KEY MESSAGES

Australian General Practice Training Distribution

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Policy context

In the past decade, the Australian General Practice Training Program, administered by GPET, has implemented a regionalised model of training. This period has been characterised by a significant increase in training places for GP registrars.

Maldistribution of the medical workforce is a common problem internationally. Interventions to address medical workforce maldistribution can be categorised into five groups: selection, education, coercion, incentives and support. As limited high-quality evidence is available to support these interventions, policy makers and educational institutions should ensure workforce policies are implemented with a strong evaluation focus to measure the impact of policy initiatives.

Key messages

> GP registrar distribution policies and programs operate at GPET and individual RTP level. These policies and programs are consistent with the national policy direction.
  
  o The GPET and RTP registrar distribution policies largely operate within the current national policy direction rather than extending it.
  
  o Future expansion of registrar places could be targeted by using more sophisticated definitions of workforce shortage. This may be particularly applicable in urban settings.

> Australian designations of workforce shortage are largely focused around geographic areas.
  
  o They do not systematically acknowledge that access to health care may be varied for different populations within the one area.
  
  o The Area of Need designation mitigates against this problem, but lacks a consistent and transparent methodology
  
  o Designations of workforce shortage in the US have attempted to adjust for social disadvantage and needs of specific population groups with some success.

> As the Australian General Practice Training Program expands, an opportunity exists to take a rational, purposeful approach to the distribution of training locations.
  
  o The distribution of training in rural areas remained constant between 2005 and 2010, with 52 – 56% of training occurring in locations designated as RA2-5.
Distribution of new registrars remained constant by state/territory over this time. It is more reflective of the percentage of the Australian population within the state than GP workforce ratios.

Registrars in the Northern Territory are making a significant contribution to delivering GP services, comprising of more than 30% of the workforce, using a method of approximation.

The current national policy direction for distributing registrars, together with overlaid GPET and RTP policies has placed a strong focus on the broad category of rural training (defined as RA2-5) and supplying registrars to outer-metropolitan areas.

The spatial audit of Queensland training locations demonstrated that current training locations are well positioned to fulfil these policy obligations.

The focus on training in RA2-5 and outer metropolitan may have created perverse incentives within the system which may be over-allocating registrars to inner regional and outer-metropolitan settings which are not Districts of Workforce Shortage for General Practice.

GIS methodology can help to identify areas of workforce shortage that fall outside of current Australian definitions, such as the urban underserved.