

Why is the review needed?

With an aging population, increasing co-morbidity and changes in technology we need to equip general practitioners to take on increasingly complex roles in the health service.

As more services are delivered in community settings it is likely that GPs will need to work more closely with hospital-based colleagues. We need to ensure that GP training prepares doctors for roles that are more flexible and multi-faceted.

How is the review being run?

The review is being funded and managed by Health Workforce New Zealand, working in partnership with The Royal New Zealand College of General Practitioners and the Medical Council of New Zealand. The lead sponsors are Professor Gregor Coster (HWNZ), Dr Tana Fishman (RNZCGP) and Dr John Adams (MCNZ). Dr William Rainger, has been appointed to manage the process.

A steering group of representatives from the three partner organisations and a DHB representative meets monthly to oversee the project.

How are GPs being involved in the review?

We aim to ensure that GPs and junior doctors interested in a career in general practice are fully engaged throughout the review process. The review sponsors will provide regular updates on their websites and write directly to GPs at key points to invite their input.

Advice is being given to the review by a reference group with membership from current GP registrars; current GP trainers; the New Zealand Medical Association; Te Ora; DHB CMOs; the New Zealand Resident Doctor Association; the Rural GP Network; the Division Of Rural Hospital Medicine (RNZCGP); the Association of Salaried Medical Specialists; the College of Primary Care Nurses (New Zealand Nurses Organisation); other medical colleges via the Council of Medical Colleges; the University of Auckland; and the University of Otago.

Consultation will occur prior to any substantial changes to the training programme.

Will the review mean that GPs spend more time training in hospitals?

A key principle of the review is to strengthen the links between hospital and community based practice. The review partners will consider whether there would be benefit in some GP registrars spending periods of time in hospital settings during their training.

The review will also examine prospects for greater exposure to general practice during the undergraduate and PGY1 and PGY2 years.

What examples are you looking at to inform the review?

The Rural Hospital Medicine Programme and the Rural Medical Immersion Programme are already giving good indications of how the interface between hospital and primary care can be strengthened. The schemes are also proving very popular with registrars and students respectively..

The review process is taking a wide view of experience in the sector to glean ideas and learn from current good practice.

Is the review looking at the role of the GP with Special Interest?

The review will consider the full range of skills and experience future general practitioners might be expected to provide to their communities. This will include exploring how comprehensive generalist skills might be combined with a specialist technical skill such as endoscopy or a specific scope of practice such as primary mental health or palliative care.

The aim will be to determine a range of options that will enhance the trainee experience and career choices available to GPs - while also creating a more diverse generalist workforce, potentially equipped to support services delivered in hospital settings.

Is the length of training likely to change?

The review will consider whether three years is the optimum time to prepare general practitioners for the role they undertake both now and in the future.

The ideal length of training will be informed by a range of factors including considering the duration of comparable training programmes in other countries.

Is the review looking at the role and training of trainers?

The review partners recognise the importance of making sure that we provide trainers with the right training and infrastructure so that we have a good supply of trainers for the future.

Why is the review considering changing the bursary for first year trainees?

Although there is strong anecdotal evidence that GPEP1 is seen as a positive experience by most trainees, the partners recognise that the current bursary scheme does not offer trainees the range of employment benefits such as paid holiday and maternity leave and payment of examination fees that are enjoyed by other specialist trainees.

Is there likely to be a change to employment in later years of training?

In the immediate future the review is focusing on the employment model in GPEP1 to ensure that it is not considered a barrier to entering general practice training.

Will PRIMEX remain the same?

Responsibility for the structure and content of Primex lies with the RNZCGP and is outside the scope of the review. The College may modify Primex due to changes in the curriculum and if so it will notify registrars of any changes at that time

