

AUSTRALIAN MEDICAL ASSOCIATION

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GP Training Transition Section

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AMA feedback on amendments to GP Training Draft Outcomes Framework

The AMA supports the modifications to the GP Draft Outcomes Framework that were made after the last round of consultation with key stakeholders. The AMA is pleased to see that many of the changes are focused on increasing support for GP supervisors. This will ensure registrars receive high-quality training from well-resourced and supported supervisors in a stable practice environment. The AMA also welcomes the inclusion of remediation pathways and support for registrars and supervisors that are experiencing difficulties, and the goal of increasing the number of Aboriginal and Torres Strait Islander GP registrars.

The AMA suggests that additional information is added to Objective 4.2 that considers the duty of care we have to trainees and public investment in medical training. We agree that registrars should be supported to complete their training in a timely and cost-effective manner as written. However, where registrars do not achieve fellowship for whatever reason, the AMA would like an addition to the wording in this objective that requires the availability of career counselling, or similar, for registrars that do not complete their GP college program. Such a devastating career outcome should be met with some support and guidance to ensure that years of investment into medical training are still used in a meaningful way.

The AMA reiterates that the GP Training Draft Outcomes Framework provides a strong foundation to ensure an appropriately trained general practice workforce that meets individual and community needs, serves the most disadvantaged, and achieves health equity.

However, it is still critical to acknowledge that in addition to attractive, high-quality and cost-effective GP training, there are several other factors that can have significant long-term impacts on the GP registrar workforce. This includes poorer remuneration, fewer benefits and less flexible training for GP registrars compared with their hospital counterparts, a lack of prominence and exposure to general practice in prevocational years, and a lack of adequate support for general practice by government.

The impacts of these long-standing issues are clear, with the declining interest general practice training and unfilled GP training places for the third consecutive year. These issues need to be considered alongside the delivery of all GP training programs to ensure sustainability of the GP workforce.

The widespread implementation of a <u>single employer model for GP registrars</u>, similar to the model being trialled by the Murrumbidgee Local Health District, would address many of the employment condition issues for GP registrars. The AMA notes that the trial of the single employer model is only planned for GP registrars in rural areas, and for doctors training on the National Rural Generalist Pathway. This should be expanded to include all GP registrars to improve to the appeal of GP training more broadly, and to create unity rather than division within the profession.

There is also still a notable absence of prevocational exposure to general practice and other forms of community-based medical care. This was previously accessible via the Prevocational General Practice Placements Program (PGPPP). The flow on effect is a decreased interest in GP training more broadly, and a difficulty for the sector in attracting high-quality trainees to the GP speciality training programs. Government initiatives like the Rural Primary Care Stream of the Stronger Rural Health Strategy (that includes the existing Rural Junior Doctor Training Innovation Fund) are designed to expose rurally based interns to rural general practice. These programs should continue to be evaluated for their effectiveness. Other options like the AMA's Community Residency Program, which is designed to provide the same high-quality general practice experience, but delivered more cost effectively than the former PGPPP, should also be considered.

Should you require any further information or clarification on the AMA's response, please contact Kristen Farrell at kfarrell@ama.com.au.