



Meeting Format: Face to Face
Location: Qantas Meeting Rooms, Melbourne Domestic Airport
Tullamarine VIC
Date: Tuesday 30th October 2018
Time: 10:30am – 1:00pm
Version: 1.00

In attendance:

s47F

Mr David Hallinan	Department of Health
Ms Fay Holden	Department of Health (teleconference)
s22(1)(a)(ii)	Department of Health

Staff:

s47F

Observers: s47F

s22(1)(a)(ii) Department of Health

Apologies: s47F

1.0 Procedural matters

1.1 Welcome, Apologies and Introduction

The Chair, **s47F** opened the meeting at 10:30am AEDST and thanked members for their attendance. An acknowledgment of country was given during the meeting.

1.2 Declaration of Conflict of Interest

The Chair asked the members present for any conflicts of interest. None were declared.

1.3 Confirmation of Minutes of the last meeting:

Minutes of the previous meeting were confirmed as accurate.

Moved: **s47F**

Seconded: **s47F**

1.4 Action items from previous minutes:

Noted: National Registrar Survey to be included at the next meeting.

Committee to look at the 2017 survey and look for any learnings from it.

Noted: 4.1 RTON to provide results of the study on rural training at the next meeting.

- **Action:** Include the above items for the next GPTAC meeting.
Assignee: The Secretariat

1.5 Departmental Overview

- With regards to the More Doctors for Rural Australia Program (MDRAP), the Department described the differences between junior doctor placements getting provider numbers to work in a rural area, and non-vocationally registered doctors who are required to be on a recognised Fellowship pathway with either college.
- The committee heard that the Department is working towards replacing the current 3GA provider arrangements with the MDRAP. The intent is to have a clear end point of attaining Fellowship from either of the two recognised colleges. In the long term, if a non-vocationally registered practitioner is not on a formal pathway leading towards Fellowship they will not practice as a GP. Over the next 12 months the Department intends to rationalise the programs and build a set of regulations and migration settings to incentivise practitioners working in the community to progress meaningfully towards a Fellowship. This will encourage employing practices and doctors on the 3GA pathway to work towards a training pathway and be able to bill as a specialist GP. Alternative options may be presented to non-vocationally registered doctors such as working in a hospital setting, or their time is limited and it will be considered as experience only.
- RTON expressed interest in managing the MDRAP and said the RTOs could take it on from December 2018. The Department said that initially MDRAP will be managed by the Health Workforce Agencies however they are expected to collaborate with key stakeholders like the Colleges and RTOs.
- The Department is working with the colleges on the introduction of an examination to enter the training pathway and be recognised as a registrar. This will provide a



clear feedback loop for medical practices to recruit practitioners who are well suited to the Australian context and can work towards achieving fellowship.

- The Department is working with the Australian Medical Council (AMC) on pathways into general/limited registration status and many practitioners enter community general practice settings through this pathway. Significant numbers of practitioners have been working in community practices, have limited registration and are not completing their exams to gain recognition. The AMC is working through this group of practitioners, who have been in the system for more than four years without passing their clinical registration, to provide general registration status.
- Committee members recognised that further work needs to be done in terms of creating incentives for Junior Doctors so that they want to do training in general practice.
- Opportunity to share the data with the Department and AMC. Working with the medical board to enhance the candidates' chances to pass an exam.
- The Department described the 'Health Demand and Supply Utilisation Patterns Planning' (HeaDS UPP) Tool, notifying that it identifies all the datasets that they have with geographical co-ordinates to gather qualitative data and information. This has been piloted successfully. The Department is working on getting the information into a releasable format that doesn't breach confidentiality and identifying stakeholders in the system to best work with and be able to utilise this information for workforce planning. GPTAC would like to see a presentation/demonstration of the pilot. This is to be presented by the Department to GPTAC in the future.
- The Department would look at what are the strategies that need to be employed to assist in areas of workforce need identified by the workforce agencies. The application would have better ability to provide information.
- From the Regional Training Organisations' (RTO) perspective, they look forward to working with the Colleges given that they are delivering the AGPT program, PEP and other non-vocationally recognised pathways with the view that attaining Fellowship and having an endpoint would be constructive. The Department indicated that it is working in this area with a look ahead of 2-3 years before delivering the MDRAP.

Future shape of GPTAC committee:

- With the widespread reforms happening in the general practice training space over the next few years, the structure of GPTAC moving forward will change. The Department is working through the development of the National Medical Workforce Strategy including medical regulatory setting and general practice training reforms. Currently they are updating measures for identifying community needs, distribution of Medicare provider arrangements, workforce shortage and bonded programs. The best way to ensure this is heading in the right direction is to broaden the perspective of the GPTAC membership to include workforce needs.
- The Chair advised he will stay on in the position for the next 12 months.
- The Department is seeking nominations from stakeholder organisations to include on the restructured GPTAC. ACRRM and RACGP have asked to continue to have 2 representatives on the new committee. The Department will seek Minister McKenzie's agreement on this. Terms of Reference will need to be revised to reflect the new arrangements at the next meeting.



- Regarding the loss of the Independent members to the restructured committee, the Department advised that if the committee have strong views that independent members should maintain independent positions they will take it into consideration. It was recognised that the independent members have had the freedom to table issues that some organisations have not had the opportunity or be reluctant to comment on. The committee members acknowledged the valuable input from the independent members throughout the three years.
- Consider sub-committees or working groups with particular tasks that cut across the multiple streams of fellowship.
- The role of the observer and standing orders for particular observers was discussed with particular emphasis on RTON as an observer and its lack of representation as a member in the restructure of GPTAC. The Department expressed that there is a chance of conflict of interest appearing for having contracts with the Department to deliver the program. A significant number of committee members opposed this view from the Department and called for RTON to be included as a member of the committee. Others, including the chair, considered that the RTOs' status as contractors to provide the AGPT Program made them commercial stakeholders rather than representatives of the general practice profession. From this perspective, their role at GPTAC's meetings was in the provision of expert technical advice to the committee rather than joining in its recommendations to the Minister. It was agreed, however, that GPTAC's Terms of Reference should be reviewed in order to provide RTON with a standing invitation to attend and contribute to GPTAC's meetings as a permanent observer. This arrangement could be extended to the senior executives of the GPSA and GPRA to assist the elected representatives.

Recommendation: GPTAC recommends that the chief executives of RTON, GPRA and GPSA be considered as members or permanent observers of the committee and that the Department review GPTAC's terms of reference accordingly.

2.0 AGPT Program Transition

2.1 Update on transition process – GP Colleges

- The Colleges and RTO transition group have met a few times since the August GPTAC meeting. A draft timeline and planning process is in discussion with the RTOs and the Department. The goals are to look at transition of the current arrangements to a college managed set of contracts. A novation date of May 2020 has been proposed, when the colleges could take over responsibility for managing the RTOs' contracts, KPIs and reporting from the Department of Health.
- Discussion with the Department and the Colleges ensuring they have all the technical specifications for a seamless transition regarding contractual arrangements, management arrangements, reporting requirements from 2019-2022 are progressing.
- Second piece of work being discussed is post-2021 – what happens after that, what might that look like?

3.0 National Terms and Conditions for the Employment of Registrars (NTCER)

3.1 Update on NTCER negotiations

GPRA presentation –

- GPRA President discussed the stable position for next year for trainees coming through, the current NTCER will remain in place with some indexation of base rates
- GPRA and GPSA are working towards the release of a joint statement clarifying the above and will publish an addendum to the current NTCER which states as per the current agreement that the NTCER will stand until replaced.
- GPRA's focus is to think of a solution and an alternative model that will address any inadequacies in the current employment conditions and will benefit both registrars and supervisors with the aim of having better quality training placements from a supervisor and registrar perspective.

GPSA presentation -

- Discussion centred on the remuneration and industrial arrangements for conditions to general practitioners training and those providing supervision of training.
- The committee heard that there would be merit to conduct some research to explore different funding models outside of the current model through Medicare for registrars and see if there is extra funding for the training of registrars.
- It was noted by committee members that having a better understanding of the current salaries and employment arrangements of Term 1-4 GP registrars as opposed to registrars in hospital setting, needs to be taken in the full context when discussion reforms of the current arrangements.
- Committee members acknowledged that this is a complex area and there is a broader picture other than salary that has an impact on registrar placements such as educational resources provided to registrars and supervisors, travel concessions, paid parental leave, sick leave, etc. More consideration needs to be given to the major aspects that affect fair and reasonable conditions, with a holistic view of the factors surrounding registrar placement and the role that RTOs play. Need to ensure that the arrangements are fundable, equitable and sustainable.
- It was suggested that consideration could be given to the rural generalist registrars and Medicare model, and reflect on that salaried model for any opportunities or concessions that the general practice registrars could implement.

The committee is pleased that GPRA and GPSA are working towards coming up with create innovative solutions to address reforms and assessing all aspects. The committee would be looking for a high level picture of all the terms and conditions, supports and impacts of these changes that are occurring on the career pathway of junior doctors being attracted to and entering general practice. It will continue to be monitored and reviewed.

Recommendation: A review to be commissioned to determine the optimal, equitable and sustainable terms and conditions for general practitioners during their training and those who train them.

4.0 Response to Reports of Registrar Stress in Media

4.1 Departmental Paper – Update and next steps

- The Department acknowledged GPRA's findings from the GPRA Benchmarking Survey which provided additional context to inform the Department's proposal in responding to GPTAC's recommendation at its May 2018 meeting.
- A two stage proposal was discussed:
 - Stage one, the Department proposes to engage a consultant/researcher to examine all existing surveys to identify any variances in the findings. The contractor would present to GPTAC and present on those findings before proceeding to stage two.
 - Stage two, a case study approach could then be used to examine the issues in depth around particular instances of potential bullying and harassment. This element could require ethics approval as it will include interviewing with registrars, RTO's, supervisors to identify high stress levels. Calls for volunteers to come forward for interviewing is a way to dissolve the ethical concerns in this area.
- The Department will release a limited tender regarding possible consultants to approach to undertake this work:

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- GPTAC suggested the name of an additional consultant to consider approaching:
- Endorsement of these people was given by committee members.
- It was asked whether the review will include registrars in hospital terms and supervisors who are teaching in these settings. It was understood that there are different stressors in the general practice setting versus hospital settings and that much of the harassment came from patients in the general practice setting whereas harassment in the hospitals was inflicted by staff.
- Discussion around changing the culture of the current medical system instead of excusing the problem by 'coping mechanisms' for the registrars. The committee acknowledged that general practice is a stressful field and that the Terms of Reference for this review needs to be very clear and explicit in determining the objectives.
- GPTAC endorsed the two stage approach that the Department has proposed.

4.2 Further Data from GPRA to inform discussion

- GPRA's findings from the GPRA Benchmarking Survey provided additional context to inform discussion, in light of the Department's proposal in responding to GPTAC's recommendation at its May 2018 meeting.

5. Recruitment/Selection and Distribution

5.1 Information paper on dual pathway applicants

- The Department analysed the data on dual pathway applicants and found that there has been a downward trend in the last couple of years of people looking at enrolling into the dual pathway/ fellowship.
- GPTAC was informed that historically there has been a low conversion rate of applicants committed to a dual fellowship. With reference to the 2012 cohort presented in the Department's discussion paper, people have been undecided before committing to which college they want to attain fellowship from. Despite having greater application numbers for dual fellowship in the past, those who gained dual fellowship remained quite low.
- With the move to College-led selection, registrars are required to decide up front instead of during their training and are now required to pay an application fee for each college they choose to apply to, which could contribute to the overall decline in dual fellowship applications.
- Questions were raised regarding if there is any benefit in having dual fellowship in the future. Challenges for this would be an extra year of training for undertaking dual pathway in terms of the time cap that is allowed for AGPT.
- No further advice given at this point, the GPTAC will continue to monitor this matter.

5.2 RACGP Paper on 2018 selection outcomes

- The committee heard that the RACGP selection numbers are still fluid because the 2nd intake is still underway.
- Acceptances are down with lower numbers in the rural pathway. Areas of concern where the application numbers are low are in Nth Queensland, NT and western NSW and South Australia. The RACGP is considering a 3rd intake of applicants.
- Discussion lead towards possible reasons and ways to investigate this downturn. Issues such as loss of leave entitlements, cost, and whether general practice is becoming less attractive to people were explored. Consideration was also given to other factors, for example lifestyle, difficulty in finding jobs in rural areas, away from friends and family support, etc.
- PGY1 and 2 is where there is the decline and there is a need to examine this further. Questions were raised regarding registrars feeling ready to go into general practice and particularly into rural general practice or would they prefer to stay in the hospital setting before they feel ready.
- It was noted that universities are reducing their exposure to general practice, and from a college perspective, they don't have much influence on the hospital training year.
- Incentives and levers – recognising what the levers need to be and what is being provided for PGY1 & 2; utilising the existing infrastructure but also enhancing and supporting it so that the profession increases their footprint into the prevocational area.
- The committee supports the suggestion from the Department and recommends that the National Medical Workforce Network include in their strategy a stream that



integrates general practice settings as a critical element for general practice training for undergraduate, junior doctors, and vocational training doctors.

The Chair announced that this is the last meeting for GPTAC with its current membership and thanked the committee members for all their contribution over the three years.

Action Items Summary

Item No.	Action	Person responsible	Timeline
1.4	RTON to provide results of the study on rural training at the next meeting.	RTON	Before next meeting in 2019.

This document was released under the Freedom of Information Act 1982 by the Department of Health