's evaluation of the programme. It covers whether the programme met the trainee's expectations, any significant learning experiences, perceived barriers to working rurally, and an indication as to whether they would consider working in rural general practice in the foreseeable future. The first two surveys use a mixture of Likert scales and open response questions.

Trainees are also asked for permission to track their career plans over five years (from February 2005). Where such permission has been given, a third survey will be sent out within six months of their finishing the attachment. The survey asks trainees to reflect on the highlights of their experiences, particularly their thinking about rural practice. They are also invited to examine their medical practice when back in a hospital setting and note ways in which their practice might have changed and shaped their future learning and career plans. A further yearly survey will be sent to each participant until a definite career choice is identified.

This paper is based on responses to the third survey from the trainees who had completed the programme by November 2005.

### Results

All 53 former trainees were initially emailed a post-attachment survey. Trainees who did not reply within a fortnight received a letter and a printed survey. Thirty-six completed surveys (68%) were received. Another three replies were received from family members indicating that the doctors were working in Europe.

The questions are listed below and each is followed by responses.

#### ***Where are you working now? What are your career intentions over the next five years?***

In February 2006, 22 of the trainees reported they were either working as GPs having gone through registrar training or were about to enter training. Fourteen trainees were currently working in hospitals. Nine of these 14 trainees intend to join the GP registrar intensive clinical training programme once they have gained further hospital experience. The combined figures show that 31 (86%) of the respondents were in general practice already or intended to enter.

The career intention of all the trainees is not known. In a revised initial survey, however, 15 of the last 17 trainees (88%) indicated that general practice (10, 59%) and rural general practice (5, 29%) was their most likely career.

#### ***What stands out as a highlight of your experience?***

Trainees supplied 44 responses (some were multiple responses) with four main themes. The largest number (17) noted the opportunity to work alongside and receive teaching from knowledgeable others. Comments include:

*'Working with friendly, hard working doctors who enjoyed the varying challenges that rural general practice brings';*

*'Working with my teacher who has been looking after the rural community for 15 years.'*

Trainees welcomed the chance to see a wider variety of clinical cases than seen in hospital, and several (9) coupled their responses with comments about the opportunity to have some 'continuity of care' for patients, for example, they valued:

- *'Exposure to a wide variety of acute and chronic cases';*
- *'The wide range of medical issues I had to deal with';*
- *'Ongoing care management not seen within hospital';*
- *'Gaining confidence to deal with problems not encountered as a house surgeon, in close 1-1 situations';*
- *'The opportunity to manage my own patients over many consultations.'*

A number of trainees also commented on the benefits of being in the rural environment, for example, they enjoyed:

*'The small practice setting as opposed to hospital';*

*'Living in a small community and getting to know the patients and their families.'*

Two trainees also commented that the attachment was an 'excellent way to experience general practice as a junior doctor and to "try before you buy"'

### **How has the experience changed your thinking about rural general practice?**

Trainees supplied 35 responses with four main themes. Nine responses wrote specifically about the work as giving them:

*'The realisation that the on-call burden is not as high as I had originally thought';*

*'Participation in rural after-hours cover [which] helps break down fear barriers';*

*'A true understanding of how challenging a job it is, day to day.'*

Six responses were positive in other ways about the job.

*'It is far more interesting, challenging, rewarding, and financially viable than I thought previously.'*

*'It showed me that you can be in rural general practice, enjoy the benefits of rural practice, but still have a good lifestyle.'*

Seven responses referred to the nature of the work involved and the distance from base hospitals.

*'I now realise that rural practice is very different to urban in that rural GPs see medicine that is more acute and the very nature of being distant from secondary services affects everyday decision-making. Rural GPs must be multi-skilled and take on more responsibility I feel.'*

*'I now have a much greater appreciation and respect for the breadth of clinical skills and experiences that rural GPs need in order to manage both acute and chronic medical problems.'*

Ten responses related to career options.

*'Firmed up my thinking re pursuing general practice.'*

*'I enjoyed the period and accepted to go back and work as rural GP.'*

*'I have a lot of admiration for rural GPs who have to tackle any acute situation, whether trauma, medical, obstetrics. It has influenced me to become a rural GP registrar.'*

### **How do you think the experience changed your medical practice when back in a hospital setting?**

Trainees supplied 42 comments on four themes. Of these, six trainees noted that the question was not relevant to them as they had gone straight onto the registrar programme at the end of their attachment.

Nine trainees indicated that the rural experience assisted them in planning future learning experiences in hospital, for example:

*'Made me focus on learning skills and knowledge that would be helpful for rural work';*

*'I have chosen my runs since then to optimise my experience before I enter rural practice. For instance I*

*have done paediatrics and a lot of ED work.'*

Twelve trainees indicated that the experience gave them a greater understanding of the importance of full and timely communication with the patient's GP. They also indicated how it had changed their hospital practice and their understanding of the GP's role. Comments include:

*'I have a much greater appreciation now for the challenges and difficulties GPs have with working within the public system and interacting with hospital colleagues/access to specialist input. This will forever make me more tolerant of GP requests!'*

*'I appreciate the value of communicating with GPs more when in a hospital setting, having experienced how difficult it can be with lack of hospital information';*

*'More aware of how to organise GP follow-up from hospital – what things I can do to make it easier for the GP.'*

An important theme was recognising the importance of good patient relationships. Ten responses were received identifying changes in the trainee's understanding and behaviour in this area.

*'I pay more attention to my relationships with patients, I take more interest in arrangements post-discharge.'*

*'In the hospital setting you only get a glimpse into the patient's life, whereas in general practice you have continuing contact and can do longitudinal follow-up. I am more aware of the social and other personal factors, which can influence their medical condition and treatment.'*

Six trainees indicated how the experience had changed their personal practice and identified growth in their personal skills, in being a doctor.

*'It improved my confidence in dealing with patients and their medical problems and improved my communication skills/autonomy'*

*'Increased confidence, more practical approach, less reliance on multiple investigations.'*

### **What influence did the experience have on your future learning plans?**

Twenty responses were received. The rural experience clearly assisted trainees in setting future learning goals. These ranged from planning to do specific hospital runs for gaining experience, to enrolling in post-graduate diploma study. Comments include:

*'Showed me that I didn't know everything and that general practice is so varied – affirmed that I needed further study';*

*'It encouraged me to gain more experience in adult acute medicine as I can see the direct application and need for this in rural general practice in particular. It also helped to appreciate the need for ongoing learning/keeping up to date, and the use of the Internet as a valuable learning aid in remote places';*

*'Helped me decide it would be useful to have emergency skills and knowledge so I undertook the Diploma in Community Emergency Medicine through Auckland University.'*

### **What influence did the experience have on your future career plans?**

Thirty-six responses were received to this question with the majority of trainees indicating how the experience had positively influenced their career plans. Fourteen of the early trainees were in fact working in general practice after having gone through the registrar programme. Many others had already decided that they were going to be general practitioners and the attachment had confirmed their decision, for instance:

*'Was convinced that I had made the right choice having applied for GP registrar position';*

*'The rural GP scheme gave me an opportunity to have more insight into the day-to-day life of a GP. Overall it affirmed my decision';*

*'I wasn't sure that general practice would be for me but now it's definitely what I want to do.'*

Fourteen trainees indicated that as well as general practice, their positive experience had them contemplating rural general practice now or in the future. Comments include:

*'Definite plans to incorporate work at a rural practice once registrar year has finished';*

*'It was a well supported introduction to general practice and feel that it will encourage participants (including me) to pursue general practice';*

*'I had not particularly entertained rural GP as a career but now I am strongly interested in pursuing this.'*

Two other trainees indicated that it helped them decide on a future career that was likely to be in emergency medicine.

### **Discussion**

Participants are not encouraged to self-select for the programme (there is no vigorous promotion<sup>†</sup>). It would appear from the numbers that have gone on into GP training and into general practice that the programme has assisted in promoting rural general practice as a career option. Most trainees indicate they have heard about the programme from colleagues who 'recommended the programme very highly'. The response to the attachment indicates a greater understanding of rural general practice and the viability and rewards of rural service.

Trainees indicate that much of their enjoyment of the attachment has been in working with hardworking, supportive teachers who enjoy prac-

tising medicine in rural communities. Role modelling is seen as a powerful influence for career choices with an understanding of and support for professional practice in rural communities, important for all trainees.<sup>12</sup>

The Medical Council report on their experience of training interns in general practice settings.<sup>13</sup> They note that: 'on returning to the hospital environment, interns:

- were better at communicating with general practitioners, and made it a higher priority
- focussed more on continuity of care
- involved the family more effectively.'

Trainees reported on how their thinking and behaviour had changed in ways that reinforce these statements. They became more aware that the hospital systems were a small part of the health system overall, and that general practitioners had a major role in patient health care. They realised that with full and timely communication with the patient's GP, better health outcomes resulted.

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Trainees commented extensively on their new understanding of the importance of patient relationships and treating patients within a context of family and community. They identified a growth in their confidence and in

their communication skills.

Trainees noted that they were less reliant on medical tests when back in the hospital setting and took greater responsibility for their work. According to this group of participants, the three-month period gives trainees an exposure to a diverse range of patients not often seen in hospital settings.

<sup>†</sup> The programme is not promoted vigorously as we have only 20 places annually. In my opinion, early findings indicate that this figure might be usefully increased for trainees in rural practice.



Whether or not young doctors go into general practice, the experience would appear to improve their medical practice. For some trainees this would be their last chance to experience general practice before settling into a hospital career.<sup>14</sup> It also means that rural patients who have to attend hospitals for secondary care are more likely to receive care and attention that acknowledges their rural background. As a prospective

psychiatric registrar noted, *'This is a great opportunity to see how mental health clientele are managed in the community.'* Comments like this strengthen the argument that all junior doctors would benefit from a three-month rural run.

### Acknowledgements

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### Competing interests

None declared.

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## The Making of the Self-Reliant Physician: Medical Education in Iceland

*'The importance of students taking these positions cannot be understated. Although two thirds of the Icelandic population live in Reykjavik, approximately 110,000 people live in small towns and isolated fishing villages, scattered around the perimeter of the island. These people are cared for by physicians and nurses who work in state-funded Health Care Centers distributed throughout the country. Each of these centers is required to provide on-call services 24 hours a day, seven days a week throughout the year. Some of these centers have more than one doctor, but more than half of them do not. In fact, 55% of the Health Care Centers in Iceland are run by either a single doctor or a community nurse. Although these centers are usually located in isolated towns with populations numbering in the hundreds, the strain of being the sole care provider on call every day of the year can be overwhelming. "I would burn out if I tried to be superman," explained one country doctor with whom I spoke. "It can be hard, finding a balance."*

*To relieve these doctors, fifth-year medical students in Iceland are offered paid positions to take over their responsibilities during the summer months. Although these students have undergone their primary set of clinical rotations, these summer clerkships are often their first experiences to practice independently. Taking on this level of autonomy can be a daunting prospect; however, it is something that is encouraged and supported within the Icelandic medical culture.'*

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