Elizabeth Campbell chats to Isabel Hanson about general practice training and the perks and challenges of a career as a General Practitioner as well as junior doctor wellbeing.

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**About Dr Elizabeth Campbell**

Dr Elizabeth Campbell is a General Practice Registrar in Sydney, Australia. She studied medicine at the University of Sydney, and completed an undergraduate degree in classical piano at Sydney Conservatorium of Music. Elizabeth is interested in medical education and mentorship.

**About Dr Isabel Hanson**

Dr Isabel Hanson is a General Practice Registrar with The Royal Australian College of General Practitioners. Her interests include public policy, preventative health, medical humanities, and doctors’ wellbeing. Outside of the clinic, Isabel is a published writer, yoga teacher, and Co-Founder of the ‘Feel Good’ staff choir at Royal Prince Alfred Hospital, New South Wales, Australia.

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**General Practice Training and Junior Doctor Wellbeing**

*With Dr Isabel Hanson, General Practice Registrar with the Royal Australian College of General Practitioners.*

**General Practice Training in New South Wales**
1. Tell us about where you’re currently at in your GP career.

- I am in my first 6 months of training after completing my residency last year at the Royal Prince Alfred Hospital (RPAH).

2. What’s your current practice and roster like right now?

- I currently work with twelve other GPs, three Practice Nurses, a Dietitian and a Psychologist.
- Where I work is passionate about best practice and education. Because of this, I have received a lot of corridor teaching and I am often pulled into consults to meet patients who have interesting medical cases.
- Currently, my roster is 10 hours a day from 8am to 6pm, Monday-Thursday. I have Fridays off, and on Mondays I ride my bike to two local nursing homes to lead their medical care. I work 8am-12pm every second Saturday.

3. In NSW, what are the training requirements like for GP’s?

- I applied in internship and sat the multiple-choice entrance exam and the admissions interview for that year.
- The admissions interview is a five-station multiple mini interview (similar to the medial school entrance interviews).
- Then I completed my General Practice Registrar hospital year in residency. For that year you must complete a Paediatrics term or an Emergency term which has at least 20% Paediatrics. It is also recommended that you do an Obstetrics and Gynaecology term as well (but this is not mandatory).
- Once in the GP clinic environment we complete four six-month rotations. Three of those are in different General Practice clinics with a fourth option to do extended skills, which can be completed in a General Practice clinic plus some extra area of knowledge that you could build (study, certificate, diploma, or other areas of medicine such as mental health, sexual health, paediatrics etc.). For my extended skills term I am planning on doing an academic registrar year where I will be conducting research and teaching in General Practice.

4. What examinations are involved as a GP trainee?
Usually, trainees will sit their exam after their first year of training. There are two papers, one is the Applied Knowledge Test – 150 questions with single best answer and extending matching questions. The other paper is the Key Feature Problem – 26 cases of short answer questions.

Later in the same year you sit the OSCEs – 14 clinical patient presentations with a mix of short cases and long cases.

In addition to these exams there are assessments throughout the training, in-practice assessments from the supervisors and external reviewers who watch us and give feedback.

Then there are teaching workshops, practice logs, and procedure logs we need to follow as our skills develop.

5. How was the change from a salary-earning JMO in the public health system to a bulk-billing general practice?

- The biggest shift is billing. For each patient you bill to Medicare based on the amount of time spent with the patient and also the complexity of their medical presentations.
- As a GP registrar, your income is from a salary and a then on top of that, you can receive a percentage of the billings you accrue once you reach a certain level. You always have a set salary base that you can rely on.
- The other big change is your independence and autonomy. You are very much on your own in your consulting room and that is great because you have the autonomy to practise how you would like to. The other side of this is that there can be a bit less teamwork and a bit less back-up. Having said that, if you are in a practice with a supportive mentor and other GPs you can always pick up the phone and ask for advice. So, you're never isolated as a GP registrar, and you've always got that support.

6. What have been some of the more enjoyable moments as a GP Registrar?

- I love being a GP Registrar!
- Number one is the relationships you build with your patients – from the very beginning of calling their name in the waiting room, introducing yourself, sitting down in the room and being able to say, “How can I help you today?” Instantly, that question, that rapport, that opportunity to be of service means that you’re building that relationship from the get-go and then having people come back and watching things improve is really satisfying.
- Number two is the variety, I see new things every day, you could never be bored in general practice, there is always something new to look up and learn.
  - In my practice I have a great mix of chronic disease management, acute presentations and preventative health. Even in my first two months as a GP registrar, I have picked up a few cases where the
reason for presentation was something minor but the patient actually had a more acute, serious illness underneath that. As a GP, you can be a detective every day and that is really intellectually stimulating and satisfying.

- Every day you get to help someone, impact people’s lives and do something meaningful. It has a lot of meaning and personal satisfaction.
- The last reason is that it is flexible – you work very hard in general practice and it can be very busy, but you have a regular schedule and for me, that ensures that I am at my best.

7. Have you experienced any new challenges in this setting?

- Stepping up to be a registrar is hard and I don't think that's unique to General Practice. The increased responsibility and learning how to deal with uncertainty can be challenging.
- I sit more in General Practice, which has certainly been a change from running up and down stairs all day in a big hospital. But there are certainly ways to deal with that. For example, I ride my bike to work every day.

8. How have you found that change in responsibility level?

- I have found it challenging. It is certainly satisfying, but I didn’t find it easy. The patient’s care is in your hands. You don’t hand over to anyone at the end of the day, which means you chase up the results, you think about the differentials, you follow them up and you get them back.
- It is exciting, but also very demanding – so I think the important thing is to feel supported. If you have got someone who you can check things with and make sure that you are comfortable in your scope of practice, then you are being of service to the community in an appropriate, professional way.

9. How have you managed the uncertainty in being a GP registrar? Have you developed any strategies to manage this?

- Uncertainty is the hardest part of general practice. It makes us feel vulnerable.
- This is not unique to General Practice. Dealing with uncertainty is a skill that we all need to learn and become comfortable with because we won’t always have all the answers.
- If we push ourselves to be certain all the time, we close down too quickly which can lead to premature closure of a diagnosis and the potential to miss something, or it can mean disconnecting from our patients.
- In terms of strategies I am still in the process of developing this myself, but my five strategies for dealing with uncertainty as a GP registrar are:
  - Listen to your gut.
  - Phone a friend (supervisor or specialist).
  - Know what not to miss that is life threatening!
  - Safety netting plan.
  - Talk with colleagues (other doctors and new registrars are often going through similar things).

### 10. What’s it been like interacting with the hospital system as a GP registrar?

- It has been great. The consultants and registrars I have called have been absolutely lovely. They have treated me with respect and offered helpful advice.

### Junior Doctor Wellbeing

### 11. How did you come to be interested in junior doctor wellbeing?

- I have always loved medicine and my training, but I felt that there could be so much more in terms of how we connect. As I moved through my training, I had a growing desire to see more humanity, connection and communication with our patients and colleagues within the hospital.
- I want medicine to be a space where we all treat one another with kindness and compassion, and where we are comfortable with vulnerability. I published a narrative comic called Healing Alone about this with my friend Safdar Ahmed who is an artist, and at the time I thought I was mostly alone in thinking this way.
- But our article was read over half a million times and translated into multiple languages across the world. It was one of the most uplifting experiences of my life so far. It made me realise that I was not alone, that there are many doctors who want to see similar changes within the culture of medicine. We all want to connect with our patients, to be of service to the community and to make a positive impact.
- One of the things that leads to this loss of connection is burnout, and that’s how I became really passionate about junior doctor health and wellbeing.
12. Are there any common wellbeing issues for GP registrars?

- We are in a unique, historic moment right now with COVID-19 and there is a lot of anxiety around training. There have been exams that have been cancelled and people are unsure how their training is going to progress, and I think that's really challenging for everyone right now.
- There are other issues that are more unique to general practice trainees. We are not in a large hospital environment; we are working in separate practices and some of those can be quite small which can be a risk for disconnecting with our medical community. Many people will also be studying while working full time and some of those people will be looking after families in addition to this, and I think that's a wellbeing issue that is common in many medical training programs.
- Within practices there are also different levels of supervisor support. In my practice there is lots of support, but I know other GP registrars can be in practices where they're not getting as much supervision and they have shorter consults with more patients to see, and that can lead to exhaustion and burn out.

13. Do you have some ideas of what GP’s, educators or mentors can do to support GP registrars?

- For educators and mentors: Be available, share your knowledge, share your own stories.

14. How can GP registrars help their peers and colleagues?

- We’ve got to be in it together. My fellow GP registrars and I have a WhatsApp group chat where we talk about how everything is going.
- Study groups.
- Regularly checking in, and asking if people are okay.

15. How can the RACGP better support the wellbeing of trainees?

- In terms of COVID-19, access to PPE is essential, so ensuring that every practice and every registrar is able to protect themselves.
- Coming out of COVID-19, progression through training and supporting people who have had to delay exams or who are having issues with their current practice
about whether they can stay on.
- Flexibility to access leave for those who need to self-isolate or for those who can’t work for health reasons.
- Due to decreased patient load, some GP registrars haven’t been able to continue on in their current, smaller practices due to their decreased patient load.
- Outside of COVID-19, it is about making sure that we have access to the best education as trainees as we are training to be the front line of community medicine for tomorrow and the next generation. Making sure that education is high quality and training requirements are clear.
- It is also essential that we are listened to and supported as trainees. I know that the RACGP have just set up a national faculty for GP’s in training who are providing a voice to the college about our needs, which is fantastic.

16. Have you found some strategies that can help to build wellbeing that you think are particularly relevant for GP registrars?

- Have a mentor, someone that you can go and talk to. It could be your supervisor, or it could be someone separate.
- Have a GP peer group – have a group of people that are going through the same training.
- Have a reflective practice group – have a space to reflect with other doctors about how you handle difficult cases.

17. What are some strategies you use to maintain your own personal wellbeing?

- I have a 12-step wellbeing approach to my own wellbeing.
  - Basics:
    - Sleep – am I sleeping 8 hours?
    - Eat – am I eating 3 healthy meals a day?
    - Move – Am I exercising every day or two?
  - Grounding:
    - Yoga – I practise every day and I am a trained yoga teacher. Breathing deeply and moving helps me to release any stress in my body.
    - Meditation – I meditate and practice mindfulness at work when I can.
  - Reflect:
    - Solo – I keep a journal.
    - One on one – I seek support when I need it.
Debriefing groups – I belong to a Balint Group for doctor’s debriefing.

Connect:

- Mentor – I have several mentors I can go to for advice.
- Friends and family – I connect with my friends and family regularly. I have good friends who are medical and non-medical (so I can switch off from talking about medicine sometimes).
- Community – I stay involved with activities within the medical community and my broader community.
- Meaning – I connect with my “Why”. I remind myself of my core values and why I chose to be a doctor, particularly on those tough days.

Feel Good Staff Choir

18. Outside of the clinic you are also the co-founder of the ‘Feel Good Staff Choir’ at the Royal Prince Alfred Hospital (RPA). How did this come to be?

- I love singing and was a part of local community choir when I was in medical school.
- It just so happened that the leader of that particular choir Liz Lecoanet is passionate about how science overlaps with music, and how we can use singing and breath work as a way of facilitating a reduction in the stress response. She is also a professional opera singer and has worked with hospitals around the world.
- When I became the RMOA Wellbeing Officer at RPAH, we decided to launch this choir to mix junior staff with consultants and registrars, and also with people from nursing, cleaning, allied health, switch board, admin and executive to sing, relax and connect together.

19. Were there any challenges in setting this choir up?

- It took a lot of enthusiasm and energy, but there were not any blocks. The MDOK team at RPAH were very supportive.
- We set up the choir by performing at one of the Chief Executives meetings. I presented the evidence for the benefit of singing and Liz brought the music. We had everyone singing Hey Jude by the end of our presentation.
20. There has been increasing attention on the healing power of music in recent years. Can you tell us about the benefits that you observed, for the doctors particularly participating in the choir or the participants in the choir generally?

- Singing is good for everyone, it increases confidence, posture and breathing capacity.

- There’s a whole raft of evidence from universities coming out now on the benefits of singing. We did our own wellbeing assessment at RPAH with the wellbeing choir and found that people who came to choir, even just for one hour were twice as relaxed, more engaged, less cynical and more optimistic and calmer in their thoughts when they left.

- There were also professional benefits, 100% of people who came to choir met someone new from RPAH who they had never met before, and 75% of those people went on to interact with them in a professional context.

- So, it’s not just the wellbeing aspect but also building a community within RPAH.

21. Can you tell us how you transitioned this choir to involve the local health district and GP’s?

- That is in progress, we are currently inviting local health district GPs along, and it’s not hard to recruit once you help get people over the shyness of feeling as though they do not have a good voice. But with the coronavirus we haven’t been able to do choir face-to-face.

- But we had our first zoom choir this week and it went really well. Watch this space.

References

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