



AGPT Pathways Discussion Paper

Background:

In January 2009 GPET released a briefing paper, AGPT Program Pathways Discussion Paper, for feedback from stakeholders. Following discussion at the March Advisory Council Meeting with Registrar Liaison Officers from around the country GRPA tabled a "Response Paper". This paper triggered feedback and debate from many Registrars, particularly with regards to whether rural training should be compulsory for all Registrars, including those on the General Pathway.

In June 2009 DoHA announced plans to remove their mandate on rural training being compulsory. This plan will potentially allow further changes to occur within GPET's rules regarding the AGPT and the Pathway Structure.

GPRA, as the national Representative body for Registrars, set out to ensure that it accurately represents the views of Registrars on this issue and to positively influence the reform process by conducting a survey of its' Registrar members. The following paper outlines the results gleaned from this survey and the complex issues that it raises.

GPRA Key Recommendations:

1. Registrars currently in training should not be affected negatively by any changes to the Pathway Structure and should have their current conditions honoured.
2. Changes to the AGPT Pathway Structure must be made known in a transparent way to potential applicants prior to their acceptance of a place in the program.
3. Any Pathway Structure changes should be applied nationally, rather than locally at an RTP level.
4. We support changes which increase flexibility to training. This increased flexibility should be applied to both the General and Rural Pathway Registrars, including doctors bound by the Moratorium.
5. It should be recognised that elements such as compulsory rural training for General Pathway Registrars can act as a disincentive to doctors choosing General Practice via the AGPT. In situations where this would cause considerable hardship for Registrars, special consideration should occur.
6. Registrars should be incentivised and well supported to work rurally.
7. GPET should consult with stakeholder groups including GPRA before finalising any changes to the Pathway Structure.



The Survey:

In May 2009 GPRRA conducted a survey of Registrar Members and received 458 responses; a response rate of approximately 20%. The survey was emailed to all Registrars via GPRRA Registrar Liaison Officers and notifications occurred via the GPRRA eNewsletter and website. Further responses were sought in underrepresented RTPs via the RLO network and a targeted email.

For most questions Registrars were asked to rate to what extent they agreed or disagreed with statements according to a 5-point Likert scale. Registrars were invited to provide comments to each question, the compilation of which can be found in appendix 4. Demographic information was also collected.

The raw data from this survey can be found in appendix 1. The Survey results were then stratified to look at differences of responses between General & Rural Pathway Registrars (see appendix 2) and further to allow for possible bias due to a significant proportion of responses from one RTP (see appendix 3).

Summary of Results:

Demographic Information:

67% of the survey respondents were female, which is reflective of the proportion of females currently enrolled in the AGPT program (64%). Most Registrars who responded were married or partnered, with 43% (196) having children and 37% (169) without children; a further 2% (9) of Registrars were single with children.

A minority of respondents were enrolled in the Rural Pathway 35% (161) and 19% (87) of all respondents were bound by the 10 year Moratorium.

All RTPs were represented, although there was considerable variation in the number of responses achieved for each; Registrars from Bogong, Northern Territory General Practice Education and Wentwest each made up less than 1% of the survey sample. Conversely there was an over-representation of Registrars from Victorian Metropolitan Alliance (VMA) who made up 25% (116) of the sample. Further review of the data was undertaken with the responses from the VMA group of Registrars removed; this analysis showed that the main conclusions of the survey were not altered. This data can be found in appendix 3.

GPET's Proposed Changes to Compulsory Rural Training for General Pathway Registrars:

GPET's discussion paper proposed that General Pathway Registrars should have the option of doing 12 months in either outer metro, district of workforce shortage OR rural, thus potentially removing the compulsory nature of rural training for this group. There was general support with 68% (310) of Registrars agreeing with this change while 24% (111) disagreed.

When results were stratified by Pathway type, it was clear that agreement was particularly high amongst General Pathway Registrars with 80% (239) of this group supporting this proposal. Rural Pathway Registrars were quite split on this issue with 42% (71) agreeing and 39% (63) disagreeing.



Reasons for supporting this proposal amongst General Pathway Registrars included having to potentially relocate less times, *“General pathway is only a short pathway and having to move locations too many times is disruptive especially when partners and families are involved,”* and a lack of benefit to rural training for this group, *“Don’t really agree with mandatory rural training if you are going to work in the city.”*

Further to this, Registrars were asked to confirm if they would rather complete 12 months in an outer metro area than 6 months in rural practice; 49% (222) agreed while 33% (149) disagreed. There is greater clarity of results to this question once stratified into pathway, with 65% (192) of General Pathway Registrars agreeing with this statement and 48% (142) in strong agreement.

GPRRA’s Proposed Changes to Compulsory Rural Training for General Pathway Registrars:

GPRRA’s response paper proposed that General Pathway Registrars should complete 6 months in a Rural Practice, as it would assist the rural workforce and provide well rounded General Practice training, however Registrars should not also be asked to complete a further 6 months in an outer metro area. There was also general support for this proposal, although a slightly lower percentage of Registrars agreed with this proposal as compared to GPET’s proposal: 60% (274) V’s 68% (310).

Again, when this is stratified according to pathway, it is clear that General Pathway Registrars are generally in favour of this proposal with 54% (159) agreeing and only 36% (106) disagreeing. In contrast, Rural Pathway Registrars more strongly support this proposal with 71% (115) agreeing versus 42% (71) agreement for GPET’s proposal.

Attitudes to Compulsory Rural Training:

Of the Registrars who responded to the survey 68% (312) felt that a rural term is an acceptable part of training, however 24% (110) disagreed. Not surprisingly 89% (143) of Rural Pathway Registrars agreed with this statement versus 57% (169) of General Pathway Registrars.

A similar number of Registrars 66% (301) felt that a rural term provides a valuable educational experience, however 22% (101) disagreed. Again, it was not surprising that a higher proportion of Rural Registrars, 90% (145), as compared to General Pathway Registrars, 53% (156), agreed with this.

Despite these positive views regarding a rural term, 51% (234) felt that a compulsory rural term was a disincentive to train in General Practice. This consisted of 59% (174) of General Pathway Registrars and 37% (60) of Rural Registrars.

A representative comment explains, *“I grew up in a rural setting, but with small child and husband whose work skills are not easily transferrable to a rural setting, a compulsory placement in a rural setting would stop me from doing GP training. I am keen to work there one day in the future when family commitments allow.”*

While 66% (300) of Registrars agreed that undertaking a rural term was part of their responsibility in assisting with workforce demands, only 48% (220) would undertake a rural term if it were optional. However, when this is further analysed, only 31% (93) of General Pathway Registrars would undertake a rural term if it was not compulsory.



Furthermore, 8% (13) of Rural Pathway Registrars indicated that they would be unlikely to complete a rural term if it were not compulsory. This perhaps reflects the number of moratorium bound Registrars who do not voluntarily choose the Rural pathway.

Registrars cited challenges with maintaining a relationship while completing a rural term, *“Being separated from your partner because of the rural term jeopardises the relationship,”* and impact on the family, *“For those with families, having to ‘up and move’ for 6 months can be extremely difficult, if not impossible”*.

There was widespread support that if a rural term remains mandatory, that in cases where completion of that term would cause undue hardship to a Registrar, they should be allowed to meet the educational requirement in an alternative setting, with 89% supporting this concept. This statement was a little more strongly supported by General, 91% (271), as compared to Rural 85% (137) Registrars.

GPRRA’s Proposed Changes for Rural Pathway Registrars:

GPRRA proposed that Rural Pathway Registrars who are not bound by the moratorium should have greater flexibility to their training and have an option of completing 1 term in an area of their choice. There was general support of this proposal with 79% (361) of Registrars supporting this proposal, with support not being significantly different when pathway was taken into consideration.

For Registrars bound by the moratorium, GPRRA proposed that they should have the option of completing 1 term in a District of Workforce Shortage, in line with Moratorium Bound doctors working in General Practice outside of the AGPT. There was also general support for this proposal with 78% (358) of Registrars agreeing; support was slightly stronger amongst Rural Pathway Registrars with 83% (134) agreeing with this proposal.

Comments suggested that this concept was supported as it provided increased flexibility and broader experience, *“If you are already gaining the majority of your GP experience in rural areas, then I think it would be great to be able to have the flexibility to work in an urban/OM practice for a period of time,”* and a greater sense of equity between the pathways, *“If the general pathway has to go rural, why not the other way around.”*

Summary of Findings and Discussion of Issues

GPRRA recognises that this is a difficult area of policy within the AGPT and there are many competing interests which must be taken into account. As an organisation which represents the views and best interests of Registrars, and one which also seeks to provide sound contribution to policy to shape the future of General Practice in a positive way, we are mindful of the complexity of this issue.

From a policy makers perspective there are a number of issues that must be taken into account. Perhaps ultimately on GPRRA’s agenda is ensuring that the AGPT program continues to expose Registrars to high quality training environments which provide them with the skills and knowledge they need to be well rounded General Practitioners.



While some may purport that this must involve rural training, there is actually little evidence that this is the case, although 69% of Registrars surveyed do agree that a rural term provides a valuable educational experience.

Secondly, there is a significant workforce issue with responsibility to ensure that training assists with maintaining an appropriate level of doctors working in rural areas. Experience from the success of the 10 year moratorium, from a workforce point of view, shows that mandating work rurally can be effective. GPRA has always opposed this view and believe that incentivising work in rural areas is more equitable, however dissolution of the RRIPS program may further threaten this ideal.

The current study provides strong evidence that without rural training being mandated, only 31% of General Pathway Registrars would voluntarily undertake a rural term, despite 55% acknowledging that they have some responsibility to assist with the rural workforce.

Calculations aimed at maintaining an adequate rural workforce will also need to consider how the proposed change from the RRAMA system to the ASGC-RA will affect choices that Registrars make about where they train.

The workforce issue can also be approached from a broader perspective, with the view that it is important to attract more doctors into General Practice Training to impact on the overall shortage of General Practitioners. To this end, it is important that the AGPT is seen as an attractive Specialist option. Compulsory rural training was seen as a potential disincentive to the AGPT by 52% of Registrars, although clearly one that did not stop them applying to the program, however it could be surmised that it has been a disincentive to other doctors not choosing General Practice as a career.

From a Registrar perspective, this survey highlights the diverse range of views that Registrars hold regarding the format the Pathways Structure should take and also the significant challenge in ensuring that a majority of Registrars are satisfied and not disadvantaged by any future changes.

Regarding GPET's proposed change to the General Pathway compulsory rural component, current General Pathway Registrars were strongly in favour of removing the compulsory rural training with 80% supporting this proposal. Rural Registrars were split in their opinion, and while this could possibly be a cause for disquiet it appears that the benefit may outweigh this risk.

GPRA's proposal suggesting that General Pathway Registrars should complete 6 months of rural training, without the added outer metro component had less support by General Pathway Registrars with 60% agreeing compared to the GPET proposal, however Rural Registrars preferred this option with 71% supporting it.

This issue of compulsory rural training for General Pathway Registrars is further elicited by considering that while 53% of General Pathway Registrars consider that a rural term provides a valuable educational experience and 55% feel it makes a positive contribution to rural workforce, if it was not compulsory only 31% would choose to complete one.



In fact 33% of these General Pathway Registrars felt it was not an acceptable part of training and there was support from 89% of all Registrars that if completing this term caused undue hardship then an alternate term should be negotiated.

General Practice and the AGPT promotes “lifestyle” and being “family friendly” as being strong traits, therefore it is crucial that policy does not unnecessarily jeopardise this reality.

However, increased flexibility for General Pathway Registrars alone runs the risk of making the Rural Pathway less attractive by comparison, and potentially creates discontent amongst Rural Registrars, especially those mandated by the 10 year moratorium. This is an important issue as reduction in placements previously filled by Registrars in the General Pathway will presumably be taken up by an increase in Rural Pathway training places.

There was strong support for the GPRRA’s proposal to allow more flexibility for Rural Pathway Registrars with 79% of all Registrars agreeing that Registrars not bound by the moratorium should be able to complete 1 term in a location of their choice and 78% agreed that Moratorium bound doctors should have the option of completing 1 term in a district of workforce shortage post.

APPENDICES

Appendix 1: Pathways Survey Results – Total Respondents

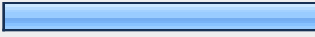
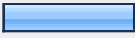




Appendix 2: Pathways Survey Results – General vs. Rural Pathway Respondents

Appendix 3: Pathways Survey Results – Results with VMA Registrar Responses Removed

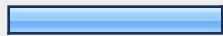



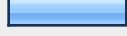

Appendix 4: Verbatim Responses

Appendix 1: Pathways Survey Results – Total Respondents

AGPT Pathways Survey - May 2009


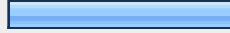




1. Currently, metropolitan Registrars must undergo 6 months of training in a rural setting and 6 months in an outer metro area. AGPT proposes that this could be changed to completing 12 months of training in any combination of rural OR outer metro (OM) OR district of workforce shortage (DWS), i.e. no compulsory rural time, although optional. Please indicate the extent to which you agree with this proposal			Response Percent	Response Count
Strongly Agree			48.0%	220
Mildly Agree			19.7%	90
Neither Agree Nor Disagree			7.0%	32
Mildly Disagree			11.8%	54
Strongly Disagree			12.4%	57
Don't Know/Not Sure			1.1%	5
Please provide any additional comments here;				120
			<i>answered question</i>	458
			<i>skipped question</i>	0

2. GPRA propose that the system should be changed so that General Pathway Registrars must complete 6 months in a rural setting, but have NO additional outer metro term, therefore allowing them to potentially complete their training with only one change of geographical location. It was suggested that there is a high educational benefit from doing 1 term in a rural area to ensure that a Registrars training is well rounded, and to give them an opportunity to experience rural practice, whilst assisting in some part with the workforce shortage in rural areas. Please indicate the extent to which you agree with this proposal

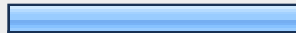





		Response Percent	Response Count
Strongly Agree		32.8%	150
Mildly Agree		27.1%	124
Neither Agree Nor Disagree		11.8%	54
Mildly Disagree		10.3%	47
Strongly Disagree		17.7%	81
Don't Know/Not Sure		0.4%	2
Please provide any additional comments here;			102
<i>answered question</i>			458
<i>skipped question</i>			0

3. Please rate the extent to which you agree with each of the following statements:								
	Strongly Agree	Mildly Agree	Neither Agree nor Disagree	Mildly Disagree	Strongly Disagree	Don't know/Not sure	Rating Average	Re C
I feel that a rural term is an acceptable part of training	40.6% (186)	27.5% (126)	8.3% (38)	9.6% (44)	14.0% (64)	0.0% (0)	2.29	
I feel that a rural term provides a beneficial educational experience, essential to my General Practice training	42.4% (194)	23.4% (107)	11.6% (53)	9.0% (41)	13.1% (60)	0.7% (3)	2.29	
The need to complete a compulsory rural term is a disincentive to train in General Practice	26.2% (120)	24.9% (114)	14.4% (66)	15.7% (72)	17.7% (81)	1.1% (5)	2.77	
I would prefer to complete 12 months in an outer metro practice than 6 months in a rural practice	34.1% (156)	14.4% (66)	17.5% (80)	12.9% (59)	19.7% (90)	1.5% (7)	2.74	
I understand that in undertaking a rural term I am helping to meet rural workforce needs, which I accept in part as a responsibility of being a member of Australia's General Practice sector	32.3% (148)	33.2% (152)	12.2% (56)	8.5% (39)	12.9% (59)	0.9% (4)	2.39	
If a rural term was optional, I would still complete one	28.8% (132)	19.2% (88)	12.2% (56)	12.2% (56)	23.8% (109)	3.7% (17)	2.94	
If a rural term was mandatory, and this was to cause a Registrar severe hardship, they should be able to meet the educational requirements in an alternate setting	62.2% (285)	26.9% (123)	3.7% (17)	3.5% (16)	3.3% (15)	0.4% (2)	1.60	
Please provide any additional comments here:								
<i>answered question</i>								
<i>skipped question</i>								

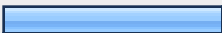

4. GPRA propose that for rural Registrars NOT bound by the moratorium, they should have an option to complete 6 months of General Practice experience in a location of their choice i.e. urban or outer metro, DWS. The arguments for this include providing a well rounded GP experience whilst increasing the flexibility and hence the attractiveness of the rural pathway. Please indicate the extent to which you agree with this proposal

		Response Percent	Response Count
Strongly Agree		44.3%	203
Mildly Agree		34.5%	158
Neither Agree Nor Disagree		12.9%	59
Mildly Disagree		3.9%	18
Strongly Disagree		2.2%	10
Don't Know/Not Sure		2.2%	10
Please provide any additional comments here;			40
answered question			458
skipped question			0



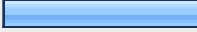



5. For Rural Registrars bound by the moratorium, GPRA propose that they be allowed to complete 6 months of General Practice experience in a District of Workforce Shortage. This option is currently available to moratorium doctors not within the training program. Please indicate the extent to which you agree with this proposal

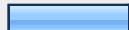

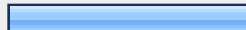

		Response Percent	Response Count
Strongly Agree		44.5%	204
Mildly Agree		33.6%	154
Neither Agree Nor Disagree		13.8%	63
Mildly Disagree		2.6%	12
Strongly Disagree		2.2%	10
Don't Know/Not Sure		3.3%	15
Please provide any additional comments here;			23
answered question			458
skipped question			0

6. Thank you for your responses. We just have a few more questions about you so that we can understand how different people have responded to the survey. What is your gender?




















		Response Percent	Response Count
Male		33.4%	153
Female		66.6%	305
		answered question	458
		skipped question	0


7. And what age group are you in?

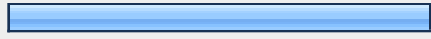
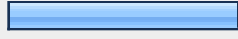
		Response Percent	Response Count
Under 20		0.0%	0
20 – 25		3.3%	15
26 – 30		43.0%	197
31 – 35		29.7%	136
36 – 40		10.7%	49
41 – 50		11.6%	53
Over 50		1.7%	8
		answered question	458
		skipped question	0

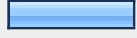
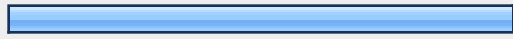

8. Which of the following best describes your family situation?			
		Response Percent	Response Count
Single		18.3%	84
Single with child/children		2.0%	9
Married or partnered with no children		36.9%	169
Married or partnered with child/children		42.8%	196
		Other (please specify)	17
		<i>answered question</i>	458
		<i>skipped question</i>	0

9. Please choose from the list below the Regional Training Provider (RTP) that you are currently associated with. RTPs are listed alphabetically.

		Response Percent	Response Count
Adelaide to Outback General Practice Training Program		7.9%	36
Bogong Regional Training Network		0.9%	4
Central & Southern Queensland Training Consortium		7.9%	36
CoastCityCountry Training		4.1%	19
General Practice Training Tasmania		3.3%	15
General Practice Training Valley to Coast		5.7%	26
Gippsland Education & Training for General Practice		3.7%	17
GP Synergy		4.6%	21
GPLogic		1.3%	6
Greater Green Triangle		2.8%	13
Institute of General Practice Education		4.6%	21
North Coast GP Training		5.2%	24
Northern Territory General Practice Education		0.2%	1
Rural & Regional Queensland Consortium		5.9%	27
Sturt Fleurieu General Practice Education & Training		3.5%	16
Tropical Medical Training		6.1%	28
Victoria Felix Medical Education		3.5%	16
Victorian Metropolitan Alliance		25.3%	116
WentWest		0.9%	4

Western Australian General Practice Education & Training		2.6%	12
Please provide any additional comments here:			14
		answered question	458
		skipped question	0

10. Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...			
		Response Percent	Response Count
General Pathway		64.8%	297
Rural Pathway		35.2%	161
		answered question	458
		skipped question	0

11. Please indicate whether or not you are bound by the 10 year Moratorium			
		Response Percent	Response Count
Yes, I am bound by the 10 year Moratorium		19.0%	87
No, I am not bound by the 10 year Moratorium		77.7%	356
Don't know/Not sure		3.3%	15
		answered question	458
		skipped question	0

Appendix 2: Pathways Survey Results – General vs. Rural Pathway Respondents

AGPT Pathways Survey - May 2009

1. Currently, metropolitan Registrars must undergo 6 months of training in a rural setting and 6 months in an outer metro area. AGPT proposes that this could be changed to completing 12 months of training in any combination of rural OR outer metro (OM) OR district of workforce shortage (DWS), i.e. no compulsory rural time, although optional. Please indicate the extent to which you agree with this proposal			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	62.6% (186)	21.1% (34)	48.0% (220)
Mildly Agree	17.8% (53)	23.0% (37)	19.7% (90)
Neither Agree Nor Disagree	3.0% (9)	14.3% (23)	7.0% (32)
Mildly Disagree	8.1% (24)	18.6% (30)	11.8% (54)
Strongly Disagree	8.1% (24)	20.5% (33)	12.4% (57)
Don't Know/Not Sure	0.3% (1)	2.5% (4)	1.1% (5)
Please provide any additional comments here;	82 replies	38 replies	120
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

2. GPRA propose that the system should be changed so that General Pathway Registrars must complete 6 months in a rural setting, but have NO additional outer metro term, therefore allowing them to potentially complete their training with only one change of geographical location. It was suggested that there is a high educational benefit from doing 1 term in a rural area to ensure that a Registrars training is well rounded, and to give them an opportunity to experience rural practice, whilst assisting in some part with the workforce shortage in rural areas. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	28.3% (84)	41.0% (66)	32.8% (150)
Mildly Agree	25.3% (75)	30.4% (49)	27.1% (124)
Neither Agree Nor Disagree	10.8% (32)	13.7% (22)	11.8% (54)
Mildly Disagree	11.1% (33)	8.7% (14)	10.3% (47)
Strongly Disagree	24.6% (73)	5.0% (8)	17.7% (81)
Don't Know/Not Sure	0.0% (0)	1.2% (2)	0.4% (2)
Please provide any additional comments here;	80 replies	22 replies	102
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

3. Please rate the extent to which you agree with each of the following statements:

		Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
		General Pathway	Rural Pathway	Response Totals
I feel that a rural term is an acceptable part of training	Strongly Agree	25.6% (76)	68.3% (110)	
	Mildly Agree	31.3% (93)	20.5% (33)	
	Neither Agree nor Disagree	10.1% (30)	5.0% (8)	
	Mildly Disagree	12.5% (37)	4.3% (7)	
	Strongly Disagree	20.5% (61)	1.9% (3)	
	Don't know/Not sure	0.0% (0)	0.0% (0)	
rating average		2.71 (297)	1.51 (161)	2.29 (458)
I feel that a rural term provides a beneficial educational experience, essential to my General Practice training	Strongly Agree	26.3% (78)	72.0% (116)	
	Mildly Agree	26.3% (78)	18.0% (29)	
	Neither Agree nor Disagree	14.8% (44)	5.6% (9)	
	Mildly Disagree	12.5% (37)	2.5% (4)	
	Strongly Disagree	19.5% (58)	1.2% (2)	
	Don't know/Not sure	0.7% (2)	0.6% (1)	

rating average		2.75 (297)	1.45 (161)	2.29 (458)
The need to complete a compulsory rural term is a disincentive to train in General Practice	Strongly Agree	32.0% (95)	15.5% (25)	
	Mildly Agree	26.6% (79)	21.7% (35)	
	Neither Agree nor Disagree	11.1% (33)	20.5% (33)	
	Mildly Disagree	13.8% (41)	19.3% (31)	
	Strongly Disagree	15.5% (46)	21.7% (35)	
	Don't know/Not sure	1.0% (3)	1.2% (2)	
rating average		2.57 (297)	3.14 (161)	2.77 (458)
I would prefer to complete 12 months in an outer metro practice than 6 months in a rural practice	Strongly Agree	47.8% (142)	8.7% (14)	
	Mildly Agree	16.8% (50)	9.9% (16)	
	Neither Agree nor Disagree	10.1% (30)	31.1% (50)	
	Mildly Disagree	12.1% (36)	14.3% (23)	
	Strongly Disagree	12.8% (38)	32.3% (52)	
	Don't know/Not sure	0.3% (1)	3.7% (6)	
rating average		2.26 (297)	3.63 (161)	2.74 (458)

I understand that in undertaking a rural term I am helping to meet rural workforce needs, which I accept in part as a responsibility of being a member of Australia's General Practice sector	Strongly Agree	21.2% (63)	52.8% (85)	
	Mildly Agree	33.7% (100)	32.3% (52)	
	Neither Agree nor Disagree	14.8% (44)	7.5% (12)	
	Mildly Disagree	10.8% (32)	4.3% (7)	
	Strongly Disagree	18.9% (56)	1.9% (3)	
	Don't know/Not sure	0.7% (2)	1.2% (2)	
rating average		2.74 (297)	1.74 (161)	2.39 (458)
If a rural term was optional, I would still complete one	Strongly Agree	14.1% (42)	55.9% (90)	
	Mildly Agree	17.2% (51)	23.0% (37)	
	Neither Agree nor Disagree	13.8% (41)	9.3% (15)	
	Mildly Disagree	17.5% (52)	2.5% (4)	
	Strongly Disagree	33.7% (100)	5.6% (9)	
	Don't know/Not sure	3.7% (11)	3.7% (6)	
rating average		3.51 (297)	1.90 (161)	2.94 (458)
If a rural term was mandatory, and this was to cause a Registrar severe hardship, they should be able to meet the educational requirements in an alternate setting	Strongly Agree	70.0% (208)	47.8% (77)	
	Mildly	21.2%	37.3%	

	Agree	(63)	(60)	
	Neither Agree nor Disagree	2.7% (8)	5.6% (9)	
	Mildly Disagree	3.7% (11)	3.1% (5)	
	Strongly Disagree	2.0% (6)	5.6% (9)	
	Don't know/Not sure	0.3% (1)	0.6% (1)	
	rating average	1.47 (297)	1.83 (161)	1.60 (458)
	Please provide any additional comments here:	73 replies	23 replies	96
	<i>answered question</i>	297	161	458
			<i>skipped question</i>	0

4. GPRA propose that for rural Registrars NOT bound by the moratorium, they should have an option to complete 6 months of General Practice experience in a location of their choice i.e. urban or outer metro, DWS. The arguments for this include providing a well rounded GP experience whilst increasing the flexibility and hence the attractiveness of the rural pathway. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	44.1% (131)	44.7% (72)	44.3% (203)
Mildly Agree	34.3% (102)	34.8% (56)	34.5% (158)
Neither Agree Nor Disagree	13.8% (41)	11.2% (18)	12.9% (59)
Mildly Disagree	4.4% (13)	3.1% (5)	3.9% (18)
Strongly Disagree	1.3% (4)	3.7% (6)	2.2% (10)
Don't Know/Not Sure	2.0% (6)	2.5% (4)	2.2% (10)
Please provide any additional comments here;	23 replies	17 replies	40
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

5. For Rural Registrars bound by the moratorium, GPRA propose that they be allowed to complete 6 months of General Practice experience in a District of Workforce Shortage. This option is currently available to moratorium doctors not within the training program. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	41.1% (122)	50.9% (82)	44.5% (204)
Mildly Agree	34.3% (102)	32.3% (52)	33.6% (154)
Neither Agree Nor Disagree	15.5% (46)	10.6% (17)	13.8% (63)
Mildly Disagree	2.7% (8)	2.5% (4)	2.6% (12)
Strongly Disagree	2.0% (6)	2.5% (4)	2.2% (10)
Don't Know/Not Sure	4.4% (13)	1.2% (2)	3.3% (15)
Please provide any additional comments here;	15 replies	8 replies	23
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

6. Thank you for your responses. We just have a few more questions about you so that we can understand how different people have responded to the survey. What is your gender?

		Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
		General Pathway	Rural Pathway	Response Totals
Male		28.6% (85)	42.2% (68)	33.4% (153)
Female		71.4% (212)	57.8% (93)	66.6% (305)
<i>answered question</i>		297	161	458
			<i>skipped question</i>	0

7. And what age group are you in?			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Under 20	0.0% (0)	0.0% (0)	0.0% (0)
20 – 25	3.4% (10)	3.1% (5)	3.3% (15)
26 – 30	47.1% (140)	35.4% (57)	43.0% (197)
31 – 35	27.9% (83)	32.9% (53)	29.7% (136)
36 – 40	8.8% (26)	14.3% (23)	10.7% (49)
41 – 50	10.4% (31)	13.7% (22)	11.6% (53)
Over 50	2.4% (7)	0.6% (1)	1.7% (8)
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

8. Which of the following best describes your family situation?			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Single	18.9% (56)	17.4% (28)	18.3% (84)
Single with child/children	2.0% (6)	1.9% (3)	2.0% (9)
Married or partnered with no children	38.7% (115)	33.5% (54)	36.9% (169)
Married or partnered with child/children	40.4% (120)	47.2% (76)	42.8% (196)
Other (please specify)	15 replies	2 replies	17
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

9. Please choose from the list below the Regional Training Provider (RTP) that you are currently associated with. RTPs are listed alphabetically.

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		Response Totals
	General Pathway	Rural Pathway	
Adelaide to Outback General Practice Training Program	8.4% (25)	6.8% (11)	7.9% (36)
Bogong Regional Training Network	0.0% (0)	2.5% (4)	0.9% (4)
Central & Southern Queensland Training Consortium	9.1% (27)	5.6% (9)	7.9% (36)
CoastCityCountry Training	2.7% (8)	6.8% (11)	4.1% (19)
General Practice Training Tasmania	2.7% (8)	4.3% (7)	3.3% (15)
General Practice Training Valley to Coast	7.4% (22)	2.5% (4)	5.7% (26)
Gippsland Education & Training for General Practice	0.0% (0)	10.6% (17)	3.7% (17)
GP Synergy	5.7% (17)	2.5% (4)	4.6% (21)
GPlogic	0.0% (0)	3.7% (6)	1.3% (6)
Greater Green Triangle	0.3% (1)	7.5% (12)	2.8% (13)
Institute of General Practice Education	6.7% (20)	0.6% (1)	4.6% (21)
North Coast GP Training	2.7% (8)	9.9% (16)	5.2% (24)
Northern Territory General Practice Education	0.3% (1)	0.0% (0)	0.2% (1)
Rural & Regional Queensland Consortium	1.0% (3)	14.9% (24)	5.9% (27)

Sturt Fleurieu General Practice Education & Training	2.7% (8)	5.0% (8)	3.5% (16)
Tropical Medical Training	5.1% (15)	8.1% (13)	6.1% (28)
Victoria Felix Medical Education	1.0% (3)	8.1% (13)	3.5% (16)
Victorian Metropolitan Alliance	39.1% (116)	0.0% (0)	25.3% (116)
WentWest	1.3% (4)	0.0% (0)	0.9% (4)
Western Australian General Practice Education & Training	3.7% (11)	0.6% (1)	2.6% (12)
Please provide any additional comments here:	11 replies	3 replies	14
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

10. Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
General Pathway	100.0% (297)	0.0% (0)	64.8% (297)
Rural Pathway	0.0% (0)	100.0% (161)	35.2% (161)
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

11. Please indicate whether or not you are bound by the 10 year Moratorium			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Yes, I am bound by the 10 year Moratorium	2.7% (8)	49.1% (79)	19.0% (87)
No, I am not bound by the 10 year Moratorium	93.3% (277)	49.1% (79)	77.7% (356)
Don't know/Not sure	4.0% (12)	1.9% (3)	3.3% (15)
<i>answered question</i>	297	161	458
<i>skipped question</i>			0

Appendix 3: Pathways Survey Results – Results with VMA Registrar Responses Removed

AGPT Pathways Survey - May 2009

1. Currently, metropolitan Registrars must undergo 6 months of training in a rural setting and 6 months in an outer metro area. AGPT proposes that this could be changed to completing 12 months of training in any combination of rural OR outer metro (OM) OR district of workforce shortage (DWS), i.e. no compulsory rural time, although optional. Please indicate the extent to which you agree with this proposal			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	49.7% (90)	21.1% (34)	36.3% (124)
Mildly Agree	24.9% (45)	23.0% (37)	24.0% (82)
Neither Agree Nor Disagree	3.3% (6)	14.3% (23)	8.5% (29)
Mildly Disagree	12.2% (22)	18.6% (30)	15.2% (52)
Strongly Disagree	9.9% (18)	20.5% (33)	14.9% (51)
Don't Know/Not Sure	0.0% (0)	2.5% (4)	1.2% (4)
Please provide any additional comments here;	49 replies	38 replies	87
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

2. GPRA propose that the system should be changed so that General Pathway Registrars must complete 6 months in a rural setting, but have NO additional outer metro term, therefore allowing them to potentially complete their training with only one change of geographical location. It was suggested that there is a high educational benefit from doing 1 term in a rural area to ensure that a Registrars training is well rounded, and to give them an opportunity to experience rural practice, whilst assisting in some part with the workforce shortage in rural areas. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	33.7% (61)	41.0% (66)	37.1% (127)
Mildly Agree	29.3% (53)	30.4% (49)	29.8% (102)
Neither Agree Nor Disagree	9.9% (18)	13.7% (22)	11.7% (40)
Mildly Disagree	11.6% (21)	8.7% (14)	10.2% (35)
Strongly Disagree	15.5% (28)	5.0% (8)	10.5% (36)
Don't Know/Not Sure	0.0% (0)	1.2% (2)	0.6% (2)
Please provide any additional comments here;	49 replies	22 replies	71
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

3. Please rate the extent to which you agree with each of the following statements:

		Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
		General Pathway	Rural Pathway	Response Totals
I feel that a rural term is an acceptable part of training	Strongly Agree	35.4% (64)	68.3% (110)	
	Mildly Agree	30.9% (56)	20.5% (33)	
	Neither Agree nor Disagree	7.2% (13)	5.0% (8)	
	Mildly Disagree	11.0% (20)	4.3% (7)	
	Strongly Disagree	15.5% (28)	1.9% (3)	
	Don't know/Not sure	0.0% (0)	0.0% (0)	
rating average		2.40 (181)	1.51 (161)	1.98 (342)
I feel that a rural term provides a beneficial educational experience, essential to my General Practice training	Strongly Agree	36.5% (66)	72.0% (116)	
	Mildly Agree	28.2% (51)	18.0% (29)	
	Neither Agree nor Disagree	10.5% (19)	5.6% (9)	
	Mildly Disagree	11.6% (21)	2.5% (4)	
	Strongly Disagree	12.7% (23)	1.2% (2)	
	Don't know/Not sure	0.6% (1)	0.6% (1)	

rating average		2.38 (181)	1.45 (161)	1.94 (342)
The need to complete a compulsory rural term is a disincentive to train in General Practice	Strongly Agree	23.8% (43)	15.5% (25)	
	Mildly Agree	25.4% (46)	21.7% (35)	
	Neither Agree nor Disagree	10.5% (19)	20.5% (33)	
	Mildly Disagree	19.3% (35)	19.3% (31)	
	Strongly Disagree	20.4% (37)	21.7% (35)	
	Don't know/Not sure	0.6% (1)	1.2% (2)	
rating average		2.89 (181)	3.14 (161)	3.01 (342)
I would prefer to complete 12 months in an outer metro practice than 6 months in a rural practice	Strongly Agree	36.5% (66)	8.7% (14)	
	Mildly Agree	20.4% (37)	9.9% (16)	
	Neither Agree nor Disagree	11.0% (20)	31.1% (50)	
	Mildly Disagree	17.1% (31)	14.3% (23)	
	Strongly Disagree	14.9% (27)	32.3% (52)	
	Don't know/Not sure	0.0% (0)	3.7% (6)	
rating average		2.54 (181)	3.63 (161)	3.05 (342)

I understand that in undertaking a rural term I am helping to meet rural workforce needs, which I accept in part as a responsibility of being a member of Australia's General Practice sector	Strongly Agree	28.7% (52)	52.8% (85)	
	Mildly Agree	33.7% (61)	32.3% (52)	
	Neither Agree nor Disagree	9.4% (17)	7.5% (12)	
	Mildly Disagree	11.6% (21)	4.3% (7)	
	Strongly Disagree	16.0% (29)	1.9% (3)	
	Don't know/Not sure	0.6% (1)	1.2% (2)	
rating average		2.54 (181)	1.74 (161)	2.16 (342)
If a rural term was optional, I would still complete one	Strongly Agree	19.9% (36)	55.9% (90)	
	Mildly Agree	17.1% (31)	23.0% (37)	
	Neither Agree nor Disagree	13.3% (24)	9.3% (15)	
	Mildly Disagree	16.0% (29)	2.5% (4)	
	Strongly Disagree	29.8% (54)	5.6% (9)	
	Don't know/Not sure	3.9% (7)	3.7% (6)	
rating average		3.30 (181)	1.90 (161)	2.64 (342)
If a rural term was mandatory, and this was to cause a Registrar severe hardship, they should be able to meet the educational requirements in an alternate setting	Strongly Agree	62.4% (113)	47.8% (77)	
	Mildly	26.0%	37.3%	

	Agree	(47)	(60)	
	Neither Agree nor Disagree	3.9% (7)	5.6% (9)	
	Mildly Disagree	4.4% (8)	3.1% (5)	
	Strongly Disagree	2.8% (5)	5.6% (9)	
	Don't know/Not sure	0.6% (1)	0.6% (1)	
	rating average	1.61 (181)	1.83 (161)	1.71 (342)
	Please provide any additional comments here:	49 replies	23 replies	72
	<i>answered question</i>	181	161	342
			<i>skipped question</i>	0

4. GPRA propose that for rural Registrars NOT bound by the moratorium, they should have an option to complete 6 months of General Practice experience in a location of their choice i.e. urban or outer metro, DWS. The arguments for this include providing a well rounded GP experience whilst increasing the flexibility and hence the attractiveness of the rural pathway. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	42.0% (76)	44.7% (72)	43.3% (148)
Mildly Agree	35.9% (65)	34.8% (56)	35.4% (121)
Neither Agree Nor Disagree	12.2% (22)	11.2% (18)	11.7% (40)
Mildly Disagree	6.6% (12)	3.1% (5)	5.0% (17)
Strongly Disagree	2.2% (4)	3.7% (6)	2.9% (10)
Don't Know/Not Sure	1.1% (2)	2.5% (4)	1.8% (6)
Please provide any additional comments here;	18 replies	17 replies	35
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

5. For Rural Registrars bound by the moratorium, GPRA propose that they be allowed to complete 6 months of General Practice experience in a District of Workforce Shortage. This option is currently available to moratorium doctors not within the training program. Please indicate the extent to which you agree with this proposal

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Strongly Agree	41.4% (75)	50.9% (82)	45.9% (157)
Mildly Agree	38.1% (69)	32.3% (52)	35.4% (121)
Neither Agree Nor Disagree	11.6% (21)	10.6% (17)	11.1% (38)
Mildly Disagree	3.9% (7)	2.5% (4)	3.2% (11)
Strongly Disagree	2.8% (5)	2.5% (4)	2.6% (9)
Don't Know/Not Sure	2.2% (4)	1.2% (2)	1.8% (6)
Please provide any additional comments here;	9 replies	8 replies	17
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

6. Thank you for your responses. We just have a few more questions about you so that we can understand how different people have responded to the survey. What is your gender?

		Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
		General Pathway	Rural Pathway	Response Totals
Male		28.2% (51)	42.2% (68)	34.8% (119)
Female		71.8% (130)	57.8% (93)	65.2% (223)
<i>answered question</i>		181	161	342
<i>skipped question</i>				0

7. And what age group are you in?			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Under 20	0.0% (0)	0.0% (0)	0.0% (0)
20 – 25	3.3% (6)	3.1% (5)	3.2% (11)
26 – 30	50.3% (91)	35.4% (57)	43.3% (148)
31 – 35	26.5% (48)	32.9% (53)	29.5% (101)
36 – 40	7.7% (14)	14.3% (23)	10.8% (37)
41 – 50	9.9% (18)	13.7% (22)	11.7% (40)
Over 50	2.2% (4)	0.6% (1)	1.5% (5)
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

8. Which of the following best describes your family situation?			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Single	20.4% (37)	17.4% (28)	19.0% (65)
Single with child/children	1.7% (3)	1.9% (3)	1.8% (6)
Married or partnered with no children	38.1% (69)	33.5% (54)	36.0% (123)
Married or partnered with child/children	39.8% (72)	47.2% (76)	43.3% (148)
Other (please specify)	9 replies	2 replies	11
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

9. Please choose from the list below the Regional Training Provider (RTP) that you are currently associated with. RTPs are listed alphabetically.

	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Adelaide to Outback General Practice Training Program	13.8% (25)	6.8% (11)	10.5% (36)
Bogong Regional Training Network	0.0% (0)	2.5% (4)	1.2% (4)
Central & Southern Queensland Training Consortium	14.9% (27)	5.6% (9)	10.5% (36)
CoastCityCountry Training	4.4% (8)	6.8% (11)	5.6% (19)
General Practice Training Tasmania	4.4% (8)	4.3% (7)	4.4% (15)
General Practice Training Valley to Coast	12.2% (22)	2.5% (4)	7.6% (26)
Gippsland Education & Training for General Practice	0.0% (0)	10.6% (17)	5.0% (17)
GP Synergy	9.4% (17)	2.5% (4)	6.1% (21)
GPlogic	0.0% (0)	3.7% (6)	1.8% (6)
Greater Green Triangle	0.6% (1)	7.5% (12)	3.8% (13)
Institute of General Practice Education	11.0% (20)	0.6% (1)	6.1% (21)
North Coast GP Training	4.4% (8)	9.9% (16)	7.0% (24)
Northern Territory General Practice Education	0.6% (1)	0.0% (0)	0.3% (1)
Rural & Regional Queensland Consortium	1.7% (3)	14.9% (24)	7.9% (27)

Sturt Fleurieu General Practice Education & Training	4.4% (8)	5.0% (8)	4.7% (16)
Tropical Medical Training	8.3% (15)	8.1% (13)	8.2% (28)
Victoria Felix Medical Education	1.7% (3)	8.1% (13)	4.7% (16)
Victorian Metropolitan Alliance	0.0% (0)	0.0% (0)	0.0% (0)
WentWest	2.2% (4)	0.0% (0)	1.2% (4)
Western Australian General Practice Education & Training	6.1% (11)	0.6% (1)	3.5% (12)
Please provide any additional comments here:	6 replies	3 replies	9
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

10. Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
General Pathway	100.0% (181)	0.0% (0)	52.9% (181)
Rural Pathway	0.0% (0)	100.0% (161)	47.1% (161)
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

11. Please indicate whether or not you are bound by the 10 year Moratorium			
	Please indicate in which type of pathway you are currently enrolled. I am enrolled in a ...		
	General Pathway	Rural Pathway	Response Totals
Yes, I am bound by the 10 year Moratorium	2.2% (4)	49.1% (79)	24.3% (83)
No, I am not bound by the 10 year Moratorium	93.9% (170)	49.1% (79)	72.8% (249)
Don't know/Not sure	3.9% (7)	1.9% (3)	2.9% (10)
<i>answered question</i>	181	161	342
<i>skipped question</i>			0

Appendix 4: Verbatim Responses

Question 1

Currently, metropolitan Registrars must undergo 6 months of training in a rural setting and 6 months in an outer metro area. AGPT proposes that this could be changed to completing 12 months of training in any combination of rural OR outer metro (OM) OR district of workforce shortage (DWS), i.e. no compulsory rural time, although optional. Please indicate the extent to which you agree with this proposal ... Please provide any additional comments here;

- A rural term provides invaluable experience in working in a more isolated environment and teaches GP registrars how to think outside the box in terms of working independently. These are useful lessons for GP Registrars who want to work in a rural setting, but also totally relevant for those who want to work in a urban setting.
- A twelve month training position would be much more stably in terms of family life and continuity of care
- Agree with GPRA
- Although I have got a lot out of the rural placement the travel and afterhours have severely impacted on my family life
- Although it may be unpopular with some I think rural training should remain compulsory in order that our future doctors understand how working rurally can differ. AGPT should help assist in providing well rounded doctors, not just giving registrars what is easier for them.
- Any registrar should be encouraged to have at least one placement in a rural setting to address the work force shortage issue as well as a mean to promote rural medicine
- As a have 2 pre-school children and a husband, it would have been very difficult for our family including childcare arrangements - eg breast feeding etc - to go into the country so i managed to get a 'rural' position that was on 45mins from home. good for me but really i was just beding the rules as it was clearly not a rural experience. my husband job would be impossible to do while living in the country and so there is no way we are going to move there. i am just resentful of having to jump through the hoops.
- As a mother of a 14/12 old and pregnant with my second, the rural term poses great challenges for me (my partner cannot work outside the city). I would happily do all of my training in outer metro in order to avoid the rural term
- As a rural GP registrar, I would rather NOT have to compete with metro reg's who don't want rural places - I think giving them an option is fine
- As a single mother to a toddler the prospect of a rural term is very concerning. It will be VERY difficult to fulfil this obligation.
- As long as we can still just do 6 months of RURAL if necessary- I don't want to end up having to do 12 months of rural. I don't even think a rural placement should be compulsory b/c not everyone wants to go rural. Ever.

- Avoids 2 changes of locations - and assoc expenses – i.e. moving house/goods, partner's job changes and children changing schools/day care.
- Can be adequate for high quality training program
- City trainees need to be exposed to rural practice. Some of them actually realise that it offers a good lifestyle and end up moving to a rural area which they would not have done had they not done their rural term.
- Compulsory rural time is very positive
- Continuity of care and experience in the same community would be advantageous
- Current one is good.
- Deprived metro registrars of v impnt understanding of rural GPs & towns, and benefits of working in such situations (never as bad as they think it will be!)
- Despite being a VMA registrar I intend to work in the country, and in fact don't intend to do any metro jobs. (Don't want a rural pathway because it limits my choices). I can't see the point in forcing registrars to work in rural areas if none of them stay. Given my choice I would increase the medicare rebate payable in AREAS OF NEED (not necessarily the same as rural, for instance lots of people want to go to Ocean Grove), to a point where it makes a very large difference in income to work in a rural town. The harder to attract GPs, the higher the rebate should be. Failing this, I think rural rotations for registrars contribute a great deal to the workforce and should be maintained
- Enforced relocation builds resentment about rural placements. It splits families and removes you from your social supports.
- Especially there should be exemptions available to single parents and those with difficulty fulfilling their rural obligation.
- Everyone should get rural experience at least for 12 months
- Family and other circumstances should also be considered
- Free choices are always better than restrictions because they will provide better satisfaction by both parties
- General pathway registrars choose this pathway often for personal and family reasons. That is why there is a rural pathway as an alternative.
- General pathway registrars SHOULD NOT have to undergo ANY COMPULSORY RURAL TRAINING AT ALL at any time throughout their training. I think the current policy is grossly unfair and this should definitely be an optional thing, not a compulsory part of our training. The compulsory nature of this rural training aspect of the general pathway training has forced me to strongly consider leaving the program altogether. It would cause me severe distress and severe strain on my mental health and my marriage to have to undertake compulsory rural training and I think this should DEFINITELY BE CHANGED TO NON-COMPULSORY RURAL/OUTER METROPOLITAN TRAINING!!! I feel very

strongly about this and believe we should not be forced to undertake rural training as general pathway registrars.

- Having a young family had caused a few difficulties not just in applying to the different areas but also in actually moving to work in these areas
- Having a young family, with a partner who has a job which means he needs to stay in the city, means moving to the country for a term would completely disrupt our lives and separate our family for the entire time. I am sure many others would be in a similar position. GP training is meant to lead to a family friendly life yet this policy, of being forced to go to the country regardless of personal circumstances, is contrary to that notion.
- Having to do 2 outer metro more better for family life
- How will the rural areas ever get GPs to assist with the lack they now have if this is not enforced
- I agree that compulsory rotations potentially have a large impact on other aspects of the registrar's life e.g. family. The concept of 'area of need' I think is more relevant as there are many metropolitan areas that need more GP's
- I agree that the rural option should be incentivised rather than enforced
- I am a single mother. I have been a doctor for 10 years. I have spent much of my working life in rural areas already. I feel very strongly that this requirement be changed. It would be more beneficial to provide incentives for those who want to do some rural training, rather than penalising those who don't.
- I am dead against compulsory rural time
- I believe that General Pathway Registrars should not have to complete any compulsory outer metropolitan or rural time at all
- I do not feel that a rural term should be compulsory since every person is in a different life circumstance and it isn't easy to just pick up and move.
- I don't think that the compulsory rural time does anything except separate people from their families and turn them off rural time
- I feel rural time remains important, but it has to be well supported.
- I feel that a registrar should not be forced to work in any area. Areas of workforce shortages need to use a 'market driven approach', i.e. offer a contract that is sooo good that it will attract multiple applicants.
- I feel that a rural GP experience is rich and valuable, and is an important component of all GP training.
- I got outer metropolitan area and finishing the training. Changing the policy then I would be stuck for another 6/12, otherwise I got 6/12 extension since I need advance CPR course and nothing else (passed the fellowship exam).

- I have a husband and small children making it very, very difficult to do a rural term. I feel it would be much fairer to mark rural term optional.
- I have been one of many people who have been in the country for a period of time (for me, it was 1 year) and who find the rural lifestyle isolating. I, frankly, don't want to do it again. It would be fantastic if we could eliminate the rural placement altogether.
- I never intend to live in a rural area and find it of little use to my career in a metro area
- I personally think that the rural experience is very beneficial although inconvenient. If given a choice I am pretty sure most registrars would opt out of going rural and this would have a negative impact on the quality of their training. I do feel that there should be special considerations for registrars with families or other good reasons for not going rural.
- I strongly believe that general pathway GP registrars SHOULD NOT have to do compulsory rural training at all! I think this is grossly unfair and completely unreasonable and we will lose lots of good registrars if the current compulsory rural training is not ABOLISHED as soon as possible! I myself am a general pathway GP registrar and this compulsory rural training is forcing me to head towards leaving the GP training program as a result. If this rural training remains to be compulsory, I will be leaving the program, as the stress and uprooting of me and separating me from my family is too severe and I will not be able to cope with this and put my family and marriage at a disadvantage and under such severe strain, it is not worth it to destroy these most important things in my life. I think the current system is outrageous and something needs to be done fast!! Why should the wellbeing and lives of registrars be compromised?
- I think a rural element is important for skills and understanding of the variety of GP work out there. I think you would miss important elements if you gave the option to exclude a rural term.
- I think all registrars should have a rural term.
- I think either rural or OM area is sufficient.
- I think exposure to rural practice is good - may encourage future work in rural practice
- I think if metro registrars just commute to an outer metro area rather than having to do a term rurally, they miss out on a different type of GP lifestyle rather than just practice
- I think paying a mortgage, or moving a whole family, then having to pay rent is very strenuous unless you can get a rural placement nearby.
- I think rural exposure is actually very important for learning and also the rural population
- I think rural time probably more important in Registrar's educational development than outer metro time
- I think that rural training is a very valuable experience that is important for skill development and workforce shortages
- I think this suggestion provides greater flexibility and minimises potential disruption to families

- I would happily do 2 outer metro terms and not a rural term, as having a 16month old and a newborn, makes it extremely hard to balance the need to rural term. The need to do a rural term shows a total disregard and lack of empathy about the stress and pressure that my family will experience and yet I am required to show empathy towards patients on a daily basis. It would be great if the courtesy was extended to me and my family.
- I would prefer rural training be optional - it suits some people more than others. If you have a young family, rural time is a huge problem and I think an equally valuable experience can be had in outer metro areas - there is still massive GP shortages in the outer metro/ fringe areas, and these are more readily commutable for people who own homes and have children at school etc
- I would prefer the incentivised option over this.
- Ideally, no mandatory requirement. Should use incentives.
- If I had wanted to do a rural term, I would have chosen a rural pathway.
- If people wish to be urban GPs why make them go rural? Also family commitments during training time may make it difficult for some
- If you are married with children, it is incredibly difficult and unfair to have to relocate for 6 months and leave everyone behind (or uproot small children who need stability). the partners will have full time jobs in the city which one can't just "leave"
- If you make rural not compulsory, no one would go.
- In my experience people who are forced to move to a rural area to complete the requirement are very bitter about the experience as it causes a lot of disruption to their family's lives.
- Increased flexibility for registrars is important
- It is frankly undemocratic to enforce someone to move location in such a major way (and without any financial incentive) when there is so much available work closer to home.
- It is really difficult for some registrars and in fact for a lot of post graduate trainees to leave the city and go and work in the country. Even commutable posts are really difficult. GP training is promoted as being family friendly and certainly uprooting a parent like that is not family friendly
- It's good to get rural experience. However, compulsory made sound like punishment instead of interesting experience. It also needs good support network to get registrar accommodation etc.
- Its particularly difficult for registrars with a family to do a rural placement, while it is still realistic to do outer metro or DWS placements
- Keep it as is.
- Mandatory rural placement can be extremely difficult from a family perspective.

- Many GP registrars have families and are not in a position to move rurally permanently. 6 months of rural training can be very disruptive to family life and the skills gained are not relevant if a career is to be metropolitan
- May worsen rural workforce shortages
- Maybe no one would like to go rural then... and that means lots of people would miss out on valuable rural experience
- More family friendly
- Must have rural work experience 12 mths
- Need to look after rural workforce
- No rural placement would be most welcome
- Not everybody is able to go to the country. I have one young child with no parents to help and husband has to work here. GP training forces families to break up and yet the GP curriculum preaches family health from a whole person aspect.
- Outer metro is much different to going rural!
- Outer metropolitan training is in no way similar to rural training. If a registrar chose 12 months of outer metro training, they would still have no concept of rural general practice.
- Particularly useful for registrars with very young families!
- Patients in outer metropolitan areas can be just as in need of good medical care as those in rural areas.
- Registrars already applying for a metropolitan stream have indicated their preference that they will NOT be practicing in a rural environment unless circumstances drastically change. By enforcing such a long period of time in an area they distinctly did not select without any added benefit for both learning or in terms of their family structure is unfair.
- Registrars need choice about where they complete their training.
- Rural experience is core to exposing GPs to a potential rural career.
- Rural is difficult logistically for many- i can't drive so I couldn't do it.
- Rural requirement causes significant upheaval and some financial strain upon GP trainees with young families. the flexibility of choosing OM or DWS instead of 6mths in a rural town would be much appreciated
- Rural should be prioritized over OM. ie 12 months rural = om +R time
- Rural terms can be very useful in our training in teaching skills to deal with limited resources, etc.

- Rural time is highly educational and essential, I believe, in ensuring Fellows who are capable of working anywhere in Australia
- Rural time is very difficult with family commitments tied to a metropolitan centre - more flexibility would be ideal
- Rural training provides added experience not found in metro areas
- Rural work exposes Registrars to necessary challenges
- Rural term provides different exposure and should be encouraged
- Strongly against compulsory rural training. Having done it I found teaching was far inferior to what is acceptable and emotional and financial strain is significant.
- Support only one move through training
- The AMS in Canberra can't get registrars as they are neither rural or OM
- The current potential for Reg's to do their rural term part-time and have this counted as a 6-month F/T equivalent helps the problem with workplace-living place dislocation; associated with reduced salary, of course!
- The rural term is a great learning term & allows people a chance to see if they would enjoy further rural practice. Outer metro does not have the same learning opportunities.
- The rural term should be optional for the people who already had one year hospital term by working as GP registrar in rural hospital, rather than compulsory
- The state subsidises our education and we have a responsibility to the tax paying community to provide service where it is needed!
- There is a distinct difference between outer metropolitan and rural practice. Gp registrars like counterparts in other training programmes should be exposed during their training to rural as well as outer metropolitan practice. This ideally would occur at an individual level. I.e the individuals experiencing both. But at the least there should be a method to ensure that a 12month outer metropolitan term does not become a substitute for all rural terms with rural communities missing out (and the GP registrar missing out on valuable rural experience as well as exposure). Many people have had experiences that they have found very valuable on mandatory terms yet would not have chosen them if the terms were voluntary.
- There should be a compulsory rural placement for all GP trainees
- There will then be no metro registrars going to rural communities, further increasing the doctor shortage there
- They should make 6months of compulsory to do urban work for the rural pathway registrars.
- They should rotate in the rural region

- This is great, General Practice should be flexible. I think this gives us the opportunity to get a good range of experience without being forced to go to a rural area. Many of us have families and packing up and leaving for 6 months is very difficult.
- This provides more flexibility, when including need for non-metro training.
- This seems fair enough but would probably lead to shortages in rural areas
- This would allow more continuity of care
- This would provide increased flexibility, and may encourage 12 month rural placements
- Using trainees to fill workforce gaps is inappropriate and also unfair to consumers. I think requirements for outer metro/rural/DWS rotations should be abandoned.
- Very, very, very disruptive to life. Can be very isolating and lead to poor career satisfaction and attitudes.
- We should work in a rural area. It will give us exposure to a greater degree of presentations and management options.
- Why should we be forced to work as rural doctors when we do not want to. Try and get this passed with dentists and see how you go, aren't they in need as well along with pharmacists, nurses etc etc etc. !!!!
- Would be most appropriate and fair to regs with established relationships and families. Maybe could be assessed on a case by case basis.
- Would be preferable for general trainees, but can understand the need to 'attract' people to rural areas too.
- Would prefer 6 months rural or outer metro or DWS only.

Question 2

GPRA propose that the system should be changed so that General Pathway Registrars must complete 6 months in a rural setting, but have NO additional outer metro term, therefore allowing them to potentially complete their training with only one change of geographical location.

It was suggested that there is a high educational benefit from doing 1 term in a rural area to ensure that a Registrars training is well rounded, and to give them an opportunity to experience rural practice, whilst assisting in some part with the workforce shortage in rural areas.

Please indicate the extent to which you agree with this proposal ... Please provide any additional comments here;

- 6-12 months is acceptable, but 10 years is too much
- A rural term first up would be very stressful for a new reg. I think it is useful to work in an outer metro practice.
- A rural term is a must. An out metro term does not offer much.
- A wider range of experiences would be ideal to encourage empathy with colleagues in other areas, but the reduced number of relocations would be positive for those with families etc.
- Absolutely. We are only in practice based training for 2 years. Why should half of this time be in outer geographical locations, if the aim is to be based inner metro in the future (as evidenced by choice of general pathway in the first place).
- Again, I don't think the rural thing should be compulsory.
- Agree that it would be less disruptive, and possibly turn them to consider rural practice.
- Ah ha! At last the truth comes out!!! It's ALL about addressing the workforce shortage, with 'lip service' applied to the mirage of 'educational benefit
- But rural pathway registrars would have a perceived disadvantage of having to spend 2 years in a rural location, this disadvantages in particular doctors subject to the 10 year moratorium
- Can tend to be used as roster filling ie covering on call etc when the person isn't ready
- Certainly better than an outer metro requirement AS WELL AS rural requirement, not much to be gained from doing BOTH if your interest is specifically in the area of urban GP
- Comments as above
- Doing a rural term does not make my training well rounded, just resentful that i have to uproot my family in order to do it.
- Don't really agree with mandatory rural training if you are going to work in the city.
- Either of the above suggestions seem appropriate, but the first one seems to offer more flexibility

- Either pathways should be optional
- For those who want to go rural let them...for me please let me get on with my life and work in the city.
- General pathway is only a short pathway and having to move locations too many times is disruptive especially when partners and families are involved.
- General pathway registrars should have option of not doing rural rotation
- Going rural and also doing outer metro term broadens your experience. better to have this experience during training.
- Having an increase in options for registrars training places is more ideal, such as is suggested in the first question
- Having practices in more than one metro area important in seeing how different practices work
- Having worked in Heyfield Medical Centre with Dr. Peter Stevens, I believe that the experience is no different to being a GP in, say, Springvale i.e. small community, easily identifiable as a doctor in the community, common ailments. This I know from having 2 parents who are Vietnamese and working in Springvale. The only thing missing is the inclusion of hospital time, of which Heyfield provides, and the treatment of farming injuries, which is irrelevant to city practice.
- I agree that a variety of training settings gives a breadth of educational experiences. However, various settings can be experienced without these experiences being, by obligation, spent in a rural area. I feel that statement number 1 provides a scenario whereby an adequate degree of variety and breadth of training could be achieved AND give each registrar more choice and flexibility in how and where they and their families relocate during training.
- I am from Adelaide and for most registrars an out metro position does not require moving house and is not too difficult.
- I believe most general pathway registrars are unlikely to end up in a rural setting anyway, but may potentially fill the gap in outer metro areas in the long-term, so should have exposure to this area.
- I believe that General Pathway Registrars should not have to complete any compulsory outer metropolitan or rural time at all - it should be their choice whether they want to do it or not. Enough education is gained throughout General Pathway training in a metropolitan area without having to work in a rural area for GPs who don't ever want to work in a rural area. I do not believe that General Pathway Registrars need to complete a rural term to complete their training - it is very disruptive and mentally and emotionally detrimental for Registrars who have a partner or family to have to move away on their own for this time to complete their training - I think it is highly unfair to have compulsory rural time and completely unreasonable and detrimental to Registrars - it should definitely be optional and not compulsory. This restraint of currently having compulsory rural training has made me strongly contemplate leaving GP training and medicine all together
- I can see the benefit of having only one change of placement but some parts of western sydney are more short staffed than many rural areas

- I did a rural rotation as an intern and would prefer not to do it again. I don't think my training would suffer from not doing another rural term.
- I don't believe the general pathway registrars should have to do rural training for 6/12, there choice was the general pathway, it should be voluntary to go rural not mandatory.
- I have as an overseas doctor and here in Australia >25 years of experience as a doctor. Rural placement would not me make wiser.
- I have not worked in outer metro (not inner metro), but feel that the difference in experience is not great enough to warrant the separation of these.
- I think a rural term & no outer metro term is reasonable
- I think a rural term is good but I spent 18 months of my medical school in rural placements plus some more time working at a GP run hospital in my intern year. While it's certainly a great idea and be encouraged, some of the outer metro places are very outer and are just as good as rural
- I think it is very supervisor dependent
- I think that doing a rural term is important.
- I think that rural medicine is very different to metro, and that all registrars should have some exposure to this, if only to become more aware of what their rural colleagues have to put up with!
- I think the rural rotation should be optional with incentives for registrars who chose this option to compensate for having to relocate/maintain 2 households
- I think this suggestion is also a good one and could be incorporated with the first -a choice between 6 months rural or 12 months outer metro. The difference in some outer metro and rural terms in distance may not be great so a registrars choice may depend on the actual location offered. 6 months rural if not too far from family may be a better option for some.
- I would like to see the trade off for no outer metro being 12 months rural.
- If a registrar does not wish to work in a rural setting, then they should not be forced to do so.
- If a registrar has strong family ties to metropolitan areas, experience in a rural practice is not relevant to a future career. Forcing people to spend some time rurally can cause resentment for the area. Also, rural practices end up with a constant rotation of registrars with 6 month terms which is not great for continuity of care
- If registrars are going to be made to go rural and take on the emotional and financial strain associated with this, more effort needs to be made to ensure that the practices that are set up as rural practices are acceptable to have registrars training with them
- If there was a choice between either completing 6 months in either outer-metro OR rural, in order to minimise family disruption/location movement, then completing this in a rural setting is more beneficial to registrar and community in my opinion

- Importance of rural term can't be underestimated, ability to move around is important however the ability to stay is also important
- It also reduce stress from family and registrar for relocation and cope with new environment during training
- It is opportunity to experience rural practice
- It is unreasonable to expect mothers to leave their families with young children to assist in a workforce shortage. Furthermore for GP's who will never work in a rural setting in long term, there is no need for rural training.
- It should not be mandatory, but incentive based
- It would be difficult with a young family to do the rural term and a husband who can only work in Perth. Working in a rural post for the 1st term would not necessarily be a good educational experience as not enough supervision.
- Less disruption while still allowing a rural term.
- Many GP registrars would have already spent significant amounts of time in rural areas as part of their medical training and hospital terms. Using registrars to solve workforce shortages is a very short term view and doesn't not solve the problem in the longer term. Working in a rural location generally means having to move away from one's place of residence. This is very difficult for registrar's that have children - moving will generally mean that the child will only have one parent for the majority of the 6 month term or if they move with the GP there is issues of childcare availability and disjointed education. I don't believe this is good for parents or children, who have often already made many sacrifices and had time away in rural locations to get to this point in their training.
- Many have LITTLE/NO training in rural setting
- MANY OF US HAVE ALREADY SPENT PLENTY OF TIME TRAINING IN THE COUNTRY PRIOR TO ENTERING GP TRAINING, HENCE THIS SEEMS UNNECESSARILY DISRUPTIVE TO OUR PERSONAL AND FAMILY LIVES.
- May not be fair to rural supervisors who already have a heavy workload to have heavier supervising duties
- Minimise disruption to registrar
- Many of the rural terms do not provide good clinical experience in my opinion
- Most registrars commute to an outer metro placement, not requiring a change in where they live. I think that registrars should have the choice as to whether they complete a rural term, this should not be compulsory. It can be extremely disruptive to home and family life to be forced to live away from home/family for 6 months. Provide incentives, but also choice. A rural experience can be beneficial for practice experience, but the potential harm to family function/social/psychological aspects of registrar life might outweigh this. Again, choice is all I want.

- Multiple training sites disrupts continuity of care, and if the reg is only in the location for 6mths, although a valuable experience, it's not fair to patients
- My rural term has provided no additional educational benefit compared to my OM or metro.
- No need for compulsory rural term
- Not as flexible as previous option, but would appeal to more registrars.
- One change of location is enough. What you learn in an outer metro location would be similar to what you learn in a your urban + rural term combined!
- Outer metro - most registrars commute anyway, and these are as much areas of need as Rural.
- Outer metro and metro feels the same, no educational benefit.
- Outer metropolitan exposure also important for registrars and for the communities. Outer metropolitan communities often have less incentive or method of attracting staff except via positive previous experience. While it is preferable that GP registrars have only one change of geographical location it is important that rounded experience and exposure occurs. Additionally it needs to be balanced with the experience of rural pathway registrars who are required to make more frequent change of geographical location. This inequality may contribute to people choosing metropolitan options so it is important that geographical issues also be considered for rural pathway candidates.
- Outer Metropolitan should try to be within 45 minutes of home address
- Outer-metro in my view was not particularly helpful in terms of training.
- Please provide any additional comments here;
- Please use incentives, rather than compulsions.
- Prefer option 1 though i.e. no rural at all
- Registrars need experience of other than big settlements
- Rural terms should be encouraged but not made mandatory
- Rural experience provides more procedural opportunities than metropolitan practice
- Rural placements are very disruptive to family life and socially. Would prefer outer metro placements to any rural placements.
- Rural should not be compulsory - perhaps there should be incentives to make it a more attractive option
- Rural term is acceptable but not another one outer metro what for ????
- Rural term should be second rotation
- Rural terms generally give excellent clinical experience and although disruptive can be

- Should do both
- The "suggestion" that a rural term that high education benefit, is just that a suggestion. I would like to see the EVIDENCE to support this assertion. The type of training a registrar receives is dependent on the clinic/supervisor one has as opposed to the location. You can argue that in busier rural practices, there is less time to teach, due to high workloads and there the educational experience is thus of a poorer standard. Having already worked in a rural hospital, I can state that the experience was not any better than that in an outer metro hospital.
- The additional benefit from working in a rural area could be obtained in a busy metropolitan emergency dept
- the compulsory rural term for general trainees should be abolished
- The disruption in moving every 6 months is substantial, financially, psychologically.
- The need in the outer suburbs is just as great as the country.
- The system offered by AGPT is more flexible, considering a considerable proportion of general practise registrars have selected the profession on that basis, and on the basis of family commitments.
- Theoretically this may be true but the practical upshot is hardship for many families. This high educational benefit could be attained in a metropolitan hospital if more advanced skills are thought necessary
- There is no benefit to an ENFORCED rural rotation. Incentive based, yes.
- This also is a great proposal and less disruptive to family life. With less time required to commute for outer metro rotation.
- This assumes that GP registrars are fresh out of medical school and have no experience in rural areas. I have found the opposite. Many of the registrars in my group have spent time in rural locations already. They have chosen to do GP training as they think this is the family friendly option. Perhaps people who have done such terms could be given credit. I resent this kind of paternalistic treatment and it is certainly a factor in my decision about whether or not to complete my GP training.
- This is largely dependent on how good the practice to which the registrar is attached, is. It could be a DISASTER if the practice or supervisor is not good, where the registrar has to be attached to the practice for more than 6 months.
- This is not correct and for general pathway registrars who only want to do urban practice, this does not give a high educational benefit and is not relevant or essential to our training and **SHOULD NOT BE COMPULSORY!**
- This is ridiculous. General pathway GP registrars **DO NOT** need training in a rural area to be successful and well rounded and good urban GPs. I think this is ludicrous and needs to be updated and changed so that general pathway registrars who have no desire to **EVER** work in a rural area,

do not have to do compulsory rural training as part of their gp training! By making them do this you are compromising their wellbeing and happiness as well as their mental health, which will lead to them leaving the program, and we need to look after our gp registrars, especially now as there is such a severe gp shortage. The compulsory rural training part of our training is leading me to be one step away from leaving the program and medicine for good. This is ridiculous as we need doctors, especially gps and we should not have to be forced to leave our homes and families to do rural training if we DO NOT WANT TO!!

- This sounds like a reasonable approach - meeting both workforce as well as educational needs.
- Very important to have continuity of care within general practice. Too many moves is destabilizing for the registrar.
- Vice versa
- What's wrong with outer metro, you can get just as good an experience in outer metro clinics as you could in rural. Wake up and speak to more Registrars who are not actually RLO's or part of GPRA, many do not like being forced to do a rural term. It is not easy to leave your family for 6 months, I don't care how good the "pathology" is in Woop Woop. Certain outer metro areas are actually areas of medical service need, they need doctors just as much as the rural areas. And it is nowhere near as disruptive to families as going to rural areas. All the outer metro clinics i have worked in are 30-45mins drive away from my home (not far). What you are encouraging is to stop people going to these areas as well. I'm definitely with AGPT on this one.
- While giving them the experience of what we do every day in rural areas, I feel that we as an area should be making our rotation attractive as a rotation, and the experience should be optional. Once again in my experience general pathway registrars especially those with families are quite angry and resentful at having to do rural terms. If we can entice people with attractive work conditions, financial incentives and the possibility of more skills being gained it would prove better for the rural workforce in the long run.
- With both parts of statement
- Worked in rural general practice as a student. Am aware of its advantages/disadvantages.
- Workforce shortage in other areas could and should be addressed in other ways eg attaching prescriber numbers to locations rather than individuals
- Would prefer 6/12 OM instead
- Yes, two changes in location is very difficult. Partners can become very frustrated with constant inconveniences to them due to our medical careers. This affects relationships very negatively.

Question 3

Please rate the extent to which you agree with each of the following statements (*respondents provided a response to seven attitudinal statements in relation to rural training*) ... Please provide any additional comments here:

- "Severe hardship" is hard to define, but 6 month terms can be disruptive
- A rural term should have been optional. Moratorium is designed to discriminate IMGs.
- Again, I highlight the needs of female part-time practitioners with young families, who's main income is their partners
- answers influenced by fact that I am a rural pathway trainee bound by the moratorium
- As a registrar in a rural setting I was disadvantaged financially
- As a registrar who is expecting my third child and have only my rural term left to complete in my training with the VMA considering going back to work where I either relocate or travel huge distances is a nightmare!
- As much as I think forced exposure to rural settings is a great thing, supervisors always prefer having registrars who WANT to be there
- Because I already have 2 year working experience at rural hospital, as HMO2 for one year, and GP registrar for another year, further 6 month rural term seems to be not very essential to my GP raining
- Being forced gives you a bad attitude but providing incentives and a great experience encourages rural terms.
- Being separated from your partner because of the rural term jeopardises the relationship. It also compromises the mental and emotional health of the trainee being separated from the partner.
- Completing a rural term has been very difficult on my family. fortunately i waited until the very end of my training when the requirements have changed and made it much shorter and closer to complete.
- Despite endorsing rural training terms the pure logistics of doing one with a family would make me less likely to even if I am keen to do one.
- Despite my comments above, there should be appropriate consideration given to whether this process will cause hardship to registrars and if so then alternatives should be available. The scope of the hardship clause should be transparent but also give consideration to a variety of needs not just related to spouse or child obligations. Some single registrars may also experience hardship from these arrangements for their own health reasons or obligations to extended family and where possible this should be considered and not assumed that single
- Families need to be taken into consideration - especially those with young children

- For family life and being a woman - very hard to move to rural for 6 months - causing family separation/stress especially when thinking about starting a family
- For some trainees a compulsory rural term may be a disincentive, but they are aware of this aspect upon enrolling in the program, and I believe it creates a more empathetic, skilled and well rounded doctor in the long run to work in a rural area.
- For those with families, having to 'up and move' for 6 months can be extremely difficult if not impossible. Though it may be seen to be unfair, I believe those with families should perhaps have different requirements so they can continue training without undue hardship.
- Having worked in rural areas prior to starting GP training I find the lack of flexibility for training is astounding
- I agree that people have individual circumstances and they should be able to individually put forward their case to apply for exemption
- I agree with the first part of q4, but disagree with the second.
- I am a rural pathway registrar
- I am a rural registrar by choice and feel it is valuable for me, as I plan on staying rural. However, it is choice that I support. I don't think making a registrar work 6 months of their career in a rural area is really addressing the workforce shortage. Any incentives need to be aimed at attracting people who are likely to stay rurally permanently
- I am biased, as I am on the Rural Pathway and it is what I want to do
- I am keen for a rural term but see how they may be difficult for some registrars to do
- I am STRONGLY against mandatory rural terms.
- I believe exceptions and alternate arrangements should be available in situations where relocating a family is not a feasible option
- I believe I fit this description, but have been told that it would be pointless to try and get an exemption.
- I certainly accept the responsibility to assist in meeting workforce shortages during my training, however I support efforts to give registrars flexibility and choice in how they fulfil this responsibility. Adapting personal and family circumstances to the study rigours, frequently changing and somewhat unpredictable timetables as well as geographical relocations can be a strain, and I believe that the current training pathways could be adapted to better take this into account by allowing the registrar to nominate a single chosen domain (rural, outer metro or DWS) in which to complete part of their training outside their home RTP.
- I considered GP training many years ago and my disincentive was the rural term

- I do not feel ANY obligation to meeting rural workforce needs! I have a professional degree which took a great deal of effort to obtain. I may choose to work in areas of need but it is not an obligation!
- I don't think it is the responsibility of registrars to meet the longstanding rural workforce shortage. I think longer term solutions are required to increase permanent rural doctors. Rural patients suffer from constant turnover of doctors.
- I feel that the focus should be on encouraging rural practice, rather than making it compulsory. Ideally, registrars should do a rural term to gain the extra experience, but I also believe that for some it can be very difficult, and so it should not be compulsory, but a highly encouraged option with incentives for doing it, rather than penalties for not.
- I grew up in a rural setting, but with small child and husband whose work skills are not easily transferrable to a rural setting, a compulsory placement in a rural setting would stop me from doing GP training. I am keen to work there one day in the future when family commitments allow. We have a right to be protected from detrimental effects of work on our family life. Adequate incentives would go a long way to solving workforce shortage in rural areas. We have a fundamental right to choose where we work.
- I have already done a lot of work in rural locations prior to GP training, which I think should be able to count towards my rural term quota. Family circumstances are different now.
- I have had great experiences working in rural areas. However, I don't think we should be made to feel guilty and responsible for the fact that there are workforce issues in rural communities. Providing a registrar that is not going to be there in the long term for their patients is only a stop gap measure and a very short sighted view. Rather than forcing people to go to the country the government and other agencies should improve the support and funding for these areas so that people CHOOSE to do so.
- I have worked in rural and outer metro clinics.
- I joined GP training as a general pathway trainee as I am NOT interested in rural medicine. If I had wanted to work in a rural area I would have applied to do the rural pathway! Mandatory rural rotations are a crude way to prop up the rural medical workforce in Australia and an unfair use of junior doctors. The compulsory rural rotation has the potential to ruin my current relationship.
- I strongly believe that a General Pathway Registrar should not have to complete a compulsory outer metropolitan or rural term at any point during their training - it is a highly unfair and unreasonable restraint and is cause for me to strongly consider leaving general practice training - this definitely needs to be reformed and changed to being optional terms instead of mandatory terms and this needs to be done immediately by GPRC pushing RACGP to do this straight away to save General Practice from losing its Registrars. I am a General Pathway Registrar
- I think if there was no flexibility in rural terms and their location it may discourage trainees from entering into GP training. I think at the moment there is an expectation among registrars that the training provider would attempt to work in with the needs of the registrar and try to match location with the doctor/family situation.

- I think that "severe hardship" is too vague a term, because the degree to which people may suffer from being isolated can vary. I, personally, suffered quite a bit. This is not to say that the placements themselves were bad, but being far away from home for extended periods of time sent me into a mild to moderate depression, to which I am prone.
- I think that it is a misconception that the rural attachment is invariably a valuable learning experience or 'superior' to the urban/outer metropolitan attachment. This is not necessarily the case and is largely dependent on the GP supervisor one is attached to. I know of several registrars who were unhappy in their rural attachment, felt under-supported, considered quitting general practice and suffered from depression/anxiety as a result of their less than valuable/enjoyable rural attachment.
- I think you should think about registrars who are under 10 years moratorium more than those in general pathway
- I would not have done the rural term if I had a choice but I did it and it was an invaluable educational experience. I feel that one cannot truly be a good GP without an understanding of rural medicine also.
- If a registrar cannot meet the requirements my feeling is they should not do general practice.
- If a registrar has children it is particularly difficult to live in a rural area for 6/12 months if the rest of the household is in Brisbane. I was pregnant when doing my rural term and had to return frequently to Brisbane for antenatal checks; I was very tired and spent a lot of time on the road on weekends and midweek to see my husband, as I really wanted more time with him while preparing for a baby.
- If any other professional was forced to move house, they would be fully compensated. This should mean free accommodation and higher pay. Our education as doctors was not free. We all have a substantive HECS debt. I think most of us already meet our obligations to the community more than other professionals do and to keep asking for more with no incentives is not good.
- If the rural term is a disincentive for a registrar, then we need to support that registrar or find alternate avenues. However many registrars thoroughly enjoy their rural term and if they did not try it, they would not know how enjoyable it is. Having said that, registrars should not be used as workforce fodder.
- It depends what will be considered severe hardship. family commitments make going rural very hard, in fact probably severe
- It is an enormous strain to do a rural term when you have a family to run at the same time and a partner who travels for work and limited help from grandparents that are still in the workforce
- It is particularly hard on registrars with children especially children at school
- It is unfair to be FORCED to work in a rural area. It should be optional for everyone, especially those with difficult circumstances

- It is very difficult for a female registrar with school aged children & working Husband to manage a rural relocation.
- Main difficulty with Rural term is leaving partner/family for 6 months
- Many people will complain about 'hardship' involved in working in a rural area but will not be genuine. If it is a true hardship than I agree but it will likely be abused.
- May be an issue for families/single parents etc but it is a requirement of all training to do different terms in different settings
- Much better to have the option of doing 12 months either outer metro or rural or combo - not mandated both , provides better choice
- Often the rural supervisor is looking for a locum, leaving registrar alone/ minimal support to manage a clinic when the "supervisor" can't get a locum. There is rarely the ability to get to training- especially the practical skills that are MEANT to be gained in the rural setting- & the "supervisor" is too busy or not available to provide education. Rural term sounds NICE in theory, but is a JOKE in reality for most, it ends up just being a hardship for families. I don't know how many times I heard the statement- it's compulsory so" just tick the (rural term) box". Give me a break!!!
- Only major deterrent from rural term is family commitments elsewhere (spouse jobs, etc)
- Out metropolitan ED can be good alternate setting
- Outer metro terms also help to meet workforce needs & depending on the setting the educational benefits may be greater than a rural term
- Please provide any additional comments here:
- Point 4 is loaded. ie worded to get a positive response. It is not the responsibility of the most junior of doctors to fill a chronic gap in workforce that should be addressed by legislation eg as previously mentioned; limiting provider/prescriber numbers in inner metropolitan areas. I should not be up to registrars to uproot their families for 6 months to compensate for an inadequate legislative response
- Prior to falling pregnant with my first child, I had a job lined up in a rural setting, one which I was very excited to undertake. If my circumstances were to change (ie my partner gets the ability to move to the country with me) I would be very excited to embark on rural training. However, I feel that it is imperative to give choice to trainees as, by limiting our choices, the training program causes great stress. Currently, I do not know how I can finish the program in its current setup, without taking my children away from my partner, or living without my partner and children. Either way, our family unit definitely loses, a loss which, to be honest, I am not currently willing to go through simply for my career.
- Question 5 is poorly designed

- Re; question 5. I agree with the first half of the question, but don't agree that being a GP registrar should necessarily coincide with "accepting" that this is a responsibility of being a member of the GP sector - it is a responsibility of every doctor, but not one that should be enforced, as opposed to encouraged and incentivised.
- Rural practices need to be screened and assessed properly to ensure they are reasonable teaching practices.
- rural term may be reduced to 3 months as a alternative option
- Rural term provided me the opportunity and experience which lead me to country general practice permanently now.
- Rural terms can be extremely disruptive to families and can take parents away from young children - I think the needs of families must be recognised.
- Rural terms should not be enforced. Laughable that RACGP is keen on GP self care, yet we are forced to move to places we don't want to for training, with subsequent detriment to self care, being isolated from our usual supports.
- Rural workforce needs should be met by a process of incentives rather than an enforcement of labour which it is now. This does not encourage a sense of responsibility or fidelity to the health system that allows this.
- Rural workforce shortage is a problem for sure but those people who are living/ have a home/ partners/commitments/raising a young family for example in a metro area should not be compulsorily made to work in a rural area. It is a huge imposition!!
- Shouldn't have absolute rules, flexible is better with an application process for exemption
- Some areas classified as rural offer very similar experiences to metro areas eg Toowoomba vs. Brisbane in QLD- seems pointless to be forced to move 2 hours from home to work in a very similar practice environment
- The definition of severe hardship is arbitrary and dependent on the adjudication panel. Sometimes personal/cultural reasons cannot be understood by them. It is far easier to see a "diagnosis" to reflect "severe hardship".
- The mandatory rural term has a major impact on registrars with young children and family commitments and an alternative should be available.
- The responsibility to meet rural workforce needs should not fall to registrar, but in reality VR doctors (in their 40s and 50s and 60s) should also have to fulfil this need, after all many of them graduated at the tax payers expense prior to the introduction of the HECS system.
- The rural and outer metro should be compulsory. exemptions should be considered case by case
- There is a lot of misunderstanding and disincentives in pursuing the rural pathway.

- There is absolutely no responsibility on an individual to work rurally - this is rubbish. Those who choose to should be rewarded financially. It is ridiculous that the pay is no different rurally vs metropolitan and I believe registrars are being exploited in this way. There is no moral imperative to work rurally and it is wrong of AGPT to be labelling it as a responsibility
- There should a clause for registrars who have severe difficulty organising their rural terms due to personal issues.
- There should not be any compulsory rural term
- These questions are obviously aimed at city registrars as they do not take into my feelings as a registrar who wants to stay in the country
- Things will always need to be considered case by case.
- This survey perhaps should be split across two groups- rural pathway (by choice not because of overseas training) and urban
- This survey question is written as though the respondent is a general pathway reg and doesn't include the views very well of rural pathway registrars
- Unless we are talking about middle aged registrars with children in school, I don't believe any registrar would be caused severe hardship being forced to do the rural term.
- We are not babies. We are highly functioning adults, so let us decide where we want to work. Yes as doctors we have a moral obligation to patients however; we also have an obligation of FREEDOM of CHOICE and AUTONOMY.
- We have the privilege of having all of our training funded by the taxpayer - I think 6 months rural service is a fair trade for this.
- We should not even have to do training in an outer metropolitan area or a rural area if we do not want to! We are adults and medical professionals and should be given the choice as to where we want to train. Why should we be forced to train where we do not want to?! this leads to unhappy and non-productive doctors that end up with depression and leaving the medical profession - we cannot afford to cause this!! having to complete a rural term will cause me severe hardship and I should be able to continue to train in my urban setting and be able to meet the RACGP educational requirements this way
- Whilst a rural term is academically beneficial, it is financially and socially disadvantageous to a registrar. Financial rewards must be attached to rural terms, indexed to duration but not limited to those in the rural pathway. General registrars who spend six months training and 'meeting a workforce shortage' should be appropriately remunerated for that service, significantly above their salary in the urban setting.
- Why have two pathways and still make it mandatory to go rural in the general pathway? As with all aspects of medicine/specialties - people have strengths and weaknesses and are suited to different aspects of medicine. If a general pathway trainee has no intention of working rural in the future, why enforce mandatory 6month placement? Some of us love procedural work, others don't... for

those who don't - there is an incredible amount of stress associated with going rural and feeling inadequately skilled. Urban GP training doesn't prepare you for rural emergencies. By having the rural pathway - you can channel those who do enjoy the excitement and pressure of rural medicine in to that field. Also with all the new rural incentives - there seems to be more of a sway towards rural GP/rural generalist training currently. As we say to our patients - you can't force someone to do something - they have to want to do/ make changes on their own ground. if you enforce and make it mandatory to do rural for the general pathway - you are turning registrars away to other specialties or ensuring they never will go rural in the future if they feel overwhelmed. Also the strain on families - there are waiting lists for schools and daycares, uprooting your child/children for only 6months is very disruptive to them. Employment for your husband/wife is also difficult in rural towns and often unavailable. Not to mention disruptive to their career pathway. You are essentially forcing broken families for 6/12 if a parent decides that there partner/family are better staying in the location they are in as 6/12 is not long enough to warrant a full change, yet very long/challenging/detrimental to the family unit and development if separation occurs. It should be voluntary - you would find people would still choose rural for the challenge, you would just allow GP training to be achievable to families and those who are not procedurally based. I also think you would save money not having to train those general pathway trainees in extended rural skills that are vital for rural medicine - not matter what timeframe you are there as you don't come across road/farming accidents etc in an urban setting and they would be grossly undertrained...

- Why should doctors be made to suffer personal hardship because Australia's rural sector is underdeveloped and lacks infrastructure to attract not only doctors but the population in general?
- Would be very difficult to decide who was caused 'severe hardship' as in the last question - need to have 1 rule for all.
- Would need to be a pretty specific definition of 'severe hardship'.
- You can't surpass education provided in a rural community because of lack of supply in a metropolitan area - all this will create is GPs unqualified to serve in rural areas even though one day they might eventually live there - this situation disadvantages rural people. Why is a lack of metro gps / registrars more important than quality rural ones?

Question 4

GPRA propose that for rural Registrars NOT bound by the moratorium, they should have an option to complete 6 months of General Practice experience in a location of their choice i.e. urban or outer metro, DWS. The arguments for this include providing a well rounded GP experience whilst increasing the flexibility and hence the attractiveness of the rural pathway.

Please indicate the extent to which you agree with this proposal ... Please provide any additional comments here;

- 1 year would be better.
- 6 months urban experience is worthwhile, in a similar way to 6 months rural experience for a metropolitan registrar
- All GPs should have exposure to metropolitan general practice as well, in my opinion
- As previously stated, I think that the "rural experience" is a farce. Put anyone in a small, culturally-specific community and the experience is the same, without the distance and isolation.
- Can't comment, not aware of the issues
- City practice is vastly different to country practice
- Does not apply to me
- Don't agree with the moratorium and OTD being so discriminated against
- Experienced gain in a rural setting is advantages
- Further removes rural registrars from where they are needed!
- GP registrars should have the flexibility to select the districts in which they will train, which are likely to reflect those districts in which they will work long term. Forcing registrars to relocate to areas where they do not intend to continue to practice places significant emotional and financial strain upon young families
- I am a general pathway registrar choosing to do almost all placements rurally, I haven't switched to rural pathway in case I want to do a special interest placement in a metro environment - GREAT IDEA!
- I am a rural pathway registrar by choice, yet I have no idea of what general practice in the city really entails and would be interested to try this for 6 months
- I am on the rural pathway and on the moratorium and am settled into a town so it is of no benefit for me to be able to do six months in an urban area. This might not be the case for other rural registrars.
- I feel compulsory rural is preferable

- I have supported this every time we have been asked
- I prefer that whether they are in moratorium or not everybody needs to go same type of training
- I still believe that rural areas rely on enforced rural training; patients love this
- I think a rural or outer metro term for 6months is enough
- I think Rural should be compulsory, except where there are legitimate reasons where it can be substituted for outer metro (e.g. pregnant/children/part-time/medical issues/caring for older person)
- If rural training does not work out for them, they could possibly switch to metro which is fair.
- If that is what they want to do.
- If you are already gaining the majority of your GP experience in rural areas, then I think it would be great to be able to have the flexibility to work in an urban/OM practice for a period of time.
- It is always good with training to experience as much as possible. If the general pathway has to go rural, why not the other way around.
- It is important that flexibility be given for those voluntarily choosing the rural pathway so that it remains a viable option and that registrars have options to minimise geographical dislocation at certain times. This is important as for many rural pathways geographical moves are required to change practice locations every 6months. If there is no option for respite from this it may become a less popular option for those who would otherwise chose it.
- It seems reasonable the if urban GPs are expected to do a rural placement to round out their training, then the converse is also true i.e. rural pathway registrars doing some training in an urban setting. This should not be compulsory however.
- Rural experience should be compulsory & for 12 months at least
- Should apply both ways.
- Sure why not.
- They chose the rural pathway...
- They would still require relevant procedural experience to be beneficial in rural areas
- This applies to me and I very strongly believe there should be no compulsion
- This is discriminatory.
- This is one of the main reasons I did not chose the rural pathway despite the desire to work rurally in the future-the lack of flexibility both from the training providers and GPET means people make choices that are not ideal.
- This may help to gain experience in subspecialty areas

- This would allow people who have no intention of staying rural completing training, and not adding to rural workforce.
- This would ensure rural supervisors make their practice enticing- I know of only ONE "Rural Supervisor" that I wanted to train with- he had a reputation for TEACHING those practical skills- but he stopped "supervising" prior to my rural term.
- Why? If you chose a rural RTP, you know you're going rural. If not, then apply for an urban RTP in the first place.
- Working in a rural area compared to an urban area does not really change the experience of working in General Practice- from my perspective and experience. Most cases seen in the rural area is seen in the urban/metropolitan area. It's just the frequency and/or severity of the cases that seem to change. The moving and relocation simply disrupts the GP registrar in concentrating on learning the tricks of the trade. Moving can be very stressful and not very helpful particularly with those with young families! It's more a disincentive from continuing from the training.

Question 5

For Rural Registrars bound by the moratorium, GPRA propose that they be allowed to complete 6 months of General Practice experience in a District of Workforce Shortage. This option is currently available to moratorium doctors not within the training program. Please indicate the extent to which you agree with this proposal ... Please provide any additional comments here;

- All doctors should have been free to choose their training pathways.
- Although I agree still forcing people to serve which should not be the attitude
- City practice is vastly different to country practice
- Ditto for question 4
- Doctors bound by moratorium should be allowed to have a wider experience during training so that when their restriction is lifted, they are better equipped.
- I do not see how this option can actually help in my situation. I would like to point out that the 10 year moratorium has been very unfair for people who had to take it due to their background. I had to admit that ten years would affect my life too much. I have worked in rural area before, liked it and is glad to know that I can contribute to rural community more in the future. My husband, unfortunately has his eyes on surgery and if he embark on that pathway, going to rural would not be a good option for him. The difficulty situation will arise when we plan for a family in the future. Think about the TEN YEARS time in our life.
- I don't agree with the moratorium, it imposes a lifestyle on doctors who are lacking in choices in the first place, taking advantage of vulnerability. It has also been shown to be ineffective in improving long term participation in the rural workforce among participants.
- I propose the 10 year moratorium should be abolished in order to attract more Overseas Australian Graduates and IMGs to undertake general practice training.
- It would be much more fair on them this way.
- Many are exceptional doctors doing an amazing job in highly stressful isolated towns, with their children and partners in urban areas. They deserve a break too or they will never stay in rural areas once the moratorium is up.
- Moratorium is imposed to address workforce shortages - so makes sense to extend it to DWS.
- Prefer 1 year. Changing practice and place at 6 months is quite troublesome.
- Rural registrars should all have the same options, don't go and make two classes of registrar based on country of birth.
- Shafting doctors to the country only makes them resent it more and the training program.
- Sure why not.

- The idea of the moratorium seems to be to encourage people to settle into the country, as, often, many of the GP registrars required to do so have families and uprooting said families after 10 years can be quite difficult. I think that it would be only fair to give rural registrars the option to work in the city. Though their educational experience may not necessarily benefit, they may desire the lifestyle.
- The moratorium is an unfair discrimination.
- The term should be a minimum of 6 months but can be up to 1 1/2 yrs so that leaves them to move only 2x during the whole training period. Since most rural GP registrars are IMG's it stands to reason that it is best for them to be in a metropolitan practice where they can have better access to things and people who can help them be oriented to the Australian workforce and culture rather than being left to themselves and their own resources which can increase their stress levels. Once they have been given the support and assistance in adapting to the Australian medical workforce, it would provide greater confidence and therefore lessen the stress for them to be thrown into the rural medical workforce. IF metropolitan GP registrars, most of whom are Australian trained, are having many reasons not to be in the rural areas, imagine how even more difficult it is for those rural GP registrars (mostly IMG's) who bound by the 10 yr moratorium to practice only in the rural areas!!!
- This would provide a more rounded GP experience
- What a difference that would make! It makes soooooooooo much sense. Areas of workforce shortage are everywhere and this would make the training a lot more manageable.
- Why not!!!
- Why this not available to doctor in training program