

GP placements in rural, regional, and remote practices: perspectives of supervision teams

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Background

- There is increasing demand for general practitioners (GPs) and rural generalists (RGs) to meet regional, rural, and remote healthcare needs.
- More practices are needed as teaching and learning hubs to train the next generation of GPs/RGs and safeguard future workforce sustainability.

Aim

To understand the perspectives of supervisors and practice teams towards medical learners on clinical GP/RG placements in regional, rural, and remote communities.

Method

- Monash University ethics approval #42111
- Online national survey May-June 2024
 - Attitudes (composite variable comprising four attitude items: 'worthwhile', 'not onerous', 'satisfying', 'not underpaid') and norms (perceived expectations about supervising/hosting) were assessed using 5 point Likert-type scales (1 = Strongly disagree; 5 = Strongly agree). Higher scores indicate more favourable attitudes/norms.
- Participants (N = 505; 56% women)
 - 369 GP supervisors
 - 136 practice team members (other GPs/RGs, practice managers and nurses, medical educators, ECT visitors)
- All Australian States/Territories were represented
- All MM1-7 locations represented; MM1=Urban; MM2=Regional; MM3-5=Rural; MM6-7=Remote

Results

Attitudes

- Attitudes towards medical learners were somewhat positive, with no significant differences between GP supervisors and practice teams, or practice location (Table 1).
- Attitudes towards medical students and AGPT registrars were significantly more positive than those towards prevocational junior doctors and non-AGPT registrars.

Table 1. Attitudes towards medical learners on placement

Attitudes	n	Urban	Regional	Rural	Remote
Medical students	450	3.2 (0.6)	3.3 (0.5)	3.3 (0.6)	3.4 (0.6)
Prevocational junior doctors	260	3.2 (0.5)	3.1 (0.5)	3.3 (0.6)	3.1 (0.5)
AGPT registrars	443	3.4 (0.5)	3.4 (0.5)	3.4 (0.5)	3.5 (0.5)
Non-AGPT registrars	211	3.0 (0.5)	3.0 (0.4)	3.1 (0.7)	3.2 (0.7)

Mean scores (\pm SD) 1=Strongly disagree; 5=Strongly agree

Intentions to supervise/host medical learners on placement

Intentions to supervise/host medical learners for the next 5 years varied as a function of the type of learner and rurality of the practice (Table 3).

- Generally greater intentions to supervise/host medical students and registrars
- Generally greater intentions to supervise/host in non-urban practices

Table 3. Intentions to supervise/host learners on placement for the next 5 years

Intentions to Supervise (GP/RG supervisors)	n	Urban	Regional	Rural	Remote
		% Yes	% Yes	% Yes	% Yes
Medical students	273	38%	50%	67%	92%
Prevocational junior doctors	279	16%	28%	30%	36%
Registrars	266	70%	70%	74%	92%

Intentions to Host (All respondents)	n	Urban	Regional	Rural	Remote
		% Yes	% Yes	% Yes	% Yes
Medical students	407	58%	66%	76%	87%
Prevocational junior doctors	374	10%	29%	42%	27%
Registrars	410	80%	87%	90%	92%

Discussion

- GP supervisors and practice teams generally have positive attitudes towards supervising/hosting medical students and AGPT registrars, but less so towards prevocational junior doctors and non-AGPT registrars.
- Supervising/hosting medical learners was generally perceived as the norm/expected, but less so for prevocational junior doctors and by those in urban practices.
- Past supervision/hosting experience was among the strongest predictors of intentions to supervise/host medical learners in the future.
- Future research is needed to understand the education/resource needs for supervising/hosting prevocational junior doctors to support the delivery of high-quality training in the future.

Norms/expectations to supervise/host medical learners

- In general, supervising/hosting medical learners was perceived as the norm, but significantly less so for prevocational junior doctors (Table 2).
- There were no significant differences in perceived expectations to supervise/host medical learners between GP supervisors and practice teams.
- Regional, rural, and remote respondents were significantly more likely to agree that supervising/hosting medical learners was expected compared to urban practices.

Table 2. Norms/expectations about supervising/hosting medical learners on placement

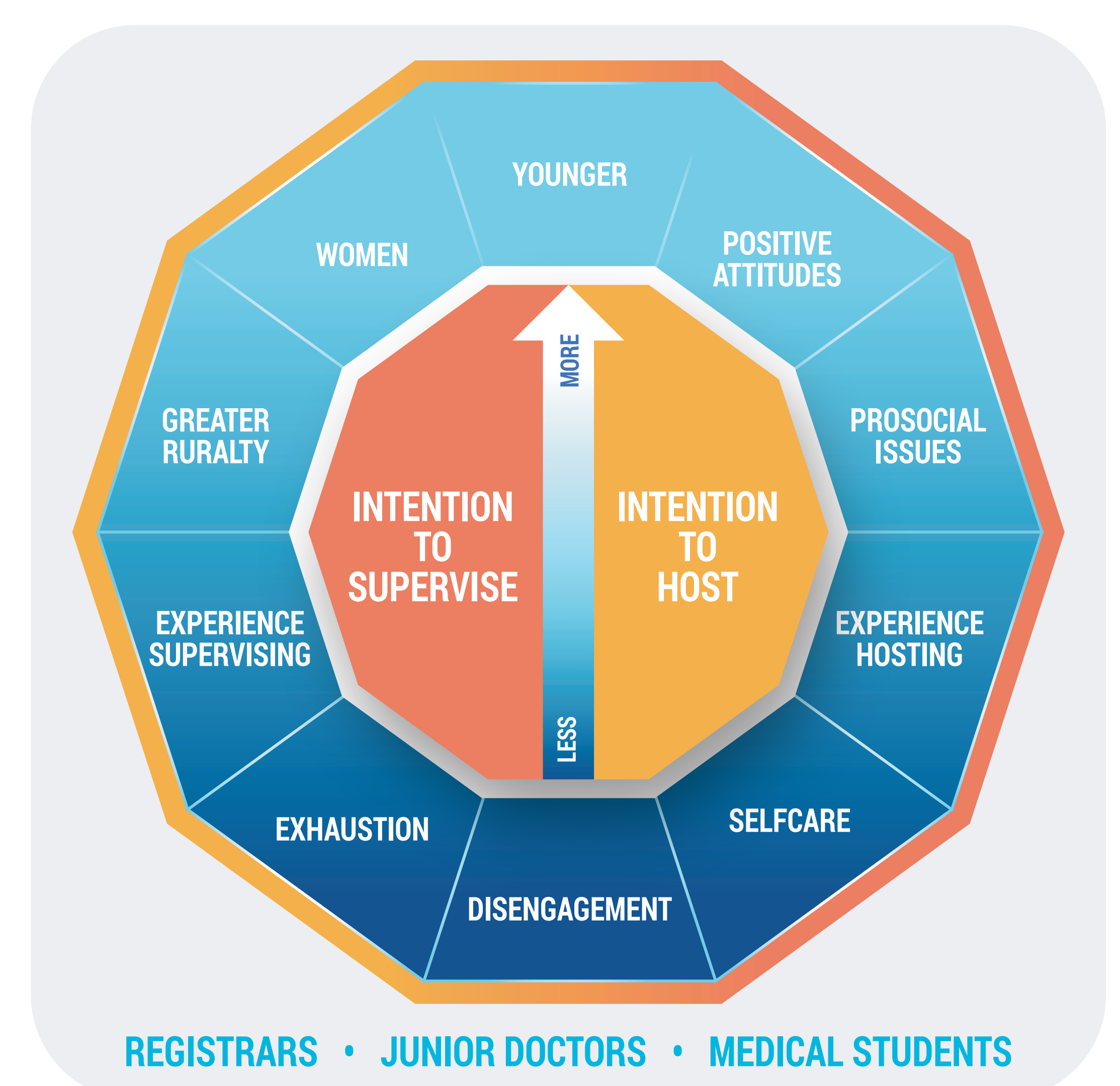
Norms	n	Urban	Regional	Rural	Remote
Medical students	454	3.7 (1.0)	4.1 (0.9)	3.9 (1.0)	4.3 (1.0)
Prevocational junior doctors	386	3.2 (1.1)	3.7 (1.0)	3.4 (1.1)	3.7 (1.1)
Registrars	461	3.8 (1.1)	4.1 (1.0)	4.1 (0.9)	4.4 (0.7)

Mean scores (\pm SD) 1=Strongly disagree; 5=Strongly agree

Predicting intentions to supervise/host medical learners on placement in the future

Six logistic regression models were performed to explore intentions to supervise or host medical students, prevocational junior doctors, and registrars in the future. Across the models, specific predictors varied in relation to supervising or hosting learners, as well as the type of medical learner (see Figure 1 for a summary). Higher selfcare was associated with greater intentions to host, but lower intentions to supervise. Higher exhaustion was associated with lower intentions to supervise prevocational junior doctors, but higher intentions to supervise medical students.

Figure 1. Intentions to supervise/host medical learners in the future



REGISTRARS • JUNIOR DOCTORS • MEDICAL STUDENTS