



GP TRAINING OUTCOMES FRAMEWORK

GP TRAINING OUTCOMES FRAMEWORK

This framework aims to outline the high level outcomes for College-led General Practice (GP) Training. Outcomes will be a shared responsibility of the Colleges, the Department and other Government funded organisations. The following outcomes will be considered throughout this framework.

- ▶ **Outcome 1:** A high quality GP training program that educates GPs to provide appropriate healthcare to address the needs of all population groups across Australian communities.
- ▶ **Outcome 2:** A well distributed GP workforce to service all communities across Australia.
- ▶ **Outcome 3:** GP training program that aims to address the Australian Government's Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy.
- ▶ **Outcome 4:** Commonwealth investment in GP training is effective and efficient.
- ▶ **Outcome 5:** High quality Rural Generalist Training is provided in partnership with jurisdictions.

Outcome 1

A high quality GP training program that educates GPs to provide appropriate healthcare to address the needs of all population groups across Australian communities.

Objective 1.1 - Training design and delivery provides high quality education and training to registrars with appropriate support.

- ▶ Colleges maintain Australian Medical Council accreditation as a specialist GP college, as well as ensuring all training partners, training placements and other facilities are accredited.
- ▶ Registrars are able to learn through working in general practice and other clinical settings in an apprenticeship model supervised and supported by accredited GP/Clinical supervisors (including remote supervision where appropriate).
- ▶ Registrar placement incorporates consideration of registrars' feedback on placement quality and their assessments that the scope of training experience attainable in placements reflects training requirements in accordance with AMC standards. Safe and transparent methods of feedback for both registrars and supervisor must be in place.
- ▶ Registrars are sufficiently supervised and supported within the remit of their pathway to ensure patient safety throughout their GP training.
- ▶ Supervisors have adequate resources and support to enable effective supervision.
- ▶ GP training design and delivery is informed by contemporary, evidence-based education and research.

Objective 1.2 - Education and training provided to registrars prepares them to provide holistic patient centred healthcare for all Australians including vulnerable population groups.

- ▶ Registrars are encouraged to learn through caring for vulnerable populations during their training. This can be during specific placements or integrated with community general practice placements while ensuring that priority access to placements in high-needs service locations goes to registrars demonstrating greatest commitment to the service area.
- ▶ A patient centred approach is taken to all GP training ensuring that the focus is on enabling patients and communities to address their own health needs.
- ▶ Registrars are encouraged to learn, experience and provide care in as broad a variety of settings as possible: including community practice, home visits, palliative care, telehealth, residential aged care facilities, research, teaching and after-hours settings.

Outcome 1

A quality GP training program that educates GPs to provide appropriate healthcare to address the needs of all population groups across Australian communities.

Objective 1.3 - Education and training is effective and leads to the attainment of fellowship.

- ▶ Progression is assessed and monitored in alignment with sound education principles. Additional educational support and remediation is provided to registrars while in the training program to support their progress towards fellowship.
- ▶ Annual fellowship targets will be set, including for completion of RG training, with reference to priority workforce outcomes including rurality and rural retention.
- ▶ Appropriate and timely feedback and support is provided to supervisors and training practices to ensure that education and training is effective.

Objective 1.4 Registrars are provided with the personalised training support that is required to enable them to become effective general practitioners. The training program is of high quality with quality assurance structures embedded within it.

- ▶ Registrar related issues are managed in a timely manner especially doctors identified to require additional assistance in training.
- ▶ Supervisor related issues are managed in a timely manner especially supervisors and training practices who are identified to require additional assistance.

Outcome 2

A well distributed GP workforce to service all communities across Australia.

Objective 2.1 - Registrars are encouraged to undertake training in a rural, regional or remote setting, with rural training opportunities prioritised for registrars demonstrating rural commitment.

- ▶ All registrars are provided with the means to understand the health needs of rural communities. Applicants with rural intent are prioritised at selection. Registrars are enabled to undertake longitudinal rural placements as a matter of priority.
- ▶ Processes are in place to understand, and tailor individual training to, remote, rural and regional community needs.
- ▶ Registrars supported through access to Government support payments to encourage rural and remote training.

Objective 2.2 – Registrars who have a proven interest in regional, rural or remote practice are provided with opportunities to continue their training in those regions as they progress through the medical pathway.

- ▶ College selection processes to take into account the rural training placement and a registrar's proven commitment to practice in rural and remote communities (as evidenced by government investment or personal experience in rural training).

Outcome 2

A well distributed GP workforce to service all communities across Australia.

Objective 2.3 - Training design and delivery encourages registrars to practice in AMSs and regional, rural and remote locations post fellowship.

- ▶ Marketing, registrar placement, practice and training resources, and support encourages registrars to practice in AMSs or rural and remote regions post fellowship.
- ▶ Retention measures in rural, remote and other workforce priority areas incorporating post-fellowship rural retention outcomes will be agreed as part of the evaluation framework.

Outcome 3

GP training program that aims to address the Australian Government's Closing the Gap health targets on Aboriginal and Torres Strait Islander life expectancy.

Objective 3.1 - All registrars and supervisors are exposed to Aboriginal and Torres Strait Islander health training and support culturally safe care for Aboriginal and Torres Strait Islander People.

- ▶ Colleges and training partners have a Reconciliation Action Plan and provide both central and local cultural educators and mentors to supervisors and registrars.
- ▶ All registrars and supervisors to undertake training in Aboriginal and Torres Strait Islander health issues and cultural awareness.
- ▶ Maintain appropriate levels of FTE training in Aboriginal Community Controlled Health Services in consultation with national peak organisations.

Objective 3.2 – Increase in the number of Aboriginal and Torres Strait Islander doctors gaining GP fellowship.

- ▶ At least 1 % of each College selection intake to be of doctors identifying as Aboriginal and Torres Strait Islander increasing over time to be representative of the Aboriginal and Torres Strait Islander population.
- ▶ Selection process to take into account an Aboriginal and Torres Strait Islander doctor's preference to remain close to their community.
- ▶ Aboriginal and Torres Strait islander doctors are encouraged to apply for GP training, and provide support and flexibility throughout training that enables them to fulfil both their training and cultural obligations.
- ▶ Provide sufficient and timely remediation to assist Aboriginal and Torres Strait Islander doctors to gain fellowship.
- ▶ Provide adequate supervisor resource and support to enable any additional support that may be required to assist Aboriginal and Torres Strait Islander doctor to gain Fellowship.

Outcome 4

Commonwealth investment in GP training is effective and efficient

Objective 4.1 – Commonwealth funds are expended in a transparent and efficient manner.

- ▶ Any subcontractors are selected through a transparent selection processes and accordance with sound selection criteria and engaged through a clear and transparent agreement.
- ▶ Any subcontractors have appropriate governance arrangements.
- ▶ Duplication between Colleges and other Government organisations is reduced through effective collaboration and data sharing.

Objective 4.2 – Colleges must have clearly defined training end points. Colleges must optimise registrars' timely completion of training. Registrars should be supported through quality training, and remedial education, if required. Registrars should be counselled about the implication of not meeting College standards by the end of their training time.

- ▶ Registrar are training on the most appropriate training programs/pathways and that any movement between programs/pathways is managed in a cost effective manner.

Outcome 5

High quality rural generalist training is provided in coordination with jurisdictions.

Objective 5.1 - Rural generalist training meets the needs of the community.

- ▶ Colleges will work collaboratively with jurisdictional coordination units and other Government funded organisations to ensure that extended skills training/procedural skills training is undertaken in healthcare areas suited to population needs and the broader delivery of regional health services.

Objective 5.2 - Rural generalist training prepares GPs to work in rural and remote areas.

- ▶ RG training reflects the full scope of an RG: is a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.
- ▶ Training is comprehensive evidence-based education that includes a focus on primary care training and a minimum amount of training time in community general practice.