



PREVOCATIONAL GENERAL PRACTICE PLACEMENTS PROGRAM (PGPPP)



WHAT IS PGPPP?

- Commonwealth funded program offering a term in general and community practice to junior doctors in PGY1-3
- The term length matches that of the training hospital ie 10-12 weeks
- All costs are covered for salary, accommodation, travel and supervision
- It is a useful experience for every junior doctor – irrespective of their plans for future career



REASONS FOR THE MOVE TO COMMUNITY TRAINING

- A community based training model for junior doctors
- GP experience – rare in the junior doctor terms
- A change of pace and viewpoint for junior doctors
- Basis for better informed training and career decisions
- Alternate teachers/ role models to hospital consultants
- Access to different medical practice, communities, peer groups and value systems

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QUALITY TRAINING and SUPPORT

- High quality and well funded supervision
- Orientation at hospital and on site
- Medicare provider number for PGY2/3 while on placement
- Own consulting room and equipment
- High quality accommodation
- Travel costs
- Access to computing and online teaching resources

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PGPPP OBJECTIVES

- Increase the number of rural/ remote/ regional and outer metropolitan placements for doctors in postgraduate years 1-3
- Provide high quality training experience in rural/community practice for junior doctors
- Generate a positive experience in rural practice for doctors training mostly in urban/hospital locations
- Contribute to a vertical integration of rural education and training

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ORGANISATION

- Funded by Dept of Health and Ageing - 2005-2008
- Budget \$80million over 4 years
- Remote, rural and regional placements managed by ACRRM
- National Advisory Committee includes:

Rural Doctors Association of Australia
Postgraduate Medical Councils
National GP Supervisors' Association
Commonwealth Government
Australian General Practice Network
Committee of Presidents of Medical Colleges

RACGP
AMA
ACRRM
AMA Doctors in Training
GPET
GP Registrars' Association

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HOW IT WORKS

- A Training Collaboration is established consisting of a fund holder, a feeder hospital(s) and a training practice(s)
- The Training Collaboration applies for funds to ACRRM or RACGP depending on location of practice
- The National Advisory Committee selects sites from applicants throughout Australia and oversee quality
- Funds provided for operating regionally-based training overseen by the fund holder
- All sites are different according to the region but with core components ensuring a high quality experience
- Managing Organisations provide internal evaluation and QA

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WHAT IS A FUND HOLDER?

- An incorporated body with an interest in medical education
- Co-ordinates the application for funds
- Holds and distributes the grant, signs the contracts and develops reports
- The overall co-ordinator of each regional training partnership
- Examples are RTPs; Rural Clinical Schools and Divisions of General Practice

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WHAT IS A FEEDER HOSPITAL?

- One of a group of hospitals that agree to release junior doctors for community placements
- The Director of Clinical Training places the community terms on the roster for the coming year
- The terms are advertised
- Junior doctors apply
- A selection process is developed
- The hospital plays a role in orientation for the participating junior doctors

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WHAT IS A TRAINING PRACTICE?

- A general practice
- A community health facility or other primary care location
- Accredited for training to prevocational level by the Postgraduate Council for intern placements
- Accredited for junior doctor/registrar training by a College
- Supervisors accredited for training by a College
- Space and practice facilities to support the training

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REGIONAL PARTNERS - play a role in designing the training sites

- Rural and remote practices and hospitals
- Rural Workforce Agencies
- Divisions of General Practice
- State Rural Doctors Associations
- State Postgraduate Committees
- Aboriginal health services
- State and local government
- University Dept/ Schools of Rural Health/ Clinical Schools

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STATUS – MAY 2008

- PGPPP sites exist in all States and Territories since January 2008 when New South Wales joined the program
- ACRRM has over 350 separate placements funded so far
- ACRRM has 17 fund holding organisations, 5 in Victoria
- We have 34 feeder hospitals, 10 in Victoria
- Currently 60 placements across Australia, with 14 in Victoria
- Intern placements have just started in Victoria

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PGPPP SITES

- Kalgoorlie; Broome; Derby; Geraldton; Albany - WA
- George Town; Scottsdale; New Norfolk; Longford - TAS
- Thursday Island; Goondiwindi; Bundaberg; Mitchell; Oakey; Roma; St George – QLD
- Gundagai; Tamworth - NSW
- Jamestown; Clare; Kadina; Crystal Brook; Kapunda; Murray Bridge; Victor Harbor; Mannum; Mt Gambier; Berri; Millicent - SA
- Remote Aboriginal Centres: Kakadu; Alice Springs; Oenpelli; Groote Eylandt; Katherine; - NT
- Wonthaggi; Lakes Entrance; Warrnambool; Wodonga; Bendigo; Stawell; Heyfield; Colac; Camperdown; Mildura; Korumburra – VIC
- Plus sites in outer metro in most Australian capital cities

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PGPPP PROVIDES THE JUNIOR DOCTOR

- General and community practice in a rural/ remote/ regional and outer metropolitan setting
- An opportunity to deliver continuity of care
- Own patient load and a chance to build relationships
- A term as a full member of a rural practice
- The chance to become part of a rural community
- Exposure to procedural, emergency and family care in a different setting
- A provider number for PGY 2 and above
- Work as part of a community health team
- Good social life in a community that is glad they are there

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DOES PGPPP WORK?

- 30% of PGPPP doctors - and rising – are Scholarship holders
- 43% are of rural origin
- 70% of doctors say that the program has influenced their choice of training program
- 90% of junior doctors surveyed want further rural practice
- 70% chose a generalist training and career pathway
- 70% of the rural generalist group stay in their region of training

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ADVANTAGES OF PGPPP

- PGPPP feeder hospitals report better intern and resident recruitment outcomes
- Rural consortia have access to a funded model of training to fulfill their vertical integration role
- Regional partners form "consortia" to sponsor the PGPPP into their area
- Practices use the PGPPP as a way back into a training role – many now take Registrars and medical students
- Rural doctors are encouraged by the degree to which their teaching is appreciated – and count it as an element in retention
- Communities rally round their PGPPP sites
- PGPPP towns attract accommodation grants
- Peer recommendation becomes our largest marketing tool

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WHAT DO JUNIOR DOCTORS LIKE ABOUT PGPPP?

- Knowledgeable and interested supervision
- Models of good practice in the teaching situation
- Different spectrum of illness and injury
- Levels of medical and professional responsibility
- Capacity for personal and professional growth
- Increased understanding of health services
- Good professional relationships

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HOW THE PGPPP INFLUENCES DECISION MAKING

- First hand experience of the rural family practice lifestyle
- Finding the generalist field interesting and challenging
- Considering that you can make a difference
- Flexibility of options and capacity to change track
- Serving a community
- Involving family preferences and family satisfaction
- Daily job satisfaction as part of a team
- Being known and valued by patients and their families

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A DIFFERENT PACE OF WORK

- A balance between learning and being a colleague
- Developing communication, organisational and assertiveness skills
- A chance to reflect on work, lifestyle and future
- A chance to think through further training and career decisions

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CHALLENGES

- A national shortage of junior doctors
- Convincing hospitals to let their doctors go
- A national knowledge and understanding of the program
- The establishment of regional partnerships
- Monitoring training delivery to ensure high quality
- The amounts of funding required to support a quality outcome
- Supporting the teachers
- Finding practices with enough space
- Ensuring the program is cost neutral to the practice
- Recognizing that teaching takes time

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THE FUTURE – WHERE TO FROM HERE?

Results demonstrate that a term of community based training for doctors in their first two postgraduate years is likely to positively influence their career decision making with regard to family practice, rurality of practice and the degree of confidence with which further training and career decisions are made.

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FINDING OUT MORE

- Visit the ACRRM website – www.acrrm.org.au to find out how placements are organised
- See our bi-monthly newsletters and find out what PGPPP doctors have to say about their experience



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PGPPP INFORMATION

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