

General practice education in Australia

Current issues

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General practice education is rapidly changing. Medical students now have exposure to general practice at most year levels, vocational training has been opened to competition, and continuing professional development is a mandatory requirement for maintenance of Health Insurance Commission recognition, and increasingly, for state registration. This article outlines the foundations for, and challenges to, building a framework for quality general practice education in Australia.

As a basic tenet, general practitioners should be well prepared throughout their career to provide high quality primary medical care in all geographic settings in Australia. In addition to core general practice skills, every practice setting mandates the acquisition and maintenance of specific additional skills.

The Royal Australian College of General Practitioners (RACGP) plays a key role in setting the agenda for general practice education. Core areas of interest to GPs are:

- the education and motivation of GPs in three areas:
 - medical students – selection process and primary care exposure
 - vocational training – selection process, curriculum and learning experiences, assessment, and
 - continuing professional development (CPD) – post-Fellowship
- academic general practice and primary care – maintaining and further developing the body of knowledge in our profession
- national and public health goals and targets – responding to political and professional priorities, and
- local communities – responding to local physical, psychological and social threats to health, and supporting GPs in this context.

General practice in Australia

The geographic and cultural diversity of Australia leads every general practice to take on a unique style and service range. The skills of a competent GP must include:

- core competencies as outlined in the RACGP curriculum – communication, applied knowledge and skills in managing common conditions, population based aspects of primary health care, professional and ethical issues, and organisational and legal matters, and
- specific skills required for working effectively in the local context.

Specific skills may be high level procedural or emergency skills for rural or remote practice, or cross cultural communication for practice in an Aboriginal health or ethnically diverse practice. The skills may be oriented toward special interest areas such as geriatrics, sports medicine, or women's health. Some of these skill areas are overseen by joint consultative committees (JCCs) that have developed specific curricula and CPD activities – others rely on a more general approach.

Learning for general practice

Learning for general practice has become an intricate process; the linear progression from

student, to intern and resident, to GP has been replaced by a complex network of learning strategies in a variety of diverse learning environments (*Figure 1*).

Undergraduate programs now provide increased learning in rural and urban general practice. The RACGP and the Australian Association of Academic General Practice can work with university departments to ensure consistent curricula and learning experiences during this time that will enrich all GPs and encourage future leaders to take a role in general practice.

Vocational education is now funded through General Practice Education and Training (GPET) and the 22 contracted regional general practice training providers. In our view, the number of providers may be too high. However, the impact on the cohesiveness and quality of the national program will be unknown for some time.

Postgraduate medical education is provided by a variety of providers, all of whom have different levels of expertise and interest in the field. The diversity of educational opportunities available to those training and working as GPs is welcomed by most, but there are widespread concerns about the quality or impartiality of some activities.

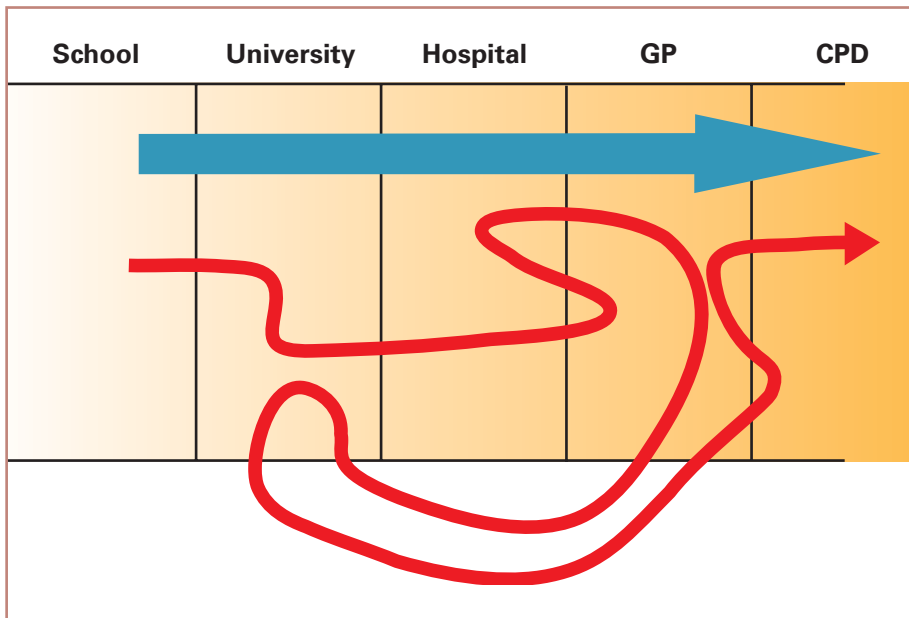


Figure 1. Traditional compared to evolving pathways for general practice education

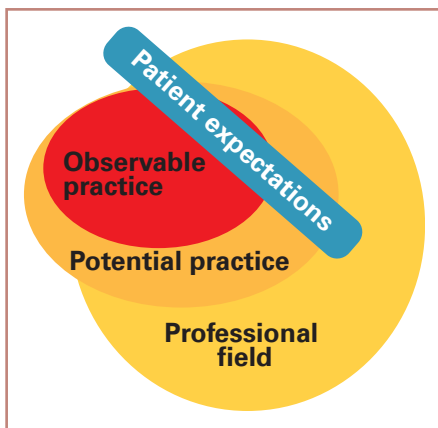


Figure 2. Areas of medical practice

Despite Australian Medical Council (AMC) accreditation of the QA&CPD program, the RACGP needs to be vigilant in this area.

A roadmap for general practice education

Standards for general practice training

The AMC has accredited the RACGP, and it expects the college to meet standards for postgraduate education and CPD based on international norms.¹ New standards have been developed by the RACGP Education Committee to promote a coherent and national approach to general practice education in this new environment and they

are available for consultation on the RACGP website (www.racgp.org.au). These standards will provide 'recommendations for quality improvement' which will point to future expectations.

General practice vocational training basically adopts an apprenticeship model. The Education National Standing Committee of the RACGP has stated that to ensure the most effective educational outcome, training has to be based on the following 10 principles:

- registrars should learn principally in the workplace
- registrars should learn principally from practising GPs
- registrars should have sufficient one-on-one learning which will include direct observation
- registrars learning should be guided by formative assessment which should emphasise skills and performance
- registrars should have opportunities for reflection with peers
- registrars should have pastoral support
- registrars should have the opportunity to learn the nonclinical workings of general practice
- registrars should learn all the domains of the RACGP curriculum

- registrars should be exposed to the full range of general practice clientele and work in various settings, and
- registrars should be exposed to inspirational role models.

Continuing professional development

Continuing professional development is the public means of 'ensuring' ongoing proficiency of GPs – something that society will increasingly expect – and should follow best evidence based educational principles. It would motivate learners to be self directed and responsible for their learning activities,² and, ideally, learners should be able to demonstrate that their effort has improved their performance and the subsequent health of their patients. This goal should be achievable more readily measurable with the increasing computerisation of general practice.

Educational research has shown that activities that stimulate reflection are most likely to change performance.² Future developments of the CPD program should concentrate even more on active involvement in learning,² especially small group activities that foster reflection and sharing of experiences in a collegial learning environment.

Good CPD should be based on an accurate assessment of learning needs, a challenge that has not yet been met. Learning needs are dependent on one's personal circumstances, and typically they change rapidly. In addition, community expectations demand that every GP manage all common problems presenting in primary care as well as problems that are uncommon but important.

As Melnick et al³ pointed out there are four reasons for providing a broad curriculum for CPD (Figure 2):

- practice will change over time
- there exists the area of 'potential practice', ie. things a GP ordinarily does not do, but which is expected of them
- potential practice generally encompasses a larger domain which is defined by organisations (social construct of the discipline)

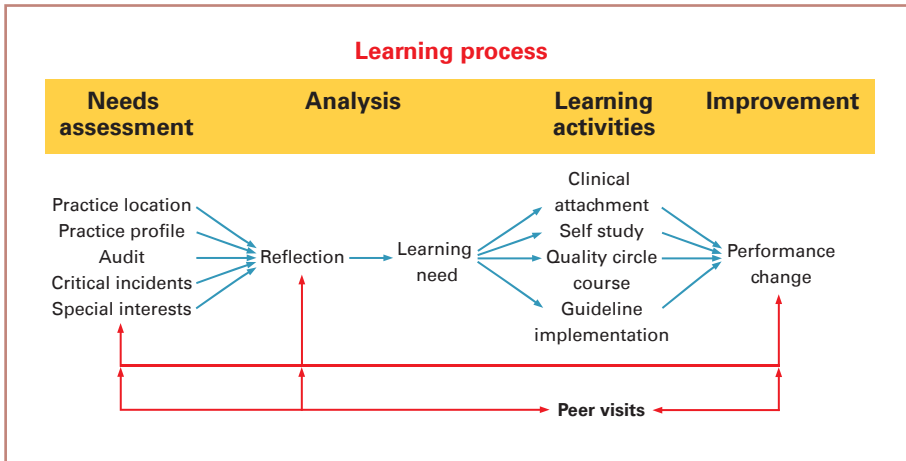


Figure 3. Learning process in CPD

rather than the individual practice, and

- patient expectation.

Effective CPD therefore needs to cover all three areas – observed, potential and patient's expectations of practice. The design of CPD learning activities should be guided by the principles illustrated in *Figure 3*, and may involve community members to ensure their expectations are covered. Learners identify their needs, reflect and plan, implement, improve and evaluate their new level of performance. Components of effective learning to change practice include self direction, group learning, and learning within organisational structures.⁴

Conclusion

The aim of education must be to improve the quality and outcome of care and be motivating to GPs. Quality primary care can only be achieved by the adequate performance of its GPs and the teams in which they operate. General practitioners need to manage problems across the whole spectrum of the specialty, while recognising their limitations when a more intense level of care will achieve genuine benefit. The challenge facing general practice is how to meet growing expectations with a consistent approach across the nation while ensuring flexibility in pathways, styles and approaches to learning.

Conflict of interest: the views expressed in this article are those of the authors. They do

not represent policy directions of any of the organisations mentioned. The authors declare their affiliation with their respective universities and the RACGP National Standing Committee, Education.

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