



GENERAL PRACTICE REGISTRARS AUSTRALIA LTD

Federal Election Statement 2007

BREATHING NEWLIFE INTO GENERAL PRACTICE



Introduction

General Practice Registrars Australia (GPRRA) represents the future of General Practice in Australia. As the peak national representative body for GP Registrars, GPRRA is committed to supporting the future workforce and promoting General Practice as a vocation of choice to all future entrants into medical universities.

GPRRA has the following requests for an incoming Australian government:

1. Build prestige and improve the image of General Practice amongst medical students, other medical specialties and the wider community
2. Ensure the supply of General Practice Registrars into the future
3. Provide equitable measures of workforce distribution that are based on incentives
4. Recognition & support for overseas trained doctors (OTDs) as an emerging workforce
5. Build capacity for training the future GP workforce by supporting medical education & supervision

The above five broad areas look at the very foundation of General Practice in Australia. If we are serious about investing for the future of the Australian community then we must build and safeguard this foundation and preserve General Practice as the cornerstone of the Australian healthcare system.

Amit Vohra
Managing Director

Dr Naomi Harris
Chair



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About GPRRA

General Practice Registrars Australia Ltd. (GPRRA) is the peak national representative body for GP Registrars. Since the inception of general practice vocational training in 1974, GP Registrar representation has played an integral role in maintaining educational relevance and standards. GPRRA provides essential feedback on Registrar issues to relevant stakeholders and represents the future of General Practice.

The Objectives

The main objectives of GPRRA are:

- To promote the profession of General Practice in Australia
- To recognise and support the needs of General Practice Registrars in Australia
- To strive for the unification of the profession of general practice, with the goal of ensuring a strong future for general practice
- To strive for excellence in general practice education and training, thereby ensuring improved health care outcomes for the Australian community
- To be involved in the GP training program environment at all levels

GPRRA is an organisation run for Registrars by Registrars which provides quality representation on educational and policy issues to the federal government, GPET, RTPs, and GP stakeholder organisations (e.g. Divisions of General Practice, AMA, RACGP, RDAA and ACRRM). GPRRA produces a number of educational and professional resources for GP registrars, including a series of publications, several events and regular newsletters to optimise Registrars' training experience. GPRRA also performs the function of the industrial body for GP Registrars and negotiates the 'National Minimum Terms & Conditions for Basic and Advanced GP Terms' with the National GP Supervisors Association (NGPSA) which govern the minimum conditions of employment for Registrars.



Background

The Australian primary care landscape is changing both with respect to the workforce and the patients. Since 1995 there has been a reduction of 59.3% of general practitioners under the age group of 35 years bringing the number down from 6,104 to 2,387 recorded in 2005 (Australian Federal Government 2006). Some theories behind these steep declines have been associated to the lower pay rates of GPs compared to other specialized fields; as well as the changing demographics of the GP population. Over recent years, the reliance on overseas trained doctors has also increased and at present a staggering 35% of the General Practice workforce has been trained overseas (Australian Medical Council 17 August 2006). More women than men have been found to enter the GP profession with positive lifestyles and gender influences emerging as an important factor in the final career choice (Ward, Kamien, and Vernon 2000). Lifestyle factors include areas such as autonomy, income and job flexibility as some of the key driving forces in career decision making amongst medical graduates (Skinner 2006). Environmental factors such as perceived government control over medical issues and finances have also fostered a negative perception of the General Practice Profession amongst Australian medical students (Ward, Kamien, and Vernon 2000). Skinner, (2006), has also suggested lifestyle differences between baby boomers and generation X and Y as contributing factors.

The patient profile is also changing which will place new demands on the primary workforce. In the coming years, patients will be more likely to suffer from more than one chronic illness (Roxon 2007); more likely to need co-ordinated, continuous care with greater patient expectations of quality healthcare (i.e. accessibility and affordability) - such factors have also been presented as a futuristic model of the patient profiles in the years to come (Chew 2003), however are hardly unreasonable. In order to best meet this array of needs, a healthcare system incorporating and promoting aspects of first contact, comprehensiveness, continuity and coordination of patient care is paramount to the health of any healthcare system (Starfield 1999).

GPRRA represents the future of Australian General Practice and it is only fitting that some of these solutions come from the group that is dedicated towards promoting general practice as the vocation of choice whilst advocating and supporting General Practice Registrars in Australia.



Build Prestige and improve the image of General Practice amongst medical students, other medical specialties and the wider community.

Issues

General Practice serves as a cornerstone of the Australian healthcare system, playing a vital role in providing universal medical care to individuals, families and communities. Whilst it has not been considered a specialty until recent years, upon closer examination, it is quite apparent that General Practice is a specialty in patients.

- Low community awareness about General Practice and General Practitioners.
- General Practice is still regarded as a second rate profession amongst other medical specialties
- Only 25% of Australian medical graduates chose GP as a vocation in 2006.
- Lack of awareness of various career options in General Practice amongst the new generation Y.
- Uninspiring and boring image of General Practitioners in the community

The Solution - "YOUR GP: dynamic, exciting, caring"

GPRRA would like the government to commit towards a national marketing campaign to change the image of General Practice. GPRRA wants the community and the profession to identify General Practitioners as professionals in the local community who are dynamic, energetic, flexible, active, enthusiastic and educated.

To enable the image of Australian General Practitioners to shift, GPRRA would like the government to support a special project; "Your GP: dynamic, exciting, caring" which will focus on changing the image of GP amongst potential GP applicants and the community. We want to bring back the prestige, adventure, flexibility and absolute fun associated with the profession.

This project will deliver the following outcomes:

- Improve image of General Practice across all levels of the community.
- Enhance transparency in career choices available in general practice and facilitate informed choice.
- Increase Market Competitiveness of General Practice as a career option.
- Increase focus on primary care health workforce sustainability.
- Provide positive focus on general practice amongst other medical specialties
- Active promotion of General Practice and practitioners via mass media, and community involvement projects



Ensure the supply of General Practice Registrars into the future

Issues

There is an acute shortage of General Practitioners (GPs) in Australia and 40% of the current GP workforce is aged 50 years or older (Kamien 2004). This is further impacted upon by the continuing 'leakage' from the system brought on by GP burnout and other lifestyle, family and job satisfaction considerations. The gravity of the situation is heightened by the low uptake of General Practice, as a vocation, by medical students with the number of Registrars in General Practice training declining from around 1900 in 1994 to just over 1400 in 2002 (Brooks, Lapsley, and Butt 2003). There is an urgent need to not only retain the current GP workforce but also to increase attractiveness of the profession to the future workforce.

Some of the critical areas that are impacting the declining workforce are:

- Retirement of current GP workforce over the next 10 years (Joyce, McNeil, and Stoelwinder 2006; Woods 2007).
- GPs are more likely to work part-time in the future.
- low remuneration and lack of prestige (Wilcock 2007) in general practice (Weyden 2003).
- Work-life balance considerations have been playing an increasing role as a factor in the career decision making of medical students. Research conducted in Western Australia found that general practice training was limited in accommodating the personal and professional needs of potential registrars, thereby making it less attractive as a profession to pursue (Ward, Kamien, and Vernon 2000).

The situation is further impacted upon by the high levels of stress, low morale, decreasing incomes and problems with time pressures reported amongst GPs (Hartwig and Nichols 2000; Del Mar, Freeman, and Weel 2003; Weyden 2003).

Solutions

A revolution is under way in the GP landscape, largely shaped by the new and quite different requirements of the so-called 'Generation X' and 'Generation Y' demographic and psychographic. This segment is characterised by rapid feminisation, societal changes and attitudinal changes favouring work-life balance.



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The following initiatives will assist in positioning General Practice as a vocation of choice to future entrants:

- Increased flexibility and transparency in the training program.
 - Removal of the Rural / General pathway structure
 - Transportability between the two end points of GP training as represented by ACRRM and RACGP
 - Continuing support for part time training
 - Acknowledging and supporting the changing needs of future trainees (e.g. increased number of overseas trained doctors, women etc)
- Facilitate vertical integration of the medical school, high schools and the wider community.
 - Share GPR training experiences with potential applicants about the AGPTP via mentoring programs
 - Providing feedback from Registrars & medical students to aid shaping of policy to improve the AGPTP for future GPRs
- Reduce disparity in remuneration with other medical specialties
- Promote work-life balance in General Practice

The Federal government recently approved support for a new initiative General Practice Students Network (GPSN). This is a critical shift in thinking about attracting future workforce. Similar ideas and projects need to be explored in order to solve Australia's primary health workforce crisis.



Provide equitable measures of workforce distribution that are based on incentives

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Recognition & support for overseas trained doctors (OTDs) as an emerging workforce

Issues

The current General Practice training program has a number of mandatory placement requirements that are largely driven by workforce imperatives rather than training outcomes. Whilst it is important to provide rural exposure to Registrars it must be in a well supported environment which meets their training and supervision needs. There can be significant financial, social and personal costs that further impact Registrars when placed in unsupported (rural) environments. This also acts as a potential barrier to entry into General Practice for future cohorts. The government has increasingly relied on OTDs to meet rural health workforce requirements. These doctors are often placed in rural and remote communities with little or no support for their families and face obvious cultural and linguistic barriers. Orientation for OTDs is inconsistent across different regions with many areas still not offering structured programs.

The following continue to remain as areas of concern:

- Multiple forms of classification for workforce distribution (e.g. RRMA, ARIA, AMSNs, Outer metropolitan scheme) which are not consistent with each other and not always the appropriate measure.
- 10 year moratorium is discriminatory towards OTDs forcing them to practice in remote areas, sometimes with minimal support.
- Rural / General pathway system is not consistent with incentive payments for Registrars training in rural settings.



Solutions

The main focus for training of Registrars should continue to remain around training outcomes. IMGs will remain a significant part of our workforce in the foreseeable future and must be better supported. The following initiatives will assist in addressing these concerns:

- A move towards a universal measure for determining incentives (e.g. ARIA plus)
- Incentive programs based on location & workforce needs rather than pathway
- Removal of the rural /general pathway structure
- Targeted programs supporting IMGs to integrate into Australian communities.
 - Assistance for family members
 - Linguistic and cultural education
 - Assistance with understanding and appreciating the Australian health system (e.g. medicare, bulk billing, etc)
- Reduction and gradual phase out of the 10 year moratorium

The Australian government has recently restructured the Rural and Remote Incentives Program (RRIPS). The new structure offers greater flexibility and equity. GPRRA would like to see an expansion of similar initiatives in other areas such as mandatory outer metropolitan placements.



Build capacity for training the future GP workforce by supporting medical education & supervision

Issues

There has been a noticeable decline in capacity for sufficient number of supervisors and medical educators in the General Practice training program. With the increase in the number of training places to reach 1200 over the next five years, there will be significant shortages to train a future primary care health workforce. This will also require a significant investment in infrastructure.

Some of the issues surrounding capacity in training are:

- Projected shortage of training places in coming years
- Insufficient number of medical educators and supervisors to train the future workforce
 - Inadequate remuneration for medical educators and supervisors
 - Unclear career pathways within medical education
 - Low importance given to academic placements within general practice training
 - Lack of recognition of academic primary health care professionals
- Inadequate use of current GP workforce as potential educators

Solutions

The following initiatives would promote increased recruitment of potential educators and supervisors in the future:

- Increased remuneration of supervisors and medical educators.
- Restructuring of Practice Incentive Payments (PIPS) to provide realistic reimbursement of costs associated with in-practice teaching
- Supporting Registrars as educators for the future workforce
 - Inclusion within the training curriculum
 - Academic posts with increased focus on teaching
 - Remuneration for Registrars engaged in in-practice teaching of medical students and pre-vocational doctors
 - Provision of appropriate upskilling of Registrars to undertake teaching



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- Investment in infrastructure to manage increased number of training places in the future
- Support committed teaching General Practice clinics in educating medical students by introducing formal avenues for financial assistance to provide appropriate teaching infrastructure
- Further investigate the Community Clinical School Model, following the successful national implementation of the Rural Clinical School Initiative

GPRRA continues to grow rapidly as an organisation with significant additions to our portfolio as we launch new projects and cement existing ones. GPRRA's commitment to assist Registrars will continue at multiple levels - both within the current training environment as well as to assist them to get into 'real-life' General Practice. With renewed focus on workforce issues, IMGs, General Practice promotion and Registrar benchmarking, GPRRA is now better positioned to provide targeted grassroots feedback to government to help shape the direction of future policy. GPRRA will continue to strive for transparency and flexibility in General Practice training and offer innovative solutions as the independent voice of future General Practitioners in Australia.



References

- Australian Federal Government. 2006. General Practice Demographics - Statistics, edited by Department of Health and Ageing.
- Australian Medical Council. 17 August 2006. *New Screening process for International Medical Graduates*5-04-2007).
- Brooks, P. M., H. M. Lapsley, and D. B. Butt. 2003. Medical workforce issues in Australia: "tomorrow's doctors — too few, too far". *The Medical Journal of Australia* 179 (4): 206-208. C:\Documents and Settings\Amit Vohra\My Documents\DBA\emJA Medical workforce issues in Australia "tomorrow's doctors — too few, too far".mht (accessed 07-04-2007).
- Chew, M. 2003. The destiny of general practice: blind fate or 20/20 vision? *The Medical Journal of Australia* 179 (1): 47-48.
http://www.mja.com.au/public/issues/179_01_070703/che10369_fm-1.html (accessed 08-04-2007).
- Del Mar, C. B., G. K. Freeman, and C. V. Weel. 2003. "Only a GP?": is the solution to the general practice crisis intellectual. *The Medical Journal of Australia* 179 (1): 26-29.
http://www.mja.com.au/public/issues/179_01_070703/del10174_fm.html (accessed 04-04-2007).
- Hartwig, B., and A. Nichols. 2000. *gp health & well-being - The Issues Explored*. Brisbane: Brisbane North Division of General Practice Assoc Inc. <http://www.gppartners.com.au> (accessed 02-04-07).
- Joyce, C. M., J. J. McNeil, and J. U. Stoelwinder. 2006. Australian medical workforce supply 2001-2012. *The Medical Journal of Australia* 184 (9): 441-446.
http://www.mja.com.au/public/issues/184_09_010506/joy10149_fm.html (accessed 04-04-2007).
- Kamien, M. 2004. The viability of general practice in rural Australia. *The Medical Journal of Australia* 180 (7): 318-319. C:\Documents and Settings\Amit Vohra\My Documents\DBA\emJA The viability of general practice in rural Australia.mht (accessed 07-04-2007).
- Kamien, M., and W. I. Cameron. 2006. Solving the shortage of general practitioners in remote and rural Australia: a Sisyphean task? *The Medical Journal of Australia* 2006 (185): 652-653. http://www.mja.com.au/public/issues/185_11_041206/kam11129_fm.html (accessed 05-04-2007).
- Lewis, J., T. Marjoribanks, W. Anderson, and M. Pirotta. 2000. *General practice reform and GPs autonomy*. Melbourne: The University of Melbourne.
<http://www.phcris.org.au/products/gpep/view.php?view=773> (accessed 08-04-2007).



- Roxon, N. 2007. *Breathing NEWLIFE into General Practice, 27-02-2007: Nicola Roxon MP, Vision for the Future of General Practice*. Parliament House, Canberra: General Practice Registrars Australia Ltd.(accessed 06-03-2007).
- Skinner, C. 2006. Re-inventing medical work and training: a view from generation X. *The Medical Journal of Australia* 185 (1): 35-36.
http://www.mja.com.au/public/issues/185_01_030706/ski10329_fm.html (accessed 08-04-2007).
- Starfield, B. 1999. The Importance of Primary Care to Health. *The Medical Reporter*.
- Ward, A., M. Kamien, and T. Vernon. 2000. *Career Choice and Practice Location of Medical Students*. Primary Health Care Research & Information Service.
- Weyden, M. B. V. D. 2003. Australian general practice: time for renewed purpose. *The Medical Journal of Australia* 179 (1): 6-7.
http://www.mja.com.au/public/issues/179_01_070703/van10374_fm.html (accessed 03-04-2007).
- Wilcock, S. 2007. *Breathing NEWLIFE into General Practice, 27-02-2007: Presidents Forum - Barriers to General Practice*. Parliament House, Canberra: General Practice Registrars Australia Ltd.(accessed 06-03-2007).
- Woods, M. 2007. *Breathing NEWLIFE into General Practice, 28-02-2007: Mike Woods, Commissioner Productivity Commission, Overview of Australian Health Workforce*. Parliament House, Canberra: General Practice Registrars Australia Ltd.(accessed 06-03-2007).