



Meeting Format:

Face to Face

Location:

Qantas Meeting Rooms – Qantas Domestic Tullamarine Airport,
Melbourne

Date:

Tuesday 20th February 2018

Time:

10:00am – 12:30pm

Version:

1.00

In attendance:

s47F

Ms Fay Holden
s22(1)(a)(ii)

Department of Health
Department of Health

Staff:
s47F

Apologies:
s47F

Mr David Hallinan

Department of Health



1.0 Procedural matters

1.1 Welcome, Apologies and Introduction

The Chair, s47F opened the meeting at 10:01 am and thanked members for their attendance. Congratulations were given to s47F for receiving the Order of Australia. The Chair welcomed and introduced s47F and congratulated s4 on the appointment to GPTAC to fulfil the role of Independent Aboriginal and Torres Strait Islander GP.

Apologies were received from s47F and David Hallinan from the Department of Health.

1.2 Declaration of Conflict of Interest

The Chair asked the members present for any conflicts of interest. s47F declared that s47F has joined the AGPT program. No other conflicts were declared.

1.3 Minutes of the last meeting:

The minutes for the November 2017 workshop were confirmed as accurate. It was discussed that the Agenda moving forward would be dominated and structured around the transition of the AGPT program to the Colleges; this item is to be included on each agenda for 2018.

1.4 Action items from previous minutes:

- All action items from the previous minutes were completed in preparation for the February 2018 quarterly meeting.
- The committee discussed if RTON should have representation on the committee. It was seen that despite RTON having valuable insight into training matters and useful contribution from their attendance at a previous GPTAC meeting, the committee decided that RTON will not have a formal representative on GPTAC. However they could be invited to contribute and share information in an advisory capacity on a regular basis as an observer.

Action: Invite RTON representative as an observer to the next meeting.

Action: Invite s47F project to a future meeting to present on what s4 thoughts are in the challenges confronting General Practice workforce.

Agenda: the Secretariat

1.5 Department of Health Overview

- An update on the appointment of Minister McKenzie (Rural Health) was given by the Department. The committee was informed that Minister Hunt and Minister McKenzie are both senior Cabinet Ministers with the workforce function sitting across both Ministers. The Department advised that work is still underway to determine how this function will be split between the Ministers. The Department suggested that the Chair should write to both Ministers regarding the recommendations from each GPTAC meeting at this stage.
- **Medical Schools and Medical Places** – Department of Health have worked collaboratively with the Department of Education towards the assessment of the distribution of medical schools, medical school places and training. Following an extensive stakeholder consultation period and



with recent health workforce data and modelling, a report has been jointly compiled by the Department of Health and the Department of Education. The report will form part of advice to the Government. This will be considered over the next few months with information to be released from the report and actions to follow as appropriate. An update on this issue will be provided by the Department at a future GPTAC meeting.

- **AGPT Program Performance Management Framework** – the Department is continuing to refine and consult with stakeholders on the draft Framework. We have received feedback from RTON which we are considering. A subset of this work is to develop a Program Performance Management Framework for the RTOs, which we are progressing as part of our work in developing new funding agreements for the RTOs for the next funding cycle. We have received feedback from the RTOs on the AGPT program logic and the existing KPIs in their current agreements which will inform our work in this area. An update will be given by the Department of Health at the next GPTAC meeting.
- **National Rural Commissioner** - The National Rural Health Commissioner announced the Collingrove Agreement on 9th February 2018. Further work is underway with the 2 GP Colleges to develop a framework for a National Rural Generalist Pathway.
- The National Rural Health Commissioner has led a Rural Generalist Pathway Taskforce to provide input into the pathway. Discussion on the construction of the National Rural Generalist Pathway has commenced with key stakeholders.
- The first report from the Rural Health Commissioner to Government is due in March 2018.

Action: Invitation to the National Rural Health Commissioner to the next meeting in May.

Assignee: the Secretariat.

2.0 Transition of Responsibility for AGPT program to GP Colleges

2.1 Update on the shift of responsibility to the GP Colleges

- The chair asked if the high level project plan for the GP Training Transition Working Group Terms of Reference and the Guiding Principle could be made available to GPTAC for their next meeting. The Department advised that they would provide these documents at the next meeting.
- The committee discussed issues regarding the data management and data transfer from the Department to the GP Colleges. These areas will need careful attention as it was viewed as being disruptive to the registrars when information is being transferred. Maintaining the medical educator cohort and supervisor networks was also seen by members as requiring careful attention. The GP Colleges and the Department are working to identify and mitigate risks across all areas. The Department advised that a broader stakeholder analysis is underway to identify issues and manage risks for a smoother process during this transition. This will be informed by interviews with stakeholders involved in GP training.
- The Chair indicated that GPTAC would be pleased to offer support where required and advice regarding change management to the Department.
- It was noted that the Academic Posts, Education Research Grants, Appeals, Remediation and Selection has already transitioned across to the GP Colleges and processes have been established and are in place.
- The Chair went on to engage the members in a SWOT analysis of the transition of the AGPT program:

Key project opportunities, risks and issues from GPTAC's perspective are:

<p>Strengths - of the transition back to the GP colleges:</p> <ul style="list-style-type: none"> • Profession lead/less dependent on government and the profession taking on the responsibility to self-determining; brings GP in line with other specialist colleges. • Enables a single training program that is profession led which is inclusive of AGPT registrars and other trainees outside of the AGPT Program. • Colleges have strength in credentialing registrars into Fellowship. • Experience with other pathways that can be brought to the delivery of the AGPT program. 	<p>Weaknesses:</p> <ul style="list-style-type: none"> • The Colleges will need to gear up and increase capacity to take on vocational training of the AGPT Program. Threat of constant change which could have a destabilising effect on registrars and supervisors.
<p>Opportunities:</p> <ul style="list-style-type: none"> • Opportunity to streamline bureaucracy. • Opportunity to engage non-vocationally registered doctors training on other pathways to the same point of fellowship. Enhance general practice further with better linkages between CPD and training, building the breadth and depth of general practice and building career paths for people. • May enhance opportunities for special skills to be acquired by registrars • Where transition between regions might allow access to training in diverse settings. • Integration of the rural generalist pathway into college-led AGPT training. Benefits from having shared infrastructure to support rural generalist training. 	<p>Threats:</p> <ul style="list-style-type: none"> • Edging away of funding from government towards general practice training. • Loss of regional focus/control • Destabilisation of GP training.

Action: Include the SWOT analysis into the letter to the Minister.

Assignee: Secretariat/ Chair.

3.0 AGPT Policy Review

3.1 Discussion regarding proposed changes to policies

- The Department advised that stakeholder feedback on the draft policies was due back to the



Department by 16 February, and that unfortunately, this didn't provide enough time for the Department to collate this feedback to enable GPTAC to consider it at this meeting. The Department advised that it had established a policy reference group that would consider the broader stakeholder comments, along with comments from the discussion with GPTAC today.

- The Department informed the Committee that the more substantive comments were received by GPRA.
- **Extensions of training time.** The committee discussed what constitutes extenuating and unforeseen circumstances for registrars in the context of the leave policy. It was suggested that the Reference Group give consideration to how the definition of extenuating and unforeseen circumstances may be applied in instances where a registrar starting a family may not be planned. The committee requested more clarity from the Department, with the suggestion that it would be useful to have some examples to clarify the situations that this policy would cover.
- It was noted that when a registrar applies to be in the AGPT they are required to go through a competitive selection process. The registrar is expected to undertake all of their training in the area where they were selected with an RTO within the training time. A registrar can take Category 1 or Category 2 leave in accordance with the rules of their state or jurisdiction for extenuating and unforeseen circumstances i.e.: an unexpected pregnancy during training time.
- It was raised that an RTO may make a registrar take leave if they do not have sufficient accredited training practices to place a registrar. This was viewed by members as being disadvantageous to registrars and as an equity issue, it would mean that registrars would have less category 2 leave available to them for other purposes.
- It was also noted that registrar can be placed on leave if they can't be appropriately matched by their RTO. The Department clarified that this can occur when doctors are selected into the AGPT Program through the second intake, and there is insufficient time for a suitable training placement and Medicare provider number to be arranged before the commencement of the training year. In these circumstances, a registrar would be able to defer their commencement of training, and this would not have any impact on their training time cap. There may be an issue with the registrar where they are unhappy about their placement for a number of reasons. This could lead to registrars having to be removed from a practice because it is not suitable or acceptable to the registrar or the practice.
- The Department advised that the wellness of registrars was seen as important and will be included in the overarching policy. The Department advised that it anticipates that some of the compliance and monitoring specified in the policies may be moved to the RTO Agreements or form part of the RTO Performance Management Framework.
- **Ad Registrar** – no issue raised regarding this policy.
- **Academic Post** - Clarification was sought by the committee regarding the application process for academic posts. It was noted that the RACGP position is that registrars undertake GP training and an academic post requirements concurrently instead of academic post requirements on their own. The committee requested that the Policy Review Reference Group consider and clarify the restrictions around general practice experience when undertaking an academic training post.
- **Program Leave Policy** – regarding Category 2 leave; the colleges require a certain number of weeks of training and have a requirement of completed general practice training, this may have an unintended impact when a registrar is taking time away to study for an exam as the program does not recognise study leave as part of training time. It would be useful to raise this issue at the next Policy Reference Group meeting.
- **Attachment E: Salary Support Program Policy** – The new funding arrangements were discussed. The Department advised that when GPTAC previously considered the Salary Support Policy, the funding model was still being developed. The Department further advised that it



had sought stakeholder feedback on the proposed model and was seeking the committee's views on the feedback received. It was noted that most of the feedback received was in relation to the payment rates for each category referred to in the attachment. The Department advised that the rates are based on the remoteness and rurality of the facility rather than the seniority of the registrar. The Salary Support Program Policy is designed to encourage national consistency to maintain a fair and equitable approach. An RTO doesn't have to pay these rates, however it is the maximum that they can pay for a registrar. The RTO makes decisions on the placement of the registrars, it is up to the RTOs to use the limit of the salary range appropriately for their registrars.

- It was suggested that the Department look at different hourly rates in different locations, where a registrar is working in multiple locations.

Advice: The committee suggests that the Department consider different hourly rates in different locations where a registrar is working in multiple locations.

4.0 AGPT Selection

4.1 Report on outcome of the 2018 AGPT Selection Process

- Outcomes for the 2018 selection process was discussed with the Department noting that 1,460 training places were filled, with a shortfall of 44 applicants; 1,500 places were targeted. There were a number of factors impacted on this outcome. The Department advised that some uncertainty within the sector about the transition of the selection process to the two separate College-led processes may have caused confusion with the application process which may have contributed to the drop in enrolments. A condensed timeframe to start the selection process was also acknowledged as not being ideal. The Department reported that it had been working with the Colleges and RTOs in the spirit of continuous improvement to refine the 2019 selection process. Improvements to systems and joint messages on the selection process for the 2019 intake are being addressed by the Department to better support registrars.
- The requirements that doctors be financial members of their respective Colleges for training time to be counted towards Fellowship was discussed by the committee. Discussion around the registrar membership fees for the RACGP training program led to what the benefits are for a registrar in becoming financial member. It was noted that a registrar gains access to all the resources such as GP Learning, access to ShareGP, free psychological support and journal publications that is beneficial to them. The RACGP also benefits in knowing who is on their program, being able to track their registrars and knowing what supports to put in place when necessary.
- The Department noted that it would be difficult to identify exactly why there has been a reduction in training applications, however the introduction of an application fee may have contributed to the reduction of registrars.
- The shortfall of applicants enrolling in the Queensland state-based rural generalist program was understood to be because of issues regarding where registrars could complete their advanced skills training in QLD.
- The committee thought it important to keep a watching brief on the outcomes of future selection processes.
- A question was raised regarding what the ratio of application numbers to selected trainees for ACRRM were for the 2018 intake. It was noted that there are a number of applicants who are on dual pathways with RACGP and ACRRM and these figures are reflected in the RACGP quota. The ACRRM Rural acceptances figures in Agenda Item 4, Attachment A are reflective of



applicants who applied for fellowship with ACRRM only trainees.

- With reference to the rural generalist trainees in Queensland, between 30-40 enrolments that would normally have progressed have been impacted due to some perceived policy barriers which have caused this shortfall. ACRRM is working through issues to understand if it is policy, training caps or transfers to determine the real issues around this shortfall. ACRRM noted that there was a reasonable number of applicants who were deemed unsuitable to commence training towards the ACRRM fellowship qualification.
- The committee enquired about the number of Aboriginal and Torres Strait Islander selected doctors, and how they are tracking compared to previous year's applicants. The Department advised that it would need to review this information and report back to the Committee. A concern was raised that there is a very acute problem Aboriginal and Torres Strait Islander registrars completing their training and attaining Fellowship. The committee was made aware of a swing towards not having the same number of Aboriginal and Torres Strait Islander applicants not completing their training time requirements. Members mentioned that some issue regarding training time may be linked to the AGPT Leave Policy and that a concerted focus in identifying specific barriers or being more sensitive to the needs of these applicants should be addressed to alleviate the problem.
- The committee advised the Department to look at the system for continuous improvements and for more support to Aboriginal and Torres Strait Islander applicants. Members noted that there a multitude of reasons that contribute to the outcome of completing training for some Aboriginal and Torres Strait Islander registrars including struggling to deal with exams; support networks, feedback and mentoring as well as getting adequate exposure to the full scope of general practice presentations have impacted registrars. Some may find that it can be difficult for registrars to move away from the area of work or home to fulfil the requirement of gaining the depth and breadth of the training program. The committee to keep a watching brief.
- RACGP and ACRRM were requested to provide a document for their respective selection process to present at the next meeting.

Action: The Department to provide analysis and trends for Aboriginal and Torres Strait Islander and other demographics of applicants for selection intake over the last few years.

Action: The Department to provide an analysis on where the reduction in applicants is from with particular focus on any changes in the PGY level of doctors applying for the Program.

Assignee: the Department.

Action: Both colleges to provide a paper on their experiences in administering the 2018 AGPT selection process. It was also requested that RTOs also be asked to prepare a similar paper from their perspective.

Assignee: each GP College.

5.0 GPTAC 2018 Work Plan

5.1

- The secretariat explained that the blackout areas on the GPTAC Work Plan Priorities for 2018 indicate what topics would be addressed at each quarterly meeting and put on the agenda.
- Amendments to the Work Plan priorities for 2018 to be made by the Secretariat, with clarification on responsibility of who will be providing documentation for agenda items.
- With reference to quarter 1 agenda items, the item for Supervisors dropping out of the training program was discussed by GPSA. The members were advised that GPSA are working on constructing a database that can follow trends in terms of supervisor retention, recruitment and discontent. GPSA to provide the data – 1 -2pg document summarising what are the main



challenges in this area moving into the new transition. It was also suggested that the RTO representative may be able to provide their input in this area at the next meeting.

- Regarding the Indigenous Health item – It was requested that the two GP colleges, IGPRN (through GPRA) and GPSA prepare a paper for the next meeting on the data that shows the support they provide to Aboriginal and Torres Strait Islander registrars while they are training on the AGPT Program.
- Feedback from the Budget to be included as an agenda item for the next meeting.

Action: GPSA to present their summary of challenges facing supervisors at the next meeting. It was requested that RTON also prepare a paper on this issue.

Assignee: s47F

Assignee: RTON

Action: Papers (from the groups listed below) on the support they provide to Aboriginal and Torres Strait Islander registrars while they are training on the AGPT Program.

Assignee: RACGP, ACRRM, GPRA (IGPRN), GPSA

Action: Include feedback from the Budget as an agenda item for next quarterly meeting.

Assignee: the Secretariat

6.1 Date of next Meeting

Tuesday 15th May 2018

Location: Melbourne Airport, Qantas Meeting Room

Time: 10:00am – 12:30pm

Action Items Summary

Item No.	Action	Person responsible	Timeline
1.4	a) Invitation letter to s47F project to a future meeting to present on what s4 thoughts are in the challenges confronting General Practice workforce. b) Invitation to RTON representative to participate as an observer and advisor to the Committee at future meetings.	Secretariat Secretariat	
1.5	Invitation to the National Rural Health Commissioner to the next meeting in May.	Secretariat	End of March.
2.1	Include the SWOT analysis into the letter to the Minister.	Chair/Secretariat	9 th March 2018.
4.1	a) Provide analysis and trends for Aboriginal and Torres Strait Islander and other demographics of applicants for selection intake over the last few years.	the Department	8 th May 2018.



	b) Provide an analysis on where the reduction in applicants is from according to demographics c) Both colleges to prepare a paper on their experiences in administering the 2018 AGPT selection process. Invite RTON to provide a similar paper from the RTO perspective.	the Department	8 th May 2018
		RACGP and ACRRRM RTON	8 th May 2018
5.1	a) GPSA to present t a summary of challenges facing supervisors as the AGPT Program transitions to the GP Colleges at the next meeting. Invite RTON to prepare a similar paper from their perspective b) Seek papers from RACGP, ACRRM, GPRA (IGPRN) and GPSA on the data that shows the support they provide to Aboriginal and Torres Strait Islander registrars while they are training on the AGPT Program. c) Include feedback from the Budget as an agenda item for next quarterly meeting.	s47F RACGP, ACRRM, GPRA(IGPRN), GPSA Secretariat	May meeting. 8 th May 2018 8 th May 2018.

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