



General practice pilot FAQs

What is the General Practice (GP) pilot?

The intent of the GP pilot is to implement a sustainable and flexible **hospital GP training pathway** (GP pathway) in Western Australia (WA), as recommended in the [GP Report](#).

The GP pilot, which commenced this year, aims primarily to provide a pathway for GP registrars completing their hospital training year (Core Clinical Training/Hospital Training Time (CCT/HTT)) that will support their optimal preparation for community GP training over one to two years through:

- equitable access to suitable clinical experiences
- allocation to a combination of essential, preferred and other GP-suitable rotations
- the opportunity to gain a broad knowledge of the WA health system
- provision of the foundation generalist skills and competencies required for delivery of safe, quality, comprehensive GP primary care.

The GP pilot is a collaboration between the WA health system, public private partners St John of God Midland Public Hospital and Joondalup Health Campus, and WA's regional training organisation - Western Australian General Practice Education and Training Ltd (WAGPET).

The pilot has the support of the Australian Government Department of Health and the GP colleges (Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine), which have agreed that GP registrars on the pilot can access an additional year of hospital training to support their optimal preparation for community GP training.

The pilot is currently scheduled to conclude at the end of 2021, at which point the GP pathway will be integrated into employing health service (EHS) business as usual, if successful.

Why do we need a GP pilot?

Approximately 140 Australian General Practice Training (AGPT) registrars are employed in WA public and private hospitals every year completing their CCT/HTT. Historically, there has been minimal advocacy for and visibility over this group within WA hospitals, resulting in:

- inequitable access to GP-suitable rotations
- a lack of oversight to ensure GP registrars progress efficiently through hospital training and are meeting requirements for readiness for entry to community
- some GP registrars feeling ill-prepared after their hospital training to enter community GP training
- feedback from GP supervisors that recent cohorts of GP registrars, particularly those entering the AGPT early in their medical careers, lack some of the necessary skills and competencies required for community GP training.

How does the pilot work?

GP registrars participating on the pilot will receive:

- an assessment of their training needs by the GP project team and WAGPET to identify what GP-suitable hospital rotations will provide them with optimal preparation for community GP training

- allocation to a range of GP-suitable rotations by their EHS to meet their training needs over one to two years
- advocacy regarding access to suitable hospital rotations
- career navigation mentoring by WAGPET
- the option to undertake a second CCT/HTT year to complete further GP-suitable rotations that will support their readiness for community GP
- the opportunity to participate in any new GP training initiatives integrated into the GP pilot.

In 2021, the pilot will be broadened to accommodate Resident Medical Officers (RMOs) who plan to enrol in the AGPT in the future, i.e. RMOs with GP intent, where EHS capacity allows.

Below is a summary of key GP pilot processes.

<p>Application</p>	<p>Registrars selected to the AGPT for 2021 will be offered the opportunity to join the pilot via WAGPET.</p> <p>GP pilot registrars returning for a second year and RMOs with GP intent are asked to submit an EOI email by the 31 August 2020 to: MedicalWorkforceRoyalStreet@health.wa.gov.au.</p> <p>All GP registrars who express an interest in the pilot will be asked to provide their previous training experience and rotational preferences.</p>
<p>Eligibility screening</p>	<p>Screening of GP registrars and RMOs with GP intent for eligibility.</p>
<p>Analysis of training needs (GP pilot registrars/AGPT Round 1)</p>	<p>WAGPET and the Office of the Chief Medical Officer's (OCMO) GP Project Team review GP registrars previous training experience to identify which GP-suitable rotations will best support their preparation for community GP.</p> <p>A hospital training plan (HTP) is developed for each GP registrar to guide EHSs in allocating them to appropriate GP-suitable rotations. The HTP recommends:</p> <ul style="list-style-type: none"> • priority rotations for allocation • which rotations should not be allocated, as the registrar has had sufficient previous exposure • allocating the GP registrar according to preferences, where possible.
<p>Confirmation of selection</p>	<p>Eligible GP registrars confirm their selection to the pilot by signing and returning their GP Pilot Trainee Declaration (Trainee Declaration).</p> <p>RMOs with GP intent will be advised of their selection to the pilot once the EHS has confirmed they are able to be allocated to GP-suitable rotations.</p>
<p>Allocation to GP-suitable rotations (GP pilot registrars/AGPT Round 1)</p>	<p>EHSs are advised of their GP pilot registrars and provided with individual HTPs.</p> <p>Site Medical Workforce (MW) teams allocate GP pilot registrars in October/November to a combination of available essential, preferred and other GP-suitable rotations that have been made available to the pilot that will best meet their training needs, as described in their HTP, over a one to two year period.</p>
<p>Implementation</p>	<p>After the new employment year commences, GP pilot participants fulfil their employment and training obligations, in accordance with their Trainee Declaration. Employment and training issues are raised with their MW team and WAGPET, respectively.</p> <p>Monitoring and evaluation will be undertaken to ensure the rotations allocated are GP-suitable and the pilot is continuously improved to meet GP pilot registrars training needs.</p> <p>Career planning with GP pilot registrars is undertaken by WAGPET to support a decision on whether they will exit the pilot for community GP training at the end of year one or opt to return for a second hospital GP training year, noting eligibility requirement must still be met.</p>

What are GP-suitable rotations?

Hospital rotations that provide ideal preparation for community GP training as part of the pilot have been identified in consultation with WAGPET. A combination of the GP-suitable rotations listed below, completed at RMO level over one to two years, should provide GP pilot registrars with optimal preparation for entry to community GP training.

GP-suitable pilot rotations for 2021

Essential	Preferred	Other suitable
General medicine	Psychiatry	Neurology
Emergency medicine	Geriatrics/rehabilitation	Palliative care
Paediatric medicine	Emergency medicine (additional)	Intensive care (ICU)
Exposure to after hours, on call and/or night cover*. Can be provided through GP-suitable rotations.	Surgery	Gastroenterology
Obstetrics and gynaecology (ACRRM)	Obstetrics and gynaecology (RACGP)	Cardiology/Coronary Care Unit
Anaesthetics (ACRRM only)	Anaesthetics (RACGP)	Leave relief

* GP registrars must be given the opportunity to develop autonomy, be challenged with responsibility and deal with uncertainty before entry to community GP training through exposure to work after hours, being on call and providing cover at night. Exposure to on call/afterhours/night work can be provided through different rotations depending on the site.

With each progressive year of hospital training, the level of seniority and responsibility for decision making increases. Completion of essential rotations as an RMO provides the opportunity to further develop clinical skills and practice the greater levels of independent decision making that are required for community GP training. While essential rotations completed during internship may meet GP college requirements, they are not considered optimal for the purposes of the pilot.

What rotations can I expect on the pilot?

EHS MW teams will allocate GP pilot registrars using their standard allocation processes. Some EHSs will allocate to a defined line of rotations e.g. Royal Perth Bentley Group GP streams, while others will allocate more flexibly to a group of GP-suitable rotations.

GP pilot registrars can expect to be allocated to a combination of available essential, preferred and other GP-suitable rotations that are appropriate to meet their training needs over a one to two year period, as recommended in their HTP. GP pilot registrars are likely to receive some rotations at non-tertiary sites as general hospitals provide excellent GP-suitable training opportunities and greater access to high demand rotations, including paediatrics and obstetrics and gynaecology.

The HTP will have integrated a GP registrar's previous training experience. It can be expected that if a GP pilot registrar has not previously completed general medicine, emergency medicine or paediatrics at RMO level, that these will be prioritised by their EHS, where available.

While the aim of the pilot is to offer GP registrars greater equity of access to GP-suitable rotations, the rotations offered by EHSs vary depending upon operational structure and training capacity and not all rotations are available at all sites:

- EHSs will endeavour to offer GP pilot registrars a paediatric term; however, this cannot be guaranteed at all sites, particularly for GP pilot registrars in their first year of the pilot.
- while the preference of GP registrars may be to receive a paediatric term, two terms of emergency medicine at Fiona Stanley Hospital (FSH) and most general (non-tertiary) hospitals will meet GP paediatric training requirements.

What rotations am I likely to receive in 2021?

As a PGY2

GP pilot registrars entering the AGPT in 2021 directly from internship can expect to be allocated to essential rotations as a priority, and preferred/other rotations according to their preferences, where possible.

PGY2s in 2021 will be strongly encouraged to continue in the pilot for a second hospital training year as PGY3s in 2022 to support the further development of the knowledge and experience required to succeed in their future GP training.

As a PGY3+

GP pilot registrars entering the pilot in PGY3+ can expect to be allocated to essential rotations not previously completed at RMO level, where available, and preferred/other rotations according to their preferences, where possible.

In my second year in the pilot

EHSs are being requested to provide flexibility to ensure that GP pilot registrars in their second year of the pilot receive access to:

1. any remaining essential rotations as a priority, and
2. any preferred/other rotations not completed previously and/or according to their preferences, where possible.

For GP pilot registrars successful in obtaining a service registrar level position for 2021, EHSs will be asked to provide GP-suitable rotations, according to their preferences, where possible.

It is critical for community GP training preparation that GP registrars have had a broad range of clinical exposure, including working after hours, experiencing being on call and providing cover at night. It is expected that GP pilot registrars will participate in leave relief, as per the EHSs' usual rostering requirements for junior doctors; however, they should only receive a maximum of one rotation of leave relief per year.

RMOs with GP intent will be allocated to any unfilled GP-suitable rotations for 2021 but will have their training needs prioritised as second year pilot participants should they be selected to the AGPT in 2022.

Will I get my preferences?

For 2021, GP registrars interested in the pilot will be asked to indicate their rotational preferences, so that these can be integrated into their HTP. Some EHSs also include preferencing as part of their standard allocation processes.

EHSs will be asked to accommodate each registrars' preferences where possible; however, it should be noted that the priority for EHSs will be to allocate rotations that support optimal preparation for community GP training. This may mean that some GP pilot registrars receive the rotations that they need rather than the rotations that they want, particularly if those requested rotations have not been identified as GP-suitable.

Who can join the GP pilot in 2021?

GP registrars selected to the AGPT Round 1 or Round 2 intakes for 2021 are eligible if they:

- ✓ secure a 2021 employment contract for a minimum 12 months at one or more of the participating health services listed below (includes split contracts).

Participating EHS in 2021:

- Fiona Stanley Hospital Fremantle Hospital Group
 - North Metropolitan Health Service
 - Sir Charles Gairdner Osborne Park Health Care Group
 - King Edward Memorial Hospital
 - Perth Children's Hospital
 - Royal Perth Hospital Bentley Group
 - WA Country Health Service
 - Private providers
 - Ramsay Health Care (Joondalup Health Campus)
 - St John of God Midland Public Hospital
- ✓ will be completing a hospital training year (HTT or CCT) in 2021
- ✓ are willing to sign a Trainee Declaration.

AGPT Round 2 intake registrars selected in December 2020/January 2021 must meet the eligibility criteria stated above and have been allocated to GP-suitable rotations by their EHS.

RMOs with GP intent may express an interest in joining the pilot to access GP-suitable rotations in 2021. Their selection to the pilot will depend upon the availability of GP-suitable rotations at their EHS.

Further information

GP Report



GP Project



Contact information

For further information on the GP pilot, please contact the Office of the Chief Medical Officer's GP Project Team on:

Email: MedicalWorkforceRoyalStreet@health.wa.gov.au

Phone: (08) 6373 2287

For queries regarding GP training please contact WAGPET, on:

Email: Hospital@wagpet.com.au

Phone: (08) 9473 8200