

Title: The views of newly qualified GPs about their training and preparedness: are there lessons for extended generalist training?

Authors:

Abigail Sabey, MSc, PGCE, BSc; Senior Lecturer, University of the West of England, Bristol.

Holly Hardy, MBChB, FRCGP; GP and Associate Postgraduate Dean, Severn Postgraduate Medical Education, Health Education South West.

Corresponding author:

Abigail Sabey, Senior Lecturer
University of the West of England
Faculty of Health and Applied Sciences
Alexandra Warehouse
Gloucester GL1 2LG
Email. Abby.sabey@uwe.ac.uk

The views of newly qualified GPs about their training and preparedness: are there lessons for extended generalist training?

Abstract

Background

General Practice is becoming increasingly complex from an ageing population with multiple morbidities and the shift of services from secondary to primary care, yet GP training remains largely the same. Extended training is now recommended, initially proposed as a fourth GPST year, but more recently as a broad based four year speciality training programme.

Aims

To explore the views of newly qualified GPs (NQGPs) about their training and preparedness for specific aspects of the GPs' role.

Design and setting

Qualitative study with NQGPs who qualified with Severn Deanery between 2007 and 2010.

Method

Semi-structured interviews with 18 GPs between November 2011 and April 2012.

Results

Gaining experience in a variety of primary care environments widens insight into patient populations as well as helping GPs develop adaptability and confidence, although this is not routinely part of GP training. Alongside variety, having continuity with patients in practice remains important.

Opportunities to be involved in the management of a practice or to take on substantial leadership roles also varies widely and this may limit preparedness and development of generalist skills.

Conclusion

Extended training could help prepare GPs for the current challenges of General Practice. It could ensure all trainees are exposed to a greater variety of primary care settings including those outside GP practice, as well as experience of business, finance and leadership roles. Collectively, these changes have potential to produce GPs with both generalist and enhanced skills, who are better prepared to work collaboratively across the organisational boundaries between primary, secondary and community care.

How this fits in:

What was previously known:

- General Practice is becoming increasingly complex yet there has not been any change in the length or nature of GP training, which remains the shortest Speciality training;
- There is a need to develop a flexible workforce which trains and works across traditional primary and secondary care boundaries;
- Knowledge about how well training prepares GPs for their role could help inform plans for extended training;

What this research adds:

- Extended training could ensure all trainees experience a wider variety of primary care settings as well as increased opportunity for involvement in the business aspects of practice including commissioning and leadership roles, improving preparedness of GPs;
- A mix of placements could help GPs get such variety but this must still allow continuity with patients and the opportunity to establish strong team relationships, both of which are valued by GPs and important for building generalist skills;
- Such changes could help GP trainees to develop the specialist as well as generalist skills expected of the future workforce.

Background

The job of a GP is fundamentally different to the one it was ten years ago. In the past decade, demographic changes, patient and societal expectations, medical advances and new technologies have all contributed to the transformation of the healthcare landscape, driving changes in health policy and healthcare systems towards expansion of community-based services as a means to improve health, raise quality and reduce costs of care.^{1,2,3} Where once GPs expected to work mainly in a single practice, which offered stability and continuity of colleagues and patients, newly qualified GPs may now work in a variety of settings that deliver primary care closer to patients. Furthermore, as well as looking after patients' health a GP must be competent in leadership and management of the organisations in which they work and added to this, are now involved in commissioning health services for their populations,⁴ further transforming the nature of GP work.

Aside from new national curriculum and assessment processes for GPs,⁵ as part of reform across postgraduate specialist training,⁶ GP training has remained largely the same with trainees completing a variety of hospital posts and an apprenticeship period in General Practice. Length of training has also remained the same despite an expanding curriculum and the ever more demanding and complex nature of the job. The recent *Shape of Training* review⁷ now proposes to overhaul the structure of all postgraduate medical training to ensure the medical workforce can meet the demands of a future NHS with fewer boundaries between sectors, bringing a focus on capabilities rather than competences. This includes the proposal for all specialist training to be a minimum of four years, which is in line with the recent RCGP recommendation to extend GP training with at least 24 months spent in primary care,⁸ which was accepted by Medical Education England, although funding for this remains uncertain. This study was carried out to explore the views of those who have recently qualified as GPs about their training and the findings may offer timely insight for those responsible for planning extended training.

Aims

The study sought to explore the views of NQGs about their training and experiences as newly qualified GPs. The data were collected as part of a wider study about preparedness for practice and commissioning.

Design and methods

This paper reports findings from a larger study whose methods have been reported elsewhere.⁹ In summary, a qualitative approach was taken given the aim of the study to explore personal experiences and views about GP training. Individual semi-structured interviews were chosen over focus groups to maximise the depth of discussion with each GP and capture the individual narrative of their early years in general practice. Telephone interviews were offered based on previous success with this approach with doctors, both in terms of increasing participation rates and achieving high quality data. The sample was drawn from 350 GPs who had qualified with Severn Deanery between 2007 and 2010 for whom records were available. GP trainees at the Deanery are comparable to trainees nationally in terms of gender mix but achieve higher than average recruitment scores and

MRCGP pass rate. Initial sampling was purposive, seeking a mix of gender, level of experience and geographical areas, with later selection being guided by data analysis.¹⁰

Data collection and analysis

18 interviews were completed; four with partners, eight with salaried GPs, and six with locum GPs. 12 GPs were female. This mix of roles and gender is typical of NQGs in Severn and reflects the national feminisation of the GP workforce. All participants opted for a telephone interview which lasted on average 46 minutes giving a rich data set. The topic guide was developed by the authors and reviewed by a service user involved in the wider project, to enhance the quality and relevance of the research.¹¹ An outline of the topic guide is given in Appendix 1.

A thematic framework analysis of the data was undertaken¹² supported by the use of QSR NVIVO (version 9). An initial coding framework was built up from the questions used as well as issues arising in discussion and this was applied to the first eight interviews. To enhance rigour, the authors examined three transcripts independently and identified overlapping themes, helping to confirm the initial framework. The service user, who had experience of coding, also reviewed a sample of transcripts, showing strong consistency in the interpretation of transcripts and the use of codes. The framework was applied to subsequent data allowing for further refinements, consistent with this approach to data analysis. Disconfirming evidence was sought throughout the analysis.¹³ In the coding of the final four transcripts no adjustments were made to the framework leading to closure of data collection.¹⁰

Findings

Theme 1: The value of variety

1.1 Working in different practices

NQGs place enormous value on learning the role of a GP through doing the job, both as a trainee and then in the early years of practice during which they begin to develop their generalist skills. This was a distinct theme in all interviews and these two GPs capture the strength of feeling:

"..there is nothing that can quite prepare you for how it is, you just have to do it I think." (P4, Partner)

"I think there are certain things you simply have to do. You can't learn to drive by learning the Highway Code." (P13, Salaried)

However, what adds real value to experiences in practice is variety. NQGs gain enormously from experiencing different practices, both as a registrar and once qualified, through locum or other short term positions. Variety helps not only see how other practices are run, but differences arising from geographical setting and social environment:

"..working in the rural areas is really different because geography makes such a massive impact on your decisions, whether to admit someone or not is suddenly not just clinical it's geography.." (P2, Locum/Mixed role)

"..it was a very deprived area and so the type of things that you see are different." (P27, Salaried)

Most had not experienced such variety until after qualifying, so having only worked in one type of practice as a registrar they were surprised by the contrasts and benefits:

"I thought I loved my registrar practice, I thought it was brilliant..but I am so glad that I have experienced other practices now." (P12, Salaried)

"I think what's amazing is how different, different practices are really in terms of the team feel, the patient population...I think it is really helpful just to see how different practices do things." (P7, Salaried)

Broadening experience in the GP role is clearly beneficial and in both clinical and non-clinical aspects helps NQGs ease into the job:

"..I am more confident because of working in some different places and having to deal with a little more..I feel better for it." (P8, Salaried)

1.2 Working in other primary care settings

Those who had experience of primary care roles outside GP practices also discovered how useful this could be. Roles mentioned included working in an acute GP support service based in secondary care triaging potential GP admissions; a referral management service

and prison work. Although this may be uncommon within GP training at present, some exposure to such roles can clearly be valuable for understanding the wider context of the role:

"..what was massively useful was doing..the acute GP service in which I try to keep patients at home using lots of community services. Now when I started this job I didn't know anything about it and now I know a lot more and that's really useful for my..other job in which I am a locum GP." (P2, Locum/Mixed role)

"It gives you a different perspective on different roles and expectations and demands of being a GP." (P28, Locum/Mixed role)

In addition to learning about the wider role of the GP and broadening perspective of the NHS, adaptability was felt to be a valuable:

"It is useful to perhaps move around a bit more...you then learn how to adapt to that and learn what it is you need to know" (P20, Partner)

Theme 2: Importance of continuity

Whilst NQGs can clearly gain from greater variety in GP training, continuity with patients is hugely important and remained a strong theme. For most, experiencing continuity with patients was a vital element of working in general practice, and also brings enjoyment and rewards:

"..the continuity of care is what I really like..." (P4, Partner)

"I would like to have some continuity with patients..I don't like going in, seeing a patient the one time, never being able to follow them up and check or that sort of thing." (P14, Locum)

Theme 3: Opportunities for management and leadership

There was a definite readiness among these NQGs for taking on management and leadership roles and this grows with experience in the job:

"as time goes on you feel able to devote some time to the other aspect, you know, the sort of business side of things and reducing referrals and thinking about how we plan services and things like that." (P1, Partner)

However, a key theme emerged around opportunity and how this can enhance or hinder the value of experiences in GP practice. Both as registrars and newly qualified GPs, opportunities to be involved in the business of managing a practice vary. Some practices enable involvement and have a more inclusive approach, compared to others where opportunities are limited. Where opportunity is given trainees benefit from the experience:

“when I was a trainee I did used to go to some of the business meetings in the practice as well as the clinical meetings and that was quite useful, even if I didn’t always understand exactly what was going on, to kind of get a feel for how QOF affects the partners or how they make decisions about hiring new practice managers.” (P1 Partner)

This GP’s experience is clearly in contrast to the one described below, consistent with others in this study:

“I was never invited to any partners’ meetings so I..had little handle on what they actually discuss, the way they resolve things, what were the issues that they faced?” (P28 Locum/mixed role)

There is evidently a lack of consistency in whether GP registrars are given opportunities to observe or participate in the business or partner meetings, meaning that some will enter their first posts with little or no understanding of managing a general practice, and this is a pattern that can continue once qualified. A lack of opportunity in leadership roles can be similarly disempowering, as for this GP who talked of not yet being involved in QOF:

“That scares me a little about being a partner.” (P26 Salaried).

Many seek to build relationships at work as a way to strengthen support with these additional parts of the GP role, developing skills around teamwork and delegation:

“I think I do OK because perhaps I have a good enough relationship with the people that I’m asking to help do the work...that makes it easier.” (P21, Salaried)

“..we’ve got a pretty good relationship with our nurses so they will help me out when they can.” (P13, Salaried)

As one NQGP suggested, a longer period of training could be helpful for giving more time for this type of work:

"..then in that last year of training you could take on more responsibility and you could take on more of a management role and a responsibility for QOF or something..I don't think a year as a registrar can prepare you at all for being a partner." (P12, Salaried)

Theme 4: Additional areas for GP speciality training

As implied in the previous theme, the data revealed some gaps in training relating to the running of a practice and being a partner. More insight into *'business skills'*, *'how a practice runs'*, *'how to run a business'* and how partnerships work, were all suggested as ways to enhance training:

"if you were going straight into a partnership that's a huge..knowledge gap that we don't really have any experience in managing..leading a team..." (P7, Salaried)

"..some people [fellow trainees] just had no idea that you even had to buy into a partnership.." (P12, Salaried)

The financial side of business and *'how practices actually gain their income'* seems a particular mystery:

"[at practice meetings]..if it's purely money I really feel out of my depth, I've got no idea about the finances of the practice." (P16, Salaried)

These NQGP's anticipated also that in future, GP training would benefit from addressing commissioning and this could fit as part of training around finances and structure of the NHS. Those who had experience of this kind found it very helpful:

"What this has done is really made me understand how the healthcare system works, how primary care works, how the changes are happening...you feel slightly more empowered which is really nice." (P2, Locum/mixed role)

Discussion

Summary and comparison with existing literature

The value of experience in primary care settings as part of the training for general practice is firmly endorsed by this study. Collectively the data support the grounds for extending GP training,⁸ to give more time for becoming prepared for practice and furthermore, suggest ways in which additional time could enrich the training experiences of GPs. These findings may also be helpful more widely for those planning ways to broaden training experiences for all doctors who need to be prepared to work across the boundary of primary and secondary care, to work in multidisciplinary teams and develop generalist, transferable competencies.^{7,14}

These GPs benefitted from working in a variety of primary care settings both in and outside practices, helping them develop adaptability and boosting confidence and skills. However, not all trainees experience variety and it could be beneficial to ensure greater variety in primary care training experiences, both in and outside practices, for all trainees. Rughani et al (2012) offer further support for this and highlight that a longer period of training would facilitate opportunities.¹⁵ Experience of working in different practices does not need to be extensive; a few months in other locations can be beneficial in seeing how different practices are run and can have other advantages such as insight into different geographical locations, populations and environments. In this way, training would broaden perspective of diverse populations and the social context of health, fitting with the ethos of medical generalism in helping to deliver 'whole person medicine'.¹⁶

For those who have opportunities to work in primary care *outside* GP practices, there can be additional gains in terms of understanding the wider NHS, its infrastructure and financing. Such experience could further help prepare doctors to work collaboratively across community and acute care settings.⁷ Alongside the benefits of variety, it is important to note the finding that continuity of patients remains important to GPs, consistent with other research^{17,18} and also central to the concept of medical generalism,¹⁶ which makes it essential that variety and continuity are appropriately balanced in training experiences. Whilst these may seem incompatible, agreed minimum placement lengths (such as a few months) across the various placements offered, could achieve this balance, fitting with the

expectations of GP trainees who cite continuity with patients in their top three reasons for choosing a career in GP.¹⁹

The importance of ensuring all trainee GPs are given opportunities for management and leadership roles is highlighted by this study and fits with the call for management placements during specialist training for all doctors⁷ and for leadership training for health professionals more generally.¹⁴ Experience of these roles during training varies widely and appears to be dependent on the management style and culture at the training practice. This means that some GPs enter their first posts in qualified practice with little or no understanding of managing a practice, the financing of healthcare, leading a team or quality improvement, potentially delaying involvement in these areas and making it harder to develop the skills necessary to take on a leadership role inside the practice or elsewhere. Furthermore, in time, the repercussions of a divide between those who are given such opportunities and those who are not, may be seen in a deepening of a 'two tier' culture in general practice glimpsed in this study and elsewhere.²⁰ Seeking good relationships and a team approach gives trainees support as well as honing team-working skills and Griffin et al (2010) have similarly highlighted the importance of 'meaningful long-term clinical relationships' for new GPs.²¹ Efforts to strengthen relationships between new and experienced members of the team and fully involve trainees in the wider primary care team and with outside organisations, will help them participate in team-based, integrated care. This, together with widening participation in business and leadership activities, could improve the experience, skills and knowledge of trainees, fitting with the aspirations of extended training and for a workforce with greater generalist skills.^{8,14}

Strengths and limitations

The study was set in one location and it is possible that GPs who trained in other areas have different views. However, the sample included NQGs working in a diverse range of communities including inner city with areas of high deprivation, more affluent urban and suburban areas, and rural areas with more mixed populations. The rich account of views obtained from this sample, the achievement of saturation and the consistency in the themes that emerged, further increases the confidence in transferability of these findings to NQGs nationally.

Implications for practice

Many of the themes above highlight the considerable potential of extended training. Firstly, this could incorporate greater variety in training experiences, widening insight into different patient populations and their geographical and social environments, and how these factors shape the work of a GP. A mix of placements in contrasting practices could achieve this, preparing trainees to care for a complex and diverse range of patients and deliver holistic care. Placements in primary care outside practices could also help broaden experience of care provision in other settings, as well as understanding of NHS infrastructure, financing, management and planning services, filling some of the perceived gaps in training and facilitating cross-sector working and collaboration. GPs can expect to work across a variety of settings and broader experience will help them prepare for this and develop a flexible approach to work. It is important, however, to be mindful that patient continuity emerged as a strong theme here, consistent with other research showing this as a 'core value' of GP work¹⁸ and essential to those considering a GP career,¹⁹ and this should feature in planning extended training, with agreed minimum placement lengths. Secondly, extended training could give greater opportunities for GPs to learn the full scope of the role and develop business and leadership skills before the end of training, ultimately producing professionals ready for the wide-ranging demands of the GP role as well as supporting the development of generalist, transferable competencies, seen to be essential for tomorrow's doctors.^{7,8,14} Given the findings about varied opportunities in management and leadership, practices could be supported in ways to involve and mentor trainees in specific roles and activities so that longer training improves preparedness of the workforce as well as enhances individual careers. Making a leadership project e.g. quality improvement, a recommended or even mandatory part of GP training, could be a way to ensure all trainees are engaged in such opportunities and develop an approach to lifelong learning.

A number of specific suggestions are offered that may help those responsible for planning extended training to realise these potential benefits (see Box 1). The findings may also apply to the development of both clinical and non-clinical CPD training modules and further research could usefully extend into innovative approaches to developing a GP career.

Box 1: Recommendations

- Provide GP placements of a few months in different types of practice during the period of training; in addition, provide opportunities to work some sessions in other settings outside GP practice;
- Trainees to have a mentor from within the practice and/or outside e.g. CCG/locality group, to support involvement in leadership activities, including a mandatory project in quality improvement or service development, as a requirement for CCT;
- Provide shadowing opportunities for all trainees to work with both clinical and non-clinical professionals involved in business aspects of practice management;
- Support practices with widening opportunities for newly qualified sessional doctors to further develop their generalist and enhanced skills and to be mentored by an experienced GP to help avoid a divide deepening between sessional doctors and partners. A toolkit has been developed for practices by Severn School of Primary Care, to support the personal and professional development of newly qualified GPs, which could help to address this;²⁰
- Develop opportunities for integration of training across different specialities as part of a broad based training. For example, GPSTs and specialist medical trainees working in community clinics e.g. psychiatry, paediatrics, and care of the elderly.

Funding

The larger study of which this was a part was jointly funded by Severn Postgraduate Medical Education, Health Education South West, and the University of the West of England, Bristol.

Ethics

The study was approved by the UWE Faculty Research Ethics Sub-Committee in July 2011 (HSC/11/7/68). All participants gave their consent to take part in the interview and were assured of confidentiality.

Competing interests:

None.

Acknowledgements:

We wish to thank the service user for her interest and input, and all participants who generously gave their time to be interviewed. We are also grateful to the peer reviewers who commented on an earlier draft of this paper.

References

1. Department of Health. *High quality care for all: NHS Next stage review final report, June 2008.*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf. (accessed 18/03/14)

2. Department of Health. *NHS Next stage review: Our vision for primary and community care, July 2008*. <http://www.nhshistory.net/dhvisionphc.pdf> (accessed 18/03/14)
3. Department of Health. *Transforming community services: Enabling new patterns of provision, 2009*.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093196.pdf. (accessed 18/03/14)
4. Department of Health. *Health and Social Care Act 2012*. London: Department of Health; 2012.
5. Royal College of General Practitioners. *Curriculum for Specialty Training for General Practice – The Core Statement: Being a General Practitioner, 2007*.
http://www.rcgp.org.uk/gp-training-and-exams/gp-curriculum-overview/~media/Files/GP-training-and-exams/Curriculum%20previous%20versions%20as%20at%20July%202012/curr_archive_1_Being_a_GP_v1_1_jan07.ashx. (accessed 18/03/14)
6. Department of Health (2004) *Modernising Medical Careers – The Next Steps*. London: Department of Health.
7. Greenaway D. (2013) *Shape of Training: Securing the future of excellent patient care – final report of the independent review*.
http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf. (accessed 21/03/14)
8. Royal College of General Practitioners. *Preparing the future GP: The case for enhanced GP training, 2012*. http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Case_for_enhanced_GP_training.ashx. (accessed 18/03/14)
9. Sabey A, Hardy H. Prepared for Commissioning? A qualitative study into the views of recently qualified GPs. *Educ Prim Care* 2013; 24: 314:20.
10. Green J, Thorogood N. *Qualitative Methods for Health Research*. London: Sage; 2004
11. Staniszewska S, Brett J, Mockford C, Barber R. The GRIPP checklist: Strengthening the quality of patient and public involvement reporting in research. *Int J Technol Assess Health Care* 2011; 27(4): 391-399.
12. Ritchie J, Spencer L, O'Connor W. Carrying out Qualitative Analysis. In: Ritchie, J. and Lewis, J.(eds) *Qualitative Research Practice: a guide for social science students and researchers*. London: Sage: 2003.
13. Huberman AM, Miles M. *The Qualitative Researcher's Companion*. London: Sage; 2002.
14. Department of Health. *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2014-March 2015*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/203332/29257_2900971_Delivering_Accessible.pdf. (accessed 30/04/14)

15. Rughani A, Riley B, Rendel S. The future of GP specialty training: enhanced and extended. *Br J Gen Pract* 2012; 62(600): 288-289.
16. Royal College of General Practitioners (2012) *Medical Generalism: why expertise in whole person medicine matters*. http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.ashx. (Accessed 18/03/14).
17. Ridd M, Shaw A, Salisbury C. 'Two sides of the coin' – the value of personal continuity to GPs: a qualitative interview study. *Fam Pract* 2006; 23: 461-468
18. Stokes T, Tarrant C, Mainous AG, *et al* Continuity of care: is the personal doctor still important? A survey of general practitioners and family physicians in England and Wales, the United States, and the Netherlands. *Ann Fam Med* 2005; 3(4): 353-359
19. Irish B, Lake J. When and why do doctors decide to become general practitioners? Implications for recruitment into UK general practice speciality training. *Educ Prim Care* 2011; 22: 20-24
20. Lester H, Campbell S, McDonald R. The present state and future direction of primary care: a qualitative study of GPs' views. *Br J Gen Pract* 2009; 59: 908-915
21. Griffin A, Abouharb, T, Etherington C, Bandura I. Transition to independent practice: a national enquiry into the educational support for newly qualified GPs. *Educ Prim Care* 2010; 21(5): 299-307.
22. Schroeder K, Hardy H, Holmes S, *et al*. *Surviving as a new GP: How to get the most out of your first years in practice*. July 2013. <http://www.rcgp.org.uk/rcgp-near-you/faculties/sw-england-and-wales-region/~media/Files/RCGP-Faculties/SW-England-Wales/Severn/Surviving%20as%20a%20New%20GP.ashx>. (accessed 29/04/14).

Appendix 1: Topic guide for interviews

- Expectations vs reality of practice (skills, qualities, knowledge)
- Overview of experience – practices/settings they have worked, adapting to new settings, preferences; views about variety
- Views, experiences, involvement in management roles/tasks (meetings, team/wider relationships/communication, IT); feelings about this part of the role
- Views, experiences, involvement in leadership tasks/activities; feelings about this part of the role
- Personal/career issues – working in a team, confidence, support, workload, career planning and preferences.