RACGP

Royal Australian College *of* General Practitioners

RACGP profession-led community-based training

Excellence in general practice training to serve all Australian communities

racgp.org.au

Healthy Profession.
Healthy Australia.

RACGP profession-led community-based training

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. RACGP profession-led community-based training. East Melbourne, Vic: RACGP, 2021.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

ABN: 34 000 223 807
ISBN: 978-0-86906-602-7

Published March 2021, updated April 2021

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

ID-498.17

Contents

Executive summary 1

Introduction 5

Why the RACGP? 5

Operating model overview 6

Operating model components 8

Objectives 8

Educational framework 8

Distributed education and training delivery 9

Aboriginal and Torres Strait Islander health training 11

Understanding workforce needs 12

Aligning training site capacity and capability with need 13

Attracting prospective general practice applicants 14

Selecting, training and placing registrars based on need 15

Providing a positive training experience 17

RACGP Service 18

Funding 19

In conclusion 20

Glossary 21

Executive summary

Transition of the Australian General Practice Training (AGPT) Program to the general practice colleges was announced by the Federal Minister for Health, the Honourable Greg Hunt, in 2017. As a result of this commitment and subsequent discussion regarding the inclusion of the Remote Vocational Training Scheme (RVTS), Australia finds itself at a transformative moment in specialist medical education history. We have an opportunity to reform the nation's general practice education and training system to provide significant, meaningful improvements in the quality and safety of training, and the distribution of general practitioners (GPs) for the long-term benefit of the community and the profession.

The Royal Australian College of General Practitioners (RACGP) has drawn on best-practice research and evidence, together with the experiences of its members, expert advice and broad sector consultation, to develop this position paper outlining the RACGP's vision for general practice education and training. This vision encompasses fundamental changes to the current training system and will achieve a sustainable pipeline of safe, competent and confident GPs and rural generalists (RGs). The proposed model seeks to retain the most effective features of the current AGPT Program and the RVTS, while creating a more nationally consistent, efficient, and locally responsive approach.

Key challenges addressed in this paper:

- **Declining interest in general practice** – the pipeline of medical students and pre-vocational doctors intending to pursue general practice is a critical aspect of a well-subscribed training program. The AGPT Program has been under-subscribed for several years.
- **Workforce maldistribution** – the distribution of GPs does not match community needs in regional, rural and remote Australia, in populations of significant disadvantage (Aboriginal and Torres Strait Islander communities, in particular), and in some outer-metropolitan communities.
- **Duplicated organisational structure** – the current organisational arrangements with multiple discrete entities results in inefficiencies and inconsistencies at a national level (eg in finance, human resources, and marketing).
- **Inconsistent use of technology** – the lack of nationally consistent data and training platforms is highly inefficient, impairs analytics and creates cross-regional inconsistencies for participants.
- **Variable supervision** – quality of supervision is core to a successful vocational training program, and needs to be nationally consistent.
- **Educational program variability** – while contextual variation is critical, current variations in the design and administration of regional educational programs results in unnecessary complexity, inefficiencies in administration (particularly across regions), and instances of over- and under-training.
- **Vulnerable communities** – the health outcomes for disadvantaged groups continue to be highly challenging and require specific responses, one of which is reliable access to high-quality general practice. These groups include Aboriginal and Torres Strait Islander peoples, rural and remote communities, aged care, culturally and linguistically diverse (CALD) populations, the socially and economically disadvantaged, and people living with addiction, disability or mental illness.

The RACGP will meet these challenges with a nationally managed and supported, locally delivered operating model that is community-focused and built on a foundation of high-quality supervisors and training sites. Our model closely integrates workforce management throughout training to ensure that community needs are met.

The key aspects of the operating model are outlined in the diagram below and include the following primary elements:

- **Understanding community needs** – better use of available workforce data, supplemented with local knowledge, to form an accurate picture of which needs are best addressed with a training solution.
- **Integrated Aboriginal and Torres Strait Islander education and support** – increasing the number of Aboriginal and Torres Strait Islander registrars through a recruitment and mentoring program. This program will start in the community and support prospective GPs through to Fellowship, supervision, medical education and research. Aboriginal and Torres Strait Islander health will be integrated into all aspects of the education program.
- **Personalised case management** – individualised management of medical students, junior doctors, and general practice and rural generalist registrars through the recruitment and training pipeline, in alignment with community need.
- **Progressive assessment and flexible entry** – flexible entry into the general practice training program and progressive assessment of general practice and rural generalist registrars to optimise their training pathway (avoiding over- and under-training). We will also offer flexibility for registrars to move between the general practice and Rural Generalist Pathway.
- **Tailored support and incentives** – tailored registrar support and incentivisation, including bundled funding streams from existing schemes and programs, with particular emphasis on ensuring safe, viable and attractive experiences in areas of workforce need.
- **RACGP Service** – innovative methods of training delivery, including piloting an 'RACGP Service' that leverages the RACGP's membership base to increase supervision capacity and provide services in the most challenging locations.
- **Distributed delivery** – the above changes will be underpinned by a distributed delivery model that leverages existing relationships and is informed by local knowledge. This will help to ensure training solutions are pragmatic and contextually relevant, while also benefiting from national consistency and economies of scale. Existing RACGP faculty infrastructure will be used to create additional efficiencies.

The RACGP's proposed operating model for its vocational training program is community-focused and built on a foundation of high-quality supervisors and training sites with which we have established relationships and trust.

Our indicative financial analysis (more detailed and definitive costing will be provided through the grant opportunity process) suggests that many of these changes and improvements can be made within the existing AGPT and RVTS funding envelope. The judicious re-investment of savings from a range of identified efficiencies, together with the bundling of existing rural workforce support funding streams will be key to a high-quality program that will attract trainees and ensure outcomes are achieved.

The return of general practice training to the RACGP provides a unique opportunity to reform training and secure the future of Australia's primary health system.

For the community, the RACGP model will work to ensure GPs are available where they are needed, can meet the challenges of the future, and can work in the health systems of tomorrow. For registrars, the model will provide improved flexibility in their training pathway and region, and a more personalised, higher quality training experience, making general practice a more desirable and rewarding career choice. For supervisors, the model will align professional development and payments nationally, provide a local point of engagement for training administration and deliver targeted support to build supervisory capability in areas of need.

Key aspects of the RACGP profession-led community-based training model

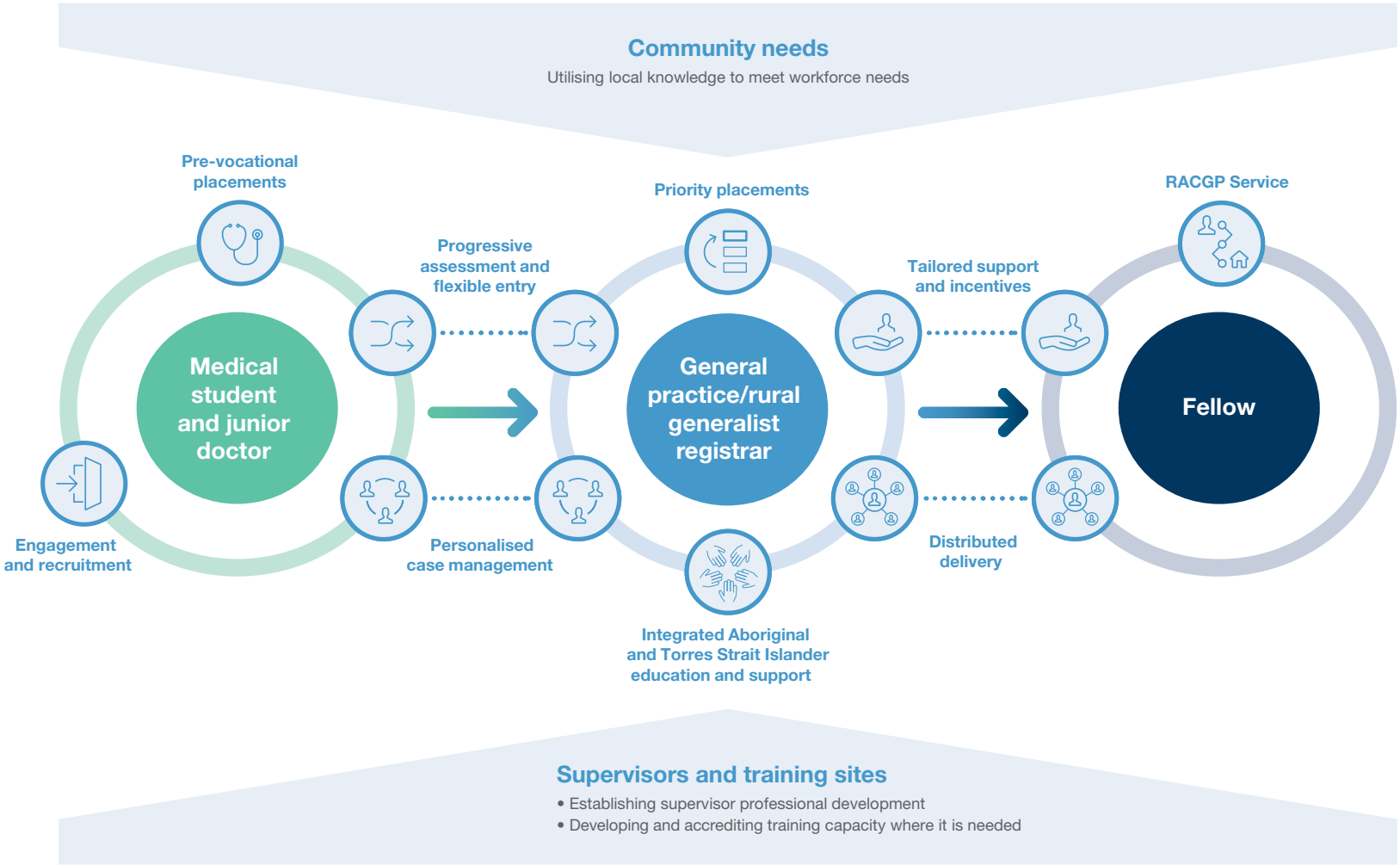

Figure 1. Reforming general practice training

Summary of benefits

The below table summarises how the proposed operating model will improve key aspects of general practice training relative to the current training model. These improvements will substantially contribute to our ultimate shared goal of a safe and healthy community.

Table 1. Summary of operating model improvements

Current situation	Future state
Insufficient pipeline of general practice and RG applicants	• Improved promotion and understanding of general practice and rural generalism throughout the pipeline • Case management of prospective general practice and RG applicants • Improved access to and quality of general practice and RG experiences and placements
Workforce targets are abstract, with no specific accountability for aligning placements with granular workforce needs	• Mature, well defined community-needs assessment, gap analysis and fulfilment processes • Clear alignment between workforce need, training capacity and placement
Mixed approaches to workforce fulfilment across regions	• Close integration with workforce-related stakeholders • Consistent use of improved workforce data • Nationally coordinated and locally delivered placement • Technology to support complex placement decision-making • Case management of registrars towards critical areas of community need
Mixed approaches to Aboriginal and Torres Strait Islander health	• Improved coverage of Aboriginal and Torres Strait Islander health in the curriculum • National peer support of cultural educators and mentors • Case management and support of the pipeline of Aboriginal and Torres Strait Islander registrars
Selection and placement constrained within regional boundaries	• National workforce perspective enabling cross-regional placement
Difficulty in fulfilling highly challenging training locations within the existing models	• Bespoke RACGP Service to provide specialised supervisory and registrar arrangements for highly challenging settings
Disparate educational programs with multiple pathways	• Single national educational program • Simplified pathways and flexible entry • Consistent training-delivery metrics across regions, with benchmarking
Discrete entities, with multiple sets of corporate overheads, infrastructure and services across different regions; competition among training organisations	• Corporate overheads removed by using a single entity and centralised common functions, including HR, IT and finance • Contextually relevant replication of best practice across all regions • No competition for funds, resources or registrars
Varied registrar, supervisor and practice satisfaction	• Nationally consistent approach to training delivery • Nationally consistent Supervisor Professional Development program • Case management of registrars, supervisors and training sites
Training based on inputs and times	• Outcome-focused training with experiences tailored to registrar needs through progressive assessment

Introduction

The transition of AGPT and RVTS to the general practice colleges provides an opportunity for the RACGP to leverage the extensive knowledge and capability of our membership, faculties and staff to provide significant, meaningful improvements in the quality, safety and distribution of GPs for the long-term benefit of the community. The RACGP sets the high-quality standards for Australian general practice and general practice training, and has the knowledge, workforce and relationships upon which the next iteration of training can be built.

This position paper outlines an operating model the RACGP will establish to manage and deliver the AGPT Program and RVTS. It will be used to communicate our vision of general practice education and training to our members, stakeholders and policy-makers.

Why the RACGP?

With 43,000 members treating more than 22 million patients a year, the RACGP advocates for GPs and their patients throughout regional, rural and remote Australia, and in our growing cities. Our members are represented by 10 faculties that include specific coverage of GPs and registrars working in rural and remote communities, Aboriginal and Torres Strait Islander health, GPs in training, and extended scope of practice.

The RACGP is Australia's largest representative body of rural and remote GPs, with 21,600 members in our Rural faculty, RACGP Rural. We train the majority of rural GPs and will continue to actively grow the rural generalist and non-rural generalist rural workforce. RACGP Rural is at the forefront of the development and implementation of the Rural Generalist Pathway, which will lead to improved healthcare outcomes for rural and remote communities.

The RACGP is also attuned to Aboriginal and Torres Strait Islander health, with almost 11,000 members in the Aboriginal and Torres Strait Islander Health faculty. This faculty facilitates better health outcomes for Aboriginal and Torres Strait Islander peoples by supporting high-quality general practice training and practice in Aboriginal and Torres Strait Islander health, and by providing support for Aboriginal and Torres Strait Islander GPs.

The RACGP supports 4700 GPs in training through our National Faculty for GPs in Training, which engages with 6400 student members considering general practice as their future career. The RACGP also represents over 6000 accredited supervisors and 450 GP medical educators who deliver training and education.

In addition, the RACGP Specific Interests faculty has more than 8000 members supporting 31 interest areas across the extended scope of general practice. The specific interest groups include medical education, and the underserved and high-need areas of aged care, addiction medicine, disability, family violence, mental health, palliative care, and refugee health.

We will draw on the expertise of these members to develop and deliver our education and training program and to enable general practice registrars to develop extended skills in key areas of practice to meet the needs of individuals and communities.

Operating model overview

The RACGP's proposed operating model for its vocational training program is community-focused and built on a foundation of high-quality supervisors and training sites. The components of the operating model are represented in the below diagram and elaborated in the following sections. The diagram illustrates how key objectives are fulfilled through an overarching educational framework, a distributed delivery model, and integrated Aboriginal and Torres Strait Islander health training. These are applied across the end-to-end training delivery processes from understanding workforce need to fulfilling those workforce needs with well-trained doctors. This apprenticeship model is built on a foundation of quality supervisors and training sites.

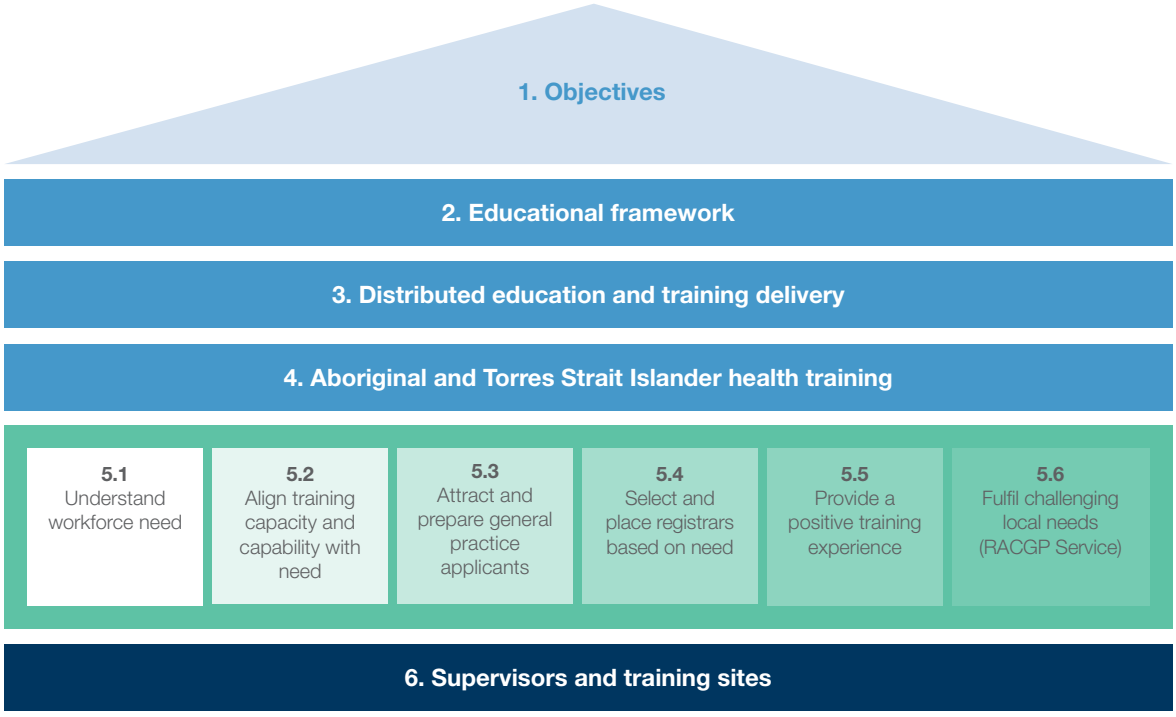

Figure 2. Operating model overview

The model includes the following key components:

1. **Objectives** – a clear set of overall objectives with key performance indicators.
2. **Educational framework** – an overarching nationally consistent evidence-based framework that provides the conceptual overview for RACGP education and training.
3. **Distributed education and training delivery** – streamlined service delivery through distributed training that is locally contextualised and supported by centralised services where appropriate. Innovative models of supervision, including remote supervision, RACGP Service and collaborating with local specialists to support trainees in regional and remote locations, will complement the traditional supervisory model.
4. **Aboriginal and Torres Strait Islander health training and support** – integrated approach to Aboriginal and Torres Strait Islander training that ensures all registrars can provide culturally appropriate care and contribute to closing the gap in health outcomes for Aboriginal and Torres Strait Islander peoples. There will also be tailored support for Aboriginal and Torres Strait Islander registrars, removing barriers to becoming a GP or RG.
5. **Operational processes** – an integrated set of outcome-focused operational processes that will deliver the education and training programs, including
    - 5.1 **understanding workforce need** – developing a nuanced understanding of community GP and registrar workforce needs using quantitative and qualitative information and local knowledge
    - 5.2 **aligning training capacity and capability with need** – matching training capacity and capability with the defined workforce needs, including the identification of capacity gaps and building training capability where needed at clinical services
    - 5.3 **attracting and preparing general practice applicants** – strengthening the approaches used to attract and case manage medical students and junior doctors into the profession and prepare them for a successful training experience
    - 5.4 **selecting and placing registrars based on need** – careful selection and placement of registrars by balancing and matching community needs, training needs and placement characteristics
    - 5.5 **providing a positive training experience** – delivering a high-quality training experience that meets the expectations of registrars, supervisors and practices, attracts candidates into the general practice training pipeline and retains GPs in areas of workforce need
    - 5.6 **fulfilling challenging local needs** – building additional capability to fulfil the most challenging areas of community need through a bespoke RACGP Service.
6. **Supervisors and training sites** – establishment and maintenance of the supervisor and training site capabilities is integrated within the above operational processes. This maintains the foundation of the apprenticeship model.

Operating model components

Objectives

Focusing on the right training outcomes

The RACGP general practice training model will:

- provide a well-trained general practice and rural generalist workforce aligned with community needs
- help to close the gap for Aboriginal and Torres Strait Islander peoples
- ensure community and registrar safety
- use funds effectively and efficiently
- promote general practice as a profession of choice.

Educational framework

Contemporary, competency-based education across the learning continuum

As part of the transition to profession-led community-based training, we have published the new RACGP educational framework, reflecting contemporary research and best practice in the provision of medical education. The educational framework is central to the RACGP operating model and guides education and training. This framework has been developed collaboratively with GPs, RGs and GPs in training, experienced medical educators and subject-matter experts, and reflects a shared vision of the values and standards of Australian general practice.

Through its guiding principles and guiding instruments (profile of the GP, curriculum, education policies and standards), the educational framework will be used to develop a consistent national vocational training syllabus to guide the education programs. The RACGP curriculum and syllabus will prepare prospective and current GPs in training to serve diverse populations, including Aboriginal and Torres Strait Islander patients, in a range of settings and with extended scopes of practice where needed. The application of this framework will ensure consistent national application of best practices and improve the overall efficiency of the training program.

Progressive assessment

We will develop and implement a program of progressive assessment for registrars, with an emphasis on work-based assessments. Progressive assessment will be used to direct registrar education and inform training progress decisions based on the registrar's achievement of competency milestones. This will replace the current use of completion of activities and time in training to determine progress.

Progressive assessment is current best-practice in competency-based education. Progressive assessment will avoid unnecessary training requirements for registrars who are already highly competent, while also ensuring those who require additional support receive it in a timely manner. This has the dual benefit of improving training efficiency and effectiveness while providing an optimised training experience.

Distributed education and training delivery

Locally delivered, nationally consistent

A distributed model in which training is delivered locally based on local knowledge and relationships will be supported by appropriately centralised services and resources. This will provide contextual relevance with national consistency.

Effective vocational education depends on sound training relationships that require time and multiple touch points to develop. This occurs in the local context. Local training requires resourcing and support, which will be provided by regional teams for efficiency, consistency and expertise development.

National capability will be established for program governance, the provision of common support services, and the development of generic education and training tools.

Local teams

Effective local delivery requires an intimate and integrated understanding of:

- local training pipelines for prospective GPs and RGs
- local workforce needs
- individual registrar needs
- local practice and supervisor capabilities
- training program requirements
- available training supports and incentives
- established relationships and trust with practices, supervisors and medical educators.

Approximately 70 Local teams with responsibility to administer education and training across assigned health service catchments (as used by the Department of Health to monitor health service requirements) will be established to develop and apply this knowledge to deliver locally relevant training.

These local teams of training advisors and medical educators (who are practising GPs with established knowledge of training) will case-manage current and prospective registrars. They will translate information about workforce needs into quality registrar placements within specific catchments over the short and long terms. They will have an emphasis on developing and maintaining local knowledge and relationships, with the flexibility to adapt training arrangements to suit the local context and individual registrar needs. Co-location with primary care stakeholders at a local level will be included where practicable to maximise efficiency and enhance stakeholder engagement and coordination.

Regional teams

The local teams will be supported by approximately 16 regional teams that will provide regional educational management and coordination, conduct accreditation, and coordinate with regional stakeholders (eg PHNs). Regional teams will include registrar and supervisor liaison officers who will represent the interests of their region at local and national levels. Existing jurisdictional infrastructure, including the RACGP state faculties, will be utilised for these regional functions. The regions will be defined with an appropriate span of management across the local teams.

The local and regional teams will have a high level of autonomy in their training delivery, while still being supported by national capabilities and overall program governance. They will work in collaboration with existing national and state-based organisations in the areas of:

- workforce planning and capacity development
- training pipeline management and marketing
- placement and support (student, junior doctor and registrar).

Figure 3. National capability, delivered locally

Streamlined technology support

The RACGP will leverage the existing system capabilities developed by the training organisations and progressively migrate them to a nationally consistent technology platform. There are significant efficiencies to be found in consolidating the currently disparate learning management, training administration and corporate tools across the AGPT and RVTS environments, as well as benefits in the use of common data, data structures and online resources.

Aboriginal and Torres Strait Islander health training

Close the gap

The health of Australia's First Nation peoples is a national priority. Support for cultural education, training within Aboriginal and Torres Strait Islander communities, and for Aboriginal and Torres Strait Islander registrars is already a key feature of general practice training. The ability of GPs to work effectively with Aboriginal and Torres Strait Islander people in improving their health is crucial if we are to close the gap in health outcomes. Support for Aboriginal and Torres Strait Islander health will be prioritised and further integrated within all aspects of the operating model, extending existing support in this area.

Guided by our Reconciliation Action Plan, and building on the established relationships and trust between Aboriginal and Torres Strait Islander communities and the RACGP, we will:

- implement our 'Innovate Reconciliation Action Plan' to achieve our vision for reconciliation, a healthcare system free of racism, where all GPs and practice teams are trained to deliver culturally safe care
- strengthen the coverage of Aboriginal and Torres Strait Islander health in the curriculum to
  - ensure cultural educators continue to be an integral part of the training program
  - improve the receptiveness of supervisors and registrars to cultural education as a key competency for GPs
  - recognise the need for local community connections and educate registrars who are engaging with those communities
  - respond to the need for recognition of Aboriginal and Torres Strait Islander values and beliefs
  - address the varying needs for Aboriginal and Torres Strait Islander health from state to state and region to region
- embed cultural competence in the progressive assessment of competency
- attract and train more Aboriginal and Torres Strait Islander GPs and support them to become leaders within the RACGP and the profession
- improve registrar access to Aboriginal cultural educators and mentors
- invest further in well-established partnerships with the Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMSs), the Australian Indigenous Doctors' Association (AIDA), and communities and individuals
- strengthen the cultural educator and mentor roles that already exist within the current training program, ensuring these positions and their work are a central plank of the RACGP training program
- enhance the peer support and development of cultural educators and mentors
- assist the Government in its management and administration of the Aboriginal and Torres Strait Islander salary support program
- enhance the activities of our Aboriginal and Torres Strait Islander Health and GPs in Training faculties to better support Aboriginal and Torres Strait Islander GPs in training and registrars training within Aboriginal and Torres Strait Islander training sites, and to improve the cultural awareness and training for all registrars and supervisors
- provide support for prospective Aboriginal and Torres Strait Islander applicants, in line with the work of our of Aboriginal and Torres Strait Islander Health faculty. They will be supported by the local and regional RACGP teams to achieve selection into training and successfully complete training.

We intend to review the current approaches to Aboriginal and Torres Strait Islander health training. This review will inform the establishment of a best practice framework based on Aboriginal and Torres Strait Islander leadership and partnerships with relevant organisations, communities and individuals. Ensuring general practices that train registrars are recognised as culturally safe workplaces will be integral to this process.

Understanding workforce needs

Recruitment and placement should be informed by a nuanced understanding of community needs

The transition of the AGPT Program and the RVTS provides the RACGP with an opportunity to develop a more informed and effective mechanism to match the development of the future general practice and rural generalist workforce with the needs of Australian communities.

The meaningful interpretation of available workforce data is a critical step in producing effective workforce outcomes and requires nuanced knowledge of general practice services, contexts and training programs. In addition to quantitative data, locally contextualised information regarding the current and potential capabilities of current and prospective training sites and supervisors is also required.

We will embrace the Government's recent investment in improved workforce data (eg HeaDS UPP) and future investments in multidisciplinary workforce management to improve the accuracy of general practice workforce requirements. Close coordination and effective information-sharing among organisations involved in multidisciplinary heath workforce management will be necessary to achieve overall effectiveness.

Rural and remote communities are heterogeneous and a variety of service and training models are needed – both rural generalist and non-rural generalist training solutions must be considered. Under the current arrangement, targets do not address specific community needs within each region. We will use our local and regional teams to supplement the newly available granular data on workforce requirements to form an accurate picture of potential general practice and rural generalist registrar solutions.

The RACGP will use all of this information to assess the feasibility of using general practice training (including targeted support and incentives) to fulfil the general practice and rural generalist needs of the community. The output of this analysis will be provided to the Australian Government to inform their workforce planning. It will also be used as a key input into a number of processes in the training and education lifecycle.

Aligning training site capacity and capability with need

Appropriate training capacity in areas of need is fundamental to enabling the training program to fulfil workforce requirements. The provision of training capacity requires quality supervision in an accredited training site.

Supervision

Empowered, well-trained and well-supported supervisors create empowered, confident and capable registrars

Access to quality supervision is the single most important external moderating factor influencing the quality of a registrar's experience.[1] The current delivery of supervisor education and support in Australia has been described as 'ad hoc and disconnected', leading to calls for the development of an agreed continuing professional development curriculum for Australian general practice supervisors.[2]

Building on the current supervisor training, the establishment of a national general practice supervisor professional development program will enhance the quality and consistency of supervision, leading to better training outcomes and improved attraction to the general practice specialty. We know a quality supervisor development program supports a quality education experience for registrars. Investing in supervisor training builds capacity and capability in the training system and leads to ongoing sustainability.

Training and support for supervisors will be provided by local and regional teams, with opportunities for mentorship and peer support. Remote supervisory support and supervisor locum relief will be coordinated with the RACGP Service described below.

Supervisor and practice payments

General practice supervisory models are as varied as the general practice context. Payment arrangements need to be flexible to ensure the various models can continue to be appropriately funded. The Australian Government intends to utilise existing national payment infrastructure to make supervisor and practice payments. Management of supervisor payments has been an important tool in regulating the performance of educational activities. We will work with the Government to establish mechanisms to ensure the RACGP has the opportunity to regulate the quantum and timing of these payments within an overall funding envelope, such that all-important flexibility, accountability and capacity to recruit new supervisors is not lost and the quality of supervision is maintained.

Supervisor and practice payments are inconsistent across training jurisdictions. We will work with the Department of Health to introduce a nationally consistent RACGP supervisor payment regime that allows for adjustment according to various characteristics that could include:

- registrar attributes (such as a training term)
- place
- area of workforce need
- rurality
- supervisor employment arrangements
- Aboriginal and Torres Strait Islander health attributes
- type of supervision (eg remote, remediation) and number of supervisors.

1. Bayley SA, Magin PJ, Sweatman JM, Regan CM. Effects of compulsory rural vocational training for Australian general practitioners: A qualitative study. Aust Health Rev 2011;35(1):81–85.

2. Morgan S, Ingham G, Wearne S, et al. Towards and education continuing professional development (EdCPD) curriculum for Australian general practice supervisors. Aust Fam Physician 2015;44(11):854.

The alignment of supervisor and practice payments will need to be conducted carefully and with appropriate stakeholder consultation in order to avoid adverse outcomes for individual supervisors and practices, which could lead to market disruption, disengagement of training sites and detract from the attractiveness of general practice training and supervision.

Training sites

In the community, for the community

The RACGP's local teams will be the key point of contact for current and potential training sites. Continuous profiling of practices, AMSs and other potential training sites within regions will inform the gap analysis to assess training capacity against projected workforce needs. Where a need to develop training capacity is identified, practices and AMSs will be approached to determine their suitability and interest as a training site. An open market process will be applied for the development of new training capacity to ensure equitable access to future placements.

Accreditation of new training sites will be prioritised based on identified workforce and training needs. Opportunities to streamline accreditation across the medical training continuum to enable vertical integration of training (eg through improved information transfer between academic, clinical and training accreditation bodies) will be prioritised to minimise costs and reduce administrative burden to sites and supervisors, and to RACGP training administration.

Training sites will be supported to become practices of excellence through accreditation and ongoing training-delivery management by our local teams. This will include specific consideration of the development of capacity within AMSs to improve the opportunities for registrars to experience and contribute to Aboriginal and Torres Strait Islander health. Borderline practices may require further engagement, support and capacity-building to ensure placements will adequately fulfil registrar needs, or alternative placements may need to be established.

Supporting training sites to develop a culture of educational excellence will increase the long-term attractiveness of the posts for registrars and encourage GPs to be retained in the community.

Attracting prospective general practice applicants

General practice as the profession of choice

Pipeline case management

We recognise the need to provide meaningful and individualised support of prospective general practice training applicants. Prospective registrars will have a case manager from the respective RACGP local team assigned to provide a single trusted source of advice regarding education and training pathways, potential employment opportunities in the community and available support. This will streamline the entry to training and provide an engaging pre-training experience.

The RACGP will lead improvement in medical student, intern and junior doctor experiences of general practice by:

- ensuring quality placements through standards, accreditation and support of practices and supervisors
- connecting them to general practice and rural generalist mentors in the community
- engaging with rural clinical schools, regional training hubs, local coordination units and other stakeholders

- collaborating with organisations that provide grants for rural general practice experience
- working with the postgraduate medical councils to embed general practice education in the pre-vocational years
- advocating for mandatory general practice and rural general practice rotations during pre-vocational placements
- providing career guidance and individualised support to improve each candidate's understanding of and preparedness for general practice and rural generalist training, and the communities where they could train.

Marketing and recruitment

Strengthening the promotion of a general practice and rural generalist career to early or emerging medical students will be a key priority for the RACGP.

A stronger pipeline leading to a larger, better-trained general practice workforce will deliver a more effective and efficient health system. We will strongly promote general practice, including rural general practice, as a career of choice. By implementing national RACGP recruitment priorities and developing general practice and rural generalist recruitment strategies, we will streamline and simplify the messages delivered to prospective applicants. Using insights from our local teams and GPs in Training and Rural faculties, the RACGP will produce a central communication plan, marketing tactics and associated content that will be deployed by regional and local teams.

This approach of central development and local implementation will ensure consistency, strategic alignment and strong recognition of the professional and personal benefits of rural and urban general practice, while also ensuring local contextualisation and alignment with workforce need. This investment should ultimately lead to improved intake into the general practice training programs.

The RACGP regional teams will strengthen relationships with universities, teaching hospitals, regional training hubs and health services engaged in postgraduate placements to increase the understanding of general practice, rural general practice, rural generalism and the training program; for example, in the university context these teams will attend university events, careers events, guest lectures and other campus-based activities. The RACGP regional teams will link prospective GP and RG applicants with RACGP local teams who provide case management across the training pipeline.

Selecting, training and placing registrars based on need

Selection

Selection for suitability and trainability

Selection, placement and training activities are inextricably linked, and together underpin post-Fellowship retention. Understanding a particular catchment and their general practice or rural generalist needs will inform recruitment, selection and placement. Understanding career options and associated training requirements attracts and informs those interested in general practice or rural generalism as a specialty. The integration of these activities is paramount to a successful and sustainable model that is responsive and able to adapt to the ebbs and flows of continually changing context.

We are committed to evolving the general practice training selection model. A review of the current model is currently underway, with the objectives of further ensuring patient safety and providing an improved assurance of achieving Fellowship. As part of this review, the RACGP intends to develop one selection process for all its training pathways, simplifying entry to the profession and improving candidate suitability assessment.

The review addresses the lack of a pre-vocational opportunity to review a doctor's performance from within a general practice setting, which is important for assessing competence to safely work and train as a GP under first-year supervision requirements.

We will also apply a national perspective to locally administered selection to address existing constraints and issues associated with artificial geographical limitations across the current Registered Training Organisation (RTO) regions. National oversight will identify and resolve inter-region distribution issues that could otherwise result in either inappropriate workforce distribution or sub-optimal alignment of regional distribution with registrar preferences. It will apply a national perspective to career pathway development, promoting and tailoring training opportunities to optimise the distribution of registrars to meet community needs.

Placement

Placing the right registrars in the right training environments

The RACGP is committed to addressing workforce requirements and supporting community needs through a nationally consistent placement model. This model will account for regional and local differences and balance community needs with the professional, educational and personal needs of each registrar.

We will establish a nationally-led placement model that is applied through our regional and local teams, who will use their relationships with training sites, supervisors and registrars to manage the complexities of placement.

Consistent and accurate information managed via a case management approach, along the recruitment, selection and placement pipeline, is paramount for effective promotion of general practice, career planning and ultimately fulfilment of placements. Case management will be central to the placement process, particularly for guiding and supporting registrars into posts that have traditionally been difficult to fill.

Placements will be prioritised based on key characteristics, including Aboriginal and Torres Strait Islander health, areas of high community need, and registrars with special requirements. Priority placements will be managed and filled ahead of other placements.

While generally administered locally, national RACGP oversight will assist by facilitating cross-jurisdictional placements. Bundling funds from various Australian Government streams (eg Rural Workforce Agencies) will provide more targeted and substantial support for Aboriginal and Torres Strait Islander registrars, remote and rural sites, and other areas of need. This support will be graduated to align with the required workforce outcomes.

A combination of robust placement technology and the skills and knowledge of local case managers, medical educators and supervisor liaisons will further help to navigate the nuances of the placement process.

Training pathways in areas of clinical need

We will have designated training pathways and extended training options that will ensure GPs are trained to meet the needs of underserviced communities and develop additional skills in the required areas of clinical practice.

In addition to the Rural Generalist Pathway, RACGP training will have an identifiable pathway towards rural general practice without requiring a designated advanced skill. As described previously, there will be a training pathway for registrars with a particular commitment to Aboriginal and Torres Strait Islander health. There will also be a focus on enabling training to occur within communities with particular needs, such as CALD populations, institutionalised groups and those at social and economic disadvantage. There will be pathways to extended scope of practice in areas of high need such as meeting public health priorities, addiction medicine, aged care, mental health, disability and palliative care.

Providing a positive training experience

Individualised training and support to ensure success

In addition to ensuring the quality of supervision and training sites addressed above, the quality of out-of-practice education and adequacy of registrar support need to be managed to ensure registrars are provided with an appropriate training experience.

Out-of-practice education

Registrar out-of-practice education will be delivered via relationship-focused learning, skills-based workshops and private learning. The educational outcomes of out-of-practice training will be aimed at developing in-practice behaviours and improving in-practice performance. It is imperative that general practice education is delivered by practising GP medical educators.

Where local contextualisation is not required, this education will be developed through a centralised RACGP capability, in contrast to the current distributed and duplicated arrangements inherent in the regional delineation of RTOs. Central and local delivery will be applied according to the mode of education and the need for localisation; for example, online learning modules will be delivered centrally and group peer learning will be delivered locally, while Aboriginal and Torres Strait Islander health learning will largely be delivered locally.

Our regional and local teams will establish relationship-focused learning, including one-on-one interaction with a GP medical educator and facilitated group peer learning. This will support the development of each registrar's professional identity through peer benchmarking and role-modelling.

Registrar support

Registrar support includes maintenance of wellbeing and enabling a chosen training pathway, both of which are central to a registrar's successful progression through the training program. Our local teams will be essential to the management of registrar support. Informed by the outcomes of progressive assessment, they will:

- provide career planning advice that supports registrars to provide their communities with the best possible services
- undertake case management to assess, plan, implement, coordinate, monitor and evaluate the support required to meet each registrar's learning, social and health needs. This includes supporting registrar engagement with supervisors and training sites, and providing appropriate peer networking and mentorship
- map individual training journeys to give registrars and practices the ability to forward plan. This benefits registrars, their families and their communities, including providing the potential for longitudinal and blended placements in areas of need
- provide a concierge service to facilitate the relocation of registrars and their families to reduce barriers to the uptake of rural and remote or otherwise complex placements, such as access to spousal employment, childcare and schooling
- utilise a gradient model for providing support and incentives to address additional costs and barriers to training in areas of need. This includes the coordination of support available from other funding streams, to provide targeted and substantial support for Aboriginal and Torres Strait Islander registrars, remote and rural sites, and other areas of need
- provide pastoral care for registrars, ensuring their physical and mental wellbeing is appropriately monitored and managed, and workplace safety is maintained
- provide post-Fellowship support to monitor and improve retention, facilitate the transition of registrars into independent practice, and support New Fellows to become supervisors and mentors through mechanisms including mentorship, continuous career planning and workshops.

Flexible training

Registrars will be provided with flexibility to tailor training to suit their training progression (including alignment with the progressive assessment outcomes described above) and personal circumstances. As the average age of general practice registrars is now 34, many registrars are establishing families, and RACGP training will provide flexibility to enable people to meet life priorities beyond training.

Efficiencies will also be realised by ensuring that training is aligned with registrar competencies. RACGP training policies will reduce barriers to transfers between training regions across Australia and between the AGPT and Rural Generalist Pathway.

Flexibility will be further enhanced with variable entry and placement timings to support areas of need and Aboriginal and Torres Strait Islander communities, reducing barriers to training in these locations.

Flexible entry into the training program will also enable registrars to enter the appropriate stage of training based on their demonstrated competencies to improve their training experience.

RACGP Service

Meeting the most challenging workforce needs

Delivering an adequate general practice workforce in the most challenging areas of community need requires specific solutions beyond arrangements that are suitable for the broader population.

We propose an innovative new model to partner with local communities and leverage our broad and diverse membership: RACGP Service. Members will be recruited and trained to provide supervision and, with their paired registrar, will provide essential general practice services to communities in need.

In the envisaged RACGP Service model, we arrange for a registrar to be supported and accompanied by an RACGP Fellow who provides on-site supervision and mentorship (or off-site if appropriate and agreed through an accredited remote supervision model). This will enable registrars to work safely under supervision and provide them community-based mentorship and support. Not only will this provide a critical service to the community, but also enable registrars to gain experience and confidence working in remote communities.

RACGP Service placements could also provide an opportunity for a medical student, intern or resident medical officer (RMO) (or combination thereof) to accompany the supervisor, creating a vertical learning experience while delivering significant additional service capacity. Connection with the community would be established early in the training pipeline and, together with ongoing case management and mentorship, lead to long-term retention. The supervisor–registrar combination and their matching to a community is key to the success of the RACGP Service as a training, service delivery and retention strategy.

Once we have identified a potential site, the RACGP will conduct an audit to determine its viability and the need for supplementary arrangements necessary to make it viable. This may include collaboration with the Royal Flying Doctor Service (RFDS), AMSs, local government and any local health services. We will work with the community and sites to gain RACGP training accreditation.

Funding

We have undertaken an initial analysis of the key cost savings and efficiencies of the target operating model and the proposed reforms. In order to achieve the proposed improvements, the level of funding for AGPT and RVTS must be maintained on a per-registrar basis. Savings generated by efficiencies will be sufficient to fund the following core elements of the proposed program:

- the translation of workforce needs assessment data from other agencies into practical fulfilment plans based on local knowledge, relationships with practices and supervisors, and knowledge of registrar capabilities and preferences
- more effective management of high-quality training capacity in alignment with projected workforce requirements
- improved recruitment to and case management of the pipeline of prospective GPs and RGs to build overall interest in general practice, specifically in areas of critical workforce need
- case management of registrars to improve training outcomes, including better coordination of bespoke support for registrars in key areas of need
- a more flexible training program to ensure each registrar's experience aligns with their competencies and funds are directed to where they are most needed.

These reforms will provide significant benefits to the registrar training experience and the quality of healthcare service delivered during training and after Fellowship, and improve overall workforce outcomes.

Further improvements can be gained by additional investment to:

- increase support and incentives for registrars undertaking placements in key areas of need. Existing funding could be integrated by the RACGP into placement, training and education
- pilot an RACGP Service model
- improve medical students' and junior doctors' access to high-quality general practice placements.

We also propose that the RACGP works with the Department of Health to develop options and associated funding requirements to standardise supervisor and practice payments nationally.

The funding position described above is based on the financial analysis that we have undertaken to date. More detailed and definitive costings will be developed as part of the grant opportunity process once the fundamentals of the operating model have been agreed between the RACGP and the Department of Health.

In conclusion

The RACGP understands its critical role in Australia's healthcare system. We are committed to working with the Commonwealth, states and territories to improve planning, coordination and collaboration to ensure GPs and RGs are recruited, supported, trained and distributed to meet Australia's current and emerging primary healthcare needs, irrespective of postcode. Our vision will develop a sustainable pipeline of safe, competent and confident GPs and RGs who are passionate about their profession and the communities they serve.

The model of general practice training described in this paper will drive substantial efficiencies, remove ineffective processes and re-invest savings into critical areas of reform that are needed to extend the quality and accessibility of general practice. The proposed changes will improve health outcomes across our disparate communities while increasing the efficiency of the national health system. The RACGP is committed to delivering these benefits through the transition of general practice training to the college.

While this paper offers an outline of our proposed operating model, we are able to provide fuller detail about different aspects of our proposed vision and operating model if required.

As affirmed by Minister Greg Hunt at the opening address of the GP17 conference, 'The RACGP has proven itself and is trusted to lead training of Australian GPs, built on not just full confidence, but deep confidence in the capacity of the RACGP to deliver that training. General practice training is back with the RACGP, where it should always have been.'

Glossary

Term	Description
Case management	A relationship-based approach to training support in which a team of medical educators and training support personnel build a deep and enduring understanding of the training region, including the prospective applicants, registrars, supervisors, training sites, other stakeholders and the community
Community need	Health service needs of a community, taking into consideration population demographic, rurality and geography
Distributed education and training delivery	A model of coordinating and delivering education and training with local knowledge and relationships, supported by centralised services at the regional and national level where appropriate
Medical educator	An experienced and qualified person who delivers education to the registrar; normally a GP, but can also be a suitably qualified and experienced non-GP
Personalised case management	The process whereby an individual doctor's learning needs, career aspirations and preferences are identified and managed in a systematic way
Prospective applicant	A medical student or pre-vocational doctor who has expressed an interest in general practice as a career
Progressive assessment	The assessment of trainees throughout training for the purpose of directing their education and for determining progress decisions based on the achievement of competency milestones
RACGP Service	A capability that addresses the most difficult workforce distribution problems by leveraging the RACGP's membership base to create supervision capabilities and provide general practice services in areas not served by traditional mechanisms
Registrar	A registered medical practitioner who is enrolled in the vocational training pathway
Relationship-focused learning	Learning that is achieved through interacting with others. In the general practice training context, this is particularly about knowing what it is to be a GP, the values held and the standard of behaviour required. It includes mentorship, role-modelling and peer benchmarking
Rural Generalist Pathway	A training program that prepares a rural GP to work to the full scope of their practice with skills that are informed by the needs of the community they serve
Supervision	Guidance and feedback provided to a registrar regarding their educational, clinical and professional development, to provide safe and appropriate patient care
Supervisor	An RACGP-accredited GP who takes responsibility for the educational and training needs of a registrar
Training pipeline	The continuum of medical students, pre-vocational doctors, vocational registrars and Fellowed doctors
Training site	A facility accredited by the RACGP to provide training under the AGPT Program
Workforce requirements	The workforce required to address the gap between current service provision and community need
Workplace-based assessment	Assessment of registrar performance (clinical knowledge and skills) in their actual work setting, as a basis for safe and effective clinical judgement and decision-making

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.