

Community engaged GP training. Does it make a difference?

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Much effort and funding is spent on GP training in Australia but there is little data on how GP training in rural and remote areas impacts communities. Since 2001, the Australian General Practice Training (AGPT) program has required at least 50% of general practice training to occur in rural areas despite lack of information about the effectiveness of rural training. A study conducted by a new RTO, Generalist Medical Training (GMT), part of James Cook University's (JCU's) College of Medicine and Dentistry, aimed to identify aspects of GP training which have impacted rural/remote registrars' experience, their supervisors, training posts/practices, and the local community. Perspectives were obtained from 37 semi-structured interviews with 14 GP registrars, 10 supervisors, and 13 practice managers. This presentation focuses on the community impact of training and supervising GP registrars in rural and remote areas of north-west Queensland. The primary themes extracted from the data relate to the perceptions of doctors' contribution to underserved communities and community expectations of the medical workforce. Rural and remote communities hold three main expectations of the medical workforce: 1) Patient-Centred Care; 2) Preventive Care and Continuity of Practice; and 3) Quality of GP registrars and supervisors. It was also identified that registrars and supervisors who uphold these expectations are involved and invested in the community and in their role of being a trusted "family doctor". Effective and well-focused training is also said to impact positively on registrars' learning by enhancing their scope of practice, their feeling of accomplishment, and resilience. As a whole, community involvement and investment also enhances medical reputation and morale amongst doctors and community members. Further investigations are underway to explore how best to approach community engaged GP training.