

PGPPP (Provider) Guidelines

*for Providers of the Prevocational General Practice
Placements Program*



General Practice Education and Training Limited

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Introduction

There are two sets of guidelines to assist program providers with the Prevocational General Practice Placements Program (PGPPP). These are:

1. **The PGPPP (Provider) Guidelines** which are designed to offer program providers ('providers'), training facilities, supervisors and feeder hospitals with policy and procedural advice to assist with the delivery of the PGPPP.
2. **The PGPPP (Practice) Guidelines** which are designed to assist training facilities with the supervision, training, education and support of a junior doctor undertaking a PGPPP placement.

The guidelines can be located at www.agpt.com.au

History of the PGPPP

The PGPPP was formally established as a training program under Section 3GA of the *Health Insurance Act 1973 (Commonwealth)* in 2005. Since that time the program has proved popular in providing short-term, voluntary, high quality, well-supervised placements in general practice settings across Australia for junior (prevocational) doctors.

Up to 31 December 2009, the program was managed by the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP) with oversight by the former National Advisory Committee (NAC) on behalf of the Australian Government.

In May 2009, the Government announced the transfer of the management of PGPPP to General Practice Education and Training Limited (GPET), effective 1 January 2010.

General Practice Education and Training Limited (GPET)

GPET is a wholly owned Commonwealth company, limited by guarantee, and subject to the *Commonwealth Authorities and Companies Act 1997*.

The Australian Government established GPET to develop, oversee and fund regionally-based vocational and (more recently) prevocational education and training.

GPET achieves this through the management of the:

- Australian General Practice Training (AGPT) program, which provides vocational education and training for medical graduates, and the
- Prevocational General Practice Placements Program (PGPPP) which provides prevocational general practice placement opportunities for junior doctors.

Objectives and Outcomes of the PGPPP

Introduction

The Australian Government is committed to supporting measures that will increase the attractiveness of general practice¹ as a career which, in turn, will increase community access to primary health care services.

The Department of Health and Ageing (on behalf of the Government) funds the regionalised AGPT program and the PGPPP. These programs promote a range of workforce and training outcomes through the considered and effective use of resources across the primary health care sector, particularly in rural and remote locations.

Program objectives and aims

The primary objectives of the PGPP program are to enhance a junior doctor's understanding of general practice and the role GPs play in the delivery of health services at the primary and secondary health care levels. The program provides an opportunity for junior doctors to increase their exposure to the provision of primary medical care and consider general practice and/or rural and remote medicine as a career option.

The program aims to provide junior doctors with a positive and well-supported experience in a primary care setting that will improve a junior doctor's knowledge, practice and understanding of:

- the role of a doctor delivering primary health care services;
- 'general practice' as a community-based business entity;
- continuity of care in the primary health care setting; and,
- 'best practice' around effective referrals between primary and secondary care.

The experience is offered to junior doctors through a diverse range of training placements in the primary health care sector across Australia. PGPPP placements are supervised and are structured to ensure junior doctors in the program are able to participate in:

- patient consultations in the primary health care setting;
- clinical education and training opportunities (through the provision of education and training at the 'in-practice' and the program provider level);

In supporting the objectives of the program, GPET has reviewed the PGPP program and has introduced a number of changes that aim to:

- improve the effectiveness of the program (nationally/regionally);
- promote and expand opportunities for PGPPP placements
- promote integrated training in the primary health care environment;
- change the role of program providers to that of program manager;
- improve program efficiencies, performance and accountability;
- improve capacity to manage increased numbers of placements; and,
- strengthen the pathway and program alignment for junior doctors between the PGPPP and the AGPT program.

¹ Throughout these guidelines (where the context permits) a reference to 'general practice' is deemed to include a reference to the expression 'general practice and/or rural and remote medicine'.

Eligibility to Participate

General eligibility requirements

Postgraduate doctors who are engaged in the Australian health care system and hold a medical degree recognised by the Australian Medical Council and current registration with the Medical Board of Australia are eligible to apply to participate in the PGPPP.

Applicants with conditions on their registration will be considered as follows:

Intern conditions: Eligible to participate in PGPPP

Other conditions: Applicants who have, or anticipate having, conditions attached to their medical registration due to health or disciplinary reasons at the time of commencement of the placement are required to declare this to their provider prior to the commencement of the placement.

It is the responsibility of the doctor to demonstrate that the conditions attached to their medical registration present no barriers to practising in the general practice environment or to the successful completion of all aspects of the PGPP program and all relevant standards

NOTE: Eligibility in itself does not guarantee that a PGPPP placement will be offered to an eligible doctor.

The Health Insurance Act and PGPPP

The *Health Insurance Act 1973 (Commonwealth)* enables access to Medicare provider numbers for eligible medical practitioners working in an approved placement made for the purposes specified in section 3GA of the Act. Approved placements include those made in support of training in the PGPPP. Under the Act, GPET is a "specified body" (for the purposes of section 3GA of the Act) and is the authority to recognise and approve those 3GA program placements that occur within practice and training facilities that are accredited.

A Medicare provider number may allow a doctor undertaking a PGPPP placement to:

- raise referrals for specialist services; and
- make requests for pathology or diagnostic imaging services.

Where the junior doctor satisfies the legislative requirements, their provider number will enable patients to attract Medicare rebates for professional services rendered.

Interns (Postgraduate year 1)

In some states and territories, intern (PGY 1) doctors are able to access a hospital-based prescriber number to enable prescription for PBS services, and have access to a limited provider number to allow patient referrals to diagnostic services.

As interns do not hold general medical registration, they are not eligible for a provider number under section 3GA of the Act. This of itself does not preclude an intern from undertaking a PGPPP placement.

Postgraduate year 2+

Eligible PGPPP participants at PGY2 level or above will hold Medical Board of Australia general registration and will be eligible for recognition for a 3GA placement-specific training provider number that will enable the junior doctor to generate Medicare rebates for patients receiving their medical services within a practice or training facility that is accredited for PGPPP placements. PGY 2+ doctors will be eligible to access A1 Medicare rebates while undertaking a PGPPP placement.

PGPPP Placements

Management of PGPPP placements

PGPPP placements are managed at the regional level by program providers that are in contract with GPET.

Allocation of placements

GPET utilises an evidenced-based approach to the allocation of PGPPP placements and funding to program providers. Placements are allocated according to the following criteria:

- Availability of prospective doctors for general practice placements
- Provider capacity to manage placements i.e. having a sufficient number of accredited and available training facilities

Allocations are made to ensure an equitable distribution of placements in a range of locations across Australia, including outer metropolitan, regional, rural and remote locations.

GPET is required to ensure that the vast majority of PGPPP placements (measured in full time equivalent weeks) occur in training practices or facilities located in category RA2 to 5 locations – see below.

Providers are allocated a number of placements and their required distribution, including in outer metropolitan, regional, rural and remote locations. The allocation represents the minimum placements required to be undertaken for the program year.

GPET uses the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system to support placement allocations. These are listed below:

- RA1 - Major Cities of Australia
- RA2 - Inner Regional Australia
- RA3 - Outer Regional Australia
- RA4 - Remote Australia
- RA5 - Very Remote Australia

Accreditation of training practices, posts and/or facilities

PGPPP placements can only occur in a training facility that carries the appropriate level of facility accreditation. For a PGPPP placement to occur, the training facility must carry the required level of practice accreditation, as follows.

- Relevant state/territory Postgraduate Medical Education Council accreditation for intern placements
- Relevant state/territory Postgraduate Medical Education Council accreditation for PGY2+ placements (where required), and
- Professional College accreditation (RACGP and/or ACRRM).

Role and Responsibilities of Provider

Role of providers

GPET contracts with providers to deliver, manage, and support all aspects of the PGPPP at the regional level.

Provider requirements and responsibilities

Providers are required to be incorporated bodies and have the capacity and experience in the delivery of standards-based medical education and training.

Providers will have demonstrable links with the general practice community (particularly training practices/supervisors) and be able to demonstrate that they have sufficient quality measures in place to manage and monitor the delivery of training, particularly at the training practice level.

In carrying out this role, providers are expected to:

- work collaboratively with organisations releasing junior doctors for PGPPP placements as part of a prevocational training program
- Develop and deliver an education and training program that is designed to promote and support the objectives and the aims of the program
- Support training practices and supervisors to deliver ‘in-practice’ education and training that will effectively support the objectives and the aims of the program.
- Perform to the level required by GPET in its contract with the provider.

Providers will ensure that all training practices or facilities for PGPPP placements hold and continue to hold the relevant levels of practice and supervisor accreditation before a PGPPP placement is allowed to proceed.

It is the responsibility of each provider to ensure that their PGPPP placements are managed in accordance with the following:

- Provider contract
- PGPPP (Provider) Guidelines
- PGPPP (Practice) Guidelines
- CPMEC requirements (Junior doctor curriculum requirements)
- State-based postgraduate medical education council requirements
- College requirements (RACGP and ACRRM)
- Federal and/or state legislation including relevant industrial or employment awards
- Other requirements relevant to a PGPPP placement.

The following requirements must be checked and (where required) met **BEFORE** a junior doctor commences a PGPPP placement:

- The facility supporting the PGPPP placement is accredited, as required
- The supervisor of the PGPPP doctor is accredited, as required
- The PGPPP doctor holds required level of professional indemnity insurance (this is required for ALL placements)
- The junior doctor has Medical Board of Australia registration
- The junior doctor has a Medicare Provider Number (PGY 2+) for the approved placement

- The junior doctor has the necessary level of clearance to work with children (where required)
- The junior doctor has completed and signed the enrolment and privacy consent form for PGPPP as required by GPET.

Orientation

Providers are expected to provide an orientation to the PGPPP and the Australian primary health care system to all incoming junior doctors.

Workplace Orientation

Providers must ensure PGPPP doctors receive a workplace orientation. This responsibility is shared jointly with the training facility.

Education and training program

Providers are expected to provide an education and training program that will:

- Build junior doctors' confidence, exposure and interest in general practice to encourage junior doctors to select general practice as their medical career.
- Enhance junior doctors' understanding of the role of general practice and of the integration between primary and secondary health care.

External PGPPP placement visits

Providers are required to arrange an external visit to the junior doctor to undertake a period of observed consultations – this should be done as a 'Level One' activity, which is outlined in the PGPPP (Practice) Guidelines, and adjusted in accordance with the performance level of the junior doctor.

Supervision

Supervisors carry the responsibility of providing a safe and positive environment within the training facility that promotes and supports:

- the safety of patients, practice staff and other clinicians;
- the well-being and safety of the junior doctor;
- the delivery of competent medical care;
- transfer of learning; and,
- feedback process and critical reflection

Pastoral care

Providers are expected to work consultatively with junior doctors, hospitals, supervisors and training facilities to ensure junior doctors in PGPPP are provided with pastoral care and support appropriate to their needs and/or level of experience.

Pastoral care and support in this context includes, but is not limited to:

- ensuring there is an orientation process in place at both the training facility and provider level;
- supporting the junior doctor's relocation to the PGPPP training environment, including securing accommodation;
- ensuring there is a smooth transition to the PGPPP placement with minimal disruption and stress to the junior doctor's family;
- being respectful of the junior doctor's personal circumstances; and,
- ensuring there is an appropriate and timely process in place to enable action to be taken to remedy any issues arising through the PGPPP placement.

Grievances

Program providers must ensure junior doctors undertaking a PGPPP placement are aware of and have ready and open access to their hospitals and/or provider's grievance procedures during their placement.

Feedback, review and improvement

Providers are required to collect feedback from their training practices and supervisors on the performance of a junior doctor undertaking a PGPPP placement.

The feedback is to be used to bring about program improvements and help satisfy employer assessment requirements arising from the placement.

Providers are expected to:

- commit to and participate in processes used to monitor, review and improve the program;
- engage widely in the consultation process; and where appropriate; and
- share relevant deidentified PGPPP data and/or research-based findings that will inform program development.

GPET will facilitate a national satisfaction survey (exit survey) for completion by all junior doctors. Providers will co-operate with GPET, Placement Practices and relevant hospitals to develop streamlined placement evaluation arrangements that provide for the sharing of evaluation information between stakeholders and with GPET.

Program reporting

Providers are required to report program performance and activity data in accordance with their contract requirements.