GENERAL PRACTICE EDUCATION AND TRAINING

STRATEGIC PLAN

TOWARDS

2015

Australian Government
General Practice Education and Training Limited
MESSAGE

- from the Chair of the Board and the Chief Executive Officer

The General Practice Education and Training Limited (GPET) Strategic Plan Towards 2015 defines our purpose, vision and strategic priorities for the next three years. The Plan provides a roadmap that will ensure the delivery of high quality general practice education and training; supports our talented and dedicated staff, and positions the organisation for the future.

The Strategic Plan aligns with the Agreement between GPET and the Department of Health and Ageing. It has been developed by the Board and GPET staff with input from key stakeholders including the Regional Training Providers, the Australian College of Rural and Remote Medicine, the Royal Australian College of General Practitioners, the National Aboriginal Community Controlled Health Organisation, the Australian Medicare Local Alliance and the Medical Deans of Australia and New Zealand.

Over the last three years, General Practice Education and Training Limited (GPET) has delivered the Government’s significant expansion in the number of doctors undertaking general practice prevocational and vocational training. GPET recognises the need to build on this achievement by continuing to foster interest in a career as a General Practitioner, providing leadership in education and training, and ensuring that quality remains the focus of the organisation’s activities. GPET will use its resources wisely and work to further improve the way it does business.

On behalf of GPET, we would like to thank everyone involved in the development of this Strategic Plan Towards 2015. We look forward to continuing to work together to train a workforce that meets the primary care needs of the Australian community.

Associate Professor Richard Matthews
Chair

Ms Megan Cahill
Chief Executive Officer
- General Practice Education and Training

History

General Practice Education and Training Limited (GPET) manage the Australian General Practice Training (AGPT) and Prevocational General Practice Placements (PGPP) programs on behalf of the Australian Government.

GPET was established in June 2000 and was set up as a regionalised system of general practice education and training. The training is delivered through 17 regional training providers (RTPs) across Australia, which promotes horizontal and vertical integration of general practice education and training. GPET and the RTPs work with the Colleges and other key stakeholders including universities, Medicare Locals, rural workforce agencies and associations representing students, junior medical officers, registrars and supervisors.

GPET’s objectives include the delivery of high quality education and vocational training; competent and capable GPs; sustainable community benefits through the achievement of GPET’s aims regionally and nationally; and promotion of general practice as a career.

Current context

Under the AGPT program, the annual number of registrars entering training has increased significantly from 600 in 2007 to 1100 in 2013. Under the current contract with the Department of Health and Ageing, the number of new AGPT training places will be capped at 1200 in 2014.

The PGPP program has also experienced substantial growth. GPET has been responsible for the management of this program since 2010 and the number of placements has increased from 408 in 2010 to 961 in 2013, with a target of 975 in 2014.

Health Workforce Australia has contracted GPET to pilot the OTDNET program. This program is targeted at overseas trained doctors who are unable to access specialised training and support towards achieving general medical registration and/or fellowship.

Future challenges and opportunities

GPET will continue to evaluate and revise the selection criteria and application process for the AGPT program to ensure it attracts the right applicants for general practice training.

Regional Training Providers have demonstrated their capacity to support increasing numbers of prevocational and vocational doctors. There is an opportunity to further enhance training capacity through community internships and new settings such as correctional facilities and detention centres. The challenge for the next period will be to ensure a sustainable number of supervisors and medical educators to be able to maintain the high quality of training.

GPET has been highly successful in achieving fifty per cent of all AGPT placements in rural and remote communities. There are further opportunities to address the maldistribution of the medical workforce by considering new models of remote supervision and enhancing vertical integration of training in all practices.
Purpose: General practice education and training delivered through high quality, innovative and regionally based programs to produce a workforce that meets the primary care needs of the Australian community.

Vision: The Australian community receives quality primary care through a well-trained, sustainable and accessible general practitioner workforce.

Competent and capable General Practitioners
- Attract the right applicants for a career in general practice
- Ensure training meets the needs of future General Practitioners
- Support Overseas Trained Doctors to practice in Australia

Benefits for all people in Australia
- Promote access and equity
- Provide enabling infrastructure and support to training facilities
- Facilitate streamlined accreditation of training facilities

Quality education and training
- Promote quality assurance activities
- Improve registrar satisfaction
- Develop new models of training

Leadership in education and training
- Undertake workforce planning and ongoing monitoring
- Facilitate research
- Become a recognised authority in general practice education and training

Stakeholder value
- Foster effective relationships
- Communicate value of training programs
- Provide sponsorship

Quality governance and business capability
- Attract, develop and retain competent and capable staff
- Develop quality data and efficient systems
- Provide strong governance
- Drive efficient and effective resource allocation

Strategic Priorities
- Aboriginal and Torres Strait Islander peoples
- Rural and Remote Communities
- Overseas Trained Doctors
- Recent Medical Graduates
**Strategic priorities** | **Initiatives**
--- | ---
Attract the right applicants for a career in general practice | • review application process  
• work with Colleges to revise selection criteria

Ensure training meets the needs of future General Practitioners | • ensure medical educator and supervisor competency and capacity  
• develop career pathways for medical education and supervision  
• build relationship with universities to foster careers in academic general practice  
• contribute to national discussion on “generalism” as it relates to general practice  
• facilitate high quality training that meets primary care needs  
• foster training approaches that develop team-based care

Support Overseas Trained Doctors to practice in Australia | • implementation of OTDNET
**Strategic priorities**  | **Initiatives**
---|---
Promote access and equity | • review registrar allocation model  
• contribute to “Closing the Gap”  
• expand the range of training settings

Provide enabling infrastructure and support to training facilities | • develop a cultural education and cultural mentoring framework  
• offer a grants program for training facility infrastructure

Facilitate streamlined accreditation of training facilities | • expansion of pilot initiatives  
• develop a pilot with practice accreditation providers
## Quality Education and Training

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<thead>
<tr>
<th>Strategic priorities</th>
<th>Initiatives</th>
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| Promote quality assurance activities | • implementation of performance management framework for RTPs  
  • develop a quality framework for general practice education |
| Improve registrar satisfaction | • conduct registrar satisfaction survey  
  • contribute to national medical education and training data collections |
| Develop new models of training | • research options for alternative models of training  
  • develop and promote models of vertical integration  
  • promote effectiveness and efficiency in general practice training |
# Leadership

- Leadership in education and training

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<tbody>
<tr>
<td>Undertake workforce planning and ongoing monitoring</td>
<td>• review distribution model in RA1</td>
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<td>Facilitate research</td>
<td>• develop a research agenda</td>
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<td>• create collaborative research partnerships</td>
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<td>Become a recognised authority in general practice education and training</td>
<td>• contribute to international network of general practice educators</td>
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<td>• facilitate flexible training programs that respond to changes in the college curricula</td>
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<td>• ensure training content equips registrars to work in a range of communities</td>
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<td>• pro-active engagement with RTPs</td>
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### Strategic priorities

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<th>Foster effective relationships</th>
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### Initiatives

| Maintain collaborative relationships with ACCRM, AIDA, AMLA, GPRA, HWA, NACCHO, NGPSA and RACGP |
| Create a repository for RTP-developed materials |
| Develop data-sharing protocols with RTPs and Colleges |

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<th>Communicate value of training programs</th>
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| Provide policy advice to Minister and Department of Health and Ageing |

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<th>Provide sponsorship</th>
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| Contracts with GPRA and NGPSA |
| Renew Communications and Marketing strategy |
## Quality governance and business capability

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| Attract, develop and retain competent, capable staff      | • develop People Strategy  
• renew Reconciliation Action Plan                                   |
| Develop quality data and efficient systems               | • develop Information Management strategy  
• undertake review of RIDE  
• document key processes  
• establish business reporting system                        |
| Provide strong governance                                | • establish knowledge management system  
• review of key business processes  
• ensure compliance with legislative requirements  
• pursue GPET accreditation                                   |
| Drive efficient and effective resource allocation         | • review of AGPT and PGPP program funding models                           |
- Measuring our performance

Our performance measures and targets align with the Agreement between the Department of Health and Ageing and GPET.

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<tr>
<th>Key result area</th>
<th>Key performance indicators</th>
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<tr>
<td>Statement of intent</td>
<td>A Statement of Intent is sent to the Minister within the timeframe specified of receiving a new Statement of Expectations. Progress in achieving the requirements in the Statements are reported in GPET’s Policy Reports.</td>
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<td>Enterprise Agreement</td>
<td>GPET’s Enterprise Agreement complies with the Australian Government Employment Bargaining Framework, and has been approved by the Minister prior to its finalisation.</td>
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<td>Due diligence of RTPs</td>
<td>GPET monitors the ongoing viability of RTPs and reports the outcome to the Department on an exceptions basis at the earliest possible time.</td>
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<td>RTP financial acquittals and reports</td>
<td>All RTPs use standard acquittal templates for the financial acquittal and reporting on expenditure and revenue under the AGPT and PGPP programs.</td>
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<tr>
<td>RTP liability coverage</td>
<td>GPET applies the RTP Liability Coverage framework. GPET completes an annual acquittal template for RTPs by 15 March in each year of the Agreement.</td>
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</tbody>
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| High quality                        | A: 100% of RTPs hold and maintain accreditation with the two GP colleges.  
B: 100% of AGPT program training practices are accredited by RACGP and/or ACRRM.  
C: PGPPP placements are accredited by the relevant State/Territory Postgraduate Medical Education Council. |
<p>| National accreditation              | Progress in achieving a single accreditation model for the AGPT and PGPP programs.                                                                         |</p>
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<td>Satisfaction</td>
<td>80% of respondents to the AGPT program Annual Satisfaction Survey report a good or better level of satisfaction with the training program.</td>
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<td>AGPT Distribution of Training</td>
<td>Registrars are distributed across all ASGC RA categories, with at least 50% of training activity each year undertaken in ASGC RA 2-5 locations.</td>
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| AGPT quota                            | **A:** GPET fills the following first year funded AGPT training places:  
2013 : 1,100  
2014 : 1,200  
2015 : 1,200  

**B:** GPET uses its best endeavours to ensure the AGPT program fills all of the places as set out below.  
2013 : Total 3,000  
(1,100 - 2013 cohort; 1,000 - 2012 cohort; 900 - 2011 cohort)  
2014 : Total 3,300  
(1,200 - 2014 cohort; 1,100 - 2013 cohort; 1,000 - 2012 cohort)  
2015 : Total 3,500  
(1,200 - 2015 cohort; 1,200 - 2014 cohort; 1,100 - 2013 cohort) |
| Procedural and Advanced Skills Training | GPET reports on the number of registrars in Advanced Specialised Training (ACRRM) and Advanced Rural Skills Training (RACGP) units in each year of the Agreement in the annual Performance Report.                                                                 |
| Promotion of GP as a career choice     | GPET reports to the Department on marketing strategies annually in the August Policy Report of each year of the Agreement.                                                                                                                                                  |
| PGPPP quota                           | GPET fills the following number of training placements under the PGPPP:  
2013 : 961  
2014 : 975  
2015 : 975  


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<td>PGPPP Distribution</td>
<td>PGPPP junior doctors are distributed across all ASGC RA categories, with at least 50% of all placements each year undertaken in ASGC RA 2-5 locations.</td>
</tr>
<tr>
<td>Pathway for General Practice training</td>
<td>Progress in achieving vertical integration between the AGPT program and PGPPP in a primary care setting: (a) Number of Registrars involved in training/teaching with AGPT program/PGPPP; (b) Number of Practices delivering vertically-integrated training and education.</td>
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<td>Aboriginal and Torres Strait Islander Health Training</td>
<td>Under the AGPT program, GPET has at least 139 registrars (headcount) training in Aboriginal and Torres Strait Islander training posts each year.</td>
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<tr>
<td>Annual Average Cost of Training - AGPT Program</td>
<td>The annual average cost of training aligns with the estimated average funding at the end of 2015 and beyond.</td>
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<tr>
<td>Annual Average Cost of Training - PGPPP</td>
<td>The average cost per placement does not exceed the average funding level for each year of the Agreement.</td>
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<td>Program objectives are met in short-term placements</td>
<td>Increases in the number of doctors attaining a place on the AGPT program who have previously undertaken a PGPPP placement (2011 baseline year and as reported in the AGPT program Selection Outcomes Report).</td>
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