COMMUNITY RESIDENCY PROGRAM FOR JUNIOR MEDICAL OFFICERS

Summary

A proposal from the Australian Medical Association for the Commonwealth Government to establish and fund a system to support high quality prevocational placements in general practice for junior medical officers

Community Residency Program for Junior Medical Officers

Background

The 2014/15 Federal Budget saw the abolition of the Prevocational General Practice Placements Program (PGPPP), effective from the end of 2014. The PGPPP was the successor to the Rural and Remote Area Placement Program. The PGPPP commenced in 2004, initially funding 280 twelve-week placements per annum from 2005 onwards. By the time of its conclusion, the PGPPP funded 900 placements annually.

The decision to end the PGPPP has left general practice in the position where it is the only major specialty area where junior medical officers (JMOS) are unable to access (in a structured way) some experience before making a career choice. This has implications for recruitment into general practice and makes it very difficult for doctors working in other specialties to have a proper understanding and appreciation of general practice, how it functions, and the role it plays in the health system.

Why is it important for junior medical officers to experience general practice?

The Government's decision to cease the PGPPP from 31 December 2014 has effectively seen the Commonwealth withdraw from any role in providing support for JMOs to work in general practice before they choose a vocational training pathway.

The PGPPP was a valuable program for many reasons. It supported efforts to deliver more training and care in the community, supplementing the traditional hospital-based approach to medical training. Through careful targeting, it also boosted access to GP services in rural and remote communities.

The PGPPP gave JMOs a valuable insight into life as a GP, and informed their career choice. While it encouraged some participants to enter GP training, it also helped others to decide that general practice was not for them. Both are equally valid objectives, with the latter helping to avoid the investment of Commonwealth resources in people who enter and then later drop out of the GP training program.

The program also helped build an understanding of how general practice works, informing future practice in other specialty areas. With a deeper appreciation of the role of GPs, other specialists can make better decisions about patient care and work more closely with their GP colleagues.

An alternative model – Community Residency Program

Recognising the importance of prevocational experience in general practice, the AMA has developed a proposal for a Community Residency Program for JMOs. This is designed to provide the same high quality general practice experience, but delivered more cost effectively than the former PGPPP.

The proposed Community Residency Program will also provide patients with much-needed medical services, particularly in regional and rural Australia, and ease pressure on access to prevocational training places for JMOs in the hospital sector.

Community Residency Program - Design Principles

- Participation in the program will be available to JMOs from PGY1 onwards.

- Participation in the program by any individual JMO will be upon application to a GP training provider accredited by the State/Territory-based postgraduate medical education council (PMEC), as part of the doctor's pre-vocational medical education and training.

- JMOs undertaking a placement will remain employees of the local health authority, effectively working on 'secondment'.

- JMOs in the program will work under the supervision of a specialist general practitioner recognised by the Medical Board of Australia (MBA).

- Design and supervision of the placement will be in accordance with criteria established by the two GP Colleges, with PMECs to assess and accredit practices.

- Rotations will be of 10 to 13 weeks in duration (FTE), with part time placements available.

- Placements in the program will be available in a range of outer urban, regional, and rural areas, based on a practice's suitability and capacity to provide supervision and support, as well as community need. In relation to inner metropolitan areas, there should be the capacity to place JMOs in demonstrated areas of need (e.g. Aboriginal Medical Service).

- The program will be implemented as an "Approved Placement Program" under Section 3GA of the Health Insurance Act (1973), enabling patients to access Medicare rebates.

- The Medicare rebate available to patients treated by a JMO (PGY2+) under the program should be at the rates in Group A1 of the Medicare Benefits Schedule (MBS).

- The new GP Training Governance Committee being established by the Commonwealth would be responsible for general oversight of the program, including the development of appropriate policies about the operation of the program.

Community Residency Program - Funding

The following costs, aside from costs attributable to the MBS, should be encompassed in any new funding model:

- Practice support to provide supervision for JMOs, recognising that this should include compensation for supervisors seeing fewer patients;

- GP training provider (i.e. fund holder) administration costs;

- General practice infrastructure and support to cover the use of practice resources, licences, software, minor equipment, and the like;

- Briefing, orientation, provision of educational resources;

- Travel costs to a placement, applying only where a JMO is required to relocate;

- Accommodation costs, applying only where a JMO is required to relocate for a placement; and

- Costs incurred by the GP Colleges and PMECs in relation to accreditation arrangements.