

WAGPET 

Getting the Job Done

Turning customer feedback into innovation

Getting the Job Done

Turning customer feedback into innovation

Discussion Paper

Adjunct Professor Janice Bell

MBBS BA B Ed (Hons) Grad Dip Int Med Grad Cert CHM GAICD FCHSM FRACGP

INTRODUCTION

During 2016, I had the opportunity to study a fascinating business strategy and innovation process that I have subsequently introduced into Western Australian General Practice Education and Training (WAGPET).

With so much going on in the health sector at both a Commonwealth and state level, it is critically important that service providers such as WAGPET provide the most cost effective and efficient service that fundamentally delivers what the community and our customers are looking for.

The process we've introduced at WAGPET is called Outcome Driven Innovation (ODI), and it is specifically designed to assist organisations to meet those customer and performance objectives. ODI was developed in the late nineties and is still taught today in many of the leading business schools around the world.

The foundation of the ODI theory is that organisations should listen to what their customers are wanting rather than making assumptions when determining how to operate or innovate. Rather than focusing on product or service improvement, the ODI process takes the customer through the steps in a process ("jobs to be done") to determine how satisfied the customer is in completing that job. At times we don't know what jobs the customer is getting done by using our service, therefore our assumptions can be dangerously wrong.

Jobs that are found to have lower levels of customer satisfaction and higher levels of importance provide insight and opportunity for the service provider to improve or develop products and services based on meeting those customer needs gaps.

EVIDENCE AND ANECDOTES

As a long-standing member of the Australian health community and working in a scientific evidence-based profession, I am often surprised at the anecdotes I hear on a routine basis that are used as evidence to make decisions. The temptation to act immediately on anecdotal information can be

often quite compelling, however I have learnt from experience that this is not usually the best course of action.

As compelling as these anecdotes are, they generally have very little worth as evidence and cannot be used to establish causal relationships for the whole population that they refer to (in many cases an anecdote has a sample size of $n=1$).

The Australian GP training program is a complex ecosystem, with multiple organisations and individuals involved who each have their roles and perspectives. GP supervisors are focused on providing top quality training and education and supporting their registrars. GP registrars are focused on becoming great GPs, looking after their patients and successfully navigating the AGPT program to fellowship. Practice managers want their practices to run as efficiently and competitively as possible and want to ensure they are employing registrars who are going to fit in well in that practice environment. WAGPET wants to provide the foundation for all of that essential work to happen, to make the process as easy, and dare I say it, enjoyable as possible.

It is critically important therefore that everything that WAGPET does is developed based on sound evidence rather than anecdote.

I'd like to share some of the common anecdotes that I hear regularly and the evidence uncovered through the ODI process in relation to those anecdotes that will be outlined in more detail further in this paper:

Anecdote: "There is no recognition of the training and support that goes into teaching third and fourth term registrars"

Evidence: In a multi choice response in our ODI survey, 46% of practice managers had no preference of registrar term level and a further 69% stated a preference for third and fourth term registrars. 56% of supervisors had no preference and a further 44% had a preference for third and fourth term registrars. This evidence would indicate a high degree of satisfaction with employing third and fourth term registrars under the current system.

Additionally, 93% of supervisors stated they provide two hours or less supervision and support per week to registrars in these term levels and 83% of registrars who were in or had completed the third and fourth terms said they received two hours or less supervision and support per week. The evidence suggests that the supervision and support requirement for registrars in the later terms is not onerous and these registrars are reasonably self-sufficient.

Anecdote: “The training practice and/or WAGPET are not doing enough to help me pass my exams”

Evidence: 42% of registrars who had failed exams stated they did not do enough out-of-practice study. A further 32% said they failed for personal reasons. 54% of registrars who had failed the KFP exam had studied for less than 6 hours per week. 52% of registrars who had failed the AKT exam had studied for less than 6 hours per week. 83% of registrars said the most effective way to prepare for exams is in a study group with other registrars. The evidence suggests that there are a high number of registrars who are not taking personal responsibility to prepare adequately to pass their exams, and for those that do, the most effective means of preparation sits outside of the practice or WAGPET environment.

Anecdote: “Full time education for my part time registrar is difficult and an unreasonable workload”

Evidence: The strongest motivator for choosing the GP profession is the flexible work environment with 83% of registrars citing this as a primary career driver. 54% of registrars stated caring for children was the main reason to choose part time, with a further 22% citing their desire to do part time as a result of family circumstances or personal health issues. 28% of all registrars (full and part time) stated that coping with workload was one of the most difficult aspects of commencing GP. With approximately 65% of WAGPET registrars being female and in the 34 to 38 year age range, the evidence supports the anecdote where many registrars have chosen a career path that they believe will suit their personal circumstances. While there are sound clinical arguments to support the case for all registrars particularly in the early terms to progress at the same rate in terms of clinical competence, there is an opportunity for WAGPET to review this area further in the interests of health and wellbeing and also to ensure we are not discouraging quality junior doctors coming into the training program.

CUSTOMER ENGAGEMENT

Partnering with external ODI experts to execute the customer engagement process, WAGPET spent the second half of 2017 directly speaking to GP registrars, supervisors and practice managers who are involved in the Australian General Practice Training (AGPT) program. Participants in the AGPT program are some of the most surveyed individuals in this country and WAGPET was very conscious of not adding unnecessarily to this survey burden.

In contrast to conventional surveys where the questions are usually designed by the surveyor, the ODI process starts with a largely blank canvas. ODI participants are lead through each of the steps in the jobs they do and processes they follow and ODI lets them tell the story. The topics are not preconceived and the feedback received is what is important to that customer.

The GP registrars, supervisors and practice managers that were involved in our initial focus groups routinely reported back about how pleased they were to have had the opportunity to provide detailed and meaningful feedback in this way and I am equally grateful for their participation.

INITIAL FEEDBACK

WAGPET initially consulted with GP registrars, supervisors and practice managers in individual focus group sessions. The discussions were led by the ODI expert which enabled the participants at each session to open up and provide unfiltered feedback. While some key WAGPET staff were present, they were there only to observe and based on the responses at each session, it was clear all individuals were prepared and willing to fully participate.

As each of the participant groups were led through the journey of their own experience of the AGPT program, their key needs and issues were gathered.

This extensive feedback was collated and presented to the WAGPET executive and management teams to review, discuss and prioritise areas of focus based on customer need.

From that point, the ODI team compiled the top priority needs into three very specific and detailed surveys for each of the three customer groups. The intention of the surveys at this point was to test the importance and satisfaction of the needs identified by the focus groups with our full GP registrar, supervisor and practice manager cohorts. It is important to reiterate at this point, that the survey questions created were the direct result of the customer feedback gathered from the focus groups.

BROADER ENGAGEMENT

Using the surveys developed, WAGPET staff trained in ODI surveying techniques spoke directly where possible to as many of the survey participants as possible, personally walking them through the surveys. Adopting this process significantly increased the quality of the data received and while the customer engagement is still ongoing, at the time of writing this paper there were more than 300 completed needs surveys.

All survey data has been compiled in our own instance of the interactive, web-based tool Tableau which enables us to interrogate the data in a variety of interactive ways.

CUSTOMER REPRESENTATION

A targeted approach allowed us to secure representative survey samples across the broad range of participants in the AGPT program:

Supervisors 5 years or more experience = 46%

Less than 5 years' experience = 54%

FACCRM qualified = 5%

FRACGP qualified = 98%

Rural practice = 35%

Metro = 65%

GP registrars Female = 65%

Male = 35%

ACRRM curriculum = 5%

RACGP curriculum = 85%

Dual ACRRM/FRACGP = 4%

FARGP curriculum = 7%

Rural pathway = 45%

General pathway = 55%

Practice Managers 5 years or more experience = 44%

Less than 5 years' experience = 56%

Rural practice = 35%

Metro = 65%

COMMON CUSTOMER NEEDS

There were several key needs expressed across all three customer groups that were consistent.

<p>Increase level of support from WAGPET when there are workplace issues.</p>	<p>It became apparent through the focus group discussions and then confirmed through the survey responses that all three customer groups want greater involvement from WAGPET to assist in difficult workplace issues or disputes when they cannot be resolved by the parties within the practice.</p>
<p>Ensure part time registrars fully understand their commitments before commencing.</p>	<p>Concern over the workload and welfare of part time registrars was expressed by all groups.</p>
<p>Ensure the placement process is understandable, fair and transparent.</p>	<p>Initial discussions with the customer focus groups led us to believe the registrar/practice placement system was a major issue. As discussion evolved, it became apparent that the issues were not so much with the placement system itself, but more so the process that sits around it and with the communication involved.</p>
<p>Ensure teaching and supervision is effective and that struggling registrars are identified early and supported.</p>	<p>A common need expressed by all three groups was to make sure GP registrars facing any difficulty during their training time are identified and supported as early as possible.</p>
<p>Ensure registrars are clinically and administratively competent when commencing GP.</p>	<p>All three customer groups would like GP registrars that are commencing their first term in community GP training to be better prepared to face the challenges of the solo clinician and to have a better understanding of the commercial and administrative requirements of working in a private practice.</p>

GP SUPERVISOR TOP NEEDS

The following table details the overall top needs as expressed by the GP supervisors.

Ensure the personal and professional barriers of registrars as new employees are well understood.	Supervisors told us they want to have a greater understanding of the registrars they are employing including more information on past employment and education performance.
Ensure WAGPET provides support for registrars preparing for exams.	Supervisors want to ensure the registrars they are training are well prepared and supported to pass their exams.
Ensure the supervisor is able to effectively recognise when registrars are struggling.	Supervisors are concerned about maintaining their skills as effective supervisors to ensure they recognise issues with registrars early.
Ensure the WAGPET placement process is fair and transparent.	See comments above under common customer needs.
Ensure the supervisor is an effective teacher and supervisor.	In a similar vein to point three above, supervisors are keen to ensure they maintain effective supervision and teaching skills.

GP REGISTRAR TOP NEEDS

The following table details the overall top needs as expressed by the GP registrars.

Feel supported by WAGPET when there are issues with practice staff.	Registrars expressed a clear desire for WAGPET to assist when there are workplace-related issues in the practice.
Feel supported by WAGPET when there are issues with supervisors.	As per the above point and furthermore, registrars noted a desire to be able to share information without fear of retribution.
Understand the education and training needs of being a part time registrar.	Registrars want to clearly understand the full time education commitments before commencing work on a part time basis.
Understand upfront the time and effort required to prepare for case based discussions.	Registrars want more information to help inform them of the requirements of the education program.
Ensure the placement process is fair and transparent.	See comments above under common customer needs.

PRACTICE MANAGER TOP NEEDS

The overall top needs as expressed by the practice managers were as follows.

<p>Increase level of support from WAGPET when there is a supervisor/registrar issue.</p>	<p>Practice managers want WAGPET to assist when there are workplace issues or disputes within the practice.</p>
<p>Ensure part time registrars understand the full time education requirement.</p>	<p>Practice managers want to ensure registrars understand their education workload before they agree to sign on as a part time employee.</p>
<p>Ensure WAGPET acknowledges and actions any feedback from the practice.</p>	<p>Practice managers want WAGPET to maintain a high level of customer service and responsiveness.</p>
<p>Ensure new registrars are familiar with the MBS before starting.</p>	<p>Practice managers want registrars to be more administratively competent before they commence training.</p>
<p>Ensure registrars fully understand the implications of a placement change.</p>	<p>Practice managers want to ensure registrars fully consider the risks and implications of moving practices before they set the process in motion.</p>

NEEDS LANDSCAPES

The following graphs plot out and visually represent each of the individual customer needs along a y axis of satisfaction and an x axis of importance.

The top right quadrant is not where you want customer needs to be (high importance/low satisfaction) and I'm proud to say WAGPET does not have any across all groups that fall into this underserved category.

The bottom right hand quadrant represents the needs of high importance and high satisfaction while the bottom left quadrant represents those needs that have high levels of satisfaction and lower levels of importance and so are adequately served.

The needs that are plotted closer to the centre right are areas of opportunity for WAGPET innovation and continuous improvement.

GP Supervisor

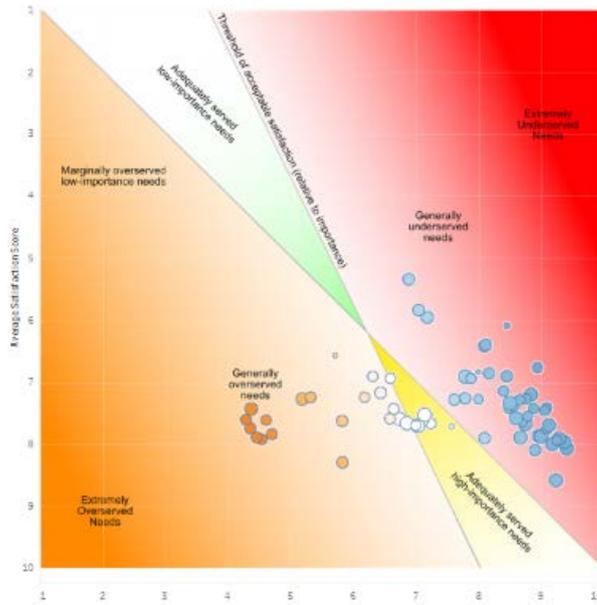


Figure 1: Supervisor Needs Landscape

GP Registrar

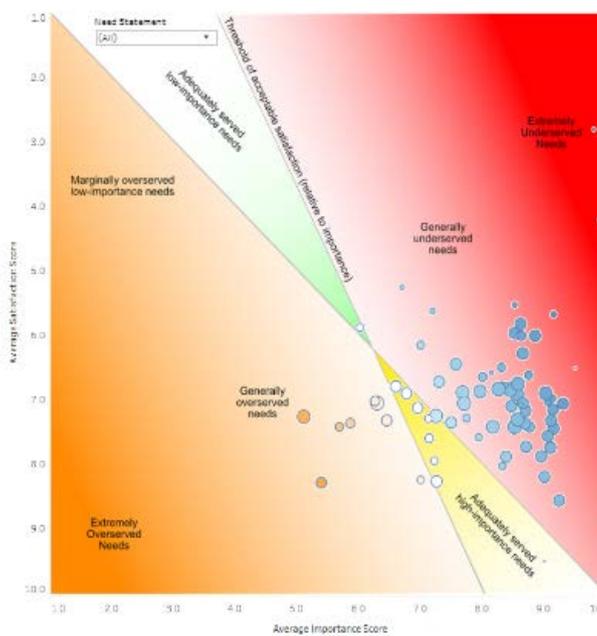


Figure 2: Registrar Needs Landscape.

Practice Manager

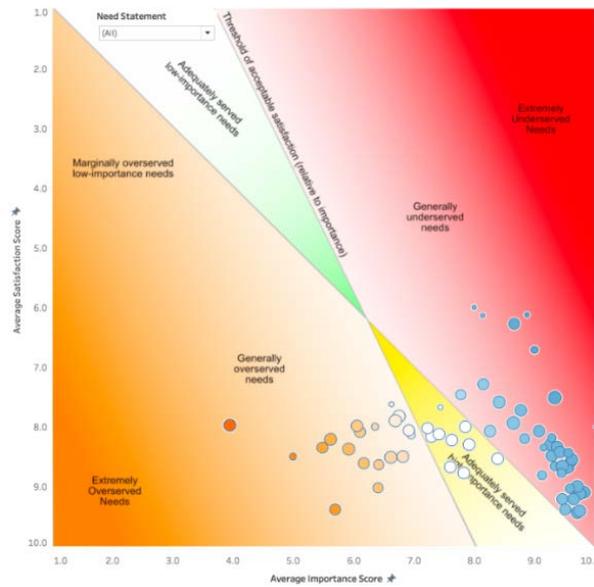


Figure 3: Practice Manager Needs Landscape

WHAT OUR CUSTOMERS TOLD US

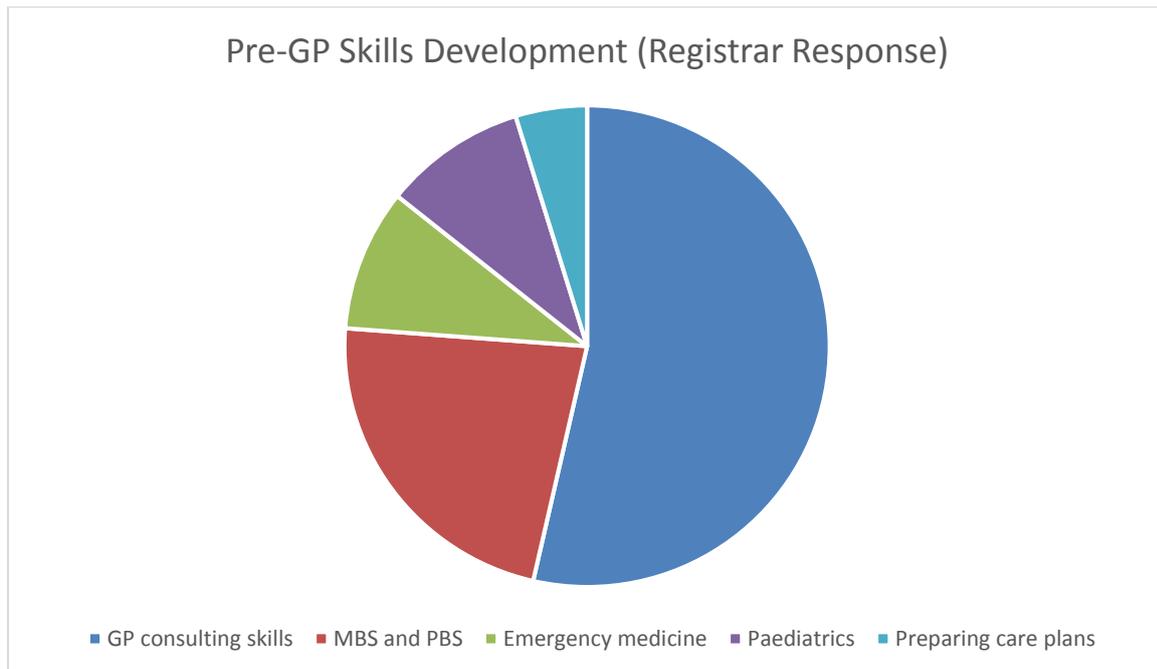
GP registrar career motivations

With a 41% response, the biggest single motivator for choosing a specialist career as a GP is the ability to have flexible work life. This was followed by choosing a career that offers a variety of work (15%) and one that offers the chance to work in a rural setting (14%).



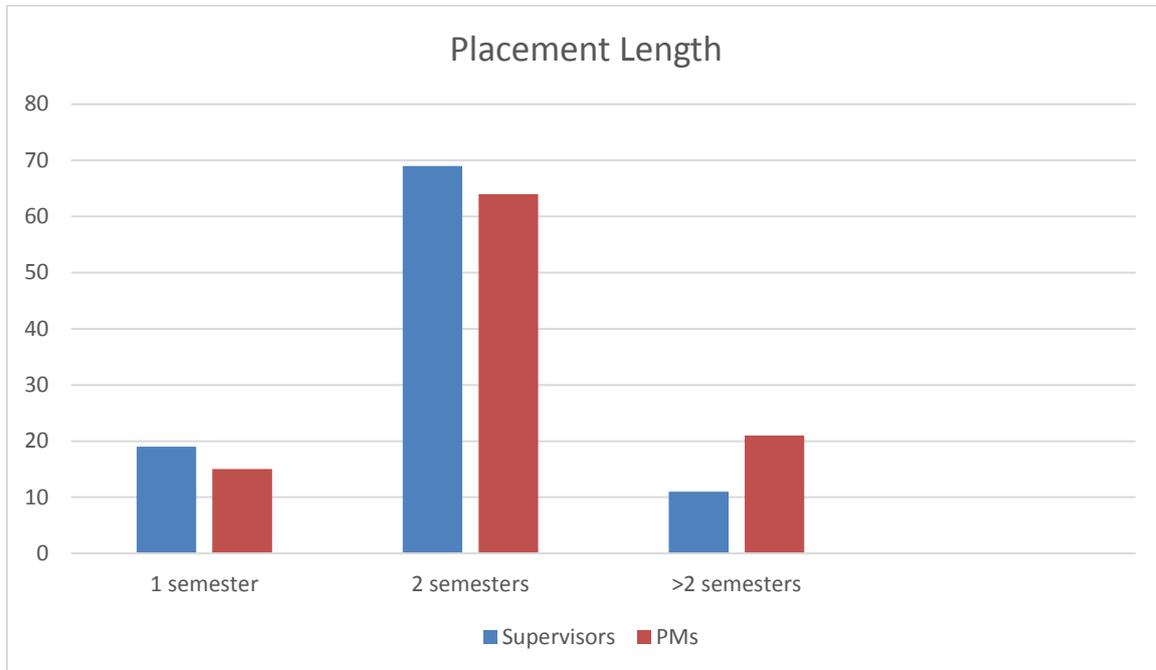
Important skills to learn pre-GP

45% of GP registrars said the most important skill they would like to develop further before entering community GP is their GP consulting skills. The next most desired pre-GP skill to develop with a 19% response was in the area of the Medicare Billings and Pharmaceutical Benefits Schemes. Other pre-GP skills development areas included emergency medicine (8%), paediatrics (8%) and preparing care plans (4%).



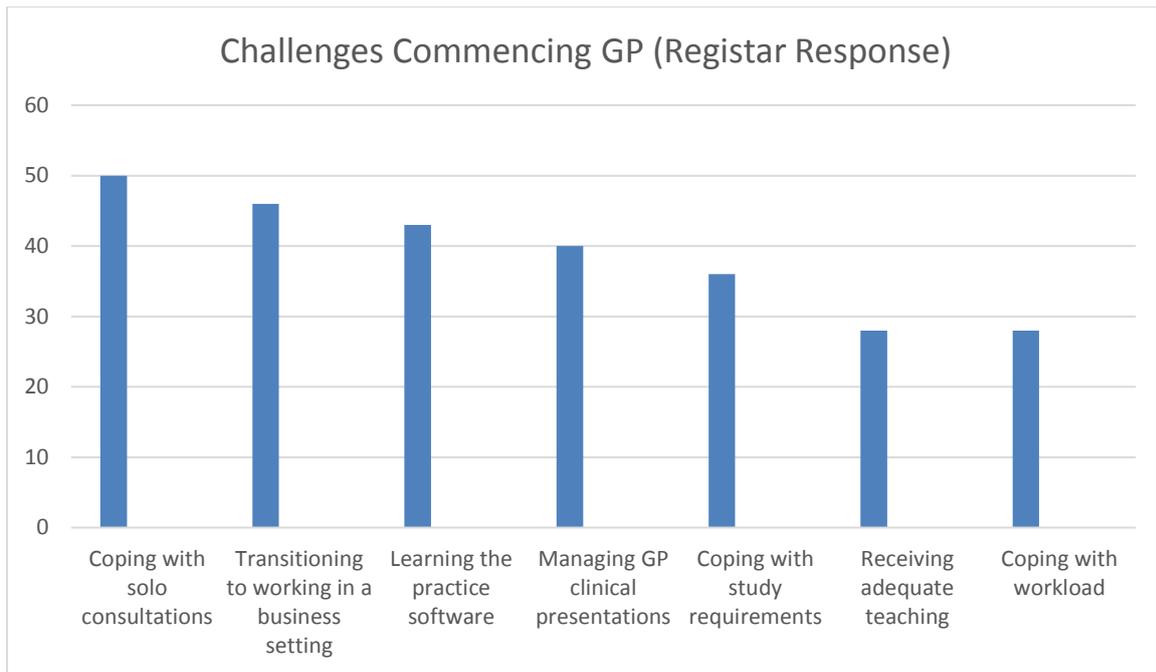
Placements

The majority of supervisors and PMs told us that their typical registrar placement duration is for two semesters. 88% of the practice managers who responded said they had had an active registrar placement within the last three years and that they had only occasionally or rarely missed out on their first registrar preference.



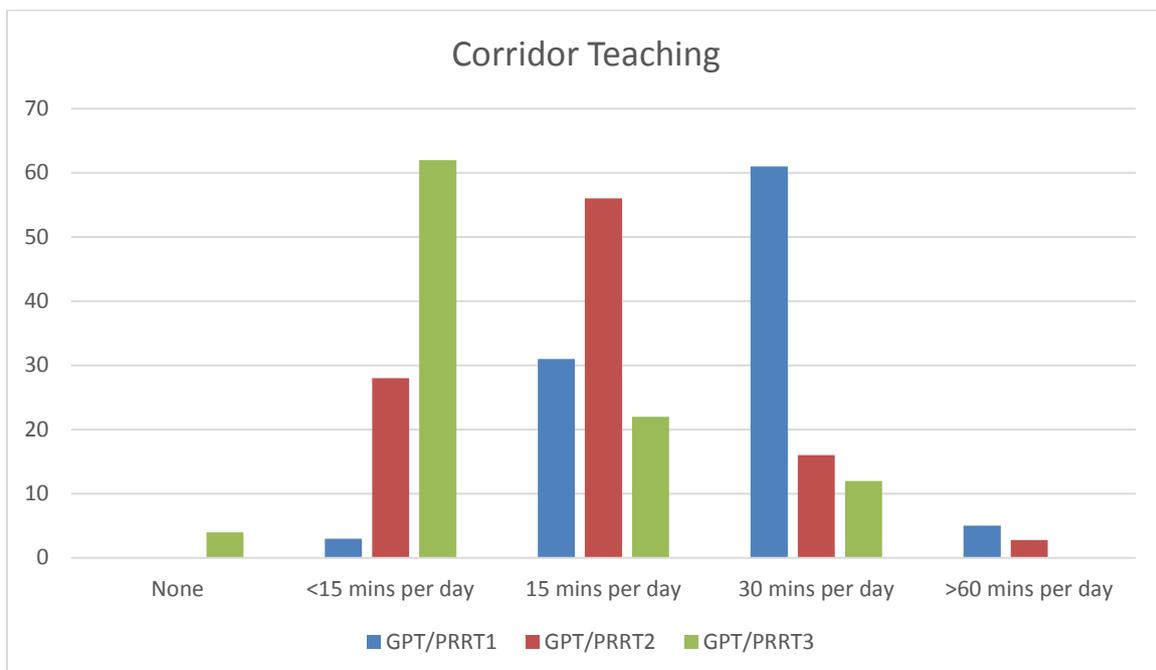
Challenges commencing GP

In a multiple choice response, 50% of GP registrars said that moving from a hospital training environment into GP and coping with solo consultations was the most difficult aspect of commencing in community GP. 46% of GP registrars told us it was challenging transitioning into a commercially run business, while 40% said learning the practice software could be tricky and 40% said coming from the hospital setting into GP and managing the variety of GP-type clinical presentations was also a challenge.



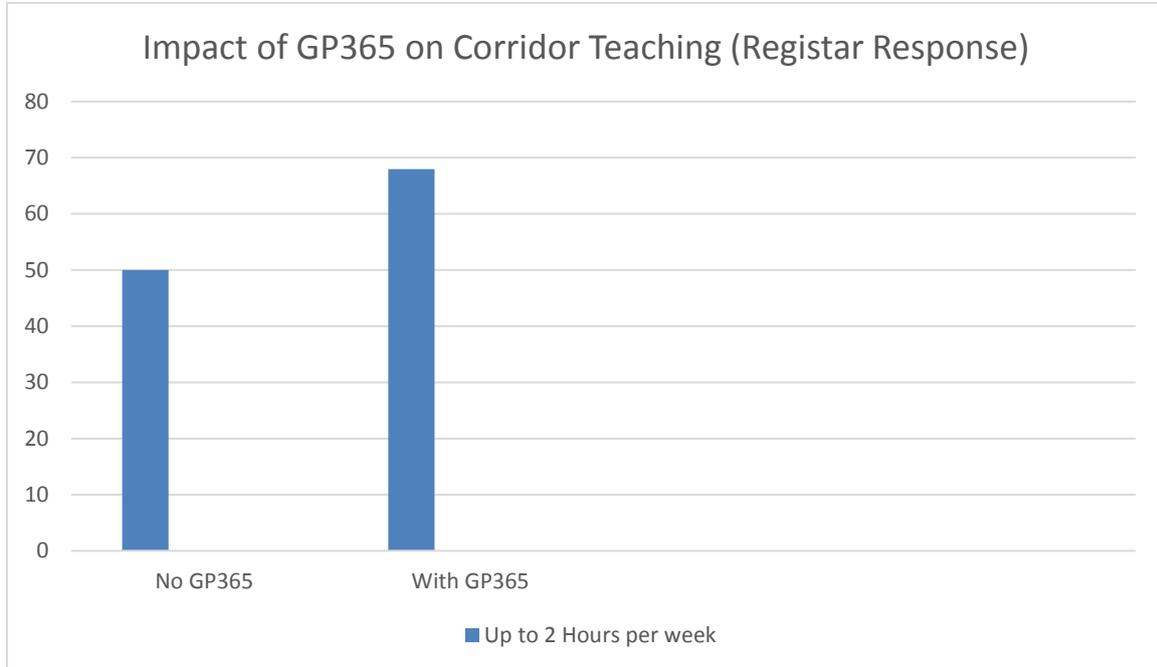
Corridor teaching

Our supervisors informed us that the majority of GPT/PRRT1 registrars are receiving at least 30 minutes per day of opportunistic corridor teaching from their supervisors. Most GPT/PRRT2 registrars are receiving at least 15 minutes per day and GPT/PRRT3 receive 15 minutes or less including no corridor teaching.

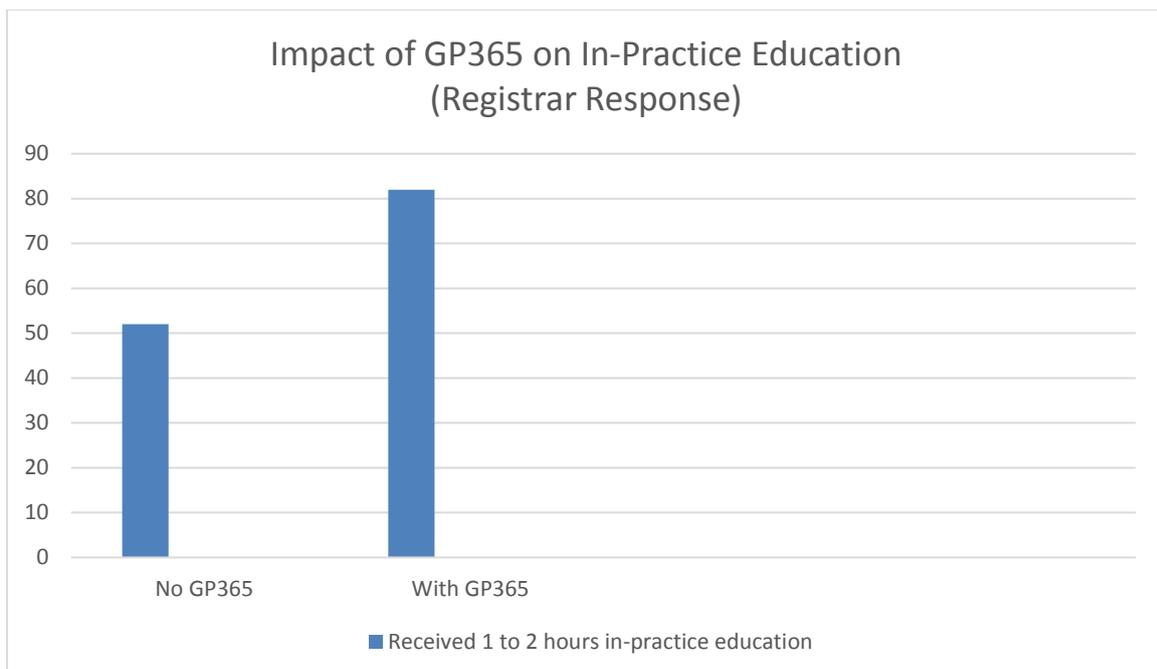


The impact of GP365 on corridor teaching and in-practice education

Prior to the introduction of the online education program GP365 in 2017, 50% of first term GP registrars said they received between one and two hours corridor teaching per week. This is in contrast to 68% of first term registrars in later cohorts who had used GP365.

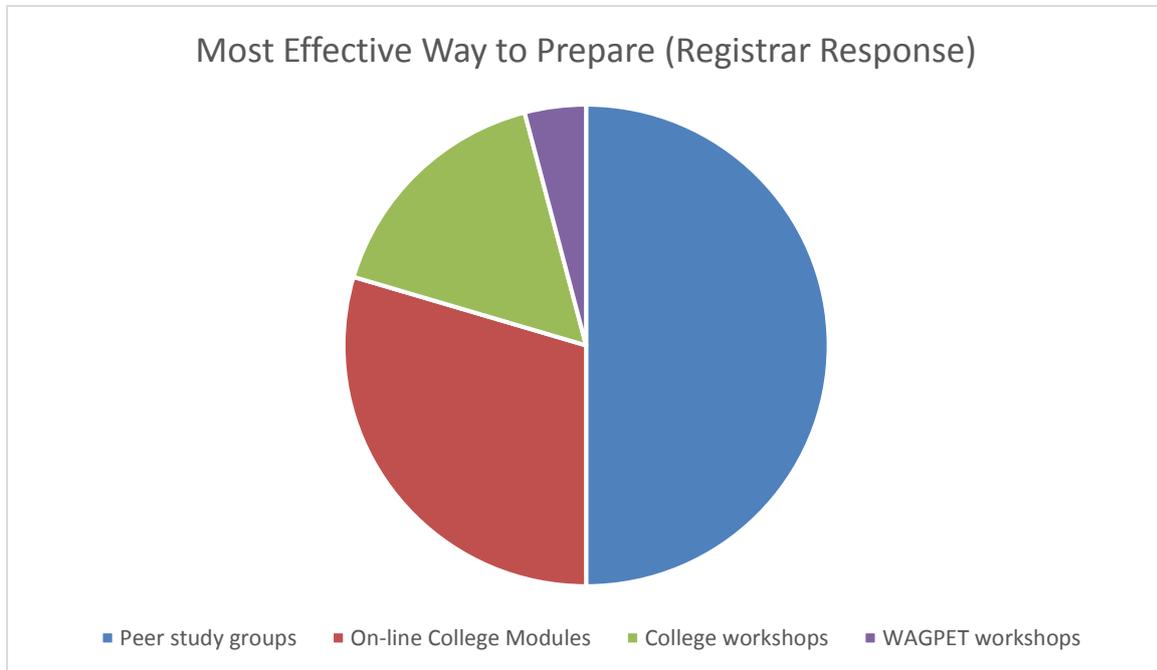


52% of first term GP registrars who had no exposure to GP365 said they had received between one to two hours of formal in-practice education per week. This contrasts with 82% of GP registrars who had used GP365 in their first term.



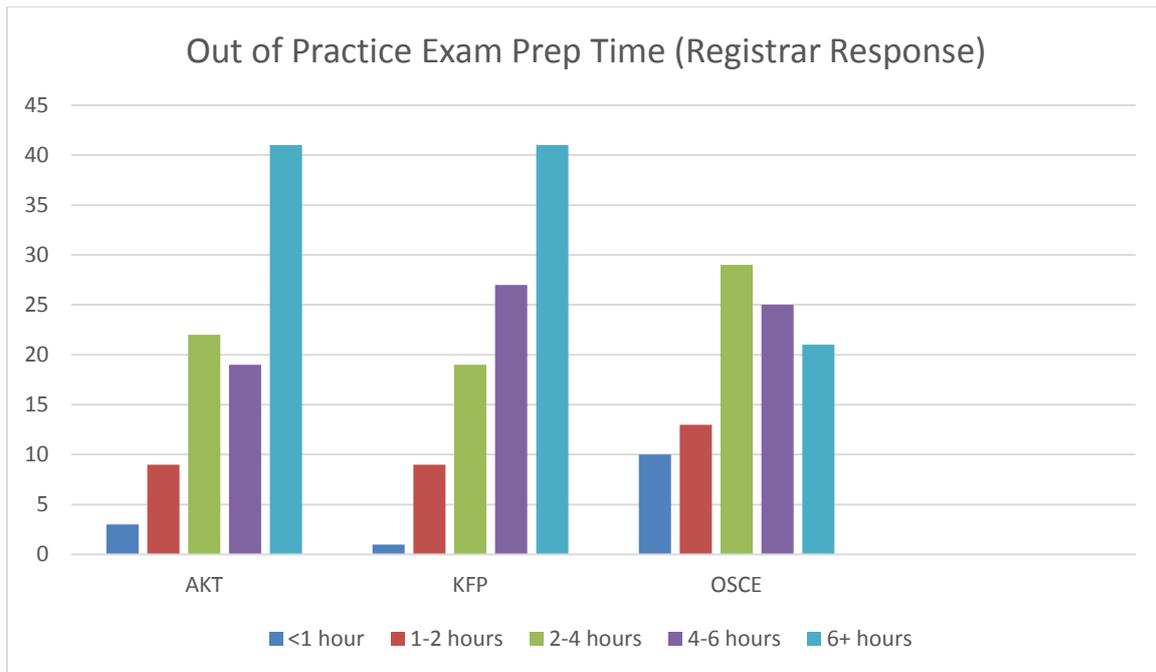
Exams

GP registrars find the most effective way to prepare for exams is to join a peer study group followed by completing online College modules and workshops and WAGPET workshops.



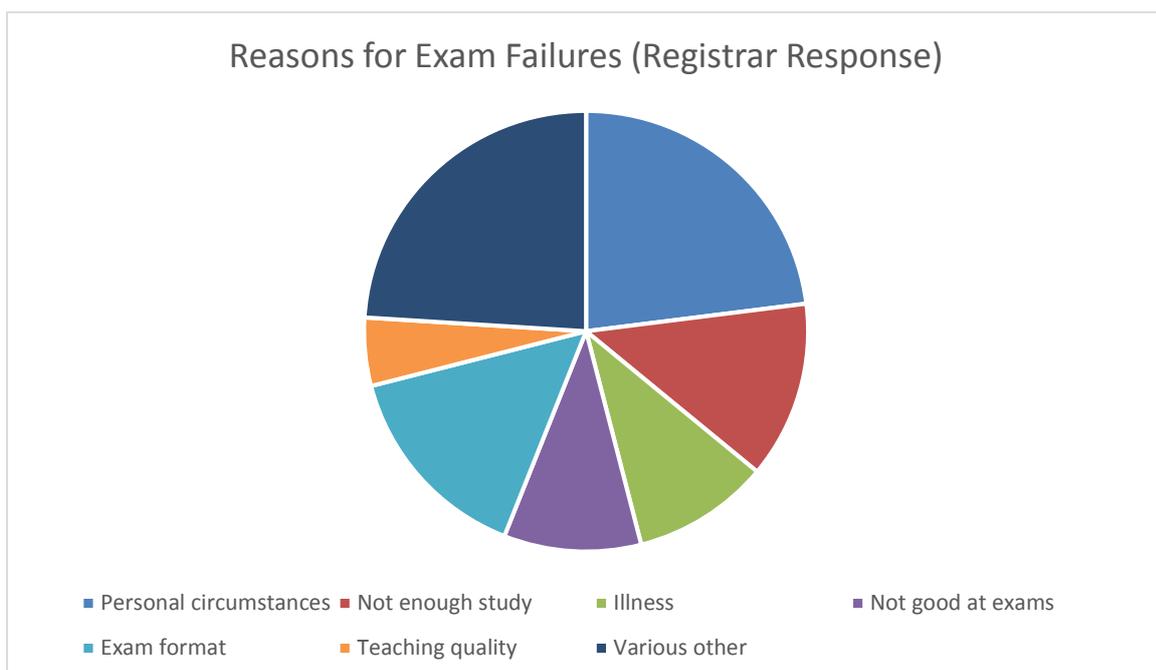
Exam preparation

The majority of GP registrars who are preparing to sit the AKT and KFP exams are studying for more than six hours per week outside of their practice hours. A very small number of registrars (1% for KFP and 3% for AKT) are studying for less than one hour per week.



GP365 has had an effect on study patterns with 24% of GP registrars who are now using the program stating they do six or more hours out-of-practice study compared to 13% of the previous cohort who were not exposed to GP365.

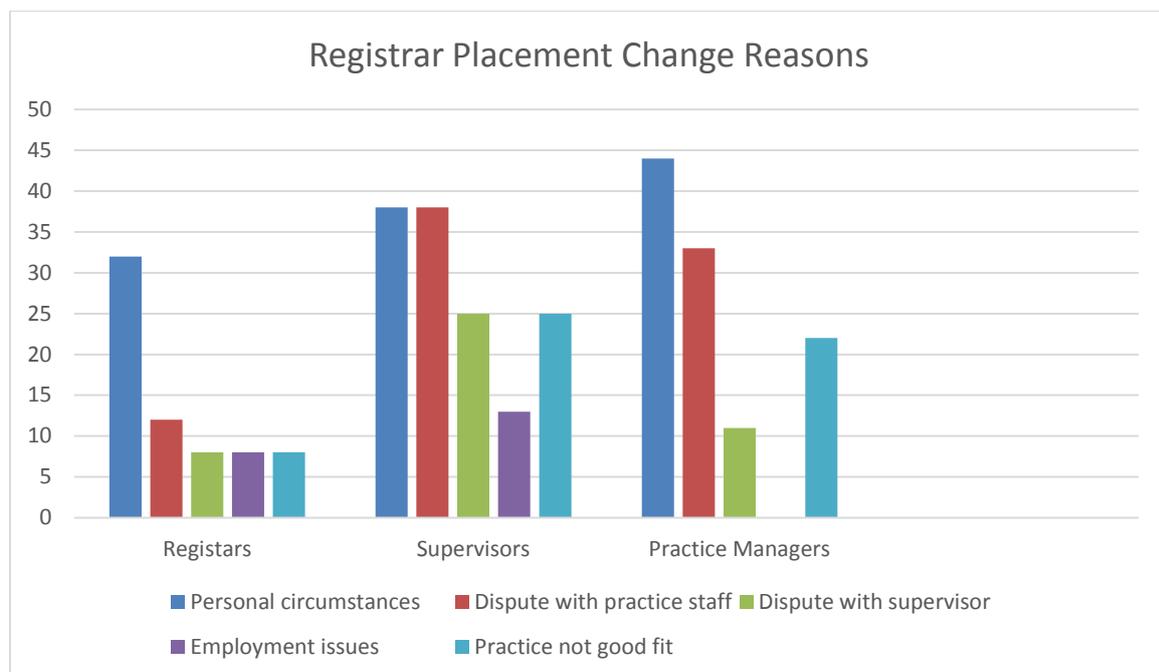
For those GP registrars who had failed one or more of the summative assessments, the main reasons given were personal circumstances, not enough study, illness, having difficulty with the exam format or taking exams.



Registrar placement changes

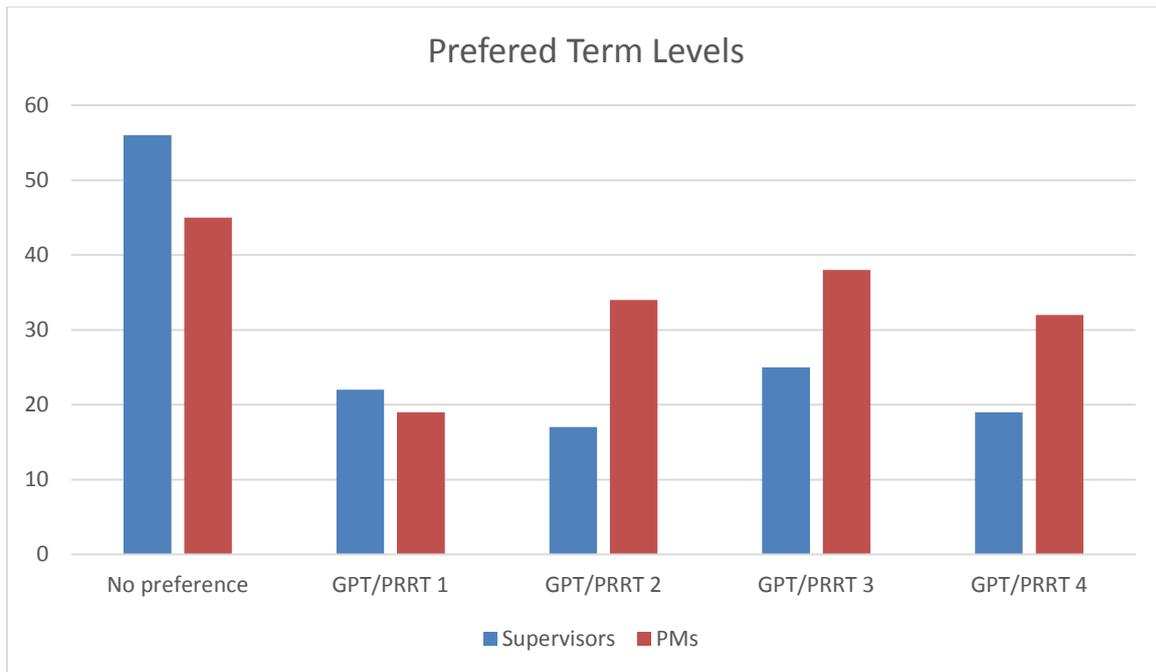
16% of supervisors and 15% of practice managers told us they had experienced a GP registrar placement change within the last three years. The main reasons cited were consistent across the three groups with changes in the GP registrar’s personal circumstances being the most common reason. All three groups cited disputes with practice staff as another common reason and supervisors believed disputes between themselves and registrars was a factor. Both supervisors and practice managers believe registrars also change practices because they don’t fit in with the original practice. Interestingly, practice managers did not state employment related issues as being a factor while supervisors and registrars did.

85% of registrars who had made a placement change, said the location they moved to met their expectations.



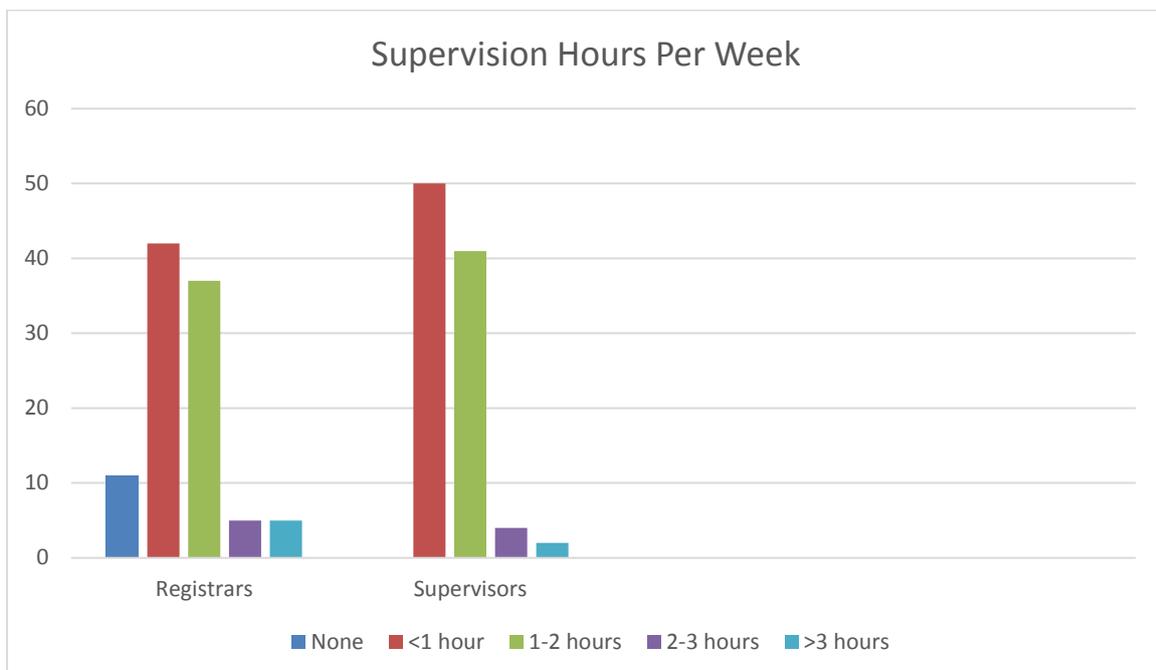
Term level employment preferences

Supervisors and practice managers were asked to specify if they had any particular term level preferences when employing registrars. While there is a small bias towards GPT3 registrars, the majority of supervisors state they don’t have a preference and are happy to employ registrars in any term.



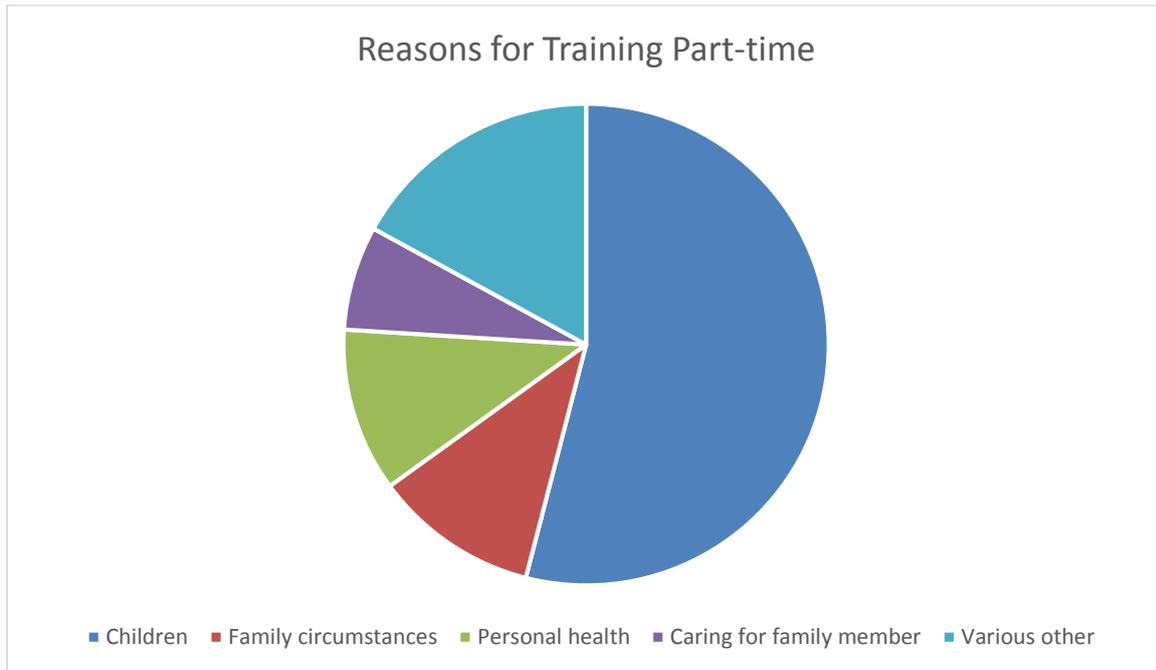
Supervising third and fourth term registrars

The majority of both GP registrars and supervisors believe that the supervision requirement for registrars in their third or fourth terms is two hours per week or less. 11% of registrars stated they received no active supervision involvement during these terms at their respective placements.



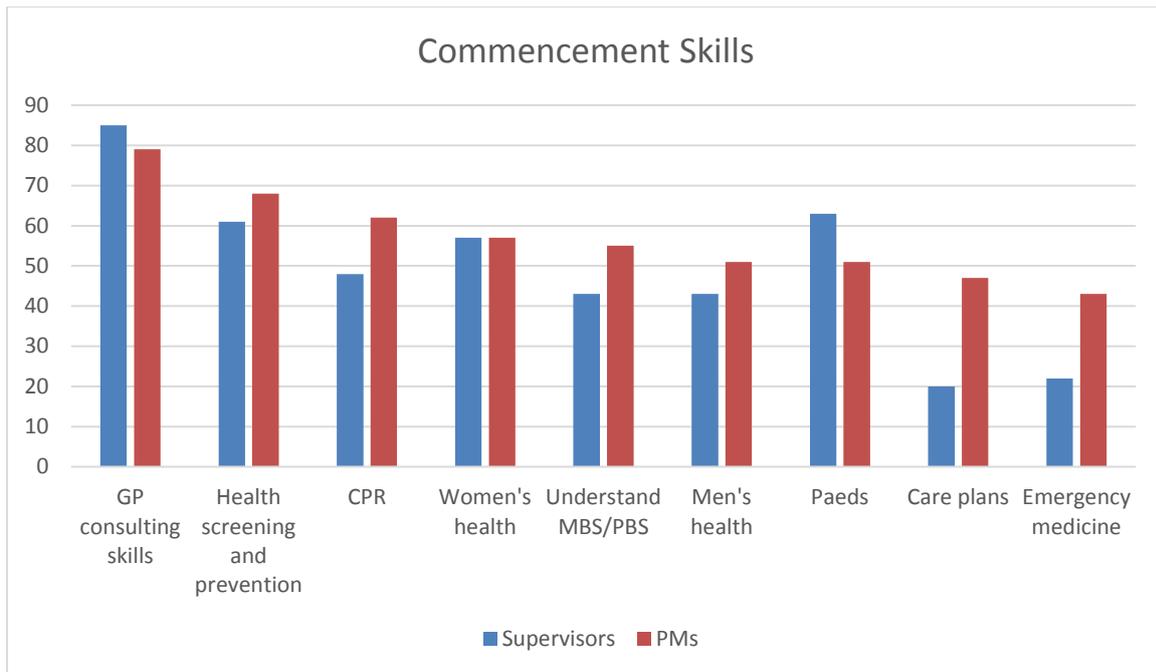
Part-time registrars

24% of GP registrar respondents stated they had or are training in a part time capacity. The majority of registrars chose to train part time for children and family reasons. 36% of registrars said they had had children at some point during training. 67% of supervisors said they had employed a part time registrar at their practice at some point.



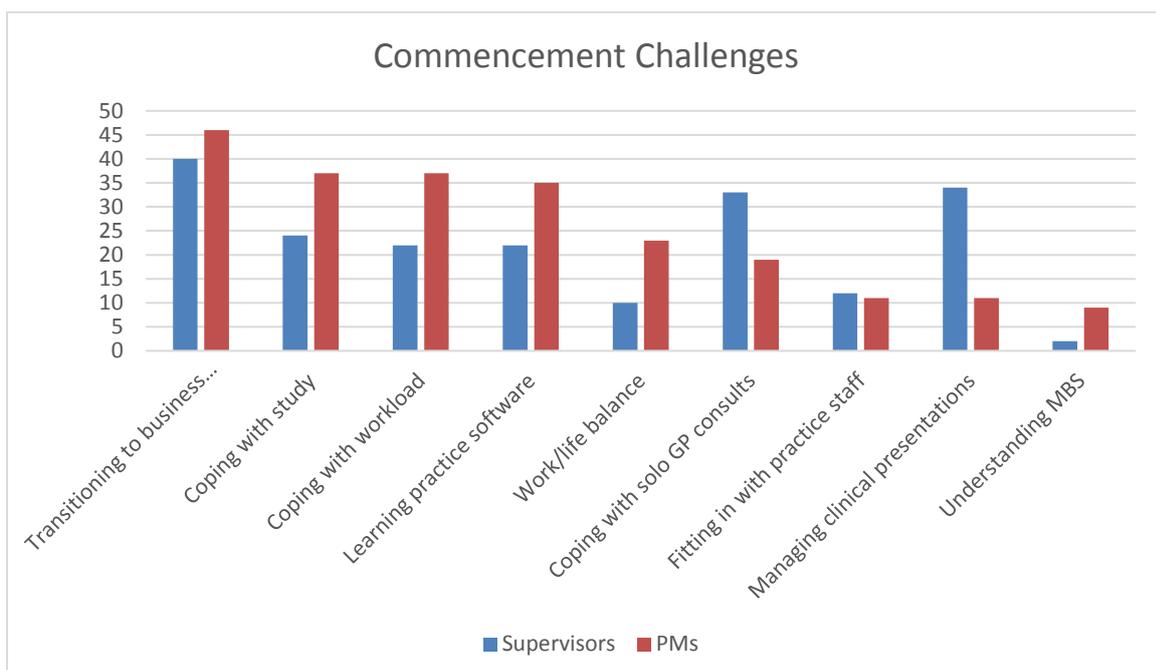
Commencement skills

Supervisors and practice managers were mostly aligned in the skills they would like GP registrars to have when commencing their first GP community training term. The most common starting skill noted by both groups is the registrar's ability to move from the hospital environment into the solo GP consulting setting.



Commencement challenges

Supervisors and practice managers were asked what the biggest challenges are for first term registrars commencing in community GP. Both groups believe the biggest challenge is the transition the registrar has to make to move from a hospital environment into a private business setting. Supervisors believe that developing the skills and knowledge to manage GP clinical presentations presents the next highest challenge while practice managers think it is coping with the study and workload requirements.



Additional skills

Each of the three groups were asked what they saw as being the most relevant additional skills for GP registrars to have when practising in community GP. To understand the potential differences of metro and rural practice, the supervisor responses were split into metro and rural based on their location.

Rural supervisors believe developing skills in obstetrics and gynaecology is the most important additional skill to develop which is in contrast to their metro colleagues.

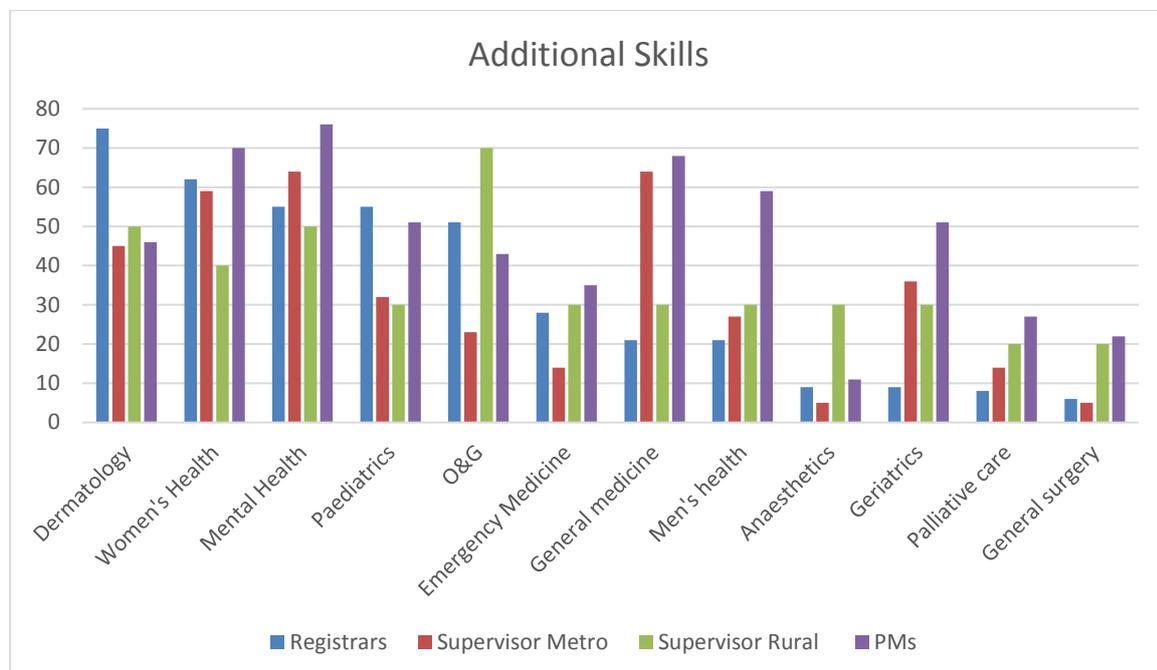
All groups believe that developing additional skills in mental health is important for a career in community GP with practice managers rating that as the most important skill to have.

While registrars rated developing skills in dermatology as the most important, the supervisors and practice managers thought so to a lesser degree.

Both metro and rural supervisors think developing additional paediatric skills is less important than registrars and practice managers.

Metro supervisors, registrars and practice managers rated highly the development of skills in women’s health. This was in contrast to the rural supervisors.

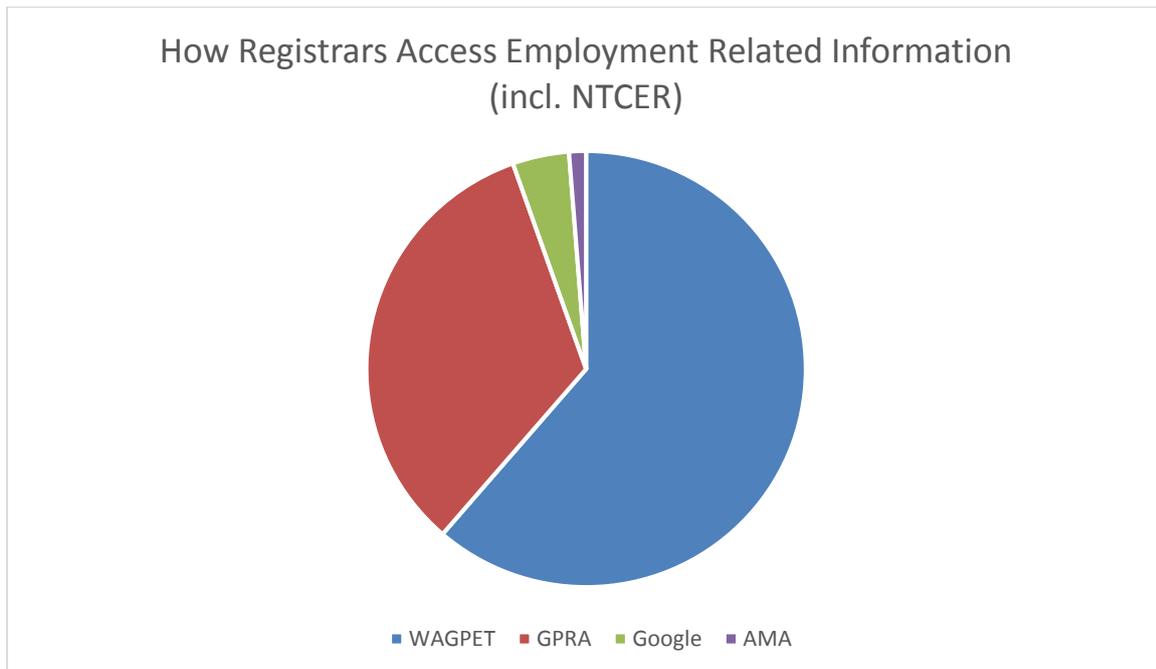
Rural supervisors believe there is only a moderate need to develop emergency medicine skills.



Employment issues

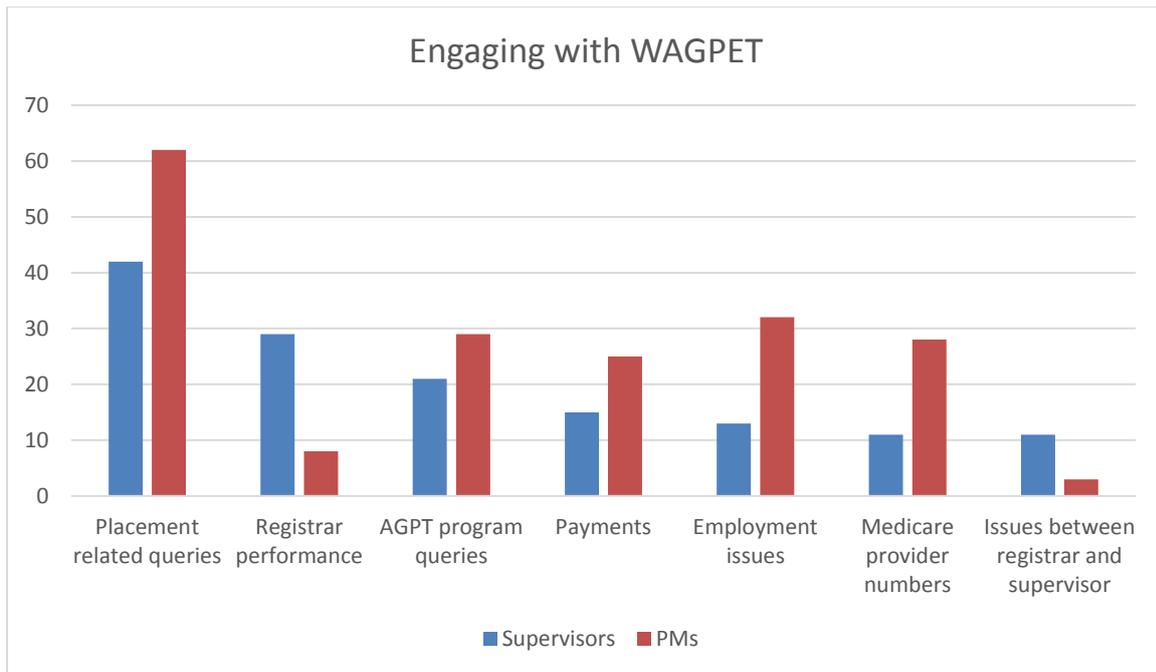
79% of GP registrars have read the NTCER, with 87% of those registrars doing so as a means of preparing for practice employment contract negotiations.

9% of registrars stated they only referred to the NTCER in response to an employment issue that had arisen. Only 9% of GP registrars stated they had contacted WAGPET for support when they had had employment related issues.



Engaging with WAGPET

Supervisors and practice managers told us the main reason they typically contact WAGPET relates to GP registrar placement queries. Other reasons to contact WAGPET include registrar performance and employment issues.



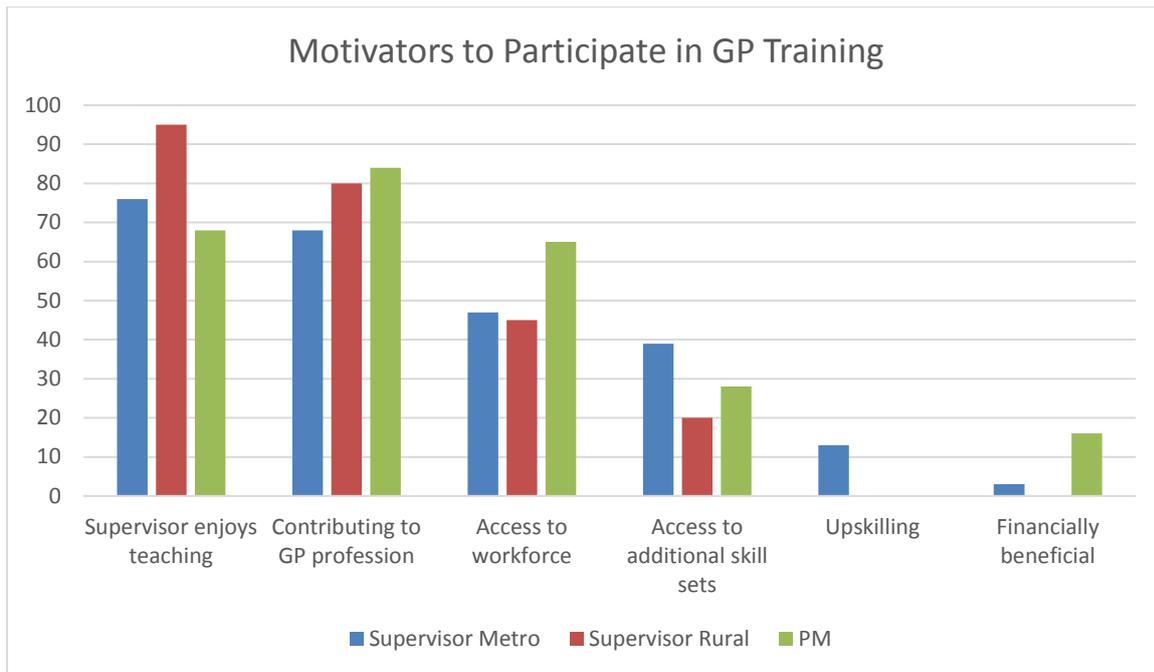
Why registrars leave GP training

The most common reason GP registrars cite for pulling out of GP training is that they are pursuing a career in another medical specialty. The second most common reason cited is family.



Motivators to participate in GP Training

Metro and rural supervisors and practice managers told us why they were motivated to participate in the GP training program. The primary reason for both supervisor groups is their enjoyment in teaching, all three groups saw it as important to be making a contribution to the GP profession and practice managers particularly saw it as a way to gain access to workforce.



COMPARING THE ODI DATA

There is no questioning the veracity of the data we have collected throughout this very robust ODI process. The feedback has come directly from the horse's mouth via an independent third party and from a sample size large enough and with enough representation across multiple customer sub-groups to ensure the data is highly reliable down to the individual needs level.

The ODI project is also complementing other pieces of work such as the Rural Retention Study which has used a similar methodology where WAGPET has engaged one-to-one with more than 470 fellowed registrars in depth to get a deeper understanding of the motivations for training, working and remaining in a rural location. An academic paper presenting the findings is due to be released which will highlight key statistics such as the probability the WAGPET GP registrars who completed their training in a rural location are 43 times more likely to still be working in a rural location.

In taking a much different approach to engaging with our customers in a much more meaningful way than the conventional survey process, WAGPET has taken significant steps forward in our understanding of what is really important and where we need to focus our attention. The importance of this as a responsible corporate citizen cannot be overstated.

There is another very important aspect to knowing your customers this way. If and when we are presented survey data from one of many organisations that are conducting surveys of the GP training community, we can respond with a great deal of confidence on the issues raised as there are many dozens of nuances with every single survey question that are never uncovered within the simplistic nature of the conventional survey.

And one final observation of many surveys that we encounter; they are invariably developed in-house and as a result ask questions that are organisationally biased and that the organisation thinks their audience wants them to ask. This method often partially or fully misses what matters most to those customers.

WHERE TO FROM HERE

The importance and success of the WAGPET ODI project from a customer engagement and innovation perspective cannot be overstated. This process has been without doubt the most meaningful customer feedback and engagement process I have ever been involved with. I know that, speaking on behalf of myself and all of the WAGPET staff who were involved, this will forever alter our approach to implementing change. We are deeply humbled and forever grateful to those GP supervisors, registrars and practice managers who gave their valuable time to be involved. Conducting the ODI process has changed WAGPET forever and this way of operating is now in our DNA. It has us thinking about other ways to substantively improve circumstances for junior doctors and registrars and all those involved in AGPT training.

WAGPET has heard very clearly from our GP registrars, supervisors and practice managers that support with workplace issues is an area that must be improved, such that there are preventative measures in place to head off issues and when a workplace dispute does arise, WAGPET has the expertise and balanced approach to assist dispute resolution swiftly and amicably to the benefit of all concerned.

We are committed to looking for solutions to the issues raised by part time registrars.

We are focused as much as ever on rural distribution and improving how we go about attracting quality registrars to work where they are needed most.

We are committed to working with our state health sector partners to improve the training flow and retention of rurally based junior doctors who chose a career in GP.

Looking ahead, attracting a sufficient number of quality applicants annually to the WAGPET program is an ongoing area of focus for us. Using the ODI process, over 2018 we will engage with junior doctors to get a detailed understanding of the journey they make from medical school into the hospital system, the issues they face in navigating this system and the drivers and decisions that will or won't lead them into a specialist career as a general practitioner.

The Western Australian community needs more quality general practitioners and WAGPET is committed to making that happen.