

# ***An innovative longitudinal rural internship in Bega. An evaluation of the program from 2018-2021.***

## **Introduction**

Australia has a shortage of GPs and rural doctors that is predicted to increase over the next 10 years. Intern placements in General Practice and rural hospitals are crucial to solving this workforce problem so that junior doctors are trained by GPs and rural generalists to gain the skills they need and to be exposed to role models they may choose to emulate. Medical intern training right across Australia is extremely hospital-centric, with junior medical officers (JMOs) having little exposure to chronic disease or continuity of care with patients. The Rural Junior Doctor Training Innovation Fund (RJTIF) offered a unique opportunity for innovation in a rural setting in 2018 enabling rural intern placements in General Practice. The Canberra Hospital and South East Regional Hospital (SERH), Bega created a model mixing general practice and emergency terms together over six months, as part of a one-year internship in a rural hospital. The aim was to give JMOs a longitudinal experience with patients and with their GP supervisors/mentors allowing them to stay in a small rural town for 1-2 years. Prior to this innovation Junior doctors rotated to Bega for 3-month placements only.

## **The Program**

South East Regional Hospital (SERH) in Bega has traditionally had medicine and surgical interns rotating from Canberra Hospital for three-month placements. Under the new model, interns spend a full year in Bega, where they undertake general medicine, general surgery and a six-month combined term of general practice and emergency. The interns can also undertake two more terms at the Bega hospital in their PGY2 year, then rotate back to Canberra Hospital for a tertiary emergency term and paediatric term. This enables them to stay for 18 months in Bega, a small rural town in far southeast NSW.

The model's unique innovation is the combined six-month general practice/emergency term: two interns undertake the six-month term together, swapping between general practice and emergency. Before COVID they swapped halfway through the week; since COVID they swap on alternate weeks.

Interns are employed by Canberra Health Services which employs all junior doctors across the urban and rural network of ACT Health and Southern Local Health District. There is a competitive selection process for junior doctors wanting to do the rural program prior to their internship allocations.

Twenty JMOs completed the placement from 2018 to 2022. The model is currently being funded under the John Flynn Prevocational Doctor Program (previously RJTIF) in 2023 for the GP placement component of the program. The rest of the intern placements are funded by NSW Health and the program is accredited by the Canberra Region Medical Education Council.

## **Intern Interviews**

In 2020 and 2021, to assess how well the model was meeting its aims, eight of the twelve interns who completed the general practice/emergency term from 2018 to 2021 were interviewed. The doctors agreeing to the interview all gave verbal consent for their data to be used in an evaluation report about the program. Some interviews took place face to face and some via Zoom due to Covid restrictions. Four of the twelve doctors were not able to be located as they had moved interstate by the time of the interviews however their colleagues were able to give an update on where they were working. The interviews were structured to allow the interns to talk about their experiences and how it had impacted them personally and professionally. Written notes were recorded by the interviewer and themes were identified from the eight interviews.

## **Findings**

The doctors found their six-month longitudinal rotation to be a rich experience and reported enjoying doing the work of 'real doctors' – diagnosing and managing patient care. They were able to build continuity of care with patients in general practice and learn about managing chronic disease. They first saw some of these patients in emergency, which created continuity of care across tertiary and primary health services for both the patients and the interns. The development of skills and knowledge in both settings was complementary.

The six-month relationship with GP supervisors allowed the interns to develop mutual trust, demonstrate their development as clinicians, and show improved performance. They also reported that the variety of work during the term led to job satisfaction and reduced burnout.

Of the eight JMOs interviewed in 2021:

- Six had either cemented their plans for, or changed course to, a career as a rural generalist/GP doing a mixture of work. Four of these stated they would like to return to Bega in the future after they have finished training.
- One JMO has settled and is training as a GP registrar in Bega and plans to stay locally long term.
- One JMO who had previously not been keen on general practice had decided that becoming a GP was a good option.

Of the four JMOs from the 2018-20 group that we did not interview in 2021:

- three had decided to continue their career in rural general practice
- one has gone on to Ophthalmology training.

## **Key themes**

Key themes emerged from the interviews demonstrating the multiple benefits created through longitudinal intern placements in general practice.

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**Continuity in patient care:** Interns developed a better understanding of chronic disease and how to manage the patients' journey over time.

- "GP rotation is the best. I learned a lot more about being a doctor in that environment than being an intern on the ward. I enjoyed seeing the progress of patients' illnesses and making decisions about them over a period of time. In my GP practice, the supervision was excellent and everybody was very helpful and supportive, and there was just so much learning about being a doctor. The GP part was definitely the highlight of my year – I didn't actually expect this but every time I was in general practice for half the week, I really loved it. (P1)
- "Being in general practice for at least six months was fantastic because I got to see patients over the course of that time, see them for everyday care, and build relationships with those patients. I got to see what happened to patients after discharge and over a long period of time and that was great." (P3)
- "The GP/ED part was fantastic I could follow people through and sometimes I saw the same patient in general practice and then in ED, and this allowed me to follow the patient journey and have continuity with patients." (P4)
- "The GP placement was the highlight – feeling that you were a proper doctor and you had to think independently and make diagnostic decisions and management plans. At the same time, you were very well supported by your GP supervisor and you really felt part of a real community – both the general practice community and the town." (P6)

**Stronger relationship with GPs:** Interns built excellent relationships with GPs and the GPs' mentoring roles were often sustained over the whole year even when they were undertaking other term. The GPs' connection with patients and community modelled the deeper parts of being a rural GP and so were inspiring as role models.

- "Being in the general practice for six months was so good because they gave such good long-term support – even when you were doing your medical and surgical terms, you had that connection to the general practice and GPs there – they really cared because they knew you."
- "The doctors were great. I love that as an intern you could develop relationships with the doctors, but particularly with the GPs, who we were connected more closely with because we worked with them for six months. Even in a small rural hospital, you don't connect with doctors as well as we did to the GP supervisors." (P2)
- "I got to really settle in and be part of the GP team. It enabled me to get better at things, to connect more deeply with my supervisor, and that helped me improve myself as a clinician." (P4)
- "The GP supervisors got to know me really well over six months and trust me. My GP supervisor would often debrief me about challenges in ED and help to normalise and manage the stress of medical practice. Having a long-term relationship with them was so helpful. I felt respected in my general practice experience and part of the team." (P7)
- "I loved the continuity and connection to the community, to the practice and to the patients... I got to feel like a real doctor; the six months built my sense of confidence in being a GP." (P8)

**Better integrated primary and tertiary care:** Mixed GP-ED term enabled excellent clinical skills development and better integration and understanding between primary and tertiary care.

- “I really enjoyed the ED half-time mixed with general practice half-time. I got to do lots of procedural skills in emergency, and this then gave me the confidence to do some specific procedural stuff in general practice. As an intern in general practice you could develop skills because there were no other registrars trying to compete with you. For many of those skills, people knew me and trusted me and so they let me take responsibility and do things.” (P1)
- “The exposure to general practice as an intern made me a better hospital doctor. In the hospital there is lots of GP bashing from people who don't understand general practice and the context; having been there and worked there helped me as a hospital doctor not to have this attitude. For example, I understood how important it was to communicate with GP's. I realised how important a discharge summary is as I had been on the other end seeing a patient who didn't have one, so the GP experience helped me to create better discharge summaries and do better handovers.” (P3)
- “I think it is very important for junior doctors to spend time rurally so they can understand the limitations of treatment in a rural environment. It is also important for junior doctors to experience general practice so they can understand the limitations in primary care but also all the hard work that GP's do. I didn't understand any of this when I was a student.” (P4)

***Greater breadth and depth of learning experience:*** A longer placement in a rural hospital and general practice gave interns a well-rounded experience and encouraged independent thinking.

- “I loved going to work, particularly in my GP/ED term, as you could work independently and be thrown in to the deep end and this accelerated your learning.” (P3)
- “Good independence of practice because there is less registrar supervision in a rural hospital; you develop skills because you are asked to do things.” (P2)
- “In a rural hospital you get to think outside the box because you have less access to resources and you can't just order a bunch of tests, so you learn to really think about what you need to do to solve the patient's problem. This happened in the hospital and the general practice as the issues are the same in a small town.” (P5)
- “My experience in medicine and surgery at Bega was that there was a broad variety of experience and problems compared to the narrow presentations I saw when doing terms in bigger teaching hospitals in my PGY 2 year.” (P1)
- “Very well-rounded experience: I saw lots of different things and had great variety in the presentations I saw. Even in hospital surgery and medicine terms there was a good variety.” (P7)

***Positive connection with community:*** Several interns reported the connections with the local population as one of the advantages of the placement.

- “I loved being in a rural region because I joined local netball team went to the beach and it was nice to connect with the community.” (P3)
- “I really enjoyed being part of the community and got to know people well; as a doctor I was known as an individual by other doctors and the community.” (P5)

***Orientation toward generalism:*** the longer term confirmed GP or rural generalist as the best career options for the interns.

- “The internship confirmed for me that I want to be a rural GP. Initially I had thought that I would do emergency but I really liked the slower pace in general practice and I liked building a

connection with patients. So for me, as a result of this internship, I am keen on being a rural generalist and doing general practice as well as emergency.” (P2)

- “I felt like a real doctor in the general practice. It has reinforced for me that I want to be a rural doctor however I do need to go to some bigger hospitals to get more experience in some things, particularly emergency.” (P4)
- “The GP placement was great and was the highlight. I'm planning to be a rural GP and this placement cemented that clearly in my mind and confirmed that's what I want to do.” (P5)
- “This term has reinforced that I want to follow a rural generalist career and I want to do ACRRM as my preferred fellowship pathway.” (P3)
- “The term has definitely influenced me to do rural GP and ED mix as a rural generalist. Before this term I wasn't sure but now I am very open to doing ACRRM or RACGP. I think I do need to go to a larger hospital to get some skills in my PGY 2 year to make me more confident to be a rural generalist.” (P4)
- “The general practice experience, and being a real doctor, helped me to think about general practice as a career, whereas before that I was thinking about specialty training.” (P1)

### **Challenges of the Program**

There were very few negative comments about the program. A few doctors described feeling isolated at times during the year in a rural town particularly in 2020 when the Covid pandemic impacted their ability to travel. They also described that being part of a small cohort of 4 can be challenging if you don't get on with your fellow interns but for the most part this wasn't really an issue. This also applied to the registrars who rotated to this hospital for 3-month or 6-month terms as they described it being difficult in such a small hospital if you don't get on with the registrar. They acknowledged that this can happen in all hospitals but it is just more difficult in a small rural hospital if things go wrong.

The other issue that came up for some interns was a perception that there was little formal teaching in Emergency compared to their intern peers in Canberra. In the Canberra Hospital Emergency Department there is a very formal teaching program led by Emergency Physicians and they felt this was a deficiency in the SERH Emergency. However, when the interns worked back in a large ED in their PGY2 year they realised that they had been able to do much more in SERH Emergency department in terms of clinical management whereas the clinical experience and responsibility in a larger hospital was more limited as a junior because of the registrars and senior doctors in the department.

### **In summary,**

The length and variety of the six-month experience led to people either confirming or changing their career path to rural generalism and/or general practice. It can take some time for interns to feel confident and comfortable in a role and the 6-month split placement between GP and Emergency helped them feel confident over time in both roles. Of the twelve JMOs -one JMO has stayed and trained as a GP in Bega and plans to live and work there. This is a particularly important outcome for a small rural town to be able to recruit for the future. Another four of the JMOs said they would like to return to Bega in the future after they have finished rural training.

The 6-month period also let interns feel like real doctors and build relationships with patients over time and thereby understand the patient journey around chronic disease in a deeper way. They also came to understand the benefits of seeing patients in general practice rather than a hospital and at times were able to manage them in both environments and understand continuity of care across both environments.

Finally building a longer relationship with local GPs as supervisors over 6 months enabled the interns to find support personally and professionally from them as mentors over the entire year of their training.

### **Authors**

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