



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

FINAL

General practice workforce training pathway pilot

Framework and implementation plan
for 2022

Medical Workforce

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Definitions

Definitions for the purpose of the general practice (GP) pilot pathway in 2022 include:

| | |
|--|--|
| Advanced/extended skills training | Training in an area of interest undertaken by AGPT registrars after completion of hospital training time. |
| Australian College of Rural and Remote Medicine (ACRRM) | One of the two GP Colleges, the other being the Royal Australian College of General Practitioners (RACGP). |
| Australian General Practice Training (AGPT) | Vocational training program for medical graduates wishing to pursue a career in General Practice (GP) in Australia. |
| CFEP | A survey and feedback process being implemented by Western Australia General Practice Education and Training Ltd (WAGPET). |
| Community GP training | AGPT Training terms completed in a GP setting. |
| Employing health service (EHS) | The health service employer (private or public) of a pilot pathway participant. |
| General Practice Project Committee (GPPC) | The project board responsible for GP pilot governance. |
| GP colleges | The specialist medical 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 | Vocational GP trainee selected to the AGPT. |
| Future GP registrar | A Resident Medical Officer (RMO) with intent to join the AGPT |
| GP pilot registrar | A GP registrar selected to the GP pilot. These doctors are typically employed in a Resident Medical Officer (RMO) position. |
| GP pilot registrar/RMO with GP intent | A GP registrar/RMO with GP intent who has been selected to or is participating on 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/OCMO GP Project Team | A team within Medical Workforce, Office of the Chief Medical Officer (OCMO) responsible for GP project coordination and GPPC secretariat functions. |
| 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 aimed a guiding an EHS to allocate the registrar to appropriate GP-suitable rotations that will provide optimal preparation for entry to community GP. |
| Hospital training time/year | 12 months of hospital-based training in an Australian hospital completed by some GP registrars prior to community GP training. |
| MedJobsWA | Online recruitment portal for the WA Health Centralised Recruitment Process. |
| Regional Training Organisation (RTO) | An organisation funded by the Australian Government Department of Health to deliver education and training within a specific geographical region. |

Resident Medical Officer (RMO) with GP intent

An RMO who has expressed intent to join the AGPT within the next 18 months. Also referred to as a future GP registrar.

Rotational matrix

A matrix of GP-suitable hospital RMO rotations that have been identified by EHSs as accessible to the pilot and available for allocation to GP pilot registrars.

Western Australia General Practice Education and Training Ltd (WAGPET)

WA's RTO responsible for delivering the AGPT program to ACRRM and RACGP registrars.

1. Introduction

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.

Approximately 150 vocational GP trainees (GP registrars) are employed every year in WA hospitals (public and private) completing Australian General Practice Training (AGPT) requirements. Historically there has been minimal visibility of, or advocacy for, this cohort.

In September 2018, the WA Department of Health (the Department) received a mandate from the Director General to initiate the GP Project. The GP Project aims, in part, to implement a recommendation of the [GP Report \(PDF 1MB\)](#) that a GP workforce training pathway be developed for WA to improve GP workforce sustainability.

The intent of the pilot pathway, which commenced in January 2020 under the governance of the General Practice Project Committee (GPPC), is to increase the profile of GP and enhance GP training in WA hospitals. The pilot pathway is a collaboration between the Department, EHSs (public and private), and WAGPET. It has the support of the GP Colleges and the Australian Government Department of Health.

Key elements of the pilot pathway include:

- support for GP registrars and future GP registrars (RMOs with GP intent) to achieve optimal preparation for entry to community GP training through:
 - equitable access to GP-suitable clinical experiences
 - allocation to a GP-suitable rotational matrix (a matrix) at each employing health service (EHS) made up of rotations identified by WA General Practice Education and Training (WAGPET) as providing relevant and useful preparation for community GP training
- monitoring and evaluation to ensure a process of continual improvement
- potential integration of the pilot pathway into EHS business as usual (BAU) in 2023.

Monitoring of the pilot pathway has resulted in annual improvements, to ensure that it is as user friendly as possible for EHSs and that it meets the training needs of current and future GP registrars.

The 2022 Framework is the third version. It sits under the GP Project Phase 1 Project Initiation Document (PID) and provides guidance on implementation of the pilot pathway for 2022.

Key changes from the 2021 Framework include:

- the Community Residency Program (CRP) is a GP pilot GP-suitable rotation for 2022
- discontinuation of Hospital Training Plans (HTPs) for GP registrars participating on the pilot (GP pilot registrars) who are employed only at Perth Children's Hospital (PCH) and King Edward Memorial Hospital (KEMH)
- newly enrolled GP registrars from the AGPT cohort for 2022 (AGPT 2022 Cohort) are not guaranteed an additional hospital training year in 2023, due to the conclusion of the pilot pathway at the end of 2022.

A proposal for a BAU pathway to be implemented from 2023 will be presented for GPPC and WA Health executive approval at the end of Quarter 1 2022.

2. Background

Hospitals play a crucial role in GP training by providing GP registrars with the foundation clinical skills and experience required for community GP training and comprehensive primary care.

GP registrars are not a homogenous group; some newly enrolled GP registrars are approved to proceed directly to a community GP placement, while most are required to undertake a year of hospital training prior to entering community GP training. During that hospital training year, GP registrars are expected to complete any outstanding GP college requirements and rotations that will support their preparation for entry to community GP training.

The GP Report recommended optimisation of WA's GP training pipeline as a priority, commencing with development of a GP training pathway for WA. The pilot pathway aims to address issues identified in the GP Report that relate to hospital GP training, including:

- inequitable access to GP-suitable rotations
- a lack of oversight to ensure GP registrars progress efficiently through hospital training and meet requirements for entry to community GP training
- feedback from GP supervisors that recent cohorts of GP registrars lack some of the necessary skills and competencies required for success in community GP training.

The pilot pathway is being progressed through Phase 1 of the Department's GP Project under the governance of the GPPC. Chaired by the Assistant Director General Clinical Excellence, the GPPC includes executive representatives from relevant Health Service Providers and WAGPET, and the Chief Medical Officer.

3. Objective, limitations and inclusions

The Phase 1 PID describes the objective of the pilot pathway as the development and implementation of a sustainable pathway for GP registrars in their hospital training year, through:

- provision of a systemwide networked program of rotations (or rotational matrix) across EHSs that would 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.
- identification of career intent and development of strategies to promote GP training as a career choice for junior doctors.

The pilot pathway objective is being progressed through the 2022 Framework, noting:

- RMOs with GP intent have been included in the scope of the pilot pathway since 2021
- systemwide networking across EHSs has not been included in the matrix for 2022 (Appendix A):
 - the matrix being offered by most EHSs will enable participants to undertake a broad range of GP-suitable rotations without the need for systemwide networking
 - networking with specialist hospitals to increase access to paediatric and Obstetrics and Gynaecology (O&G) rotations at Royal Perth Bentley Group (RPMG) and Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) was recommended for 2022, but a resolution could not be found.

- educational elements that support development of foundation skills and competencies will be included within the pilot pathway as they are finalised by educational stakeholders
- MedJobsWA, the centralised recruitment tool, provides for the identification of RMOs with GP intent so that specific communications can be targeted to this group. Further strategies will be implemented to promote the pilot pathway and GP training more generally during 2022.

Efforts to find a solution that enables systemwide networking, where required, will continue. In the interim, the following strategies will be implemented for 2022:

- the early publication of the matrix will enable GP trainees to apply for employment at an EHS where there is a greater likelihood of accessing the rotation/s they require
- communications will be further strengthened to indicate that two terms of Emergency Medicine (composite terms) at an Emergency Department (ED) that provides paediatrics exposure will meet GP training requirements and can provide excellent preparation for community GP
- the minimum outstanding paediatric training requirements of each GP pilot registrar will be identified through the WAGPET onboarding survey so guidance can be provided to EHSs on the allocation of Paediatric terms, where they are limited.

Additional aspects for potential inclusion in the pathway pilot that were identified in the Phase 1 PID were:

a. Extended and advanced skills trainees (Cohort C)

In April 2021, the GPPC agreed that the scope of the pilot pathway for 2022 and BAU pathway from 2023 should remain limited to participants preparing for entry to community GP training.

It was identified that training and workforce innovations relating to extended and advanced skills trainees were already being progressed by stakeholders outside of the pathway pilot.

b. Community placements

Community placements have been included within pilot pathway for 2022 through the inclusion of the Community Residency Program (CRP) as a GP-suitable rotation.

Metro (Silver Chain) and rural (WA Country Health Service (WACHS)) CRP terms are not currently included in specific matrix lines, but continued stakeholder collaboration is expected to:

- increase the number of RMOs with GP intent and GP registrars applying to the CRP
- result in a better alignment of rotations for GP pilot registrars who receive a CRP term.

c. A route to rural and/or GP procedural services

The pilot pathway currently identifies rurally intentioned GP registrars and prioritises their allocation by EHSs to support their entry to community GP training on a rural pathway. For 2022, processes will be put in place to identify RMOs with GP intent who have rural intent so this information can be shared with WACHS.

Recent stakeholder activities, such as the establishment of a Coordination Unit within WACHS to support a National Rural Generalist Pathway, aim to provide a more comprehensive route from medical student to rural and/or GP procedural services than the pilot pathway, which by focusing on the hospital training year addresses only one aspect of the GP training pipeline.

4. Principles

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

- Flexibility is invested so that EHSs can meet participants training needs while ensuring service needs are also met.
- EHSs are responsible for the performance management of employed participants, as per the relevant Job Description Form and Employment Policy.
- The rotations allocated to GP pilot registrars by EHSs 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 EHSs 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), noting the maximum hospital training time available to the AGPT 2022 Cohort is being negotiated with GP colleges.
- 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.

5. 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 pilot pathway into business as usual for stakeholders, if successful.

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

A summary of pilot pathway processes is provided below.

| | |
|--|---|
| GP-suitable pilot rotations table (Section 5.1) | WAGPET confirm the essential, preferred and other GP-suitable hospital rotations that will achieve GP college training requirements and/or provide optimal preparation for entry to community GP training. Completed for 2022. |
| Pilot rotational matrix confirmation (section 5.5.1) | Referring to the GP-suitable pilot rotations table, each EHS confirms the GP-suitable RMO rotations that will be made available for allocation to GP pilot participants for the following year. Completed for 2022. The rotational matrix should be finalised prior to the commencement of RMO recruitment, if possible. |
| Application (Section 5.3) | AGPT 2022 Cohort GP registrars can express interest in the pilot during WAGPET's onboarding processes by completing the GP Pilot survey. Returning GP pilot registrars planning to undertake a second hospital training year in 2022 should advise WAGPET of this intention by 30 August 2021 All GP registrars expressing an interest in the pilot are requested to provide their previous training experience and rotational preferences. |

| | |
|--|---|
| | RMOs with GP intent can submit an EOI by emailing the OCMO GP Project Team before 16 August 2021. |
| Selection – eligibility check (Section 5.3) | WAGPET provide the outputs of the GP pilot survey to the OCMO GP Project team by 13 September 2021. GP registrars and RMOs with GP intent are assessed for eligibility against criteria (refer to section 6.2) by the OCMO GP Project Team. |
| Hospital training plan development (Section 5.4) | Applicable to returning GP pilot registrars/AGPT 2022 Round 1 intake only. GP registrars' previous training experience is reviewed by WAGPET and the OCMO GP Project Team to identify which GP-suitable rotations will best support their individual preparation for community GP training. A Hospital Training Plan (HTP) is developed to guide EHSs to allocate each GP pilot registrar to appropriate GP-suitable rotations that will meet their individual training needs. |
| Selection – confirmation (Section 5.3) Appendix D | AGPT 2022 Cohort GP registrars who are eligible are confirmed to the pilot pathway once their signed GP Pilot Trainee Declaration (Trainee Declaration - Appendix D) is received by the OCMO GP Project Team. Returning GP pilot registrars are reconfirmed to the pilot pathway once their eligibility is confirmed. RMOs with GP intent will be advised of their selection to the pilot pathway upon confirmation from their EHS that they have been allocated to unfilled GP-suitable rotations. The selection processes may not be completed until January 2022. |
| Advice to EHSs (Section 5.3) | EHS Medical Workforce (MW) Teams will be notified by the OCMO GP Project Team on 18 October 2021 of their: <ul style="list-style-type: none"> • Round 1 intake and returning GP pilot registrar participants. HTPs will be provided, if required. • employed RMOs with GP intent for secondary allocation to GP-suitable rotations. Advice on additional GP registrar (Rounds 1 and 2) and RMO with GP intent pilot participants is expected to be provided to MW Teams by 31 January 2022. |
| Allocation to GP-suitable rotations (Section 5.5.2) | Site MW Teams use their usual methodologies to allocate returning GP pilot registrars and GP registrars from the Round 1 intake, to a combination of essential, preferred and other GP-suitable rotations in accordance with their HTPs, that will support achievement of their training needs over one to two years. RMOs with GP intent should be allocated to unfilled GP-suitable rotations, where available. |
| Implementation | After the employment year commences, GP pilot participants fulfil employment and training obligations, in accordance with their Trainee Declaration. Employment and training issues are raised with their EHS MW team and WAGPET, respectively. Monitoring and evaluation is undertaken by the OCMO GP Project Team to ensure the rotations allocated are GP-suitable and the pilot pathway is continuously improved to meet participants training needs. |
| Exit | The option for GP registrars from the AGPT 2022 Cohort to complete a second year of hospital training time on the BAU pathway will be confirmed early in 2022. 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 another hospital training year on the BAU pathway, where this option is available. |

A summary of the roles and responsibilities of pilot pathway stakeholders is provided below:

| | |
|------------------------------|---|
| GP pilot participants | <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. |
| EHSs | <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. |
| WAGPET | <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. |
| OCMO GP Project Team: | <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. |

5.1 GP-suitable pilot rotations table

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

Table 1: GP-suitable pilot pathway rotations 2022

| 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*. Not required to be a specific afterhours rotation. | Surgery | Gastroenterology |
| Obstetrics and gynaecology (ACRRM) | Obstetrics and gynaecology (RACGP) | Community Residency Program (CRP) |
| Anaesthetics (ACRRM only) | Anaesthetics (RACGP) | Cardiology/Coronary Care Unit |
| | | 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 GP-suitable rotations depending on the site.

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

Although the CRP has been added as a GP-suitable rotation for 2022, CRP application and allocation processes remain separate from the pilot pathway. To access CRP terms, pilot pathway participants will need to apply for the rural and/or metro CRP through the appropriate CRP application/EOI process.

While a term in psychiatry is not considered an essential rotation, it is preferred. Experience in the psychiatric management of mental health patients is beneficial to GP registrars. Where a GP registrar appears not to have completed a psychiatry rotation previously this will be identified in a GP registrar's HTP.

It is recommended that the GP-suitable rotations table be referenced by:

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

5.2 Eligibility

GP registrars have varied experience and different training needs. With its aim of providing participants with a broad range of rotations and generalist exposure, the pilot pathway is considered to be of most benefit to GP registrars with limited previous clinical exposure. GP registrars entering directly from internship, will be encouraged to undertake a second hospital training year, where available, to complete additional GP-suitable rotations in preparation for community GP training.

Participants on the pilot for 2022 may include eligible:

- Newly selected GP registrars from the AGPT 2022 Cohort, including the:
 - Round 1 intake (August 2021)
 - Round 2 intake (December 2021)
- Current GP pilot registrars returning for a second hospital training year in 2022
- RMOs with GP intent who have been allocated to unfilled matrix positions by their EHS.

Table 2 summarises the eligibility criteria for each group.

Table 2: GP pilot eligibility criteria

| Cohort | Eligibility criteria |
|--|--|
| AGPT 2022 Cohort Rounds 1 and 2 | GP registrars from the Round 1 or 2 intake are eligible if they: <ul style="list-style-type: none"> ✓ have secured an RMO employment contract for a minimum of 12 months at one or more participating EHSs (can include split contracts) ✓ will be completing a hospital training year in 2022 ✓ are willing to sign a GP Pilot Trainee Declaration. GP registrars from the Round 2 intake must also have been allocated to GP-suitable rotations by their EHS. |

| Cohort | Eligibility criteria |
|---|--|
| AGPT 2021 Cohort Returning GP pilot registrars | Returning GP pilot registrars are eligible if: <ul style="list-style-type: none"> ✓ they have secured a minimum six month RMO employment contract at one or more participating EHSs. Note: <ul style="list-style-type: none"> • Can include split contracts • Second year GP pilot registrars can 'step up' to service registrar employment in the second half of 2022, if offered a position ✓ their employment contract matches their GP training intentions, i.e. if a GP registrar plans to leave hospital training before the end of 2022, they must have secured an employment contract with a similar end date ✓ have adhered to their Trainee Declaration in 2021. |
| RMOs with GP intent | RMOs with GP intent are eligible if they: <ul style="list-style-type: none"> ✓ have secured an employment contract as an RMO for a minimum 12 months at one or more participating EHSs (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> |

If a GP registrar takes parental leave while on the pilot pathway, they are considered a returning GP pilot registrar the following year even though they may still be completing their first year of AGPT hospital training time. If a returning GP pilot registrar's AGPT hospital training time will conclude prior to the end of 2022, it is expected that they will fulfil their employment contract. GP pilot registrars in this situation should discuss their options with WAGPET.

5.3 Application and selection process

Pilot application and selection processes differ slightly for returning GP pilot registrars, the AGPT 2022 Cohort (Round 1 and 2 intakes), and RMOs with GP intent. A plan on a page is included as Appendix C.

The application and selection process for GP registrars takes places in two tranches:

- Tranche 1 (August 2021 – October 2021)
 - Round 1 intake
 - returning GP pilot registrars from the AGPT 2021 cohort
- Tranche 2: (December 2021 – January 2022)
 - Round 2 intake
 - Round 1 intake, whose eligibility has changed in the interim.

Application and selection timelines are provided in Table 3 below

Table 3: GP pilot application and selection timeline

| Group | 2020 | | | 2021 | | |
|---------------------|-----------------|-----------|---------|----------|----------|---------|
| | July/ August | September | October | November | December | January |
| RMOs with GP intent | 16 Aug | | | | | 31 Jan |
| Tranche 1 | 30 Aug | | 18 Oct | | | |
| Tranche 2 | | | | | 20 Dec | 31 Jan |

5.3.1 RMOs with GP intent

The application and selection process for RMOs with GP intent will occur between July 2021 and January 2022. The selection to the pilot of these individuals is dependent upon whether their EHS allocated them to unfilled GP-suitable matrix positions.

RMOs with GP intent selected to the pilot pathway for 2022 can potentially continue on the BAU pathway as a GP registrar in 2023, should the pathway be approved and they met eligibility criteria.

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

| | |
|--|---|
| Application By 16 August 2021 | RMOs with GP intent can submit an EOI by emailing the OCMO GP Project Team. |
| Eligibility check By 11 October 2021 | OCMO GP Project Team to check eligibility criteria have been met, including validation of employment status with MW Teams and/or the applicant, if required. |
| Advice to EHS By 18 October 2021 | A list of employed RMOs with GP intent will be provided to each EHS MW Team for secondary allocation to any unfilled GP-suitable rotational matrix positions. GP pilot registrars should be allocated first. |
| Allocation to unfilled GP-suitable rotations By 13 December 2021 | The priority for allocation to GP-suitable rotational matrix positions is returning GP pilot registrars and GP registrars from the Round 1 intake. Where there are unfilled rotational matrix positions, EHSs are requested to: <ul style="list-style-type: none"> • allocate RMOs with GP intent, where possible in accordance with any preferences they provide to MW Team via their usual processes • advise the OCMO GP Project team of allocation outcomes by 13 December 2021 so that those RMOs: <ul style="list-style-type: none"> ○ allocated to GP-suitable rotational matrix positions can be formally selected to the pilot ○ that were not allocated to GP-suitable rotations can be advised of the outcome. |
| Confirmation of selection December 2021/ January 2022 | RMOs with GP intent will be formally selected to the pilot pathway for one year upon receipt of their signed Trainee Declaration. |
| Advice to stakeholders By 31 January 2022 | EHSs will be provided with a list of their RMOs with GP intent who have been confirmed to the pilot pathway for 2022 by the OCMO GP Project Team. Information on the CRP allocations of participants will be sought from Silver Chain and WACHS prior to the provision of GP pilot registrar information to EHSs, so that CRP terms can be included in HTPs, if known. |

5.3.2 TRANCHE 1: Round 1 intake and current GP pilot registrars

The application and selection process for the Round 1 intake will commence in late-August 2021 and be completed in advance of EHS allocation processes in October/November 2021. This will occur in parallel with, and be informed by, the training needs analysis and HTP development (section 5.4).

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

| | |
|--|---|
| <p>Application</p> <p>By 13 September 2021</p> | <p>Round 1 intake GP registrars can express interest in the pilot pathway by completing the WAGPET GP Pilot survey during WAGPET's onboarding process.</p> <p>The survey will request rotational information to support an assessment of their eligibility and development of a suitable HTP.</p> <p>WAGPET will offer priority start applicants who were unsuccessful in their request to commence GP training in a community placement the opportunity to join the pilot pathway</p> <p>Current GP pilot registrars can express interest by advising WAGPET of their intention to return for a second year by 30 August 2021.</p> |
| <p>WAGPET follow up</p> <p>September 2021</p> | <p>Suitable GP registrars in PGY1 and PGY2 who did not opt in to the pilot pathway will be followed up by WAGPET to encourage their participation.</p> <p>Those that opt in after follow up will be asked to complete the GP Pilot survey.</p> |
| <p>Eligibility check</p> <p>14 September - 11 October 2021</p> | <p>WAGPET to provide 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 and/or applicant, if required.</p> <p>OCMO GP Project Team to review applicant numbers against EHS matrix capacity and, where the numbers are in excess of available capacity:</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 5.4). |
| <p>Offer of GP pilot place and confirmation</p> <p>By 11 October 2021</p> | <p>Where a GP registrar is eligible and can be accommodated within their EHS's matrix, they will be sent a Trainee Declaration to sign and return to the OCMO Project Team.</p> <p>Upon receipt of their signed Trainee Declaration, a GP registrar will be formally confirmed to the pilot. 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> |
| <p>Advice to stakeholders</p> <p>By 18 October 2021</p> | <p>Once a GP registrar's participation is confirmed, the OCMO GP Project Team will advise WAGPET.</p> <p>EHS MW teams will be provided with a list of their GP pilot registrars and their HTPs, if applicable, by 18 October 2021. Some Round 1 intake GP registrars may be selected to the pilot in the week or so after the closing date for RMO offers. These should be known by the end of October 2021.</p> <p>Information on the CRP allocations of participants will be sought from Silver Chain and WACHS prior to the provision of GP pilot registrar information to EHSs, so that CRP terms can be included in HTPs, if known.</p> |

5.3.3 TRANCHE 2: Round 2 intake registrars and additional Round 1 intake

The GP pilot application and selection process for the Round 2 intake will commence in December 2021 and be completed in late-January/early-February 2022. Round 1 GP registrars who opted into the pilot but were ineligible in September 2021, will have their eligibility reassessed as part of this process.

There is flexibility around the closing date for the Tranche 2 GP registrars as they will have already been allocated to rotations by their employing health service in October/November 2021.

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

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

| | |
|---|---|
| Application By 13 December 2021 | New GP registrars from the Round 2 intake can express interest in the pilot by completing the WAGPET GP Pilot survey during WAGPET's onboarding process |
| WAGPET follow up December 2021/ January 2022 | Suitable GP registrars in PGY1 or PGY2 that did not opt in to the pilot will be followed up by WAGPET. |
| Eligibility check December 2021/ January 2022 | OCMO GP Project Team will check the eligibility of Round 2 GP registrars and Round 1 GP registrars that were ineligible in September 2021. This will include engaging with MW teams to: <ul style="list-style-type: none"> • validate their employment status, if required. • seek information on their rotational allocations for 2022. |
| Offer of GP pilot place and confirmation January 2022 | Where a GP registrar is eligible, they will be sent a Trainee Declaration to sign and return. GP registrars will be formally selected to the pilot upon receipt by the OCMO Project Team of their signed Trainee Declaration. GP registrars not selected to the pilot will be advised of the outcome by WAGPET or the OCMO GP Project team |
| Advice to stakeholders By 31 January 2022 | Upon confirmation of a GP registrar's participation, the OCMO GP Project Team will advise WAGPET and the relevant EHS MW Team. GP registrars not selected to the pilot will be advised of the outcome by WAGPET or the OCMO GP Project team |

5.4 Hospital training plans

EHSs will be provided with an HTP for each GP pilot registrar from Tranche 1 by 18 October 2021 to guide them in allocating the registrar to GP-suitable rotations that are appropriate to meet their training needs and support their optimal preparation for community GP training over one to two years, where possible.

RMOs with GP intent, GP pilot registrars from Tranche 2, and any GP pilot registrar employed only at PCH and/or KEMH **will not** have an HTP.

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

- undertake a training needs analysis for each GP registrar with reference to:
 - the previous training experience/preferences provided in their WAGPET GP pilot survey
 - their minimum outstanding GP paediatric training requirements
 - the GP-suitable pilot rotations table
- identify for EHSs which rotations:
 - are recommended for allocation as a priority, where available.
 - should not be allocated, if possible, as the GP registrar has sufficient previous exposure and would get greater benefit from completing a different rotation
 - will support the achievement of paediatric training requirements
- provide a priority ranking for each GP registrar, to assist EHSs in prioritising which GP pilot registrars should be allocated first to GP-suitable matrix rotations. The following ranking system will be used for 2022:
 1. Returning GP pilot registrars from the 2021 AGPT Cohort. It is important that they are facilitated to meet any outstanding training needs.
 2. 2022 AGPT cohort GP registrars entering from internship (PGY2 in 2022)
 3. 2022 AGPT cohort GP registrars on a rural pathway (PGY3+ in 2022)
 4. 2022 AGPT cohort GP registrars on the general pathway (PGY3+ in 2022).

If known, CRP terms will be included in the HTPs of relevant GP pilot registrars.

5.5 GP-suitable rotational matrix

An outcome of the pilot pathway is that EHSs have been supported to apply a more considered and structured approach to the allocation of GP registrars to suitable rotations that will support their efficient progression through hospital training to community GP training.

The GP-suitable rotational matrix is the tool used the pilot pathway to identify:

- the GP-suitable RMO rotations that EHSs have made available for the use of the pilot pathway
- the maximum number of pilot pathway participants that can be accommodated at each EHS.

The GP-suitable rotational matrix for 2022 is included as Appendix A.

5.5.1 Matrix review and confirmation

It is anticipated that an annual review of the matrix will be undertaken by each EHS to ensure:

- any recent changes to GP-suitable pilot rotations are reflected
- equity of access to high demand GP-suitable rotations is maintained
- the matrix offers a broad range of essential, preferred and other rotations in combinations that will meet the training needs of both new and returning GP registrars.

Finalisation of the matrix should occur prior to the commencement of the centralised RMO recruitment process. This will enable the matrix to be promoted to potential and current GP trainees.

5.5.2 Allocation to matrix

The ideal outcome is one in which pilot pathway participants are facilitated by their EHS to achieve the recommended essential terms, and as many preferred terms as possible within a one or two year timeframe, noting that the pilot pathway will be integrated into BAU at the end of 2022.

EHSs will be supplied with a list of their employed GP pilot registrars from Tranche 1 with HTPs by 18 October 2021. This information should be used to allocate GP registrars, using MW Teams' standard methodologies, to an appropriate line in the matrix or group of GP-suitable rotations, that will support the registrars to achieve their identified training needs over one to two years.

The principles provided in Table 4 should be considered when allocating rotations.

Table 4: GP pilot allocation principles

| | |
|--|--|
| <p>General principles</p> | <p>GP pilot registrars should be allocated in order of priority ranking (1-4). Their ranking is located on their HTP.</p> <p>The preferences expressed by GP registrars in their WAGPET GP pilot survey will be included in their HTP; however, EHS's training capacity and training needs should be prioritised over preferences, if necessary.</p> <p>EHSs should ensure that GP pilot registrars have equitable access to paediatrics and other GP-suitable rotations as non-GP pilot registrars and RMOs not in vocational training.</p> <p>EHSs should ensure that part-time employees receive equitable access to GP suitable rotations.</p> <p>Where there are unfilled GP-suitable matrix rotations, EHSs 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> |
| <p>For returning GP pilot registrars (Priority 1)</p> | <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> |
| <p>For PGY2 GP registrars (Priority 2)</p> | <p>The GP registrar is likely to have had minimal hospital experience. While completing essential terms in internship may meet GP college requirements, this is not considered optimal for the purposes of the pilot and repeat exposure to 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>HSPs to allocate rotation, in accordance with the GP registrars' HTP, that will support achievement within one to two years of:</p> <ul style="list-style-type: none"> • as many essential terms as possible • preferred and/or other terms in accordance with their preferences, where possible. |
| <p>For PGY3+ GP registrars</p> | <p>The GP registrar is likely to have already completed some essential and preferred terms.</p> |

| | |
|---|--|
| (Priority 3-4) | Please allocate to rotations, in accordance with their HTP, that will support achievement within one to two years of: <ul style="list-style-type: none"> • any outstanding essential terms, where possible • any 'preferred', then 'other', rotations not completed previously, according to their preferences where possible. |
| RMOs with GP intent To unfilled places | The experience of RMOs with GP intent is likely to vary. EHSs are requested to allocate these individuals to unfilled GP-suitable rotations, including CRP placements, according to the preferences they provide through standard EHS processes, where possible. No HTP will be provided. |

EHSs can fill any unused matrix positions with other junior doctors to meet service need. These should be considered for re-integration in the matrix for 2023.

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 EHS's usual rostering requirements for junior doctors.

Please note if GP pilot registrars can 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 required.

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. EHSs with split contract GP pilot registrars are asked to coordinate, where possible, to reduce the likelihood of more than one leave relief allocation.

Part-time employees will require twice the number of rotations to achieve paediatrics training requirements, i.e. two paediatric rotations or four ED terms with paediatrics exposure or a combination of one paediatric term and two appropriate ED terms. Where paediatrics rotations are available, it is requested that the two paediatrics rotations are completed consecutively, if possible.

5.6 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 2022 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.

5.6.1 Exit process - assessment of community GP readiness

The pilot pathway will be integrated into BAU at the end of 2022. The preferred option for the BAU pathway is to continue to offer participants, including those that entered the pilot pathway in 2022, the opportunity to undertake an additional hospital training year, if requested. Negotiation with the GP colleges is underway to continue to offer an additional year of hospital training time in the BAU pathway for 2023.

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, where possible.

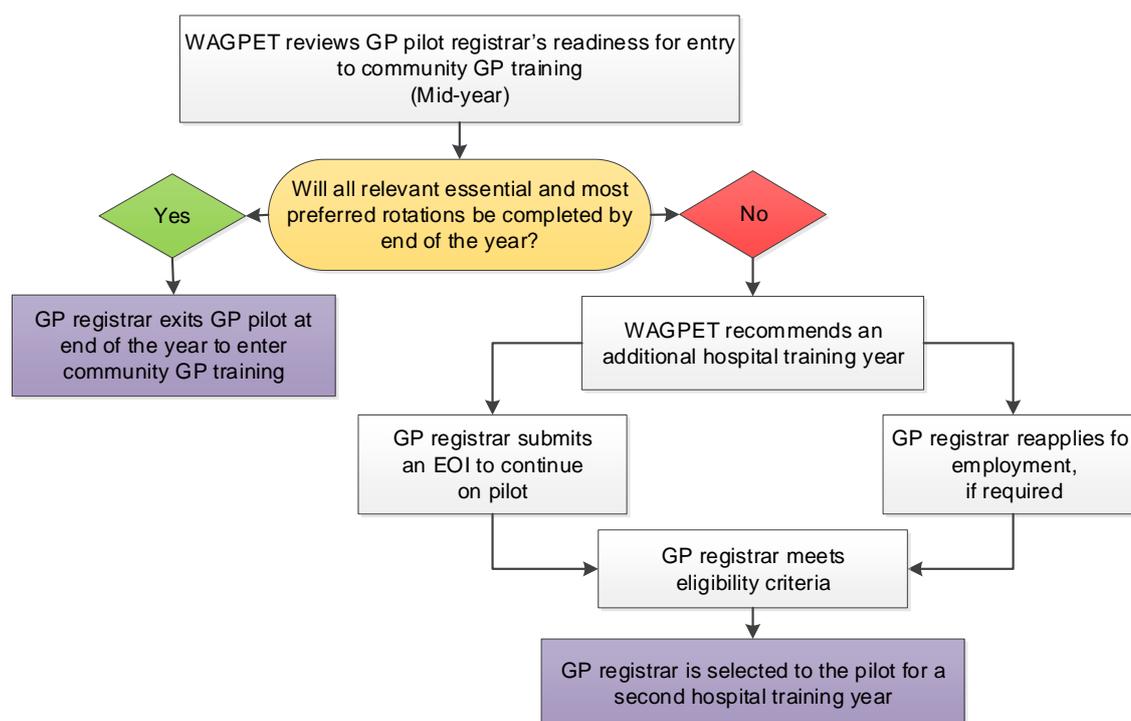
The WAGPET [Enrolment, Placement and Employment Policy](#) determines the specific training obligations of GP registrars, including acknowledgement that mandatory hospital rotations must be completed prior to commencing in a community GP placement. This will also apply to GP registrars in the pilot.

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, where possible.

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, where possible, as part of the pilot.

5.6.2 Monitoring and evaluation

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

The GP Project Phase 1 Benefits Realisation Plan provides for the measurement of project benefits beyond the length of the pilot. The GP pilot evaluation plan provides for the monitoring and evaluation of the pilot through to conclusion. Key GP pilot monitoring and evaluation activities for 2022 and their timelines are provided below.

Figure 2: GP pilot monitoring and evaluation timeline for 2022



Monitoring (red in Figure 2)

The following monitoring processes will be undertaken in 2022:

- quarterly analysis of GP pilot registrars' matrix allocations
 - baseline allocations to be provided by EHSs in December 2021
 - quarterly allocation data to be provided by EHSs to the OCMO Project Team for analysis.
- WAGPET to monitor GP registrars' educational outcomes and provide updates to the GPPC.
- OCMO GP Project Team to facilitate a survey of pathway participants on:
 - allocations in February
 - satisfaction and educational outcomes in November.
- Pilot pathway to be included as a standing agenda item on relevant medical workforce committees.

Evaluation (blue in Figure 2)

Key evaluation reports relating to the third and final year of the pilot pathway that are due or will be commenced in 2022, as required by the PID and/or the GP pilot proposal, are described in Table 5.

Table 5: GP pilot evaluation reports

| Strategy | Purpose | Timeframe | Inclusions |
|-----------------------------|--|------------|--|
| GP Pilot Review Report 2022 | <p>Present results of monitoring and evaluation for 2021.</p> <p>Provide options for the BAU pathway in 2023.</p> <p>Evaluate progress against PID objectives.</p> | March 2022 | <p>Lessons learnt during the 2022 application, selection, and allocation processes</p> <p>Results of monitoring and evaluation activities.</p> <p>Recommendations for improvement.</p> <p>Options for the future of the pilot pathway i.e. integration into BAU.</p> |

| Strategy | Purpose | Timeframe | Inclusions |
|-----------------------|--------------------------------------|-----------------|--|
| End of Project Report | To fulfil PID reporting requirements | 15 January 2023 | An updated Business Case and progress against the PID. |

In parallel with pilot pathway monitoring and evaluation, the Office of the Chief Medical Officer has commenced a partnership with the University of Notre Dame Australia to provide a Research Framework for the GP Project. Where possible, activities will be aligned to reduce duplication.

5.6.3 Education

Opportunities to progress the recommendations of the GP pilot education discussion paper will be further explored with stakeholders.

WAGPET will continue to support GP registrars in hospital training and progress their hospital GP training education activities, which for 2022 will include:

- provision of an on-line platform with GP appropriate resources to all GP registrars on the program through WAGPET's LMS; GPR MAP (replaces GP 365)
- career navigation meetings with GP registrars on the pilot pathway
- implementation of new Entrustable Professional Activities (EPAs) self-assessment activity for GP registrars in their hospital training year. These optional EPAs will:
 - not be assessed by a supervisor but will assist hospital-based GP registrars to reflect on how they would deal with different situations in community practice
 - identify potential gaps in preparedness that can be discussed during career navigation meetings.
- implementation of their educational webinar series. This will be optional for GP pilot registrars and available for upload online at any time.
- ongoing coordination to deliver GP-specific education with some EHSs.

6. 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 2022

| | 17/01/2022 - 3/04/2022 | 4/04/2022 - 12/06/2022 | 13/06/2022 - 21/08/2022 | 22/08/2022 - 30/10/2022 | 31/10/2022 - 15/01/2023 |
|---|--|------------------------|-------------------------|-------------------------|-------------------------------|
| | 11 weeks | 10 weeks | 11 weeks | 10 weeks | 11 weeks |
| Site | Term 1 | Term 2 | Term 3 | Term 4 | Term 5 (if relevant) |
| South Metropolitan Health Service | 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 | RGH O&G |
| | 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 | |
| Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line | | | | | |
| 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 5. The CRP is GP-suitable for 2022. Metro and rural CRP application and term allocation processes are undertaken separately to the GP pilot. | | | | |

| 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. | | | | |

| Ramsay Health Care Joondalup Health Campus (JHC) | Emergency | Leave relief | Mental health | Paediatrics | General medicine |
|--|--|-----------------------------|------------------|--------------|------------------|
| | 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 GP training Paediatric requirements, 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 Hollywood Private Hospital and a variety of different WACHS sites. | | | | |

| KEY | 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 DRAC OPH: Rehabilitation and aged care. Drug & Alcohol: Mental health ED: Emergency Department (this may include paediatric experience at some locations) Gen med: General medicine LR/Leave relief: Shifts include evening, day and night shift for annual leave and sick leave cover. MAU/Medical Assessment Unit: General medicine Medical general: General Medicine Unit, Acute Medical Unit (AMU), Emergency Medicine and possibly Geriatrics. |

| | 17/01/2022 - 3/04/2022 | 4/04/2022 - 12/06/2022 | 13/06/2022 - 21/08/2022 | 22/08/2022 - 30/10/2022 | 31/10/2022 - 15/01/2023 |
|---|--|------------------------|-------------------------|-------------------------|-------------------------|
| | 10 weeks | 10 weeks | 11 weeks | 10 weeks | 12 weeks |
| Site | Term 1 | Term 2 | Term 3 | Term 4 | Term 5 (if relevant) |
| East Metropolitan Health Service | SJG Midland ED | Armadale Leave Relief | AMU | Armadale Psych | SJG Midland Rehab |
| | Bentley Psych | SAFE | ED | Leave Relief | Armadale ED |
| | Armadale ED | Armadale Gen Med | Armadale O&G | Armadale Paeds | Armadale Pysch |
| | Bentley SAFE | Armadale Gen Med | Leave Relief | Bentley Psych | Armadale ED |
| RFBG capacity 20 | Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line 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. Terms are indicative. 3. SJG Midland ED and Armadale ED provide paediatrics ED experience (i.e. two terms satisfies WAGPET minimum Paediatric training requirements). 4. "Reserve" additional rotations will be allocated to those who have an expressed intention to train as a GP but are not accepted into a WAGPET GP registrar training programme. 5. Bentley SAFE, will give exposure to obstetrics, and mental health. 6. The CRP is GP-suitable for 2022. Metro and rural CRP application and term allocation processes are undertaken separately to the GP pilot. | | | | |

| North Metropolitan Health Service | SCGH ED | Karratha Gen Med/Rehab | OPH YAR | SCGH Neurology | SCGH Psych |
|---|---|------------------------|----------------|----------------|-----------------------|
| Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) | SCGH ED | OPH Psych Selby Lodge | DRAC OPH | SCGH MAU | PHH Paeds |
| | SCGH ED | SCGH MAU | SCGH Neurology | DRAC OPH | OPH Older Adult Psych |
| | Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line | | | | |
| SCGOPHCG capacity 15 | 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 amendment 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. 3. The CRP is GP-suitable for 2022. Metro and rural CRP application and term allocation processes are undertaken separately to the GP pilot. | | | | |
| King Edward Memorial Hospital (KEMH) | 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: 17/01/2022 - 13/03/2022 (8 weeks), 14/03/2022 - 15/05/2021 (9 weeks), 16/05/2022 - 17/07/2022 (9 weeks), 18/07/2022 - 18/09/2022 (9 weeks), 19/09/2022 - 20/11/2022 (9 weeks), 21/11/2022 - 15/01/2023 (8 weeks). | | | | |

| | 17/01/2022 - 10/04/2022 | 11/04/2022 - 17/07/2022 | 18/07/2022 - 16/10/2022 | 17/10/2022 - 15/01/2023 |
|-------------------------------------|---|-------------------------|-------------------------|-------------------------|
| | 12 weeks | 14 weeks | 13 weeks | 13 weeks |
| Site | Term 1 | Term 2 | Term 3 | Term 4 |
| St John of God (SJG) Midland | ED | Aged Care | Paeds | Gen Med |
| | ED | O&G | Paeds | LR (Other) |
| | LR (ED) | O&G | Paeds | Gen Med |
| | Gen Med | O&G | ED | Mental Health |
| | Rehab ML | ED | General Surgery | Gen Med |
| SJG 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. Ideally SJG Midland would like to offer these to doctors with a confirmed place on the WAGPET GP training program 3. Lines 2 and 5 are aimed at more experienced GP registrars (PGY3+) who have already completed GP-suitable essential rotations during PGY1 and 2. | | | |

| 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 primarily 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. | | | |

| MH: Mental Health |
|--|
| OPH: Osborne Park Hospital OPH YAR: Young adult rehab PHH: Port Hedland Hospital PsychGeris: Psychogeriatric medicine Rehab ML: Specialist Rehabilitation Services at Mount Lawley 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. 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 |

Appendix B: Pilot pathway implementation plan – Year 3 (August 2021 – February 2023)

| GP pilot processes | Responsibility | 2021 | | | | | 2022 | | | | | | | | | | | | 2023 | | |
|--|----------------|-------|-------|-------|-----|-------|-------|-----|-----|-------|-----|------|------|-----|------|-----|-----|-----|------|-----|-----|
| | | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| Recruitment & allocation process – RMOs with GP intent | | | | | | | | | | | | | | | | | | | | | |
| Expressions of interest (EOI) close | GP PT | 16/08 | | | | | | | | | | | | | | | | | | | |
| Eligibility review | GP PT | | | | | | | | | | | | | | | | | | | | |
| Names provided to EHSs for allocation to matrix | GP PT | | | 18/10 | | | | | | | | | | | | | | | | | |
| EHSs allocate secondarily to unfilled matrix places | EHSs | | | | | | | | | | | | | | | | | | | | |
| EHSs advise GP Project team of allocations | EHSs | | | | | 13/12 | | | | | | | | | | | | | | | |
| Final eligibility review to confirm selection outcome. | GP PT | | | | | | | | | | | | | | | | | | | | |
| Advice to RMO with GP intent and EHS | GP PT | | | | | | 31/01 | | | | | | | | | | | | | | |
| Recruitment & allocation process – Tranche 1 | | | | | | | | | | | | | | | | | | | | | |
| Returning GP pilot registrars express interest to WAGPET | WAGPET | 30/08 | | | | | | | | | | | | | | | | | | | |
| Round 1 intake GP registrars express interest through WAGPET GP pilot survey | WAGPET | 30/08 | | | | | | | | | | | | | | | | | | | |
| Provide GP registrar data to GP Project Team | WAGPET | | 13/09 | | | | | | | | | | | | | | | | | | |
| Provide preliminary numbers to EHSs | GP PT | | | | | | | | | | | | | | | | | | | | |
| Review GP registrar eligibility | GP PT | | | | | | | | | | | | | | | | | | | | |
| Develop Hospital training plans (HTPs) | WAGPET/GP PT | | | | | | | | | | | | | | | | | | | | |
| Confirm eligible GP pilot registrars to pilot pathway. Advise WAGPET. | GP PT | | | | | | | | | | | | | | | | | | | | |
| Seek Community Residency Program (CRP) rotations, if available | GP PT | | | 11/10 | | | | | | | | | | | | | | | | | |
| Provide Tranche 1 GP pilot registrar names and HTPs to EHSs | GP PT | | | 18/10 | | | | | | | | | | | | | | | | | |
| EHSs allocate to matrix/GP-suitable rotations with reference to HTPs | EHSs | | | | | | | | | | | | | | | | | | | | |
| EHSs advise GP Project team of baseline allocations | EHSs | | | | | 13/12 | | | | | | | | | | | | | | | |
| Recruitment & allocation process – Tranche 2 | | | | | | | | | | | | | | | | | | | | | |
| Round 2 intake GP registrars express interest through WAGPET GP pilot survey | WAGPET | | | | | | | | | | | | | | | | | | | | |
| Provide GP registrar data to GP Project Team | WAGPET | | | | | 20/12 | | | | | | | | | | | | | | | |
| Review employment and allocation eligibility with EHSs. Includes some Round 1. | GP PT | | | | | | | | | | | | | | | | | | | | |
| Confirm eligible GP registrars to pilot pathway. Advise WAGPET | GP PT | | | | | | | | | | | | | | | | | | | | |
| Provide Tranche 2 GP pilot registrar names to EHSs | GP PT | | | | | | 31/01 | | | | | | | | | | | | | | |
| GP pilot implementation/monitoring & evaluation | | | | | | | | | | | | | | | | | | | | | |
| Pilot pathway participants undertake GP-suitable allocations | EHSs | | | | | | | | | | | | | | | | | | | | |
| WAGPET implement hospital GP education initiatives | WAGPET | | | | | | | | | | | | | | | | | | | | |
| Progress agreed elements of the GP pilot education discussion paper (TBA) | TBA | | | | | | | | | | | | | | | | | | | | |
| Survey EHS MW Teams to identify potential improvements | GP PT | | | | | | | | | | | | | | | | | | | | |
| Survey GP pilot participants regarding allocations | GP PT/WAGPET | | | | | | | | | | | | | | | | | | | | |
| Deliver report to GPPC: Pathway recommendations for BAU 2023/Review of 2021 | GP PT | | | | | | | | | 30/03 | | | | | | | | | | | |
| Undertake quarterly allocation monitoring | EHSs/GP PT | | | | | | | | | | | | | | | | | | | | |
| Deliver end of project report to GPPC | GP PT | | | | | | | | | | | | | | | | | | | | |
| Confirm future of pilot pathway | | | | | | | | | | | | | | | | | | | | | |
| WA health/private EHS executives confirm future of GP pathway from 2023 | | | | | | | | | | 30/04 | | | | | | | | | | | |

Appendix C: Pilot pathway process plan on a page for 2022

| Process | 2021 | | | | | 2022 |
|---|---|--|--|--|--|---|
| | August | September | October | November | December | January/February |
| Application, selection and allocation of RMOs with GP intent | RMOs with GP intent provide an EOI to the GP Project Team by 16 August. | | OCMO GP Project Team provide EHSs with a list of their RMOs with GP intent by 18 October. EHSs allocate RMOs with GP-intent to unfilled GP-suitable matrix rotations, where available, after allocating GP pilot registrars | EHSs allocate RMOs with GP-intent to unfilled GP-suitable matrix rotations, where available, after allocating GP pilot registrars | EHSs provide OCMO GP Project Team with the allocations of RMOs with GP intent by 13 December OCMO GP Project team review allocations and offer eligible RMOs a place on the pilot GP pilot RMOs with GP intent confirm their place in the pilot by returning signed GP Pilot Trainee Declaration. | OCMO GP Project Team advise EHSs of their GP pilot RMOs with GP intent by 31 January 2022. |
| Tranche 1 Application, selection and allocation of GP registrars - Round 1 intake | New GP registrars complete WAGPET GP pilot survey to express interest in joining the pilot. Current GP pilot registrars provide an Expression of Interest (EOI) in returning to the pilot WAGPET by 30 August. | WAGPET provide OCMO GP project team with outcomes of the GP pilot survey by 13 September. OCMO GP Project Team assess GP registrar eligibility. WAGPET follow up with appropriate GP registrars. OCMO GP Project Team/WAGPET develop individual Hospital Training Plans (HTPs). | OCMO GP Project team offer eligible GP registrars a place on the pilot prior to 11 October GP registrars confirm their place in the pilot by returning signed GP Pilot Trainee Declaration prior to 11 October. On 11 October, OCMO GP Project team liaise with WACHS and Silver Chain to seek Community Residency Program allocations, if available. OCMO GP Project Team provide a list of their GP pilot registrars and their HTPs to employing health services (EHSs) by 18 October. EHSs commence allocating GP pilot registrars to appropriate GP-suitable matrix rotations. | EHSs allocate GP pilot registrars to appropriate GP-suitable rotations, with reference to HTPs. | EHSs provide the OCMO GP Project Team with GP pilot registrars allocations for 2021 by 13 December or as soon as possible after that date. | |
| Tranche 2 Application and selection of GP registrars Round 2 intake and additional from Round 1 intake | | | | | New GP registrars complete WAGPET GP pilot survey to express interest in joining the pilot by mid-December. Information is provided to OCMO GP Project team on 20 December. OCMO GP Project Team review eligibility with EHSs to confirm their: <ul style="list-style-type: none"> • employment status • existing allocations for 2021. WAGPET follows up with appropriate GP registrars. OCMO GP Project team offer eligible GP registrars a place on the pilot. | GP registrars confirm their place in the pilot by signing GP Pilot Trainee Declaration. OCMO GP Project Team advise EHSs of their GP pilot registrars from Round 2 by 31 January 2022. |

Appendix D: Pilot pathway training declarations



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



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

GP registrars

I, _____ accept the following terms while participating in the pilot pathway, commencing in 2022:
Insert name here

1. I understand the aim of the pilot pathway is to support my progress to readiness for community GP training through completion of an optimal combination of GP-suitable rotations.
 2. I understand that pilot pathway requirements include:
 - a. attempting to participate in any WAGPET education activities that are available during my hospital training time
 - b. adherence to my employment contract/s for 2022
 - c. completion of any GP-suitable rotations allocated by employing health services (EHSs) for the purposes of the pilot pathway
 - d. a commitment to participate in any pilot pathway monitoring and evaluation activities.
 3. I understand that the pilot pathway concludes at the end of 2022 and that I will receive advice on the availability of an additional year of AGPT hospital training time on a business as usual pathway as soon as an outcome is known.
 4. I understand that:
 - a. a GP Pilot Hospital Training Plan (HTP) has been prepared in consultation with WAGPET that integrates the previous training experience and preferences that I provided to WAGPET in my GP pilot survey
 - b. my HTP will be shared with my EHS to support my allocation to the most appropriate combination of GP suitable rotations to progress towards community GP training readiness
 - c. my EHS will share my allocations with the OCMO GP Project Team for monitoring and evaluation purposes.
 5. I understand that allocation to GP suitable combinations of rotations is determined by my EHSs' hospital Medical Workforce Team, taking into account my HTP, the requirements of the GP Pilot cohort and other circumstances.
 6. I understand that my EHS 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.
 7. I understand that hospital training requirements for GP registrars can include overtime, on-call and leave relief, and I may be allocated to these whilst on the pilot pathway
 8. I am aware that I may rotate to other hospitals within my EHS to ensure access to a combination of GP suitable rotations.
 9. I understand that I will be supported by WAGPET for the length of the pilot pathway.
 10. I understand that WAGPET and the AGPT may have additional training requirements outside of the scope of the pilot pathway. It is my responsibility to ensure I understand and comply with these requirements.
 11. I am responsible for providing any information to WAGPET that may influence my continued participation in the pilot pathway.
 12. I will conduct myself in an honest, professional and ethical manner throughout my hospital training and the pilot pathway
- 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 pilot pathway.

GP Registrar signature (date)

GP Project Team signature (date)



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 pilot pathway, commencing in 2022:
Insert name here

1. I understand the aim of the pilot pathway 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 pilot pathway in 2022, I am indicating my intent to apply to Australian General Practice Training (AGPT) within the next 12 months.
3. I understand that the pilot pathway concludes at the end of 2022 and my continued access to GP Pilot GP-suitable rotations in 2023 will depend upon a.) approved of the integration of the pathway into business as usual from 2023, and b.) my successful enrolment in the AGPT.
4. I understand that allocation to GP suitable combinations of rotations is determined by my employing health service's (EHS) hospital Medical Workforce Team, taking into account my preferences, the requirements of the GP Pilot cohort and other circumstances.
5. I understand that my EHS 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 can include overtime, on-call and leave relief, and I may be allocated these whilst on the pilot pathway.
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 participation on the pilot pathway, such as any change of employment.
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 pilot pathway.

RMO signature

(date)

GP Project Team signature

(date)

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