

# POLICY OPTIONS

## Australian General Practice Training Distribution

### APHCRI / Robert Graham Center Visiting Fellowship 2011 Final Report

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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.

## Policy options

- > Key research and policy recommendation - A national GP training capacity database and longitudinal footprinting tool.
  - Data from GPET able to be combined with other data and databases to produce a powerful longitudinal tool for planning and evaluating the AGPT program, including graduate practice location and service profile.
  - A national GP training capacity database could combine information about training locating in medical schools, the prevocational setting and GP registrar training, assisting with identifying gaps and opportunities for training. This tool would also have the potential to use locations of GP supervisors and accredited training practices.
  - For use in evaluating the AGPT program, additional data sources should be considered:
    - GPET data from application, selection and training in AGPT
    - Medical Deans Outcomes Database
    - Medicare data
    - AHPRA data
    - Data from General Practice Colleges
    - MABEL data

- > Preferential allocation of training places with lower GP ratios, together with investment in expanding training capacity, may assist with redistributing workforce.
- > Training in inner regional (RA2) areas - GPET and RPTs should consider adopting policy and practices which target outer metropolitan practices which are also DWSs.
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- > Training in Districts of Workforce Shortage - The focus on distributing registrars across the global category of RA2-5 and to outer metropolitan areas may have created a perverse incentive shunting registrars into locations which are already well served.
  - o RTPs are well placed to address this, and should be supported to identify training locations which are in areas of shortage or which serve populations who have difficulty accessing general practice care.

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