



General Practice Hospital Training Pathway (GPHTP) FAQs 2024

What is the GPHTP?

The GP Hospital Training Pathway (GPHTP) supports new and intentioned Australia General Practice Training (AGPT) and Rural Generalist Training Scheme (RGTS) vocational general practice trainees (GP Registrars) to access relevant and useful hospital rotations that will optimally prepare them for the next stage of their GP training, such as a community placement.

The GPHTP is a collaboration between the Office of the Chief Medical Officer (OCMO), Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practitioners (RACGP) and participating public and private employing health services (EHSs).

Key elements of the GPHTP are:

- definition of GP-suitable hospital rotations by the RACGP and ACRRM that will support optimal preparation for the next stage of GP training (GP-suitable rotations)
- provision of a suite of GP-suitable rotations (a rotational matrix) at each participating EHS that provides equitable access to GP-suitable clinical experiences
- development of a GP Pathway Rotation Guide in collaboration with the RACGP and ACRRM that factors a GP Registrar's previous training experience and preferences to guide EHSs to allocate rotations that will provide optimal preparation for the next stage of GP training¹
- allocation of participants by their EHS to a combination of GP-suitable rotations that are optimal to meet their training needs over 1-2 years
- the opportunity to complete a second year on the GPHTP through a unique exemption to AGPT/RGTS training time caps, provided on a case-by-case basis by the RACGP and/or ACRRM.

More information on the GPHTP can be found in the GPHTP Framework for 2024 (the Framework) located [here](#).

What are the benefits of joining the GPHTP?

Prior to the GPHTP, there was minimal visibility of, or advocacy for GP Registrars employed in WA hospitals (public and private) completing GP training requirements. Consequently, GP Registrars had to self-negotiate access to specialty rotations in competition with trainees from acute specialty training programs with a greater hospital presence. This resulted in:

- inequitable access to GP-suitable rotations, particularly in high demand specialties such as paediatrics.
- a lack of oversight to ensure GP Registrars achieved training requirements and progress efficiently through training
- feedback from GP supervisors that upon entering community GP training recent training cohorts lack some of the necessary skills and competencies required for success in community GP training.

Over 200 junior doctors have participated in the GPHTP since it commenced in January 2020 as a pilot. Participant feedback on the GPHTP has overwhelming been positive.

¹ RACGP Round 1 intake, ACRRM Semester 1 intake/s, and returning GP Registrars only.

In the words of participants:

“Great for getting GP relevant rotations to get a sense of whether you would like to do GP in the future”

“Would recommend in order to get the best prep for GP work by being supported to access diverse and relevant rotations and not getting stuck with a year’s worth of afterhours/ward cover/leave relief jobs”

“One has the support to get the rotations relevant to their training requirements and skills development”:

“A good diverse mix [of rotations] was what was most important. But great to get special rotations like Paeds.”

“I think I will [be ready for entry to a community placement] following this next year! I feel the O+G placements I have coming up as well as CRP palliative care will help strengthen my independence in clinical decision making.”

“Being able to experience a range of areas including paed, psych, O+G in both metro and rural locations has confirmed my desire to be a GP and informed my decision to likely specialise in either mental health, paed or sexual health as a GP speciality”

“I have thoroughly enjoyed and appreciated the GPHTP in helping me feel better prepared for work in the community- and feel it should be implemented Australian wide!”

“Last year I was very happy with my terms and they were GP relevant - was the GPHTP involved in that decision? If so - thank you so much!”

The specific benefits of joining the GPHTP depend upon the planned timeframe for application to the AGPT and/or RGTS. EHSs undertake their allocation processes in October/November; therefore, all junior doctors with an interest in joining the GPHTP for 2024 are encouraged to apply for the GPHTP expression of interest (EOI) process in July 2023 to receive the maximum benefit.

Junior doctors who have already applied to the AGPT/RGTS for 2024 or plan to apply and will have their AGPT/RGTS enrolment confirmed **before mid-October 2023** or are a returning GP Registrar (GPHTP **Tranche 1** recruitment) will:

- be offered the opportunity to provide their previous training experience and preferences for the consideration of their College through a GPHTP survey.
- have a Rotation Guide developed on their behalf in collaboration with the College that:
 - identifies their outstanding training needs based on their GPHTP survey information; and
 - provides high level recommendations to their EHS on which GP-suitable rotations are optimal to support their GP training.
- be prioritised by their EHS for allocation to GP-suitable rotations in accordance with the Rotation Guide that will support their individual preparation for GP training.
- receive advocacy regarding GP-suitable hospital rotations, if required.
- receive the opportunity to complete a second year of hospital training on the GPHTP in 2025 on a case-by-case basis, if approved by their College (new GP Registrars only).

Junior doctors who have applied or plan to apply for the AGPT/RGTS for 2024 but will find out the outcome **after mid-October 2023** (GPHTP **Tranche 2** recruitment):

- should apply to the GPHTP EOI in July 2023 to ensure they have the greatest chance of being allocated to GP-suitable matrix rotations (see RMO with GP intent benefits below).
- have the opportunity to return to the GPHTP for six to 12 months in 2025 to complete additional GP-suitable rotations on a case-by-case basis, if approved by their College.
- if returning to the GPHTP in 2025, will receive a Rotation Guide and be prioritised first for allocation to GP-suitable rotations by their EHS.

Junior doctors who plan to apply for the AGPT or RGTS in 2024 (for 2025) referred to henceforth as “RMOs with GP intent” will:

- be allocated to **unfilled** GP-suitable matrix rotations that will assist with their preparation for entry to the AGPT/RGTS and/or the next stage of GP training, in accordance with preferences they provide to their EHS MW Team via the EHS’s usual methodology
- be prioritised for allocation to GP-suitable rotations by their EHS and receive a Rotation Guide in 2025 should they successfully enrol in the first intake/s of the AGPT/RGTS for 2025.

What are the key elements of the GPHTP/how does the GPHTP work?

1. GP-suitable rotations

GP-suitable rotations are the foundation of the GPHTP. These are the specialty rotations that are mandatory training requirements and/or have been identified by the RACGP and ACRRM as providing relevant and useful experience for GP training. Completion at RMO level of a combination of the essential, preferred and other GP-suitable will support current and intended GP Registrars to prepare for the next stage of their GP training.

GP Suitable rotations for 2024 can be found in Tables 3 and 4 in Section 6.3 of the Framework located [here](#).

The ACRRM and RACGP consider that all GP Registrars can benefit from additional exposure to the generalist essential rotations. While these essential rotations may have been completed already in internship, this is not considered to be optimal preparation for GP training for the purpose of the GPHTP. Completion of these rotations at RMO level provides for greater development of clinical expertise and independence in decision making.

The Community Residency Program (CRP) can provide RMOs with GP intent with valuable exposure to a community placement. The CRP application process is separate from the GPHTP. To access CRP terms, participant must submit an expression of interest (EOI) through the appropriate metro CRP (Silver Chain) or rural CRP application process.

2. GP-suitable rotational matrix

The rotational matrix is the suite of GP-suitable rotations made available to the GPHTP by each participating EHS for allocation to GPHTP participants. It can be found in Appendix A of the 2024 GPHTP Framework [here](#).

The rotations offered by EHSs will vary depending upon operational structure and training capacity. Not all rotations are available at all sites.

There are some specialty rotations not included in the rotational matrix that may be useful for GP Registrars with rural or remote primary care, Rural Generalist (RG) and/or Aboriginal health intent. Useful rotations include ENT, vascular surgery, cardiothoracic surgery, renal medicine, endocrinology, rheumatology, and sexual health medicine. These rotations can be provided as preferences to EHS Medical Workforce (MW) Teams via standard EHS preferencing processes and may be allocated by their EHS on a case-by-case basis if training capacity allows.

3. Rotation Guide

Each GP Registrar confirmed to the GPHTP in Tranche 1, except for those employed solely at Perth Children’s Hospital (PCH) and King Edward Memorial Hospital (KEMH), will have a Rotation Guide developed in collaboration with their College for submission to their EHS. This is referred to in the Framework as a GPPRG. It is developed in parallel with GPHTP onboarding processes.

The Rotation Guide provides high level recommendations to an EHS regarding:

- priority rotations for allocation - outstanding essential rotations not completed previously at RMO level will always be recommended.
- non-essential GP rotations that should not be allocated, if possible, as the GP Registrar appears to have had sufficient previous clinical exposure.

To develop the Rotation Guide, GP Registrars will be requested to complete a GPHTP survey in September 2023 in which their training experience and preferences are requested. A link to the survey will be provided to new GP Registrars by the RACGHP/ACRRM. This will inform a training needs assessment will be undertaken with the College that will be used to identify which GP-suitable rotations are optimal in preparing the GP Registrar for the next stage of their training.

The Rotation Guide will integrate preferences provided by the GP Registrar, CRP terms (where known), and indicate where a GP Registrar has rural or remote GP, RG and/or Aboriginal health intent so they can be prioritised for an MM2-7 rotation, where available.

4. Allocation to GP-suitable matrix rotations

Variables such as cohort, experience, training pathway and training intent will influence the rotations that a participant will be allocated by their EHS.

EHSs will be advised of GPHTP applicants in mid-October 2023, so that they can begin allocating Tranche 1 GP Registrars and eligible RMOs with GP intent to GP-suitable matrix rotations using their standard EHS allocation processes. Some EHSs will allocate to a defined line of their rotational matrix, while others will allocate more flexibly to GP-suitable matrix rotations.

During October and November Site MW Teams will allocate:

- GP Registrars as a priority to a combination of essential, preferred and other GP-suitable matrix rotations with reference to their Rotation Guide.
- RMOs with GP intent secondarily to unfilled matrix rotations, with reference to any preferences they have provided to their MW Team as part of standard EHS processes.

Expectations regarding the rotations that will be allocated are summarised below:

New GP Registrars (2024 Cohort) - PGY2 in 2024

GP Registrars entering directly from internship in 2024 can expect to be allocated to available essential rotations as a priority, and a variety of non-essential rotations according to their preferences, where possible.

This group will be encouraged to maximise their opportunity to complete a broad range of GP-suitable rotations by returning to the GPHTP in 2025.

New GP Registrars (2024 Cohort) - PGY3+ in 2024

GP Registrars entering the GPHTP in PGY3 or higher can expect to be allocated to available essential rotations not previously been completed at RMO level, and non-essential rotations according to their preferences, where possible.

Returning GP Registrars (previous cohorts)

GP Registrars approved by the RACGP/ACRRM to return for another year on the GPHTP can expect to be allocated to outstanding available essential rotations as a priority, and non-essential rotations in accordance with their preferences, where possible.

For returning GP Registrars successful in obtaining a service registrar level position in the second half of 2024, EHSs will be asked to provide GP-suitable rotations, in accordance with their preferences, where possible.

RMOs with GP intent

RMOs with GP intent will be allocated second to any unfilled GP-suitable rotations for 2024, in accordance with any preferences they have provided to their EHS MW Team as part of standard RMO preferencing processes.

Please note that the priority for allocation to high demand rotations will be GP Registrars.

In general, all GPHTP participants can expect to:

- receive some rotations at non-tertiary sites, as general hospitals provide excellent GP-suitable training opportunities and greater access to high demand rotations, including paediatrics, obstetrics and gynaecology.
- be allocated to some essential rotations, even if completed previously at RMO level. Additional exposure to essential rotations has been identified by ACRRM/RACGP as benefitting all GP Registrars preparing for community GP training.
- experience working after hours, being on call and providing cover at night. These are important in preparing GP Registrars for the level of autonomy they will experience in a community GP placement. EHSs should only allocate one after hours term per year.
- participate in leave relief, as per EHSs' usual rostering requirements for junior doctors; however, they should only receive a maximum of one rotation of leave relief per year.

5. Implementation/commencement

After the new employment year/training year commences, GPHTP participants are expected to fulfil their employment and training obligations, in accordance with their Trainee Declaration, if applicable.

Employment and training issues should be raised with their EHS MW team and GP College, respectively.

Monitoring is undertaken by OCMO to ensure that the rotations allocated are GP-suitable and the GP Pathway continues to meet GP Registrars' training needs.

Am I eligible to join the GPHTP?

The GPHTP is available to eligible junior doctors who:

- have applied, or plan to apply, for the RGTS or AGPT before the end of 2024
- hold a Resident Medical Officer (RMO) contract for 2024 at one of the following participating EHS:
 - Fiona Stanley Fremantle Hospitals Group
 - North Metropolitan Health Service
 - Sir Charles Gairdner Osborne Park Health Care Group
 - King Edward Memorial Hospital (KEMH)
 - Perth Children's Hospital (PCH)
 - Royal Perth Bentley Group
 - WA Country Health Service
 - Private providers
 - Ramsay Health Care (JHC)
 - St John of God Midland (SJG Midland)

The specific eligibility requirements for each cohort are provided in Table 3 below.

Table 3: Eligibility requirements for 2024

Cohort	Eligibility criteria
New AGPT/RGTS GP Registrars (2024 cohort)	<p>Newly enrolled GP Registrars are eligible if they:</p> <ul style="list-style-type: none"> • have an RMO employment contract for a minimum of 12 months at one or more participating EHSs (can include split contracts) • will be completing a full hospital training year (12 months) • are willing to sign a GPHTP Trainee Declaration. <p>GP Registrars selected to the GPHTP in Tranche 2 must also be assessed as having been allocated GP-suitable rotations by their EHS.</p>
Returning GP Registrars	<p>GP Registrars who joined the GPHTP in a previous AGPT/RGTS cohort may be eligible to return for an additional 6-12 months on the GPHTP if:</p> <ul style="list-style-type: none"> • RACGP/ACRRM has approved their return to the GPHTP.

	<ul style="list-style-type: none"> they have secured a minimum six-month RMO employment contract at one or more participating EHSs. Note: <ul style="list-style-type: none"> can include split contracts returning GP Registrars can 'step up' to service registrar employment in their second year, if offered a position if the initial year was at a specialty hospital, a GP Registrar is not eligible if they plan to continue employment at the same hospital. their employment contract matches their GP training intentions, i.e., if a GP registrar is not planning to complete 12 months of hospital training time, their employment contract must have a corresponding end date. have adhered to their previous GPHTP Trainee Declaration.
RMOs with GP intent	<p>RMOs with GP intent are eligible if they:</p> <ul style="list-style-type: none"> have applied to the GPHTP EOI process in July have an employment contract as an RMO for a minimum 12 months at one or more participating EHSs (can include split contracts) plan to apply for the AGPT/RGTS before the end of 2024 have been allocated to GP-suitable rotations by their EHS.

Please note, the selection of RMOs with GP intent and Tranche 2 GP Registrars to the GPHTP is dependent upon available GP-suitable training capacity at each EHS. The outcome of the selection process for these two groups will not be confirmed until their allocations have been assessed as GP-suitable.

What is the GPHTP recruitment and onboarding process?

All junior doctors with an interest in the GPHTP are encouraged to apply to the GPHTP EOI in July 2023.

The process and timeframes for selection and onboarding to the GPHTP vary by cohort. Below is a summary of GPHTP processes for 2024.

Application	<p>Submit an EOI in July 2023</p> <p>EOIs for the GPHTP for 2024 will open on 17 July 2023. This process is facilitated by OCMO.</p> <p>The initial EOI process is via an online form. The form takes 5-10 minutes to complete and includes simple questions that will support an eligibility assessment. No CV is required.</p> <p>Detailed application instructions will be provided prior to the commencement of the EOI process on the GPHTP webpage here</p> <p>Junior doctors participating in the RMO centralised recruitment process for 2024 should identify 'General Practice' in the training/career intention section of MedJobsWA. This will enable OCMO to provide updates on the GPHTP EOI process.</p> <p><u>New GP Registrars</u> from the AGPT/RGTS 2024 cohort are also required to express interest /opt-in to the GPHTP by completing the GPHTP survey provided by their College during AGPT/RGTS onboarding. The GPHTP survey will request additional information about training experience and preferences.</p> <p><u>Returning GP registrars</u> planning to undertake additional hospital training on the GPHTP in 2024 should discuss their options with their College before 1 September 2023. Returning Registrars will be required to provide updated training information and preferences.</p>
Eligibility screening	All applicants will be screened for eligibility against the relevant eligibility criteria.

Confirmation of selection	<p>After closure of the GPHTP EOI in mid-August, formal confirmation of selection to the GPHTP can take up to six months.</p> <p>New GP Registrars will be advised of their eligibility status and requested to confirm their place on the GPHTP by signing and returning a Trainee Declaration.</p> <p>For Tranche 1 this will be completed by the second week of October 2023.</p> <p>For Tranche 2 this may not occur until January 2024.</p> <p>RMOs with GP intent will be advised of their selection to the GPHTP after it has been confirmed by their EHS whether they have been allocated to GP-suitable matrix rotations. Employees at some EHSs will find out from late-November 2023, others may not know the outcome until January 2024.</p>
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Am I guaranteed a paediatrics rotation on the GPHTP?

No, although there is a greater likelihood at some EHSs (refer to the rotational matrix). Access to paediatric rotations is a systemwide challenge. Fortunately, GP Registrars with the RACGP can meet their GP paediatric training requirements by completing two Emergency Medicine terms at an approved Emergency Department (ED) with paediatrics exposure. This includes FSH, WACHS and the non-tertiary hospitals. Some WACHS CRP terms will also contribute to meeting paediatric training requirements.

Two terms of ED with paediatrics exposure can provide preparation for a community GP placement that is as good as a paediatrics rotation and is better than a sub-specialty rotation at a paediatric hospital.

FSH does not offer paediatric rotations in its matrix but will provide GPHTP participants with sufficient ED terms to meet their GP training requirements. GP Registrars can preference a paediatric rotation as part of FSH's processes, but GPHTP participation is not a deciding factor in the allocation of those terms.

GP Registrars with the RACGP will be asked to share their previous training experience in the GPHTP Survey so their EHS can be advised of the terms required to achieve their paediatrics training requirements.

Will I get my preferences on the GPHTP?

For Round 1 intake and returning GP Registrars, only the GP-suitable preferences submitted in their GPHTP survey will be included in their Rotation Guide.

EHSs will be asked to accommodate each GP Registrars' preferences where possible; however, their priority will be to allocate rotations that are optimal for GP training. This may mean that some GP Registrars receive rotations that they 'need' rather than those they 'want', particularly if their preferences are not amongst the GP-suitable rotations defined by the RACGP and ACRRM for the purpose of the GPHTP.

It is recommended GPHTP applicants not employed at KEMH and PCH refer to the list of GP-suitable rotations when providing their preferences to their EHS MW Team via their standard processes for RMOs. GPHTP participants can preference rotations not included in their EHS's matrix, but it is at the discretion of their EHS as to whether these are allocated.

RMOs with GP intent are requested to provide their preferences to their EHS MW Team through their standard processes. EHSs will be accommodate RMOs with GP intent to unfilled matrix rotations taking into consideration any preferences that they have provided, where training capacity allows.

Further information

Additional information on the GPHTP, including EOI updates, can be found at: [GP Hospital training pathway \(health.wa.gov.au\)](https://health.wa.gov.au).

GP Project



Contact information

For further information on the GPHTP, please contact the OCMO on:

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