Evaluation of the Community Residency Program

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1. PREFACE

The context for the evaluation of the 2015 Community Residency program (previously the Prevocational General Practice Placement Program - PGPPP) funded by the Department of Health WA changed during the course of 2015.

As a consequence it was felt important to document these events as they are a good illustration of how quickly programs of this type can change, often without the basic evidence available to guide the decision or design of the subsequent program.

BACKGROUND AND CONTEXT

In the 2014 May Budget the Federal Government announced it would cease funding the Prevocational General Practice Placement Program (PGPPP). This program had been running across the country since 2005. Its basic purpose was to enable hospital based prevocational doctors to work in the community, giving them invaluable clinical experience in that setting.

One of the major successes of this program in WA had been that it enabled junior doctors to undertake the majority of their training in a rural area, leading to an increased rural workforce and a rural pathway to general practice.

The training places across WA ranged from private General Practice, Aboriginal Medical Services, Community based service providers like Silver Chain Group and the WA Country Health Service.

The presence of a GP pathway from early in a junior doctors career was important to Western Australia given the significant workforce shortages being experienced, especially in outer metropolitan and rural WA.

Due to the success and importance of the program in WA the WA Government stepped in to fund the training of junior doctors in the community after the Federal Government withdrew its support in 2014.

THE COMMUNITY RESIDENCY PROGRAM UNDER STATE GOVERNMENT FUNDING

WAGPET had geared up to deliver 35 FTE community residency positions in 2015, part funded by PGPPP as per the previous ten years through their extensive community training networks across rural, remote, Aboriginal Health and outer metropolitan settings. At short notice the State Government picked up the program and funded WAGPET, to continue with 20 FTE community placements in 2015.

The initial intent of this evaluation was to evaluate the first year of the program under state government funding and to use the outcome of the evaluation to guide the design of the program into 2016 and beyond. At this time it was envisaged the program would continue into the future in a similar form.

However, in 2015 the department advised that it would need to tender any future funding and in mid 2015 it did so. The tender specifications fundamentally changed the nature of the program by putting to tender separate component parts of private general practice, community health, aboriginal health, and rural placements. This was in contrast to the program previously coordinated and run entirely by WAGPET.

It is understood that only one organisation tender for these placements, this being the Silver Chain group who support the Silver Chain community placements in the metropolitan area.

As a result 2015 represents the last year of WAGPET managing this program; this includes their selection processes, orientation, educational support and overall governance. There have been numerous reports to show how successful this program has been over the past few years under the Commonwealth funding model[1].

2. EXECUTIVE SUMMARY

The evaluation of the community residency program in 2015 focused on those material differences with the PGPPP run between 2005 and 2014. It also canvassed program participants with a range of survey questions before and after their placements.

The basic findings are presented as an evaluation of the program itself and the impact of the program changes in 2015 and how the outcomes from the program in 2015 differed for participants. The program offered in 2015 differed in some very material ways. These differences were substantial and had various impacts on the program as follows:

ACCESS TO PROVIDER NUMBERS (BILLING MEDICARE)

At the time the Commonwealth government ceased its funding of the PGPPP in 2014 it also ceased supporting the trainees to access a provider number and hence Medicare. Ultimately, this was to have a major impact on private general practices involvement in training junior doctors with almost all of the private training practices withdrawing from the program.

The ultimate consequence of the removal of the access to provider numbers meant a severe reduction in private GP placements with almost all of the practices withdrawing from the program. These represented a third of all available placements.

The access to provider numbers was maintained for the salaried doctors working in the Kimberley, Pilbara and Goldfields regions courtesy of Rural Health West, they managed to use the GP locum program to access provider numbers for the trainees. Without this arrangement even fewer places would have been available in the North West.

[1] R & A Lockwood Consultants (2007) The community Residency Program: Pilot Evaluation
R & A Lockwood Consultants (2008) The Community Residency Program: Business Models
PDT Faye Harris (2010) The WA Community Residency Program 2006 – 2010
HealthFix Consulting (2014) Supporting Doctors to Practise Where They Are needed Most: Options for WAGPET

A recent review of the intern program, undertaken for the Australian Health Ministers Advisory Council (AHMAC) was completed in 2015. This review recommended reinstating access to provider numbers for those junior doctors working in private settings.

Recommendation 6 of this report highlights the need to expand training into the private, not for profit and community settings. It suggests that this needs to be done within the next 1-2 years, with the reintroduction of provider numbers for junior doctors after their intern year.

An acceptance of this recommendation would see the Commonwealth reversing it decision to remove access to provider numbers for junior doctor training.

Recommendation 1.

The inclusion of private General Practice in the training of future GP's is essential and must be accompanied by access to Medicare Provider numbers to be effective.

DELAYED APPROVAL FOR THE CONTINUATION OF THE PROGRAM

As the State government had not budgeted to support the continuation of the program into 2015, it took some time before access to the necessary funding could be approved and this meant shorter preparation time for WAGPET and uncertainty for the junior doctors.

The poorer access to provider numbers, coupled with the late approval for continuation of the program, meant that fewer places and trainees could be accommodated.

In fact, there was a reduction in placements from 21 FTE to 14 FTE and a reduction in the number of RMO's from 72 to 58. This was despite the program being over subscribed. This mean that at least 14 RMO's remained in training in tertiary hospitals when they had preferred a community placement.

Recommendation 2.

Adequate notice is needed to make sure any community based training program can be properly managed and promoted at the same time as other training opportunities.

PROGRAM COST CONTAINMENT MEASURES

The funding available to the program was less than previously provided by the Commonwealth government. As a result some cost reduction measures were introduced including the replacement of the previous "face to face" orientation of doctors into the program with an online orientation.

Similarly, the previous external clinical GP assessment was discontinued. These had previously involved visits by accredited GP supervisors who would spend time with the trainee in the practice and assess their performance with patients.

Neither measure had a material impact on the participants who reported that the orientation program and assessments were adequate.

Recommendation 3.

*The cost containment measures introduced could reasonably be applied in any future program*Integration of medical education and training

While the cost containment measures in the program have been appropriate, there is little room for further containment without a more fundamental effort to integrate community medical training with hospital based training.

The problem with developing the community residency program in isolation from the wider training effort is that it becomes a separate, and more expensive, boutique program, under the control of the hospitals rather than taking its place as a fundamental part of the education and training of doctors.

Integration of the program could then take advantage of simplifying administration, reducing duplication and minimising the disjointedness of the overall education and training effort.

It is timely for such a rethink of the medical education and training effort with:

- The growth in medical graduates requiring clearer career pathways,
- The growth in demand and need for community based services in the face of an ageing population and growth in chronic health conditions,
- The maldistribution of the medical workforce in WA,
- The existing shortages in rural and outer metropolitan areas, especially in General Practice,
- The over reliance on overseas trained doctors to provide the community based medical services and,
- The need for increased training places to accommodate the new graduates.

In the light of these clear pressures an integrated medical education and training plan is needed.

Such a plan could harness the capacity and effort of hospitals and the primary health sector, working together, to produce doctors with the education and training that will equip them for these pressures.

An integrated program that is focused on solving the States medical needs will be a good basis for working with junior doctors to encourage them to work where they are needed most and ultimately contribute to better health outcomes for Western Australians.

Recommendation 4.

That WAGPET works with the Department of Health and advocates for the development of an integrated hospital and community based medical education and training program for Western Australia in order to address the emerging medical pressures confronting the community.

PROGRAM DESIGN AND VALUE TO PARTICIPANTS

The remainder of the evaluation focused on the surveys of the participants conducted before and after the program.

The community residency (Previously PGPPP) represents an extraordinarily popular program with over 900 applicants for these rotations and with almost half of the applicants wanting a rural placement.

This shows how well this program has been received in WA and how it has grown over time to be an attractive training option that encourages doctors to try General Practice in all its various settings, rather than locked into hospital based training.

The surveys conducted before and after the placements clearly showed that the significant benefits previously assessed in the PGPPP where again present in the community residency program.

The key findings of the experience from the trainees included the following:

- Trainees had a high expectation of the quality of the learning and access to extensive community based clinical experience and these expectations were met.
- Trainees reported that the program had assisted them to make a better and more informed decision about a career in General Practice.
- Trainees reported a better understanding of the interface between primary and secondary care, being a key objective of the program.

These outcomes are unique to the design of the program, which in turn creates an effective training pathway into General Practice and areas of workforce shortage.

Recommendation 5.

That the PGPPP or Community Residency program be supported as an essential piece of the education and training of the future General Practice workforce in Western Australia.

Recommendation 6.

That the significant design changes introduced to the Community Residency program by the Health Department in 2016 be evaluated to ensure the benefits of the program have been maintained.

3. SUMMARY OF RECOMMENDATIONS

Recommendation 1.

The inclusion of private General Practice in the training of future GP's is essential and must be accompanied by access to Medicare Provider numbers to be effective.

Recommendation 2.

Adequate notice is needed to make sure any community based training program can be properly managed and promoted at the same time as other training opportunities.

Recommendation 3.

The cost containment measures introduced could reasonably be applied in any future program.

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That WAGPET works with the Department of Health and advocates for the development of an integrated hospital and community based medical education and training program for Western Australia, in order to address the emerging medical pressures confronting the community.

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4. Evaluation of the Community Residency Program 2015

Prior to the 1996 provider number legislation junior doctors could work in general practice at any time after their intern year. This enabled them to see if general practice might be a career they intended to pursue prior to making a long-term commitment. After the 1996 legislation was introduced the only specialty junior doctors could not experience in the hospital, prior to making a career choice was general practice.

The PGPPP was established in 2005 as a training program in all States and Territories under section 3GA of the Health Insurance Act 1973 as an initiative under the Commonwealth Government. This enabled junior doctors to train in the community and access Medicare benefits. Its aim at this time was to address the shortage of GPs and the apparent lack of interest in GP careers by junior doctors.

In most States this program was used purely to place junior doctors into general practices, however in WA it differed in a number of ways, specifically in that it was used to enable composite positions. This meant that junior doctors could spend 50% of their working time in a local or rural hospital and 50% in a community placement. This was seen as the way many GPs worked, across both the hospital and community setting. When these positions were in rural areas, they were at least double rotations of at least 22 weeks so that the junior doctors could get enough exposure to both settings and the rural community. These positions were highly successful in the Kimberley and lead to an integrated Aboriginal training pathway.

In 2014 prior to the Commonwealth withdrawing funding for the PGPPP, WAGPET managed 21 FTE placements across WA.

In 2014 management of the PGPPP included

- A selection process that ensured appropriate junior doctors were selected and allowed the general practice to say if the junior doctor was not suitable for their practice
- Close liaison with hospital's that employed the junior doctors and notification of who and when their doctors were doing PGPPP
- A face to face orientation program for the community placement
- Ensuring adequate supervision and education
- Pre and post supervisors' assessments of the junior doctors undertaking all components of a community residency
- Administration of payments to practices and hospitals, payment of travel and accommodation costs, as well as processing 3GAs
- Organisation of external clinical teaching visits
- Evaluation and feedback for both the placements and junior doctors
- Joint accreditation of all placements with the Post-Graduate Medical Council, RACGP and ACRRM
- Support for junior doctors when conflict around clinical and personal issues arose
- Recruiting new placements
- Advertising the program for the following year to practices, hospitals and junior doctors.

GOVERNANCE ARRANGEMENTS FOR 2015

In December 2014 WAGPET signed a contract with the WA Health Department to deliver 20 community placements.

A steering committee was set up under the auspices of the Chief Medical Officer, with the Chair being the Chair of the Post Graduate Medical Council. Its first meeting was in December 2014 with the aim to establish Terms of Reference. These included the following purpose.

PURPOSE

WAGPET has been successful in securing a 12-month contract with HDWA to continue management of up to 20 Resident Medical Officers (RMOs) into short term Community Residencies across a variety of settings in 2015. The purpose of the Community Residencies Steering Group (CRSG) is to ensure the many stakeholders can share and provide input to the program. With a broad membership of shareholders, the group will also have a role in the strategic direction of any Community Residency Program in WA that may follow this 12 month program. It was to meet bimonthly (Appendix 3)

The department was informed that if any further funding became available for future Community Residency Positions that they would have to be tendered. The committee met on one other occasion and after the April meeting was cancelled no further contact was made with the members of the steering committee.

An email was sent to interested parties in June 2015 announcing that funding had been secured to run a community residency program in 2016. It was put out to tender with a closing date of 6th August 2015, with successful applicants being informed in September.

THE 2015 PROGRAM

Junior Doctors apply for their jobs in June of the prior year with information sessions and advertising happening in April/May prior to the Federal governments announcement. In 2014 there was uncertainty around whether or not the community residency program would be available in 2015 and in what form.

WAGPET did interview doctors interested in the 2015 program but as uncertainty continued many pulled out of the program. Community placements are not finalised until late October. This intensive placement program has meant that uncertainty around continuation of the program has huge implications with both practices and junior doctors pulling out of the program.

The timeline described at Appendix 1 shows how important it is to have certainty around funding early in the year preceding the placements.

The table below shows how the uncertainty impacted on the number of placements, even with funding available for 20 placements only 14 placements were secured for the year. These placements were composed of 20 different posts, in the prior year 29 posts were utilised.

Activity under PGPPP in 2007 and 2014 and Community Residencies 2015

2007	2014	2015
2 placements	21 placements	14 placements
2 RMOs	72 RMOs	58 RMOs
52 FTE weeks	1112 FTE weeks	954 FTE weeks
1 FTE position	21.5 FTE positions	18.5 FTE positions

MAJOR CHANGES FOR 2015

The loss of dedicated Medicare 3GA provider numbers for the 2015 program led to abandoning a number of GP placements where no provider number could be accessed. Rural Health West administers the Rural Locum Relief Program, which allows access to provider numbers in rural towns with a workforce shortage. Co-operation between the two organisations allowed a number of these provider numbers to be accessed but lead times to ensure that numbers where available for a placement of 10 weeks were often 3 months (over the Christmas break).

Seven placements where lost due to lack of provider numbers these were GP/Pediatrics-Midwest, GP/ED-Midwest, Rural Acute Medicine/Aboriginal Health-Midwest, GP/ED-Perth and Outer Metro North, GP Perth Outer Metro North, GP/ED Perth and Outer Metro South, GP/Pediatrics South West

In order to streamline the program and improve cost efficiencies the orientation program that had previously been done “face to face” was delivered on-line. This seemed to work effectively and received feedback from participants confirming its adequacy.

In the previous program External Clinical Teaching visits had been made to junior doctors places in GP clinics, again as part of the cost savings measures these were ceased in 2015. Pre and post supervisor assessments were continued and junior doctors were invited to attend the WAGPET regional education program provided for AGPT registrars in their locality.

THE SURVEYS

Surveys were undertaken by the practice managers, the supervisors and the participants both pre and post their placements. A copy of the survey questions can be found at Appendix 2.

As most of the rural placements where for two rotations many of these doctors filled in two surveys.

The total number of junior doctors that participated in the survey was 58.

Total number of different posts was 20, with 14 FTE different placements made throughout the year.

FINDINGS

The findings from the pre and post surveys confirmed those found in previous evaluations of the PGPPP and Community Residency programs. Both programs have been demonstrated to give junior doctors good clinical teaching and exposure, is well supported and an excellent adjunct to hospital placement.

59 Pre- Placement surveys were returned.

The results of these surveys found that the large majority of doctors undertaking a CRP were considering GP as a career, that they were looking forward to treat patients with a wide variety of clinical conditions, they liked working autonomously and thought that general practice offers a flexible lifestyle and working hours.

36 Post Placement surveys were returned. (At the time of this report the last rotation was yet to be undertaken and results were not available)

In all respects the program met the participants expectations. It has a major impact on career decisions for junior doctors, it is well supported with good teaching, supervision and clinical workload. Importantly it is where doctors can learn how the interface between primary and secondary care works. This will be an important area for Australia's Health System as we try to become more patient centred.

This program has a major impact on the career decision making of junior doctors, of the 36 that returned their surveys 34 confirmed that it had made a impact on their career decision making.

All but two of the doctors stated that the placement had met their expectations and all agreed that the training and support had been satisfactory (one participant was neutral in this response all others either agreed or strongly agreed) All but one agreed or strongly agreed that the program helped promote an understanding between the interface between primary and secondary care.

OVERALL EVALUATION FINDING

The evaluation of the community residency program found major benefits and high support from those participating. It is important to acknowledge the generous support by the WA State government who at the late hour intervened and funded the continuation of the previous PGPPP.

This short term response has ensured the program continued, albeit in a different form.

An unfortunate consequence of this action is that the community residency program has become just a small subsidiary of the existing hospital education and training rather than being fully integrated and alternative career pathway to primary and community based medical services.

5. APPENDICES

APPENDIX 1 - TIMELINES NEEDED TO EFFECTIVELY SUPPORT A COMMUNITY RESIDENCY PROGRAM

The timelines needed to effectively support a community residency program are:

First week of April	Practice contact made to make sure practices are available
April-June	Information sessions for junior doctors with EOIs recorded. Includes the Post Graduate Medical Council of WAs expo. All available positions for the following year should to be known at this time for junior doctors to apply for.
Late May-June	Application process for junior doctors
Mid July	WAGPET notified of applications
Mid July-August	Processing of paperwork.
August	Interviews take place.
Mid August-September	Processing of applications.
Mid September	Offers go out to junior doctors.
September-October	Confirm and match placements, provider number applications. With WAGPET no longer able to process 3GA provider numbers Rural Health West applied for Rural Locum Relief Provider numbers where available.

APPENDIX 2 - SURVEY RESULTS

Results of Surveys from the Participants, Supervisors and Practice Manage

Prevocational Post Placement Survey Data Term 1 2015 - De-identified																		Mean	%	Median	Mode
			Participant 1		Participant 2		Participant 3		Participant 4		Participant 5		Participant 6		Participant 7		Participant 8 - Did not complete				
Term/s Completed:			1		1		1		1				1		1						
Q1	My CRP placement met my expectations	4	Agree	5	Strongly agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	4	Agree			4.3	86%	4	4
Q2	My CRP placement has enhanced my understanding of the role of primary health care doctor	5	Strongly agree	5	Strongly agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree			4.6	91%	5	5
Q3	My CRP placement has enhanced my understanding of the interface between primary and secondary health care	4	Agree	4	Agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	4	Agree			4.1	83%	4	4
Q4	My CRP placement has enhanced my understanding of continuity of care	4	Agree	5	Strongly agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree			4.4	89%	4	4
Q5	My CRP placement has enhanced my understanding of referral patterns between primary and secondary care	5	Strongly agree	5	Strongly agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	4	Agree			4.4	89%	4	4
Q6	I was satisfied with the level of patient contact provided to me during my CRP placement	5	Strongly agree	5	Strongly agree	4	Agree	5	Strongly agree	4	Agree	5	Strongly agree	5	Strongly agree			4.7	94%	5	5
Q7	I was satisfied with the level of clinical training opportunities provided to me during my CRP placement	5	Strongly agree	5	Strongly agree	4	Agree	4	Agree	4	Agree	4	Agree	5	Strongly agree			4.4	89%	4	4
Q8	I was satisfied with the level of clinical supervision provided to me during my CRP placement	5	Strongly agree	5	Strongly agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	4	Agree			4.4	89%	4	4
Q9	I was satisfied with the level of training and support provided to me during my CRP placement	5	Strongly agree	5	Strongly agree	4	Agree	4	Agree	4	Agree	4	Agree	4	Agree			4.3	86%	4	4
Q10	My CRP placement has provided me with a valuable learning experience	5	Strongly agree	5	Strongly agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	5	Strongly agree			4.6	91%	5	5
Q11	I am better informed of my career decision as a result of the CRP	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes			5.0	100%	5	5
comments1	What were the three things you learnt from this CRP placement?		Communication skills Basics of palliative care Pain management		Communication skills with both patient and family Symptom management skills How to discuss difficult end of life issues such as CPR, end of life wishes, when to stop invasive investigations, guiding patients.		1. Navigating the difficulties of rural health care 2. Navigating the difficulties of Aboriginal health 3. Increased independence in decision-making		- better understanding and confidence in management of paediatric patients in general practice setting - at least a basic understanding of the MBS, improved understanding of billing and also GPMP/TCA/715s etc - improved knowledge and confidence in obstetrics (in both GP and hospital setting)		antenatal care how to approach sick child Rx of miscarriage		Palliative care in the community - challenges, benefits Role of GP beyond clinic Importance of sufficient hospital referrals to community care		logistics of billing look into broad scope of GP medicine communication skills					

comments2	Please comment on the strengths of the placement		Incredibly well organised, fulfilling placement. Good level of weekly education and patient contact, will be so useful for the rest of my career - every GP trainee should do this!		Fantastic placement! Gives RMOs independence to feel like doctors, to feel they have their own patient's but with a huge amount of support available on the phone and able to review in person after phone call. Fantastic GP mentors, Dr Pamela Williams was an incredible source of knowledge and support. Also great formal teaching each week.		-Flexible - ability to choose any field and pursue it -Independence -Great work-life balance -Exposure to rural and Aboriginal health -Great supervisors and teams to work with		- able to work through GP patient's/cases at own pace to improve skills and confidence - opportunity to do obstetrics at the hospital as well (especially as this is a predominately GP-obs run service at Broome hospital)				Autonomy permitted while supervision available Knowledge accumulation Teaching provided Experience of GP besides GP clinic		lots of exposure and patient contact broad variety of cases and new presentations										
comments3	Please comment on the weaknesses.		Limited number of joint visits with seniors - good experience to see different communication styles		None identified.		-Limited specialty exposure -Rosters can sometimes change last minute e.g. for Roebourne and Onslow		- doing the term as a week about between the hospital and BRAMS - I think it would be more beneficial to do the terms in two five week blocks - the MBS and prescribing modules did not increase my understanding of the MBS that well				Not always having answers available to teaching modules Sometimes at client's houses not being able to contact someone for advice/assistance in short space of time, though usually reasonable amount of time		not as many cases of chronic disease management										
		52		**54**		**45**		**50**		**45**		**49**		**50**	**Average**	**0**		**49.29**										
	Score / 55	**95%**		**98%**		**82%**		**91%**		**82%**		**89%**		**91%**		**0%**		**90%**	**90%**									
Prevocational Post Placement Survey Data Term 1 2015 - De-identified																													**Mean**	**%**	**Median**	**Mode**
	Ratings Q1-10		**Strongly Agree**	**5**	**Agree**	**4**	**Neither agree nor disagree**	**3**	**disagree**	**2**	**strongly disagree**	**1**																				
	Q11		**Yes**	**5**	**No**	**1**																										

Prevocational Post Placement Survey Data Term 2 2015 - De-identified

			Participant 1		Participant 2 - Did not complete		Participant 3		Participant 4		Participant 5		Participant 6		Participant 7		Participant 8		Participant 9		Participant 10
Term/s Completed:			1 (rotation 2)				1		Term 2 - CRP		1		2		2		1 & 2		term 2, palliative care		One and Two
Q1	My CRP placement met my expectations	5	Strongly agree			4	Agree	4	Agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree	4	Agree
Q2	My CRP placement has enhanced my understanding of the role of primary health care doctor	4	Agree			4	Agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree	5	Strongly agree
Q3	My CRP placement has enhanced my understanding of the interface between primary and secondary health care	5	Strongly agree			4	Agree	4	Agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree	5	Strongly agree
Q4	My CRP placement has enhanced my understanding of continuity of care	5	Strongly disagree			5	Strongly disagree	2	Disagree	1	Strongly disagree	1	Strongly disagree	1	Strongly disagree	2	Disagree	2	Disagree	5	Strongly disagree
Q5	My CRP placement has enhanced my understanding of referral patterns between primary and secondary care	4	Agree			4	Agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	4	Agree	5	Strongly agree	4	Agree
Q6	I was satisfied with the level of patient contact provided to me during my CRP placement	5	Strongly agree			4	Agree	4	Agree	5	Strongly agree	3	Neutral	4	Agree	5	Strongly agree	4	Agree	5	Strongly agree
Q7	I was satisfied with the level of clinical training opportunities provided to me during my CRP placement	4	Agree			4	Agree	4	Agree	5	Strongly agree	3	Neutral	4	Agree	5	Strongly agree	4	Agree	5	Strongly agree
Q8	I was satisfied with the level of clinical supervision provided to me during my CRP placement	5	Strongly agree			4	Agree	4	Agree	5	Strongly agree	4	Agree	4	Agree	5	Strongly agree	4	Agree	5	Strongly agree
Q9	I was satisfied with the level of training and support provided to me during my CRP placement	5	Strongly agree			4	Agree	4	Agree	5	Strongly agree	5	Strongly agree	4	Agree	5	Strongly agree	5	Strongly agree	4	Agree
Q10	Nei	5	Strongly agree			4	Agree	5	Strongly agree	5	Strongly agree	4	Agree	4	Agree	5	Strongly agree	5	Strongly agree	5	Strongly agree
Q11	I am better informed of my career decision as a result of the CRP	5	Yes			5	Yes	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes	5	Yes
comments1	What were the three things you learnt from this CRP placement?		Assessment of common conditions treated by Silverchain home hospital - cellulitis, anticoagulation, etc Home visits, learning				importance of primary care and continuity role of a GP in primary healthcare and prevention broad spectrum and		1) Role of Aboriginal community controlled health services 2) Chronic diseases management plan 3) Safety network		The strengths and limitations of what is available to patients in the community. Expanded on knowledge of pain management, opioid		1. The services available in community medicine 2. Management of cellulitis in the community		- Importance of primary health care - Paediatric skills and knowledge - Importance of continuity of care		Strategies in communicating with and providing healthcare to Indigenous patients Practical - opportunity to		Palliative care principles of management Team approached care and liaison Communication skills and discussing		Three important things I learnt include how to properly assess a newborn, communication with a palliative patient
comments2	Please comment on the strengths of the placement		Gave me a good understanding of community medicine and its role - something I could not really have gained with any other RMO rotation.				patient exposure, opportunity		1) Very supportive well educated teams of GP Supervisors 2) Hands-on experience (performing a number of procedures- skin lesion excisions,		Great supervision and support, GP mentor very accessible and available and supportive		Excellent level of support and good teaching sessions		Good patient exposure, abtility to be independent and lead within your limits.		This was an absolutely fantastic placement. Being the only resident at the Kununurra District Hospital was a definite strength; I had ample		Flexibility Autonomy and independence but with great support from other doctors and nursing staff Team based approach		My term was split 2.5 days a week at each placement. Working with Silver Chain was excellent - great support, excellent team work and an overall
comments3	Please comment on the weaknesses.		The variety of conditions I was exposed to were limited - but that is unavoidable as home hospital only treats a limited number of conditions. Still a very valuable				teaching, more one on one teaching is required		There was an introduction to practice , software etc at DAHS and Derby hospital (they use different software) on my 1st day of arrival (just a few minutes after		daily structure/expectations of RMO. I felt unsure of my role i.e. which patients I should see, when I should see them? What my role was and some		Scope of practice in home hospital limited - cellulitis, warfarinisation, UTI's, but not much other variety in terms of clinical experience.		More formal teaching needed as different GPs don't always give on the job teaching and this can't be relied upson.		It would have been nice to have some more exposure to AMS placement.		At times was a bit slow, however this also gave me time to do reading, education and reflection, but could have had bigger workload occasionally		My term at Swan Districts could do with much improvement. The formal teaching was poorly organised and structured with frequent cancellations. On-
		52		**0**		**46**		**44**		**49**		**41**		**42**		**51**		**49**		**52**	
		95%		**0%**		**84%**		**80%**		**89%**		**75%**		**76%**		**93%**		**89%**		**95%**	

Prevocational Post Placement Survey Data Term 2 2015 - De-identified

Ratings Q1-10	Strongly Agree	5	Agree	4	Neither agree nor disagree	3	disagree	2	strongly disagree	1	
Q11	Yes	5	No	1							

Prevocational Pre Placement Survey Data Term 1 2015 - De-identified										
		Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**	**Participant 9**
Q1	I am considering a career in General Practice	Strongly agree	Disagree	Strongly agree	Strongly agree	Strongly agree	Agree	Agree	Agree	Agree
Q2	I am considering other options such as specialty training	Disagree	Agree	Disagree	Strongly agree	Agree	Agree	Agree	Agree	Strongly agree
Q3	I consider skills that I will learn in the GP setting to be practically useful in the hospital setting	Strongly agree	Agree	Agree	Strongly agree	Agree	Agree	Agree	Agree	Agree
Q4	In the hospital, there is an opportunity to practice preventative and continuity care	Strongly agree	Agree	Agree	Strongly agree	Disagree	Agree	Agree	Agree	Agree
Q5	I am confident in working autonomously when diagnosing and treating patients	Agree	Strongly disagree	Agree	Agree	Agree	Agree	Agree	Disagree	Strongly agree
Q6	I have a practical understanding of how to administer the Australian Healthcare system	Agree	Agree	Agree	Agree	Agree	Agree	Agree	Disagree	Agree
Q7	I have a comprehensive understanding of the interface between primary and secondary care	Agree	Agree	Agree	Agree	Disagree	Agree	Agree	Disagree	Agree

Q8	I currently see a wide range of patients and medical conditions	Agree	Agree	Agree	Agree	Disagree	Agree	Agree	Disagree	Strongly agree
Q9	I believe that general practice will offer me the opportunity to see and treat a wide variety of patients and medical conditions	Strongly agree	Agree	Strongly agree	Strongly agree	Agree	Agree	Agree	Strongly agree	Strongly agree
Q10	I feel that general practice offers flexibility in terms of lifestyle and working hours	Agree	Strongly agree	Strongly agree	Agree	Strongly agree	Agree	Agree	Strongly agree	Strongly agree
Q11 Comments	Please write any additional comments regarding your expectations									

Prevocational Pre Placement Survey Data Term 1 2015 - De-identified

		Participant 10	**Participant 11**	**Participant 12**	**Participant 13**	**Participant 14**	**Participant 15**	**Participant 16**	**Participant 17**
Q1	I am considering a career in General Practice	Strongly agree	Strongly disagree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree
Q2	I am considering a career in General Practice	Agree	Disagree	Agree	Agree	Agree	Disagree	Agree	Strongly disagree
Q3	I am considering a career in General Practice	Strongly agree	Agree	Agree	Agree	Strongly agree	Agree	Strongly agree	Strongly agree

Q4	I am considering a career in General Practice	Disagree	Strongly agree	Agree	Agree	Disagree	Agree	Agree	Strongly agree
Q5	I am considering a career in General Practice	Disagree	Agree	Disagree	Disagree	Agree	Agree	Agree	Agree
Q6	I am considering a career in General Practice	Agree	Disagree	Agree	Agree	Agree	Agree	Agree	Agree
Q7	I am considering a career in General Practice	Disagree	Strongly disagree	Disagree	Agree	Agree	Agree	Agree	Agree
Q8	I am considering a career in General Practice	Agree	Disagree	Agree	Agree	Agree	Agree	Agree	Strongly agree
Q9	I am considering a career in General Practice	Strongly agree	Agree	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree
Q10	I am considering a career in General Practice	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree	Strongly agree
Q11 Comments	I am considering a career in General Practice								

Prevocational Pre Placement Survey Data Term 2 2015 - De-identified									
		Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**
Q1	I am considering a career in General Practice	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree
Q2	I am considering other options such as specialty training	Agree	Agree	Disagree	Disagree	Agree	Strongly agree	Agree	Agree
Q3	I consider skills that I will learn in the GP setting to be practically useful in the hospital setting	Strongly agree	Agree	Agree	Disagree	Strongly agree	Strongly agree	Strongly agree	Agree
Q4	In the hospital, there is an opportunity to practice preventative and continuity care	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Agree
Q5	I am confident in working autonomously when diagnosing and treating patients	Agree	Agree	Agree	Disagree	Agree	Agree	Agree	Disagree
Q6	I have a practical understanding of how to administer the Australian Healthcare system	Disagree	Disagree	Disagree	Disagree	Agree	Agree	Agree	Agree
Q7	I have a comprehensive understanding of the interface between primary and secondary care	Agree	Agree	Disagree	Disagree	Agree	Agree	Strongly agree	Disagree
Q8	I currently see a wide range of patients and medical conditions	Agree	Strongly disagree	Strongly agree	Disagree	Agree	Strongly agree	Agree	Disagree
Q9	I believe that general practice will offer me the opportunity to see and treat a wide variety of patients and medical conditions	Strongly agree	Agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree

Q10	I feel that general practice offers flexibility in terms of lifestyle and working hours	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree
Comments	Please write any additional comments regarding your expectations								

Prevocational Pre Placement Survey Data Term 2 2015 - De-identified									
		Participant 9	**Participant 10**	**Participant 11**	**Participant 12**	**Participant 13**	**Participant 14**	**Participant 15**	**Participant 17**
Q1	I am considering a career in General Practice	Agree	Agree	Strongly agree	Disagree	Agree	Agree	Agree	Strongly agree
Q2	I am considering other options such as specialty training	Agree	Agree	Disagree	Agree	Agree	Agree	Agree	Agree
Q3	I consider skills that I will learn in the GP setting to be practically useful in the hospital setting	Strongly agree	Agree	Agree	Agree	Agree	Agree	Agree	Agree
Q4	In the hospital, there is an opportunity to practice preventative and continuity care	Agree	Agree	Agree	Agree	Agree	Agree	Agree	Agree
Q5	I am confident in working autonomously when diagnosing and treating patients	Disagree	Agree	Agree	Agree	Disagree	Agree	Agree	Disagree
Q6	I have a practical understanding of how to administer the Australian Healthcare system	Disagree	Agree	Disagree	Agree	Agree	Agree	Agree	Disagree
Q7	I have a comprehensive understanding of the interface between primary and secondary care	Disagree	Agree	Disagree	Disagree	Disagree	Agree	Agree	Agree

Q8	I currently see a wide range of patients and medical conditions	Disagree	Agree	Agree	Agree	Agree	Agree	Agree	Agree
Q9	I believe that general practice will offer me the opportunity to see and treat a wide variety of patients and medical conditions	Agree	Agree	Agree	Agree	Agree	Agree	Strongly agree	Agree
Q10	I feel that general practice offers flexibility in terms of lifestyle and working hours	Strongly agree	Agree	Strongly agree	Strongly agree	Agree	Agree	Strongly agree	Agree
Comments	Please write any additional comments regarding your expectations								

Prevocational Pre Placement Survey Data Term 3 2015 - De-identified									
		Participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**
Q1	I am considering a career in General Practice	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree
Q2	I am considering other options such as specialty training	Strongly disagree	Agree	Agree	Disagree	Agree	Agree	Strongly agree	Strongly agree
Q3	I consider skills that I will learn in the GP setting to be practically useful in the hospital setting	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree
Q4	In the hospital, there is an opportunity to practice preventative and continuity care	Strongly agree	Disagree	Disagree	Agree	Disagree	Strongly agree	Disagree	Disagree
Q5	I am confident in working autonomously when diagnosing and treating patients	Strongly agree	Disagree	Strongly agree	Agree	Agree	Strongly agree	Agree	Agree
Q6	I have a practical understanding of how to administer the Australian Healthcare system	Strongly agree	Disagree	Strongly agree	Disagree	Disagree	Agree	Agree	Agree
Q7	I have a comprehensive understanding of the interface between primary and secondary care	Strongly agree	Agree	Strongly agree	Agree	Disagree	Agree	Agree	Agree

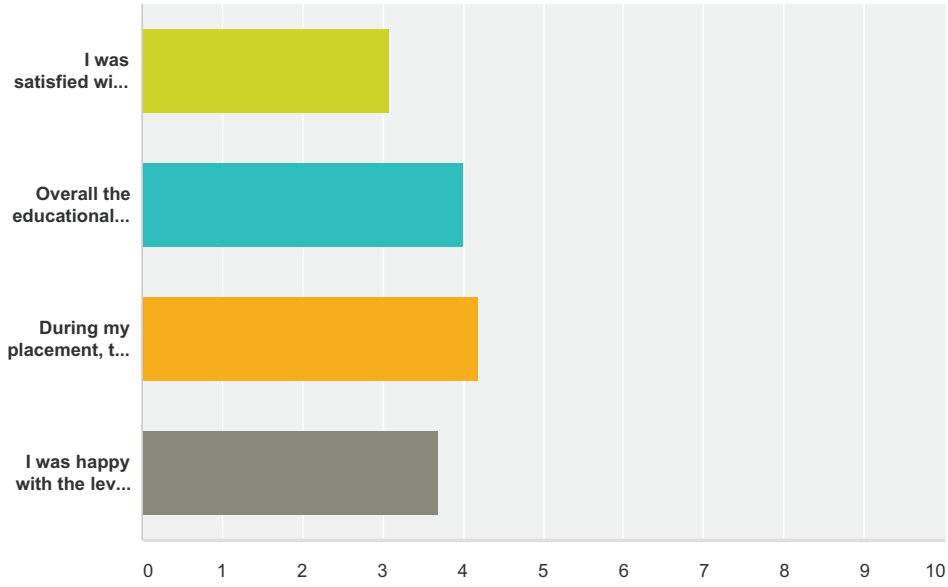
Q8	I currently see a wide range of patients and medical conditions	Strongly agree	Agree	Agree	Strongly agree	Agree	Strongly agree	Strongly disagree	Strongly agree
Q9	I believe that general practice will offer me the opportunity to see and treat a wide variety of patients and medical conditions	Strongly agree	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree
Q10	I feel that general practice offers flexibility in terms of lifestyle and working hours	Agree	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Strongly agree	Strongly agree
Comments	Please write any additional comments regarding your expectations								

Prevocational Pre Placement Survey Data Term 3 2015 - De-identified							
		Participant 9	**Participant 10**	**Participant 11**	**Participant 12**	**Participant 13**	**Participant 14**
Q1	I am considering a career in General Practice	Agree	Strongly agree	Strongly agree	Agree	Disagree	Strongly agree
Q2	I am considering other options such as specialty training	Agree	Disagree	Disagree	Agree	Agree	Strongly disagree
Q3	I consider skills that I will learn in the GP setting to be practically useful in the hospital setting	Strongly agree	Agree	Strongly agree	Agree	Agree	Strongly agree

Q4	In the hospital, there is an opportunity to practice preventative and continuity care	Strongly agree	Agree	Disagree	Agree	Agree	Strongly agree
Q5	I am confident in working autonomously when diagnosing and treating patients	Agree	Agree	Agree	Disagree	Disagree	Agree
Q6	I have a practical understanding of how to administer the Australian Healthcare system	Agree	Agree	Agree	Agree	Disagree	Agree
Q7	I have a comprehensive understanding of the interface between primary and secondary care	Agree	Agree	Disagree	Agree	Disagree	Agree
Q8	I currently see a wide range of patients and medical conditions	Agree	Agree	Disagree	Agree	Strongly agree	Strongly agree
Q9	I believe that general practice will offer me the opportunity to see and treat a wide variety of patients and medical conditions	Strongly agree	Strongly agree	Strongly agree	Agree	Agree	Strongly agree
Q10	I feel that general practice offers flexibility in terms of lifestyle and working hours	Strongly agree	Strongly agree	Strongly agree	Strongly agree	Agree	Agree
Comments	Please write any additional comments regarding your expectations						

Q1 Community Residency Program 2015

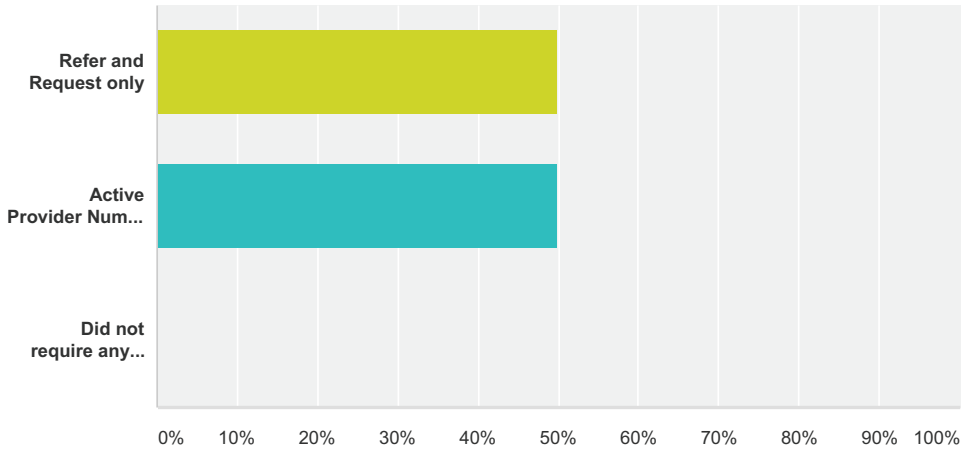
Answered: 10 Skipped: 0



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	Weighted Average
I was satisfied with the online orientation offered by WAGPET	**10.00%** 1	**20.00%** 2	**30.00%** 3	**30.00%** 3	**10.00%** 1	10	3.10
Overall the educational support from WAGPET met my expectations	**0.00%** 0	**10.00%** 1	**10.00%** 1	**50.00%** 5	**30.00%** 3	10	4.00
During my placement, the support I received from my supervisor was adequate	**0.00%** 0	**0.00%** 0	**30.00%** 3	**20.00%** 2	**50.00%** 5	10	4.20
I was happy with the level of administrative support I received from WAGPET	**10.00%** 1	**10.00%** 1	**10.00%** 1	**40.00%** 4	**30.00%** 3	10	3.70

Q2 Please indicated the type of Provider Number required for your placement.

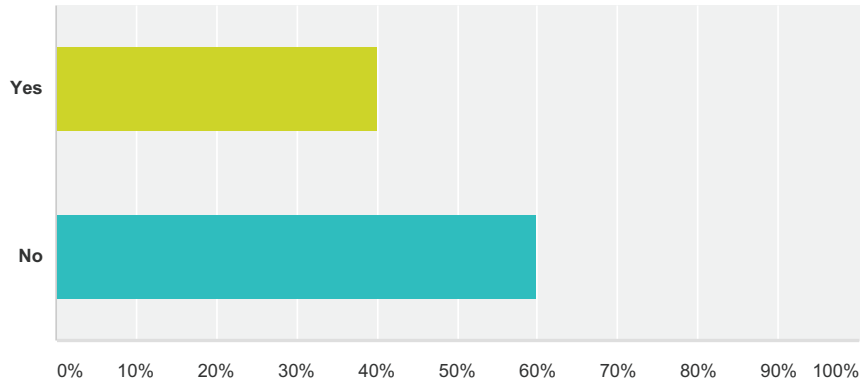
Answered: 10 Skipped: 0



Answer Choices	Responses	
Refer and Request only	**50.00%**	5
Active Provider Number (able to bill Medicare)	**50.00%**	5
Did not require any Provider Numbers	**0.00%**	0
Total		**10**

Q4 Are you currently a member of the AGPT Program?

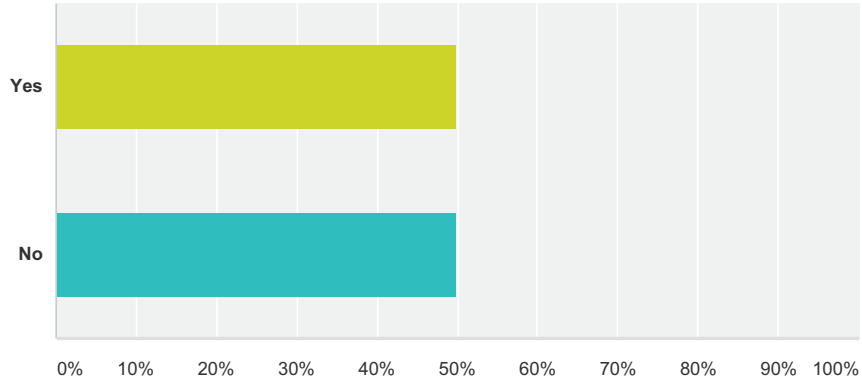
Answered: 10 Skipped: 0



Answer Choices	Responses	
Yes	**40.00%**	4
No	**60.00%**	6
Total		**10**

Q5 If no, have you ever applied to the AGPT Program? (2016 cohort inclusive)

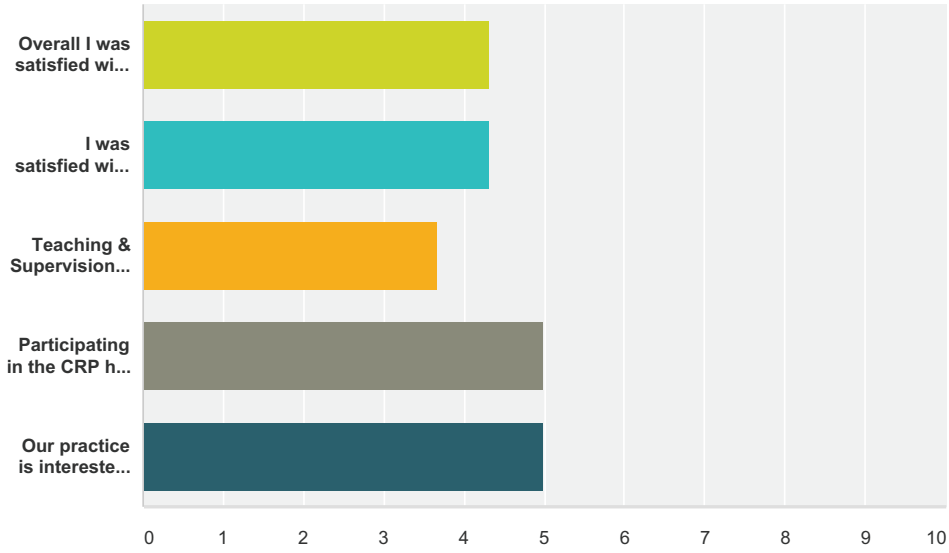
Answered: 6 Skipped: 4



Answer Choices	Responses	
Yes	**50.00%**	3
No	**50.00%**	3
Total		**6**

Q1 Community Residency Program 2015

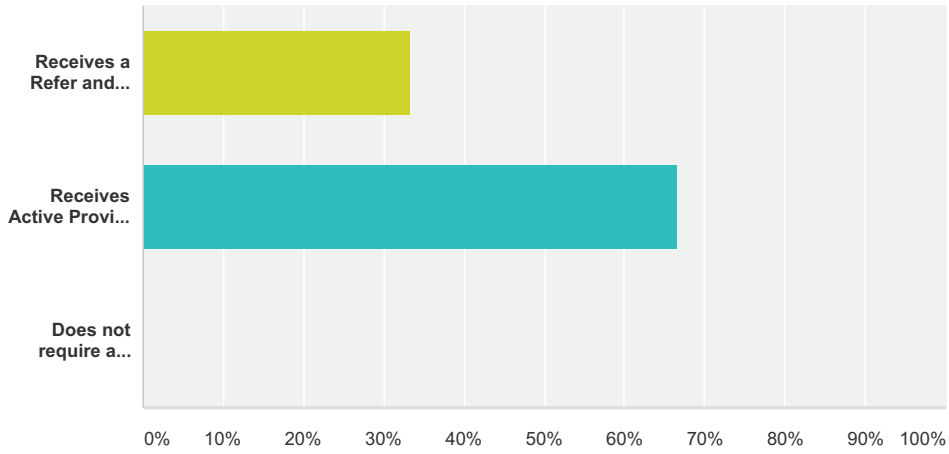
Answered: 3 Skipped: 0



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	Weighted Average
Overall I was satisfied with the selection process for the Community Residency Program (CRP)	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33
I was satisfied with the payment and administration processes for the CRP	0.00% 0	0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	4.33
Teaching & Supervision Payments and/or the Practice Support Payments we received were sufficient to cover the CRP expenses incurred by our practice	0.00% 0	0.00% 0	33.33% 1	66.67% 2	0.00% 0	3	3.67
Participating in the CRP has been worthwhile to our practice	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3	5.00
Our practice is interested in continuing with the CRP in the future	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3	5.00

Q2 Please indicate the Provider Number required for your placement and comment below.

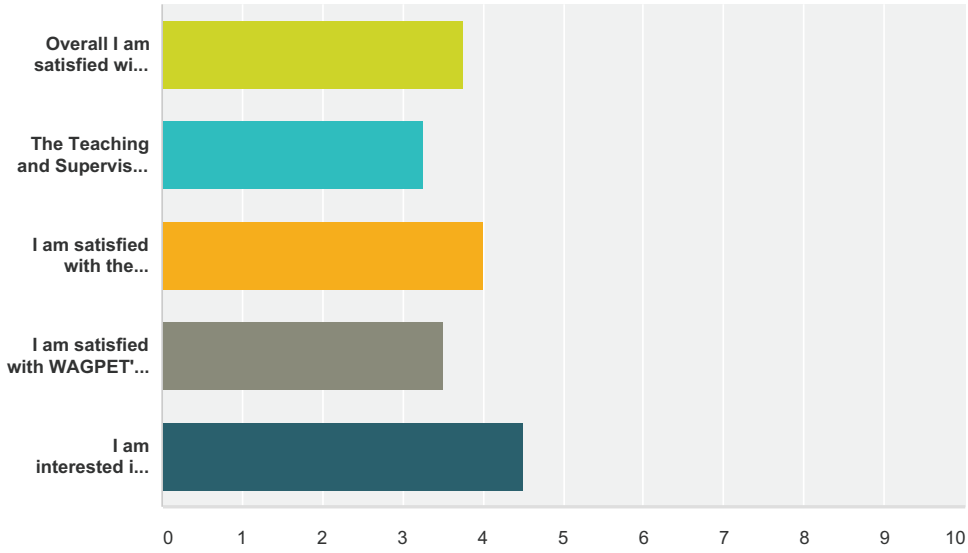
Answered: 3 Skipped: 0



Answer Choices	Responses	
Receives a Refer and Request Provider Number only	33.33%	1
Receives Active Provider Number/s (able to bill medicare)	66.67%	2
Does not require a Provider Number	0.00%	0
Total		3

Q1 Community Residency Program 2015

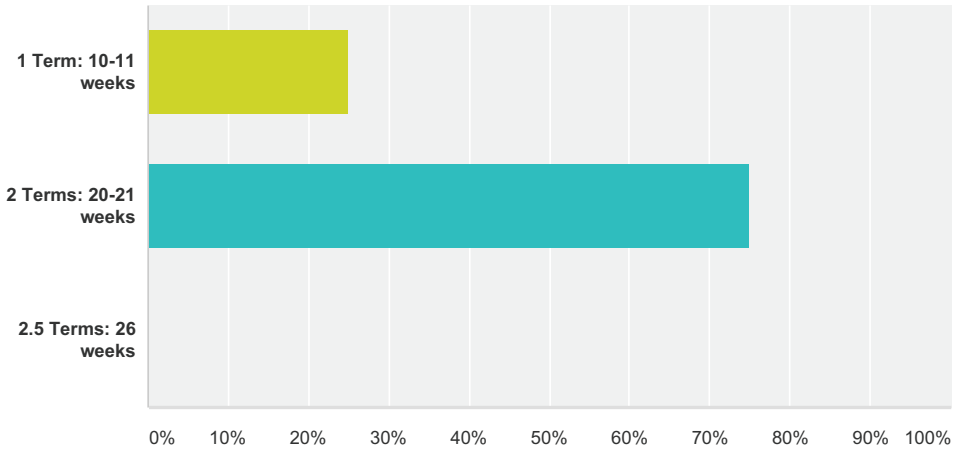
Answered: 4 Skipped: 0



	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total	Weighted Average
Overall I am satisfied with the level of support WAGPET offers to supervisors on the Community Residency Program (CRP)	**0.00%** 0	**0.00%** 0	**50.00%** 2	**25.00%** 1	**25.00%** 1	4	3.75
The Teaching and Supervision Payments and/or the Practice Support Payments received have been sufficient to cover expenses incurred by the CRP participants	**0.00%** 0	**25.00%** 1	**25.00%** 1	**50.00%** 2	**0.00%** 0	4	3.25
I am satisfied with the effectiveness of WAGPET's online orientation for the CRP participants	**0.00%** 0	**0.00%** 0	**25.00%** 1	**50.00%** 2	**25.00%** 1	4	4.00
I am satisfied with WAGPET's assessment procedures for mid and end of term exams	**0.00%** 0	**25.00%** 1	**0.00%** 0	**75.00%** 3	**0.00%** 0	4	3.50
I am interested in being a supervisor on the CRP in the future	**0.00%** 0	**0.00%** 0	**0.00%** 0	**50.00%** 2	**50.00%** 2	4	4.50

Q2 Please indicate the ideal length for your placement

Answered: 4 Skipped: 0



Answer Choices	Responses	
1 Term: 10-11 weeks	**25.00%**	1
2 Terms: 20-21 weeks	**75.00%**	3
2.5 Terms: 26 weeks	**0.00%**	0
Total		**4**

APPENDIX 3 - COMMUNITY RESIDENCIES STEERING GROUP TERMS OF REFERENCE

Community Residencies Steering Group
TERMS OF REFERENCE

Sponsor	Chief Medical Officer - Professor Gary Geelhoed
Chair	Prof Richard Tarala
Contract Manager	PMCWA Manager - Ms Marece Bentley
Contractor	WAGPET – Dr Colleen Bradford, RPP/CRP Coordinator – Ms Sam Korzec

Purpose

WAGPET has been successful in securing a 12-month contract with HDWA to continue management of up to 20 Resident Medical Officers (RMOs) into short term Community Residencies across a variety of settings in 2015. The purpose of the Community Residencies Steering Group (CRSG) is to ensure the many stakeholders can share and provide input to the program. With a broad membership of shareholders, the group will also have a role in the strategic direction of any Community Residency Program in WA that may follow this 12-month program.

Functions and Responsibilities

The functions and responsibilities of the CRSG are to:

- Monitor the implementation of the WAGPET contract to manage RMOs in Community Residencies.
- Provide input and feedback to WAGPET to facilitate effective provision of Community Residencies for RMOs.
- Ensure participating stakeholders are informed about the ongoing progress of the Community Residencies Program.
- Provide a forum for reporting on progress of the program and compliance with contract requirements.

Governance

The CRSG is accountable to the Chief Medical Officer as program sponsor.

Chair

Professor Richard Tarala. Should the Chair be unavailable for a particular meeting the Program Sponsor may appoint a proxy to act in their place.

Membership

Membership will include representatives from the following stakeholders as listed. Stakeholder groups may change their representative should the need arise.

Postgraduate Medical Council of WA – Chair - Professor Richard Tarala

West Australian Country Health Service (WACHS) – Dr Monica Gope and Dr Karen Pitman

WAGPET – Dr Janice Bell

Sir Charles Gairdner Hospital - Dr Karen Murphy, Ms Karen Ellard

Royal Perth Hospital – Ms Joyce O'Hara

Fiona Stanley Hospital – Dr John Keenan, Ms Zoe Moran

Australian Medical Association, Doctors in Training (AMA DIT) - Dr John Zorbas

Aboriginal Health Care WA (AHCWA) - Des Martin

Rural Clinical School (RCS) - Assoc Professor Sarah Moore - Medical Coordinator

Silver Chain – Mr Steve Carmody

JMO Forum – Dr Maya Calvert and Dr Chris Wilson

Kalgoorlie Aboriginal Medical Service (KAMS) - Ms Vicki O'Donnell

Broome Regional Hospital – Dr Sue Phillips – Senior Medical Officer

In attendance:-

Dr Felicity Jefferies – consultant engaged by WAGPET/CMO

Operating Procedures

Meetings

The CRSG will meet bi-monthly or as required for the 12 months of the program.

Quorum

A quorum will be six (6) members.

Secretariat

Secretariat functions will be provided by Postgraduate Medical Council of Western Australia (PMCWA).

Adoption and Amendment of the Terms of Reference

The terms of reference will be altered only with the approval of the Chief Medical Officer and subsequently endorsed by the CRSG members at the next meeting.