

# **GENERAL PRACTICE TRAINING ADVISORY COMMITTEE (GPTAC)**

## **TERMS OF REFERENCE**

Approval date: June 2024

Commencement date: June 2024

### **1. Purpose and scope of committee**

The General Practice Training Advisory Committee (GPTAC) was first established by the Australian Government Minister for Health in 2015.

GPTAC provides advice to Government to maintain and improve outcomes of general practice (GP) training and ensure the registrar workforce is well distributed in order to deliver primary health care to Australian communities. The GPTAC is not a decision-making body.

The scope of the committee covers Government-funded GP training programs including the Australian General Practice Training (AGPT) Program, the Remote Vocational Training Scheme (RVTS), the Rural Generalist Training Scheme (RGTS), and self-funded pathways to Fellowship for non-vocationally registered doctors. The committee may also discuss matters affecting the GP training continuum, including medical school exposure, prevocational training, continuing professional development and extended skills training. Outcomes of training, including consumer perspectives, provide an important reference point for recommendations on continuous improvement of training.

The committee provides a forum for members to discuss policy issues, formulate advice to government to ensure decisions are informed by a diverse range of views, and oversee improvement and evaluation activities in relation to GP training. The 12-month draft strategic plan for GPTAC can be amended when emerging issues arise which require consideration by members.

### **2. Preamble**

These terms of reference are for the profession-led GPTAC and set out the membership term and functions to ensure appropriate governance, effectiveness and efficiency in regard to providing advice to Government on GP training policy and approaches.

The Terms of Reference of GPTAC will be reviewed on or before April 2026.

### **3. Guiding principles**

The core guiding principles of the GPTAC are as follows:

- a commitment to working in partnership to support the continuing high quality and sustainability of GP training within Australian communities
- an understanding that Government's investment in training must be managed efficiently, responsibly and in a fully accountable way
- members are representative of their parent bodies and responsible for consulting on key issues and recommendations, and will exercise leadership, integrity and use their best endeavours to act in the interests of producing an equitable, high quality, general practitioner workforce to care for Australian communities
- members are expected to bring issues from their parent bodies and networks, with direct relevance to the committees' key function and role. Issues are to be prepared and provided in advance to be put forward on the meeting's agenda
- members will provide feedback from meetings to their parent bodies, unless advised otherwise

- the GPTAC does not have authority to determine matters that would bind the stakeholders to decisions that would contravene existing training program policies or standards. There is an expectation that stakeholders would consider any recommendations provided by the GPTAC
- information about the key objectives and outcomes of the GPTAC will be provided to stakeholders in an open and transparent way.

#### **4. Functions**

The key functions of the GPTAC are to:

- provide advice to Government on strategic directions for GP training in Australia, including training numbers and distribution, quality and outcomes, resourcing and investment, and workforce and training priorities
- provide a regular forum for discussion, debate and collaboration on issues related to national GP training policies, program implementation; quality indicators and consumer health outcomes
- monitor and provide advice on any issues arising, including impact on trainees, supervisors, quality of training experience or outcomes
- review GP training outcome data and other aspects of training quality or efficiency, and provide advice to Government on strategies for improvement
- provide advice on relevant data collection, information sharing and evaluation methods for GP training outcomes, designed to inform the Department's work in setting performance indicators and measures for training organisations
- facilitate collaboration on design and continuous improvement of the processes to select registrars for training towards the Colleges' fellowships under the AGPT program
- act as a conduit between the GP Colleges, the Department and its committees such as First Nations GP Training Committee and Medical Workforce Advisory Collaboration, and other key stakeholders affected by and involved in GP training to ensure continuous collaboration and communication; and
- provide strategic advice to Government through reports, evaluations and discussion paper topics as requested by the Department or the Minister for Health and Aged Care such as training outcomes, workforce distribution and unsolicited proposals.

#### **5. Membership**

The duration of the current membership term is until 30 April 2026.

The composition of the committee is:

- two representatives from the Australian College of Rural and Remote Medicine (ACRRM)
- two representatives from the Royal Australian College of General Practitioners (RACGP)
- one representative from Australian Indigenous Doctors' Association (AIDA)
- one representative from Australian Medical Association (AMA)
- one representative from AMA Council of Doctors-in-Training (AMACDT)
- one representative from General Practice Registrars Australia (GPRA)
- one representative from General Practice Supervision Australia (GPSA)
- one representative from Rural Doctors Association of Australia (RDAA)
- one representative from the Australian Medical Students' Association (AMSA)
- one representative from General Practice Students Network (GPSN)
- one representative from Medical Deans Australia and New Zealand (MDANZ)
- one consumer representative (as nominated by the Consumer's Health Forum or similar)
- an independent chair appointed by the Minister for Health and Aged Care; and

- one representative from the Australian Government Department of Health and Aged Care (the Department).

Representatives are nominated by their organisation and should have appropriate authority to speak to matters on behalf of their organisation. Nominating bodies should consider the following skills and criteria when selecting their representatives:

- ability to regularly attend and contribute value to the work of the committee
- current knowledge and/or experience of GP training arrangements
- geographic, gender and cultural diversity
- where practical, nominees represent views of registrars training towards the fellowship awards of both the ACRRM and the RACGP.

The consumer representative is expected to advise on consumer-facing issues including (but not limited to) quality of care, access to care, patient experiences and perspectives.

## **6. Responsibilities of members and meeting attendees**

All committee members are expected to:

- exhibit respect and integrity in their dealings with colleagues and stakeholders
- make recommendations fairly, impartially and promptly, and consider all available information, legislation, policies, procedures and ethical codes
- pursue robust, effective and collaborative working partnerships internally and externally
- attend meetings, comment on submissions, participate in discussions and provide advice that supports the government's decision-making
- bring forward relevant issues for consideration by GPTAC
- when requested by the Chair, provide feedback on papers circulated for comment within the timeframe specified, which will generally be no less than a week. Members who do not respond within the designated timeframe will be taken to have no comments on the paper
- provide up-to-date contact details to the Secretariat.

The Chair of the GPTAC will be appointed by the Minister for Health and Aged Care. The Chair will:

- chair the meetings of the GPTAC
- ensure that meetings are carried out in a fair and impartial way allowing each member to contribute to the discussions; and
- provide a communication conduit between the GPTAC and the Department.

The Chair (with the agreement of the committee) may invite technical experts to attend the GPTAC when appropriate to provide advice or to observe meetings. A guest's attendance will be limited to the duration of the discussion on the specific topic upon which they have been asked to speak.

Member organisations may request the presence of one observer for a specific purpose ahead of each meeting. Guests and observers may not participate in discussions unless presenting or at the invitation of the Chair.

## **7. Conflicts of interest**

Members of GPTAC and observers are required to disclose at the beginning of each meeting any conflicts of interest, actual or potential relating to issues under discussion at that meeting. The Chair may require the member to make themselves absent from the meeting if the conflict of interest cannot be otherwise managed.

Members will also be required to disclose to the Chair any conflict of interest, actual or potential relating to their membership of GPTAC more broadly, immediately upon that conflict arising.

Conflict of interest includes any situation where a member or the member's partner, family member, or close family friend has a direct financial or other interest which influences or may appear to influence proper consideration by the Committee on a matter or proposed matter.

Decision making will be based on objective criteria, rather than on the basis of bias, prejudice or preferring the benefit to one body or person over another.

## **8. Confidentiality**

Members are required to sign a Deed of Confidentiality prior to appointment and/or attendance. All GPTAC meeting agendas, papers, minutes and discussions are confidential to parent bodies (including the Commonwealth).

Members of the GPTAC, including observers, will be asked to comply with confidentiality requirements.

All committee papers should be regarded as *For Official Use Only*, however, where papers are required to be released under Freedom of Information or Parliamentary requests, the GPTAC Chair and relevant members should be informed before release.

## **9. Quorum and proxies**

To enable a GPTAC meeting to proceed, a quorum will consist of a minimum of six (6) members including one member from each College, the Department and the Chair being represented. Proxies are also considered to be part of the quorum.

A proxy may be nominated if a member is not available to participate. If members nominate a proxy in their absence, they must inform the Secretariat prior to the meeting.

It is the nominated parent body's responsibility to brief the proxy and ensure the proxy has appropriate expertise to contribute to the performance of the committee's functions so they are able to fully participate in the meeting.

In exceptional circumstances, an emergency teleconference held may make recommendations without a quorum. This may only occur when the Department has explained to participating members that every effort has been made to ensure that stakeholders would not be adversely affected by any decision at the teleconference.

## **10. Meeting schedule**

The GPTAC meetings will be held approximately every three months either face-to-face or via videoconference. Additional meetings may be scheduled as required, as agreed to by the Department and the Chair.

Business may also be conducted out of session, usually via email, teleconference, or videoconference with face-to-face meetings held where/when required. It is expected that additional meetings be held via teleconference.

## **11. Secretariat resourcing**

Professional, research and secretariat support for the Committee will be provided by the Australian Government Department of Health and Aged Care. The Secretariat will coordinate meetings, including agendas and papers, venue, catering, minute taking and distribution of actions, and all appropriate record keeping.

## **12. Remuneration and reimbursement**

Remuneration and reimbursement will be limited to the independent Chair with the rate aligned with the sitting fees documented in the Department's Remuneration Framework Policy.

Technical experts invited to attend the GPTAC to provide advice or to observe meetings, will not be provided with remuneration or reimbursed travel, accommodation and out of pocket expenses. Where meetings are held by teleconference, the sitting fee for the Chair will be 50% of the face-to-face meeting sitting fee rate.

**Version history**

| <b>Version</b> | <b>Date</b> | <b>Amendment</b>   | <b>Author</b> |
|----------------|-------------|--|---------------|
| 1.0            | May 2023    | 2023-2026 TOR commenced  | PG            |
| 2.0            | June 2024   | Minor amendments to purpose and scope of committee.<br>Minor amendments to functions.<br>Minor amendments to membership including the addition of a MDANZ representative to the membership.<br>Minor amendment to responsibilities of members and meeting attendees. | BDH           |