Statement from the GP trainees' Round Table discussion on employment arrangements

A round table discussion was hosted by General Practice Registrars Australia (GPRA) on 12 September 2020. This was a watershed moment whereby General Practice trainee representatives from across Australia, representing the diversity of general practice (GP) and rural generalist (RG) training programs and breadth of settings and locations in which this training is undertaken, joined to discuss long-standing problems with general practice trainee employment and to begin exploring potential solutions. The following is a summary of the discussion which took place between the panellists[i] and participants[ii] who attended this round table[iii].

In coming together, panellists and participants agreed that to create change in the system, there is a need to bring all our colleagues together in a united journey towards positive change, no matter their training and employment circumstances. For this to happen, the Round Table sought to achieve a consensus approach that respected individual and organisational differences but sought common ground in defining problems and considering potential solutions.

The problems within general practice trainee employment are complex, multi-faceted, and affect each individual GP trainee on differing levels depending on their individual circumstance. For some GP trainees, in particular those who train in rural and remote locations, those whose visas are tied to their work, and/or those who need the flexibility to train on a part-time basis, there are additional complexities. Despite this diversity and heterogeneity of circumstances, the main problems identified and discussed were:

1. Current base rates of pay are unacceptably low. There is a significant differential in comparison to base rate salaries for registrars and advanced trainees in hospital-based specialty training programs (see Appendix A). This is a source of significant dissatisfaction for GP trainees, from a financial perspective and in terms of the perceived under-valuing of GP trainees, and a contributing factor in the declining number of prevocational doctors applying to undertake GP training programs.
2. Power imbalances in the employment of the GP trainee by a small to medium size private business. This can result in a complex and dichotomous relationship between the trainee and their supervisor. On one hand, the supervisor provides in-practice training and education and gives formative and summative assessments of their trainee's performance. On the other hand, they can be a partner or sole-owner of the practice and so is the employer of their trainee with a direct interest in the trainee's earnings.
3. Issues with access to and portability of leave entitlements. Leave accruals from a trainee's previous hospital employment are not transferrable into GP training. Aside from the Commonwealth Government's paid parental leave scheme with constraints on eligibility for many GP trainees, there is no provision for paid parental leave for GP trainees. This directly affects the ability for many trainees to successfully negotiate and navigate their personal and professional lives at a critical time in their life and career journeys.

4. Power imbalances with placement arrangements and employment negotiations. GP trainees, particularly those on the Australian General Practice Training (AGPT) program are matched to, placed in, or engage in a 'constrained free-market'[a] of GP practices to gain their training placements. This process aims to meet workforce and training needs but is often achieved with limited or no flexibility, choice, and control for the trainee in the selection of their training practice(s). The inherent follow-on effect of this placement process restricts any meaningful negotiation on employment conditions as the trainee effectively risks losing their training position if they do not agree with what is being offered by the training practice.

5. Inadequacies with dispute resolution. Practices and registrars often find dispute resolution in relation to employment arrangements challenging and feel unsupported. Even if both parties are willing to negotiate to find a solution, there is often no neutral outside party to facilitate an outcome. There is a lack of clarity in the system surrounding responsibility for dispute resolution. This affects both trainees and their supervisors at a time when synergy in this relationship is paramount to a successful training experience.

Despite the complexities involved in the training and employment of GP trainees, the Round Table acknowledged the invaluable role played by GP trainees in the provision of healthcare, particularly rural and remote healthcare, in Australia. Adverse training and employment conditions of GP trainees is affecting: the delivery of high-quality healthcare in Australia to our communities, contributing to workforce unsustainability, and discouraging doctors from considering general practice as their choice of specialty career.

While acknowledging limitations with any government funding arrangement, the impacts of chronic under-funding of general practice are manifesting many of the problems with GP trainee employment. There is a need to recognise the true worth of general practice as the major facet of primary care in the Australian healthcare system. General practice is not only efficient and cost-effective, but fundamental to safe and high-quality healthcare provision for all Australian communities. GP trainees need to be recognised, supported, and valued for the care they provide today, and for ensuring the future of primary healthcare in our country. Supporting GP trainees supports our communities.

Much of the contemporary discussion on GP trainee employment issues revolves around the National Terms and Conditions for the Employment of Registrars (NTCER); however it is important to recognise that the NTCER is not an all-encompassing document that applies to all GP trainees or all training circumstances. Nevertheless, a significant proportion of GP trainees, particularly those on the AGPT program, are placed in community-based practices subject to the NTCER.

The NTCER describes the minimum employment terms and conditions and, as such, should serve as a safety-net so that trainees do not end up in a position of severe disadvantage or potential exploitation in relation to their employment. However, the NTCER is commonly treated as an employment standard, with training practices discouraged from negotiating with their GP trainee employees or paying conditions beyond those outlined in the NTCER. This

[a] A limited number of GP practices are offered as potential placement opportunity and the trainee can select one of these, often in competition with other trainees.

approach to trainee employment, the training placement process, and the fact that the NTCER has not kept pace with conditions and entitlements offered to hospital-based registrars, has led to growing dissatisfaction and is often a source of tension between trainees and training practices. Therefore, the Round Table contend that the NTCER is not fit-for-purpose and should not, in its present form, continue to be the document which outlines the employment for GP registrars. Measures to address this dissatisfaction must therefore be integrated into general practice training reform.

The inherent flaws of the current general practice training and employment model results in numerous systematic disincentives, creating poorer employment and training experiences for many GP trainees. Dissatisfaction and tension in the training environment does little to promote quality healthcare for the wider communities in which the GP trainee serves. Meeting the needs of our communities means supporting the needs of GP trainees.

Within the current model, a GP trainee's training experience is linked to their employment, in particular their Medicare Benefits Schedule (MBS) billings. This link means that a GP trainee's financial stability is in tension with their training experience and so must be well managed: GP practices, and GP trainees, are incentivised to work in a financially efficient manner and this does not always provide a robust or satisfying training experience. Additional complications arise as GP trainees are expected to negotiate their own employment agreement, often having never negotiated an employment agreement before, with a practice manager or owner who, in many cases, is also their GP supervisor. As such, there can be discordance in the competing interests of providing a quality training experience while ensuring a financially sustainable GP practice. Furthermore, many GP trainees work under employment conditions which would be unacceptable to fully-Fellowed GPs; this includes the 13-week billing cycle—no employee should be expected to wait for three months to access a significant portion of their earnings.

The Round Table noted that hospital-based trainee counterparts typically experience better employment conditions and undergo specialty training programs that are not tied to their financial stability. There are many anecdotal reports of prevocational doctors who have, or continue to, defer the commencement of their GP training or even undertaken other specialty training programs, so they can continue to work in the hospital system in order to access superior employment benefits, such as parental leave entitlements—this needs to change.

The Round Table contend that all GP trainees should be fairly remunerated for the work they undertake, particularly in recognition of procedural work, Visiting Medical Officer (VMO) work, and out-of-hours work undertaken in hospital settings. While it is common for GP trainees in regional and rural settings to work in both community practice and provide clinical services to the local hospital, there are significant variations between states/territories on employment arrangements for this hospital work and how this is structured into the primary employment agreement with the training practice. As a result, many trainees are well paid on their hospital contract while others are significantly underpaid due to local context and contractual arrangements.

RG and GP trainees play an important role in the provision of rural healthcare—the Round Table supported measures that enable more doctors to enter rural and remote general practice and rural generalism. Employment models should not disadvantage or disincentivise rural and remote GP and RG trainees. It was acknowledged that rural and remote RG and GP training

is different to GP training in a metropolitan area. As such, the needs of those on a rural or remote training programs are different; a one-size-fits-all approach to GP training or employment arrangements during training was not supported. However, it was agreed there should be equity in access to employment conditions that are applicable in any training setting (e.g. portability of leave entitlements, paid paternity leave, fairer base rate, etc) and the same support available for all GP trainees. The training location or training pathway should not disadvantage any GP trainee in terms of the support, benefits, and resources offered.

The current employment and training model for GP trainees has arguably been designed with a metropolitan full-time GP trainee in mind. And for such trainees, when training in a private or mixed-billings GP practice, remuneration and other conditions may be satisfactory. Despite a reputation for being flexible and family friendly, GP training is more challenging for those who seek, or (due to family or personal circumstances) must have, part-time arrangements. Education programs are often structured for (paid) full-time attendance, but part-time trainees' access to paid release for this education is dependent on rostering arrangements at their training practice. Equitable arrangements to work and train on a part-time basis, and the ability to access paid parental leave are consistent with contemporary workforce expectations. A well-funded system which supports the diversity of trainees' professional and personal needs, across all the different GP training pathways, is necessary to meet modern workforce expectations and also address rural and remote workforce shortages.

The Round Table recognised that many of the problems within general practice training and employment stem from the chronic under-funding of general practice and, by extension, the under-valuing of the role of general practice within the Australian healthcare system. It was agreed that community-based general practices, as small to medium private business, cannot and should not be expected to provide the gap of funding required, particularly for entitlements such as portability of leave and paid parental leave.

Of fundamental importance is the need for all GP trainees to be well supported and adequately supervised during their training experience. Therefore, an appropriately funded system must also support the training practices and GP supervisors who sustain the backbone of the GP training pipeline. The locus for resolving the employment issues for GP trainees should not lie with GP supervisors or training practices. There should also be funding and other supports to incentivise high quality supervision and enable excellent training experiences.

These are the core issues and values discussed and agreed by the Round Table panellists and participants. It was acknowledged that the diversity of general practice training experiences requires diverse representation and there are a range of ideas on the specific changes needed to create a better future for general practice training and employment in Australia. Nevertheless, the Round Table was a united forum with a commitment to work together towards a better future for general practice training in Australia. GP trainees are valuable to the Australian healthcare system and should be valued in their employment terms and conditions. Our GP training sector colleagues, stakeholders, and Government representatives are invited to join us as we work together for real, tangible and effective changes to achieve a fairer and more equitable solution to GP trainee employment and training conditions in Australia. Such change will facilitate better healthcare outcomes to our communities, who deserve the high-quality, patient-centred general practice care that the future of our profession promises.

[i] The 13 panellists involved in the round table discussion were invited representatives from a range of stakeholder organisations including the ACRRM Registrar Committee, AMA Council of Doctors in Training, RACGP Faculty of GPs in Training, Regional Training Organisations Registrar Liaison Officers and GPRA. Views expressed by individual panellists do not necessarily represent an endorsed position or policy of the organisation they represent.

[ii] In addition to invited panellists, there was an open invitation for any GP trainee to participate. Over 25 participants also contributed their input during the panel discussion through text comments and questions.

[iii] All states and territories of Australia; rural, regional and urban-based training locations; ACRRM and RACGP Fellowship training programs; and a diversity of training/employment settings were represented by the experiences of the panellists and participants.

APPENDIX: Base rate annual salary for hospital medical officers and first year registrars compared with registrars in first year of GP training

State	Hospital-based medical officers:						GP registrars [1]:		
	Intern	PGY2	PGY3	PGY4	Registrar Yr1	Effective from:	GPT1/ PRRT1	GPT2/ PRRT2	Effective from:
ACT [2]	73,829	86,393	94,774	107,020	107,020	11/6/20	77,681	93,394	3/8/20
NSW [3]	67,950	79,648	87,603	99,218	99,218	1/7/19	77,681	93,394	3/8/20
NT [4]	76,836	89,092	95,056	100,816	105,980	9/1/20	77,681	93,394	3/8/20
QLD [5]	78,941	85,521	92,098	113,481	113,481	1/7/20	77,681	93,394	20/7/20
SA [6]	77,084	84,093	91,100	105,816		14/4/20	77,681	93,394	3/8/20
TAS [7]	70,315	74,294	77,519	83,752	91,442	1/7/19	77,681	93,394	27/7/20
VIC [8]	76,627	81,489	88,337	107,811	116,058	1/1/20	77,681	93,394	3/8/20
WA [9]	78,479	86,328	94,960	104,456	109,678	1/10/18	77,681	93,394	13/7/20

[1] https://gpra.org.au/ntcer/base-rates-pay/

[2] https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0005/1451894/ACT-Public-Sector-Medical-Practitioners-Enterprise-Agreement-2017-2021.pdf

[3] https://www.health.nsw.gov.au/careers/conditions/Awards/he-profmed-salaries.pdf

[4] https://www.fwc.gov.au/documents/documents/agreements/fwa/ae503648.pdf

[5] http://www.asmofq.org.au/icms_docs/306900_moca-5.pdf

[6] https://www.sahealth.sa.gov.au/wps/wcm/connect/34582680437e87c19f9a9ff2cadc00ab/171127+Proposed+SMOEA+2017.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-34582680437e87c19f9a9ff2cadc00ab-mN60kWo

[7] https://www.tic.tas.gov.au/__data/assets/pdf_file/0017/402335/T14573-of-2017-Salaried-Medical-Practitioners-TSS-Agreement-2017.pdf

[8] https://swarh2.com.au/assets/A/1230/6aefaeb9dd67a54d1207a44a9ca8ef9a/Doctors%20in%20Training%20Draft%20Agreement%20(Attachment%20A).pdf

[9] https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Awards%20and%20agreements/Doctors/WA-Health-System-Medical-Practitioners-AMA-Industrial-Agreement-2016.pdf