



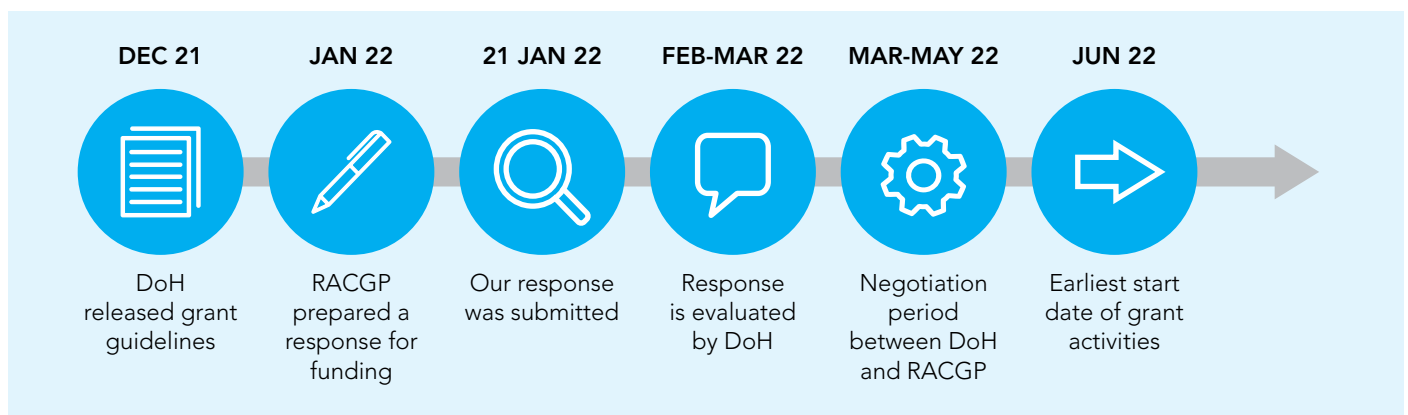
PODCAST



WEBINAR

The Future of GP Training with RACGP

When does GP training cease under RTOs and commence under the Colleges?



As at May 2022, the RACGP is currently in the last phase of negotiation with the Department of Health. As the contract for GP training is not subject to a caretaker arrangement, the Colleges are simultaneously working with the 9 RTOs to transition delivery of the AGPT program for commencement on 1 February 2023.



FAQ

FREQUENTLY ASKED QUESTIONS

When will details be released about what the training program will look like from February 2023?

- The Colleges will engage with existing Registrars and practices prior to the end of 2022 to ensure practices Registrars and Supervisors are minimally impacted by the transition from the RTOs
- Communications will increasingly roll out as they become relevant so as not to confuse Registrars and Supervisors who are still following RTO processes and communications.

What will the difference be for current training practices, supervisors and registrars?

- It is expected that participants initially will have a very similar experience to what they currently know, with the Colleges building on the very successful work of the RTOs over time
- Every existing GP supervisor currently accredited through their RTO will continue to be accredited.
- The RACGP's new curriculum, syllabus, policies, including the ongoing supervisor PD requirements once these are finalised, will be available at www.racgp.org.au/college-led-training
- Ongoing supervisor PD requirements need to be agreed between Colleges - GPSA is having input into these discussions.

How will transition to the RACGP training model impact current and future training practices?

90% of training occurs on-site, in a training practice, with a GP Supervisor: this will remain unchanged.

The Colleges acknowledge the anxiety and concerns around the transition and are working to make the change as seamless as possible:

- Working with RTOs to minimise disruption
 - The RACGP recognises the important role of Medical Educators in supporting Registrars with their training plans and the requirements for Fellowship, and are working to retain many of the RTOs' existing MEs and training coordinators
 - The RACGP is committed to ensuring that Medical Educators from within the RTO network across Australia are encouraged to remain in GP Training and to transition with the program into the College
- Easy transition
 - All existing accreditations will be upheld and recognised
 - Eliminating unnecessary administrative requirements on Supervisors, practices and their teams
- Payments
 - Nationally-consistent payment framework will be implemented by the Department of Health in 2023 – this link will provide more details <https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/>





FAQ

FREQUENTLY ASKED QUESTIONS

What are the RACGP's areas of focus for GP Training?



1. Delivery of AGPT

- Bring in line with other medical specialties, giving the Colleges determination over the education and training of the future GP workforce
- Provide a whole of career relationship and support for GPs from training, and throughout their practice

2. National consistency

- Educational resources and exam preparation
- Greater flexibility for Registrars
- Supervisor support and professional development
- Research opportunities
- Program evaluation
- Promotion of general practice
- Reduced administrative burden for practices

3. Improved efficiencies

- National management – no duplication of top-level management and a shared-services approach for many services e.g. finance, marketing, HR
- Cost savings can be put back into training

4. Fit for future training

- Builds on the current successes of RTO training
- A fit-for-purpose training approach for the next generation of GPs
- Quality training, supporting the equitable distribution of GPs, prioritising Aboriginal and Torres Strait Islander Health and the needs of rural and remote Australia

5. Delivery 1 February 2023

- To ensure a smooth transition, participants can expect a very similar approach in 2023 to current arrangements
- Colleges working with RTOs to understand their business and staffing models
- Approximately 800 roles being created at the RACGP to perform RTO functions, with an aim to absorb many key RTO staff to provide greater continuity through transition and into the future

6. RACGP and the GP Journey

- A "one stop shop" for GPs throughout their careers.

How will the RACGP training model be structured?

- **Regionally** coordinated
- Delivered **locally** by people who know the community and are closely connected to GP Supervisors and practices
- **Nationally** consistent framework and curriculum, with efficiencies of scale through shared services / business functions.

What are the key features of the RACGP training model?

- Locally delivered, contextually-driven education
- Strength of relationship with Registrars
- Flexibility and mobility of training for Registrars
- Embedded Aboriginal and Torres Strait Islander cultural and health training
- Targets areas of workforce need
- Progressive assessment
- Rural generalist program
- Strengthened training in academic general practice
- Collaborative approach with ACRRM to reduce burden on practices.

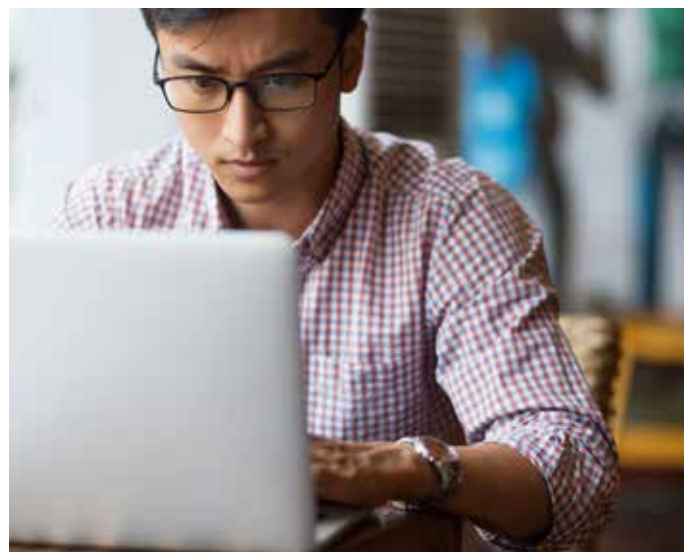
RTOs currently provide Registrars with bespoke support to encourage them to hard-to-fill locations... Will settings thus put in place be honoured and maintained?

- When the Colleges engage with existing practices and Registrars through the second half of 2022, they will be working to ensure practice agreements are in place, and that Registrar match and placement functions are preserved for Term 1 in 2023
- 2023 placements will be coordinated by the RTOs this year in line with their normal processes and policy requirements
- The RACGP will uphold all terms for 2023 that are coordinated by the current RTO: some RTOs will coordinate 12-month arrangements and others will continue with their 6-monthly placements.

What about term placements beyond 2023?

- These will be organised by the Colleges
- RACGP will have a two step placement process. First priority placements will be arranged by mutual agreement between registrar and practice. Then there will be a general placement process that considers registrar and practice preferences, training need and workforce need.

Specifically addressing workforce needs, the new training model is considered a positive step forward in reform: designed to support both doctors in training and local communities. The Department and Colleges acknowledge that the local knowledge needed to inform training needs and capacity already sits under the RTOs; this is why the RACGP model is aimed at building on this nuanced understanding of training within each region by absorbing many of the people who have developed this under the RTOs, and exploring opportunities to tweak local processes as well as larger systemic issues where RTOs may have previously identified (but faced structural impediments to resolving) problems for local implementation.



How will 800 roles be integrated into and supported by the RACGP within less than a year if the target commencement date is Feb 2023?

- The RACGP acknowledges that this is a big job, and has already started working closely with the RTOs to identify the roles needed
- The RACGP has developed a staged recruitment plan which includes an on-boarding process to provide certainty as soon as possible
- It is hoped that many of the existing RTO staff will continue their careers in GP training with the Colleges.

What strategies are being considered to encourage registrars to rural areas?

- The RACGP acknowledges rural, remote and regional training places as high quality and aims to ensure that registrars gain the competencies required for working in the environment in which they are placed
- The requirement by DoH for 50% of GP training to be undertaken rurally remains. The RACGP will build on the current RTO strategies for achieving this
- The RACGP will emphasise training pipelines and building capacity in areas of workforce need
- Recognising the importance of connecting with local communities for rural training, the RACGP plans to use a local teams approach to facilitate these relationships.



What is being done to optimise the transition for GP Registrars?

Local support for Registrars will continue to be provided: with local staff employed by the RACGP to deliver support locally. While the goal is to retain many of the same people that are currently employed by the RTOs, there may be new faces. The key goal, however, is to offer consistency in:

- Locality of support
- Curriculum
- Training time
- GP Supervisors
- In-practice teaching
- Assessment
 - Changes are already in place and known by the sector
 - ECTVs will continue, as will random case analysis and direct observation.

Can the Colleges reassure GP Registrars that the training flexibility of the current RTOs is going to be preserved?

- The RACGP has supported the flexibility in training delivery under the RTOs and maintains that they will not be prescriptive about the myriad of ways that Supervisors structure their supervision in the move to College-led training
- The RACGP is committed to understanding the areas of flexibility that Registrars are seeking in their training, and believes that College-led training is well positioned to support increased flexibility while not forgoing policy and standard requirements for training.



FAQ

FREQUENTLY ASKED QUESTIONS

What will the intake process look like for practice matching of Registrars?

The RACGP is keen to remove any barriers keeping eligible Registrars from entering into the AGPT program, making sure that there is sufficient training capacity and capability within the sector, and ensuring that there remains a level of choice for Registrar, practice, and Supervisor.

- The RACGP is not looking at a model that will match every Registrar to a practice
- The focus is on creating an open arrangement where Registrars and practices can have the opportunity to create a match and to identify the right fit for those practices and the right fit for the trainee
- The model under development has a strong emphasis on case management:
 - Identifying and supporting Registrars (if not before they enter training, from when they get into training) to:
 - Foster an interest in working in areas of workforce need
 - Have a vision for working in areas of workforce need and then facilitate this through their training
- Enabling Registrars to address the nation's workforce shortage, especially in rural and remote communities, not by compulsion, but by building and fostering interest and understanding of the work involved for the specified locations
- Building training capacity and capability within areas of workforce need in order to provide Registrars with excellent training experiences that improve the attractiveness of non-traditional training locations
- For Registrars struggling with their progress, both their needs and resource capability will be addressed on an individual basis to assist practices in providing the training required.

With the political shift to employing Registrars centrally, how would HR aspects be managed when the practice has a problem with a Registrar, or with the calculation of transferable entitlements?

Registrars will continue to be employed by practices, with no structural changes to GP training in the pipeline at present.

What is being done to optimise the transition for GP Supervisors?

- For Supervisors, the changes will be minimal, and potentially more beneficial than onerous:
 - Where RTOs have implemented the accreditation standards on behalf of the Colleges (who set them), College personnel will now perform these duties
 - The RACGP is working with ACRRM to further standardise the accreditation process to prevent the need for practices to be accredited separately by each College, and for Supervisor Professional Development to be recognised regardless which College provides the training
 - The RACGP is presently reviewing the current standards and working closely with stakeholders including GPSA to leverage off existing accreditation infrastructure and improve it in meaningful ways
 - New systems and strategies are being tested by end users during their development phase, to provide the RACGP with feedback on fitness-for-purpose rather than imposing a finished product on practices, with automation being developed wherever possible to streamline processes for all concerned
 - Administrative changes will be evident in terms of IT and documentation; however, conscious of minimising the burden and complexity of paperwork around training placements, the RACGP is currently engaging with GP SLOs and GPSA to ensure the new model adopts best in class of what the RTOs have had in place to date
 - For some practices, the way documentation of supervision needs to be completed might be a little different, but the supervision tasks themselves will remain unchanged
- GPRA, GPSA, SLOs and RTOs are being consulted to help with transition optimisation
- The RACGP's policy requirements – diversity, exam eligibility, etc – remain in place and have not changed for 2023; policies are regularly reviewed and amended to meet training outcomes
- The RACGP is focused on enhancing GP support networks and professional development.

What will the RACGP be offering in terms of professional development for Supervisors?

- The RACGP recognises that professional development ("PD") is essential for GP Supervisors, and that face-to-face PD training in particular provides opportunities for Supervisors to network, develop long-term avenues for peer support, and benchmark the work they do
- A national design and resource program has been developed by the College for Supervisor PD which will be a mix of online remote delivery and face to face delivery depending on the context and the needs of the Supervisors
- Acknowledging practices as educational institutions that should be supported as such, the CPD program that RACGP will be delivering will, with the support of medical educators, potentially bring training into the practices rather than exclusively taking Supervisors out of practices for their PD.

What will happen to practice training agreements and support? Will there be new terms and conditions?

- Instead of nine different agreements, there will now be one. The RACGP will use the best of the nine agreements - which will be different for the majority, but it will be in plain language
- New support measures for practices have been included in the RACGP's funding scheme for the transition, including workshops for practice managers allocated responsibility within local teams, and the creation of a regional Practice Manager Liaison role (similar in scope to regional Supervisor Liaison Officers and Registrar Liaison Officers).



Will Supervisors need to re-apply? Will accreditation criteria change for new training practices?

Practice accreditation has always been set by the Colleges and implemented by the RTOs on their behalf; with changes to the actual accreditation process being largely administrative in nature.

A great deal of what RTOs currently perform is to satisfy the requirements of the Colleges for accreditation and fellowship. That will now become the responsibility of the College.

- All existing accreditations will be upheld and recognised
- New accreditations will be managed in line with the College's accreditation framework, which is currently in the final approval process. This has drawn on existing frameworks and experience and is designed to support high quality experiences within GP Training.
- The importance of high-quality training experience is a priority and needs to be demonstrated by all training posts
- The RACGP is committed to achieving an inclusive training environment that allows quality to drive training options and choices overall
- The Colleges are responsible for training site accreditation from February 2023
- The Colleges will commence seeking expressions of interest from new practices and GP Supervisors around October 2022 in preparation for new accreditation applications in early 2023: this is anticipating training placements from 2024.

If the Commonwealth grant fund falls short of what the RACGP requested, what areas of the AGPT program will be trimmed?

- The Colleges recognise that there is no training program without in-practice clinical supervision
- Should grant funds fall short of the optimal level for the RACGP, GP Supervisors will not be short-changed: this is guaranteed under the NCP
- The RACGP is currently working through the detail on CPD funding.



FAQ

FREQUENTLY ASKED QUESTIONS

What is the College's position on the significant shortfall between the cost of teaching and funds made available to practices and Supervisors and what will you do about it to improve it?

- Clinical supervision is something that has never been funded; the Colleges respect the contribution and impost GP training represents to practices and Supervisors, and will continue to work with GPSA to advocate for appropriate funding for Supervisors into the future
- Supervisor and practice payment rates are set by the Australian Government Department of Health, not the Colleges, and payment will be made by Services Australia
- The Nationally Consistent Payment ("NCP") framework sets out what GP Supervisors will be paid for In-Practice Teaching and Practice Payments
- For most, the NCP represents a significant increase in payments
- There is a sliding scale for rurality
- Under the NCP, payments are paid to the practice; it is the practice's responsibility to pay GP Supervisors as per the terms of their agreements, and as the RACGP is not party to those contracts they can only express their support for payments being passed on equitably.

How will additional support for at-risk Registrars and IMGs, typically delivered by the RTOs under the PEP program, work in the transition to College-led training?

- The RACGP recognises that:
 - Registrars on the PEP pathway are often the most vulnerable and need the most support
 - Clinical supervision as fundamental to safe practice for both Registrars and patients, and also to a quality educational experience
 - While the PEP program leads to the AGPT program, it currently sits outside it, requiring a solution to the funding of supervision when the Colleges take over from the RTOs

- The RACGP is redesigning the PEP program to include supervisory support, bringing it into line with AGPT supervision and practice teaching payments: the issue needing to be overcome is that Registrars on the PEP program do not have access to AGPT funding.

Where does workforce planning and prioritisation fit in the transition to College-led training?

- Increasing the GP workforce is a priority for the Australian Government. As at May 2022, a grant opportunity for workforce agencies and primary health networks to provide the AGPT with an accurate analysis of community-specific needs and localised training capacity is in the final stages of evaluation
- The RACGP will be developing strategies to support community need, Registrar training and workforce distribution once they have an understanding from the Department of Health on the work of the newly created Workforce Planning and Prioritisation ("WPP") organisations through this grant opportunity
- These strategies will align with the RACGP's commitment to:
 - Balancing workforce requirements and the need to support communities across Australia, involving
 - An understanding of where the opportunities are
 - Attracting more doctors into GP Training
 - Ensuring General Practice is a career of first choice for doctors
 - Ensuring Registrars are provided with quality education and experience to become GPs
 - Improving the conditions for GPs and providing quality learning opportunities
 - Creating a training experience that ensures GPs are supported not only through training but throughout their career – an end-to-end relationship for all doctors, from the start of their career to their retirement.



FAQ

FREQUENTLY ASKED QUESTIONS

- While workforce need may be highest in rural locations, the College is planning to develop the rural pipeline by using a hybrid pipeline as needed:
 - Registrars may undertake some of their primary training in an urban area where there is quality training that provides suitable preparation for rural practice, then spend some of their latter training in rural and remote environments
 - Rather than having siloed rural and urban training models, the College aims to leverage the training quality that is more readily identified in urban locations with the interest many Registrars harbour for working in remote and rural areas (but tend to forgo due to concerns about the quality of training outside metropolitan areas).

What is the RACGP's stance on the oversupply of GP training practices?

- The RACGP does not want to exclude quality practices from providing GP training, but recognises the capacity for training nationally substantially exceeds the supply of Registrars seeking training placements
- The College will focus on increasing interest in general practice as a career of first choice to reduce the disparity between supply and demand.

What are the quality criteria of expected practices?

The RACGP training standards for practices detail these: <https://www.racgp.org.au/education/education-providers/regional-training/standards-for-general-practice/standards-3rd-edition>

What are the practical changes and the need for the transition to College-led training?

Please refer to the documents linked to <https://www.racgp.org.au/education/college-led-general-practice-training/the-transition-to-college-led-training/college-led-training>

How will the RACGP manage perceived or real conflicts - Department of Health funding v Professional Standards v Membership representation?

Each of these functions are managed by separate arms of the College

The interest of the RACGP is to ensure quality training for GP trainees to enable a skilled GP workforce that meets community needs.

Many Registrars do not get exposed to highly competent GPs who are excluded from the "Training Program" How can these GP's be brought into components of training?

- It depends on the basis on which they are excluded. The RACGP is committed to an equitable and transparent approach to accrediting training sites and supervisors in the future which will allow all practices the opportunity to express their interest in becoming a training practice, and based on merit be supported to participate in the accreditation process
- Training placement accreditation will not only be guided by educational and training opportunity but also designed to support community and workforce need.

Will there be local hubs to oversee GP training in certain areas?

Yes

What are the DoH requirements for workforce planning and prioritisation?

- The workforce planning and prioritization organisations and their terms of operation are yet to be finalised
- There is an expectation that they will at least advise on areas of workforce need that can be addressed by training placements
- Urban training placements will be limited so that most rural placements are filled
- There are significant initiatives planned to increase the distribution of registrars to rural areas. This is by the use of training pipelines and by building training capacity in areas of workforce need.



FAQ

FREQUENTLY ASKED QUESTIONS

In practice supervision teams, what is the difference between lead supervisors and other supervisors in terms of pay and responsibility?

- Lead supervisors are responsible for ensuring that registrar educational requirements are fulfilled. They may do this themselves or assign the work to someone else
- Clinical supervisors are responsible for supervision of the registrar as they consult
- Lead supervisors will have a minimum educational CPD requirement
- The distribution of payments to supervisors will be a practice decision.

Will Practice Managers receive points for their practice when attending education events for registrar education?

The RACGP is not currently intending to have a points system for practices.

Is there any special coordination with O&G unit for CPD for registrars that would like to do GP shared care?

This is an excellent method of enabling a registrar to achieve the skills required for shared care. Such an arrangement will be the responsibility of the local educational team.

Resources



GPSA webinars



GPSA guides



GPSA teaching plans



GPSA FAQs

All GPSA resources are available [here](#)

Further information

- More information & RACGP feedback form: www.racgp.org.au/college-led-training
- Get in touch with RACGP: email transition@racgp.org.au
- 2023 Nationally Consistent Payments <https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/>