GENERAL PRACTICE SUPERVISION AUSTRALIA

GPSA Discussion Paper: Unifying the Medical Student Journey to Fellowship through the Continuum of the Training Practice

Background

- GPSA is the national peak for supervisors of GPs in training. In this capacity, GPSA plays the role of a sector stakeholder conduit in the vocational training space, as evidenced in efforts to streamline communications throughout the transition from RTO-led training, including the Commonwealth introduction of the National Consistent Payments (NCP) framework via Services Australia and the continued facilitation of the neutral Supervisor Liaison Officer network (the SLO Advisory Council).
- Outside GPSA's AGPT-funded activities as a peak, GPSA is also a membership organisation representing some 10,000 individuals and training practices responsible for shaping future general practice career intent through placement experiences across the educational spectrum. In this capacity, GPSA advocates for recognition of the contribution training practices make to the start and middle – not just the fellowship end - of the GP training pipeline.

Overview

- At the June meeting of GPTAC, GPSA presented a paper recommending the alignment of supervision standards to address the areas of duplication and fragmentation across the medical student journey to fellowship. This presentation was misinterpreted due to poor wording of a rushed briefing note and the "standards" language used, such that the discussion was derailed under the misconception that GPSA seeks involvement in the RACGP / ACRRM accreditation role. This was definitely not the case.
- The purpose of the June paper was, and continues to be, encouraging collaborative engagement across the many disparate entities that coordinate and rely upon training placements for medical students and prevocational learners who – without a high-quality supervised experience in general practice – will ultimately never enter into the vocational GP / RG training now wholly the purview of the GP specialty colleges.
- Without all the separate entities coming together to avoid duplication and to agree on areas of alignment, the value of the experience the supervisor and training practice provides will not only continue to be undermined but may indeed be lost altogether as supervisors representing generations of expertise choose to exit the supervision of students and trainees through fatigue and frustration. This will be particularly deleterious to the future of general practice should a shift to additional medical school training in the GP context lead to more students needing to find high-quality supervised placements across the country.

Strategy

- As the required level of collaboration has not been driven by any other entity, GPSA is flagging the need to resolve the ongoing disjointedness of GP educational pathways which leaves the practice hosting students and trainees to deal with multiple universities and workforce agencies as well as the two Colleges: all with individual requirements and variable levels of supports. Rural supervisors are now complaining about the burden of having to duplicate a number of the professional development activities they are completing for ACRRM and RACGP registrars to supervise trainees under the John Flynn Prevocational Doctor Program (JFPDP), and this is on top of any requirements different universities also place on them when they have medical students in their practice.
- GPSA is offering to bring together the universities, regional training hubs, workforce agencies, RG pathway organisations, peaks, prevocational accrediting bodies, GP specialty colleges and any other relevant organisations to facilitate the development of a unified

approach to supervision across the medical student's journey to fellowship, which in turn will empower the training practice providing the continuum on this journey to focus on providing quality placement experiences that increase attraction to the GP specialty. Emphasis here is on facilitating and enabling in GPSA's role as stakeholder conduit; if another entity is willing to take on this role with shared commitment to an improved outcome for training practices and the sector, GPSA is fully supportive of this.

Talking Points

- As suggested at the conclusion of the June GPTAC meeting, GPSA has met with Medical Deans Australia and New Zealand (MDANZ) to ascertain their support for the issues and strategy outlined in GPSA's briefing paper and subsequent presentation.
- MDANZ has identified considerable overlap between GPSA's presentation and the MDANZ recommendations circulated in their Draft Position Paper.
- MDANZ has allocated the subject of GPSA's paper to a working group, which at the time of writing this briefing paper has resulted in a communication of broad support for a standardised approach to supervised placements in the GP clinical setting with consistent expectations and frameworks which will better support high quality learning opportunities across the educational spectrum, while minimising the burden placed on supervisors and practices. Discussions between GPSA and MDANZ are ongoing.

Sensitivities

- It is widely recognised that confusion and lack of clarity about the roles and responsibilities of the practice / supervisor in the context of the medical student / prevocational doctor too often leaves these key contributors to that learner's experience of general practice "pot planting" individuals who might otherwise envision themselves as that community's future GP / RG. The impact of these less than desirable experiences cannot be overlooked in the low numbers of trainees applying for vocational GP pathways.
- The issues GPSA has raised are neither new nor unacknowledged across the sector. Some organisations have made efforts to address these issues in the past, but without a coordinated collaborative effort have been unable to achieve the desired outcome. This lack of cohesion across the training spectrum is the root problem GPSA is asking GPTAC members to remove from the "too-hard" basket and play a role in addressing with urgency.