

REVIEW OF REGIONALISED GENERAL PRACTICE TRAINING IN WESTERN AUSTRALIA

Summary

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Summary

In mid 2006 WAGPET commissioned an **independent review** of its progress in regionalising general practitioner training. The review was guided by **key participant views** on three broad questions outlined in the terms of reference:

- What is working well - and what is not working well?
- What aspects of the training program should/should not be further regionalised?
- What is your vision of how the regional GP training program can best be delivered in WA?

The 148 **respondents** came from all nine training regions and included a wide range of stakeholders who directly participate in training. Information was collected during face-to-face and telephone interviews, and by survey (using e-mail, fax, or post). The overall response rate was 40%.

Seventy five percent of respondent stakeholders and 90% of 'direct training providers' rated the current regionalised training as working 'moderately well' or 'very well'. Information given within and between groups and regions was highly variable, and on some issues, respondents were often in contradiction. However, in all stakeholder groups and regions the majority concurred that

- **regionalisation** is a desirable goal, is proceeding successfully, and should be supported and further developed across the regions
- **Regional Advisory Committees (RACs)** underpin regionalised training but they vary in stage of development and effectiveness and need continued support
- **locally designed and delivered education** is successful
- the **program has improved** significantly since early in 2005 when WAGPET commenced direct delivery of all education
- program functions including fundholding, administration, Registrar selection, quality assurance etc should **be retained by a central** coordinating office.

Respondents identified many aspects of training that were '**working well**'.

- **Registrars** most commonly noted the assistance given by WAGPET staff, high quality Supervisors, excellent rural training experience, invaluable ECT visits, and the quality and relevance of the teaching they received in the practice.
- **Supervisors** most often referred to WAGPET staff, the high quality of training delivered, good organisation of the program, the value of supervised experience in general practices, the variety of teaching/learning opportunities, the mix of Perth and regional education involving local GPs and other experts, program flexibility, and regional training in core skills. Around 70% of Supervisors reported that they enjoyed **their role** and found it very rewarding. Most believed it was viable if given adequate support and appropriate training. However, the risk of burnout was raised by several Supervisors, some of whom reported that that the role was too onerous, not economically viable, frustrating, unsatisfying, and not appreciated.

While 75% of respondents rated the current regionalised training as working 'moderately well' or 'very well', 70% also identified aspects of training that were '**not working well**' and/or they thought should be improved. Comments varied

widely within and between stakeholder groups and regions, many came from a small and highly vocal group, numerous comments were made by only one or two people, and many related to broader systemic issues. The need for better understanding of WAGPET and the current model of training was also evident in the misperceptions of a significant number of respondents. The most common areas noted by respondent groups as 'not working well' were

- **Registrars** - repeated material, excessive non-clinical content, and their individual learning plans.
- **Supervisors** - low/inconsistent Registrar supply, appropriateness of placements, Registrar and Supervisor training issues, and Supervisor/practice remuneration.
- **'Other providers'** ie Division, Hospital, Aboriginal Medical Service, Rural Clinical School - their very diverse views were mostly single reports of specific problems that reflected either local or broader concerns in the training and general practice arenas.
- **WAGPET staff** - improved stakeholder understanding about WAGPET and its activities, clarification of key roles including RAC and TA, more/improved evaluation and quality improvement in regions, and many other specific changes.
- **Practice Managers** - Registrar supply and placement, accommodation, and Registrar remuneration.

Overall, very few stakeholders indicated any wish for **fundamental change** to the current model but there were many individual suggestions made for improvement.

A common theme across all groups was the urgent need for **communication and cooperation** between both current and potential providers and stakeholders in order to progress and maximise the benefits of regional general practice training.