

24 September 2020

**Submission to the Senate Community Affairs References Committee on the Provision of  
general practitioner and related primary health services to outer metropolitan, rural, and  
regional Australians**

Dear Committee Members,

Thank you for the opportunity to make this submission to the Inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

The Northern Territory General Practice Education (NTGPE) is the Northern Territory's only Australian General Practice Regional Training Organisation (RTO), delivering general practice education and training to General Practitioner Registrars (GPRs) across the NT. Driven by the unique health needs of the NT community, NTGPE trains GPRs and supports their learning environment to deliver outstanding general practice and improve the delivery of primary health care in the NT. As the Registrar Liaison Officers for NTGPE, we have developed this submission on behalf of GPRs training in the NT.

There are currently 95 GPRs in the NT, the majority of whom train in outer metropolitan, rural and regional areas (9, 32 and 43 GPRs in MMM7, MMM6 and MMM2 regions, respectively). This Inquiry is therefore extremely relevant for GPRs in the NT, and we are well-placed to provide real-life insights into regional and remote primary healthcare suggestions training.

The Term of Reference we will address in our submission is current Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs – particularly in regards to GP Training Reforms.

A major reform that will directly affect the current cohort of GPRs is the transition to College-led training. In 2017, the Commonwealth Department of Health announced that the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACCRM) – together, the Colleges – would resume delivery of the Australian General Practice Training (AGPT) program. Up until now, the delivery of AGPT has been carried out by RTOs around Australia, which support both ACCRM and RACGP trainees in their allocated regions. The transition to College-led training is scheduled to occur in February 2023. NT GPRs have raised several concerns about this transition, and have put forward suggestions for ways to make this transition both non-disruptive and beneficial for GPRs in the AGPT program.

Among other activities, NTGPE currently supports GPRs in:

- Clinical placement allocations
- Training orientation

- Housing
- The subsidy program
- Pastoral care
- Clinical skills development and examination preparation
- Cultural education and orientation

GPRs have concerns about how these activities will continue to run during and after the transition to College-led training. There has been limited communication from the Colleges to GPRs to address these concerns. In order to reassure GPRs that the transition will be both non-disruptive and advantageous for training, the Colleges must provide comprehensive, transparent and accessible information on the transition to GPRs. Furthermore, appropriate forums must be available for GPRs to provide suggestions and feedback on the transition.

Suggestions from NT GPRs to ensure the transition to College-led training is minimally disruptive, and ultimately beneficial, for our training include:

- **Utilising current NTGPE staff, skills and resources in regionally-based College training systems.** NTGPE has years of experience across a geographically dispersed network of training posts training in the NT. NTGPE's wealth of knowledge on the unique systems, challenges and opportunities across the NT must not be lost. An example of this is knowledge of clinical placements that have not been filled in recent years, but that may be re-initiated if an appropriate GPR expresses interest. Another example is local knowledge of systems and resources to navigate the provision of housing in remote areas. The College-led system must respect and utilise this historical knowledge in order to provide responsive support to GP registrars, that is relevant to the local context.
- **Building on – and not duplicating – the strong relationships required to appropriately engage with Aboriginal communities and deliver effective cultural education.** Working with Aboriginal patients is one of the great privileges of training in the NT. A large proportion of NT GPRs are working in Aboriginal health, either through Aboriginal Medical Services or within the Community Controlled Health sector. NTGPE provides comprehensive cultural training and assessment opportunities for GPRs. This is possible due to the respectful relationships that have been developed between NTGPE, cultural educators and Aboriginal community members over time. These relationships must be recognised and protected moving forwards in the College-led system, in order for GPRs to continue safe and effective training in cross-cultural environments.
- **Streamlining the experience for GPRs who are pursuing dual fellowships with ACCRM and RACGP.** Concerns have been raised by dual trainees about how training will continue to be coordinated when delivery has been divided between the two Colleges. There are also many GP supervisors registered with both Colleges. Systems must be in place to streamline processes surrounding GP registrar placement, training post accreditation and administration.

The transition to College-led training presents a major change to the way GP training will be delivered in Australia. There will undoubtedly be challenges in completing this transition smoothly, and the current cohort of GPRs are unfortunately likely to absorb some of these disruptions. Action is needed, however, to ensure training remains of an excellent standard for current GPRs. The transition to College-led training presents an opportunity to further refine and develop the GP training experience that RTOs have worked hard to create – these opportunities must be realised.

The focus must remain on GPRs and their training experience. Transparent and easily accessible information about the transition should be communicated to GPRs frequently, and opportunities for GPRs to provide feedback on the new model should be prioritised. The outcome of this transition will directly affect the quality of General Practitioners entering the Australian Health workforce after training, as well as the numbers of doctors choosing to enter or complete GP training. In a time of national GP-shortages, this is of critical importance.

We appreciate the opportunity to make our submission to this Inquiry.

Dr \_\_\_\_\_ and Dr \_\_\_\_\_

*Written on behalf of*