

# General Practice Education and Training— regionalisation, integration and innovation

**Bill Coote**, General Practice Education and Training

Good Morning and thank you to the National Rural Health Alliance for inviting me to speak at their 7th National Rural Health Conference.

In this paper I will address three questions about General Practice Education and Training (GPET): “Where have we come from? Where are we going? And what is our vision for GPET and regional provision of GP education and training in five years’ time?”

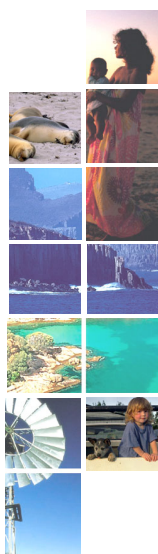
For several years before GPET’s inception there was considerable discussion of the benefits of regional general practice vocational training and of integrating this training with undergraduate education in general practice and with continuing education programs for established GPs.

The Ministerial Review of General Practice Training, announced by the Minister for Health and Family Services, the Hon Michael Wooldridge, in January 1997, investigated trends in health-service delivery and in the community and formulated several scenarios for general practice. It then tested its assumptions and refined its view by conducting a comprehensive consultation process which confirmed that general practitioners and educational experts saw a need for change. The Review Group focused on the needs of the Australian community and the requirement to set broad strategic priorities for a new system of general practice education.

The Review discussed the separate arrangements that have evolved in Australia for undergraduate general practice education, vocational training and continuing education and concluded that “the separate systems need to be improved and links between them strengthened, so that one integrated system is created”. The review suggested that “general practitioners themselves need to take a leadership role in medical education”.

The Review Group identified the following principles as essential to a future system of general practice education:

- at the national level, effective strategic planning to ensure integration and promote collaboration in determining future directions
- at the local level, practical service delivery solutions that meet the needs of the Australian community and are consistent with agreed national standards
- learning processes that incorporate best-practice approaches to education and provide continuity of experience in a general practice setting
- a systematic response to building practical supports for rural training and education



- a comprehensive approach to teaching new and prospective practitioners how to meet the health needs of Indigenous Australians
- improvements in the organisation and management of vocational training
- funding mechanisms that adequately reflect the move to community-based education.

The Review Group formulated its recommendations on the basis of these principles. In its view, four basic initiatives were central to the development of a general practice education and training system that met the needs of the Australian community into the 21st century:

- the establishment of a National Council for General Practice Education and Training to promote better co-ordination at all levels of the general practice education continuum;
- the development of local collaborative arrangements, or consortiums, in education-service delivery;
- the development of teaching practices that encourage best practice and reward teaching in the community; and
- examination and re-ordering of funding priorities with a view to supporting more community-based education.

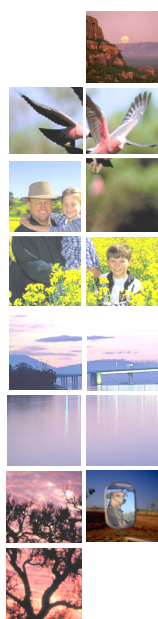
The Review Group put forward four options for creating a new system of general practice education and training. The options ranged from an advisory role for the proposed National Council, to a “full funding” role whereby the Council would determine what education and training services were needed and purchase them accordingly.

In June 2000, as a result of the Review, the Minister announced a reform of general practice education and training, a key component of which was the establishment of General Practice Education and Training, in response to Option Four of the Review’s recommendations, with a “full funding” role.

GPET has established a regional and contestable system of general practice education and training across Australia, ensuring that these training arrangements promote horizontal and vertical integration of general practice education and training.

GPET’s brief is to work closely with the medical profession so that the training provided meets standards set by the relevant colleges, currently the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Attainment of a College Fellowship remains the end-point of vocational training and the Fellowship of the Royal Australian College of General Practitioners (FRACGP) remains the requirement for vocational registration under the *Health Insurance Act*.

GPET is providing a framework for this to happen by promoting regionalisation and integration of vocational training with undergraduate and continuing education. These regionalised arrangements have been functioning from January 2002, with



RACGP training arrangements continuing in some regions, and the training program has been fully regionalised from January 2003.

GPET is implementing regionalisation and integration of training by contracting with consortia established to provide general practice vocational education. A consortium might involve educational institutions such as universities, professional organisations such as colleges, divisions of general practice, hospitals, community controlled organisations and other relevant bodies.

GPET intends to build on natural coalitions of interest by fostering collaborative arrangements and existing partnerships at the regional level rather than imposing arrangements unilaterally. The structure of such collaborative ventures varies from region to region, reflecting existing successes and working arrangements, regional priorities and training needs.

## ESTABLISHMENT OF GPET

The Board of Directors was formally appointed on 1 March 2001.

For the Board, chaired by former ACT Chief Minister Kate Carnell, the ground work in establishing the new training arrangements began immediately when – with only a blank slate, a CEO and a contracts manager – it commenced the huge task of tendering Australia-wide for locally based consortia to deliver GP training and education on a regional level.

In some areas, like Greater Green Triangle in south-west Victoria and south-east South Australia, where regionalisation was already in progress, consortia (now known as regional training providers) materialised almost miraculously – ready, willing and enthusiastic to take on training by January 2000.

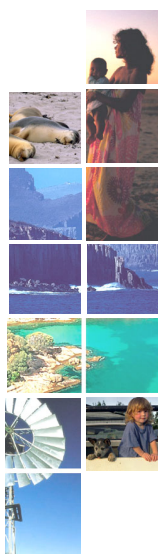
In other regions, there was less infrastructure in place and some regions had been quite dependent on what are known as General Pathway “rotators” (registrars based in the city and doing their compulsory rural terms) rather than having continuing registrars.

These consortia simply did not have the critical mass, in terms of educators and registrar numbers, to deliver a quality training program in their region.

As a result of this process, the GPET Board was faced with two options – *not* to have a GPET-sponsored training program in 2002 and to wait for all tenders to be ready to go. Or to begin training in January 2002 in some regions and delay the rest until 2003.

The Board took the latter decision – dividing the successful tenderers into “start-up” and “developmental” consortia. It was not a popular decision among the developmental consortia, some of whom were asked to amalgamate with their neighbours so that they could become viable training providers.

As a result of this process, in 2002 we had two major foci of attention in terms of training – supporting start-up training providers like Greater Green to deliver their first year of training. We also had to juggle the competing interests of the developmental consortia as they merged from eleven into seven rural consortia in NSW and Victoria.



While all that was going on, we also had to create and implement a new regionalised selection process for the 2003 cohort—including holding a Personal Qualities Assessment psychometric test in cities around Australia; processing two-and-a-half thousand referee reports; and training and supporting consortia to do three rounds of applicant interviews.

That process was successfully completed just before Christmas and the 2003 GP registrars have just begun their three-year program.

Which brings me to my second question—where are we going?

As I see it, the major challenges facing GPET and the regional training providers in the short-term is quality assurance.

To be a credible Training Program and to justify the millions of taxpayers' dollars poured into GP vocational training each year, it is absolutely critical that we have a rigorous and transparent quality assurance framework in place.

The GPET Board and staff are now looking closely at a number of options for a QA framework for regional training providers, as required under its contract with the Federal Department of Health and Ageing.

GPET has researched both national and international QA frameworks over the past few months and has found nothing sufficiently broad enough to take into consideration the following needs:

- the operational and organisational requirements of a registered training provider
- the educational activities delivered by an regional training provider in conjunction with the RACGP and ACRRM
- the broader expectation that a regional training provider will address strategic issues such as integration and innovation.

GPET has therefore decided to develop its own framework, which will draw on best practice from existing frameworks but also develop unique dimensions of its own.

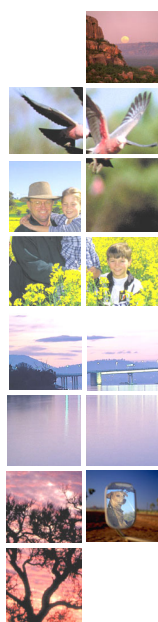
The process for developing this framework has been investigated in a background paper prepared for GPET last month by a Canberra-based management consultant.

The paper looks at four major quality frameworks in use in Australia and how suitable they are when measured against the three requirements that I just mentioned.

These frameworks include the Australian Business Excellence Framework; the ISO 9000:2000 series; the Australian Quality Training Framework; and the Australian Universities Quality Agency.

This background paper provides an excellent launching pad for GPET to think about the assessment methodology and audit processes GPET will eventually implement. An expert group—including training provider representatives—has been formed to develop the framework, and recently held its first meeting.

Moving forward from GPET's immediate concerns about quality assurance and other pressing issues, it is interesting to speculate about where we will be in five years time.



This is not an easy question to answer, as there are so many variables outside of GPET's control – not least of which are the Government, the colleges and the wider profession.

However, if the world turns on its head and everything run smoothly, then in five years' time we will have 22 regional training providers delivering high quality locally based education and training for GPs throughout Australia.

We will have a mature program, in which regional training providers are firing on all cylinders, with enough registrars to fund adequate infrastructure and educational content.

We will have trialled and disseminated a large number of innovation projects to enhance the educational experience of GP registrars and the teaching experience of GP supervisors.

We will have integrated general practice education right through from regional medical school clinical placement, to locally developed and delivered Continuing Professional Development in concert with the local Divisions of General Practice. I am also hoping that the regional training providers, particularly in rural areas, will take an entrepreneurial view, and look for opportunities to expand their services into allied health and multi-disciplinary education and training.

We will have contestability – registrars will to choose to go the regional training providers that best suit their training and lifestyle needs. Training providers will be competing vigorously in terms of innovation, integration and marketing of their educational programs.

We will have a Quality Assurance framework that demonstrates to both the profession and the Government that all GP registrars in the Training Program are being offered the highest quality training and education.

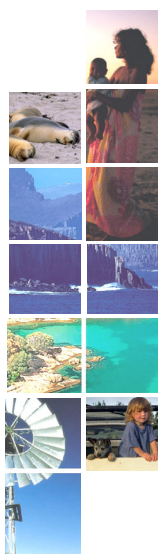
We will be working together with the RACGP and ACRRM to ensure that their vocational training standards are not only met but exceeded.

Our selection process will continue to be reviewed so that it becomes as fair and rigorous as humanly possible.

Above all, we hope to create an environment where general practice becomes a desired career path among junior doctors. An environment where GP registrars are taught to nurture not only their patients and their communities, but also themselves and their colleagues.

In 2007, I want to see more than one thousand junior doctors applying for the Australian General Practice Training Program (there were just on 600 this year). A Program that will by then have an increased yearly quota (if next year's AMWAC review recommends it).

In 2007, I want to see the 2003 Rural Pathway registrars staying in the regions and becoming a part of both their wider and professional communities.



It may seem like a pipe dream, but in order to achieve these goals we have to stay focused on them and believe in them and create an environment where registrars and educators alike can flourish.

We at GPET are certainly striving, and will continue to strive, to make this high quality, world class, flexible training program a reality.

## PRESENTER

**Bill Coote** is the CEO of General Practice Education and Training. Prior to that he was a policy advisor to the Federal Health Minister. Bill was employed by the AMA for over 10 years in the area of medical economics and then as CEO. Prior to this Bill was in rural general practice for 8 years.

