

## Training Time Survey & Discussion Paper

### GPRA Response to GPET Training Time Policy 2010

#### **Background:**

In April 2010, GPET released its new Training Time Policy which will come into effect on 1<sup>st</sup> July 2010 (link: <http://www.agpt.com.au/Policies/test/>). This policy defines the minimum training hours required for GP training, for both full-time and part-time training. Namely, that the minimum hours are 10.5 hours for part-time training and more than 28.0 hours up to a maximum of 35 clinical hours per week for full-time training, with these hours being inclusive of administration time and in-practice teaching, but exclusive of educational release time. Whilst the policy was created to assist GPET with administrative processes, i.e. for recording training time, GPRA are concerned that there may be more far reaching implications.

One key issue was that the GPET training time policy may result in reduced patient contact hours and thus potentially less experienced GPs. Another issue raised by some registrars is that if a General Practice Fellowship could potentially be completed within these minimum training hours it may threaten the value of the fellowship and the recognition of General Practice as a speciality. There also appeared to be widespread apprehension at setting a maximum training time, particularly acknowledging the unpredictable but highly valuable work that registrars perform in rural areas. Finally, the GPET policy adds an additional layer of complexity above local RTP and college policy regarding training time, as well as the National Minimum Terms and Conditions for GPT1 and GPT2 registrars. GPRA is concerned that discordance between these policies would be confusing for registrars.

GPRA have voiced similar concerns to GPET in our response to the draft 2010 AGPT policies in late 2009, but as the peak representative body for registrars, we recently conducted a brief survey to understand whether these concerns were an accurate reflection of registrar views nationally.

Registrars were invited to complete an online survey via Registrar Liaison Officers, the GPRA eNewsletter and a direct email to GPRA members. A total of 382 registrars took part in the survey between the 11<sup>th</sup> and 27<sup>th</sup> May 2010 and registrars from all RTPs were represented in the survey sample. The results from this survey suggest that the above mentioned concerns are held by many registrars across the country.

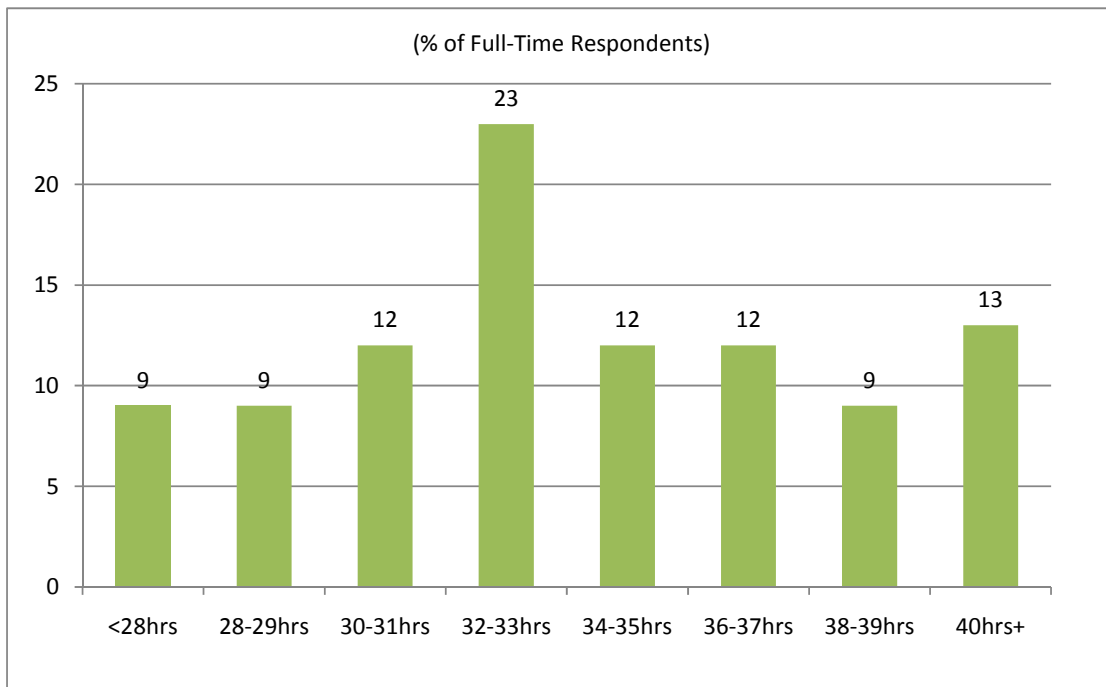
In addition to asking registrars to indicate how they felt about the new minimum training hours for full-time training, registrars were also asked about the amount of patient contact time they currently do and how much time they currently spend on administrative tasks. The results from these measures are outlined in this paper.



**Results and Discussion:**

The results from GPRA’s Training Time Survey indicate that full-time registrars (in either GPT1, GPT2, GPT3, on Extended Skills term or ‘other’, n=233) have an average 33 hours per week scheduled as direct patient contact time, exclusive of administration or teaching time. The new GPET training time policy sets full-time training hours as “more than 28hours up to a maximum 35 clinical hours”; currently, most full-time registrars are already doing close to the maximum hours simply from consulting time. Therefore, this maximum would be overly restrictive. The survey results suggest that 70% of full-time registrars currently have between 32 hours and 50 hours of scheduled patient contact time. A significant proportion of registrars (34%) are working more than the proposed maximum of 35 clinical hours per week. See Chart 1 below the scheduled patient contact hours per week for full-time registrars.

**Chart 1: Hours of Scheduled Direct Patient Contact Time per Week – Full-time Registrars**



Q4. In your general practice post, how many hours do you have scheduled as direct patient contact time (i.e. consulting time) per week? (Please answer to the nearest hour). Base: Full-time respondents (n=233)

The results from a sample of n=84 part-time registrars suggest that the average number of hours part-time registrars have scheduled as direct patient contact time is 19.2hours per week; patient contact hours ranged considerably amongst part-time registrars, from 9hrs to a maximum 38hrs/per week, perhaps encompassing a small number of registrars who were actually training full-time. The high average can also be accounted for as currently all registrars who work less than the minimum full-time hours are classified as part-time.

With regards to part-time training the pertinent question is what should be the acceptable minimum training time. This is a question that should be answered by the colleges, and current standards of the RACGP have allowed for 3 sessions (of 3-4 hours duration each) to be accepted. While 8% of registrars have 9-11 hours of patient contact time, no respondents in our survey indicated that they have less patient contact hours than this each week. When administration and teaching time is included, this reflects that all respondents are currently satisfying RACGP standards.

The time registrars spend on administrative tasks is a key area of interest for GPRA, as this has not been clearly documented previously and a definition would be helpful in clarifying policies such as GPET's Training Time Policy. The survey results show that full-time registrars (in GPT1, GPT2, GPT3, on Extended Skills term or 'other', n=233) are currently spending an average of 42 minutes per session (defined as 3.5-4hrs in length), on administrative tasks. However, responses varied widely with approximately one fifth (18%) spending 10 minutes or less and another fifth (20%) spending between 60 and 90 minutes.

There are many factors which may contribute to this variance of administration time including style of work, patient load during consultation time and the nature of the practice in which a registrar works. Whilst GPRA feel strongly that administration time should be included within a registrar's usual hours of work, GPRA acknowledges that registrars choose to structure their work differently, some performing most administrative tasks within consultation time, and other registrars preferring to separate these tasks. The wide variance makes it clear that there is a danger of including administration time under the same heading as minimum clinical training time, as it may impact on patient contact time.

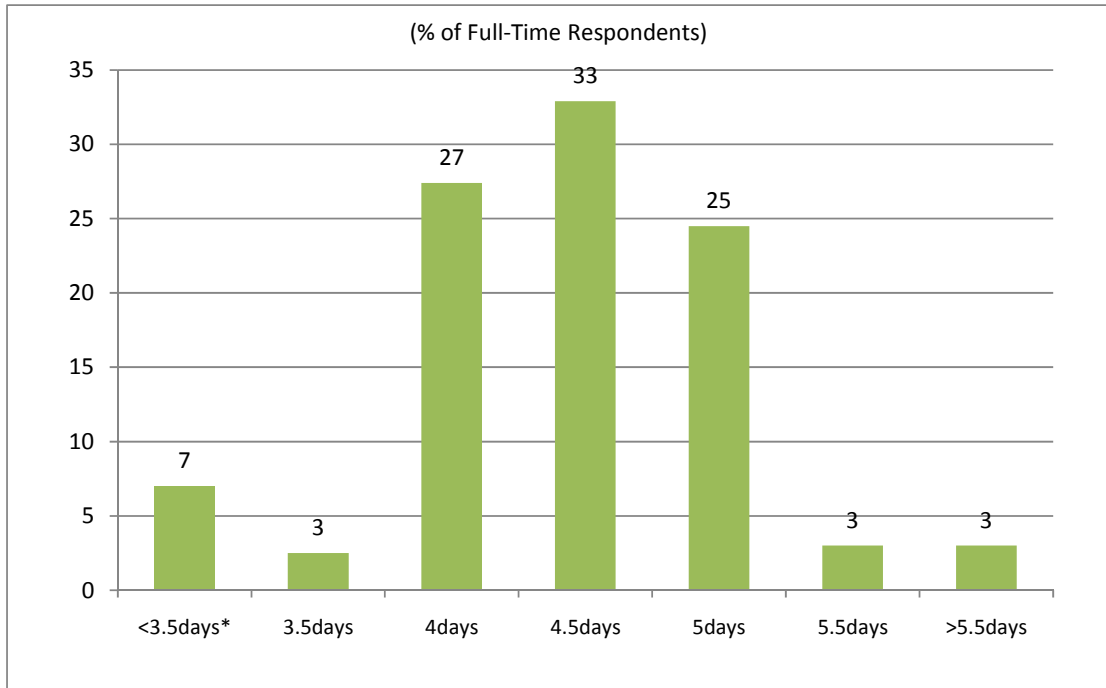
The survey results suggest that most full-time registrars (76%, n=233) do not have any time specifically quarantined during their sessions for them to complete administration tasks. Further, in cases where they do have quarantined administration time, this block of time does not remain dedicated to administration (82%, n=54); most end up using this for catch up time or use it to have a break. The results, together with many of the verbatim comments made by respondents in the survey, show that many GP registrars complete any paper work, which is an integral part of general practice work, during their own time. In many cases this is work that is going unpaid and is not accredited towards their training.

Utilising the results above, the current average work hours of a full-time registrar training for GPT1 can be estimated. Using a base of 33 patient contact hours (GPT1, n=96), plus 42 minutes per session of administration time (multiplied by 8 sessions) plus 3 hours of in-practice teaching and 3.5 hours of educational release time per week they are currently working approximately 45 hours per week.



Further information about current working patterns for registrars were obtained by asking respondents to indicate how many days each week they work as ordinary hours in general practice, inclusive of administration time and all teaching. Chart 2 and 3 present the results for each of full-time and part-time respondents respectively.

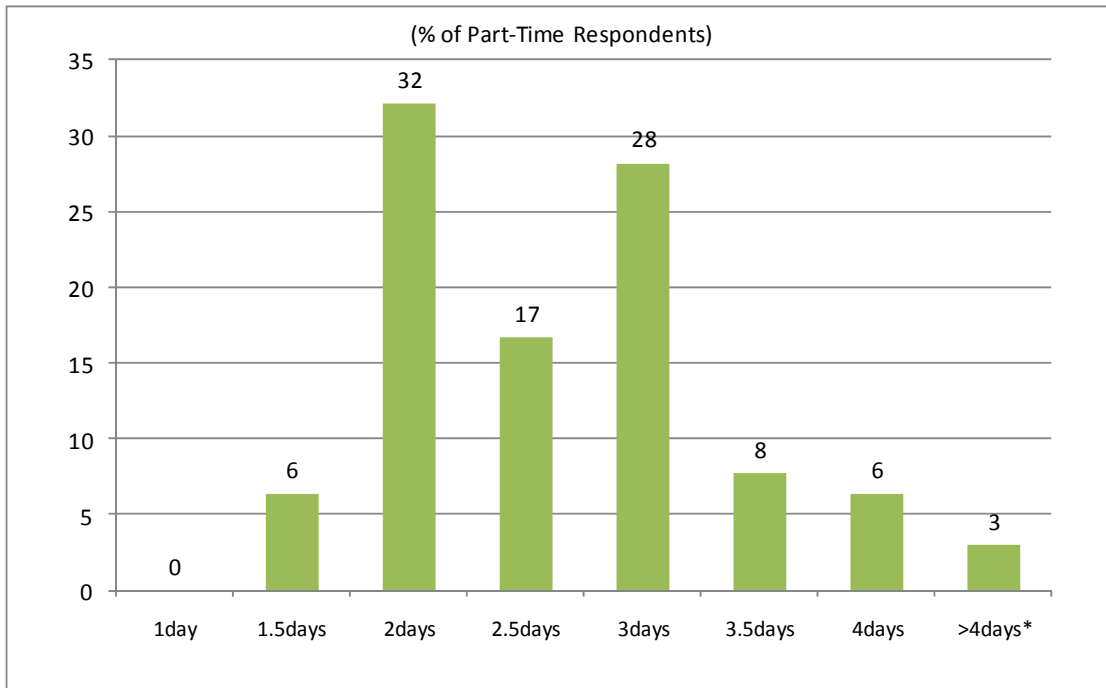
**Chart 2: Days Worked Each Week as Ordinary Hours in General Practice – Full-time Respondents**



Q12. On average, how many days each week do you work as ordinary hours in general practice. Base: Full-time respondents (n=237); includes GPT1, GPT2, GPT3, Extended Skills, Hospital Term and 'Other' full-time respondents. Note: \*denotes outliers and are possibly part-time registrars

Chart 2 illustrates that currently around 1 quarter (27%) of full-time registrars work 4 days per week (8 sessions), a third (33%) work 4.5 days (9 session) and a quarter (25%) work 5 days (10 sessions). Some have proposed that full-time training should be defined as 10 sessions per week. If this were to be applied less than one third (31%) of registrars would currently meet this requirement.

**Chart 3: Days Worked Each Week as Ordinary Hours in General Practice – Part-time Respondents**



Q12. On average, how many days each week do you work as ordinary hours in general practice. Base: Part-time respondents (n=78); includes GPT1, GPT2, GPT3, Extended Skills, Hospital Term and 'Other' part-time respondents. Note: \*denotes outliers and are possibly full-time registrars

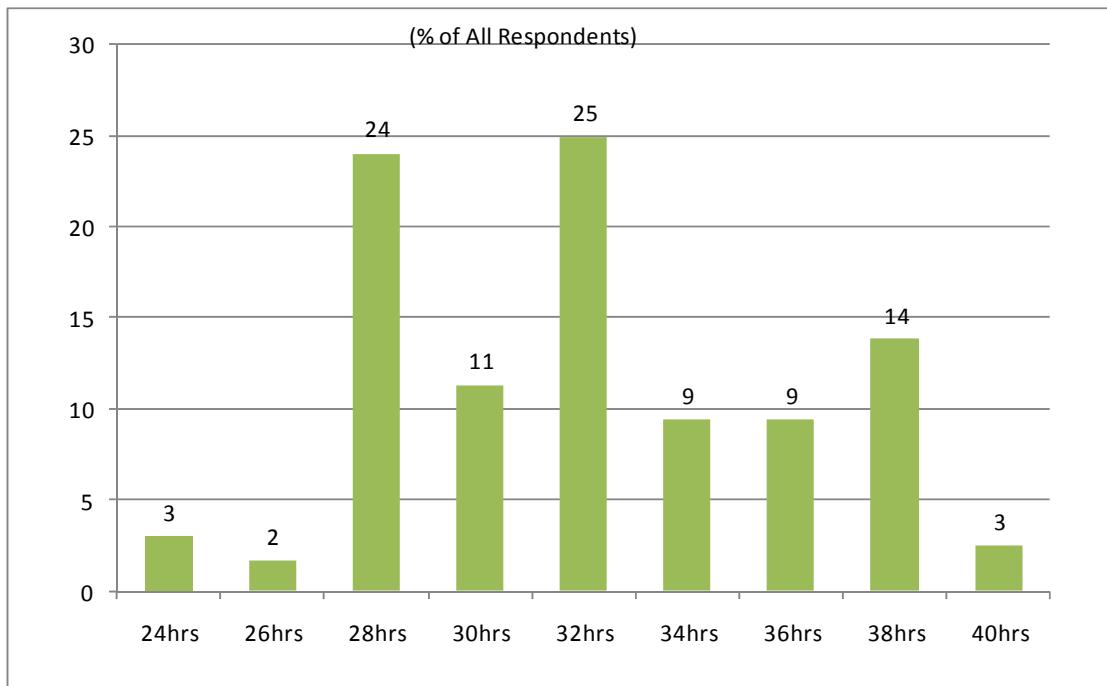
Chart 3 illustrates that a significant number of part-time registrars (6%) are currently working 1.5 days or 3 sessions per week. As mentioned above, 3 sessions a week is in keeping with current RACGP standards and GPRA supports the GPET Policy defining minimum training at this level. It is GPRA's experience that the part-time registrars often only work at this level for a part of their training and increase their hours when they are able. GPRA is of the view that these flexible part-time training conditions should be maintained.

Respondents were asked to indicate if they felt being able to attain a FRACGP or FACRRM in 28 hours per week would reflect negatively or positively on the value of the fellowship. The results from this question suggest that around a third of all registrars (35%) believe that this will have a negative impact on the fellowship; this was the highest response, although a fair proportion were not sure (24%) or felt it would have no impact (22%) leaving around one in five (19%) believing it will have a positive impact.

When asked how many hours registrars felt was an appropriate minimum hours (all inclusive) each week to attain Fellowship the responses were quite varied. Less than a quarter of respondents (24%) felt 28 hours was an acceptable minimum and a further quarter (25%) felt that 32 hours was appropriate. Of those who felt greater than 32 hours was the appropriate minimum around one fifth (19%) felt 34-36 hours/week was appropriate and a smaller percentage (16.3%) felt 38 hours or above should be the minimum.

Indeed, more registrar respondents than not (58%) indicated in the survey that the MINIMUM hours to qualify for full-time training (inclusive of admin time, in-practice teaching and RTP teaching) should be 32 to 38hours. Chart 4 illustrates these results.

**Chart 4: Appropriate Minimum Hours Each Week to Attain Fellowship – All Respondents**



Q10. In your opinion, how many hours per week do you think is an appropriate MINIMUM to be worked each week to qualify for full-time training? (Please include administration time, in-practice teaching and any RTP teaching in your answer, but EXCLUDE after-hours and on-call work). Base: All respondents (n=362)

## Summary

The results of GPRA's Training Time Survey suggest that GPET's proposed policies do not reflect the current training patterns of AGPT registrars and hence may cause significant change and disruption to the way that training occurs.

Full-time registrars currently have an average of 33 hours of direct patient contact time each week and 42 minutes per session of administration time plus necessary teaching time, equating to an average working week of around 40-45 hours each week, exclusive of on call and overtime. Generally, full-time registrars work these hours over 4-5 days per week. If we use the accepted definition of a session being a half day of work, this means that 69% of registrars choose to structure their training by working less than 10 sessions per week.

The results of the survey suggest that on average part-time registrars have 19 hours of direct patient contact time each week and 42 minutes per session of administration time plus necessary teaching time, equating to an average working week of around 21-24 hours each week, exclusive of on call and overtime.

The minimum number of patient contact hours in the survey was 9 hours each week with 6% of part-time respondents working between 9 and 11 hours. If we calculate working hours for these registrars, i.e. include admin time and teaching time they would be working around 13 to 16 hours, depending on the amount of education required.

While part-time registrars work a ranging number of days, of most significance is that 6% of registrars are currently working 1.5 days per week and 19% of part-time registrars see patients for 13 hours or less per week.

There was varied opinion from registrars about the possible impact of defining minimum full-time training hours as outlined in GPET's Training Time Policy 2010. A third of all registrars (35%) believe that this will have a negative impact on the fellowship; this was the highest response, although a fair proportion were not sure (24%) or felt it would have no impact (22%) leaving around one in five (19%) believing it will have a positive impact.

When asked what registrars felt was an appropriate minimum full-time training time (inclusive of administration time and teaching time) for full-time training there was again a diversity of views. . From the survey results it is difficult for GPRA to make a recommendation about this, and feel this should be decided after further consultation with the colleges, GPET, GPRA and NGPSA. However the conclusion can be drawn that there is a general expectation amongst the majority of registrars (74%) that full-time training may be less than 36 hours per week.

### Recommendations

- 1) Any changes to the GPET Training Time Policy should not be implemented until January 2011
  - Rationale:
    - Registrars have negotiated their contracts with practices for the coming term based on Version 1 of policy in good faith.
    - Practices as well as registrars may not be able to accommodate changes by July.
  
- 2) GPET Training Time policy should define full-time work rather than training time.
  - Rationale:
    - Training standards should be determined by the colleges.
    - Currently the National Minimum Terms and Conditions define full-time work. Historically, registrars have been able to appreciate the difference between full-time work (as defined by NMTC) and full-time training (as defined by the ACRRM and RACGP).
  
- 3) Minimum full-time and part-time training time (inclusive of patient contact, administration, and education) should be determined by ACRRM and RACGP standards, in consultation with GPET, GPRA and the NGPSA.
  - GPRA proposes that definitions should include:
    - Minimum patient contact hours; which includes only time with patients and in practice teaching. These numbers should be determined by the colleges, however our interpretation of current standards would lead us to suggest:
      - Full-Time: 28 hours
      - Minimum Acceptable: 9 hours, worked over a minimum of two days.
  - Rationale:
    - Administration time should not be included in minimum clinical training time, as there is a wide variance of practice amongst registrars in this area, and it makes it difficult to ensure adequate patient contact hours.

- Under the proposed minimum full-time contact hours, registrars seeing an average of 3-4 patients per hour would see 80-100 patients per week
    - GPRA believes that this represents an appropriate number of patients to meet the RACGP and ACRRM curriculum goals across training.
  - The GPRA survey reveals that most registrars seeing patients for 28 hours per week would meet the definition of a full-time working week of 38 hours when administration time (average 42 minutes per session) and education is added to the patient contact time. Therefore, 28 patient contact hours can be used as a proxy for a full-time work week.
- 4) “Maximum training time” should be removed from the policy.
- Rationale:
    - The 35 clinical hour maximum is unnecessarily restrictive.
    - Our survey results suggest many registrars (34%) currently work more than 35 clinical hours per week.
    - GPRA acknowledges that safe working hours is a key to both registrar and patient safety. Safe working hours should be addressed in a separate policy or forum.
- 5) In the definitions of training time within the Policy, GPET use hours rather than sessions. GPRA supports defining training time in hours rather than sessions.
- Rationale:
    - This is more representative of current practice and increases consistency across practices.
    - Counting hours more accurately reflects the work that GP registrars do in practice. It would allow registrars to count more irregular scheduled hours such as extended sessions into the evening or brief sessions on Saturdays. Evening and Saturday consultations often represent different patient groups and presentations which can broaden the educational experience for registrars.

During the drafting of this report, GPRA has been in close consultation with GPET. GPRA is delighted that many concerns raised in this discussion paper are being addressed by GPET. GPRA acknowledges GPET’s support in addressing concerns raised by registrars.