



Government of **Western Australia**
Department of **Health**

FINAL

General practice workforce training pathway pilot

Framework and implementation plan
for 2021

Medical Workforce
V2.1 (17 Sept 2020)

health.wa.gov.au

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Definitions

Definitions for the purpose of the GP pilot in 2021 include:

Advanced/extended skills training	Training in a specific area of interest in a community and/or hospital setting that is undertaken by AGPT registrars after completion of core clinical training/hospital training time.
Australian General Practice Training (AGPT)	Vocational training program for medical graduates wishing to pursue a career in GP in Australia.
Community GP training	AGPT Training terms completed in a GP setting.
Employing health service (EHS)	The health service employer (private or public) of a GP registrar.
General Practice Project Committee (GPPC)	The project board responsible for GP pilot governance. Comprised of participating Health Service Providers (HSPs) and WA's regional training organisation, WAGPET
GP colleges	The specialist colleges responsible for GP training: <ul style="list-style-type: none">• Australian College of Rural and Remote Medicine (ACRRM)• Royal Australian College of General Practitioners (RACGP)
GP registrar/s	GP vocational trainees selected to the AGPT. The primary focus of the pilot is GP registrars completing their hospital training prior to entry into community GP training.
GP pilot registrar	A GP registrar selected to the GP pilot.
GP Pilot Training Declaration (Trainee Declaration)	A document signed by GP registrars that provides information on the GP pilot and describes their obligations (learning and employment) as part of the GP pilot. See Appendix D.
GP Project Team	A team within Medical Workforce, Office of the Chief Medical Officer with responsibility for coordination of the GP project and secretariat functions of the GPPC.
GP-suitable rotations	Essential, preferred and other rotations identified by WAGPET as suitable to achieve community GP training readiness.
GP trainee	A junior doctor on the GP training pipeline (RMO with GP intent or GP registrar).
Hospital training plan (HTP)	A summary of an individual GP registrar's training needs with reference to GP-suitable rotations.
Hospital training time/year	12 months of hospital-based training in an Australian hospital completed by GP registrars prior to community GP training. Comprises Core Clinical Training (RACGP) or Hospital Training Time (ACRRM)
Rotational matrix	A matrix of GP-suitable hospital RMO rotations that have been identified by employing health services as accessible to the pilot and available for allocation to GP pilot registrars.
Regional Training Organisation (RTO)	An organisation funded by the Australian Government Department of Health to deliver education and training within a specific geographical region.
Western Australia General Practice Education and Training Ltd (WAGPET)	WA's RTO responsible for delivering the AGPT program to ACRRM and RACGP registrars.

1. Executive Summary

The importance of access to effective primary care is recognised globally as a factor in improved health outcomes. In Western Australia (WA), the general practitioner/general practice (GP) primary care workforce has been the focus of strategic planning, recognising the impact on reducing preventable hospital presentations and admissions.

The WA Department of Health (the Department) commenced a review of GP workforce supply and training in November 2016. The key findings, presented in the GP Report (January 2018), identified that WA had GP workforce shortfalls and maldistribution, and that training issues were impacting upon GP workforce sustainability¹. The report recommended a three-phased approach to address identified issues, with priority given to strategies that would optimise WA's GP workforce training pipeline.

In September 2018, the Director General of the Department provided a mandate to progress development of a GP training pathway in WA (the pathway) through implementation of a two year pathway pilot (the pilot), under the governance of the General Practice Project Committee (GPPC).

The pilot, which commenced in January 2020, is a collaboration between the WA health system, private employing health services (EHS), and WA's regional training organisation, WA General Practice Education and Training Ltd (WAGPET). It has the support of the Australian Government Department of Health and the GP colleges².

The intent of the pilot is the implementation of a sustainable and flexible hospital pathway that will optimise GP training in WA hospitals. Key elements of the pilot include:

- a pilot phase before integration of the pathway into EHS business as usual
- support for vocational GP trainees (GP registrars) in their hospital training year³ to achieve optimal preparation for entry to community GP training through:
 - equitable access to GP-suitable clinical experiences
 - allocation to a combination of GP-suitable rotations (rotational matrix) that will support their optimal preparation for community GP training over one to two years
- monitoring and evaluation of the pilot to ensure a process of continual improvement.

The guiding principles and methodology of the pilot have built in flexibility and reflect that the hospital training years provide the foundation for future success in community GP training and the provision of comprehensive GP primary care.

Lessons learnt and monitoring of pilot implementation for 2020 have resulted in recommendations for improvements to the pilot for 2021, so that it better meets the training needs of GP registrars. These improvements, which have been approved by the GPPC, have been integrated into this revised GP pilot framework for 2021.

The document, which aims to guide stakeholders in implementation of the pilot in 2021, includes:

- a revised pilot scope that includes Resident Medical Officers (RMOs) with GP intent
- an amended GP-suitable pilot rotations table for 2021
- improved application, selection and allocation processes for 2021
- new processes for RMOs with GP intent
- an updated implementation plan for 2021.

This framework sits under the GP Project Phase 1 Project Initiation Document (PID) and will be revised annually for the length of the pilot.

¹ Medical Workforce, Office of the Chief Medical Officer General practice workforce supply and training Available from <https://ww2.health.wa.gov.au/Reports-and-publications/General-practice-workforce-supply-and-training>

² Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP)

³ Core Clinical Training (CCT)/Hospital Training Time (HTT) (see page 6)

2. Introduction

International evidence suggests that countries with a robust primary care sector have better health outcomes, better equity, lower mortality rates, and lower overall costs of healthcare⁴. Effective and accessible primary care facilitates cost-effective, continuous, patient-centred prevention and treatment that supports individuals to manage their health issues in the community.

The original framework for the GP pathway pilot, the *GP pilot proposal and implementation plan v1.0* (GP pilot proposal), was endorsed by the GP Project governing body, the GPPC and Health Service Provider (HSP) Chief Executives in September 2019.

Monitoring and evaluation of the pilot completed prior to June 2020, identified several opportunities for improvement, which were subsequently approved by the GPPC. Approved revisions for 2021 include:

- integration of RMOs with GP intent into the pilot, as EHS training capacity allows
- amendments to the table of GP-suitable rotations that provide optimal preparation for entry into community GP training
- review of EHS rotational matrices to ensure equitable access to GP-suitable rotations, where available
- continuation in the pilot of second year GP pilot registrars who have secured a service registrar position for 2021.

This GP pilot framework (v2.0) summarises and updates the previous GP pilot proposal (v1.0) to provide an operational framework for pilot implementation for 2021.

3. Pilot rationale

Hospitals play a critical role in GP training by providing GP registrars with the foundation skills and experience required for success in community GP training and eventual Fellowship of one or both GP colleges.

The Australian General Practice Training (AGPT) program trains doctors to become GPs. GP registrars enrolled on the AGPT are required to complete a hospital-based training year post-internship (Core Clinical Training (CCT) or Hospital Training Time (HTT)) prior to entering community GP training. The GP colleges have mandatory hospital rotations that should be completed by GP registrars prior to commencing community GP training, where possible.

Every year there are approximately 150 GP registrars employed in RMO or registrar positions in WA hospitals (public and private). Most are completing their hospital training year, while some are completing their advanced skills training. 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 completing their CCT/HTT progress efficiently through hospital training and are meeting the requirements for entry to community GP training
- some GP registrars feeling ill-prepared to enter community GP training at the end of their hospital training year
- 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.

⁴ Aggarwal, Monica, and Brian Hutchison. 2012. *Primary Care Strategy for Canada*. Canadian Foundation for Healthcare Improvement. <http://www.cfhi-fcass.ca/Libraries/Reports/Primary-Care-Strategy-EN.sflb.ashx>

4. Pilot objective, scope and limitations

The objective of the pilot as described in the GP Phase 1 Project Initiation Document (PID) is to progress Phase 1 of the GP Project through development and implementation of a sustainable GP pathway pilot GP registrars in their hospital training year. This pathway will:

- provide a systemwide networked program of rotations across HSPs that will meet community GP training entry requirements to:
 - facilitate increased numbers of GP registrars to achieve practice readiness to enter community GP training
 - transition towards greater self-sufficiency in GP workforce supply
 - minimise current hospital GP training capacity limitations and improve GP training efficiency.
- support development of the foundation generalist skills and competencies required for safe, quality comprehensive GP primary care in a changing GP environment
- include identification of career intent and development of strategies to promote GP training as a career choice for junior doctors.

The potential integration of a route to rural and/or GP procedural services within the GP pathway is also identified.

4.1 Scope

Three cohorts of hospital-based GP trainees (A-C) have been identified for gradual integration within the pilot and eventual pathway (Table 1).

Table 1: GP training cohorts for integration into pilot

Prevocational	College training program (RACGP/ACRRM) / AGPT (WAGPET)		
Pre-entry to AGPT COHORT A: RMOs with GP intent	Year one COHORT B: GP registrars in their hospital training year	Year two – three Community GP training	Year three – four COHORT C: Extended/advanced skills trainees
PYG2+ GP career intent Internship completed General registration	RACGP		
	Hospital Training Time (HTT)	GPT 1 –GPT 3 18 months	Extended Skills Training 6 months Advanced Rural Skills Training 12 months
	ACRRM		
	Core Clinical Training (CCT)	Primary rural and remote training 24 months	Advance Skills Training (AST) 12 months
Terms and clinical exposure contributing towards achievement of mandatory terms for AGPT entry and/or recognition of prior learning (RPL) and/or advanced skills.	Mandatory terms and specific clinical terms for community GP readiness	Community-based GP terms	Advanced skills in a speciality area

The scope of the pilot for 2021 has been formally extended to allow the selection of RMOs with GP intent (Cohort A), where individual EHS training capacity allows.

RMOs with GP intent who are selected to the pilot will receive GP-suitable rotations for 2021 and be prioritised for allocation to GP-suitable rotations upon their selection to the AGPT for 2022 should they remain on the pilot.

4.2 Current limitations

There continue to be barriers that may impact achievement of the pilot objectives. It is anticipated that as the pilot and/or the pathway progresses, the following limitations will either be addressed or identified as not impacting upon the pilot objectives.

1. The GP pilot scope does not integrate GP registrars undertaking advanced skills training (Cohort C)

There is significant competition for the rotations required by this cohort, which may intensify with the introduction of new rural pathways, including the National Rural Generalist Pathway (NRGP).

2. The pilot does not include systemwide networked training

The pilot does not yet provide for the optimisation of systemwide GP-suitable training capacity though networked training across the public, private and community sectors, as recommended in the GP Report. A systemwide networked approach would optimise the use of available GP-suitable training capacity to enable more GP registrars to access the rotations required for community GP training.

Industrial relations barriers that might facilitate the process of transferring GP registrars between sites have not been resolved.

3. Educational elements are to be further developed and integrated

While GP education and training is the domain of the Australian Government, GP colleges and RTOs, it was considered that the pilot might be used to trial educational elements that will support greater development of community GP-related competencies during hospital training.

WAGPET have commenced several initiatives to support GP registrars in hospital training, while the Australian Government of Health has extended their exception from 12-month AGPT hospital training time cap to include WA GP pilot registrars selected for 2021.

Further consultation will be undertaken with education stakeholder to identify educational aspects that may be integrated into the pilot for the consideration of the GPPC.

Planned activities aimed at addressing these activities during 2021 are provided in section 6.6.3.

5. Principles

The principles that have guided the design and implementation of all aspects of the pilot pathway are:

- Flexibility is invested so that EHS can meet GP pilot registrars training needs while ensuring service needs are also met.
- EHS are responsible for the performance management of employed GP pilot registrars, as per the relevant Job Description Form and Employment Policy.
- The rotations allocated to GP pilot registrars by EHS must be optimal to meet the requirements for readiness for entry to community GP training.
- While GP pilot registrars training preferences should be considered, these are secondary to EHS training capacity and the GP pilot registrar's training needs when allocating rotations.
- Hospital training time will be flexible to accommodate individual training needs (minimum one year, maximum two years).
- An optimal, as opposed to minimal, standard of assessment of GP registrar readiness for entry to community GP training should be applied.
- Systemwide networked training and community placements will be explored for potential integration into the pilot.
- Continuous improvement is built into the pilot through regular monitoring and evaluation to integrate lessons learnt.

6. Pilot methodology

The aim of the pilot is to:

- provide GP pilot registrars completing their hospital training year with a flexible one to two year GP pathway that will facilitate their readiness for entry to community GP training
- provide RMOs with GP intent with a range of GP-suitable rotations that will support their future readiness for GP training
- plan for integration of the pathway into business as usual for stakeholders, if successful.

Key aspects of the pilot are the development and application of a GP-suitable rotational matrix that will support optimal preparation for community GP training, and the implementation of associated pilot application, selection and allocation processes.

A summary of those processes is provided below.

GP-suitable pilot rotations table (Section 6.1)	Identification of the essential, preferred and other GP-suitable rotations by WAGPET as supporting achievement of GP college training requirements and/or the best possible preparation for entry to community GP training.
Pilot rotational matrix confirmation (section 6.5.1)	The GP-suitable pilot rotations table is used by each EHS to identify and confirm the hospital RMO rotations that will be made available to the pilot for allocation to GP pilot registrars for 2021. The matrix should be confirmed by 31 July 2020, if possible.
Application (Section 6.3)	<p>GP registrars selected to the AGPT for 2021 are offered the opportunity to join the pilot via the WAGPET GP Pilot survey.</p> <p>GP pilot registrars returning for a second year should submit an EOI by 31 August 2020 at the latest by emailing the OCMO GP Project Team.</p> <p>RMOs with GP intent submit an EOI by 31 August 2020 by emailing the OCMO GP Project Team.</p> <p>All GP registrars expressing an interest in the pilot are requested to provide their previous training experience and rotational preferences.</p>
Selection – eligibility check (Section 6.3)	Assessment of GP registrars and RMOs with GP intent against eligibility criteria (refer to section 6.2) by the OCMO GP Project Team.
Hospital training plan development GP pilot registrars/ AGPT Round 1 only (Section 6.4)	<p>WAGPET and the OCMO GP Project Team review each GP registrar’s training experience to identify which GP-suitable rotations will best support their preparation for community GP training.</p> <p>A hospital training plan (HTP) is developed for each GP registrar to guide EHS in allocating the registrar to appropriate GP-suitable rotations to meet their training needs.</p>
Selection – confirmation (Section 6.3) Appendix D	<p>Eligible GP registrars confirm their selection to the pilot in by signing and returning their GP Pilot Trainee Declaration (Trainee Declaration -Appendix D), which provides information on the pilot and describes their learning and employment obligations.</p> <p>RMOs with GP intent will be advised of their selection to the pilot upon confirmation from their EHS that they have been allocated to GP-suitable rotations.</p> <p>GP pilot registrars returning for a second year will be reconfirmed to the pilot as soon their employment status for 2021 is confirmed.</p>

<p>Allocation to GP-suitable rotations</p> <p>GP pilot registrars/ AGPT Round 1 only (Section 6.5.2)</p>	<p>EHS are notified of the GP registrars selected to the pilot (GP pilot registrars) and provided with their individual HTPs in early-October 2020.</p> <p>Site Medical Workforce (MW) teams use the HTPs to allocate GP pilot registrars to a combination of essential, preferred and other GP-suitable rotations that will best meet their training needs over a one to two year period, using standard allocation methodologies</p>
<p>Implementation</p>	<p>After the 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 EHS MW team and WAGPET, respectively.</p> <p>Monitoring and evaluation is undertaken to ensure the rotations allocated are GP-suitable and the pilot is continuously improved to meet GP pilot registrars training needs.</p>
<p>Exit</p>	<p>Mid-year career planning with WAGPET supports a decision on whether the GP pilot registrar exits for community GP training at the end of the year or opts to return for a second hospital training year on the pilot, noting employment eligibility must still be met.</p>

There are four key operational stakeholders in implementation of the above pilot processes. A summary of the roles and responsibilities of each is provided below:

<p>GP pilot participants</p>	<p>GP registrars:</p> <ul style="list-style-type: none"> • Provide their previous training experience and preferences to guide the development of an appropriate HTP • Advise the OCMO GP Project Team if there are any ongoing issues in accessing GP-suitable rotations • Fulfil their training and employment obligations, as described in their Trainee Declaration • Participate in monitoring and evaluation processes, as required. <p>RMOs with GP intent:</p> <ul style="list-style-type: none"> • fulfil their training and employment obligations as described in their Trainee Declaration • participate in monitoring and evaluation processes, as required.
<p>EHS</p>	<ul style="list-style-type: none"> • Identify GP-suitable accredited RMO rotations for inclusion in the rotational matrix • Facilitate the allocation of employed GP pilot registrars to appropriate GP-suitable rotations in accordance with their HTPs • Participate in monitoring and evaluation processes, as required • Fulfil their obligations as an employer.
<p>WAGPET</p>	<ul style="list-style-type: none"> • Identify GP-suitable rotations for the purpose of the pilot • Collaborate in selection processes and the development of GP pilot registrar HTPs • Provide training support, including mentoring and career advice, to GP pilot registrars • Assess GP pilot registrars' readiness to exit the pilot for community GP training at the end of their first year and recommend an additional year of hospital training, if required • Participate in monitoring and evaluation processes, as required • Fulfil their obligations as RTO.
<p>OCMO GP Project Team:</p>	<ul style="list-style-type: none"> • Coordinate pilot application, selection, and monitoring and evaluation processes • Integrate findings and lessons learnt into pilot plans and revised documents for GPPC approval, as appropriate • Provide advice to EHS, as required • Maintain communication with, and provide advice to, GP pilot registrars, as required • Report and provide advice to the GPPC • Fulfil their obligations as a system manager.

An implementation plan with specific activities and dates, if known, is included in Appendix B.

6.1 GP-suitable pilot rotations table

Hospital rotations that will provide ideal preparation for community GP training as part of the pilot have been identified in consultation with WAGPET (see Table 2 below).

Table 2: GP-suitable pilot rotations

Essential	Preferred	Other suitable
General medicine	Psychiatry	Neurology
Emergency medicine	Geriatrics/rehabilitation	Palliative care
Paediatric medicine	Emergency medicine (additional)	Intensive care (ICU)
Rotations that provide 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

* It is critical for community GP preparation that GP registrars have had the opportunity to work after hours, experience being on call and providing cover at night. This exposure can be provided through different rotations depending on the site.

The above allocations build upon GP college requirements and are intended to be applied at RMO level or higher. Allocation to a combination of the GP-suitable rotations above over one to two years should provide GP pilot registrars with the best possible preparation for entry to community GP training.

Please note the following amendments for 2021:

- a. surgery is now a preferred, rather than essential rotation,
- b. the opportunity for GP pilot registrars to undertake greater levels of independent decision making through exposure to afterhours work, being on call and providing cover at night is now considered essential. If a hospital requires its junior doctors to participate in on call/afterhours/night cover as a part of regular GP-suitable rotations, such as those listed above in Table 2, then a specific after hours term such as SAFE/HOOT is not needed.

The GP-suitable rotations table should be referenced by:

- EHS when:
 - developing or reviewing their RMO rotational matrix. Where possible, equitable access to essential and preferred rotations should be integrated into each matrix.
 - it is necessary to reallocate GP registrars during the year, e.g. for health and safety reasons
- the GP Project Team and WAGPET when developing GP pilot registrars' hospital training plans.
- GP pilot registrars when considering what rotations will provide them with the best preparation for community GP training.

6.2 Eligibility

GP registrars are a heterogeneous group with varied experience and different training needs. Some will have progressed directly through the training pipeline from medical student to intern to AGPT entry, while others will have had more time in the hospital system or other settings before entering GP training.

The pilot pathway will be of most benefit to GP registrars with limited clinical exposure, particularly those entering the AGPT directly from internship, and these individuals will be strongly encouraged to

undertake a second hospital training year to complete further GP-suitable rotations that will prepare them for community GP training.

Participants on the pilot for 2021 may include eligible:

- GP registrars newly selected to the AGPT from the Round 1 intake (August 2020)
- GP registrars newly selected to the AGPT from the Round 2 intake (December 2020)
- Current GP pilot registrars returning for a second hospital training year in 2021
- RMOs with GP intent who have been allocated to unfilled matrix positions by their EHS.

Table 3 summarises the eligibility criteria for each group.

Table 3: GP pilot eligibility criteria

Cohort	Eligibility criteria
Newly selected GP registrars (Rounds 1 and 2)	<p>GP registrars from the AGPT Round 1 or 2 intake are eligible if they:</p> <ul style="list-style-type: none"> ✓ have secured an RMO employment contract for a minimum of 12 months at one or more participating EHS (can include split contracts) ✓ will be completing a hospital training year (HTT or CCT) in 2021 ✓ are willing to sign a GP Pilot Trainee Declaration. <p>GP registrars selected in the Round 2 intake must also have been allocated to GP-suitable rotations by their EHS.</p>
Returning GP pilot registrars	<p>Returning GP pilot registrars are eligible if they:</p> <ul style="list-style-type: none"> ✓ have secured an employment contract as an RMO and/or service registrar at one or more participating EHS (can include split contracts) ✓ have adhered to their Trainee Declaration.
RMOs with GP intent	<p>RMOs with GP intent are eligible if they:</p> <ul style="list-style-type: none"> ✓ have secured an employment contract as an RMO for a minimum 12 months at one or more participating EHS (can include split contracts) ✓ plan to apply for the AGPT within the next 12 months. <p>Please note: The selection of RMOs with GP intent to the pilot is dependent upon available training capacity at each EHS.</p>

6.3 Application and selection process

Pilot application and selection processes will differ slightly for GP registrars in the AGPT Round 1 and 2 intakes and RMOs with GP intent. A plan on a page is included as Appendix C.

Upon confirmation of selection to the pilot, the names of GP pilot registrars will be provided by WAGPET to the Australian Government Department of Health to support a future 12-month exception to the AGPT hospital training time cap, if they opt to undertake a second hospital training year in 2022.

Application and selection timelines are provided in Table 4 below

Table 4: GP pilot application and selection timeline

Group	2020					2021
	August	September	October	November	December	January
AGPT Round 1	31 Aug		9 Oct			
RMOs with GP intent		1 Sept		30 Nov		
AGPT Round 2					14 Dec	31 Jan

6.3.1 AGPT Round 1 intake and current GP pilot registrars

The application and selection process for the Round 1 intake will commence in late-August 2020 to be completed in advance of EHS allocation processes in October/November 2020. This will occur in parallel with, and be informed by, the training needs analysis and HTP development (section 6.4).

A summary of the Round 1 application and selection process is provided below.

<p>Application 31 August 2020</p>	<p>Successful GP registrars from Round 1 can opt in to the pilot by completing a GP Pilot survey, which will be disseminated by WAGPET on 31 August 2020.</p> <p>The survey will request information to support an assessment of their eligibility and development of a suitable HTP.</p> <p>Current GP pilot registrars can submit an EOI by emailing the OCMO GP Project Team by 31 August 2020.</p>
<p>WAGPET follow up 8 September – 25 September 2020</p>	<p>Suitable GP registrars that did not opt in to the pilot will be followed up by WAGPET.</p> <p>GP registrars that are in PGY1 or PGY2 will be followed up, by phone if necessary, with more information on the pilot and strongly encouraged to participate</p> <p>GP registrars in PGY3 will be followed up to confirm their decision to opt out.</p> <p>Those that opt in after follow up will be asked to complete the GP pilot survey.</p>
<p>Eligibility check By 25 September 2020</p>	<p>WAGPET to provide the survey outcomes to the OCMO GP Project Team.</p> <p>OCMO GP Project Team to check eligibility criteria have been met, including validation of employment status with MW teams, if required.</p> <p>OCMO GP Project Team to review applicant numbers against EHS matrix capacity and, where the numbers are in excess:</p> <ol style="list-style-type: none"> a. discuss it with the relevant EHS b. if required, utilise HTP priority rankings to prioritise GP registrars for selection (see section 6.4).
<p>Offer of GP pilot place and confirmation By 9 October</p>	<p>Where a GP registrar is eligible and can be accommodated within their EHS matrix, they will be sent a Trainee Declaration for signing and return to the OCMO Project Team.</p> <p>Upon receipt of their signed Trainee Declaration a GP registrar will be formally selected to the pilot. Upon confirmation of selection, the OCMO GP Project Team will advise a.) the GP registrar, b.) WAGPET, and c.) their EHS MW team.</p> <p>MW teams will be provided with a summary of their GP pilot registrars with their HTPs by 9 October 2020. This is the closing date for RMO offers so there may be few additional GP registrars that confirm contracts and are selected to the pilot in the week or two following this date. These should be confirmed by mid-October 2020.</p> <p>GP registrars not selected to the pilot will be advised of the outcome by WAGPET or the OCMO GP Project team by mid-October 2020.</p>

For 2021, a follow up will be undertaken of GP registrars from Round 1 that were assessed an ineligible for employment reasons as part of Round 2 selection processes.

6.3.2 RMOs with GP intent

The application and selection process for RMOs with GP intent will occur between September and November 2020. The selection to the pilot of individuals in this group is dependent upon their allocation to unfilled GP-suitable rotational matrix positions by their EHS.

RMOs with GP intent selected to the pilot for 2021 will be able to continue on the pilot in 2022 if they are selected to the AGPT and meet eligibility criteria.

A summary of the RMO with GP intent application and selection process is provided below.

Application 1 September 2020	RMOs with GP intent can submit an EOI by emailing the OCMO GP Project Team by the 1 September 2020.
Eligibility check By 25 Sept 2020	OCMO GP Project Team to check eligibility criteria have been met, including validation of employment status with MW teams, if required.
Advice to EHS By 9 October 2020	A list of employed RMOs with GP intent will be provided to each EHS MW teams for allocation to any unfilled GP-suitable rotational matrix positions.
Allocation to unfilled GP-suitable rotations By 30 November 2020	<p>The priority for allocation to GP-suitable rotational matrix positions will be returning GP pilot registrars and GP registrars from the Round 1 intake.</p> <p>Where there are unfilled rotational matrix positions, EHS are requested to:</p> <ul style="list-style-type: none"> • allocate RMOs with GP intent, according to their standard allocation processes • advise the OCMO GP Project team of allocation outcomes by the end of November 2020 so that those RMOs: <ul style="list-style-type: none"> ○ allocated to GP-suitable rotational matrix positions can be sent a Trainee Declaration for signing and return to the OCMO Project Team ○ that were not allocated can be advised of the outcome.
Confirmation of selection By 14 Dec 2020	RMOs with GP intent will be formally selected to the pilot for one year upon receipt of their signed Trainee Declaration.

6.3.3 AGPT Round 2 intake

The GP pilot application and selection process for the Round 2 intake will commence in December 2020 and be completed in late-January/early-February 2021. There is flexibility around the closing date for this group as they will have already been allocated to rotations by their employing health service in October/November 2020.

There is no expectation that EHS will quarantine rotations for this group.

Round 1 GP registrars who opted into the pilot but were ineligible in September 2019, will also be have their eligibility reassessed as part of this process.

A summary of the Round 2 application and selection process is provided

Application	Successful GP registrars from the Round 2 intake will opt in to the pilot by completing a GP Pilot survey disseminated by WAGPET in December 2020.
WAGPET follow up	<p>Suitable GP registrars that did not opt in to the pilot will be followed up by WAGPET.</p> <ul style="list-style-type: none"> • GP registrars in PGY1 or PGY2 will be followed up with additional information on the pilot and strongly encouraged to participate. • GP registrars in PGY3 will be followed up to confirm their decision to opt out.
Eligibility check (December 2020)	<p>OCMO GP Project Team will check the eligibility of Round 2 GP registrars and Round 1 GP registrars that were ineligible in September 2019.</p> <p>This will include engaging with MW teams to:</p> <ul style="list-style-type: none"> • validate their employment status, if required. • seek information on their rotational allocations for 2021.

<p>Offer of GP pilot place and confirmation</p> <p>January/February 2021</p>	<p>Where a GP registrar is eligible, they will be sent a Trainee Declaration for signing and return.</p> <p>GP registrars will be formally selected to the pilot upon receipt by the OCMO Project Team of their signed Trainee Declaration. Upon confirmation of selection, the OCMO GP Project Team will advise a.) the GP registrar, b.) WAGPET, and c.) their EHS MW team.</p> <p>GP registrars not selected to the pilot will be advised of the outcome by WAGPET or the OCMO GP Project team</p>
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6.4 Hospital training plans

The Department's intent in facilitating the establishment of a GP pilot pathway is to support development of a safe and sustainable GP workforce through provision of optimal hospital GP training.

EHS will be provided with an HTP for each GP registrar from Round 1 to guide them in allocating the registrar to GP-suitable rotations for 2021 that are appropriate to meet their training needs and will support their optimal preparation for community GP training over one to two years.

GP pilot registrars from Round 2 and RMOs with GP intent will not have an HTP.

In developing each HTP, the OCMO Project Team will collaborate with WAGPET to:

- undertake a training needs analysis for each GP registrar with reference to:
 - their previous training experience and preferences that they provided upon application
 - the GP-suitable pilot rotations table
- identify for EHS which rotations:
 - should be allocated as a priority, where available.
 - should not be allocated, if possible, as the GP registrar has sufficient previous exposure and would get greater benefit completing a different rotation
- provide a priority ranking for each GP registrar, to assist EHS in prioritising which GP pilot registrars should be allocated first to GP-suitable matrix rotations.

For 2021, the following ranking system will be used:

1. GP pilot registrars from 2020 returning for a second year. It is important that they are facilitated to meet their outstanding training needs.
2. New GP registrars selected to the AGPT for 2021 from internship (PGY2 in 2021)
3. New GP registrars that will be PGY3+ in 2021 on a rural pathway
4. New GP registrars that will be PGY3+ in 2021 on the general pathway.

It is anticipated that EHS will receive the HTPs of their GP pilot registrars by 9 October 2020.

6.5 GP-suitable rotational matrix

The intent of the GP Project is to facilitate a hospital GP training pathway by supporting employing health services to apply a more considered and structured approach to allocating GP registrars to suitable rotations. This will support GP registrars to more efficiently progress through hospital training and achieve the requirements of entry to community GP training.

The GP-suitable rotational matrix is the tool used by the pilot that identifies:

- the GP-suitable RMO rotations that EHS have made available for the use of GP pilot registrars
- the maximum number of GP pilot registrars that can be accommodated within each EHS.

The GP-suitable rotational matrix for 2021 is included as Appendix A.

6.5.1 Matrix review and confirmation

Extensive consultation with EHS MW Teams and other key representatives involved in junior doctor education and training was undertaken in 2019 to identify GP-suitable rotations that would be made available by EHS to the pilot and combined into a GP-suitable rotational matrix for 2020/2021.

The methodology for the original rotational matrix development differed by EHS:

- some provided specific lines for integration, e.g. GP project streams
- other provided a list of available rotations, which were developed into indicative matrix lines by the OCMO GP Project Team.

The 2020/2021 matrix has been reviewed and updated by EHS for 2021 to integrate:

- changes to the table of GP-suitable pilot rotations
- greater equity of access to paediatrics, where possible
- increased flexibility to meet the more

It is anticipated that the matrix for each EHS will be reviewed annually.

6.5.2 Allocation to matrix

The ideal outcome for the pilot is one in which GP pilot registrars are facilitated by their EHS to achieve all outstanding essential terms, and as many preferred terms as possible within a one or two year timeframe.

EHS will be provided with a list of their employed GP pilot registrars with HTPs by 9 October 2020. This information should be used to allocate those GP registrars to an appropriate line in the rotational matrix or group of four to six GP-suitable rotations, using the MW teams' standard methodology, that will support the registrars to achieve their identified training needs over one to two years.

The following principles should be considered when allocating rotations:

General principles	<p>GP pilot registrars should be allocated in order of priority ranking (1-4). Their ranking will be located on their HTP.</p> <p>GP registrars' preferences will be integrated into their HTP; however, EHS training capacity and the registrars training needs should be prioritised over preferences, if necessary.</p> <p>EHSs should ensure that GP pilot registrars have as equitable access to paediatrics and other preferred rotations as non-GP pilot registrars and RMOs not in vocational training.</p> <p>Where there are unfilled GP-suitable matrix rotations, EHS are requested to allocate RMOs with GP intent. The names of those who have expressed interest in the pilot will be provided to EHS to facilitate this process.</p>
For returning GP pilot registrars (Priority 1)	<p>GP pilot registrars will have had one year on the pilot already.</p> <p>It will be important that GP pilot registrars in their second year are allocated to rotations, in accordance with their HTP, that will support achievement within one year of:</p> <ul style="list-style-type: none">• any outstanding essential rotations• any 'preferred', then 'other', rotations not completed previously, according to their preferences where possible. <p>Some returning GP pilot registrars may be employed on service registrar contracts. Guidance will be provided in their HTP regarding optimising their GP preparation.</p>

For PGY2 GP registrars (Priority 2)	<p>The GP registrar is likely to have had minimal hospital experience. While completing essential terms in internship meets GP college requirements, they are not considered optimal for the purposes of the pilot. Repeat of those rotations at RMO level is expected.</p> <p>Where the GP registrar completed Emergency Medicine in internship at either FSH or a general hospital, this contributes towards paediatrics requirements. For these individuals, only one further Emergency Medicine rotation in these locations is required to meet paediatrics requirements.</p> <p>Please allocate to rotations, in accordance with their HTP, that will support achievement within one to two years of:</p> <ul style="list-style-type: none"> • all relevant essential terms • as many preferred and/or other terms as possible, in accordance with their preferences, where possible.
For PGY3+ GP registrars (Priority 3-4)	<p>The GP registrar is likely to have already completed some essential and preferred terms.</p> <p>Please allocate to rotations, in accordance with their HTP, that will support achievement within one to two years of:</p> <ul style="list-style-type: none"> • all outstanding essential terms • any 'preferred', then 'other', rotations not completed previously, according to their preferences where possible.
RMOs with GP intent To unfilled places	<p>The experience of RMOs with GP intent is likely to vary.</p> <p>EHS are requested to allocate these individuals to unfilled GP-suitable rotations, according to their preferences where possible. No HTP will be provided.</p>

EHS can fill any unused matrix positions with other junior doctors to meet service need. These should be considered for re-integration in the GP rotational matrix for 2022.

More than one rotation of leave relief per year is not optimal; however, there is an expectation that GP registrars will participate in leave relief, after hours, on-call and night duty as per the employing health services usual rostering requirements for junior doctors.

Please note if GP pilot registrars are able to get exposure to afterhours experience through one of the other GP-suitable rotations (e.g. general medicine, paediatrics, mental health, geriatrics etc) then allocation to a specific afterhours rotation such as HOOT/SAFE is not needed.

GP registrars on split contracts can be selected to the pilot. Their HTP will indicate where the GP pilot registrar is on a split contract. EHS with split contract GP pilot registrars are asked to coordinate, where possible, to reduce the likelihood of more than one leave relief allocation.

6.6 Implementation in 2021

An implementation plan for 2021 is provided in Appendix B.

All stakeholders are expected to apply and adhere to relevant employment and training contracts and policies applicable to their role as an employer (EHS), RTO (WAGPET), employee/trainee (GP pilot registrar) and system manager (OCMO GP Project team).

Most GP pilot registrars will commence employment and the pilot in January 2021, and be facilitated through rotations over next 12 months by their EHS. Any issues with regards to training and/or employment should be raised with WAGPET or their EHS, respectively.

The OCMO GP Project Team will provide pilot oversight and monitoring on behalf of the GPPC and will be available to provide guidance to stakeholders, as required.

6.6.1 Pilot exit process - assessment of community GP readiness

The goal of the GP pilot is to provide participants with optimal skills and experience in preparation for exiting hospital training and commencement of community GP training. While adult learning principles and individual preferences will play a part in each GP registrar's training journey, for the full benefits of the pilot to be realised:

- GP pilot registrars must be assessed by WAGPET for entry to community GP training with reference to optimal, rather than minimal, requirements
- GP pilot registrars with limited clinical exposure, including those that entered from internship, should be encouraged to undertake a second year of hospital training on the pilot.

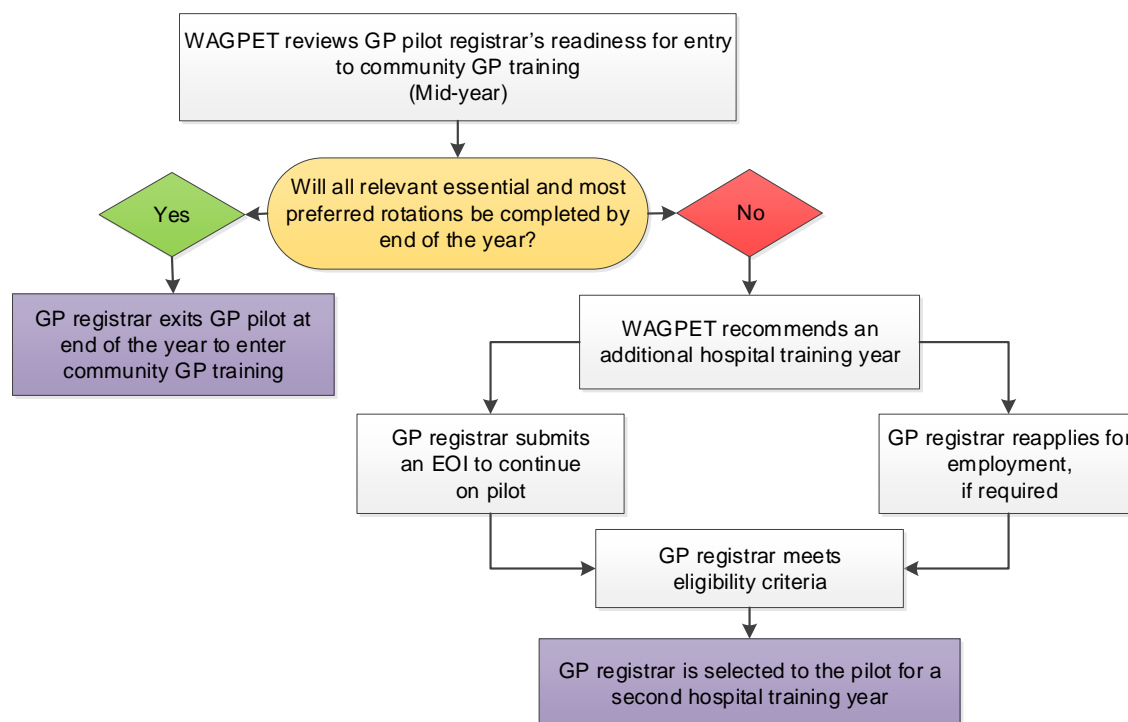
The WAGPET [Enrolment, Placement and Employment Policy](#) determines the specific training obligations of GP registrars, including acknowledgement that mandatory hospital rotations must be completed prior to commencing in a community GP placement. This will also apply to GP registrars in the pilot.

An assessment of individual readiness for commencing community GP training will be undertaken by WAGPET mid-year and a decision made as to whether:

- the GP registrar has achieved the optimal requirements for entry into community GP training and will exit the pilot to commence community GP training at the end of the year; or
- an additional year of hospital time is recommended.

A summary of the exit process is provided in Figure 1.

Figure 1: GP pilot exit process



It will be the decision of the individual GP pilot registrar as to whether they return for an additional hospital training year as part of the pilot.

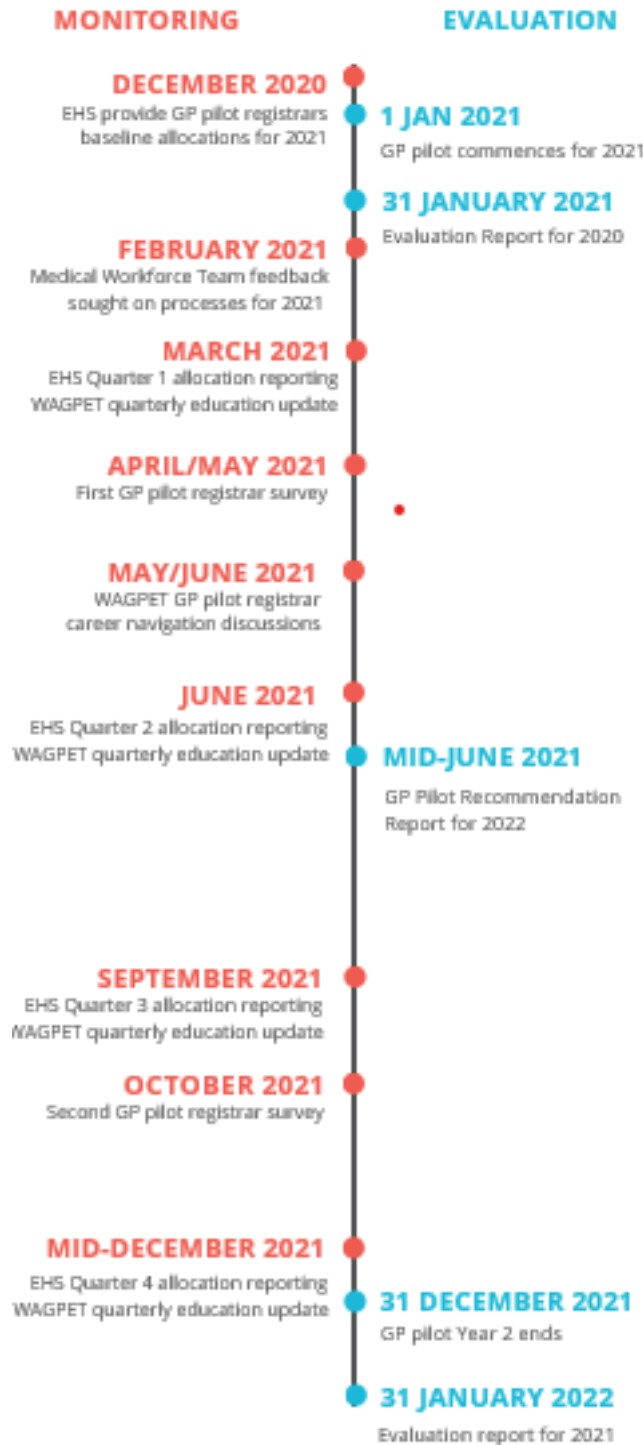
6.6.2 Monitoring and evaluation

Regular monitoring and evaluation, including opportunities for stakeholder feedback, will be undertaken to ensure a process of continuous improvement is applied to the pilot pathway. This will be critical for successful implementation of the GP pilot and the sustainability of the pathway should it be integrated into business as usual.

The GP Project Phase 1 Benefits Realisation Plan provides for the measurement of project benefits beyond the length of the pilot. A GP pilot evaluation plan provides for the monitoring and evaluation of the pilot through to conclusion.

Key GP pilot monitoring and evaluation activities for 2021 and their timelines are provided below.

Figure 2: GP pilot monitoring and evaluation timeline for 2021



Monitoring (red in figure 2)

The following monitoring processes will be undertaken in 2021:

- quarterly analysis of GP pilot registrars' matrix allocations
 - baseline allocations to be provided by EHS in December 2020
 - quarterly allocation data to be provided by EHS to the OCMO Project Team for analysis.
- WAGPET to monitor GP registrar's educational outcomes and provide quarterly updates to the GPPC.
- OCMO GP Project Team to facilitate a survey of GP registrars on satisfaction and educational outcomes in April/May and October.
- GP pilot to be included as a standing agenda item on the:
 - WA Medical Education and Workforce Forum
 - WA Medical Workforce Group

Evaluation (blue in figure 2)

The names of the evaluation deliverables have been adjusted since 2020.

Key evaluation reports that are due or will be commenced or in 2021, as required by the PID and/or the GP pilot proposal, are described below.:

Table 5: GP pilot evaluation reports

Report	Timeframe	Purpose	Inclusions
Year 1 Review Report for 2020	31 January 2021	To fulfil PID.	Report on progress against the PID, identify lessons learnt and provide results of evaluation activities. Provide recommendations to the GPPC.
Recommendations Report for 2022	Mid-June 2021	To inform changes to implementation of the pathway in 2022	Present lessons learnt during the 2021 applications, selection, and allocation processes. Provide results of monitoring activities and recommend amendments for implementation in 2022.

6.6.3 Addressing current limitations

1. The GP pilot scope does not integrate GP registrars undertaking advanced skills training (Cohort C)

As noted previously, there is significant competition for the rotations required by this cohort. The mapping of GP-suitable service registrar positions to identify available training capacity and those rotations that may be made accessible to the pilot is recommended for 2021.

Collaboration will be undertaken with stakeholders to ensure a balance of rotational access can be achieved, to support the integration of Cohort C into the pathway for 2022.

2. The pilot does not include systemwide networked training

The pilot does not yet provide for the optimisation of systemwide GP-suitable training capacity though networked training across the public, private and community sectors, as recommended in the GP Report.

The OCMO GP Project Team will:

- discuss with EHS the best mechanism to integrate greater levels of networking within their matrices for 2022, if there are ongoing issues in accessing some rotations at some sites

- facilitate discussion between the tertiary hospitals, specialist hospitals and private providers, if required.

If a broader Industrial Relations solution cannot be found, then secondments may be the most feasible option.

The option to integrate Community Residency Program (CRP) positions within GP pilot matrices will be further explored in 2021.

3. Educational elements are to be further developed and integrated

WAGPET will be responsible for the provision of training support, which includes mentoring, for GP pilot registrars. GP pilot registrars will have access to their learning management system and will be strongly encouraged to complete self-identified learning activities that relate to the patients that they see in the hospital environment and general practice.

The development of competencies for hospital GP training supported by EPAs is being pursued with the Australian Government, GP colleges and WAGPET. The outcomes of these discussions, including how the GP pilot may be utilised to support innovation in this area, will inform a separate education paper that will be presented to the GPPC in late-2020.

7. Key reference documents

The following key documents provide additional information on the GP Project Phase 1/GP pilot:

- GP Project Scope
- GP Project Phase 1 Business Case
- GP Project Phase 1 Project Initiation Document
- GP Project Phase 1: Communication Plan.
- GP Project Phase 1: Risk and issue register.
- GP Project Phase 1: Benefits Realisation Plan
- GP Pilot Evaluation Plan

These documents may be made available upon request from the OCMO GP Project Team at MedicalWorkforceRoyalStreet@health.wa.gov.au.

Appendix A: GP Pilot GP-suitable rotational matrix 2021

	11/01/2021 - 21/03/2021	22/03/2021 - 30/05/2021	31/05/2021 - 15/08/2021	16/08/2021 - 24/10/2021	25/10/2021 - 16/01/2021
	10 weeks	10 weeks	11 weeks	10 weeks	12 weeks
Site	Term 1	Term 2	Term 3	Term 4	Term 5 (if relevant)
Fiona Stanley Fremantle Hospitals Group (FSFHG)	FSH Emergency	RGH MAU	Leave Relief	RGH O&G	FSH ICU
	FSH Emergency	RGH O&G	Leave Relief	RGH Psychiatry	SJOG ICU
	RGH Emergency	FSH Rehabilitation	Leave Relief	RGH Geriatrics	FSH Infectious Diseases
	RGH Emergency	FSH Cardiology/CCU	Leave Relief	FH Geriatrics	FSH Infectious Diseases
	FH Psychiatry	RGH Geriatrics	Leave Relief	RGH MAU	FSH Emergency
	FSH Psychiatry	RGH Emergency	Leave Relief	RGH O&G	FSH AMU
	RGH Psychiatry	FSH Emergency	Leave Relief	FSH General Medicine	FSH Cardiology/CCU
	FH Geriatrics	FSH Emergency	Leave Relief	RGH General Medicine	FSH Gastroenterology
	FSH Geriatrics	RGH Emergency	Leave Relief	FH General Medicine	FSH Neurology
	RGH Geriatrics	FSH Rehabilitation	Leave Relief	FSH AMU	FSH Emergency
	FH General Medicine	FSH Psychiatry	Leave Relief	RGH Emergency	FSH Orthopaedics
	FSH General Medicine	FH Psychiatry	Leave Relief	FSH Emergency	RGH O&G
	RGH General Medicine	RGH Psychiatry	Leave Relief	FSH Cardiology/CCU	FSH Emergency
	FSH AMU	FH Geriatrics	Leave Relief	FSH Emergency	FSH General Surgery (Breast)
	RGH MAU	FSH Geriatrics	Leave Relief	FSH Emergency	FSH General and Acute Surgery
	FSH Rehabilitation	RGH Geriatrics	Leave Relief	RGH Emergency	FH General Surgery
	FSH Rehabilitation	FH General Medicine	Leave Relief	FSH Geriatrics	FSH Emergency
	RGH O&G	FSH General Medicine	Leave Relief	FH Psychiatry	FSH Emergency
	FSH Cardiology/CCU	RGH O&G	Leave Relief	FSH Psychiatry	FSH Emergency
	RGH Geriatrics	FSH AMU	Leave Relief	FSH Rehabilitation	FSH Emergency
FSFHG capacity 20	GP registrar training program for 2020. 1. Matrix lines are indicative. A flexible approach will be applied and terms allocated according to individual needs and past experience. 2. The first two lines are tailored for Australian College of Rural and Remote Medicine (ACRRM) GP registrars 3. Emergency at FSH or RGH provides paediatric exposure. Completing two terms of Emergency will meet GP paediatric requirements 4. RMOs will experience afterhours during hospital and ward rotations, and will have night shift exposure in Emergency, Cardiology, ASU, AMU and FH Gen Med.				

	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric medicine
WACHS Albany	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric medicine
WACHS Kalgoorlie	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Leave relief
WACHS Bunbury	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric Medicine
WACHS Broome	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Paediatrics
WACHS Geraldton	Paediatrics	General Medicine	General Surgery	Emergency Medicine	Leave relief
WACHS capacity 10+	1. Rotations identified in this matrix are only available to WACHS directly employed doctors contracted to a site for the 12 month period. Each line is indicative only, and is not a line that trainees can directly apply for. A bespoke approach is applied and terms are allocated according to individual needs and past experience. 2. It is possible that experience in the terms shown will be obtained over two years, rather than one year. Two or more terms may be undertaken in one specialty by the trainee as an extended skill e.g. ED 3. Rotations from tertiary hospitals are excluded from these rotations. The WACHS terms that tertiary hospitals rotate into should be incorporated into the relevant GP Project matrix (excluding Community Residency positions) 4. Most 12 month RMO positions at WACHS include a 2-4 week period of after-hours night cover. 5. The final matrix of terms offered to a GP trainee (and other junior medical officers) will be determined by the WACHS Medical Workforce team at each site, after the signing of employment contracts.				

	Emergency	Leave relief	Mental health	Paediatrics	General medicine
Ramsay Health Care Joondalup Health Campus (JHC)	General surgery	Rehab and aged care	Emergency	Emergency	Leave relief
	General medicine	O&G	Leave relief	Emergency	Emergency
	Paediatrics	Emergency	General medicine	Leave relief	General surgery
	General surgery	Peri-op (incl anaesthetics)	O&G	Leave relief	Intensive care
	Peri-op (incl anaesthetics)	Leave relief	Mental health	Paediatrics	Cardiology
JHC capacity 20+	1. All RMOs would be directly employed by JHC. There are no specific skill sets requirements. 2. Matrix lines are indicative. Flexibility can be applied and terms are allocated according to individual needs and past experience. 3. All RMOs would complete the minimum Paediatric requirement for GPT1 (RACGP) and PRRT (ACRRM), as all Emergency terms include Paediatric Emergency Medicine. 4. All RMOs will experience afterhours during hospital and ward rotations and night ward cover in the leave relief terms 5. Beyond 2021 JHC can offer significantly more positions with further options for rotations including advanced skills for both ACCRM and RACGP. Rotations for 2021 would be built to complement these to complete additional requirements for ACCRM. Note: JHC rotates RMOs to HPH and a variety of different WACHS sites.				

KEY	<p>AMU/Acute Medical Unit: general medicine After hours: a team in place from 3pm to 8am daily. CAT: Charlies Afterhours Team provides experience in managing a variety of deteriorating patient conditions. CVM/CCU: Cardiovascular Medicine and Coronary Care Unit Drug & Alcohol: Mental health ED: Emergency Department (this may include paediatric experience at some locations) Gen med: general medicine JHC: Joondalup Health Campus LR/Leave relief: shifts include evening, day and night shift for annual leave and sick leave cover. RGH: Rockingham General Hospital RPH leave relief: Gen Med-MAU, ED, Paeds, O&G, Rehab & Aged Care, Mental health, Psych-Geriatrics, Gen surgery, ortho and/or surgical specialties (includes gynae surgical cases). All areas at all the hospitals under the RPH umbrella.</p>
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	11/01/2021 - 21/03/2021	22/03/2021 - 30/05/2021	31/05/2021 - 15/08/2021	16/08/2021 - 24/10/2021	25/10/2021 - 16/01/2021
	10 weeks	10 weeks	11 weeks	10 weeks	12 weeks
Site	Term 1	Term 2	Term 3	Term 4	Term 5 (if relevant)
Royal Perth Bentley Group (RPBG)	SJOG Midland ED	Armadae Leave Relief	AMU	Armadae Psych	SJOG Midland Rehab
	Bentley Psych	SAFE	ED	Leave Relief	Armadae ED
	Armadae ED	Armadae Gen Med	Armadae O&G	Armadae Paeds	Armadae Pysch
	Bentley SAFE	Armadae Gen Med	Leave Relief	Bentley Psych	Armadae ED
RPBG capacity 20	1. The rotations are those deemed suitable for GP registrars and can be confidently provided. These streams will be quarantined for GP registrars. 2. Each line can accommodate five GP registrars. GP registrars may commence with any rotation within a line and therefore the terms are indicative. 3. SJOG Midland ED and Armadae ED offer paediatrics ED experience (i.e. two terms of ED satisfies WAGPET minimum Paediatric training requirements). 4. "Reserve" additional rotations will be allocated to those who have an expressed an intention to train as a GP but are not accepted into a WAGPET GP registrar training programme. 5. Bentley SAFE, will give exposure to obs, and mental health.				

	SCGH ED	Karratha Gen Med/Rehab	SCGH Leave Relief	SCGH Neurology	SCGH Psych
Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG)	SCGH ED	Selby Lodge Psych	JHC Rehab & Aged Care	PHH Paeds	CAT
	Osborne Lodge Older Adult Psych	SCGH Leave Relief	JHC Rehab & Aged Care	SCGH MAU	HPH CCU *PGY3
	SCGH ED	SCGH Neurosurgery	HPH ICU *PGY3	DRAC OPH	CAT
SCGOPHCG capacity 20	1. The SCGH matrix is based on 2020 junior medical staff establishment and the proposed establishment for the 2021 clinical year. There may be minor amendments based on the final approved establishment for 2021. 2. Each pilot registrar will be allocated to a specific line of rotations that will best meet their training needs, in accordance with their preferences where possible. GP registrars may commence with any rotation within a line and therefore the terms are indicative.				
NMHS King Edward Memorial Hospital notes	1. KEMH will continue to support GP training through ongoing collaboration with WAGPET and directly through the JMO recruitment process. 2. Various rotations in women's health are provided across 6 terms, depending on contract length. 3. Term dates are: 11/01/2021 - 07/03/2021 (8 weeks), 08/03/2021 - 09/05/2021 (9 weeks), 10/05/2021 - 11/07/2021 (9 weeks), 12/07/2021 - 12/09/2021 (9 weeks), 13/09/2021 - 14/11/2021 (9 weeks), 15/11/2021 - 16/01/2022 (9 weeks).				

	11/01/2021 - 18/04/2021	19/04/2021 - 18/07/2021	19/07/2021 - 17/10/2021	18/10/2021 - 16/01/2022
	14 weeks	13 weeks	13 weeks	13 weeks
Site	Term 1	Term 2	Term 3	Term 4
St John of God (SJOG) Midland	ED	O&G	Paeds	Gen Med
	ED	O&G	Paeds	Rehab ML
	Rehab ML	O&G	Paeds	Gen Med
	LR (ED)	O&G	Paeds	MH
	LR (Gen Med)	O&G	Paeds	ED
SJOG Midland capacity 20	1. The GP stream is for doctors that directly apply wanting to complete requirements for GP. All positions into these streams will be directly appointed. 2. All GP suitable positions on the matrix will include paediatrics and O&G, and then either Gen Med, ED, Mental Health, Leave Relief and/or Rehabilitation at Mt Lawley. 3. Ideally SJOG Midland would like to offer these to doctors with a confirmed place on the WAGPET GP training program			

	PCH ED	Leave relief	Surgical Dept (5 Depts)	Leave relief or PCH ED
Child and Adolescent Health Service (CAHS) Perth Children's Hospital (PCH)	PCH ED	Leave relief	Surgical Dept (5 Depts)	Leave relief or PCH ED
CAHS capacity 6+	1. CAHS will allocate GP pilot registrars on six month contracts with ED and leave relief. This will meet GP paediatric requirements. 2. For GP pilot registrars on 12 month contracts, suitable paediatric surgical rotations include: General Surgery, ENT/Dental, ENT/Ophthalmology, Plastics/Burns, Orthopaedics. 3. CAHS may be able to accommodate a GP registrar on a sub specialty rotation if the doctors is sufficiently experienced and either has a 12 month contract, or has expressed an interest in a contract extension for an additional 6 months (e.g. extended skills placement) 4. The paediatric trainee pathway is still being mapped.			

MAU: Medical Assessment Unit Medical general: General Medicine Unit, Acute Medical Unit (AMU), Emergency Medicine and possibly Geriatrics. Medical Specialty: Depending on the JMO's selecting FSFHG and their term preferences (and FTE/budget approvals, etc), Medical Specialties may be allocated which could include Cardiology, Immunology, Dermatology, Gastro, Infectious Diseases, Neurology, Respiratory, etc. MH: Mental Health OPH: Osborne Park Hospital PCH: Perth Children's Hospital PHH: Port Hedland Hospital PsychGeris: psychogeriatric medicine Rehab ML or SJOG Mt Lawley: Specialist Rehabilitation Services at Mount Lawley SAFE (SAFE AFTER-HOURS FOR EVERONE): After hours roster that commences at 3pm. The RMO sees a variety of patients both medical and surgical. WACHS: WA Country Health Service
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Appendix B: GP pilot implementation plan - Year 2 (August 2020 – December 2021)

GP pilot processes	Responsibility	2020								2021												
		May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Matrix development																						
EHS provide GP-suitable matrices for 2021	EHS			31/07																		
GP pilot 2021 approvals process																						
Draft GP Pilot 2021 Recommendations Report submitted to GPPC	GP Project team		15/06																			
Recommendations Report approved by GPPC	GPPC			01/07																		
Application process Round 1, GP intent and GP pilot registrars																						
GP registrars apply for pilot via WAGPET GP pilot survey or an EOI (current GP pilot registrars)	WAGPET/GP team				31/08																	
RMOs with GP intent apply via EOI to OCMO GP Project Team	GP Project team				31/08																	
WAGPET survey data provided to GP project team	WAGPET					08/09																
Selection process Round 1																						
GP registrar employment survey numbers provided to employing health services (EHSs)	GP Project team																					
Applications reviewed for eligibility	GP Project team																					
EHS reconfirm capacity to accommodate GP registrars	EHS																					
WAGPET/OCMO GP Project team to review training/employment information and develop Hospital Training Plans	WAGPET/GP Project team																					
Eligible GP registrars offered pilot position with GP Pilot Trainee Declaration	GP Project team					30/09																
Upon return of signed Declaration status confirmed	GP Project team					05/10																
WAGPET advised of GP registrars selected to pilot	GP Project team						05/10															
EHS provided with names and Hospital Training Plans of selected GP pilot registrars	GP Project team						09/10															
Section process RMOs with GP intent																						
EHS advised of their RMOs with GP intent	GP Project team						09/10															
EHS accommodate RMOs with GP intent in unfilled rotations matrix places, if available.	EHS																					
EHS confirm RMOs with GP intent that have received GP-suitable rotations	EHS							30/11														
GP registrars offered pilot position with GP Pilot Trainee Declaration	GP Project team								07/12													
Upon return of signed Declaration status confirmed	GP Project team								14/12													
Application process Round 2																						
GP registrars apply for pilot via WAGPET survey	WAGPET/GP Project team								7/12													
WAGPET survey data provided to GP project team	WAGPET/GP Project team								14/12													
Selection process Round 2																						
Applications reviewed for eligibility (includes some Round 1 GP registrars)	WAGPET/GP Project team																					

GP pilot processes	Responsibility	2020								2021												
		May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
EHS confirm employment and rotational allocations	EHS																					
Eligible GP registrars offered pilot position with GP Pilot Trainee Declaration	GP Project team																					
WAGPET advised of GP registrars selected to pilot	GP Project team																					
EHS provided with names and Hospital Training Plans of selected GP pilot registrars	GP Project team																					
Post selection process																						
Australian Government Department of Health advised of GP registrars selected to pilot (Round 1 and 2)	WAGPET																					
EHS allocation process																						
EHS allocate GP pilot registrars to rotations with reference to their Hospital Training Plans	EHS																					
EHS allocate RMOs with GP intent to unfilled GP-suitable matrix rotations																						
RMOs commence in 2020	EHS																					
Registrars commence in 2020	EHS																					
GP-readiness process																						
GP pilot registrars assessed for community GP readiness, as per WAGPET processes.	WAGPET																					
GP pilot registrars assessed as ready exit pilot at end of 2021	WAGPET																					
GP registrars opting for a second hospital year reapply for employment, if required, and submit an EOI.	WAGPET																					
GP registrars apply to KEMH and PCH																						
Monitoring & evaluation																						
Year 1 evaluation commenced, including review of application/selection/allocation processes.	GP Project team																					
Year 1 review submitted to GPPC	GP Project team																					
EHS provide GP pilot registrar allocations for 2021 (benchmark)	EHS																					
EHS complete quarterly allocation monitoring	EHS																					
GP pilot participation survey	GP Project team /WAGPET																					
Year 2 pilot evaluation commences	GP Project team																					
GPPC meetings																						
GPPC meetings (TBC)	GP team																					
Educational aspects																						
Completion of key clinical activities	GP registrars																					
Integration of approved aspects of the education paper (TBC)	TBC																					

Appendix C: GP pilot process plan on a page for 2021

Process	2020					2021
	August	September	October	November	December	January/February
Matrix confirmation	EHS finalise GP pilot rotational matrix for 2021.					
Application, selection and allocation of GP registrars - Round 1 intake	<p>WAGPET provides a complete list of GP registrars to the OCMO GP project team on 21 August.</p> <p>New GP registrars complete WAGPET GP pilot survey to express interest in joining the pilot from 31 August.</p> <p>Current GP pilot registrars provide an Expression of Interest (EOI) in continuing on the pilot to the GP Project by 31 August.</p>	<p>WAGPET provide OXCMO GP project team with outcomes of the GP pilot survey by 8 Sept.</p> <p>OCMO GP Project Team assess GP registrar eligibility.</p> <p>WAGPET follow up with appropriate GP registrars.</p> <p>OCMO GP Project Team/WAGPET develop individual Hospital Training Plans (HTPs).</p> <p>OCMO GP Project team offer eligible GP registrars a place on the pilot by 30 Sept.</p>	<p>GP registrars confirm their place in the pilot by returning signed GP Pilot Trainee Declaration by 4 October.</p> <p>OCMO GP Project Team provide a list of their GP pilot registrars and their HTPs to employing health services by 9 October.</p> <p>Employing health services commence allocating GP pilot registrars to appropriate GP-suitable matrix rotations.</p>	<p>Employing health services allocate GP pilot registrars to appropriate GP-suitable rotations.</p> <p>Employing health services provide the OCMO GP Project Team with GP pilot registrars allocations for 2021 by 30 November.</p>		
Application, selection and allocation of RMOs with GP intent	RMOs with GP intent provide an EOI to the GP Project Team by 31 August.		<p>OCMO GP Project Team provide a list of their RMOs with GP intent to employing health services by 9 October.</p> <p>Employing health services allocate RMOs with GP-intent to unfilled GP-suitable matrix rotations, where available.</p>	<p>Employing health services allocate RMOs with GP-intent to unfilled GP-suitable matrix rotations, where available.</p> <p>Employing health services provide OCMO GP Project Team with names of RMOs with GP intent that have been allocated to GP-suitable matrix rotations by 30 November.</p>	<p>OCMO GP Project team offer eligible RMOs a place on the pilot by 7 December.</p> <p>GP pilot RMOs with GP intent confirm their place in the pilot by returning signed GP Pilot Trainee Declaration by 14 December.</p> <p>OCMO GP Project Team advise employing health services of their GP pilot RMOs with GP intent.</p>	
Application, selection and allocation of GP registrars Round 2					<p>New GP registrars complete WAGPET GP pilot survey to express interest in joining the pilot by mid-December</p> <p>OCMO GP Project Team review GP registrar eligibility with employing health services to confirm their:</p> <ul style="list-style-type: none"> • Employment status • Existing allocations for 2021. <p>WAGPET follows up with appropriate GP registrars.</p> <p>OCMO GP Project team offer eligible GP registrars a place on the pilot (date TBC).</p>	<p>GP registrars confirm their place in the pilot by signing GP Pilot Trainee Declaration.</p> <p>OCMO GP Project Team advise employing health services of their GP pilot registrars from Round 2 (date TBC).</p>

Appendix D: GP Pilot Training Declaration



Government of **Western Australia**
Department of **Health**



Western Australian Department of Health and WA General Practice Education and Training General Practice (GP) Pilot Declaration 2021 – 2022

GP registrars

- I, _____ accept the following terms while participating in the GP Pilot, commencing in 2021:
1. I understand the aim of the GP Pilot is to support my progress to readiness for GPT1/PRRT1 (community GP training) through completion of an optimal combination of GP suitable rotations.
 2. I understand that GP Pilot requirements include:
 - a. Attempting to complete GP 365 modules identified by WAGPET as relevant to hospital training in the GP Pilot.
 - b. Completion of GP suitable rotation combinations allocated by health services for the purposes of the GP Pilot.
 - c. The option to access an additional AGPT-approved 12 months hospital training, as required, to satisfy the requirements of the GP Pilot and achieve optimal community GP readiness, noting eligibility criteria must be met.
 - d. A commitment to participate in any GP Pilot project monitoring and evaluation activities.
 3. I understand that a GP Pilot Hospital Training Plan has been prepared in consultation with WAGPET that integrates my previous training experience and preferences, and that this will be shared with my employing health service to support my allocation to the most appropriate combination of GP suitable rotations for my progress towards community GP training readiness.
 4. I understand that allocation to GP suitable combinations of rotations is determined by the employing hospital's Medical Workforce Team, taking into account my Hospital Training Plan, the requirements of the GP Pilot cohort and other circumstances.
 5. I understand that my employing health service will endeavour to accommodate my preferences, where possible, but the priority will be allocation to rotations that will support my optimal preparation for community GP training.
 6. I understand that hospital training requirements for GP registrars are likely to include overtime, on-call and leave relief, and I will be allocated to these as part of my optimal progress through the GP Pilot.
 7. I am aware that I may rotate to other hospitals within the employing health service at which I hold an employment contract to ensure access to a combination of GP suitable rotations.
 8. I understand that I will be supported by WAGPET for the length of the GP Pilot.
 9. I understand there is an expectation that I will commit to the length of my employment contract (minimum 12 months).
 10. I understand that WAGPET and AGPT may have additional requirements specific to GP vocational training that are outside of the scope of the GP Pilot. It is my responsibility to ensure I understand and comply with these requirements.
 11. I am responsible for notifying WAGPET of my intentions to undertake a second year of the GP Pilot by mid-2021.
 12. I am responsible for providing any information to WAGPET that may influence my continued employment or participation in the GP Pilot beyond 2021.
 13. I will conduct myself in an honest, professional and ethical manner throughout my hospital training and the GP Pilot.
- I understand that failure to meet any of the above requirements at any time may result in a review of my suitability for inclusion in the GP Pilot.

GP Registrar signature

GP Project Team signature



Western Australian Department of Health and WA General Practice Education and Training General Practice (GP) Pilot Declaration 2021

Resident Medical Officers with GP intent

- I, _____ accept the following terms while participating in the GP Pilot, commencing in 2021:
1. I understand the aim of the GP Pilot is to support my progress to readiness for future entry to community GP training through completion of an optimal combination of GP suitable rotations.
 2. I understand that by participating in the GP Pilot I am indicating my intent to apply to Australian General Practice Training (AGPT) within the next 12 months.
 3. I understand that I must reapply to continue in the pilot in 2022 and my continued access to GP Pilot GP-suitable rotations may depend upon my successful enrolment in the AGPT.
 4. I understand that allocation to GP suitable combinations of rotations is determined by the employing hospital's Medical Workforce Team, taking into account my preferences, the requirements of the GP Pilot cohort and other circumstances.
 5. I understand that my employing health service will endeavour to accommodate my preferences, where possible, but the priority for allocation will be GP-suitable rotations that support my preparation for community GP training.
 6. I understand that hospital training requirements are likely to include overtime, on-call and leave relief, and I will be allocated to these as part of my optimal progress through the GP Pilot.
 7. I am aware that I may rotate to other hospitals within the employing health service at which I hold an employment contract to ensure access to a combination of GP suitable rotations.
 8. I understand there is an expectation that I will commit to the length of my employment contract (minimum 12 months).
 9. I am responsible for providing any information to the OCMO GP Project Team that may influence my continued employment or participation in the GP Pilot beyond 2020.
 10. I will conduct myself in an honest, professional and ethical manner throughout my hospital training and the GP Pilot.
- I understand that failure to meet any of the above requirements at any time may result in a review of my suitability for inclusion in the GP Pilot.

RMO signature

GP Project Team signature

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