



Government of **Western Australia**
Department of **Health**

General Practice Hospital Training Pathway

Framework for 2024

Medical Workforce Unit

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Definitions

Definitions for the purpose of the general practice (GP) pathway include:

Australian College of Rural and Remote Medicine (ACRRM)	One of the two specialist medical colleges responsible for GP training. ACRRM is particularly focussed on Rural Generalist (RG) training.
Australian General Practice Training (AGPT)	Vocational training program for medical graduates wishing to pursue a career in General Practice (GP) in Australia.
Community GP training/placement	GP College terms completed in a community GP setting.
Employing health service (EHS)	The health service employer (private or public) of a GP Pathway participant.
Future GP Registrar/ Resident Medical Officer (RMO) with GP intent	An RMO who has expressed intent to join the AGPT within the next 18 months.
GP Hospital Training Pathway Committee (GPHTPC)	The governing body of the GP Pathway.
GP Registrar/s	Vocational GP trainee selected to the AGPT or RGTS who is participating on the GP Pathway.
GP Pathway Trainee Declaration (Trainee Declaration)	A document signed by GP Registrars that describes participants' obligations (learning and employment) as part of the GP Pathway. See Appendix C.
GP-suitable rotations	Essential, preferred and other rotations identified as relevant and useful to achieve community GP training readiness.
GP Pathway Rotation Guide (GPPRG)	A summary of a GP Registrar's training needs aimed at guiding an EHS to allocate the registrar to GP-suitable rotations that will provide optimal preparation for entry to community GP training.
Hospital training time	12 months of hospital-based training in an Australian hospital completed by some GP registrars prior to community GP training/further hospital training.
Office of the Chief Medical Officer (OCMO)	A team within the WA Department of Health responsible for coordinating recruitment, monitoring and reporting of aspects of the GP Pathway. Secretariat of the GPHTPC.
Royal Australian College of General Practitioners (RACGP)	One of the two specialist medical colleges responsible for GP training. Rural Generalist (RG) training is also provided by the RACGP.
Rotational matrix	A suite of GP-suitable hospital RMO rotations at each EHS that have been identified as available for allocation to GP Pathway participants.
Rural Generalist Training Scheme (RGTS)	Vocational training program for medical graduates that leads to Fellowship with ACRRM.

1. Introduction

General practice (GP) is the cornerstone of the primary health care that underpins population health outcomes and is key to ensuring a high-quality, equitable and sustainable health system¹. The general practitioner (GP) workforce has been a focus of strategic planning, as WA Health recognises the important role of primary care in reducing hospital presentations and admissions.

Approximately 150 vocational GP trainees (GP Registrars) are employed every year in WA hospitals (public and private) completing Australian General Practice Training (AGPT) or Rural Generalist Training Scheme (RGTS) requirements. Historically there has been minimal visibility of, or advocacy for, this cohort.

The intent of the GP Hospital Training Pathway (the GP Pathway) is to enhance the profile of GP training in WA hospitals and optimise hospital GP training to better prepare current and future GP Registrars (Resident Medical Officers (RMOs) with GP intent) for entry to a community GP placement and/or further GP training. It achieves this by facilitating them through a range of GP-suitable hospital rotations that:

- support development of the confidence and skills required for a community GP placement and/or further GP training
- build upon previous training experience and preferences, where known.

Operational guidelines for implementation of the GP Pathway are provided in this Framework. Key elements include:

- support for participants to optimally prepare for entry to community/further GP training through:
 - equitable access to GP-suitable clinical experiences (Sections 6.1, 6.2 and 6.6)
 - access to a suite of rotations (a rotational matrix) at each employing health service (EHS) comprised of rotations that have been identified as providing relevant and useful experience for community and/or further GP training (GP-suitable rotations) (Sections 6.1 and 6.2)
 - their recruitment, if eligible, to the GP Pathway (Sections 6.3 and 6.4)
 - for GP Registrars from the first Tranche of GP Pathway recruitment (the AGPT/RGTS Round 1 intake)
 - a training needs assessment to recommend the GP-suitable rotations that will be of most benefit in preparing for entry to a community GP placement/further GP training (Section 6.5)
 - allocation by their EHS to the rotational matrix (or a range of GP-suitable rotations) in consideration of those recommendations, where possible (Section 6.6).
 - for RMOs with GP intent, secondary allocation to GP-suitable rotations, that will form a platform for additional future training as a GP Registrar (Section 6.6).
- ongoing implementation, monitoring and reporting to ensure that the GP Pathway is achieving the outcome of facilitating current and future GP Registrars through to readiness for entry to a community GP placement and/or other GP training. (Sections 6.7 - 6.10).

This Framework will be reviewed annually and endorsed by members of the General Practice Hospital Training Pathway Committee (GPHTPC). Key aspects that require annual updates are:

- Appendix A: The EHS rotational matrix, which identifies the GP-suitable rotations made available by EHS for the use of GP Pathway participants.
- Appendix B: Agreed dates for key GP Pathway actions.

¹ AMA Position Statement. 2016. General Practice in Primary Health Care 2016

2. Background

Hospitals play a crucial role in GP training by providing GP Registrars with the foundation clinical skills and experience required to succeed in GP training and provide comprehensive primary care.

A review of GP workforce issues undertaken by the WA Department of Health (the Department) recommended that a GP Pathway be implemented in WA to optimise the GP training pipeline and improve GP workforce sustainability². The GP Project was initiated in September 2018 with a three-year pilot successfully implemented between January 2020 and December 2022 under the governance of the General Practice Project Committee (GPPC).

The GP Pathway pilot evolved as a collaboration between the Department (the Office of the Chief Medical Officer (OCMO)), public and private EHS, and the former regional training organisation (RTO); WA General Practice and Training (WAGPET). It had the support of the Australian Government Department of Health, the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

Monitoring and evaluation indicated that the GP Pathway pilot had successfully:

- defined the GP-suitable rotations that provide optimal preparation for entry to community GP and/or other GP training
- embedded a rotational matrix of GP-suitable rotations at each participating EHS
- provided greater visibility of current and future GP Registrars, with approximately 170 participants facilitated through GP-suitable rotations that supported their preparation for entry to a community GP placement and/or other GP training
- fostered a greater sense of belonging amongst GP Registrars as a vocational cohort.

In April 2022, GPPC members, private EHSs, the ACRRM and RACGP approved transition of the GP Pathway pilot into business as usual from January 2023.

3. Governance

Governance of the GP Pathway will be provided by the GPHTPC.

The scope of the GPHTPC is to ensure that key GP Pathway operational processes are agreed upon and maintained to an appropriate standard, opportunities for improvement are identified, and the GP Pathway remains flexible and adaptable to environmental change, such as implementation of the National Framework for Prevocational Medical Training which will be piloted in 2023.

The GPHTPC will convene a minimum of once per year; annually in March/April to review and endorse the Framework for the following year and, if required, in November/December to consider strategic issues impacting on the GP pathway and plan for the following year.

The GPHTPC Terms of Reference are available upon request from the OCMO Medical Workforce team (MedicalWorkforceRoyalStreet@health.wa.gov.au).

4. Principles

The principles that have guided the design and implementation of the GP Pathway are:

- Flexibility so that EHSs can meet participants' training needs whilst meeting service needs.
- EHSs are responsible for the performance management of employed GP Pathway participants, as per the relevant Job Description Form and Employment Policy.
- The rotations allocated by EHSs to participating GP Registrars must be optimal to meet the requirements for readiness for entry to community GP and/or other GP training.

² GP Report (PDF 1MB)

- Whilst GP Registrars' training preferences should be considered, these are secondary to EHSs' training capacity and the registrar's identified training needs when allocating rotations.
- GP Registrars selected to the AGPT/RGTS in Postgraduate Years (PGY) 1 or 2 may gain the most benefit from two years of GP Pathway participation.
- Continued governance through the GPHTPC, monitoring, and reporting to the Chief Medical Officer will support the sustainability and success of the GP Pathway (please refer to sections 3 and 6.10).
- Opportunities for improvement of the GP Pathway will continue to be explored and implemented.

5. Roles and responsibilities

A brief summary of roles and responsibilities in relation to the GP Pathway are described below.

GP Pathway participants	<p>GP Registrars:</p> <ul style="list-style-type: none"> • Provide their previous training experience and preferences upon request. • Advise OCMO/their relevant College if there are any ongoing issues in accessing GP-suitable rotations. • Fulfil their training and employment obligations, as described in the GP Pathway Trainee Declaration (Trainee Declaration) [Refer to Appendix C]. • Participate in monitoring, if required. <p>RMOs with GP intent:</p> <ul style="list-style-type: none"> • Fulfil their training and employment obligations. • Participate in monitoring, if required.
EHSs	<ul style="list-style-type: none"> • Participate in the GPHTPC. • Maintain a rotational matrix that provides equitable access to GP-suitable accredited RMO rotations. • Allocate participants to an appropriate line of the rotational matrix (or GP-suitable rotations) that will support them in preparing for entry to community GP training and/or other GP training. • Participate in monitoring and reporting processes, as required. • Fulfil their obligations as an employer.
RACGP/ACRRM	<ul style="list-style-type: none"> • Participate in the GPHTPC. • Review GP Pathway GP-suitable rotations annually. • Collaborate with OCMO to complete GP Registrar recruitment processes. • Identify GP Registrar training needs (AGPT/RGTS Round 1 intake only). • Provide training support, including mentoring and career advice, to GP Registrars. • Assess GP Registrars' readiness for community GP training/other GP training and recommend additional hospital training time on the GP Pathway, if available. • Participate in monitoring and reporting processes, as required. • Fulfil their obligations as the provider of AGPT/RGTS training.
OCMO	<ul style="list-style-type: none"> • Chair the GPHTPC and provide the Secretariat. • Update the annual Framework for GPHTPC review. • Draft the GP Pathway Frequently Asked Questions (FAQs). • Collaborate with RACGP/ACRRM to complete GP Registrar recruitment processes (AGPT/RGTS Round 1 and final intake); training needs assessments, as required; and communicate outcomes to EHSs. • Complete RMO with GP intent recruitment, including communication of outcomes to EHSs.

- Advise RACGP, ACRRM and WA Country Health Service (WACHS) of participants with rural generalist (RG) intent.
- Coordinate monitoring and reporting processes, including drafting of the GP Pathway Annual Report.
- Provide advice to EHS and participants, as required.
- Fulfil their obligations as a system manager.

6. Methodology

Key dates will be agreed upon by stakeholders and updated annually in Appendix B.

6.1 Confirmation of GP Pathway GP-suitable rotations

The hospital rotations that have been identified as providing relevant and useful preparation for community GP and/or other GP training at RMO level are identified in Tables 1 and 2.

Table 1: GP Pathway GP-suitable Rotations RACGP

Essential	Preferred	Other suitable
General Medicine	Psychiatry	Neurology
Emergency Medicine	Geriatric Medicine (Aged Care)	Palliative Care
Paediatric Medicine	Rehabilitation Medicine	Intensive Care (ICU)
Rotations that provide exposure to after hours, on call and/or night cover*.	Emergency Medicine (additional)	Gastroenterology
	General Surgery	Community Residency Program (CRP)
	Obstetrics and Gynaecology	Cardiology/Coronary Care Unit
	Anaesthetics	Leave relief
		Other surgery

Table 2: GP Pathway GP-suitable Rotations ACRRM

Essential	Preferred	Other suitable
<p>Tertiary Hospital Placements: Doctors undertaking hospital placements in their junior doctor years must seek a combination of placements that provide generalist skills relevant to rural practice, including where possible the following placements:</p> <ul style="list-style-type: none"> • General Medicine • General Surgery • Emergency Medicine • Paediatric Medicine • Obstetrics and Gynaecology • Anaesthetics <p>Rotations that provide exposure to after hours, on call and/or night cover*.</p>	<p>Other generalist placements that would be helpful to include are:</p> <ul style="list-style-type: none"> • Rehabilitation Medicine • Geriatric Medicine (Aged Care) • Palliative Care • Intensive Care • Psychiatry • Emergency, additional placement 	<p>Gastroenterology</p> <p>Community Residency Program (CRP)</p> <p>General Practice</p> <p>Neurology</p> <p>Cardiology/Coronary Care Unit</p> <p>Leave relief</p>

* It is critical for community GP preparation and/or other GP training that GP Registrars have had the opportunity to work after hours, experience being on call and providing cover at night. This exposure can be provided through different GP-suitable rotations depending on the site and is not required to be a specific after-hours rotation. Noting this requirement, exposure to after hours, on-call or night rosters should be in accordance with the AMA National Code of Practice - Hours of Work, Shift work and Rostering for Hospital Doctors.

Allocation to a combination of GP-suitable rotations over one to two years should provide GP Pathway participants with the best possible preparation for entry to community GP and/or other GP training.

For ACRRM Registrars:

- it is not expected that participants will be ready for entry to community GP and/or other GP training at the end of PGY2.
- time spent on the GP Pathway occurs at the commencement of Core Generalist Training (CGT). Additional time may be spent in a hospital setting later in CGT.
- it is ACRRM's preference that rotations in a rural hospital setting are allocated, preferably in MM3-7, if possible.

Consideration should also be given to allocating RACGP Registrars who are on the rural pathway and/or any participants who have expressed Rural Generalist (RG) and/or Aboriginal health intent to MM3-7 rotations, if possible.

Of note:

- If a GP Registrar can get exposure to afterhours experience through one of the other GP-suitable rotations (e.g. general medicine, paediatrics, mental health, geriatrics etc.) allocation to a specific afterhours rotation such as HOOT/SAFE is not required.
- All CRP recruitment and term allocation processes align with but are separate from the GP Pathway. To access metro and/or rural CRP terms, participants will need to apply through the appropriate CRP application/EOI process.
- General surgery is a requirement for RACGP GP Registrars, if not completed previously in internship or at RMO level.
- While a term in psychiatry is not considered essential, experience in the psychiatric management of mental health patients is beneficial to GP Registrars. Where a psychiatry rotation has not been completed by a participant previously, it will be recommended.
- If a GP Registrar has rural or remote primary care, RG and/or Aboriginal health intent, the following rotations may also be useful: ENT, vascular surgery, cardiothoracic surgery, renal medicine, endocrinology, rheumatology and sexual health medicine. Whilst there is no expectation that EHSs will quarantine these rotations for GP Pathway participants, these rotations may be preferenced during standard EHS Medical Workforce (MW) Team processes and allocated on a case-by-case basis if EHS training capacity allows.

It is recommended that Tables 1 and 2 are referenced by:

- EHSs when:
 - reviewing their rotational matrix annually
 - it is necessary to reallocate participants during the year, e.g. for health and safety reasons.
- OCMO and RACGP/ACRRM when assessing the training needs of GP Registrars and recommending GP-suitable rotations to EHSs for allocation.
- Current and future GP Registrars when considering what rotations will provide the best preparation for community GP and/or other GP training.

6.2 Finalisation of GP Pathway rotational matrix

The current GP Pathway rotational matrix is included as Appendix A.

EHSs should review their rotational matrix annually with reference to any changes to the GP Pathway GP-suitable Rotations tables (Tables 1 and 2) to ensure:

- any recent changes are reflected
- equity of access to high demand GP-suitable rotations is maintained

- the rotational matrix offers a broad range of essential, preferred and other rotations in different combinations that will meet the training needs of both new and returning GP Registrars.

The Framework is likely to be reviewed and endorsed by the GPHTPC before the rotational matrix is reviewed and finalised by EHSs. EHSs are responsible for ensuring that their rotational matrix is completed and provided to OCMO by the agreed due date [refer to Appendix B] for inclusion as Appendix A in the final version of Framework.

The final Framework, including the rotational matrix, will be published prior to the annual commencement of centralised RMO recruitment. This will enable the GP Pathway and rotational matrix to be promoted to current and future GP Registrars.

6.3 Confirmation of participants

Participants on the GP Pathway may include eligible:

- New GP Registrars selected from the annual AGPT/RGTS Round 1 intake and Final intake.
- RMOs with GP intent who have submitted an expression of Interest (EOI) and been allocated to unfilled rotational matrix positions by their EHS.

GP Registrars already participating on the GP Pathway up to, and including, the AGPT/RGTS 2024 cohort can return for additional hospital training time on the GP Pathway (to a maximum of 52 weeks FTE), if approved as appropriate by their respective College. See 6.9 for more information.

Table 3 summarises the eligibility criteria for each group.

Table 3: GP Pathway eligibility criteria

Cohort	Eligibility criteria
<p>New AGPT/RGTS Cohort Round 1 and Final intake</p>	<p>Newly enrolled GP Registrars are eligible if they:</p> <ul style="list-style-type: none"> ✓ have secured 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 Trainee Declaration. <p>GP Registrars from the Final intake (Round 2) must also have been assessed as having been allocated to GP-suitable rotations by their EHS (see Section 6.4).</p>
<p>Returning GP Registrars</p>	<p>GP Registrars who joined the GP Pathway in a previous AGPT/RGTS Cohort may be eligible to return for an additional 6-12 months on the GP Pathway if:</p> <ul style="list-style-type: none"> ✓ their relevant College has approved as appropriate their return to the GP Pathway. ✓ 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 plans not to complete a full 12 months of hospital training time, they must have an employment contract with a corresponding end date. ✓ have adhered to their previous Trainee Declaration.

Cohort	Eligibility criteria
RMOs with GP intent	<p>RMOs with GP intent are eligible if they:</p> <ul style="list-style-type: none"> ✓ have applied to the GP Pathway EOI process [see Appendix B for dates] ✓ have secured 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 within the next 12-18 months ✓ have been allocated to GP-suitable rotations by their EHS. <p>Please note:</p> <p>The selection of RMOs with GP intent to the GP Pathway is dependent upon the availability of GP-suitable training capacity at each EHS.</p> <p>The outcome of the selection process for RMOs with GP intent will not be confirmed until their allocations have been assessed as GP-suitable.</p>

If a GP Registrar takes parental leave while on the GP Pathway, they are classified as a returning GP Registrar the following year even though they may still be completing their first year of AGPT/RGTS hospital training time.

The fulfillment of employment contract obligations is a critical element of the GP Pathway. If a returning GP Registrar's hospital training time will conclude before their contract end date, it is expected that they will complete their employment obligations. GP Registrars in this situation should discuss their options with their respective GP College. The non-completion of employment contract obligations will result in the participants withdrawal from the GP Pathway.

6.4 GP Pathway recruitment

The recruitment process and timeframes differ for new GP Registrars (depending upon their AGPT/RGTS intake), returning GP Registrars, and RMOs with GP intent.

Approximate timeframes for each group are provided in Table 4. Specific dates, where known, are provided in Appendix B. Specific dates will not be provided for Tranche 2.

Table 4: GP Pathway recruitment timeframes

Cohort	Recruitment timeframe
RMOs with GP intent	Commences with an EOI process in July/August and concludes in December/January, once an assessment has been completed on whether the RMO has been allocated by their EHS to unfilled GP-suitable rotations.
GP Registrars (Tranche 1) <ul style="list-style-type: none"> • Round 1 intake • Returning GP Registrars 	<p>Commences in late-August and is completed by mid-October [refer to Appendix B for exact dates], in advance of EHS allocation processes.</p> <p>Recruitment occurs in parallel with, and is informed by, the training needs assessment (see section 6.5).</p>
GP Registrars (Tranche 2) <ul style="list-style-type: none"> • Final intake (Round 2) • Round 1 intake, whose eligibility has changed. 	<p>Commences in early-December and concludes by late-January/early-February, once an assessment has been completed on whether the rotations allocated to the applicant by their EHS as part of standard allocation processes were largely GP-suitable.</p> <p>There is no expectation that EHSs will quarantine rotations for this group.</p> <p>Round 1 GP registrars who opted into the GP Pathway but were previously assessed as ineligible for employment reasons, will have their eligibility reassessed as part of this process.</p>

A summary of recruitment processes for each group is provided in Table 5. Table 5 is colour coded by group (as above) and has been structured by timeframe order to show overlapping processes.

Table 5: GP Pathway recruitment processes

Process	RMOs with GP intent (July – January)	Tranche 1 GP Registrars (August – October)	Tranche 2 GP Registrars (December – Jan)
Application	EOI submitted via OCMO process in July/August.	EOI submitted via ACRRM/RACGP processes in late-August/September. Suitable GP Registrars in PGY1 or PGY2 that did not opt into the GP Pathway are followed up by ACRRM/RACGP.	Not applicable.
Eligibility check	OCMO check employment eligibility criteria have been met, including validation of employment contract status with MW Teams and/or the applicant, if required.	ACRRM/RACGP provide information to the OCMO to enable an assessment of eligibility. OCMO assess whether employment eligibility criteria have been met, including validation of employment contract with MW Teams and/or the applicant, if required. OCMO review applicant numbers against EHS rotational matrix capacity and, where the numbers are in excess of available capacity: <ul style="list-style-type: none"> a. discuss with the relevant EHS b. if required, utilise priority rankings to prioritise GP Registrars for selection (see Section 6.5). 	Not applicable.
Confirmation to GP Pathway (Tranche 1 only)	Not applicable.	GP Registrars are advised of the outcome of their eligibility assessment in late-September/early-October. Eligible GP Registrars are sent a Trainee Declaration to sign and return to formalise their participation.	Not applicable.
Advice to stakeholders	In mid-October [refer to Appendix B for exact date], OCMO provides a list of eligible RMOs with GP intent to each EHS MW Team for secondary allocation to any unfilled GP-suitable rotational matrix positions. Where known, information on the CRP terms of participants provided by WACHS and Silver Chain is included.	In mid-October [refer to Appendix B for exact date], OCMO provides a list to each EHS MW team of their: <ul style="list-style-type: none"> a. confirmed GP Registrars from Tranche 1 b. GP Pathway Rotation Guide Where known, information on the CRP terms of participants provided by WACHS and Silver Chain is included.	Not applicable.

Process	RMOs with GP intent (July – January)	Tranche 1 GP Registrars (August – October)	Tranche 2 GP Registrars (December – Jan)
		<p>Some GP Registrars may be confirmed to the GP Pathway in the week or so after the closing date for RMO offers as they become eligible. OCMO will update EHSs as required.</p> <p>OCMO advises ACRRM/RACGP of confirmed Tranche 1 GP Registrars.</p> <p>Tranche 1 recruitment is complete.</p>	
<p>Allocation to unfilled GP-suitable rotations</p> <p>RMOs with GP intent only</p>	<p>The priority for allocation is Tranche 1 GP Registrars.</p> <p>EHSs allocate RMOs with GP intent to unfilled matrix rotations, in consideration of:</p> <ul style="list-style-type: none"> • CRP terms, where known • any preferences provided directly to MW Teams through standard EHS processes, where possible. <p>It is acknowledged that the timing of the allocation process will vary by EHS so a flexible approach to timeframes will be applied.</p> <p>For further information on allocation to the rotational matrix see section 6.6.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>
<p>Application</p> <p>Tranche 2 only</p>	<p>Not applicable.</p>	<p>Not applicable.</p>	<p>EOI submitted by an agreed process in December.</p> <p>Suitable GP Registrars in PGY1 or PGY2 that did not opt into the GP Pathway will be followed up.</p>
<p>Eligibility check</p> <p>RMOs with GP intent</p> <p>Tranche 2</p>	<p>OCMO assess whether rotational eligibility criteria have been met by seeking allocation information from MW Teams.</p> <p>RMOs with GP intent largely allocated to GP-suitable rotations by their EHS are considered eligible.</p> <p>OCMO review rotations and assess the RMO with GP intent as eligible or ineligible.</p>	<p>Not applicable</p>	<p>Information shared with OCMO via an agreed process to enable an assessment of eligibility.</p> <p>OCMO assess whether eligibility criteria have been met, including:</p> <ol style="list-style-type: none"> validation of employment contract with MW Teams and/or the applicant, if required seeking rotational information from MW Teams to enable an assessment of their rotations as GP-suitable.

Process	RMOs with GP intent (July – January)	Tranche 1 GP Registrars (August – October)	Tranche 2 GP Registrars (December – Jan)
			<p>It is acknowledged that the timing of the allocation process will vary by EHS so a flexible approach to timeframes will be applied.</p> <p>Rotations are reviewed and assessed as largely GP-suitable (eligible) or not-GP-suitable (ineligible).</p>
<p>Confirmation to GP Pathway</p> <p>RMOs with GP intent</p> <p>Tranche 2</p>	<p>OCMO advises RMOs with GP intent of the outcome of their eligibility assessment in late-December/January.</p> <p>Eligible RMOs with GP intent are formally selected to the GP Pathway.</p>	<p>Not applicable.</p>	<p>GP Registrars are advised of the outcome of their eligibility assessment in late-December/January.</p> <p>Eligible GP Registrars are sent a Trainee Declaration to sign and return to formalise their participation.</p>
<p>Advice to stakeholders</p>	<p>OCMO provides EHSs with a final list of RMOs with GP intent in their employ who will be participating on the GP Pathway the following year.</p>	<p>Not applicable.</p>	<p>OCMO provides EHSs with a final list of GP Registrars from Tranche 1 and 2 in their employ who will be participating on the GP Pathway the following year.</p> <p>OCMO provides the training provider with a baseline database of all GP Pathway participants for the following year.</p>

6.5 Training needs assessment/GP Pathway Rotation Guide (GPPRG)

The GP Pathway aims to provide participating GP Registrars with optimal preparation for entry to community GP and/or other GP training. This is supported for Round 1 intake GP Registrars through a training needs assessment and the provision of high level rotational recommendations to HSPs that identify which rotations will build upon a GP Registrar's previous training experience to best prepare them for their community GP placement and/or other GP training.

Whilst essential GP-suitable rotations completed in internship may meet ACRRM and RACGP training requirements, it is considered within the GP Pathway that exposure to General Medicine, ED and Paediatrics at RMO level are necessary to develop the confidence, independence and knowledge in diagnostics and therapeutics required for a community GP placement and/or other GP training. Where a GP Registrar has not previously completed those rotations at RMO level, it will be recommended that rotation/s is allocated by the EHS.

The following principles will apply:

- updated allocations are sought from HSPs in early-September for returning participants
- a training needs analysis for each GP Registrar is undertaken with reference to:
 - previous training experience/preferences
 - minimum outstanding GP paediatric training requirements (for RACGP)
 - the GP Pathway GP-suitable Rotations table
- information is provided to EHSs on which rotations:
 - are recommended for allocation as a priority, where available
 - should not be allocated, if possible, as the GP registrar has had exposure and would get greater benefit from completing a different rotation
 - will support the achievement of GP paediatric training requirements
- a priority ranking is provided for each GP Registrar, to assist EHSs in prioritising who should be allocated first to GP-suitable matrix rotations. Priority will be given to returning GP Registrars
- it will be identified where a participant has expressed rural or remote GP, RG and/or Aboriginal health intent.

RMOs with GP intent, Tranche 2 GP Registrars, and any GP Registrar employed only at PCH and/or KEMH (where rotations are all GP-suitable and count only towards paediatrics and O&G experience, respectively) **will not** have a training need analysis or GPPRG.

If known, CRP terms will be included in the GPPRG of relevant GP Registrars.

6.6 Allocation to GP Pathway rotational matrix

By mid-October annually [Refer to Appendix B for exact date], OCMO will supply EHSs with:

- a list of their employed Tranche 1 GP Registrars for allocation to matrix rotations with recommendations of GP-suitable rotations (in a GPPRG).
- a list of their employed RMOs with GP intent for secondary allocation to unfilled matrix rotations

The information provided by OCMO should be used by EHS MW Teams to allocate GP Registrars, using their standard allocation methodologies, to an appropriate line in the rotational matrix or group of GP-suitable rotations, that will support the GP Registrars to complete most of the recommended rotations over one to two years.

It is acknowledged that EHSs may be unable to provide all recommended rotations in one year. EHSs are requested to focus on providing outstanding 'essential' rotations first, where recommended, and

then a broad range of ‘preferred’ or ‘other’ rotations (in accordance with the GP Registrar’s preferences, if possible). For a list of essential, preferred and other rotations refer to Tables 1 and 2.

The principles provided in Table 5 should be considered by EHS when allocating rotations.

Table 5: GP Pathway allocation principles

<p>General principles</p>	<p>GP Registrars should be allocated in order of the priority ranking provided.</p> <p>The preferences provided by GP Registrars should be considered by the EHS but are secondary to the EHS’s training capacity and the rotations recommended in the GPPRG for optimal training.</p> <p>EHSs should ensure that GP Registrars have equitable access to paediatrics and other high demand GP-suitable rotations as non-GP Pathway Registrars and RMOs not in vocational training.</p> <p>EHSs should ensure that part-time participants receive equitable access to GP suitable rotations.</p> <p>Where there are unfilled GP-suitable matrix rotations, EHSs are requested to allocate RMOs with GP intent. The names of those who have expressed interest will be provided to EHS to facilitate this process.</p> <p>Where possible, GP Registrars with rural or remote, RG or Aboriginal health intent should be allocated to GP-suitable rotations in a rural setting, preferably MM3-7.</p>
<p>For Returning GP Registrars (Priority 1)</p>	<p>Returning GP Registrars will have had one year on the GP Pathway completing GP-suitable rotations.</p> <p>It is important that Returning GP Registrars are allocated to rotations, in accordance with any rotational recommendations provided, that support their achievement in one year of:</p> <ul style="list-style-type: none"> • any outstanding essential rotations • a range of preferred and/or other terms, where possible, in consideration of their preferences. <p>Some returning GP Registrars may be employed on service registrar contracts. Guidance will be provided to optimise their GP preparation.</p>
<p>For PGY2 GP Registrars</p>	<p>The GP Registrar is likely to have had minimal hospital experience. Exposure to essential rotations at RMO level will be recommended in the first instance.</p> <p>Where the GP Registrar has completed ED in internship at either FSH or a general hospital, this contributes towards paediatrics GP training requirements. In these cases, only one further ED rotation in those locations will meet paediatrics requirements.</p> <p>EHSs should allocate rotations, in accordance with the recommendations provided, that will support achievement within one to two years of:</p> <ul style="list-style-type: none"> • as many essential terms as possible • a range of preferred and/or other terms, where possible, in consideration of their preferences.
<p>For PGY3+ GP Registrars</p>	<p>The GP Registrar is likely to have completed some essential and preferred terms.</p> <p>EHS should allocate to rotations, in accordance with recommendations, that will support achievement of:</p> <ul style="list-style-type: none"> • any outstanding essential terms as a priority, where possible • a range of preferred and/or other terms, where possible, in consideration of their preferences.
<p>RMOs with GP intent To unfilled matrix rotations</p>	<p>Final priority for allocation. No rotational recommendations will be provided for this group.</p> <p>EHSs are requested to allocate RMOs with GP intent to unfilled matrix rotations, in consideration of CRP terms, where known, and any preferences provided directly to MW Teams through standard EHS processes, where possible.</p>

EHSs can fill any unused matrix rotations with non-GP Pathway RMOs to meet service need. Rotations should be re-integrated into the rotational matrix for the following year.

Where a GP Registrar has indicated rural, RG and/or Aboriginal health intent, EHSs should consider the allocation of the following rotations on a case-by-case basis where it is supported in a GP Registrar's GPPRG (or similar) and preferred by the GP Registrar; ENT, vascular surgery, cardiothoracic surgery, renal medicine, endocrinology and rheumatology.

More than one rotation of leave relief per year is not optimal, but it is expected that GP Pathway participants will participate in leave relief, after hours, on-call and night duty as per the EHS's usual rostering requirements for RMOs.

GP Registrars on split contracts can be selected to the GP Pathway. EHSs employing GP Registrars on a split contract are asked to communicate, where possible, to reduce the likelihood of more than one leave relief allocation being allocated.

Part-time employees will require twice the number of rotations to achieve paediatrics training requirements, i.e. two paediatric rotations or four ED terms with paediatrics exposure or a combination of one Paediatric term and two appropriate ED terms. Where paediatric rotations are available, it is requested that the EHS allocate the GP Registrar to two consecutive paediatrics terms, if possible.

6.7 Alignment with other programs

The GP Pathway aligns with other WA Health programs to support eligible current and future AGPT and RGTS trainees on their pathway to GP Fellowship; be it general, rural or RG.

Relevant programs and intersects are summarised in Table 6 below.

Table 6: GP Pathway programs intersects

Program	Activities
Community Residency Program (CRP) (metro)	<ul style="list-style-type: none"> • Alignment of recruitment (EOI) processes • Cross promotion of programs to RMOs • Prioritisation of GP Pathway participants for metro CRP terms, if assessed by Silver Chain as suitable • Integration of metro CRP terms into GPPRGs, once known.
CRP (rural)	<ul style="list-style-type: none"> • Cross promotion of programs to RMOs • Mutual sharing of participant information, to optimise training experience (allocation to GP-suitable CRP terms) • Integration of rural CRP terms into GPPRGs, once known.
Rural Generalist Pathway WA (RGPWA)	<ul style="list-style-type: none"> • Cross promotion of programs to RMOs • Mutual sharing of participant information to support RGPWA entry and/or optimise training experience. • The RGPWA is a program coordinated by WACHS and supplements the ACRRM and the RACGP rural fellowship programs. It is separate to the GP Pathway.

Whilst the GP Pathway aims to support all current GP Registrars on their pathway to Fellowship, it also assists RMOs with GP intent on their career journey by sharing their information with RACGP, ACRRM and/or WACHS, so that they may be provided with additional information about Fellowship pathways. Where any GP Pathway participant expresses RG intent, their information may also be shared, so that they can potentially be supported into RG training.

Information that may be shared includes:

- contact details
- College pathway intent
- Rural GP and/or rural generalist and/or Aboriginal health intent
- CRP intent

6.8 Commencement/implementation

Most GP Pathway participants will commence their employment and GP training during January and will be facilitated through rotations over next 6-12 months by their EHS.

All stakeholders are expected to adhere to relevant employment and training contracts and policies applicable to their role as an employer (EHS), training provider, employee/trainee (GP Registrar/RMO with GP intent) and system manager (OCMO).

Any issues with regards to training and/or employment should be raised by participants with their College or their EHS, respectively.

The OCMO will provide some level of coordination and monitoring of the GP Pathway, and will be available to provide guidance to stakeholders, as required.

6.9 Exit process - assessment of community GP readiness

The GP Pathway aims to provide participants with optimal skills and experience in preparation to exit hospital training and commence community GP and/or further GP training. As GP Registrars are not a homogenous group, optimal preparation may or may not be achieved within one year on the GP Pathway.

Both the ACRRM and RACGP have enabled GP Registrars from the 2023 and 2024 AGPT Cohorts to access up to an additional 52 weeks FTE of hospital training on the GP Pathway through an exemption to training time caps, but only if approved as appropriate. The necessity of the individual GP Registrar to return to the GP Pathway will be considered on a case by case basis and approved by their respective College.

Additional hospital training time may support further development of the GP Registrar along with increased knowledge and awareness of the hospital system with which they will engage once in a primary care environment. It is strongly recommended that GP Registrars with limited clinical exposure, particularly those entering the GP Pathway from PGY1, consider returning to the GP Pathway for an additional year to complete further GP-suitable rotations.

GP registrars who wish to undertake a second year of hospital training on the GP Pathway must have contacted, and received approval from, their College to return by 1 September of the year prior. The Colleges will consider an individual's outstanding training needs and their readiness for entry to a community GP placement before confirming whether an exemption to hospital training time caps will be granted.

6.10 Monitoring and reporting

The focus of GP Pathway monitoring is to ensure that it is achieving its objective of optimally preparing participants for entry to community GP training and/or other GP training.

The KPIs in Table 7 will be measured annually.

Table 7: GP Pathway KPIs

KPI	How measured	Data source
High quality of the GP Pathway rotational matrix is maintained/improved.	<ul style="list-style-type: none"> • Number of placements made available to the GP Pathway remains stable. • Number of essential and high demand preferred rotations (e.g. O&G, Psychiatry) is maintained or increased. • Number of non-GP suitable and/or leave relief rotations remains stable and/or is reduced. • Broad range of rotations is retained within matrix lines. 	EHS GP Pathway rotational matrices.
GP Pathway participation levels are maintained, particularly amongst the priority grouping (PGY2 GP Registrars).	<ul style="list-style-type: none"> • Recruitment statistics indicate that a minimum of 80 GP Registrars and RMOs with GP intent have joined the GP Pathway. • Over 75% of GP Registrars enrolled from PGY1 have joined the GP Pathway. 	Annual recruitment data.
EHSs are supporting GP Registrars to optimally prepare for entry to community GP training and/or other GP training.	<ul style="list-style-type: none"> • Assessment of EHS baseline allocations against rotational recommendations for Tranche 1 GP Registrars indicates a good or very good level of application. • Minimal non-GP suitable rotations are allocated by EHSs. • Essential and high demand rotations are prioritised appropriately to Round 1 intake GP Registrars, before allocation to RMOs with GP intent. • Part time participants receive GP-suitable rotations that meet their training needs. 	<p>Recommendations provided in GPPRG (or alternative methodology).</p> <p>EHS baseline allocations for participants collected prior to commencement of, or early in, Term 1 (December/January).</p>
The GP Pathway is providing optimal training outcomes for participants.	<ul style="list-style-type: none"> • Assessment of completed allocations against rotational recommendations indicate that the training needs of Round 1 intake GP Registrars and returning GP Registrars have been largely met. • Over 75% of PGY2 participants are opting to return for an additional year on the GP Pathway. 	<p>Recommendations provided in GPPRG (or alternative methodology).</p> <p>Completed EHS term allocations collected midway through final term (December of the relevant year).</p>
The GP Pathway supports the attraction and retention of current and future GP Registrars in GP training.	<ul style="list-style-type: none"> • Over 66% of participating RMOs with GP intent apply to and are successful in their AGPT/RGTS applications for the following year. • Over 90% of participants commencing in January are retained in the GP Pathway and AGPT/RGTS training by December. 	<p>AGPT/RGTS recruitment outcomes provided by ACRRM and RACGP.</p> <p>Completed EHS term allocations collected midway through final term (December of the relevant year).</p>

OCMO will coordinate KPI data collection and analysis.

Key monitoring deliverables for EHSs will be:

- Baseline allocations for GP Pathway participants by January of the relevant year.
- Final allocations completed by GP Pathway participants by December of that year.

Data gathered during monitoring activities will be shared with ACRRM and RACGP to inform further partnership on workforce issues.

An Annual Report will be provided for the endorsement of the GPHTPC by March, that will report against the above KPIs. Dissemination of the Annual Report is at the discretion of the GPHTPC Chair.

EHSs will be contacted mid-year requesting confirmation of the employment status of participants to provide OCMO and RACGP/ACRRM with information on their continued eligibility for the GP Pathway. A rotational update will not be required.

Appendix A: GP Hospital Training Pathway GP-suitable rotational matrix 2024

	15 January 2024 - 24 March 2024	25 March 2024 - 9 June 2024	10 June 2024 - 18 August 2024	19 August 2024 - 27 October 2024	28 October 2024 - 12 January 2025
	10 weeks	11 weeks	10 weeks	10 weeks	11 weeks
Site	Term 1	Term 2	Term 3	Term 4	Term 5 (if relevant)
South Metropolitan Health Service Fiona Stanley Fremantle Hospitals Group (FSFHG)	FSH Emergency	RGH General Medicine	Leave Relief	RGH O&G	FSH ICU
	FSH Emergency	RGH O&G	Leave Relief	RGH Psychiatry	SJOG ICU
	RGH Emergency	FSH Rehabilitation	Leave Relief	RGH Geriatrics	RGH O&G
	RGH Emergency	FSH Cardiology/CCU	Leave Relief	FH Geriatrics	FSH Infectious Diseases
	FH Psychiatry	RGH Geriatrics	Leave Relief	RGH General Medicine	FSH Emergency
	FSH Psychiatry	RGH Emergency	Leave Relief	RGH O&G	FSH AMU
	RGH Psychiatry	FSH Emergency	Leave Relief	FSH General Medicine	FSH Cardiology/CCU
	FH Geriatrics	FSH Emergency	Leave Relief	RGH General Medicine	FSH Gastroenterology
	FSH Geriatrics	RGH Emergency	Leave Relief	FH General Medicine	FSH Neurology
	RGH Geriatrics	FSH Rehabilitation	Leave Relief	FSH AMU	FSH Emergency
	FH General Medicine	FSH Psychiatry	Leave Relief	RGH Emergency	FSH Orthopaedics
	FSH General Medicine	FH Psychiatry	Leave Relief	FSH Emergency	RGH O&G
	RGH General Medicine	RGH Psychiatry	Leave Relief	FSH Cardiology/CCU	FSH Emergency
	FSH AMU	FH Geriatrics	Leave Relief	FSH Emergency	FSH General Surgery (Breast)
	RGH General Medicine	FSH Geriatrics	Leave Relief	FSH Emergency	FSH General and Acute Surgery
	FSH Rehabilitation	RGH Geriatrics	Leave Relief	RGH Emergency	FH General Surgery
	FSH Rehabilitation	FH General Medicine	Leave Relief	FSH Geriatrics	FSH Emergency
	RGH O&G	FSH General Medicine	Leave Relief	FH Psychiatry	FSH Emergency
	FSH Cardiology/CCU	RGH O&G	Leave Relief	FSH Psychiatry	FSH Emergency
	RGH Geriatrics	FSH AMU	Leave Relief	FSH Rehabilitation	FSH Emergency
Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line					
FSFHG capacity 20	GP registrar training program for 2024. 1. Matrix lines are indicative. A flexible approach will be applied and terms allocated according to individual needs and past experience. 2. The first two lines are tailored for Australian College of Rural and Remote Medicine (ACRRM) GP registrars 3. Emergency at FSH or RGH provides paediatric exposure. Completing two terms of Emergency will meet GP paediatric requirements 4. RMOs will experience afterhours during hospital and ward rotations, and will have night shift exposure in Emergency, Cardiology, ASU, AMU and FH Gen Med 5. The CRP is GP-suitable. Metro and rural CRP application and term allocation processes are undertaken separately to the GP Pathway.				

	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric medicine
WACHS Albany	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric medicine
WACHS Kalgoorlie	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Leave relief
WACHS Bunbury	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Geriatric Medicine
WACHS Broome	Psychiatry	General Medicine	General Surgery	Emergency Medicine	Paediatrics
WACHS Geraldton	Paediatrics	General Medicine	General Surgery	Emergency Medicine	Leave relief
WACHS capacity 10+	1. Rotations identified in this matrix are only available to WACHS directly employed doctors contracted to a site for the 12 month period. Each line is indicative only, and is not a line that trainees can directly apply for. A bespoke approach is applied and terms are allocated according to individual needs and past experience. 2. It is possible that experience in the terms shown will be obtained over two years, rather than one year. Two or more terms may be undertaken in one specialty by the trainee as an extended skill e.g. ED 3. Rotations from tertiary hospitals are excluded from these rotations. The WACHS terms that tertiary hospitals rotate into should be incorporated into the relevant GP Pathway matrix (excluding Community Residency positions) 4. Most 12 month RMO positions at WACHS include a 2-4 week period of after-hours night cover. 5. The final matrix of terms offered to a GP trainee (and other junior medical officers) will be determined by the WACHS Medical Workforce team at each site, after the signing of employment contracts.				

	Emergency	Leave relief	Mental health	Paediatrics	General medicine
Ramsay Health Care Joondalup Health Campus (JHC)	General surgery	Rehab and aged care	Emergency	Emergency	Leave relief
	General medicine	O&G	Leave relief	Emergency	Emergency
	Paediatrics	Emergency	General medicine	Leave relief	General surgery
	General surgery	Peri-op (incl anaesthetics)	O&G	Leave relief	Intensive care
	Peri-op (incl anaesthetics)	Leave relief	Mental health	Paediatrics	Cardiology
JHC capacity 20+	1. All RMOs would be directly employed by JHC. There are no specific skill sets requirements. 2. Matrix lines are indicative. Flexibility can be applied and terms are allocated according to individual needs and past experience. 3. All RMOs would complete the minimum GP training Paediatric requirements, as all Emergency terms include Paediatric Emergency Medicine. 4. All RMOs will experience afterhours during hospital and ward rotations and night ward cover in the leave relief terms Note: JHC rotates RMOs to Hollywood Private Hospital and a variety of different WACHS sites.				

Key

AHS - Armadale Health Service
AMU/Acute Medical Unit: General medicine
After hours: A team in place from 3pm to 8am daily.
BHS - Bentley Health Service
CAT: Charlies Afterhours Team provides experience in managing a variety of deteriorating patient conditions.
CVM/CCU: Cardiovascular Medicine and Coronary Care Unit
DRAC OPH: Rehabilitation and aged care.
ED: Emergency Department (this may include paediatric experience at some locations)
Gen med: General medicine
LR/Leave relief: Shifts include evening, day and night shift for annual leave and sick leave cover.
MAU/Medical Assessment Unit: General medicine

	15 January 2024 - 24 March 2024	25 March 2024 - 9 June 2024	10 June 2024 - 18 August 2024	19 August 2024 - 27 October 2024	28 October 2024 - 12 January 2025
	10 weeks	11 weeks	10 weeks	10 weeks	11 weeks
Site	Term 1	Term 2	Term 3	Term 4	Term 5 (if relevant)
East Metropolitan Health Service Royal Perth Bentley Group (RPBG)	SJOGMid - Emergency	SJOGMid - Geriatrics	AHS - Psychiatry	RPH - Acute Medical Unit	AHS - Leave Relief
	BHS - Psychiatry	AHS - Emergency	Leave Relief	RPH - Emergency	RPH - SAFE
	AHS - Emergency	AHS - Psychiatry	AHS - Paediatrics	AHS - O&G	AHS - General Medicine
	BHS - SAFE	AHS - Emergency	BHS - Psychiatry	Leave Relief	AHS - General Medicine
	Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line				
RPBG capacity 20	1. The rotations are those deemed suitable for GP registrars and can be confidently provided. These streams will be quarantined for GP registrars. 2. Each line can accommodate five GP registrars. GP registrars may commence with any rotation within a line. Terms are indicative. 3. SJG Midland ED and Armadale ED provide paediatrics ED experience (i.e. two terms satisfies AGPT minimum Paediatric training requirements). 4. "Reserve" additional rotations will be allocated to those who have an expressed an intention to train as a GP but are not accepted into a AGPT/RGTS training programme. 5. BHS SAFE, will give exposure to obstetrics, and mental health. 6. The CRP is GP-suitable for 2024. Metro and rural CRP application and term allocation processes are undertaken separately to the GP pilot.				
North Metropolitan Health Service Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG)	SCGH ED	Karratha Gen Med/Rehab	OPH YAR	SCGH Neurology	SCGH Psych
	SCGH ED	OPH Psych Selby Lodge	DRAC OPH	SCGH MAU	PHH Paeds
	SCGH ED	SCGH MAU	SCGH Neurology	DRAC OPH	OPH Older Adult Psych
	Community Residency Program (CRP) term/s - may be substituted for a rotation in any matrix line				
SCGOPHCG capacity 15	1. The SCGH matrix is based on 2023 junior medical staff establishment and the proposed establishment for the 2024 clinical year. There may be minor amendment based on the final approved establishment for 2024. 2. Each pilot registrar will be allocated to a specific line of rotations that will best meet their training needs, in accordance with their preferences where possible. GP registrars may commence with any rotation within a line and therefore the terms are indicative. 3. The CRP is GP-suitable for 2024. Metro and rural CRP application and term allocation processes are undertaken separately to the GP pilot.				
King Edward Memorial Hospital (KEMH)	1. KEMH will continue to support GP training through ongoing collaboration with the GP Colleges and directly through the JMO recruitment process. 2. Various rotations in women's health are provided across 6 terms, depending on contract length. 3. Term dates are: 15 January 2024-10 March 2024 (8 weeks), 11 March 2024-12 May 2024 (9 weeks), 13 May 2024 - 14 July 2024 (9 weeks), 15 July 2024 - 15 September 2024 (9 weeks), 16 September 2024 - 17 November 2024 (9 weeks), 18 November 2024 - 12 January 2025 (8 weeks)				

	16/01/2024 - 16/04/2024	17/04/2024 - 16/07/2024	17/07/2024 - 15/10/2024	16/10/2024 - 14/01/2025
	12 weeks	14 weeks	13 weeks	13 weeks
Site	Term 1	Term 2	Term 3	Term 4
St John of God (SJG) Midland	ED	Aged Care	Paeds	Gen Med
	ED	ED	Mental Health	O&G
	O&G	ED	Paeds	Gen Med
	Gen Med	O&G	ED	Mental Health
	Rehab ML	ED	General Surgery	Gen Med
SJG Midland capacity 20	1. The GP stream is for doctors that directly apply wanting to complete requirements for GP. All positions into these streams will be directly appointed. 2. Ideally SJG Midland would like to offer these to doctors with a confirmed place on the AGPT/RACGP GP training program 3. Lines 2 and 5 are aimed at more experienced GP registrars (PGY3+) who have already completed GP-suitable essential rotations during PGY1 and 2. 4. This matrix is indicative only. SJG Midland applies a flexible approach and provides allocations as suggested by the College as well as requirements and preferences of trainees.			

	PCH ED	Leave relief	Surgical Dept (5 Depts)	Leave relief or PCH ED
Child and Adolescent Health Service (CAHS) Perth Children's Hospital (PCH)	PCH ED	Leave relief	Surgical Dept (5 Depts)	Leave relief or PCH ED
CAHS capacity 6+	1. CAHS will allocate GP Pathway participants on six month contracts primarily with ED and Leave Relief or Leave Relief and ED. This will meet GP paediatric requirements. 2. For GP Pathway participants on 12 month contracts, suitable paediatric surgical rotations in one of the four terms may include: General Surgery, ENT/Dental, ENT/Ophthalmology, Plastics/Burns, Orthopaedics. 3. CAHS may be able to accommodate a GP Pathway participant on a sub specialty rotation (such as allergy/immunology, respiratory, neonates, gen paediatrics) if the doctor is sufficiently experienced and either has a 12 month contract, or has expressed an interest in a contract extension for an additional 6 months (e.g. extended skills placement) and a sub specialty term is available. 4. The order of terms will vary.			

Medical general: General Medicine Unit, Acute Medical Unit (AMU), Emergency Medicine and possibly Geriatrics.
MH: Mental Health
OPH: Osborne Park Hospital
OPH YAR: Young adult rehab
PHH: Port Hedland Hospital
Rehab ML: Specialist Rehabilitation Services at Mount Lawley
RGH: Rockingham General Hospital
RPH leave relief: Gen Med-MAU, ED, Paeds, O&G, Rehab & Aged Care, Mental health, Psych-Geriatrics, Gen surgery, ortho and/or surgical specialties (includes gynae surgical cases). All areas at all the hospitals under the RPH umbrella.
SAFE (SAFE AFTER-HOURS FOR EVERONE): After hours roster that commences at 3pm. The RMO sees a variety of patients both medical and surgical.
WACHS: WA Country Health Service

Appendix B: GP Pathway key dates

The following timeframes for key recruitment, allocation and monitoring activities will apply for 2024.

Confirmed dates are in black, tentative dates are in blue.

Action	Date
Finalisation of GP Pathway rotational matrix by EHSs - <i>suggested by mid- to late-May annually</i>	15 May 2023
Centralised Resident Medical Officer (RMO) recruitment opens - <i>generally late-May/early- June annually</i>	19 May 2023
GP Pathway expression of interest (EOI) process commences for 2024	17 July 2023
GP Pathway EOI processes closes for 2024	18 August 2023
ACRRM offers finalised for Round 1	21 July 2023
RACGP offers finalised for Round 1	18 August 2023
ACRRM and RACGP provide Round 1 intake GP Registrar information to OCMO - <i>generally second week of September annually</i>	15 September 2023 (TBC)
OCMO confirm participant eligibility and provide EHSs with a list of: a. confirmed Round 1 intake GP Registrars and their GPPRG for allocation to the rotational matrix b. RMOs with GP intent for secondary allocation to unfilled matrix rotations. - <i>generally by mid-October annually</i>	16 October 2023
After allocating participants to matrix rotations, EHSs provide baseline allocations to OCMO - <i>generally in December/early-January annually</i>	As early as possible between 1 December 2023 and 15 January 2024.
OCMO provide EHSs and the training provider with a final list of all GP Pathway participants: a. Update of Tranche 1 GP Registrars b. Confirmed Tranche 2 GP Registrars c. Confirmed RMOs with GP intent. - <i>generally before mid-February</i>	By mid-February 2024
Submission of draft GP Pathway Framework for 2025 and Annual Report 2023 to the General Practice Hospital Training Pathway Committee (GPHTPC) for review - <i>suggested by mid-March annually</i>	By mid-March 2024
GPHTPC meeting to endorse Framework and Annual Report	By mid-April 2024
HSPs provide allocations completed by GP Pathway participants in 2023 to OCMO. - <i>generally in early December</i>	2 December 2024 (TBC)

Appendix C: GP Pathway Trainee Declaration



Government of **Western Australia**
Department of **Health**

General Practice (GP) Hospital Training Pathway Trainee Declaration 2024 GP Registrars

I, _____ accept the following terms while participating in the GP Pathway, commencing in 2024:
Insert name here

1. I understand the aim of the GP Hospital Training Pathway (GP Pathway) is to support my progress to readiness for community GP and/or other GP training through completion of an optimal combination of GP-suitable rotations.
 2. I understand that GP Pathway requirements include:
 - a. attempting to participate in any education activities provided by my College that are available during my hospital training time
 - b. adherence to my employment contract/s for 2024
 - c. completion of any GP-suitable rotations allocated by employing public/private health service providers (EHSs) for the purposes of the GP Pathway
 - d. a commitment to participate in GP Pathway monitoring, if required.
 3. I have read the Framework and understand that to support my ongoing participation on the GP Pathway and optimise my training experience, information will be shared by the Office of the Chief Medical Officer (OCMO), my College and/or my EHS. This will include, but not be limited to:
 - a. my GP Pathway Rotation Guide (GPPRG) which has been prepared in consultation with my College integrating my previous training experience and preferences reported through my GP Pathway training survey. This will support my allocation to the most appropriate combination of GP suitable rotations to progress towards readiness for community GP placement/further GP training
 - b. my EHS sharing my allocations with OCMO for monitoring purposes.
 4. I understand that allocation to GP suitable combinations of rotations is determined by my EHS's hospital Medical Workforce Team, taking into account my GPPRG, the requirements of the GP Pathway cohort and other circumstances.
 5. I understand that my EHS will endeavour to accommodate my preferences, where possible, but the priority will be allocation to rotations that will support my optimal preparation for community GP and/or other GP training.
 6. I understand that hospital training requirements for GP Registrars can include overtime, on-call and leave relief, and I may be allocated to these whilst on the GP Pathway.
 7. I am aware that I may rotate to other hospitals within my EHS to ensure access to a combination of GP suitable rotations.
 8. I understand that I will be supported by my College for the length of the GP Pathway.
 9. I understand that ACRRM and/or RACGP may have additional training requirements outside of the scope of the GP Pathway. It is my responsibility to ensure I understand and comply with these requirements.
 10. I am responsible for providing any information to ACRRM and/or RACGP that may influence my continued participation in the GP Pathway.
 11. I will conduct myself in an honest, professional and ethical manner throughout my hospital training and the GP Pathway
- I understand that failure to meet any of the above requirements at any time may result in a review of my suitability for inclusion in the GP Pathway.

GP Registrar signature (date)

OCMO signature (date)

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