

NSW and ACT Consortium

Workforce Planning and Prioritisation

Report two - South Eastern NSW Summary

23rd November 2023

Capital Health Network, WPP NSW and ACT Consortium Lead

INTRODUCTION

The NSW and ACT Primary Health Networks (PHNs) were selected by the Department of Health and Aged Care (the Department) to conduct the Australian General Practice Training (AGPT) Workforce Planning and Prioritisation (WPP) activity across NSW and ACT. Capital Health Network (CHN), ACT's PHN, is leading the NSW and ACT GP WPP Consortium comprising the eleven NSW and ACT PHNs.

The aim of the GP WPP Consortium is to provide robust, independent, evidence-based recommendations to inform the geographic distribution and placement of GP Registrars to meet the community's current and future GP workforce needs. This advice, provided to the Department, will guide the two GP training colleges, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), in their selection and placement allocation processes.

GP WPP Program governance and oversight is provided by a NSW and ACT GP WPP Steering Group, chaired by the Capital Health Network CEO. The Steering Group includes executive representatives from each of the consortium's PHNs, the GP training colleges, the Department, The Health Education and Training Institute, NSW Rural Doctors Network, Canberra Region Medical Education Council, Aboriginal Health and Medical Research Council of NSW, Winnunga Nimmityjah Aboriginal Health and Community Services, Health Consumers NSW, Health Care Consumers Association ACT, and Remote Vocational Training Service.

The WPP report is guided by the Workforce Planning and Prioritisation Data and Reporting Framework (the Framework) developed collaboratively by the national WPP organisations and endorsed by the NSW and ACT WPP Steering Group in November 2022.

Purpose and Scope

The key role for the GP WPP consortiums is to undertake analysis and provide advice that will guide the training colleges' selection and placement allocation processes. This involves stakeholder engagement at the jurisdictional and regional level to gain intelligence and test assumptions. The GP WPP consortiums will also provide advice to the Department on the GP catchments in greatest need of general practitioner services, to inform the distribution of AGPT registrars. The GP WPP Consortium does not mandate where placements must or will occur.

The Department will work with GP training colleges on how GP WPP advice will guide registrar distribution and enable success related to the location and distribution of training settings to be measured.

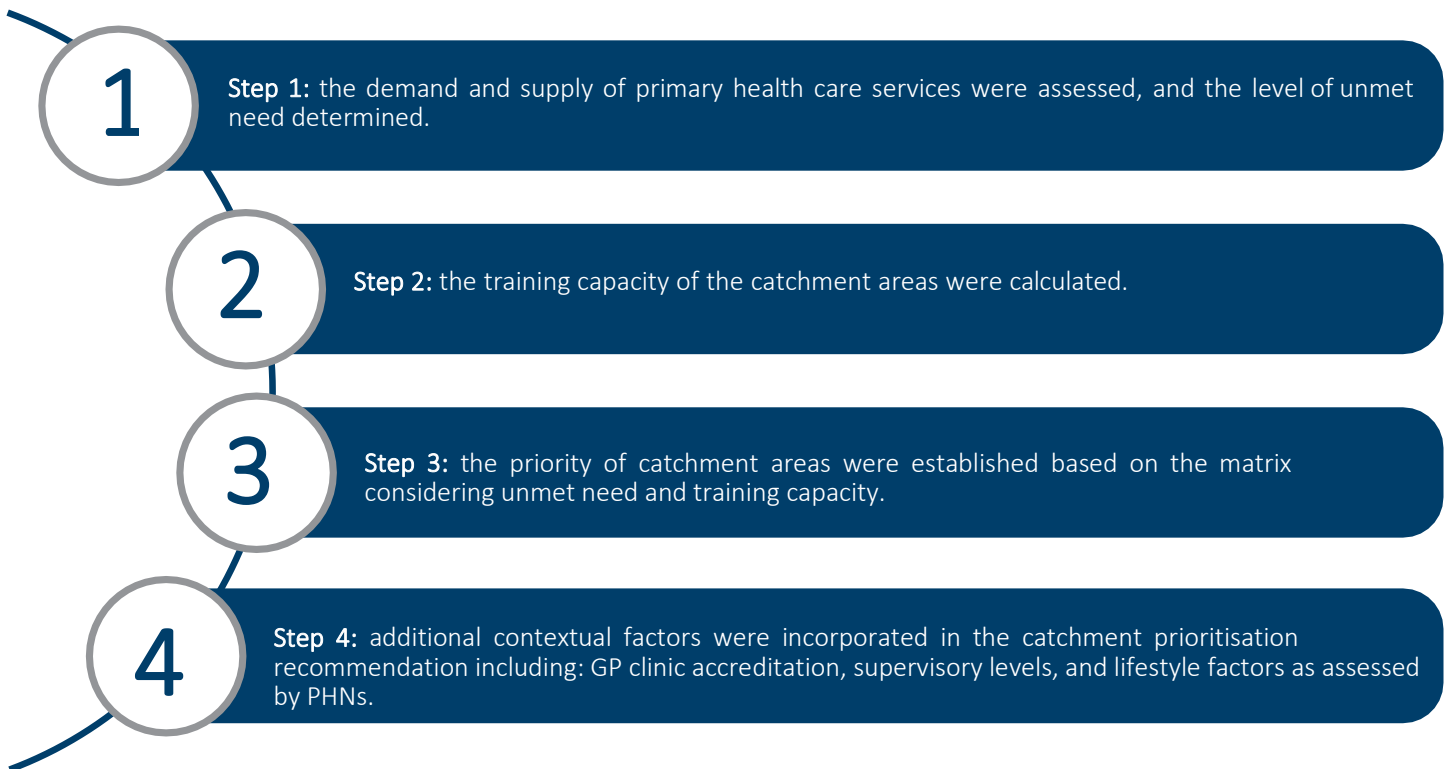
The GP WPP activity will:

- Provide analysis on current and future community needs for general practice services, which will inform the AGPT distribution targets to be met by the training colleges.
- Provide advice and analysis on the training capacity in each PHN region, which will assist the training colleges match registrars to suitable training placements and inform training capacity building activities.
- Document training pathways in each PHN region, which will assist training colleges to support registrars with suitable training options.
- The ACT and NSW WPP Consortium will engage and consult with stakeholders to collect data, gain insights, assist in the development of recommendations, test recommendations and refine Workforce Needs and Training Capacity Reports at the required timeframes.

Methodology

A needs-based approach to GP Registrar allocation which also considered training capacity was used to determine the prioritisation. Prioritisation of catchments for additional GP services was determined by assessing the gap (or imbalance) between demand and supply of primary care services. The relative importance of variables associated with the demand and supply for GP services was determined, while training capacity was considered during the recommendation decision-making process.

Figure 1. A systematic stepwise approach to GP catchment prioritisation

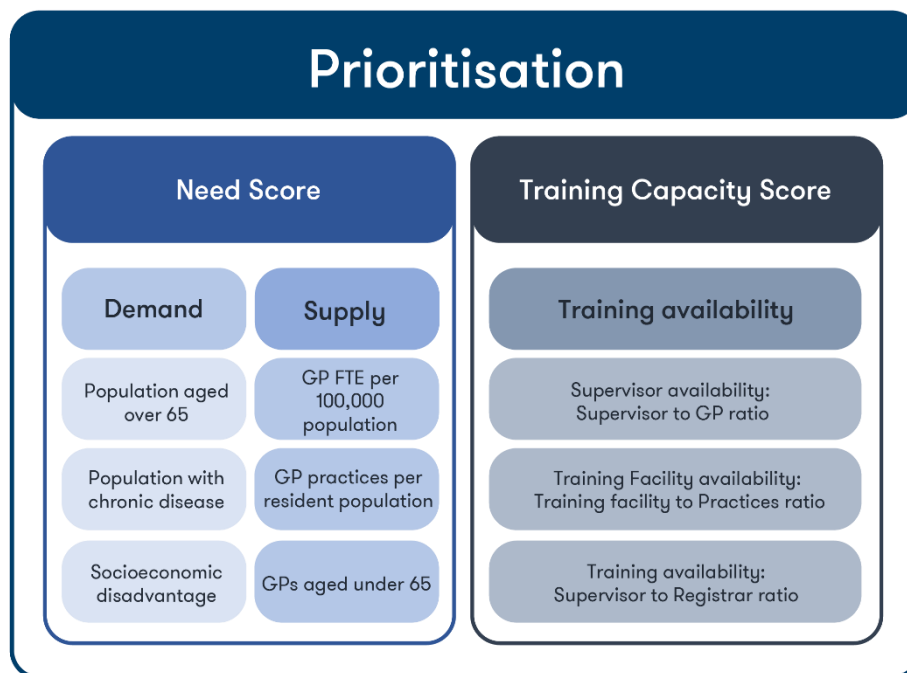


A quantitative approach was developed for health workforce needs, demand and supply using measure-specific z-scores for each indicator. The scores were calculated for each GP catchment region, with 228 GP catchments categorised within their modified Monash model (MMM) regions:

- Metro and Regional (MM1, MM2): **82 GP catchments (36%)**
- Rural (MM3, MM4, MM5): **132 GP catchments (57%)**
- Remote (MM6, MM7): **14 GP catchments (6%)**

The approach in this analysis involved using a range of variables and high volume of data and employed a stepped approach to analysis. This analysis took into consideration the following criteria: demand, supply, unmet need, and training capacity. The following dimensions were included in the prioritisation of catchments for GP Registrar allocation (*see Figure 2*):

Figure 2. Prioritisation components and indicators



Stakeholder Engagement

NSW and ACT PHNs undertook stakeholder engagement with general practice from 1 June to 10 August 2023, as agreed with the GP training colleges. The focus of engagement was to gain insight into enablers and barriers to positive training and supervision experiences, as well as local intelligence not available from other data sources.

To support consistent engagement and reporting by NSW and ACT PHNs, the WPP team developed semi-structured interview guidance templates for general practice and community. PHN engagement included focus groups for general practice staff, GPs and community groups and individual interviews. PHNs also sought the input of their advisory groups or clinical councils. Many PHNs used existing communications processes to engage with their communities.

The total number of stakeholders engaged was 357 GPs (including Supervisors and Registrars), 244 general practice team members including practice staff, allied health, and practice nurses, and 747 community members across NSW and ACT. Details of specific PHN engagement details can be found in Appendix 1. In addition to the PHN stakeholder engagement activities a General Practice WPP Survey was conducted, insights from the survey are included in this report at both the PHN and at the state and territory levels.

Insights

A consistent finding across NSW and ACT general practices is that interest in training GP Registrars and becoming an accredited training practice, exceeds GP Registrar numbers and availability to become accredited. Commonly reported GP Registrar training enablers are high quality training settings, peer support and choice of placement that fits with their family and social requirements, while barriers are short term placements, complexity of caseload and remuneration. GP Supervisors have intrinsic motivation to train the future generation of GPs and find the experience rewarding. However, many GP Supervisors expressed serious concerns about the sustainability of their role due the time taken to recruit and train Registrars particularly for short term placements, reduced current allocation and uncertainty of future Registrar placements, low remuneration received for their supervision, existing high clinical workload as well as concerns about general practice viability.

There are a range of proposed potential improvements to the AGPT program listed in the Sustainability of the GP Registrar Training Model section.

SOUTH EASTERN NSW PHN

Regional Snapshot

The South Eastern NSW PHN (SENSWPHN) region extends over 50,000 square kilometres, with a population of 641,897 (DoHAC, 2023). SENSWPHN has a high Aboriginal and Torres Strait Islander population with 25,806 estimated resident population (4.2%) of the catchment population identifying as Aboriginal and/or Torres Strait Islander. This is higher than the NSW and Australian national figures of 3.4% and 3.3% respectively. The region also has a substantial proportion, 9.7%, of residents born overseas in non-English speaking countries (COORDINARE 2021). The average housing vacancy rate in this PHN for the 12-month period July 2022 to June 2023 was 1.65%. The latest data for June 2023 has shown an increase in the vacancy rate to 2.22% (SQM Research, 2023).

Figure 3. SENSW Need and Training Capacity Geospatial Mapping

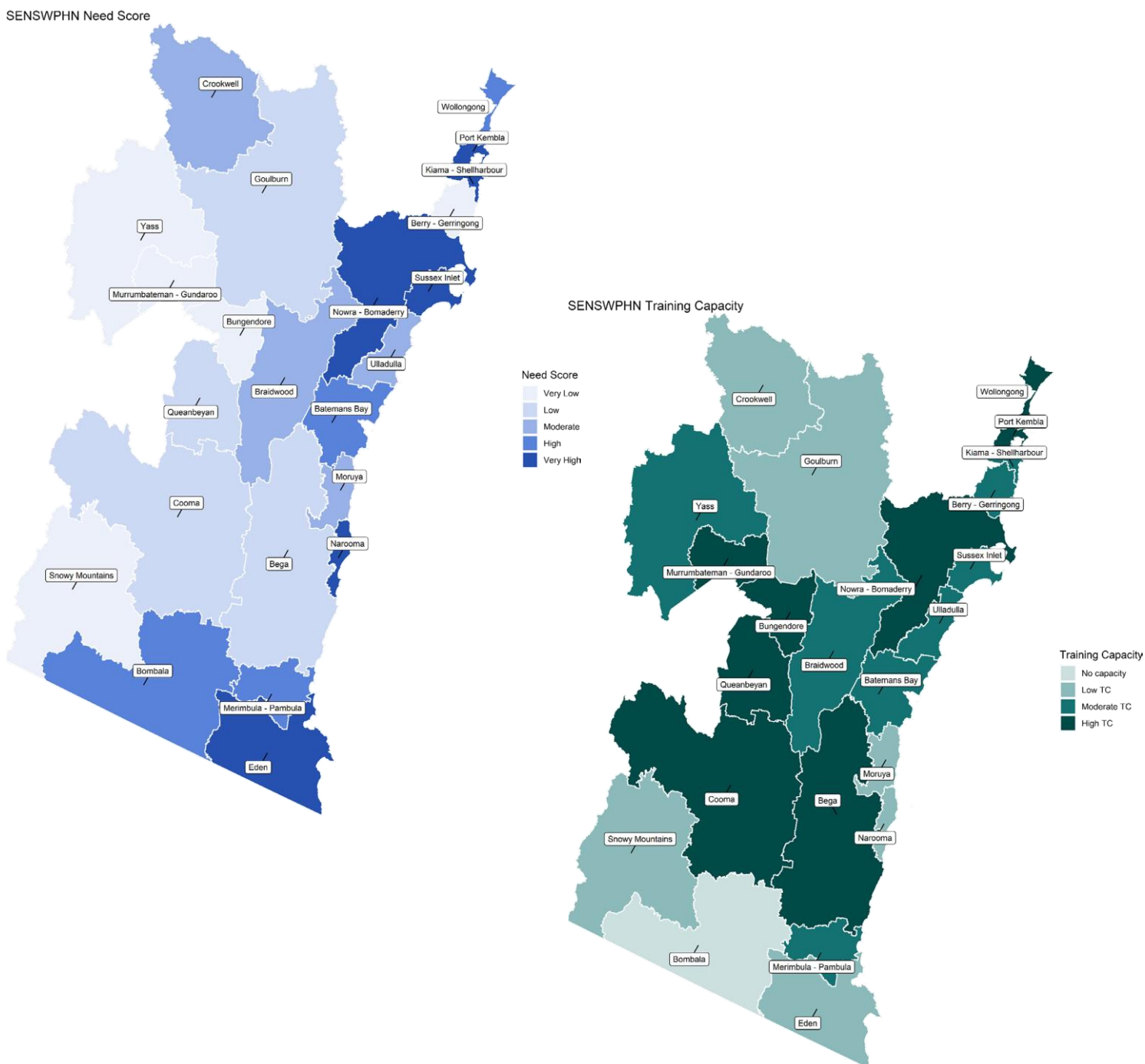


Table 1. GP catchments within SENSWPHN

Catchment name	Need	Training Capacity
Port Kembla	Very High	High TC
Nowra - Bomaderry	Very High	High TC
Sussex Inlet	Very High	Moderate TC
Kiama – Shellharbour	Very High	Moderate TC
Narooma	Very High	Low TC
Eden	Very High	Low TC
Wollongong	High	High TC
Batemans Bay	High	Moderate TC
Merimbula - Pambula	High	Moderate TC
Bombala	High	No capacity
Braidwood	Moderate	Moderate TC
Ulladulla	Moderate	Moderate TC
Crookwell	Moderate	Low TC
Moruya	Moderate	Low TC
Cooma	Low	High TC
Bega	Low	High TC
Queanbeyan	Low	High TC
Goulburn	Low	Low TC
Snowy Mountains	Very Low	Low TC
Bungendore	Very Low	High TC
Murrumbateman - Gundaroo	Very Low	High TC
Yass	Very Low	Moderate TC
Berry - Gerringong	Very Low	Moderate TC

Community Access to Primary Health Services

Accessibility within GP (General Practice) Services

To gain insight into local communities' experiences accessing General Practice services, SENSWPHN invited community members to complete a short online survey. Survey responses showed 17.4% were able to access their preferred doctor within 3 days, while 23.9% noted they were unable to access their preferred doctor but were able to access another doctor at their preferred practice within 3 days. More concerningly, 37% noted they were unable to see any doctor at their preferred practice within 7 days, with a further 21.7% noting that access varied between 9 days to 2 weeks to access any doctor.

Cultural safety and competency within GP Services

Due to time limitations questions of cultural safety were not addressed in this survey. Respondents were asked if they felt their doctor understood their concerns and if they felt they were provided with the support they were looking for, 84.8% responded positively feeling that their doctor had understood their concerns, and 77.8% believed the doctor provided the support they were seeking. The region has 4 Aboriginal Medical Services.

Experiences when visiting a GP Service

Survey respondents were asked if they experienced any barriers during their recent visit to their doctor, with 50% reporting the main barrier was related to the costs associated with the visit. Interestingly 75% of respondents supplied other commentary with the main concerns expressed highlighted long waitlists, closed books, and the fear they were experiencing that their local practice may close due to inability to recruit new GPs. Many noted their GP was close to retirement age, and they were unsure what would happen when the GP retired, while others stated that they had to travel to nearby towns to access GP services as they were unable to make appointments in any of the local practices close to home. All respondents acknowledged the shortage of doctors was affecting not only the ability to access a doctor, but also the consultation time they received when they did manage to secure an appointment.

GP Workforce Profile

GP Registrar current experience

Enablers within the Workforce

Feedback from Registrars within the region highlight the importance of practices that have GPs working at different scope, the flow on effect from this provides the Registrar exposure to these advanced skills and broadens their experience. They also reflected on the importance of a welcoming supportive practice where practice nurses are working at top of scope, and GPs and GP Supervisors can deal with more complex procedures that enhanced their learning. Flexibility was another key enabler particularly for Registrars with young families and those that needed to travel.

Barriers within the Workforce

Overall feedback consistently highlighted the main barriers affecting the GP Registrar training experience were remuneration and benefits, Registrar placements and Practice support model. It was noted that GP Registrar training pay was similar to that of a first-year resident medical officer in the state hospital system. Information received reflected on how training in general practice can be isolating, due to heavy workloads of GPs and practice teams unlike the state health system where there is a lot of support available for example Junior Medical Officer units, Director Pre-vocational Education and Training (DPET), peer support and specialist pathways. In addition to pay and support, it was felt access to leave entitlements such as maternity/paternity and study leave, on top of the perceived 'state of general practice,' further incentivised Registrars to stay in the hospital system and take up other specialty training schemes.

It was identified that short term Registrar placements made it difficult for the Registrar to settle into the practice and community. For many embarking on their GP training, they were older, more established in life and attached to where they currently live because of a spouse's career or children's schooling and for these reasons uprooting families to follow them on short term placements was not viable. These 'forced' placements make it difficult for Registrars to develop a connection with the community if they feel they are only 'doing their time' with no real intent to stay locally. This is reflected in Registrars selecting 'rural' areas within proximity to larger urban centres enabling them to commute daily and still maintain family commitments.

Feedback identified that practices varying training models was problematic and could negatively impact their overall experience of training. Registrars felt the scope of what they could learn and do was limited in practices that utilised them to fulfil workforce demand by providing them with access to 'on the day' patients only. Registrars who felt their exposure and ability to do certain things was restricted became frustrated and moved on as a result.

GP Supervisor current experience

For many GP Supervisors within the region, they spoke of the passion and the joy they have in being able to support and inspire the next generation of GPs. However, they also acknowledged that supervision could be a burden to the GP workload and the time invested resulted in a loss of income was becoming increasingly more difficult as GP workforce numbers continue to decline across the region.

Enablers within the Workforce

GP Supervisors acknowledged that teaching allowed them to stay upskilled and provided them with joy as they witness Registrars develop their skills and confidence while on placement. Rural GPs especially felt their increased scope of performing advanced procedures such as minor surgical, skin cancers and gynaecological, was seen as an enabler as it provided additional opportunities for Registrars to broaden their training experience.

Barriers within the Workforce

Many GP Supervisors felt that the current patient workload was a key barrier within the workforce, for example across the region there are 1 – 6 week wait times for patients to access a doctor. It was noted that patients are becoming more complex to manage, these complex consultations were taking up more GP time, yet GPs have limited resources to manage them. GPs in rural areas particularly noted the lack of outpatient clinics or services locally to support and refer to, resulting in a lot of additional GP time spent organising care or investigations for patients for which they were not appropriately remunerated. GPs were fatigued, with many feeling burnt out which was impacting their ability to provide the level of support they would like to Registrars within their practice. Some indicated the level of remuneration for GP Supervisors was not reflective of how slow and labour intensive the role could be, especially with the level of support required for first and second year Registrars. In addition, the twice-yearly review of CVs and interviewing potential applicants was seen as time consuming, especially when many pulled out or did not accept the offer of placement. It was suggested streamlining the process through a centralised databank that showed available Registrars and practices would be more effective.

SOUTH EASTERN NSW GENERAL PRACTICE SURVEY INSIGHTS

SENSWPHN received 174 GP WPP survey responses. The majority of participants were Practice Managers (N=49), followed by GPs (N=46), Practice Nurses (N=33), GP Supervisors (N=30). Participants with Other roles (60) represented mainly by reception staff and administrators.

The current number of GP Registrars under supervision varies, ranging from 0 to 2. The percentage of GP Supervisors who either do not supervise any GP Registrars or supervise 2 GP Registrars is the same, both accounting for 20.8% of respondents. Additionally, the majority of GP Supervisors (58.3%) have one Registrar under their supervision. Regarding intentions to continue supervision, clarity is lacking. Around 33.3% of GP Supervisors are unsure about their intentions. The remaining GP Supervisors are equally distributed across plans to continue supervision for one, three, and five years.

A notable portion of respondents (29.4%) expressed interest in becoming GP Supervisors, while a similar proportion indicated that they are unsure. Additionally, a significant number (41.2%) of respondents were not interested to be a GP Supervisors. Based on free-text comments there were a range of considerations that impact individuals' decisions on becoming GP Supervisors, including work-life balance, experience, financial compensation, and career stage.

Survey responses indicated 40% of respondents from this PHN felt housing was a very important factor when selecting their practice and 60% considered housing as extremely important.

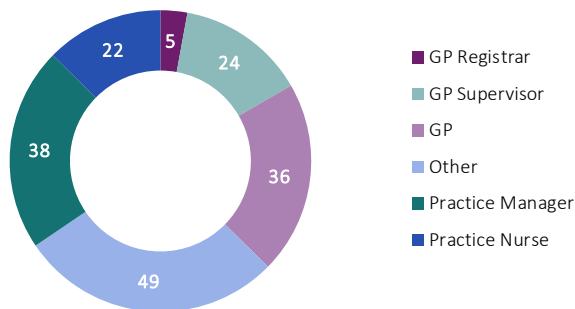
General Practice Workforce Planning and Prioritisation Survey

Highlights Dashboard

SENSWPHN

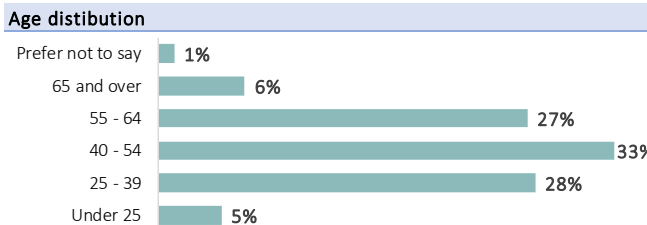
Total number of responses
173

Type of respondents



Demographic profile

Participants by gender		Proportion of First Nations
Female	80%	5.2%
Male	20%	
Prefer not to say	1%	

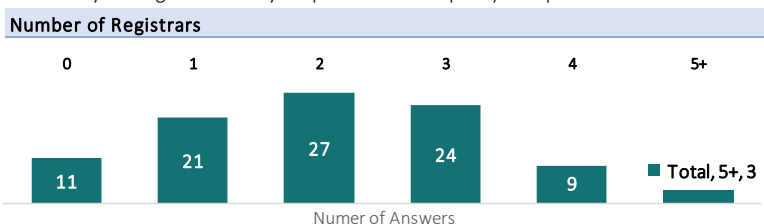


Training capacity

Is your practice currently accredited to supervise GP Registrars?

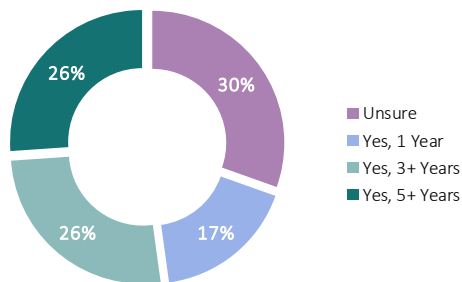
Response	Number of Answers
No	8
Unsure	5
Yes	80
Applying for accreditation	2

How many GP Registrars does your practice have capacity to supervise?

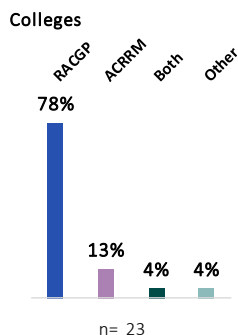


GP Supervisors

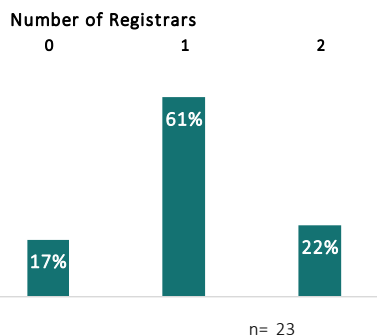
Do you intend to continue supervising GP Registrars, if so for how many years?



Which accredited college do you supervise for?

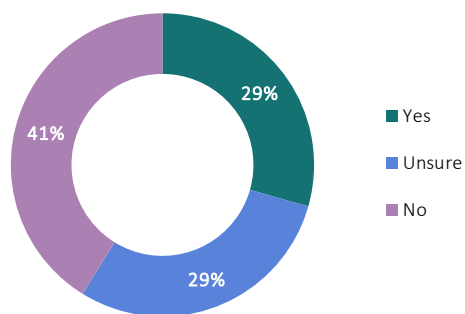


How many GP Registrars do you currently supervise?

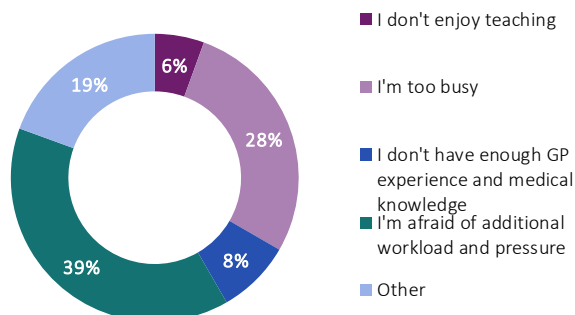


GPs

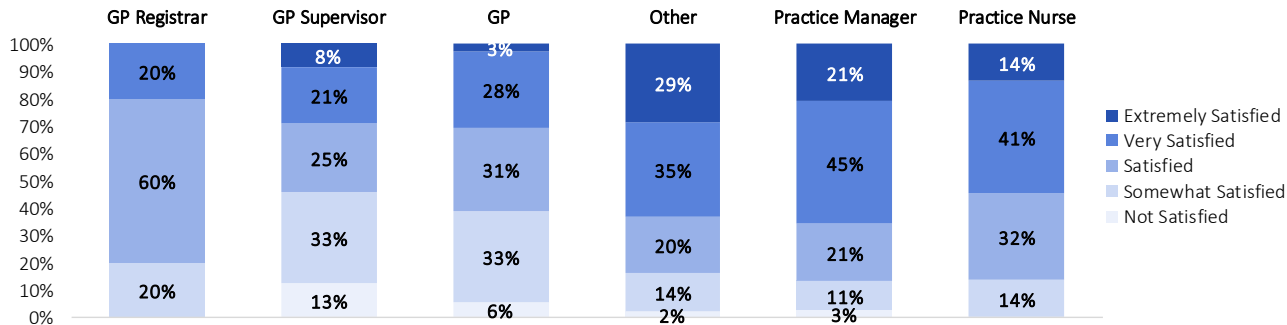
Would you be interested in becoming a GP supervisor?



Reasons for not wanting to become a GP Supervisor



Satisfaction level with current role



NSW AND ACT GENERAL PRACTICE SURVEY

SUMMARY

The GP WPP survey was developed to gain insights into current and future GP workforce needs in NSW and ACT. Findings from the survey provide understanding of local nuances and perspective on enablers and barriers experienced by the GP workforce within our community. The survey commenced on the 19th of June 2023, and was open for approximately 6 weeks, concluding on the 30th of July 2023. The survey was promoted through PHN email newsletters and educational events. Completion of the survey was voluntary, which was hosted on the Survey Manager[®] platform.

In total, 1,232 valid responses were collected, on topics including:

- GP workforce profile
- Range and description of health services
- Practice billing models
- Training Capacity
- Supervision patterns and intentions

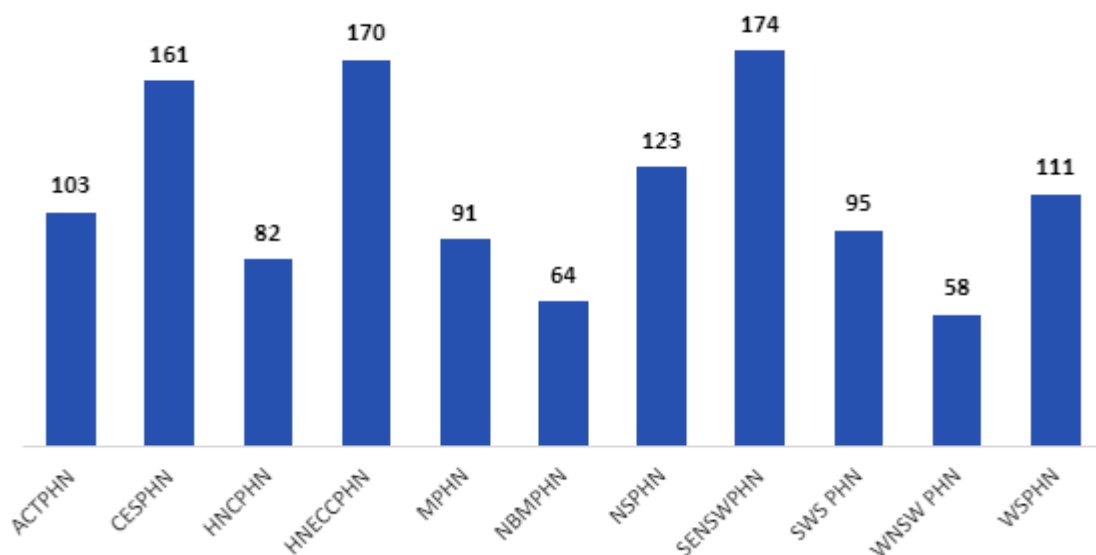
Future iterations of the survey will be used as an opportunity to build on and improve GP workforce insights and provide an understanding of changes in sentiment and behaviour over time.

Demographic profile

The target population comprised GPs and general practice staff in NSW and ACT. The 1,232 respondents included:

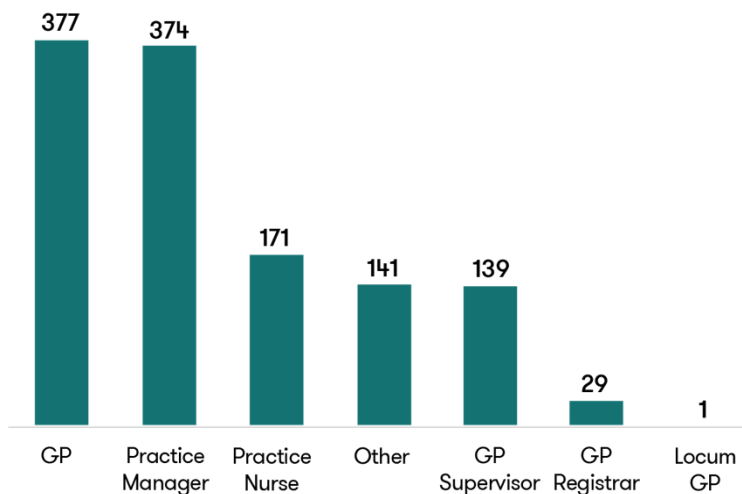
- 2.4% of respondents identified as Aboriginal and/or Torres Strait Islander people which is consistent with the ABS 2021 Census population proportion of First Nations people in the ACT (2.0%) and NSW (3.4%)
- 34.3% of respondents were aged 40-54, with the second largest group aged 55-64 (30%)
- 29.4% of respondents identified as Culturally and Linguistically Diverse
- 51.1% of respondents stated that they had experience practicing in a rural or remote community.

Figure 4. Number of survey responses by PHNs



Response numbers were driven by the ability of the PHN to promote the survey via their communication channels or events and to a lesser extent, the size of the workforce in these regions (see Figure 5).

Figure 5 Survey responses by general practice employee type



Although the sample is broadly reflective of the NSW and ACT general practice community, the low response rate from Registrars may be due to a lack of reach by PHNs to this group and improving their participation rate will be an aim for future surveys (see Figure 5).

Findings

Results from the Survey show that across all respondents:

- 59.4% are currently working in one practice, and 2.9% are not currently practicing
- 27.1% indicated that their current workload is equivalent to 1.0 FTE, while 33.6% indicated that their FTE exceeds 1.0
- 4.5% are not satisfied with current role, while 34% are very satisfied and 12.6% are extremely satisfied.

GP Supervisors were asked about the current number of Registrars they supervise and their intentions to continue supervising (see Table 2). The majority of GP Supervisors (52.6%) are supervising only one Registrar, while 23.4% have none. 16.1% supervise 2 Registrars, 7.3% supervise 3, and a small percentage supervise 4 Registrars (0.7%) which was the maximum.

Table 2. GP Supervisors responses on number of Registrars under supervision and future intentions

How many GP Registrars do you currently supervise?	% of GP Supervisors	Do you intend to continue supervising GP Registrars, if so for how many years?	% of GP Supervisors
0	23.4%	No	1.5%
1	52.6%	Unsure	16.1%
2	16.1%	Yes, 1 Year	9.5%
3	7.3%	Yes, 3+ Years	25.5%
4	0.7%	Yes, 5+ Years	47.4%

Survey results indicated that a significant portion of respondents are willing to continue supervising GP Registrars, with the majority (72.9%) expressing a commitment to continue for 3 or more years.

GP Supervisors expressed their reasoning, considerations, and sentiments related to continuing to supervise Registrars. They are summarised below:

- **Professional development and education**

"Keeps me up to date"

"Enjoy teaching and mentoring"

"Create a learning environment useful for the practice"

"Love to practice and educate at the same time"

- **Contributing to the future generation of GPs**

"Investing in future generations"

"Helping train the doctors of the future"

"Support the profession"

- **Addressing GP workforce shortages**

"Attempt to increase the number of doctors in our town long-term"

"Important to continue building the GP workforce"

Supervisors not interested in continuing to supervise Registrars provided the following reasons:

- **Transitioning to Retirement**
- **Challenges and Considerations**

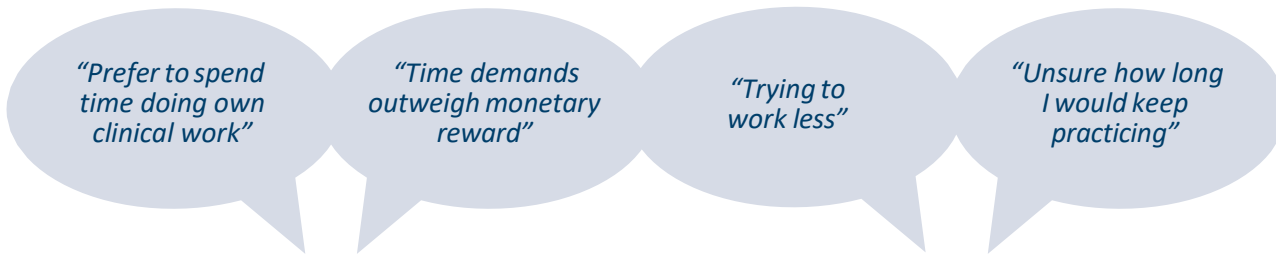
"Bureaucratic/administrative burden"

"Sense of obligation"

"Too busy"

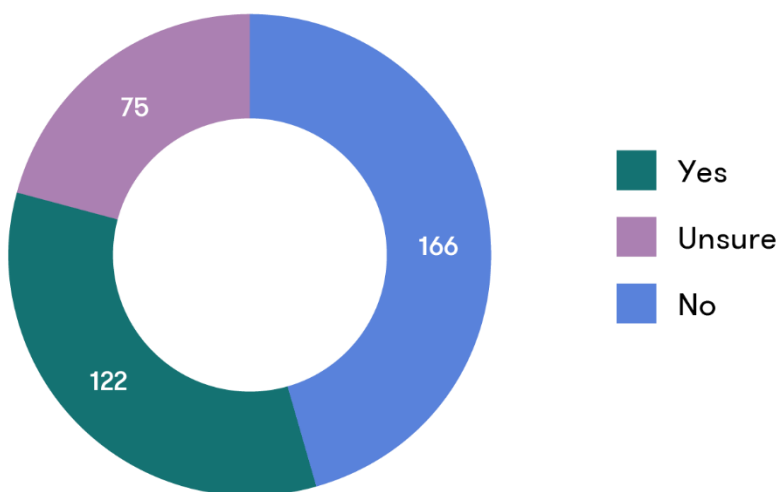
"Tired"

- Time, Remuneration and Lifestyle Considerations

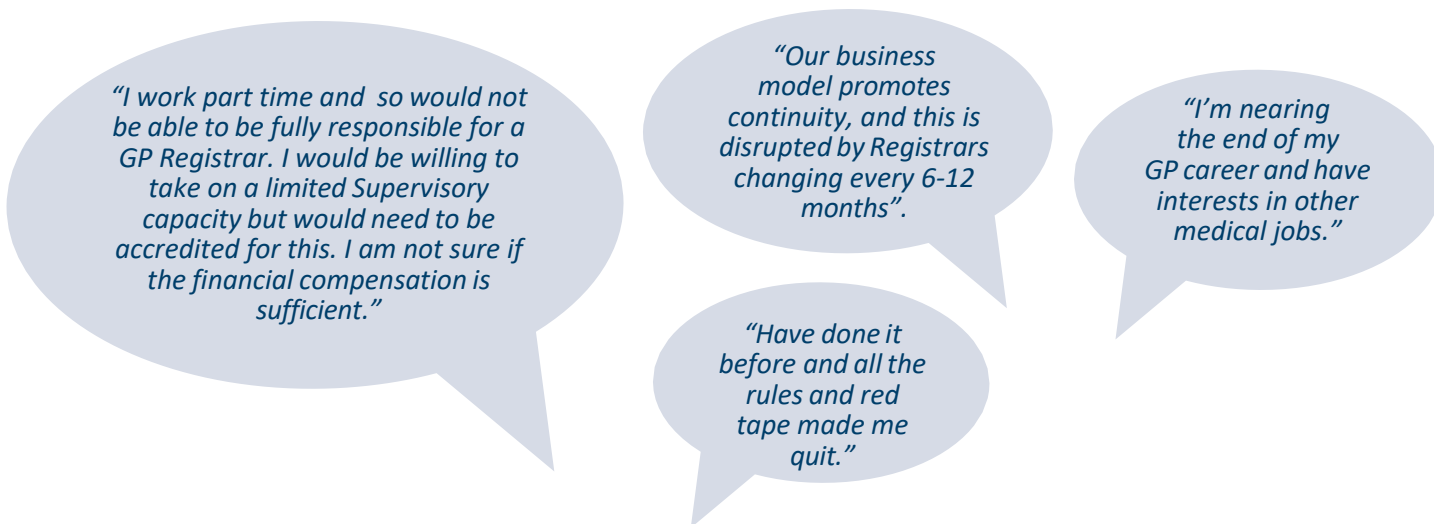


Of the total GPs surveyed, 122 (33.6%) expressed interest in becoming GP Supervisors, 75 (20.7%) were unsure about their interest, and 166 (45.7%) GPs indicated that they would not be interested in taking on the role of a GP Supervisor (see Figure 6).

Figure 6. Would you be interested in becoming a GP Supervisor?

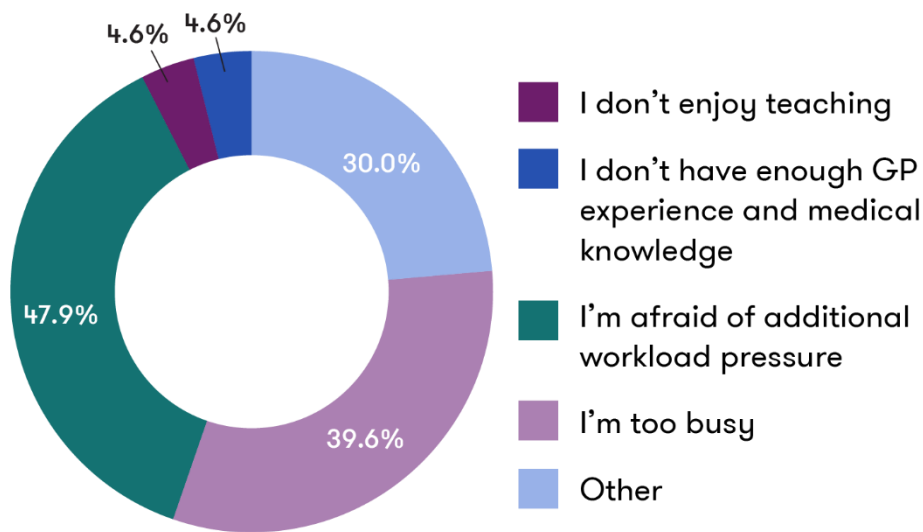


GPs who answered they have no interest in becoming a GP Supervisor were asked about the reasons for this (see Figure 7). Almost half selected that they "were afraid of additional workload and pressure". 40% selected the "too busy" option, and 70 GPs who provided their answers using the free text option:



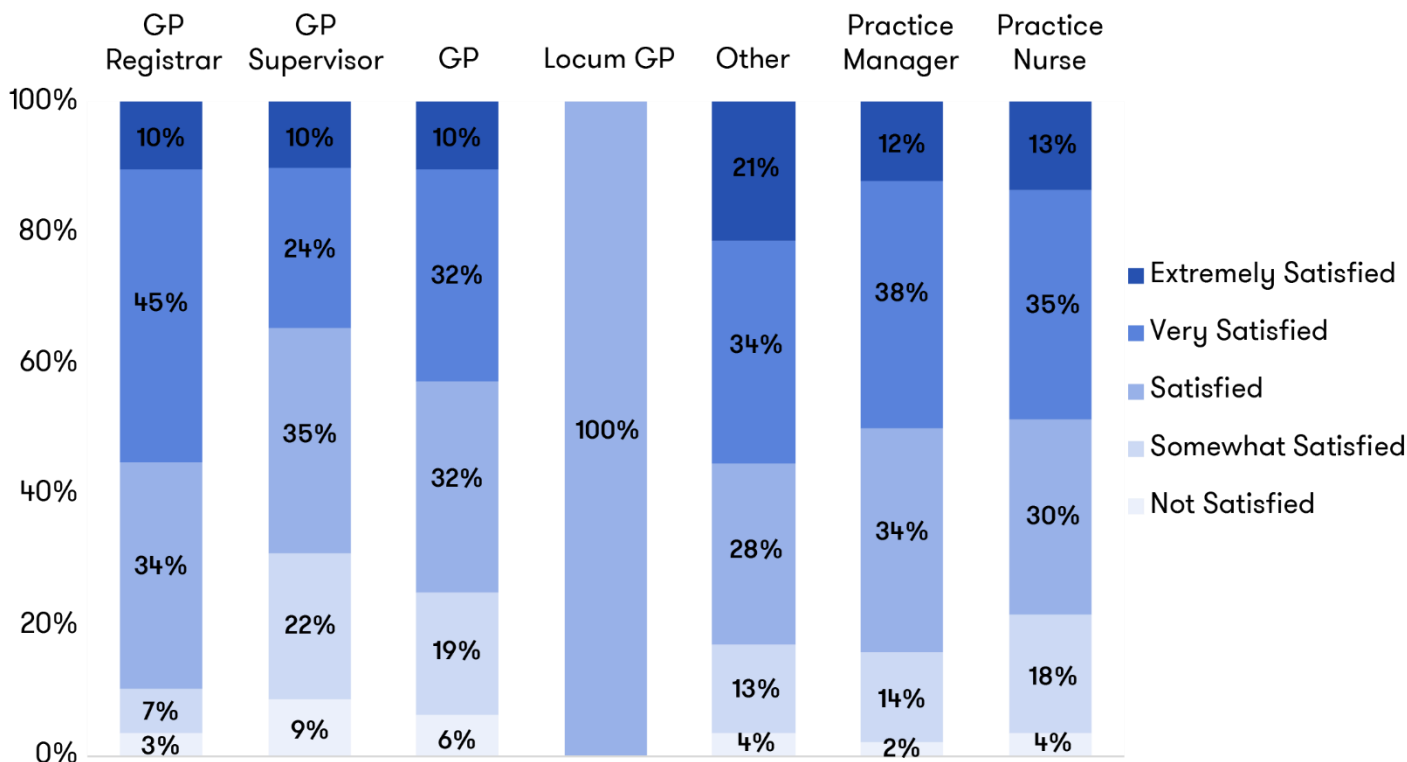
These responses reflect a range of factors contributing to the decision not to become a GP Supervisor, including career stage, financial considerations, time constraints, preference for clinical work and personal preferences.

Figure 7. Reasons for not wanting to become a GP Supervisor



The largest group of survey respondents (46% in total) reported being either very satisfied or extremely satisfied with their current role. Around a third of respondents (32.4%) were satisfied, while a smaller percentage had varying degrees of satisfaction. A small proportion (4.5%) reported being dissatisfied with their current role (see Figure 8).

Figure 8. Current role satisfaction by general practice employee type



The highest level of “Not satisfied” was reported by GP Supervisors (8.6%). All these 12 dissatisfied GP Supervisors provided comments to further describe their current situation:

“Excessive stress both from patient demand overload and the constant supervision of Registrars which is very demanding and time consuming.”

“Burnout; resignation long term GPs in last 2 years; lack replacement Registrars; complexity GP consultations; too much demand; lack of profit; business is borderline financially viable, and a 5% staff pay rise and increase superannuation 1/7/23; nearing retirement”.

“Too much bureaucracy, having to play a political game to get a fair go, doing useless CPD to meet requirements, accreditation games etc.”

Satisfaction levels reported by GP Registrars varied. Survey data indicated that the highest percentage of Registrars (44.8%) reported being “Very Satisfied” with their current role, followed by “Satisfied” (34.5%). Smaller percentages of Registrars reported lower levels of satisfaction, with the lowest percentage (3.4%) indicating “Not Satisfied.” One GP Registrar provided this comment on their experience:

“I love my role as a rural GP Registrar. However, in 2 years working here, I’ve lived in 5 different Airbnb homes, having to leave when peak holiday season starts. 50% of my salary goes to my practice and tax takes 50% of the remainder of a GP salary that is equivalent to that of a Childcare worker. As a single guy, I won’t be able to afford to buy a place for some years. I am seeing patients who own their own homes yet make demands for me to bulk bill them. All of this has left me thinking hard about whether rural practice is for me, when a town is not insightful enough from a town planning and sustainability perspective, to maintain professionals they supposedly urgently need.”

SUSTAINABILITY OF THE GP REGISTRAR TRAINING MODEL

Below is a summary of feedback received by PHNs during stakeholder engagement activities regarding the sustainability of the GP Registrar training model across NSW and ACT and proposed potential solutions.

Attraction of GP Registrars

Remuneration

Remuneration is a barrier to entry into general practice training as there is poorer remuneration for Registrar and fellowed GPs, compared to other specialties.

Exposure to General Practice

Medical students and junior doctors in NSW and ACT have limited exposure to general practice during their training thereby reducing opportunities for achieving understanding or developing interest in the specialty. Where medical students do undertake practice placements, positive experiences encourage their return following graduation.

Work life balance

Aspects of general practice training that are attractive include diversity of experience during training and the prospect of good work-life balance with flexible hours once fellowed.

Clinical skills

Unlike some other specialty training programs, GP Registrars have protected teaching time within their program. The access to extended skills training within the general practice training program can be attractive to junior doctors. The range of career opportunities available to GPs can also help attract trainees but some felt the rural generalist pathway has limited recognition within the hospital system. In regional and rural areas, a balance between hospital-based work and community-based work is important to support the medical needs of communities. Common across the state and territory is that practices with known high-quality Supervisors will attract Registrars.

General Practice patient base and working environment

Once enrolled in general practice training, Registrars are attracted to practices with positive team culture in areas aligned with their lifestyle choices. Working within a team of GPs, nursing, and allied health professionals to provide multidisciplinary care with access to onsite services such as pathology, imaging and other specialists is appealing to many clinicians. In metropolitan Sydney areas, practices with large patient numbers and with staff who speak languages other than English are attractive to Registrars. Conversely, practices with a high proportion of complex patients will be undesirable for Registrars.

Supervision impacts

The current model of training is becoming less attractive to practices and Supervisors due to increased workload for accreditation and supervision with insufficient remuneration to balance the time taken away from patient consultations. In addition to teaching clinical skills, Supervisors find an increasing amount of time is required to advise trainees on systems and processes such as billings and referrals, including navigating the complexities of private/public specialist referral processes and local knowledge of appropriate services and wait times.

Retention of GP Registrars

Connection to team and community

Recently fellowed GPs advised they returned or stayed at a practice because they felt connected to the practice staff, Supervisors, and the community.

Succession Planning

Much of the GP Supervisor workforce is approaching retirement age and there needs to be greater consideration of GP Supervisor succession planning within practices.

Lifestyle factors

The most common reasons cited for leaving a placement area are family commitments, particularly spouse's ability to find employment, cost of living, lack of available and affordable housing, and limited choice of schooling for children. Registrars are less likely to stay at a practice longer-term if they are further away from their home, family, and social connections.

Remuneration

Bulk billing practices find it hard to retain Registrars as they receive lower remuneration. Some practices advise it is becoming more difficult to retain GP Registrars as long-standing GPs due to Locum and Telehealth providers work offering newly fellowed GPs higher remuneration.

Short term placements

There was significant feedback that 6 monthly rotations of Registrars impedes continuity of care in the general practice setting and this can be undesirable for all involved parties. 6 monthly general practice placements also negatively impact Registrar access to employee entitlements particularly leave entitlements.

Potential Solutions

The impact of the suggested solutions or the feasibility of implementation have not yet been assessed by the NSW and ACT WPP Consortium. Some suggestions could be implemented by the GP training colleges to improve current processes while others require increased program investment or complex cultural or system level changes. Assessment of potential solutions to assist prioritisation of implementation and to inform policy directions will be considered in future WPP reports.

Table 2. Issues and potential solutions for the GP Registrar Training Model

Issue	Potential solution
Attraction to general practice specialty	<ul style="list-style-type: none"> • Increase exposure to general practice in medical school and junior doctor training. • Improve marketing of general practice as an attractive career option and highlight work-life balance. • Reduce disparaging language by authorities and within the health system, and correctly refer to GPs as specialists.
First Nations workforce and cultural competency	<ul style="list-style-type: none"> • Provide funding incentives for First Nations health organisations to provide mentoring in schools to encourage participation in medicine, nursing, and allied health studies. • Funding incentives for schools, universities, and First Nations organisations to support trainees to complete fellowships and work on country. • Create positions that support First Nations trainees. • Improve cultural competency of non-First Nations trainees.
Accreditation	<ul style="list-style-type: none"> • Streamline the process of becoming an accredited practice and Supervisor. • Provide additional support for rural and remote practices to become accredited.
Remuneration	<ul style="list-style-type: none"> • Improve Registrar and Supervisor remuneration. • Offer additional incentives to Registrars. • Reduce the discrepancy in remuneration between general practice and other specialities. • Provide additional funding for rural and remote Registrar placements and coverage of relocation costs. • Further develop the single employer model as it provides portable entitlements for Registrars. • Provide block funding for teaching of medical students and Registrars. • Incentivise GPs for tenure of service.
Supervision	<ul style="list-style-type: none"> • Develop robust remote supervision models where Supervisors share workload and Registrars have backup supervision including when the primary Supervisor is on leave. • Develop processes to support Supervisor succession planning. • Provide assistance to practices and Supervisors by formalising training and supervision models to improve training quality and consistency.
Attracting Registrars to Practices	<ul style="list-style-type: none"> • Develop Practice Profiles to promote a practice's strengths and training opportunities. • Expand the availability and capabilities of accredited practices to increase Registrar choice, especially in areas of need. • Review boundaries so that regional and rural practices are not competing with urban practices for the same pool of trainees.

Issue	Potential solution
Training quality and acceptability	<ul style="list-style-type: none"> • Increase opportunities for mentoring and developing extended skills. • Extend placements to 12-month part time at 2 practices rather than 6-month full time at one practice as this may be less disruptive for all involved parties. • Implement triaging by practice care team members to support appropriate Registrar case load. • Supporting or upskilling Registrars to undertake care of older people in the practice, at home or residential care facilities. • Improve informal training arrangements to support local GP upskilling and development of special interest areas to better serve rural communities' health needs. • Paid internships in a range of diverse primary care settings for example early childhood years, drug and alcohol and mental health programs; to support development of clinical skills needed by communities. • Post-graduate fellowships on care of low socioeconomic communities which may lessen health disparities and enhance healthcare for people living in poverty or marginalised communities.
Lifestyle factors	<ul style="list-style-type: none"> • Provide peer networking opportunities for Registrars. • Adequately orient Registrars to their new locations and arrange networking and social events to strengthen connections within communities. • Fund GP catchment support role (Placement Concierge / Family Integration Officer / Rural and Remote Lifestyle Officer) based in the local council or other organisations to provide relocation and retention support. • Fund a First Nations Immersion Officer to support understanding of local community and culture.

REFERENCE LIST

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DoHAC (Department of Health and Aged Care) (2023) [HeaDS UPP Tool](#), DoHAC website, accessed 9 August 2023.

SQM Research (2023) Residential vacancy rates data, SQM Research PTY LTD website, accessed 28 July 2023.

APPENDIX 1 – NSW AND ACT PHN STAKEHOLDER ENGAGEMENT

Table A.1 NSW and ACT PHN Stakeholder engagement details

Date	Engagement Activity	Attendees	Priority population/ Workforce type
SENSWPHN			
15/06/23	Targeted focus group – HealthPathways CE	7	GP/ PN
21/06/23 - 12/07/23	Community Survey distributed via Friends of COORDINARE and social media	46	Consumer
03/07/23	1:1 Conversation	2	GP Supervisor/ PM
04/07/23	1:1 Conversation	1	GP Supervisor
05/07/23	1:1 Conversation	1	GP Supervisor
10/07/23	1:1 Conversation	1	GP Supervisor
12/07/23	1:1 Conversation	1	PM
12/07/23	1:1 Conversation	1	PM
13/07/23	1:1 Conversation	1	Director Aboriginal Health
21/07/23	Targeted focus group – HealthPathways CE	6	GP/ Other
27/07/23	Clinical Council meeting	13	GPs/ PN/ LHD/ other
14/07/23 – 30/07/23	Follow up discussions with Survey respondents	47	GPs/ Registrars/ Supervisors/ PM/ PN

