

Wanted: Nearer peers for teaching and learning in general practice

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SHOULD MEDICAL STUDENTS in general practice only be placed with experienced general practitioners (GPs) or should they also work with, and learn from, GP registrars? The answer, from previous literature and our recent findings, is ‘Both’, with each offering different but valuable learning experiences. Establishing a model where registrars in training and early-, mid- and late-career GPs collaborate in the teaching of medical students creates teaching and learning synergies. Importantly, strengthening near-peer teaching and learning relationships in general practice could positively impact on general practice recruitment, retention and work satisfaction.

We know that medical students value general practice placements; many GPs cite positive student experiences as having influenced their career decision^{1,2} and students placed in general practice for longer periods are more likely to enter general practice training.¹⁻³ Universities are responding to the well-identified need^{4,5} to attract more medical students into general practice careers by embedding more general practice teaching in medical programs.^{6,7} To mitigate strain on the teaching capacity of general practices, we explored a more structured approach to consider whether GP registrar teaching of medical students should be implemented more widely.

Methods

In 2023 we piloted the placement of second-year medical students with GP registrars and specialist GP teachers/supervisors for seven weeks each, in a weekly half-day placement over 14 consecutive weeks. Of 30 eligible teaching practices, 27 students consented to participate.

Following a sequential consent process, we recruited seven practices where students, GP registrars, GP teachers and GP supervisors consented. Seven student-GP registrar pairs participated in the pilot and allowed us to dig deeper into the current barriers and enablers for near-peer teaching and compare the overall experience of students, GP registrars, GP teachers and GP supervisors through survey evaluation and participant (medical student, GP registrar and GP teacher/supervisor) focus groups.

Results

Our findings were consistent with other literature,⁸⁻¹³ suggesting that near-peer teaching and learning experiences in general practice are positive, and are summarised in Table 1.

Some of the highlights from our study were that GP registrars and GP teachers liked ‘sharing the [teaching] load’ and providing students with diverse learning experiences. Registrars viewed teaching as ‘giving back’, and part of their professional identity. They enjoyed the collegiality of working with students and found the students’ questions motivated their own learning and

consolidated their knowledge. Registrars desired more near-peer experiences with recent Fellows in their own training and welcomed students’ current knowledge of hospital contexts, from which they felt quite isolated.

Some GP teachers and registrars were concerned that less confident registrars might be overwhelmed by taking on teaching roles, especially early in their transition to GP training or during periods of more intense study for Fellowship examinations. One experienced supervisor commented that GP registrars tended to underestimate their knowledge and abilities, and that being ‘encouraged and empowered’ to teach built their confidence. The registrars in the pilot embraced teaching, found it valuable and enjoyed it. There was little appetite for mandating student teaching as part of GP registrar training, but facilitating this was seen as highly desirable.

The student learning experience with registrars differed from that with more established GP teachers, with more emphasis on accessing guidelines at point of care, fewer regular and elderly patients, less time pressure on consultations, more new and acute presentations and lower patient loads. Both students and registrars identified the value of students observing registrars seeking help. Students found the registrars’ clinical reasoning process more explicit and transparent, and found the established GP teachers’ prior knowledge of patients sometimes made it challenging to follow the consultation. The benefits of cognitive

Table 1. Benefits of general practitioner registrar teaching of medical students

Benefits for the student	Benefits for the registrar	Benefits for the GP supervisor	General benefits
Fosters more relaxed interactions as closer in age and stage	Aligns with teacher dimension of professional identity	Shares the teaching load within the practice	Fosters a greater teaching culture within general practice
Enhances learning due to social and cognitive congruence	Consolidates and refreshes learning	Enhances teaching focus within the practice	Positively impacts on GP workforce recruitment
Aligns with the student focus on assessment and learning outcomes	Reconnects registrar to university and hospital environments	Expands GP supervisor's perspective on teaching and vertical integration	Creates efficiencies through better use of an underutilised educational resource
Enhances student understanding of training pathways and associated requirements	Reduces sense of professional isolation	Develops the registrar's skills and learning	Improves student perception of general practice as a career
Exposes students to more explicit clinical reasoning and new/acute consultations	Enhances skills, knowledge and confidence	Provides novel insights into the registrar and medical student	Enhances collegiality between medical students, registrars and GPs
Demonstrates help-seeking behaviours of registrars with more experienced GPs	Broadens learning and repertoire of teaching skills	Enhances self-efficacy of registrar during training	Provides more diverse learning experiences for students and registrars
Models more consistent use of clinical guidelines at point of care			Provides opportunities for vertical integration of learning
Provides different types of consultations compared with more established GPs			

GP, general practitioner.

Box 1. Multilevel strategies to support general practitioner registrar teaching in general practiceActively promote a culture of teaching across general practice^{A-C}Facilitate near-peer teaching and learning across all stages of general practice training^{A,B}Aim, where possible, to create or adapt physical work environments to support teaching in general practice settings^AEnhance financial support and recognition of practice-based medical student teaching^EFor GP registrars who wish to participate in teaching, negotiate a comfortable teaching load and adjust teaching responsibilities during periods of additional pressure (eg Term 1 and proximity to exams)^{A,B}Provide training for GP registrars in teaching and mentoring skills^{A-C}Provide protected time and recognition for registrar teaching and peer educator roles, including delivering teaching to junior doctors and medical students^{A-D}Develop partnerships with universities and hospitals to increase opportunities for GP registrars to contribute to medical student and junior doctor teaching^{B-D}^AIndividual general practices.^BThe Royal Australian College of General Practitioners, general practitioner (GP) training organisations.^CGeneral practice departments within universities, medical schools.^DTraining hospitals.^EAustralian Government Department of Health and Aged Care.

and social congruence¹⁰ was evident, with students feeling more relaxed and connected to registrars through their more recent medical school experience, knowledge of hospital systems and training pathways, which gave students 'a better idea of where I'm at' in terms of career planning. Students appreciated the registrars' increased focus on student learning outcomes and assessment.

Discussion

Although the case for multilevel learning in general practice has been made previously, barriers have been identified.^{7,14} Some practices have been reluctant to place students in registrar consultations because of various concerns, including previous uncertainty about teaching payment eligibility, the perceived burden on registrars¹⁴ and a preference for students to learn from specialist GPs. Our study and previous studies suggest

that such hurdles are not insurmountable, and that with careful planning and support at practice, university, training college and government levels, they can be overcome.⁷⁻¹⁴ In Box 1, we make recommendations about strategies to enable GP registrar teaching to flourish within general practice.

Conclusion

As general practices welcome more medical students, the time has come to embed (but not mandate) near-peer work-based teaching and learning more widely across GP training. Although it is imperative to expose learners to more established practitioners, we believe that sharing this role with GP registrars creates many learning synergies, as well as spreading the teaching load. We should support and promote, rather than protect our learners from, nearer-peer teaching in general practice.

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Competing interests: None.

Funding: The pilot study was supported by a \$5000 grant from the Mayne Academy of General Practice, The University of Queensland.

Provenance and peer review: Not commissioned, externally peer reviewed.

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Acknowledgements

The authors thank Rory Melville, general practitioner and GP teacher, who contributed to the design of the pilot study. The authors also thank the Year 2 medical students at The University of Queensland, GP registrars, GP teachers and GP supervisors who participated in the pilot study and generously shared their experiences.

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