

POSITION STATEMENT

AMA principles to support high-quality employment reform for GPs in training

2024

Introduction

The AMA has been advocating for employment reform for GPs in training since 2010 to improve the attractiveness of a career in general practice and reduce the inequity between employment conditions with hospital-based colleagues. This is becoming increasingly urgent as training places within the Australian General Practice Training Program have remained unfilled since 2017. The AMA research report *The general practitioner workforce: why the neglect must end* warns if nothing changes, Australia will be facing a shortage of more than 10,600 GPs by 2032.

The primary objectives of employment reform should be to create:

- employment conditions and remuneration for GPs in training that are equitable and comparable to their hospital-based counterparts, and
- an employment model that allows GPs in training and supervisors to focus on the learning experience rather than being influenced by service delivery and business arrangements.

GPs in training, GP supervisors and general practices should not be worse off financially following any employment reform compared with existing arrangements to ensure sustainability of the model.

By meeting these policy objectives, employment reform has the potential to provide a pathway for change and make GP training an attractive and viable option for medical graduates and doctors in training, underscored by fair and equitable conditions of employment. To improve the attractiveness of general practice as a career, employment reform should be coupled with a range of other initiatives, including GP training incentives for GP supervisors and practices, Medicare reform and social supports like access to housing (where required for placements) and childcare.

Employment reform should support high-quality general practice training¹, allow GPs in training to meet their training requirements, support GP supervisors and practices to ensure the provision of education and training is sustainable, and support the high-standard of profession-led general practice training as determined by the general practice colleges.

¹ 2020 AMA Vision Statement for General Practice Training

Purpose

This document outlines the principles to which any models for employment reform for GPs in training must adhere to.

Who do these principles apply to?

These principles should apply to any current or new models of employment reform. All GP training pathways should be considered during the design and implementation of employment reform options, noting this does not include GP training pathways through the Australian Defence Force.

The principles for employment reform for GPs in training

Principle 1: Employment reform should be available for all GPs in training regardless of their geographical location. Training posts in rural areas, or areas of workforce need, should receive additional incentives to attract and retain high-quality GPs in training, and should include supports for the GP supervisor and general practice.

To support sustainability of the entire GP training pipeline, all GPs in training deserve access to equitable employment conditions. This will support more doctors in training to enter general practice and enable them to focus on education and training through stability of remuneration and accrual of entitlements. It is important for doctors working and training in rural areas and areas of workforce need to receive additional supports and incentives.

Principle 2: Employment reform should provide employment conditions for GPs in training that are at least equitable and comparable to their hospital-based counterparts.

Equitable employment conditions will support doctors in training to enter general practice training as they will no longer face a decrease in pay and a loss of entitlements after leaving the public hospital system. This includes an improved base rate of pay, portability of leave entitlements (i.e. annual and personal leave) throughout the duration of GP training, and access to leave entitlements not available under existing arrangements (i.e. paid parental leave, paid exam/study/conference leave, protected teaching time, paid family and domestic violence leave and cultural leave).

Principle 3: Employment reform should be adopted by all new GPs in training in the event a model(s) becomes broadly available (either state-wide or nationally). GPs in training already part-way through training should be able to opt into a new employment model or continue under their existing employment arrangements until they reach fellowship.

Ensuring employment reform options are used by all new GPs in training supports a smooth and timely transition to the widespread use of a new employment model, rather than

creating a patchwork of general practices through opt-in arrangements with different employment conditions. A patchwork approach risks creating an environment where practices using different employment models are competing for trainees. It also risks increasing complexity during the allocation of placements. It is important for GPs in training already employed under existing arrangements to have the choice to opt in to new employment models, as they have already made a commitment to GP training, and have expectations about the nature of their employment during this time.

Principle 4: Employment reform should facilitate GPs in training to complete their training requirements as determined by the GP colleges.

GPs in training should be empowered to focus on education and training when they enter community practice through stability of remuneration and accrual of entitlements. Understanding the operation of private practice and how GP services are funded should develop over time as part of a comprehensive training experience facilitated by the colleges, through continuous professional development and from the experience of the training supervisor and practice. Employment reform should not prevent a trainee from meeting the clinical educational requirements of their training program(s).

Principle 5: GPs in training, GP supervisors and general practices must be supported through GP training and should not be financially disadvantaged following employment reform compared with existing arrangements to ensure sustainability of the model(s).

Employment reform should support high-quality GP training by providing GPs in training with equitable employment conditions to focus on education and training. Reforms should also ensure GP supervisors and general practices are supported to provide training in addition to performing clinical work and maintaining general practice sustainability. GP trainees should be supported to bill patients in accordance with established practice policies.

Principle 6: The setting where GPs in training complete their rotations/training terms should be determined by their training requirements and personal preferences, not by the employment model.

GPs in training, GP supervisors and general practices must be assured trainees can complete their training requirements within community general practice, irrespective of the entity acting as the employer. College training requirements should make this clear, while funding, accreditation and industrial arrangements should be complementary to ensure this happens in practice. This includes protections for GPs in training to ensure they cannot be used for service delivery in settings outside of community general practice. Any new employment model(s) should enable consideration of the trainees' personal preferences and circumstances (i.e., caring responsibilities) when rotations/training terms are being determined in alignment with college processes.

Principle 7: In all circumstances, at either the national or local level, employment reform should be co-designed with stakeholders, including doctors, general practices and the community.

To support employment reform to achieve its objectives and meet the needs of doctors and their communities, it should be co-designed with relevant stakeholders to ensure it is sustainable and will meet its intended objectives, improve the attractiveness of general practice training, and improve community access to care. Individual general practices and doctors should be supported through the process of negotiating any new employment arrangements and not overburdened with red tape.

Principle 8: The governance arrangements for any employment reform should ensure its design and function is continually monitored, evaluated and adapted to support the fulfillment of its policy objectives.

Data should be collected about any new employment model(s) to ensure they are meeting their objectives and contributing to positive outcomes, including whether the model(s) have increased the number of doctors entering GP training, supported doctors to attain fellowship, and enabled doctors to maintain an appropriate work-life balance. This data should be available to stakeholders to ensure transparency and accountability of entities responsible for governance of new employment model(s).

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