

General practice education and training: past experiences, current issues and future challenges

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Reflection on past achievements and future challenges 10 years after the establishment of the Australian General Practice Training program

On 5 March 2001, the Australian Government established General Practice Education and Training (GPET).¹ The main role of this new company was to establish the Australian General Practice Training (AGPT) program.

Ten years later, the AGPT is strong, dynamic and continuing to evolve. This supplement was commissioned by GPET to review the activity of the past decade, to examine contemporary issues in general practice education and training, and to explore some of the future directions for the training of Australia's general practitioner workforce.

Capturing past experience

Australian general practice vocational training has come a long way since 1973, when the Whitlam Labor Government provided funding to the Royal Australian College of General Practitioners (RACGP) to set up the original Family Medicine Programme, (later renamed the RACGP Training Program).

In the first section of this supplement, two prominent Australian general practice educators, Willcock and Coote (*page S55*)² and Trumble (*page S59*),³ look back and provide their perspectives on the evolution of general practice vocational training in Australia, the legacy of the previous RACGP program, the events leading to the establishment of GPET and the AGPT program, and progress made over the past decade. Hays and Morgan examine the general practice training programs in New Zealand, Europe (including the United Kingdom and Ireland), Asia and North America and compare these with the developments in Australia (*page S63*).⁴

Contemporary issues

The AGPT was created with a set of expectations — to establish a regionalised model of training, to improve vertical integration of general practice education, and to foster innovation.⁵ The second section of this supplement addresses these contemporary issues affecting general practice training.

Campbell and colleagues examine whether the regionalisation focus of GPET has succeeded in meeting the needs of rural Australia and addressing maldistribution of the medical workforce (*page S71*).⁶ Stocks and colleagues describe the scope of vertical integration in Australian general practice through the establishment of regional training providers, and assess the linkages that have developed with universities and their rural clinical schools to improve integration in medical student training with the training of recent medical graduates and general practice registrars (*page S75*).⁷ Martin and Reath provide an assessment of innovations in general practice training in Aboriginal and Torres Strait Islander health (*page S67*),⁸ while Kitchener and colleagues examine innovations in linking military medicine to general practice education and training (*page S79*).⁹

Finally, the current president of the World Organization of Family Doctors (Wonca), Professor Richard Roberts, and colleagues provide a global perspective on the challenges of primary health care delivery to the people of all nations, and the education and training needs of each country's future GPs (*page S84*).¹⁰

Future directions

At the start of the second decade of the AGPT program, Australia is moving through a process of health system reform that promises to shake up the delivery of primary medical care through the transformation of Divisions of General Practice into broader primary health care organisations called "Medicare Locals",¹¹ through the Australian Government's investment in a network of "GP super clinics" and expanded general practices for primary care delivery, and through plans to better integrate both community-based health care and hospital care. The establishment of Health Workforce Australia¹² has also created an urgent need for clarity around how we educate and identify supervisors for all medical and other health profession graduates.

The supplement's third section looks at the opportunities ahead and how all those involved in general practice training can seize them. Harris and colleagues discuss the trends that are putting pressure on Australia's primary health care workforce and the implications for future training (*page S88*).¹³ Laurence and colleagues examine the strengths and weaknesses of the current regionalised training model and look at opportunities for expanded roles (*page S92*).¹⁴ Emery and colleagues propose a series of training reforms to better meet future professional needs of GPs (*page S97*),¹⁵ and Thomson and colleagues examine ways to ensure future sustainability by ensuring adequate support of this nation's GP teachers (*page S101*).¹⁶

What lies ahead?

Reading through the supplement demonstrates many commonalities, with several observers reporting the same events from slightly different perspectives. However, it also reveals some of the challenges for general practice training over the years ahead.

It is clear that the enhanced apprenticeship model of general practice training has served Australia well, but by its very nature the apprentice ends up cast in the mould of the master. It is a confronting reality that tomorrow's GP will look very different to yesterday's, and even today's. GP supervisors need the flexibility to train registrars for quite a different role to what their own has been. General practice training must allow registrars to develop into what they need to be to best meet the future health care needs of their patients and their communities.

It also appears that a focus on competency-based training is inevitable if we are to produce a sufficient number of GPs with the right skills to meet Australia's evolving health needs. Clearly

defining the outcomes of training by competencies, rather than by time served in a specific location, may be a way to provide future GPs with a myriad flexible, yet integrated, pathways offered by a range of providers that lead to the same professional standard. It could also allow for more contemporary competencies to be added to the GP's traditional skill set, for example in management, teaching, research, quality and safety, teamwork, e-health and leadership.*

At the same time as the vertical integration model needs to be reinforced across undergraduate and postgraduate medical training, better horizontal links must be established with other craft groups. This will strengthen interprofessional learning as general practice moves more to team-based care, to better meet the complex needs of many of our patients and our communities.

Perhaps the future lies not in a single, rigid pipeline that delivers a fully trained — yet somewhat startled — new GP to an area of medical workforce need, but in acknowledging that there are multiple ways in which each new doctor can acquire, to established end points, the competencies required for safe, independent and appropriate general practice.

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Competing interests

The editors have not received any financial support for their work on this supplement. Michael Kidd is a past president of the RACGP, president-elect of the Wonca, a board member of Northern Territory General Practice Education, chair of the Australian Government's Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infection and a member of the Australian Government's Medical Training Review Panel. Justin Beilby is current deputy chair of Medical Deans Australia and New Zealand, and was the board chair of the Adelaide to Outback General Practice Training Program from 2003 to 2011. Claire Jackson is the current president of the RACGP. Stephen Trumble was a GPET Board member from 2005 to 2009. He facilitated a workshop for GPET, the RACGP and Australian College of Rural and Remote Medicine in December 2009; his fee was shared equally between the three. His expenses were covered for attendance at the GPET convention in Alice Springs, September 2010.

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* The RACGP will be addressing each of these areas in the development of its curriculum program in 2011.