

New alumni EXperiences of Training and independent Unsupervised Practice (NEXT-UP)

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Current Practice

The following items are to get some details on your career so far

1. Are you currently working in clinical general practice? Yes No **If 'No', skip to Q.11**
2. How many **clinical general practice sessions** do you work on average each week? _____
(N.B. **at any general practice, not just your main practice**)
(1 session = approx. 3.5 hours e.g. a morning session)
3. How many patients do you see on average each week? _____
(N.B. **across all general practice workplaces, not just your main practice**)
4. What year did you commence work in your current clinical position? 20 _____
(N.B. **If you work in more than one practice, then at your main practice**)
5. What is the postcode of your **main** practice? _____
6. Had you worked in this **main** practice previously during your training with **insert RTO here**?
 Yes No
7. How many GPs (full time equivalents, not including you) work at this **main** practice? _____
8. Does your current clinical GP role involve **ANY**:
nursing home visits Yes No
home visits Yes No
after hours work Yes No
(N.B. **after hours is rostered work apart from either routine weekday or Saturday morning sessions**)
9. Does your general practice work regularly involve advanced procedural skills? Yes No

If 'Yes', please specify:

GP Obstetrics

(including normal deliveries, procedural intervention and operative obstetrics)

GP Anaesthetics

(including general, neurolept, major regional, epidural and spinal anaesthetics)

GP Surgery

(including surgical procedures requiring more than a basic infiltration of local anaesthetic)

10. Does your current clinical GP role involve in-practice teaching or accredited supervision?

Yes No

If 'Yes', please specify: GP Training (i.e. teaching GP Registrars)

Undergraduate (medical student)

Other (please specify) _____

11. Do you do **other regular medical work** instead of / in addition to clinical general practice?

(N.B. This may include clinical non-GP, education, research and administration)

Yes No If 'No', skip to Q.14

12. How many sessions do you do this **other regular medical work** on average each week? _____

13. Does this **other regular medical work** involve:

a) Education (e.g. RTO or university) Yes No

If 'Yes', please specify:

Medical Educator for GP Registrar Vocational Training

Academic Teaching Role

Other (please specify) _____

b) Research Yes No

c) non-GP Clinical work Yes No

d) Other (please specify) _____

14. Did you obtain any postgraduate qualifications in medicine **prior to fellowship** (e.g. MPH, DipPaed, DRANZCOG)?

Yes No

If 'Yes', please specify: _____

15. Have you undertaken any education/training **post-fellowship** (i.e. that was not during vocational training)? (e.g. MPH, DipPaed, DRANZCOG). Include qualifications being currently undertaken (e.g. MPH partially completed with intention to continue to completion)

Yes No

If 'Yes', please specify: _____

RTO-Provided Vocational Training

The following items relate to your attitudes about the effectiveness and utility of your RTO-PROVIDED VOCATIONAL TRAINING (e.g. workshops, teaching visits, etc.)

16. Please tick a box to indicate, in your opinion, how well your **RTO-provided Vocational Training** prepared you for unsupervised post-fellowship practice in the areas of:

	Poorly	Somewhat well	Moderately well	Extremely well
a. Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consultation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minor procedural skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Practising Evidence Based Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teaching skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Self-directed learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reflective practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tolerating clinical uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How well did your **RTO-provided Vocational Training** prepare you for unsupervised post-fellowship practice in the areas of:

	Poorly	Somewhat well	Moderately well	Extremely well
a. Child and adolescent health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patients with multi-morbidity (i.e. patients with 2 or more diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aboriginal and Torres Strait Islander health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-Practice Vocational Training

The following items relate to your attitudes about the effectiveness and utility of your IN-PRACTICE VOCATIONAL TRAINING (e.g. clinical supervision, in-practice teaching, etc.)

18. Please tick a box to indicate, in your opinion, how well your **In-Practice Vocational Training** prepared you for unsupervised post-fellowship practice in the areas of:

	Poorly	Somewhat well	Moderately well	Extremely well
a. Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consultation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minor procedural skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Practising Evidence Based Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teaching skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Self-directed learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reflective practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tolerating clinical uncertainty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How well did the **range and mix of patients and presentations** you experienced during your **In-Practice Vocational Training** prepare you for unsupervised post-fellowship practice in the areas of:

	Poorly	Somewhat well	Moderately well	Extremely well
a. Child health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Aged care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Patients with multi-morbidity (i.e. patients with 2 or more diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Aboriginal and Torres Strait Islander health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. If you have any further comments you would like to add regarding the effectiveness and utility of your vocational training in preparing you for unsupervised post-fellowship practice, please use the space below.

Additional Comments: _____

Demographics

The following items are to get some background details that will help us understand your career path

21. Are you currently living with a partner or spouse?

- Yes No If 'No', skip to Q.24

22. What is the employment status of your partner/spouse?

- Not in the labour force (e.g. caring for dependants, studying)
- Currently seeking work
- Full-time employment
- Part-time employment
- Not applicable

23. Is your partner/spouse a medical doctor? Yes No

24. Do you have any dependant children? Yes No

25. How would you describe the place you considered home during the majority of your schooling before enrolling in university?

- Rural/small town Regional town Metropolitan/Major City

26. Where did you qualify as a doctor (primary medical degree)?

- Australia Other (please specify): _____

27. Which language do you mainly speak at home? English Other

28. How many medical postgraduate years did you complete in an **Australian** hospital prior to commencing your GP Term 1? _____

29. During your training, did you do **any**:

- nursing home visits Yes No
- home visits Yes No
- after hours work Yes No

(N.B. after hours is rostered work apart from either routine weekday or Saturday morning sessions)

30. How many GP terms did you complete (including RACGP Extended Skills terms)? _____

Consent to link your survey responses with RTO demographic and training data

As explained in the Information Statement for this study, we would like to link your responses to data routinely collected by your RTO, and ReCEnT (if you participated in ReCEnT).

If you agree please tick the **YES** box and **you have finished the questionnaire**. Thank you for your valuable assistance.

If you do not agree please tick the **NO** box and **continue with the following demographic questions**.

I agree to have my questionnaire responses linked to my RTO data and my ReCEnT data

YES NO

If you marked '**No**', please complete the following questions:

31. Your gender: Male Female Unspecified

32. Your age (years)? _____

33. Do you identify as Aboriginal or Torres Strait Islander? Aboriginal Torres Strait Islander
 Both Neither

34. Which vocational training pathway were you enrolled in? (if both, then for **most** of your training)
 General Rural

35. Was your GP training:
 all full time all part time a combination of full and part time (at least 13 weeks FTE part-time)

36. How many different practices did you work in during your GP training? _____

37. During your training did you work more than half a term (over 13 FTE weeks) at a practice that employed **less** than 5 doctors?
 Yes No

38. During your training did you work more than half a term (over 13 FTE weeks) at a practice that employed **more** than 12 doctors?
 Yes No

39. What were the postcodes of the main GP practices in which you trained?

Term 1: _____ Term 2: _____ Term 3: _____ Term 4 (if applicable): _____

40. Did you take more than a total of 6 weeks leave from your GP training (apart from annual leave)?

Yes (please specify below by ticking all boxes that apply) No

Parental or Sick or Carers leave

Additional or Personal leave

41. Did you fail any component of your Fellowship exams? Yes No

42. Which specialist GP Fellowship did you complete? (tick all boxes that apply)

FACRRM

FRACGP

FARGP

43. What year did you first achieve Fellowship? _____

Thank you for your time in completing this questionnaire.