



GENERAL PRACTICE SUPERVISION AUSTRALIA

Enhancing the GP vocational journey through community-coordinated initiatives: the **'syndicate employment model'**

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Acknowledgement of Country

We acknowledge the Traditional Owners of the land in which this meeting is taking place, and pay respects to their Elders past, present and their families.



“The GP crisis
affecting Australia’s
healthcare system”
Sydney Morning Herald

“Medical Board report explicitly shows
that general practice is **in crisis...**”
AdvanceMed.com.au

“Mark Butler says general practice is **in crisis”**
News.com.au





IDENTIFICATION OF ISSUES

- Health workforce shortages
- Undersubscription of AGPT program
- Cracks in fee-for-service model through COVID
- Sustainability and quality of private model of general practice at odds with Commonwealth priorities

DID YOU KNOW...?

- GPSA is one of two independent national peaks for GP training
- Membership organisation with over 10,000 members supporting primary healthcare through quality training placements across educational spectrum
 - GP / RG supervisors
 - Practice managers
 - Practice owners
 - Practice team members



~~Problems~~
Solutions

A blackboard with white chalk writing. The word 'Problems' is written in a cursive script and has a horizontal line drawn through it. Below it, the word 'Solutions' is also written in a cursive script and is enclosed within a hand-drawn white oval.

SOLUTION IN PLAY

- State-based SEMs extending access to entitlements (e.g., maternity leave) through prolonged hospital employment
 - *lower motivation to learn the business of general practice*
 - *registrars more likely to remain in acute setting than transition to community practice*
 - *postponement rather than solution for lost entitlements*
 - *exacerbating urban/ rural divide*

SEM solution targets doctors already considering GP training, not *future* doctors-in-training... **ignoring pipeline leakage**

COMMUNITY SOLUTION

To attract more doctors to general practice, general practice needs to be more attractive to current GPs...

Priorities:

- greater state / territory support for private practice (especially re payroll tax)
- business of general practice needs focus earlier in educational journey
- more emphasis needed on GP / RG community of practice
- better interaction between primary and acute healthcare

COMMUNITY SOLUTION

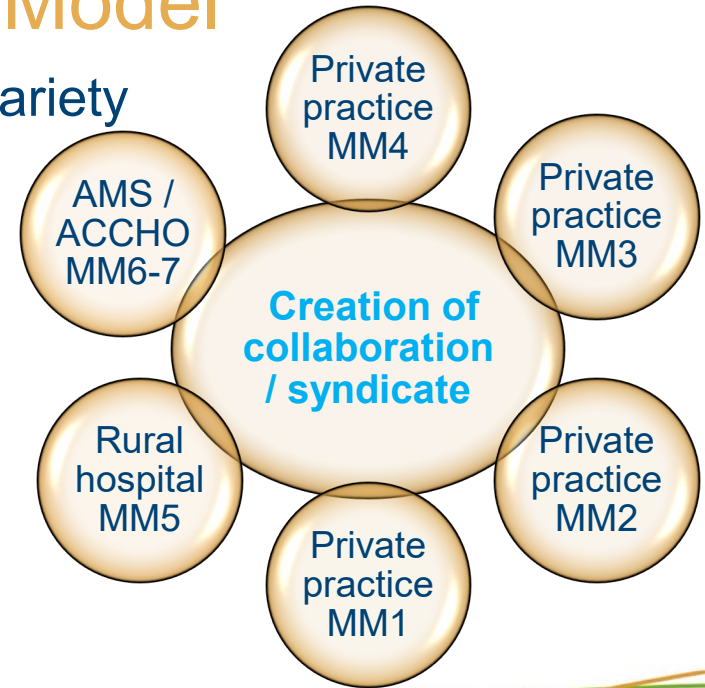
Isn't it time the community
felt empowered to support
its own future?



ALTERNATIVE “SEM”: *Single ‘Syndicate’ Employer Model*

6 regionally-diverse training facilities with variety in specialisations / patient cohorts form a syndicate to:

- enjoy social and peer networking amongst themselves, **strengthening this AMAZING community of practice**

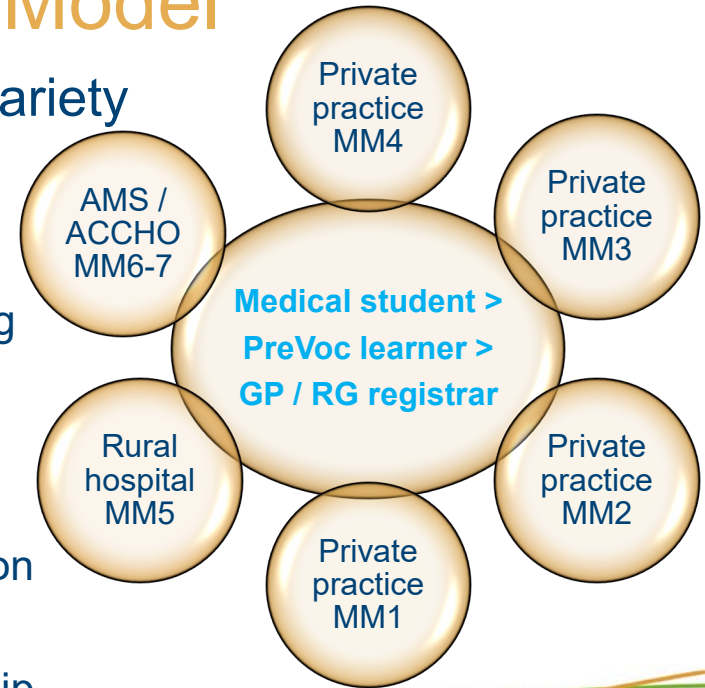




ALTERNATIVE “SEM”: *Single ‘Syndicate’ Employer Model*

6 regionally-diverse training facilities with variety in specialisations / patient cohorts form a syndicate to:

- **scaffold early-stage medical students** showing an interest in general practice with:
 - ✓ high quality, well-supported placements
 - ✓ lifelong mentorship
 - ✓ employment stability throughout their education journey
 - ✓ opportunity to join the syndicate post-fellowship



DESIGN OF PROGRAM

Concept

- Syndicate members attend O-Week to promote general practice for medical students, and offer interested students the opportunity to:
 - have permanent part-time work (accruing entitlements) throughout medical degree, increasing to full-time through hospital training
 - have a continuous relationship with syndicate members through to fellowship, with the option to relocate to any member of the syndicate or opt-out at any time
 - join / form their own syndicate post-fellowship



DESIGN OF PROGRAM

Benefits to participants

- Medical student > registrar will have access to:
 - lifelong mentors and referral network in primary healthcare
 - holiday/ after-hours/ weekend exposure to one or more private practices/ AMSs or ACCHOs/ small rural hospitals - gaining familiarity with chronic disease management, practice systems, business of GP, team dynamics, interoperability with acute healthcare and allied health
 - accruing entitlements throughout undergraduate/ postgraduate/ vocational education
 - post-fellowship opportunities to fast-track partnership in practice

DESIGN OF PROGRAM

Benefits to participants

- Practices will have opportunity to:
 - develop a high-quality learning culture
 - enjoy peer-to-peer networking and support of robust community of practice
 - focus on attractiveness of general practice to grow future GP/ RG workforce or at very least expand networks across disciplines and sector
 - influence perception of general practice in hospital environment:
 - syndicate employee acting as champion for general practice throughout hospital training/ placements – better discharge summaries, referral channels, breaking down denigration of profession and “us and them” attitudes



We know it's not as simple as all that, but...

- There is a real appetite for quality improvement across a medical educational sector that GP training can be seen to lead in, especially in light of the new AMC supervision framework
- GPSA has a role as sector conduit that we are willing to exploit to help connect in the university and prevocational stages of GP educational pathways to minimise attrition and increase attraction to the specialty
- GP supervisors and practice owners who prioritise a good learning culture are eager to have the opportunity to reverse the current state of general practice



Questions and discussion

Acknowledgements

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