

# 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.
  - The GPET and RTP registrar distribution policies largely operate within the current national policy direction rather than extending it.
  - 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.
  - They do not systematically acknowledge that access to health care may be varied for different populations within the one area.
  - The Area of Need designation mitigates against this problem, but lacks a consistent and transparent methodology
  - 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.
  - 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.

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