

Benchmarking report 2017



GENERAL
PRACTICE
REGISTRARS
AUSTRALIA

gpra.org.au

The Terms and Conditions Benchmarking Survey 2017

Produced by General Practice Registrars Australia Ltd
Level 1, 517 Flinders Lane
Melbourne Victoria 3001

ABN 60 108 076 704

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Analysis and report prepared by Andrew Gosbell, PhD, February 2019

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beyondblue provided assistance on health and wellbeing aspects of the survey instrument. In particular: Georgie Harman, Nick Arvanitis and Safia Roscoe.

Background

The GPRA Benchmarking survey collects information on the employment conditions and overall wellbeing of GP registrars. The survey is usually conducted on a biennial basis; however, the last published survey occurred in 2014.

The survey provides a unique and valuable dataset not produced elsewhere, and provides an indication of the financial, employment, training and health and wellbeing status of registrars. This survey potentially complements other datasets or triangulates findings from other surveys and evaluation activities.

The survey

Methodology

Survey data was collected online. The survey instrument consisted of 70 questions, of which 15 sought a mandatory response. Topic areas covered in the question set included:

Respondent demographics and training characteristics

- Working conditions
- Remuneration and entitlements
- Satisfaction with employment
- Satisfaction with training
- Wellbeing issues, including
 - Workplace stress
 - Mental health
- Career intentions

Where relevant, questions referred to the respondent's experience during semester 1 of 2017.

Questions relating to wellbeing were derived from the beyondblue National mental health survey of doctors and medical students Doctor questionnaire. With permission of beyondblue

questions from their survey instrument were contextualised for general practice training and incorporated into the 2017 benchmarking survey.

The data collection period was 1 September to 14 December 2017. Participation was encouraged via advertising through the GPRA website, social media and eNewsletter, promotion by registrar liaison officers and direct email communication to registrars on GPRA's membership database.

Prizes were offered as an incentive for survey participation. Five \$100 Visa Gift Cards were randomly awarded. To be eligible to win the prizes, respondents were asked to enter their name, email address and mobile number. These data was only used for prize fulfilment and were excluded from the survey dataset to ensure that data analyses were fully de-identified. The methodology and conduct of the survey was reviewed and approved by the GPRA Board.

Inclusion criteria

Any doctor enrolled in the Australian General Practice Training Program (AGPT) or any other pathway to General Practice Fellowship, including the Remote Vocational Training Scheme (RVTS), during semester 1 of 2017 was eligible to participate in this survey.

Dataset

The survey received a total of 651 responses. Data cleaning, including removal of duplicates and those responses with no useable data (e.g. only answered question 1), yielded 596 participants. For those participants who identified as being on the AGPT program, this yielded a sample size of 11% of this population of GP registrars, giving a margin of error of less than 4%, at the 95% confidence level

Analysis

Frequency distributions and other simple descriptive statistics were used for analysis. Non-parametric statistics were used for group comparisons.

For survey questions exploring satisfaction, responses were recorded on a five point likert scale: "Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied" For analyses, "Very satisfied" and "Satisfied" are grouped as "satisfied" rating; and "Very dissatisfied" and "Dissatisfied" are grouped as a "dissatisfied" rating. "Neutral" responses are separately reported in the analyses.

Other data sources

For comparison purposes and trend analyses, data from the following published studies has been used in compiling this report:

- GPRA Terms and Conditions Benchmarking Report 2014
- ACER Australian General Practice Training Program National report on the 2017 National Registrar Survey
- *beyondblue* National mental health survey of doctors and medical students Report 2013

Issues and limitations

Survey fatigue amongst GP cohorts, including GP registrars, is a known factor influencing participation rates¹. Furthermore, during the data collection period for the 2017 benchmarking survey, the Australian Council for Education Research also undertook data collection for the 2017 National Registrar Survey. This potentially impacted upon participation rates for the GPRA survey.

It is important to note that given the achieved response rate, which has resulted in a modest proportion of the total GP registrar population participating in the survey, it is possible that respondents and non-respondents may differ significantly with regards to the variables of interest. In particular, since the primary purpose for the benchmarking survey is to collect data on the training and employment terms and conditions for registrars, it is unknown whether concerns or issues with these matters that individual GP registrars may have had at the time of the survey affected their decision to participate.

Survey Findings

Throughout this report, the wording of each question from the survey associated with the data shown is presented in the figure or table caption along with the number of respondents to that question (denoted as n=).

Respondent characteristics and training contexts

Survey representativeness

The survey cohort was compared to the characteristics of the AGPT population, as at 2017, noting that while the majority of the survey participants (97%) identified as being on the AGPT program, other Fellowship programs were also represented.

Survey representativeness

Gender

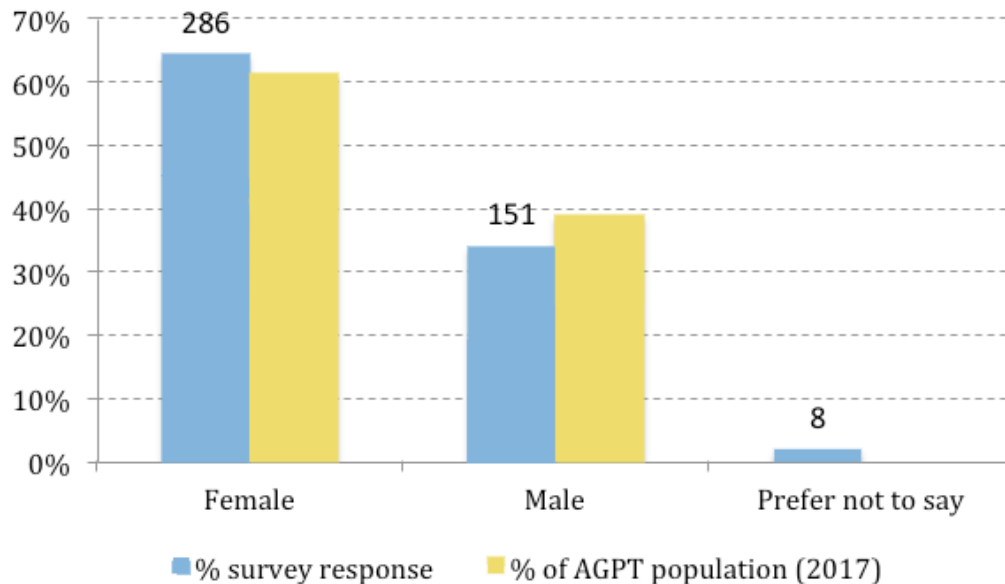


Figure 1: Are you male or female (n=445)

Female respondents (64.3%) are slightly over represented and males (33.9%) are under represented compared with the AGPT population, but this is consistent with the cohorts responding to previous GPRA Benchmarking surveys.

Age

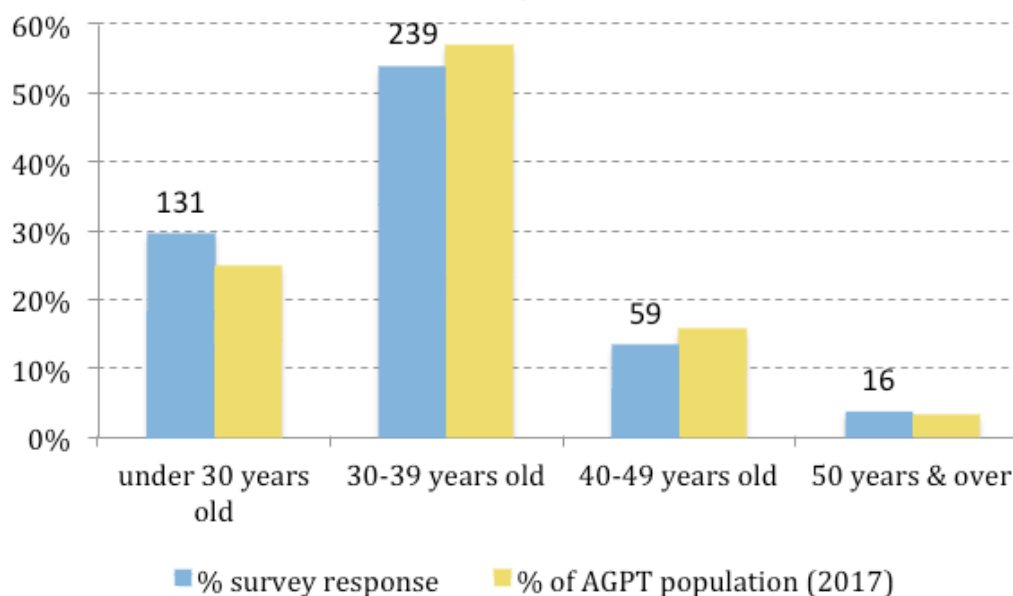


Figure 2: Please select your age range (n=445)

While 29.4% of respondents were under 30 years of age and this group are slightly over represented compared with the AGPT population, most respondents (53.7%) were in the 30-39 years group, consistent with the age distribution in the AGPT population.

International Medical Graduates (IMGs)

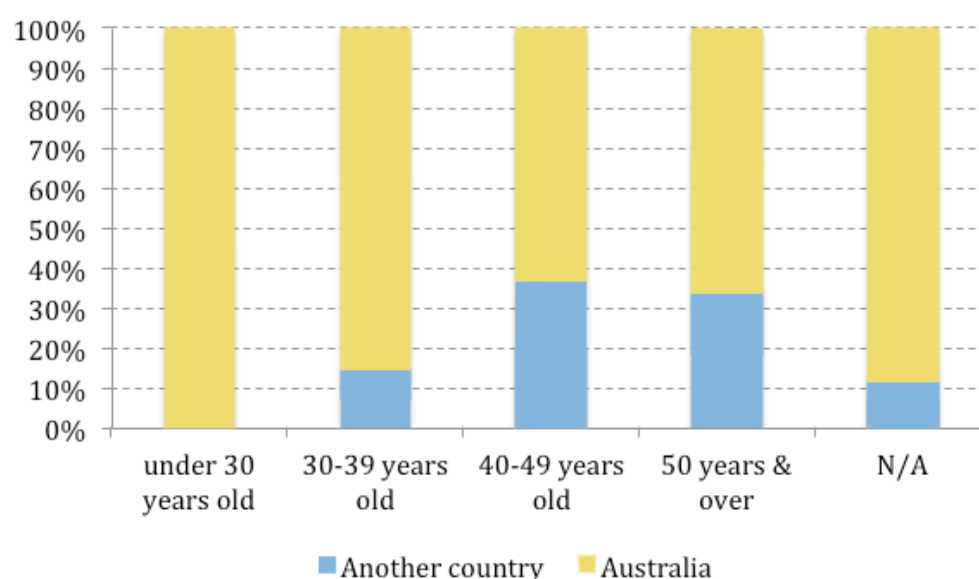


Figure 3: Where did you complete your undergraduate medical degree (n=448) Stratified by age group.

IMG respondents (n=60) represented 13.4% of the participants. With 86.6% of respondents receiving their medical degrees from Australian universities, this is a substantial increase in Australian medical graduates compared with previous benchmarking surveys (e.g. 72.1% in 2014 and 70.0% in 2012).



Other cohort characteristics

One in five respondents (21.4% of n=453 respondents) reported that they were from a non-English-speaking background, and that English was not their primary language.

1.4% (of n= 439 respondents) reported that they were Aboriginal or Torres Strait Islander, which is higher than the proportion (0.8%) in the AGPT population.

Training contexts

Fellowship end-points

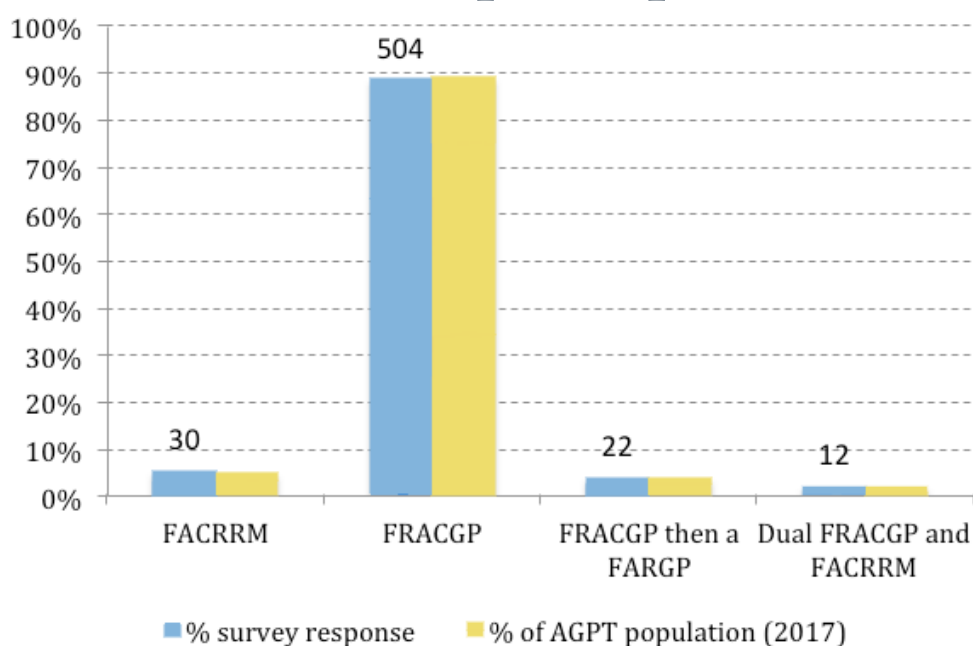


Figure 4: What is your Fellowship Training Program/s (n=568)

The majority of respondents (88.7%) were training towards the FRACGP; however the distribution of training end-points is consistent with proportions in the AGPT population.

Pathway

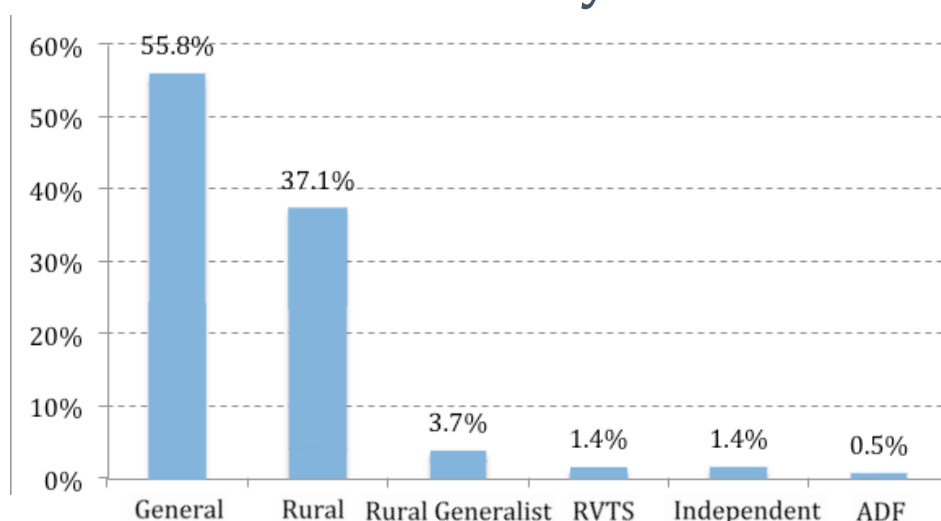


Figure 5: What is your training pathway (n=568)

RVTS (1.4%) and Independent Pathway (1.4%) represent cohorts on programs other than the AGPT.

Section 19AB of the Health Insurance Act 1973 (the Act) requires Overseas Trained Doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) to practise in a District of Workforce Shortage (DWS) for a period of ten years from the date of their first medical registration in Australia. Commonly referred to as 'the 10 year moratorium', 20.8% (of n=562) survey respondents were subject to this requirement and so were obliged to undertake their training on the rural pathway.

Regional Training Organisation (RTO)

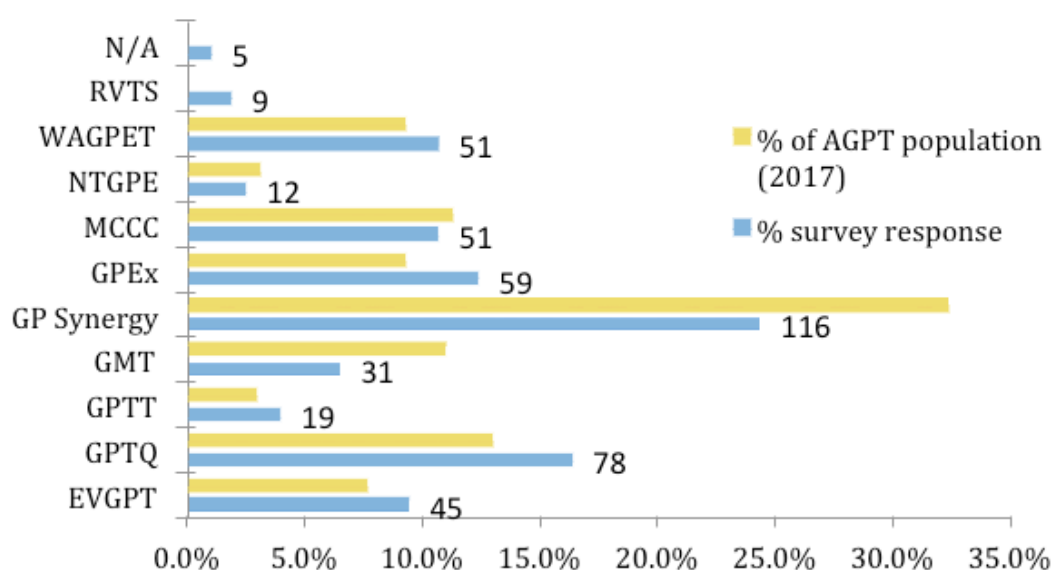


Figure 6: Which RTO are you training with (n=476)

The distribution of respondents, according to the RTO they were training with is generally consistent with the AGPT population, however GP Synergy is proportionally under represented while GPTQ, EVGPT and GPEX are all slightly over represented.

Training term

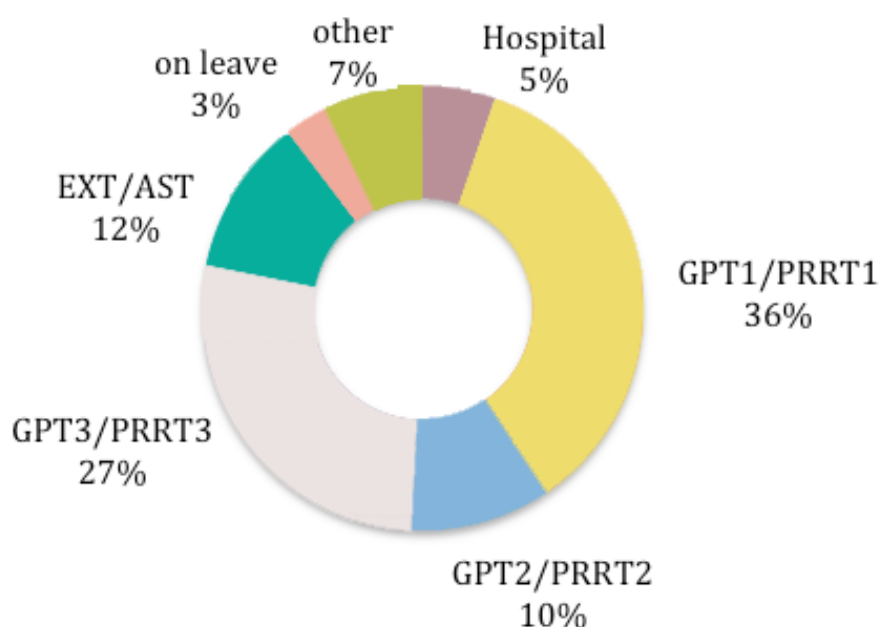


Figure 7: What training term were you in, for SEMESTER ONE of 2017 (n=568)

The majority of respondents were in their first (GPT1/PRRT1) or third (GPT3/PRRT3) training term in semester one of 2017. This is consistent with the most common arrangement for commencing and progressing through the GP training programs. Other included awaiting fellowship, pursuing electives or other miscellaneous responses.

GP training setting

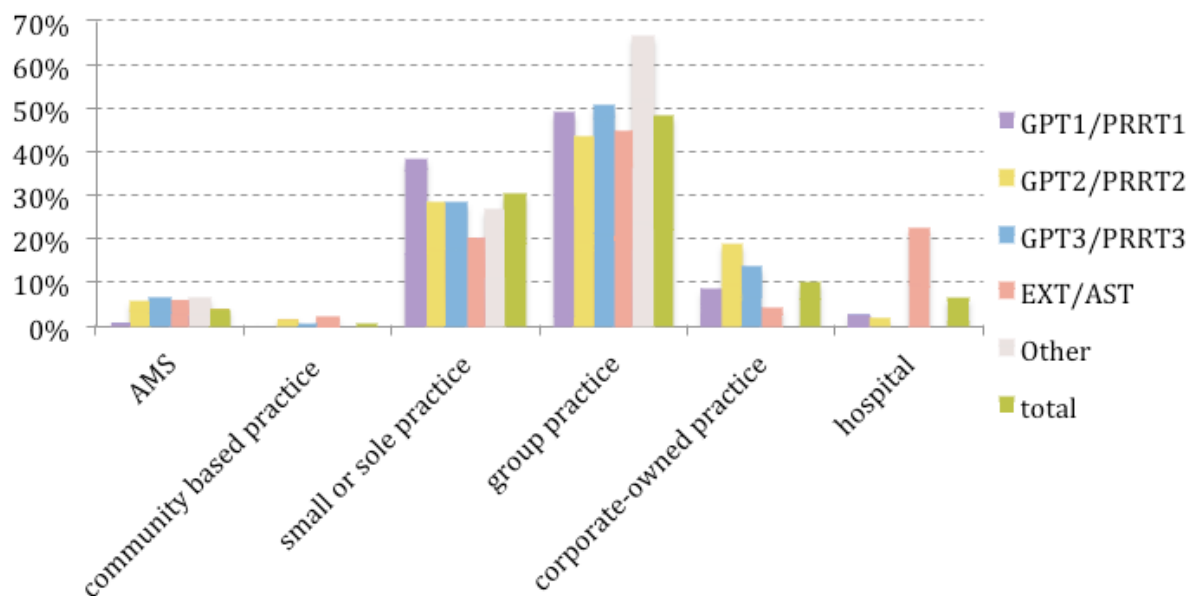


Figure 8: What type of setting did you train in, for SEMESTER ONE of 2017 (n=449)

Nearly half of the respondents (48.3%) were in a group private practice in semester one of 2017. Small or sole private practice (30.5%) was the next most common setting for respondents, while 10% were training in a corporate-owned practice setting.

Training location

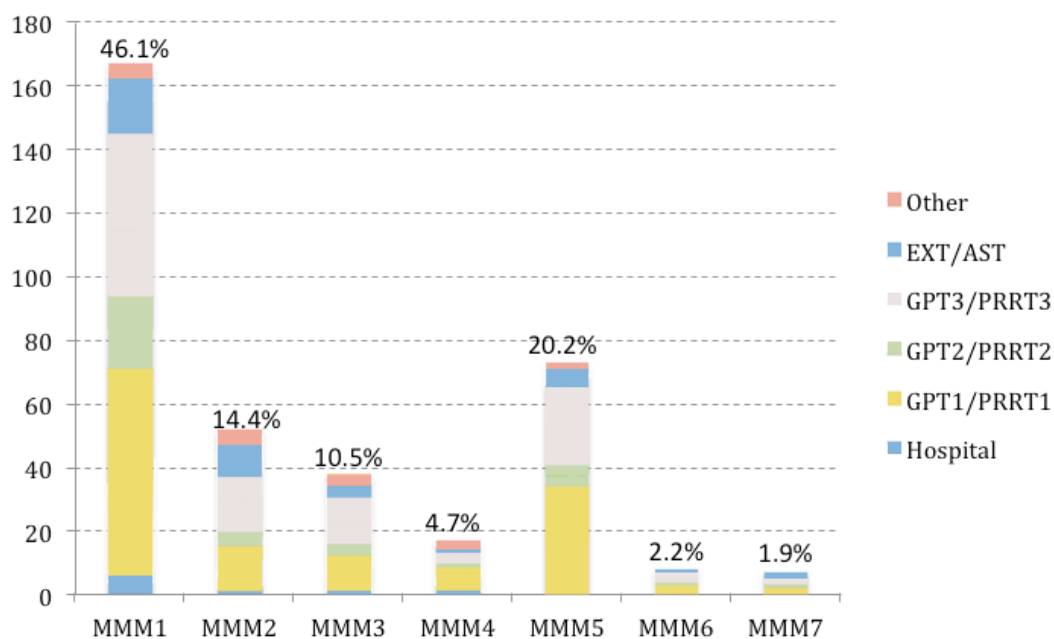


Figure 9: What was the postcode for your training placement/practice for SEMESTER ONE of 2017, to used to determine rurality via Modified Monash Model (n=362)

Rurality of training setting was determined by mapping the practice/clinical setting postcode to the Modified Monash Model (MMM). While major cities settings (MMM1) were the most common location for respondents; for regional/rural settings, those located in MMM5 were most common.

Working conditions

Employment arrangement

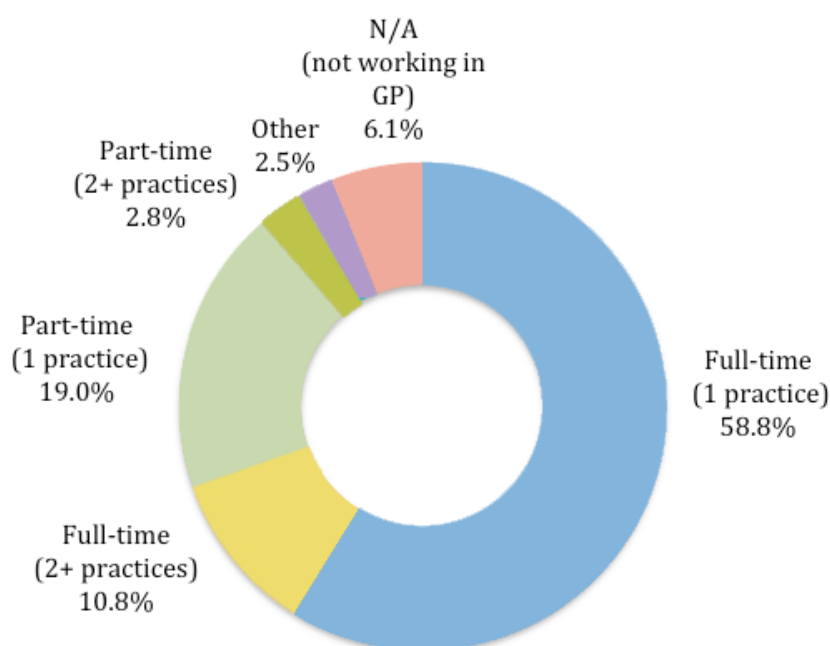


Figure 10: During SEMESTER ONE of 2017, did you work (n=527)

Most respondents were employed full-time (defined as 38hrs/week) during semester one of 2017. For those respondents working in general practice (n=482, i.e. excluding not working in GP and other) the majority (85.1%) work in a single practice, with 14.9% working in two or more practices. This is comparable to findings reported in the 2014 Benchmarking survey.

Most respondents were employed full-time in one practice.



Rostering

Sessions worked in typical week

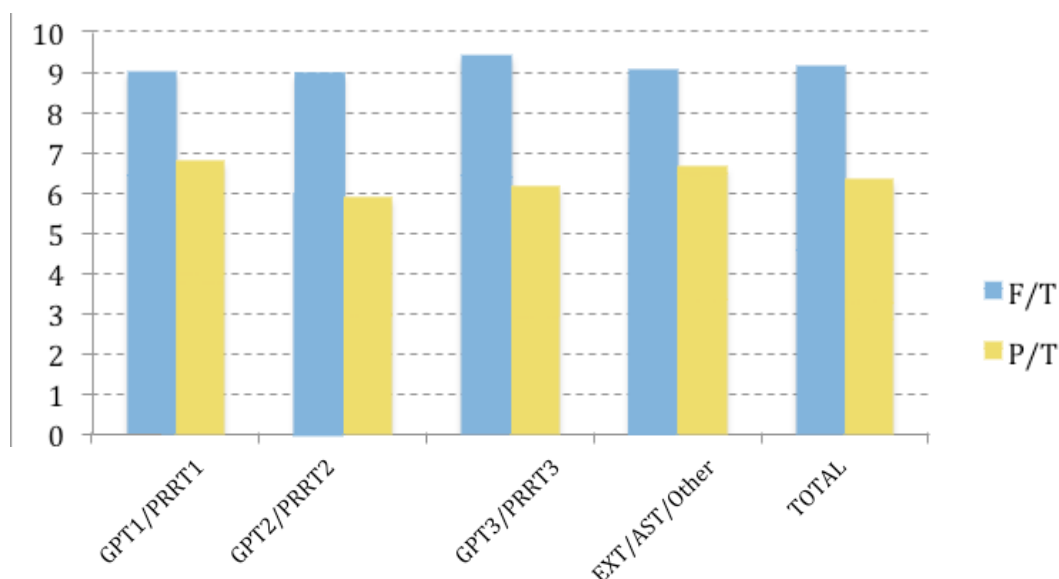


Figure 11: Average sessions worked per week (n=482)

Average sessions worked in a typical week was calculated from data provided in response to the survey question “During SEMESTER ONE of 2017, in a USUAL week how many sessions do you work in each of these locations”; with a range of work/training locations provided for response. A session was defined as ½ day of work. Overall, respondents employed on full-time basis worked on average 9.1 sessions per week and those employed on part-time basis worked an average of 6.3 sessions in a week.

Overtime worked

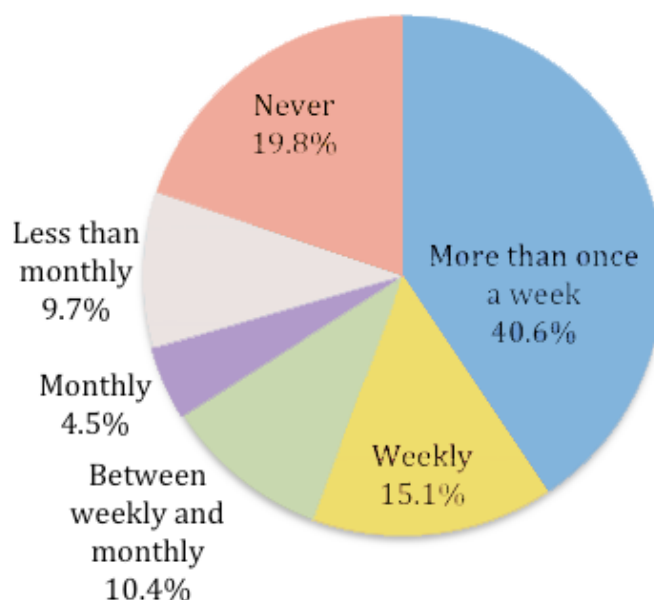


Figure 12: Approximately, how often were you required to work overtime, during SEMESTER ONE of 2017 (n= 424)

The majority of respondents (80.2%) reported being required to work overtime, during semester one of 2017, where overtime is in excess of ordinary hours (i.e. time spent at work outside of rostered time and/or the working time specified in the employment agreement) such as staying back to see patients, check results, complete notes, etc.

Weekend and after-hours work in GP settings

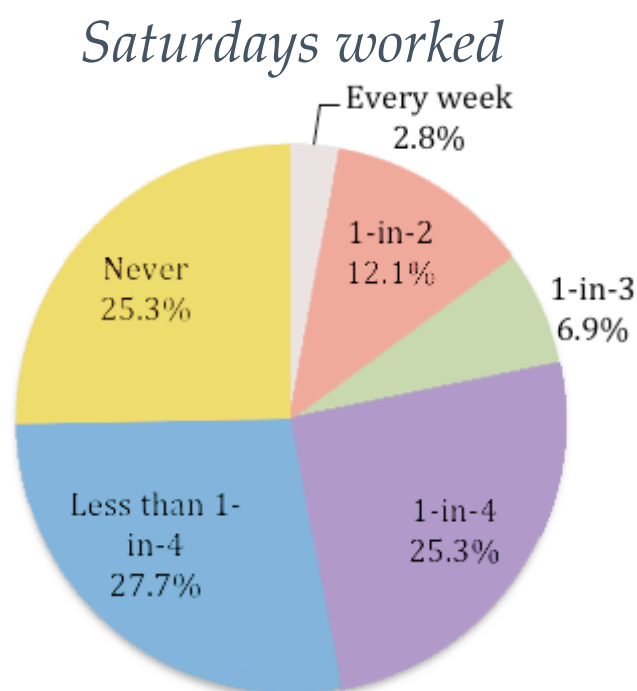


Figure 13: How often did you work on a SATURDAY in GENERAL PRACTICE, during SEMESTER ONE of 2017 (n= 423)

Three quarters of respondents (74.7%) reported working on Saturdays in general practice.

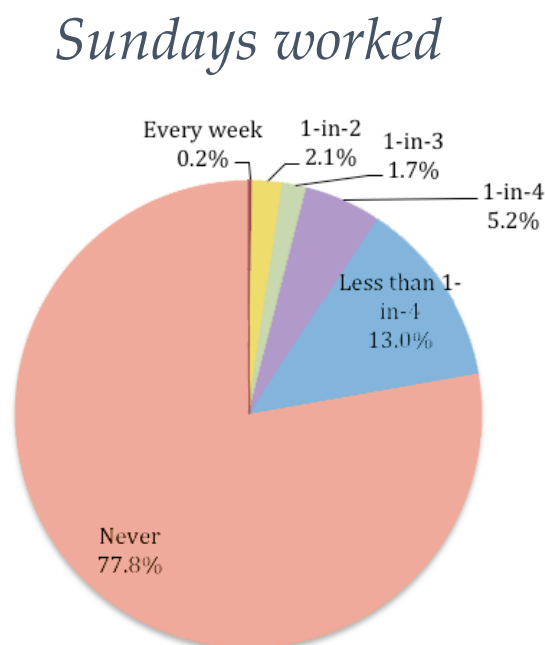


Figure 14: How often did you work on a SUNDAY in GENERAL PRACTICE, during SEMESTER ONE of 2017 (n=423)

One in five respondents (22.2%) reported working on Sundays in general practice.



Overnight on-call

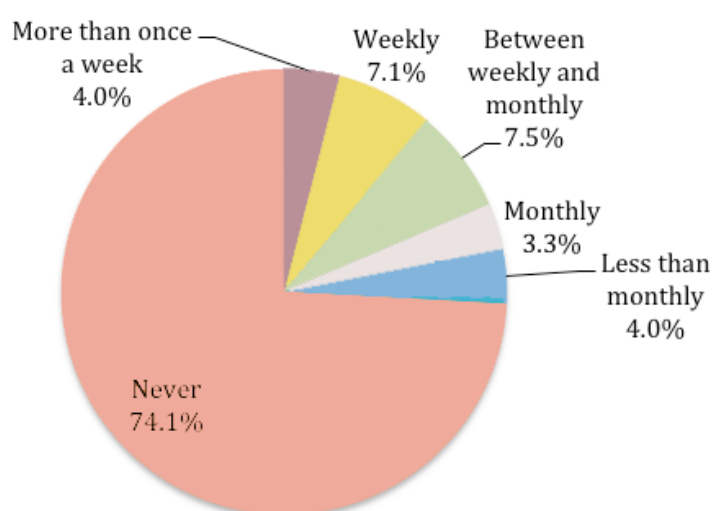


Figure 15: Approximately, how often were you ON-CALL OVERNIGHT, during SEMESTER ONE of 2017 (n=425)

One quarter of respondents (25.9%) reported being on-call for after hour work during semester one of 2017.

For those respondents where their training placement was in MMM3-7 locations (n=123), almost two-thirds (65.9%) reported being on-call for after hours work during semester one of 2017. Furthermore, of those respondents in rural locations, who reported being on-call for after hours work nearly half (43.2%) were on call weekly or more than once a week. This supports the need for fatigue management arrangements for GP registrars, particularly in rural locations, where on-call for after hours work is a regular requirement.

Less than one in five respondents (16.9% of n= 425) reported that, as part of their general practice work, they had private patients at a hospital (e.g admit patients, do a hospital ward round, provide after-hours on call services for the hospital), during semester one of 2017.

Employment contracts

The results presented in this section are only for those respondents working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies (excludes registrars working in AMS, hospital, ADF, etc).

Signed employment agreement

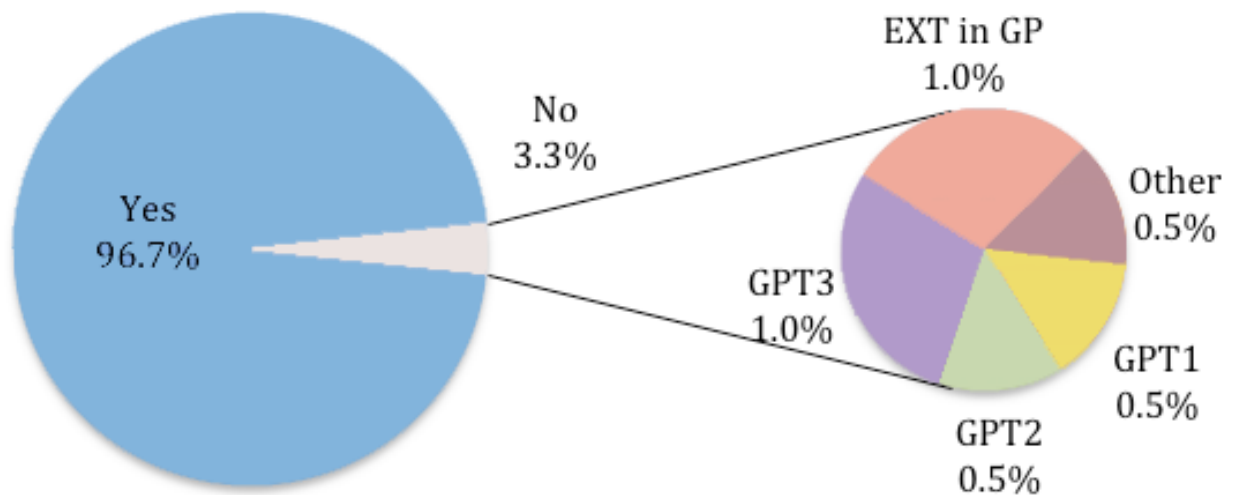


Figure 16: If you worked in GENERAL PRACTICE, did you have a signed employment agreement, for SEMESTER ONE of 2017 (n=418)

Nearly all respondents (96.7%) working in general practice in semester one of 2017 had a signed employment agreement; this is a substantial increase from the previous benchmarking survey (i.e. 85.5% in 2014). For those respondents who had an employment agreement, 86.8% had read the NTCER document prior to signing their employment agreement. This is also an increase from the previous benchmarking survey (i.e. 81.1% in 2014).



Restrictive covenants

Restrictive covenant (non-competitive) clauses in employment agreements stipulate that the employee (GP registrar) may not work within a given range for a given period of time once their employment with the training practice has concluded.

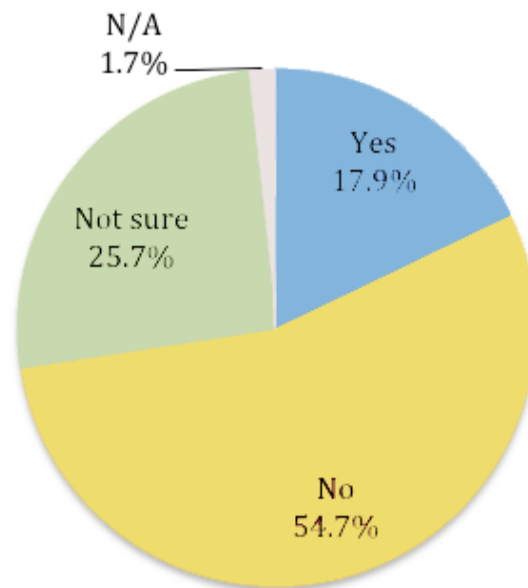


Figure 17: Did you have a competitive/restrictive covenant in your employment agreement for SEMESTER ONE of 2017 (n=408)

Nearly one in five respondents (17.9%) reported having restrictive covenant clauses in their employment agreement, while a quarter of respondents (25.7%) were unsure if their contract contained such clauses. There is an increase in the proportion of respondents reporting restrictive covenants in their contracts, compared with the previous benchmarking survey (i.e. 10.6% in 2014).

Restrictive covenants were reported in employment agreements for respondents in all training terms, and may be of concern particularly for registrars in the early stages of GP training as this should not become an impediment to completing training.

Restrictive covenants—by training term

Training term	Restrictive covenant in contract
GPT1/PRRT1	19.2%
GPT2/PRRT2	22.0%
GPT3/PRRT3	14.2%
EXT/AST	23.5%
Other	10.0%
Total	17.9%

Table 1: Proportion of respondents with restrictive covenant in employment agreement, by training term

Due to the nature of the AGPT program, many registrars do not choose their workplaces. Registrars must satisfy College training standards that require a variety of general practice placements during training. Therefore, GPRA advises registrars (particularly in terms 1 and 2) to negotiate for non-competitive clauses and restrictive covenants to be not included in their employment contracts, if possible.

Restrictive covenants—by time period and distance

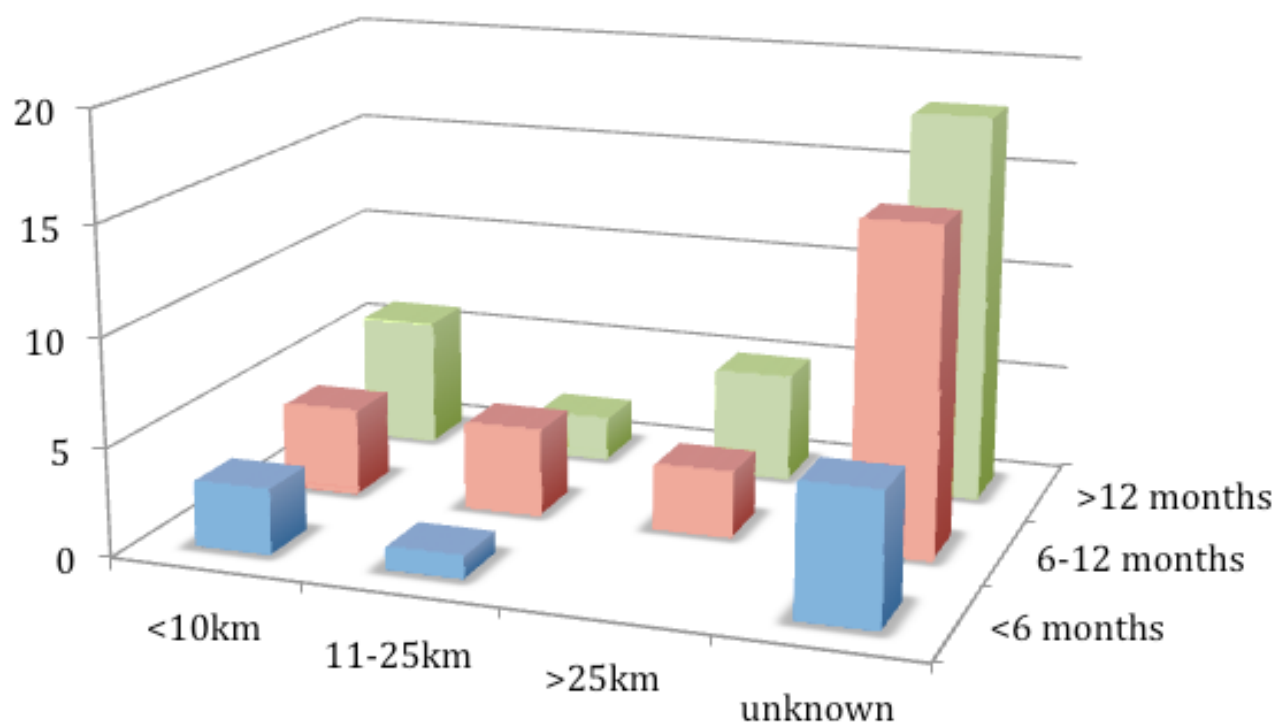


Figure 18: What was the specified time period and distance in your restrictive covenant (n=67)

For those respondents providing information on the terms of the restrictive covenant clauses in their employment agreements, the most common duration was longer than 12 months (46.3% of n=67) and the most common specified distance was less than 10kms (46.4% of n=28)

Employee or contractor

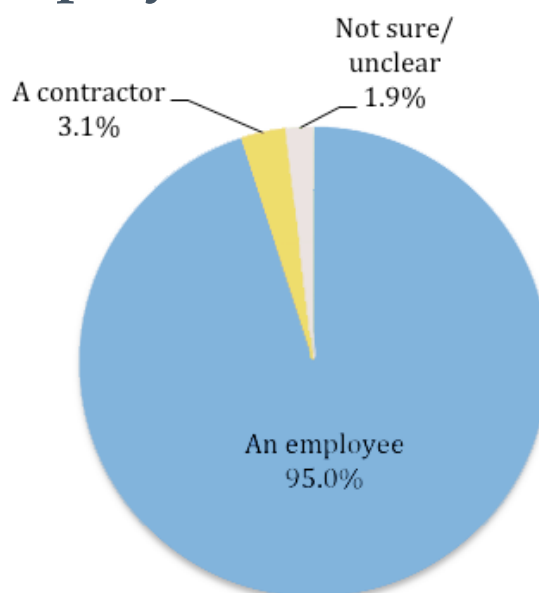


Figure 19: For your work in GENERAL PRACTICE, were you a contractor or an employee for SEMESTER ONE of 2017 (n=420)

Nearly all respondents (95.0%) working in general practice in semester one of 2017 were engaged as an employee; this is a substantial increase from the previous benchmarking survey (i.e. 85.5% in 2014). However, there are still a small number of respondents (3.1%), across all training stages, working as contractors, which is counter to the requirements of the NTCER and advice from the Australian Taxation Office.

Additional employment

The results presented in this section are only for those respondents undertaking full-time employment as a GP registrar and working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

Additional employment

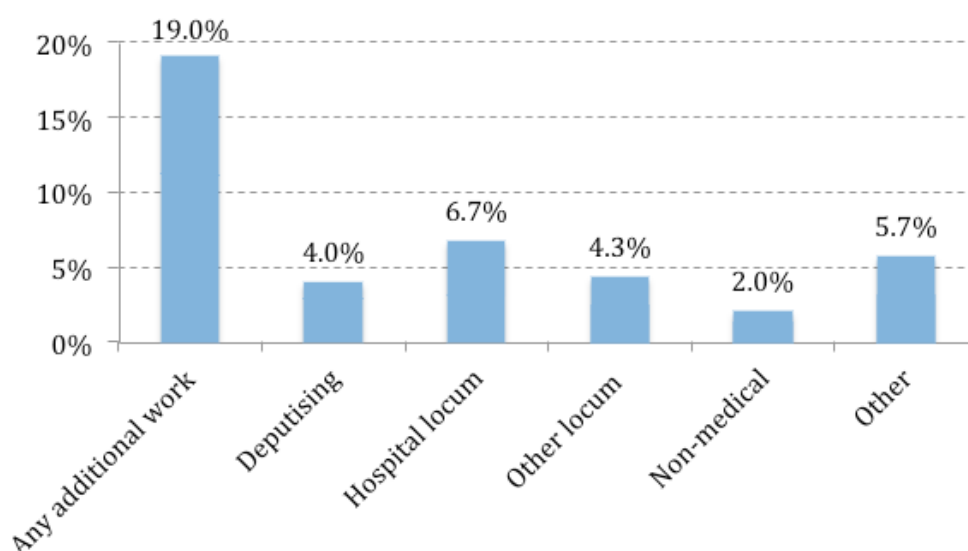


Figure 20: During your training term did you undertake any additional employment in any of the following, during SEMESTER ONE of 2017 (n=301)

Nearly one in five respondents (19.0%) employed full-time as GP registrars reported undertaking additional employment during their semester one 2017 training term. Hospital locum work was the most common type of additional employment reported.

Additional employment—by training term

Training term	Additional employment
GPT1/PRRT1	20.0%
GPT2/PRRT2	12.5%
GPT3/PRRT3	21.8%
EXT/AST	12.9%
Other	0.0%
Total	19.0%

Table 2: Proportion of respondents undertaking additional employment, by training term

Respondents from all training terms reported additional employment, while undertaking full-time training term in semester one of 2017.

Additional employment—practice awareness

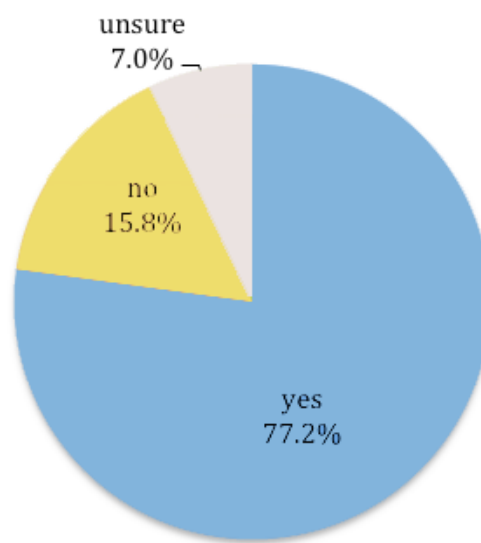


Figure 21: If you undertook additional employment was the GENERAL PRACTICE where you were training aware of this (n=57)

For the majority of respondents undertaking additional employment (77.2%), their training practice was aware of this additional work.



19% of respondents from all training terms reported working additional employment while undertaking full-time general practice training.

Remuneration

The results presented in this section are only for those respondents undertaking full-time employment as a GP registrar and working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

Weekly income

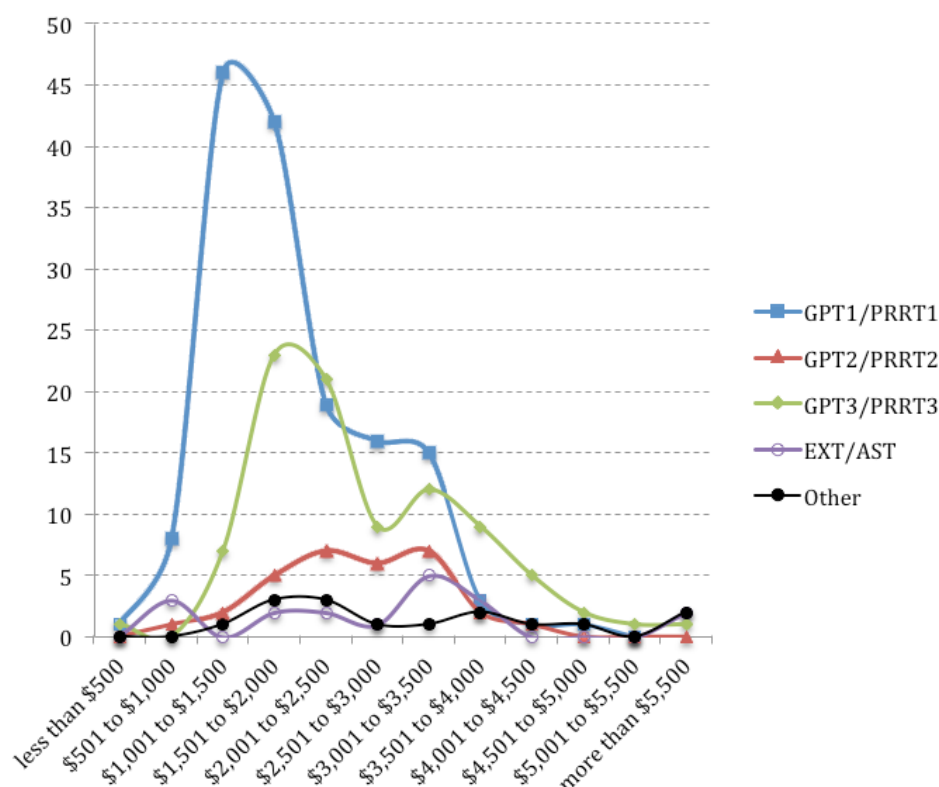


Figure 22: For SEMESTER ONE of 2017 please select your GROSS (before tax) INCOME, excluding superannuation, FROM RANGE (n=309)

Respondents were asked to indicate their gross income from specific ranges, presented in \$500 increments, on a weekly basis (or \$13,000 increments, annualised). As the specific employment fractions for registrars working on a part-time basis varied significantly, only data from those respondents who indicated that they were employed on a full-time basis (38hrs/week in one or more practices) has been analysed.

Weekly income—by term and gender

Table 3: Median gross weekly income by training term and by gender

Training term	All respondents (n=309)	Female (n=157)	Male (n=115)
GPT1/PRRT1	\$1,501 to \$2,000	\$1,501 to \$2,000	\$1,501 to \$2,000
GPT2/PRRT2	\$2,501 to \$3,000	\$2,501 to \$3,000	\$2,001 to \$2,500
GPT3/PRRT3	\$2,001 to \$2,500	\$2,001 to \$2,500	\$2,501 to \$3,000
EXT/AST	\$3,001 to \$3,500	\$2,501 to \$3,000	\$3,001 to \$3,500
Other	\$2,501 to \$3,000	\$2,001 to \$2,500	\$3,501 to \$4,000
Total	\$2,001 to \$2,500	\$1,501 to \$2,000	\$2,001 to \$2,500

Pay calculations

The results presented in this section are only for those respondents working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

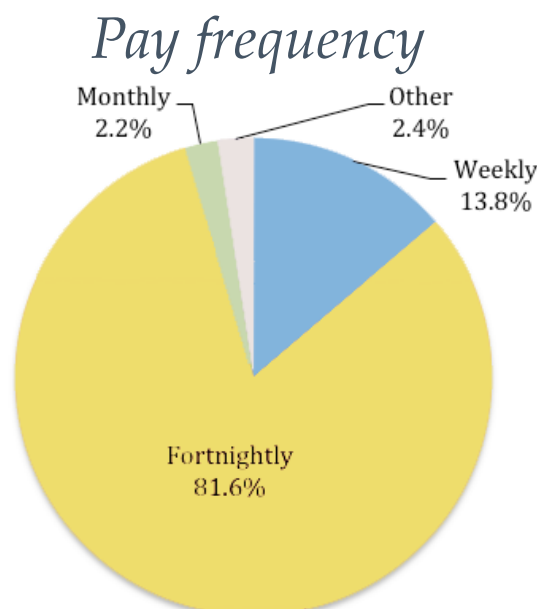


Figure 23: For your training placement, how frequently were you paid, during SEMESTER * ONE of 2017 (n=414)

The majority of respondents reported being paid fortnightly, which is consistent with the NTCER.

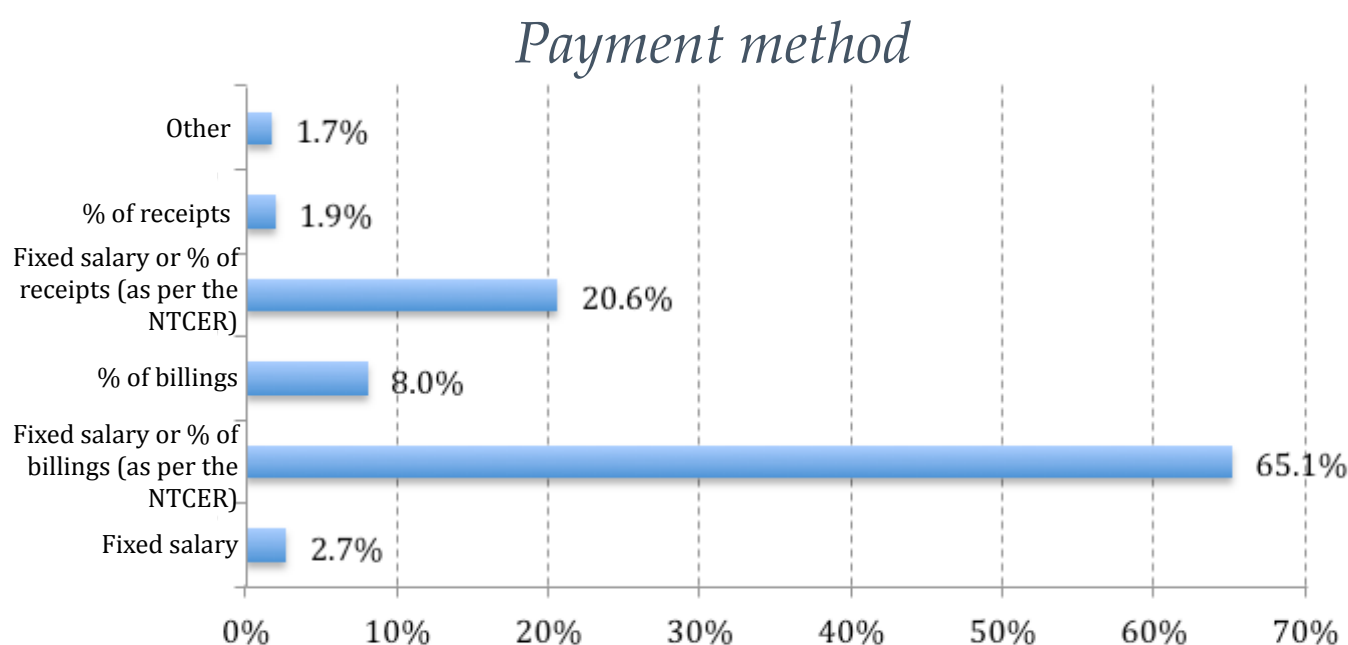


Figure 24: If you worked GENERAL PRACTICE for your training placement, during SEMESTER ONE of 2017, how was your remuneration paid (n=414)

The majority of respondents (85.7%) reported being paid as per the National Terms and Conditions of Employment for Registrars, with percentage determined on registrar billings being the more common calculation method. Other payment methods may be acceptable, according to the NTCER, "provided they are no less favourable to the registrar and are consistent with any applicable legislative instrument."

Percentage billings/receipts by type of hours worked

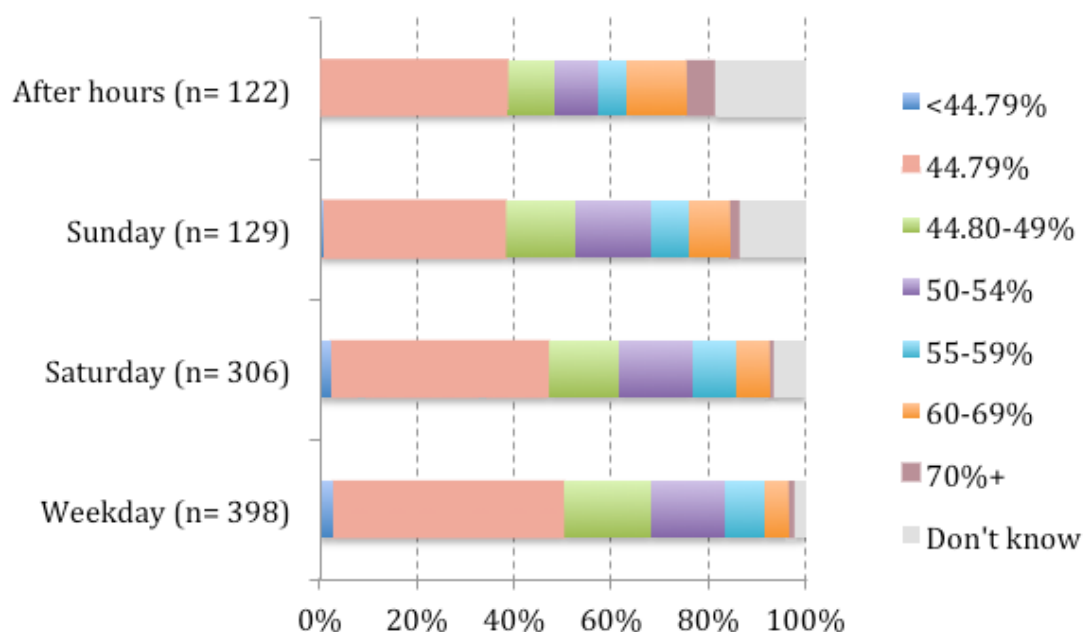


Figure 25: If you were paid a percentage of billings or receipts by your GENERAL PRACTICE during SEMESTER ONE of 2017, what percentage (EXCLUDING superannuation) for type of hours worked.

Percentage billings/receipts for ordinary hours by training level

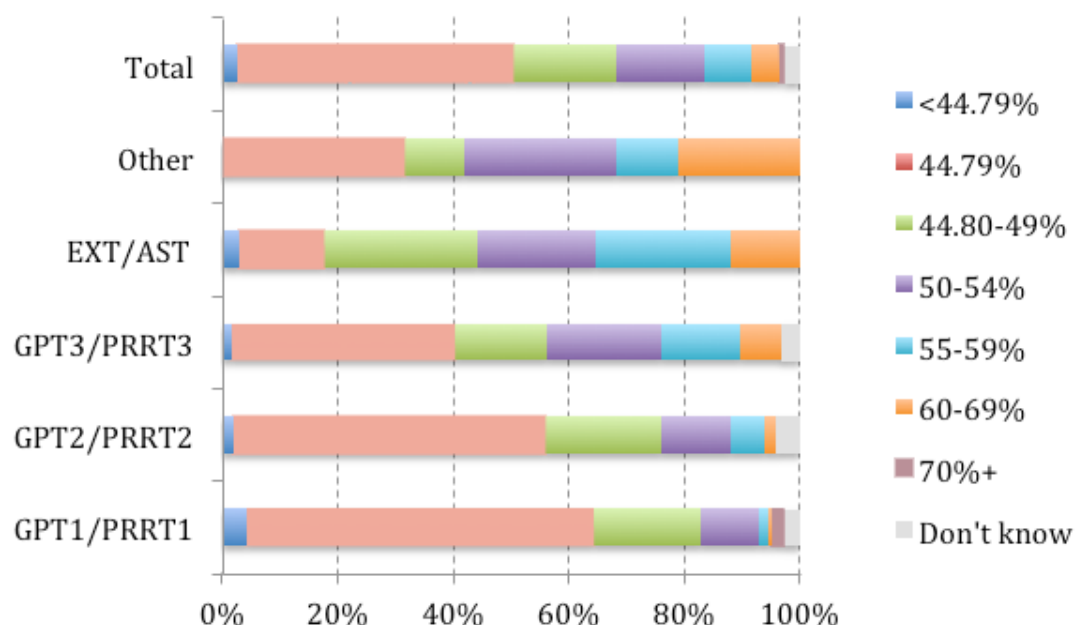
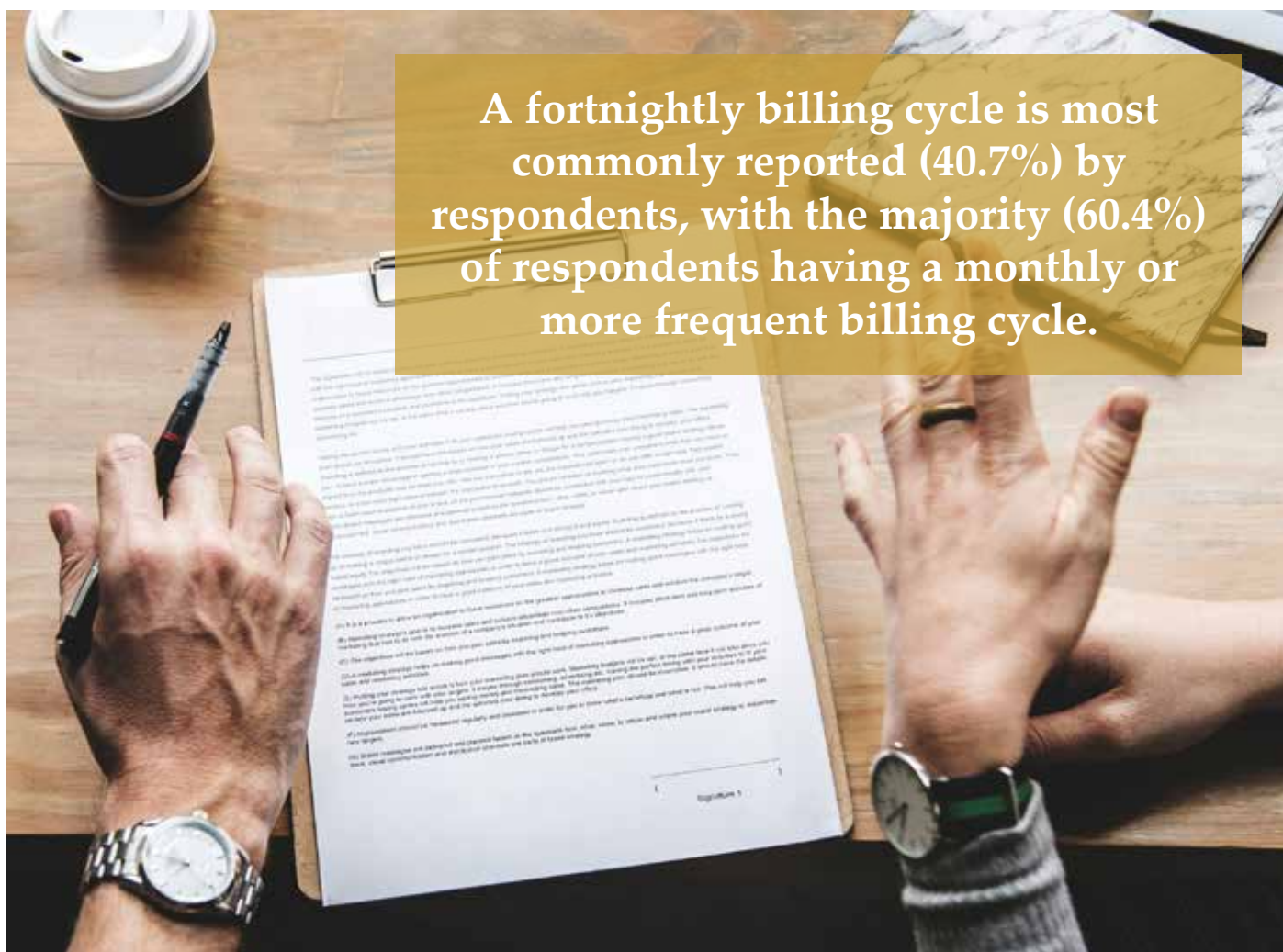


Figure 26: If you were paid a percentage of billings or receipts by your GENERAL PRACTICE during SEMESTER ONE of 2017, what percentage (EXCLUDING superannuation) for ORDINARY hours (n=398)

The NTCER minimum (44.79%, excluding superannuation) is most common percentage of billings/receipts paid to registrars; however for Sunday and after hours work, as well as more experienced registrars (GPT3/PRRT3 and EXT/AST) were more likely to report receiving a higher percentage of billings/receipts.



Cycle interval for percentage calculation

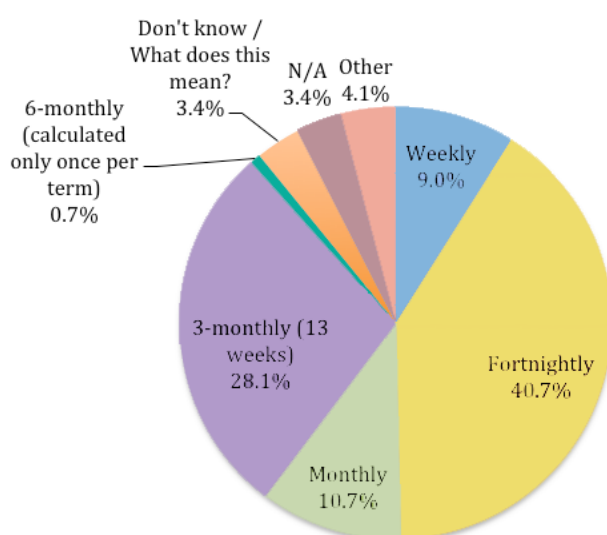


Figure 27: If you are paid a percentage of billings or receipts, how often was this calculated (i.e. what was your billing cycle) by your GENERAL PRACTICE during SEMESTER ONE of 2017 (n=414)

A fortnightly billing cycle is most commonly reported (40.7%) by respondents, with the majority (60.4%) of respondents having a monthly or more frequent billing cycle. However, 28.1% reported a 3-monthly billings cycle (i.e. the NTCER minimum) which is a significant increase compared with the 2014 benchmarking survey, where only 19% reported being on a 3-monthly billings cycle. A 6-monthly billing cycle is not compliant with the NTCER.

Incentives and other payments

The results presented in this section are only for those respondents working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

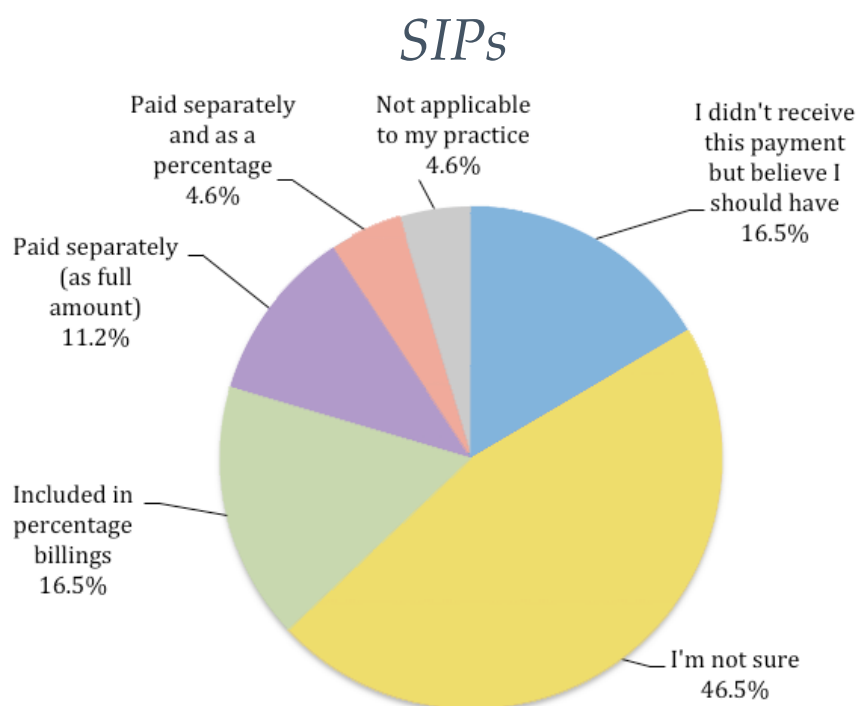


Figure 28: When your practice calculated your pay, how were service incentive payments (SIPs) determined, during SEMESTER ONE of 2017 (n=411)

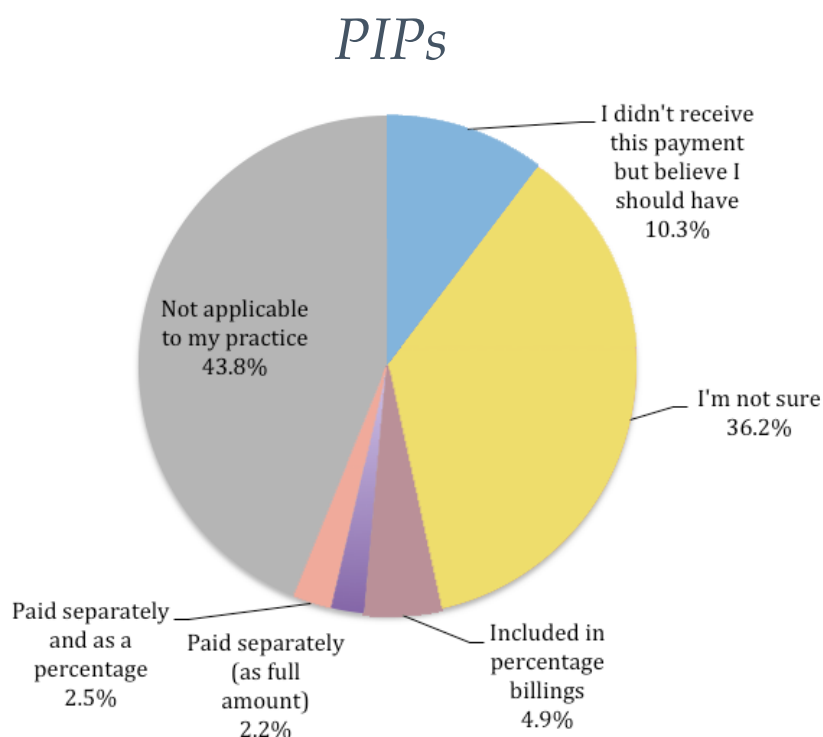


Figure 29: When your practice calculated your pay, how were practice incentive payments (PIPs) determined, during SEMESTER ONE of 2017 (n=406)

On-call allowances

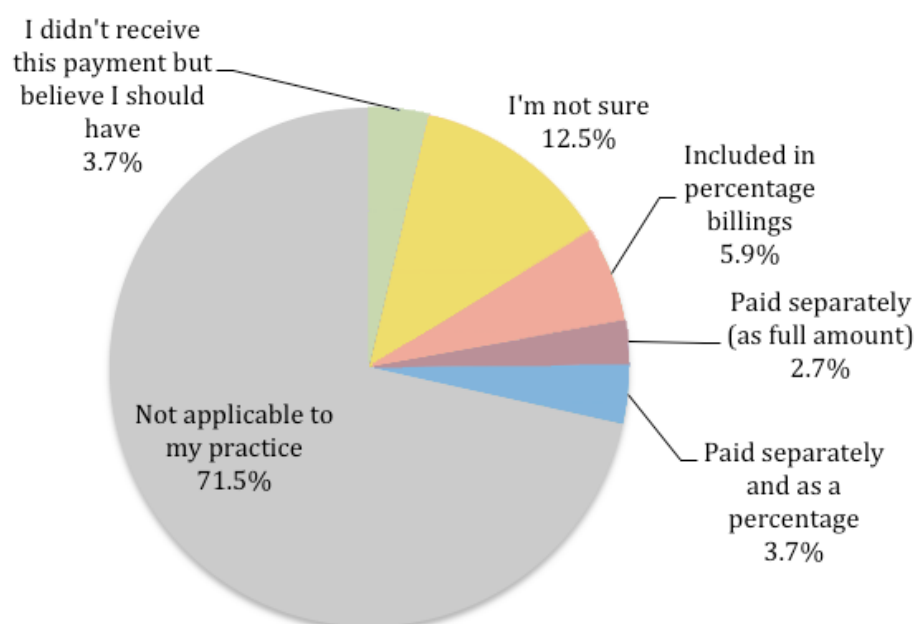


Figure 30: When your practice calculated your pay, how were on-call allowances determined, during SEMESTER ONE of 2017 (n=407)

Where incentives (SIPs and PIPs) and on call allowances were applicable, the majority of respondents were unsure if they received the payment and/or how it was calculated in their remuneration. A number of respondents also reported that they believed that they should receive an incentive or allowance payment but did not receive this income. Increased clarity on these payments in registrar employment agreements and discussion on these matters during employment negotiations would assist in addressing these concerns.



Entitlements

The results presented in this section are only for those respondents working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

Leave

Personal leave

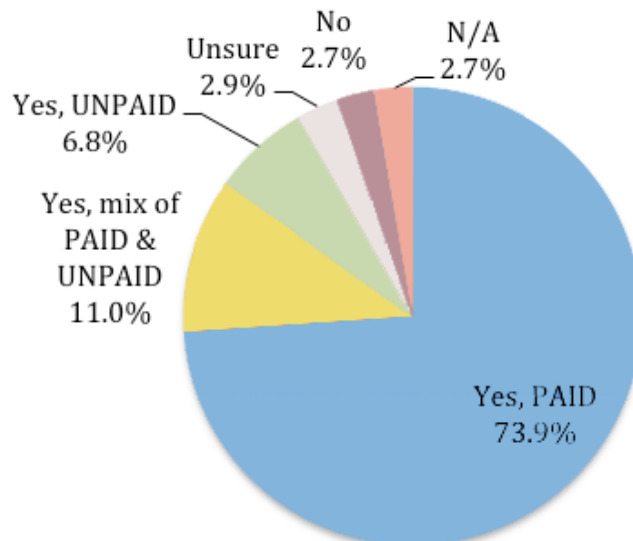


Figure 31: As part of your employment in your GENERAL PRACTICE, during SEMESTER ONE of 2017, did you have access to personal leave (sick leave, carer's leave) (n=411)

Annual leave

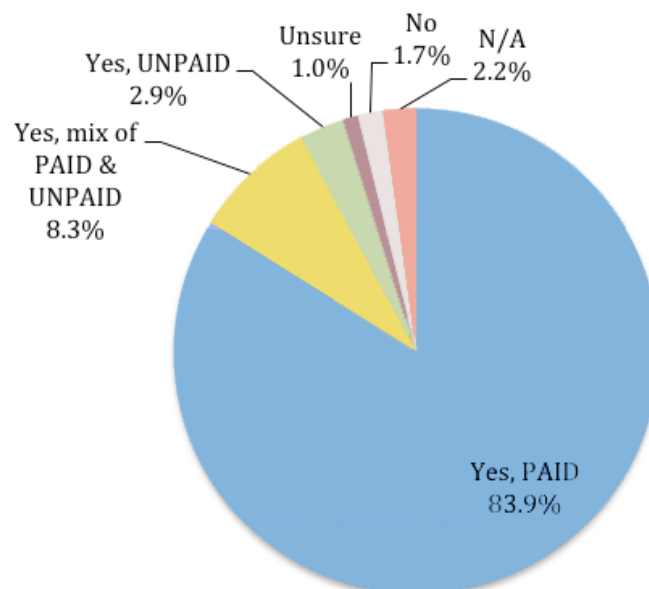


Figure 32: As part of your employment in your GENERAL PRACTICE, during SEMESTER ONE of 2017, did you have access to annual leave (n=411)

The vast majority of respondents reported being able to access paid (or mix of paid and unpaid) personal leave (84.9%) and annual leave (92.2%). As GP registrars should be engaged as employees (i.e. not contractors), as per the NTCER and the National Employment Standards in the Fair Work Act they should have access to a minimum amount of paid personal leave (10 days per annum for full-time employees) and annual leave (20 days per annum for full-time employees).

Payment for annual leave

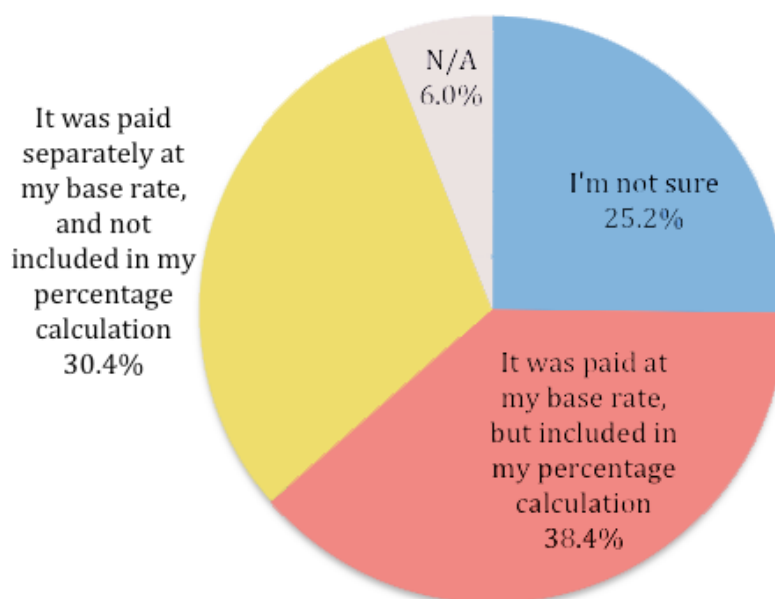


Figure 33: How was your payment for annual leave calculated, during SEMESTER * ONE of 2017 (n=401)

For the survey respondents, the payment of annual leave is most commonly (38.4%) in accordance with the NTCER minimum (i.e. “for the purposes of the percentage calculations ..., the cycle is inclusive of any periods of leave taken, including annual leave”); however 30.4% reported that their annual leave was paid separately to their percentage billings calculation. A quarter of respondents were unsure of how their annual leave payments were calculated; clarifying this during employment negotiations is recommended.

Parental leave

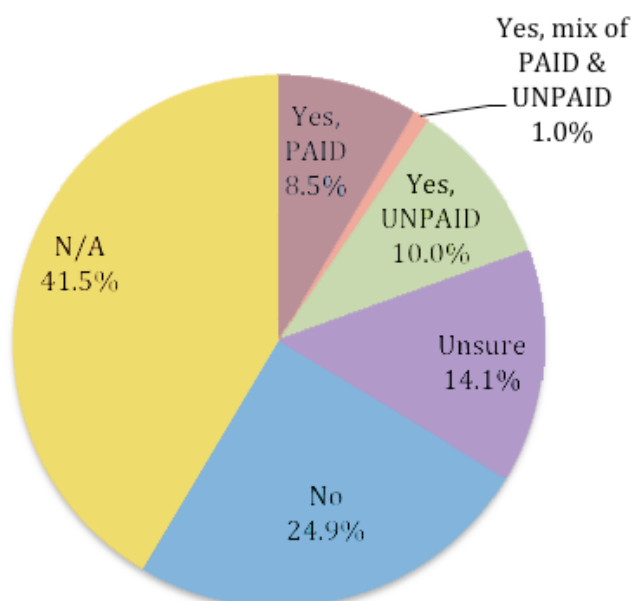


Figure 34: As part of your employment in your GENERAL PRACTICE, during SEMESTER ONE of 2017, did you have access to parental leave (n=411)

Employees in Australia are eligible for unpaid parental leave if they have completed at least 12 months of continuous service with their employer. This also usually requires the registrar to take leave from the AGPT training program, particularly if they are the primary carer for the child, and this requires RTO involvement.

Study leave

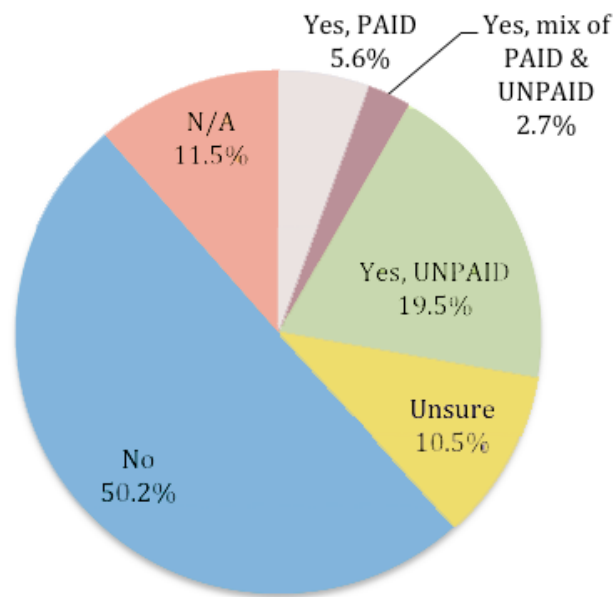


Figure 35: As part of your employment in your GENERAL PRACTICE, during SEMESTER ONE of 2017, did you have access to study leave (n=411)

Study leave (paid or unpaid) is not an entitlement in the NTCER and must be negotiated with the employer on a case-by-case basis. While 27.8% of respondents reported being able to access paid or unpaid study leave, half (50.2%) were unable to access this leave.



Education release

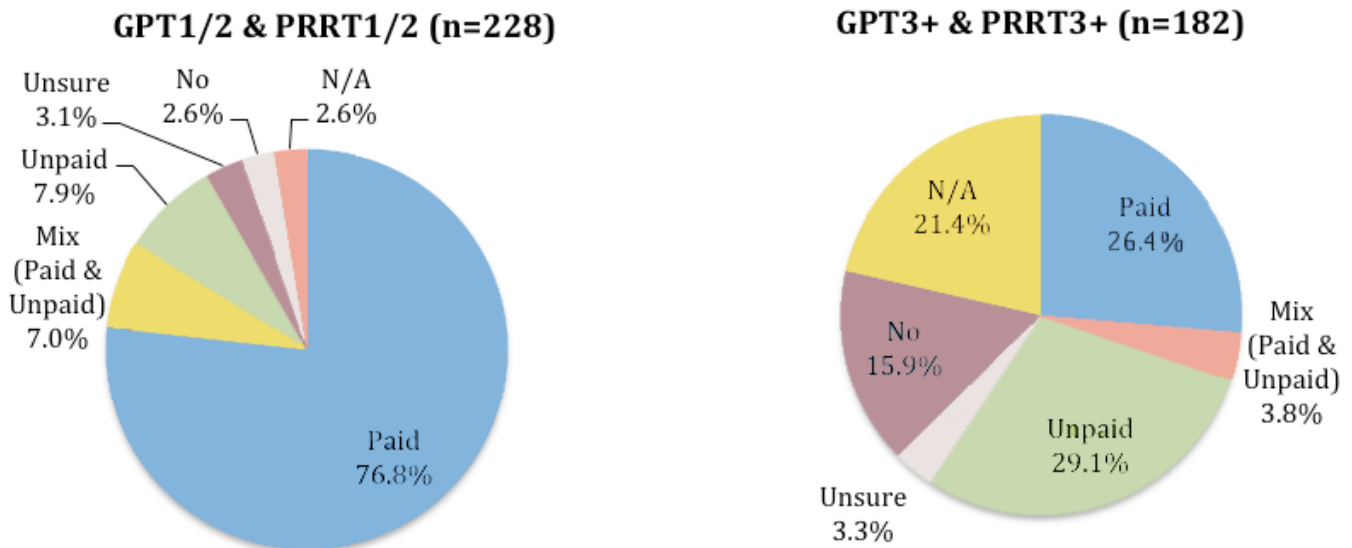


Figure 36: As part of your employment in your GENERAL PRACTICE, during SEMESTER ONE of 2017, did you have access to education release

Most respondents (83.8%) in term 1 and 2 of GP training had access to paid education release, consistent with the NTCER requirements and subsidies paid by RTOs to training practices to enable these registrars to be released for educational activities. Only 30.3% of respondents in term 3 (or above) of GP training received paid education release; there is no requirement for paid release for these registrars according to the NTCER and most RTOs do not provide subsidies for these registrars.

Superannuation

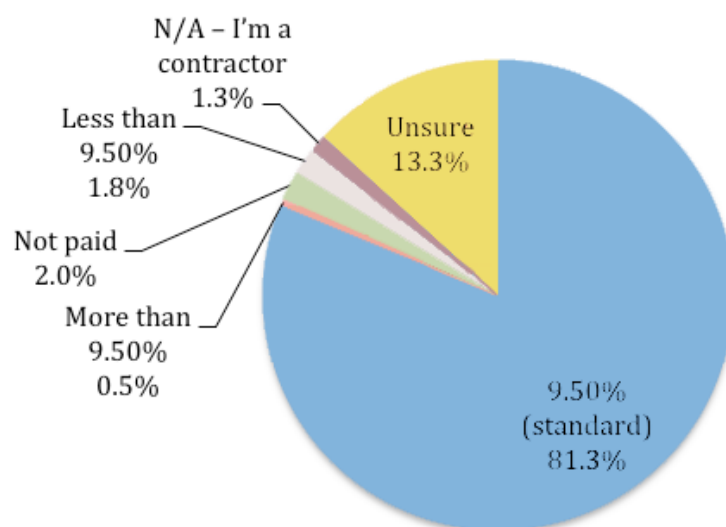


Figure 37: How much superannuation were you paid, during SEMESTER ONE of 2017 (n=400)

All employees should receive the legislated rate of superannuation (9.5% at the time the survey was open for responses). 83% of respondents reported receiving this level of superannuation or higher, 1.8% receiving a lower rate. 3.3% reported not being paid superannuation, and 13.3% of respondents were unsure.

Satisfaction

Respondents were asked to rate their satisfaction with a range of aspects of their employment conditions, in relation to the SEMESTER ONE of 2017 training term.

The results presented in this section are only for those respondents working in settings where the National Terms and Conditions for the Employment of Registrars (NTCER) applies.

Satisfaction with employment conditions

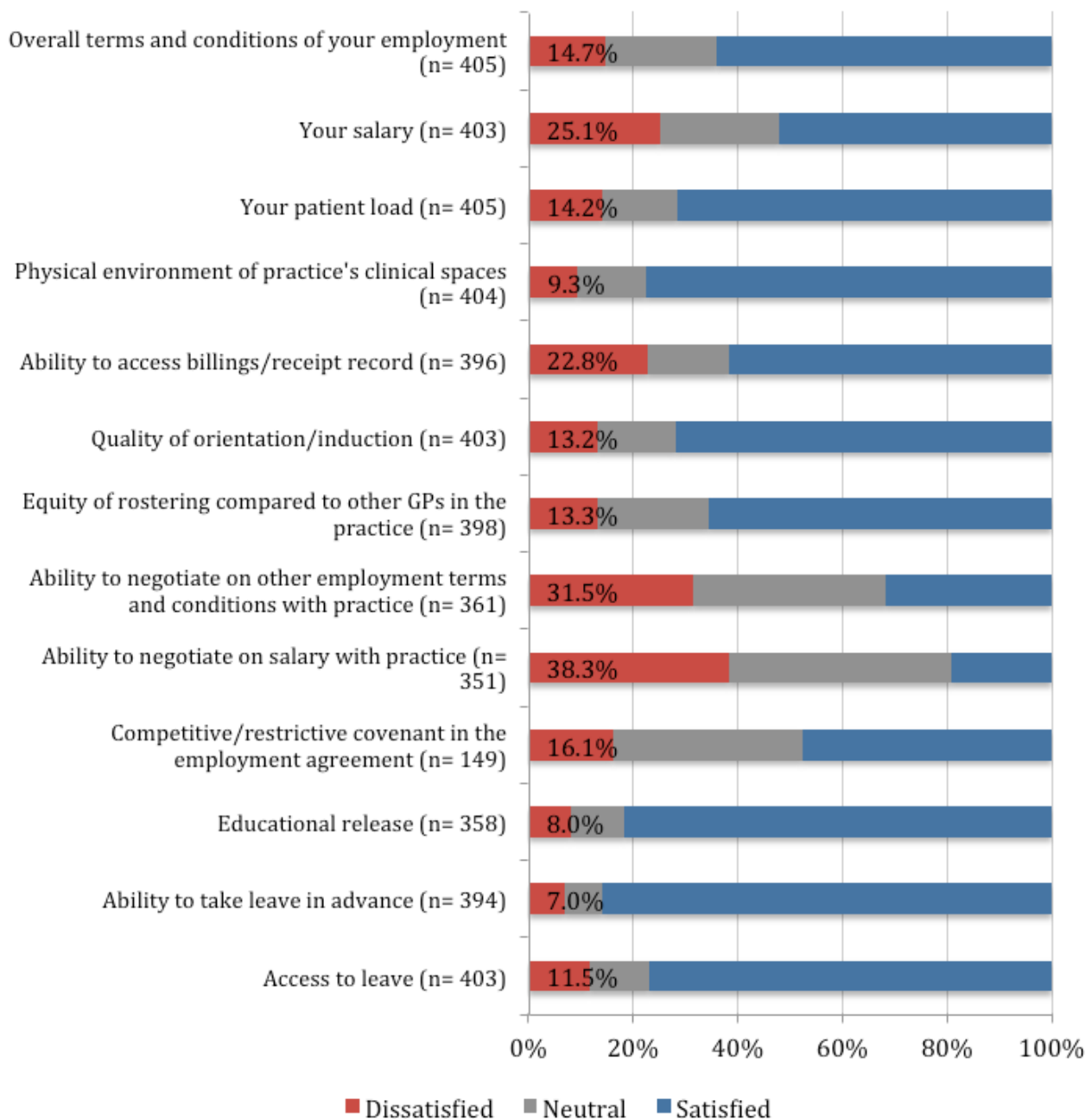


Figure 38: Rate your satisfaction with your employment conditions, during SEMESTER ONE of 2017

While nearly two-thirds of respondents (64.2%) were satisfied with the overall terms and conditions of their employment, ability to negotiate on salary (38.3%), ability to negotiate on other employment terms and conditions (31.5%), salary (25.1%) and ability to access billings records (22.8%) are the most common reported aspects of employment conditions causing dissatisfaction.

Satisfaction with training experience

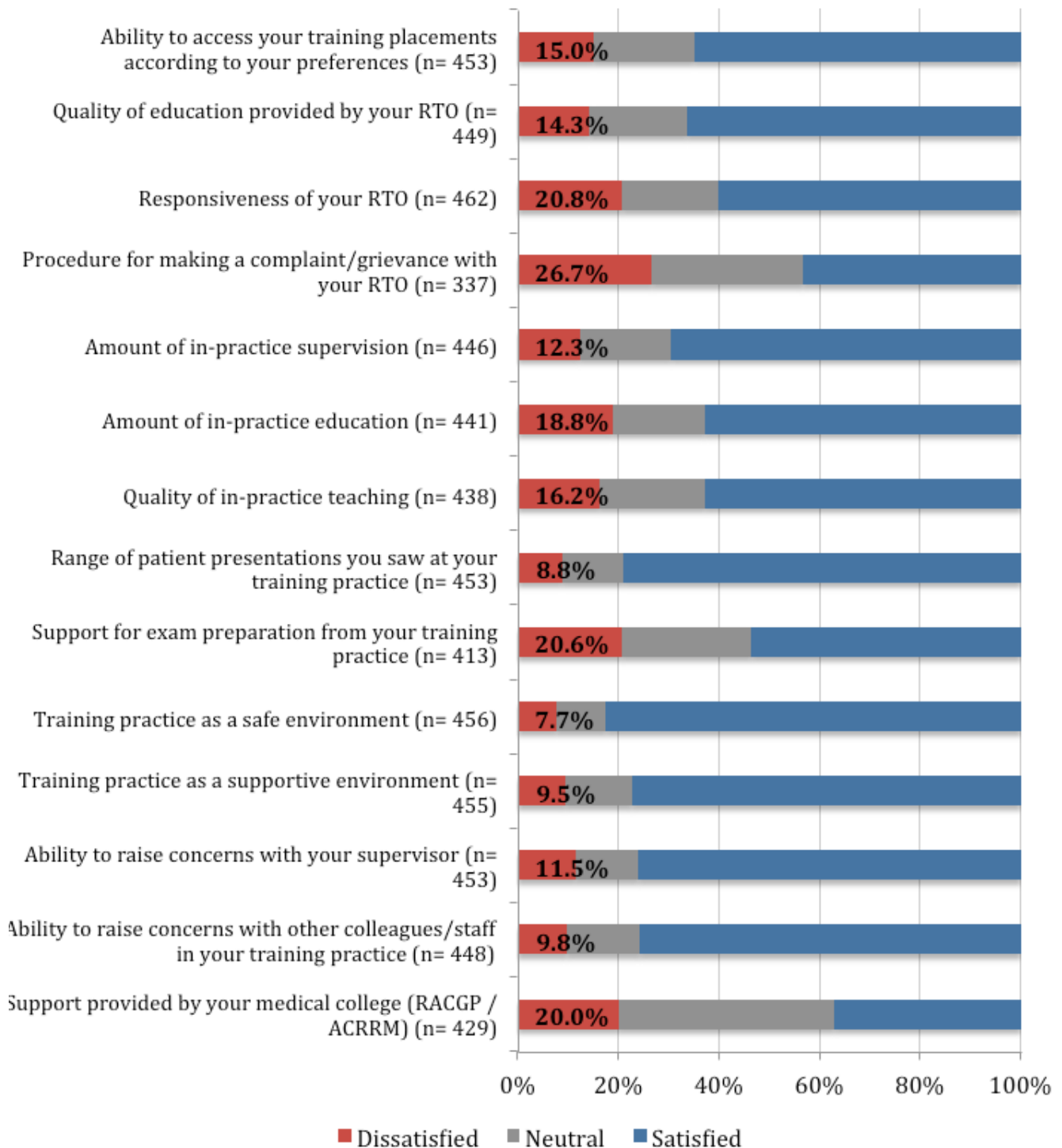


Figure 39: Please rate your satisfaction with the following aspects of your training during SEMESTER ONE of 2017

Most respondents were satisfied with their training practice as a safe (82.5%) and supportive (77.4%) environment. Similarly, the majority of respondents were satisfied with their ability to raise concerns with their supervisor (75.9%) and other colleagues at their training practice (75.7%). In contrast, formal processes for making a complaint or raising a grievance with RTOs was the most commonly reported cause for dissatisfaction for respondents.

Wellbeing

Personal GP

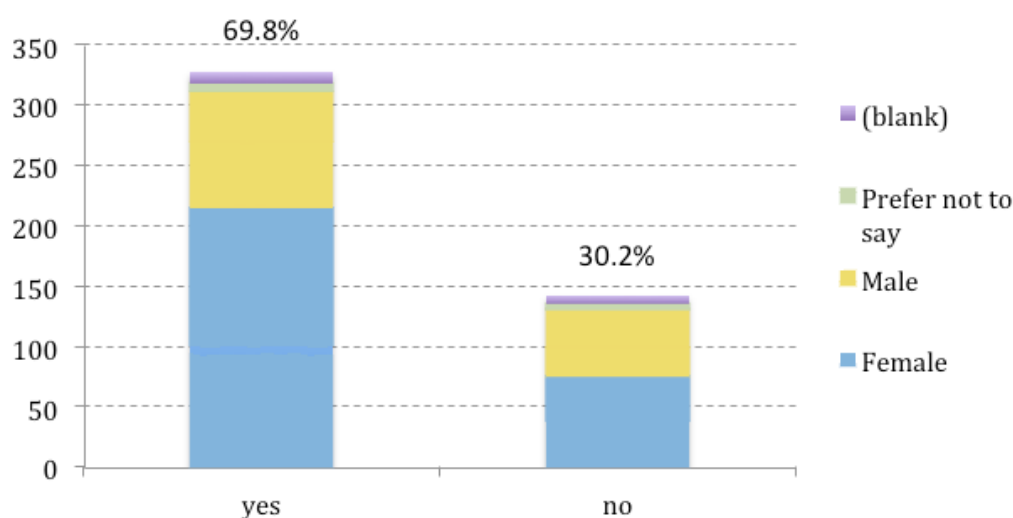


Figure 40: Do you have your own personal GP (n=470)

Junior doctors are encouraged to take responsibility for their own physical and psychological health through a range of strategies and actions including through a continuing relationship with a GP whom they trust². From the survey, nearly three quarters (73.9%) of female and two-thirds (63.4%) of male respondents reported having their own personal GP.

Personal GP—by rurality

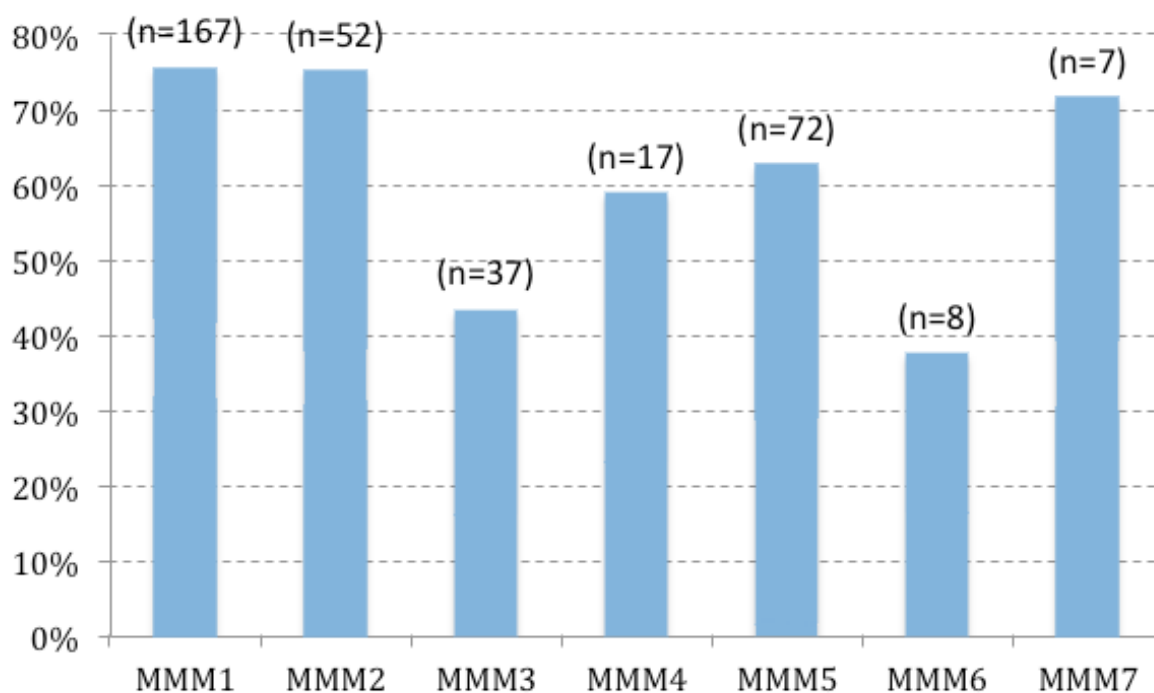


Figure 41: Has own personal GP by rurality of training location

GPs who are recognised to be particularly at risk of having difficulty accessing care are rural doctors³. Stratifying the response to this survey item on the basis of rurality of respondents' training location shows that there are lower proportions of registrars who have their own personal GP in more rural and remote locations.

Workplace stress

Participants were asked about whether they experienced a number of work related events that are potential sources of stress. This 31-item question-set was based on the work related stressors in the *beyondblue* National mental health survey of doctors and medical students instrument, used with permission, and contextualised for general practice training. In the benchmarking survey, the question-set construct enabled analyses of whether a respondent had experienced the event and, if so was the event “somewhat stressful” or “very stressful”.

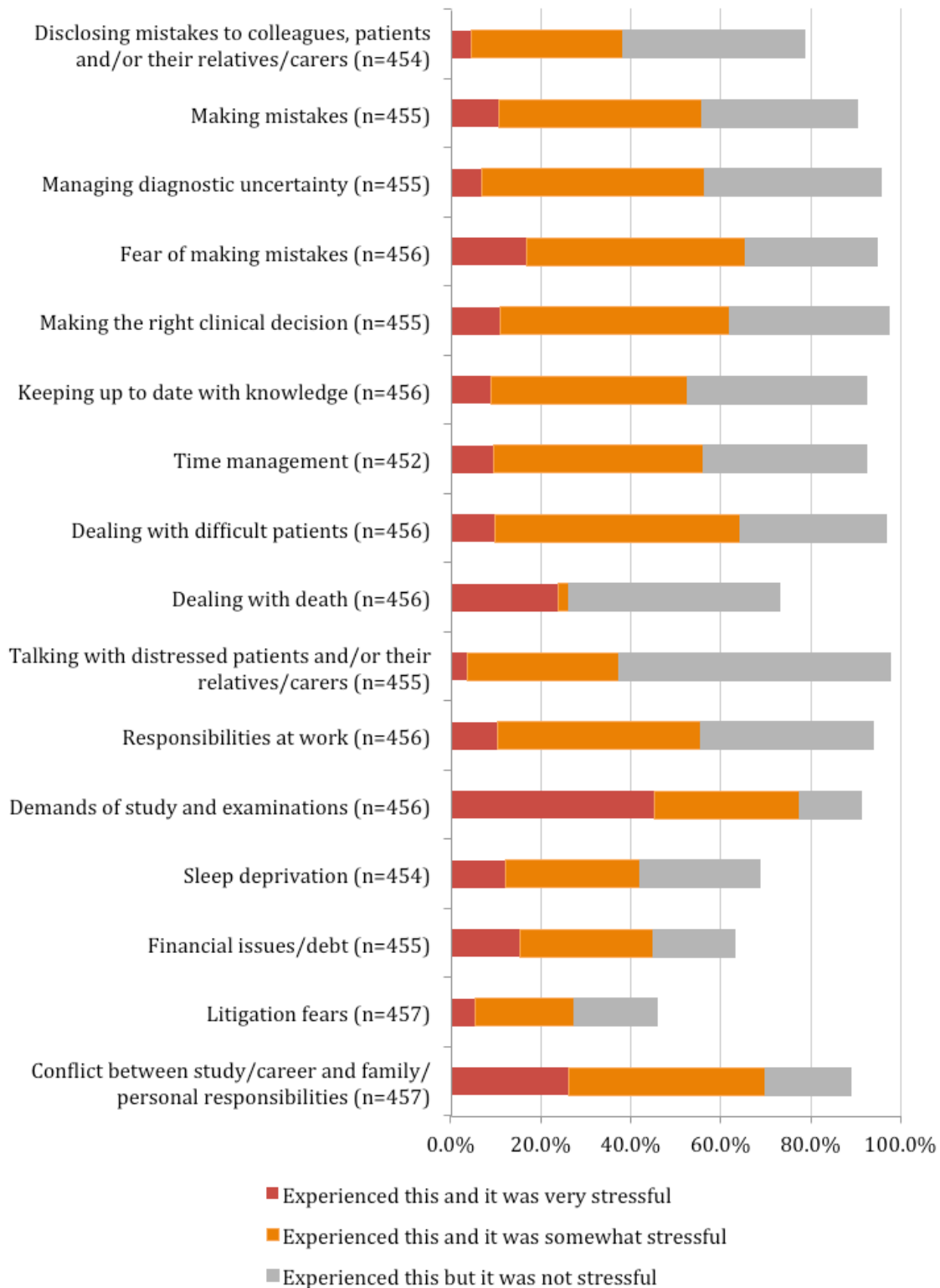


Figure 42: Work related events (1) - experienced and did this cause stress at any time during your GENERAL PRACTICE training (n= number respondents)

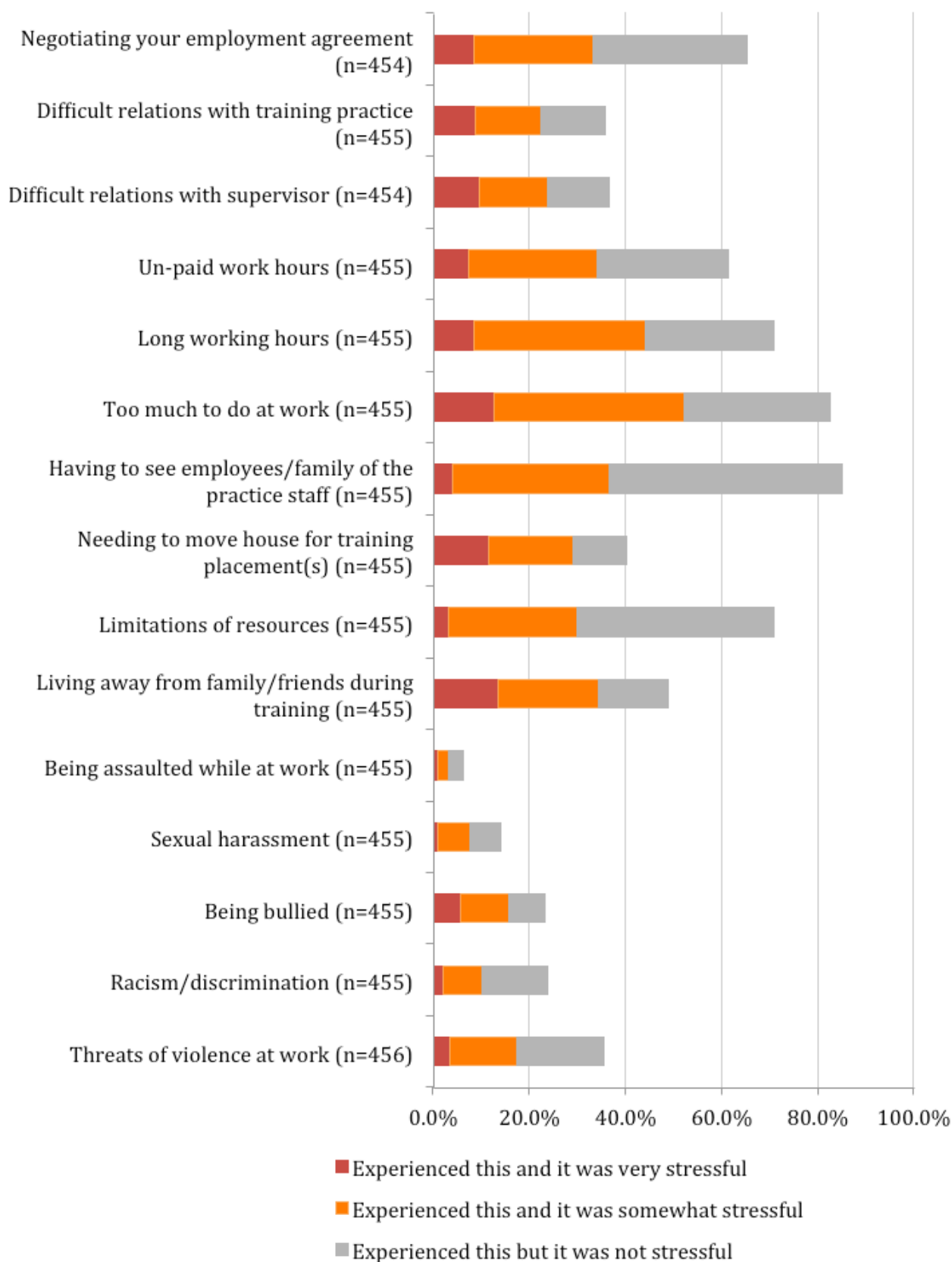


Figure 43: Work related events (2) - experienced and did this cause stress at any time during your GENERAL PRACTICE training (n= number respondents)

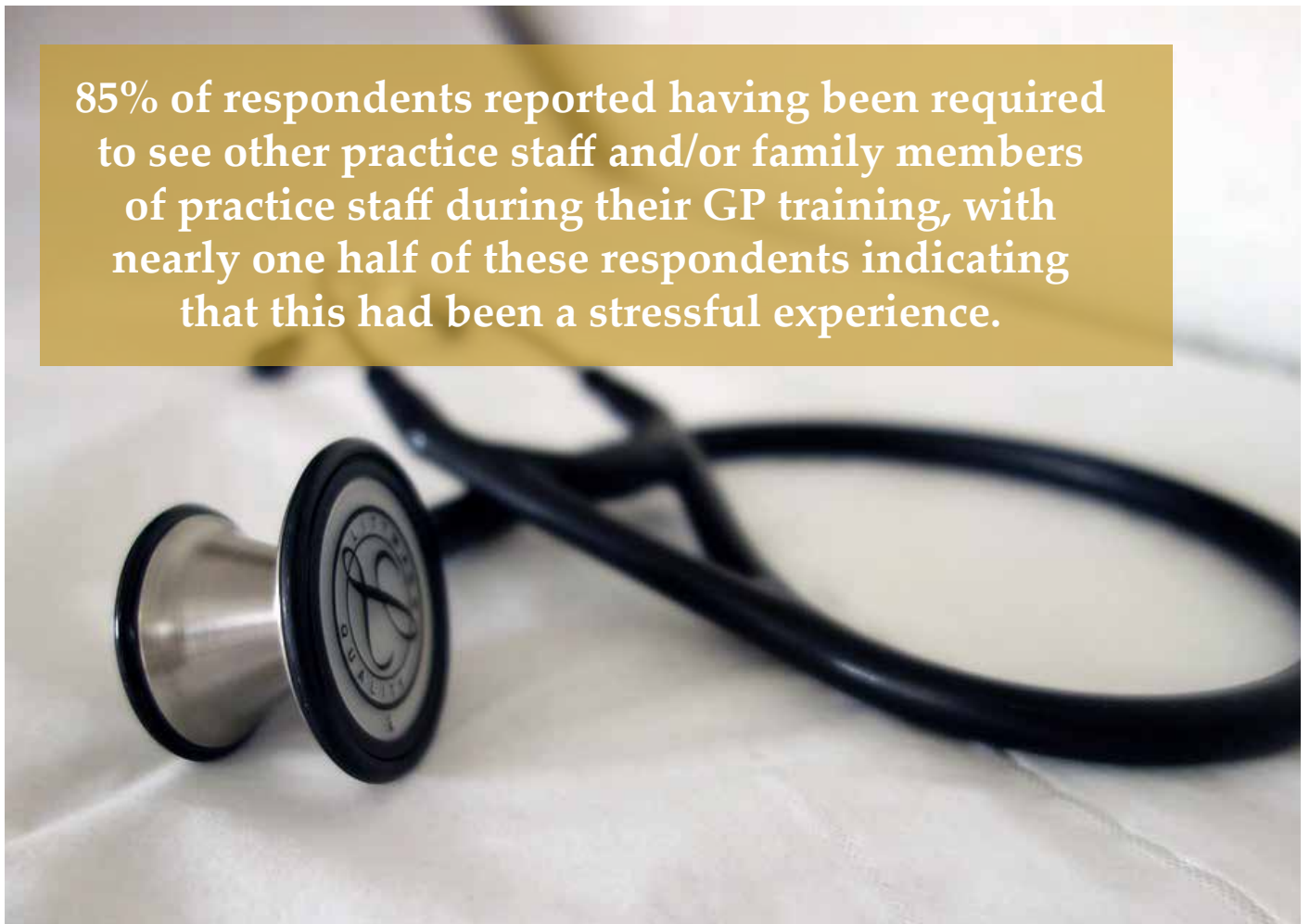
Stressful work-related events

Work-related events most commonly identified as being very stressful by respondents were the demands of study and examinations (45.2%), and the competing demands between work/study and personal responsibility (26.3%). These findings are consistent with the most common stressors reported for students and trainee doctors in the *beyondblue* National mental health survey of doctors and medical students. Dealing with death is also another workplace event commonly identified by respondents as being very stressful (23.9%) and supports and/or professional development in relation to this issue may be beneficial for registrars during GP training.

The finding that more than 1 in 5 respondents reported experiencing bullying, racism/discrimination or threats of violence is concerning, but further research is required to determine the source and context of these events, particularly given that not all respondents who reported experience of these events also reported the event(s) to be stressful

A majority (85%) of respondents reported having been required to see other practice staff and/or family members of practice staff during their GP training, with nearly one half of these respondents indicating that this had been a stressful experience. This requires further attention as this is at odds with the Medical Board of Australia's *Good medical practice: a code of conduct for doctors in Australia*.

85% of respondents reported having been required to see other practice staff and/or family members of practice staff during their GP training, with nearly one half of these respondents indicating that this had been a stressful experience.



Participants were asked from whom they sought support if they were stressed at any time during their general practice training and were able to select all that applied.

Seeking support

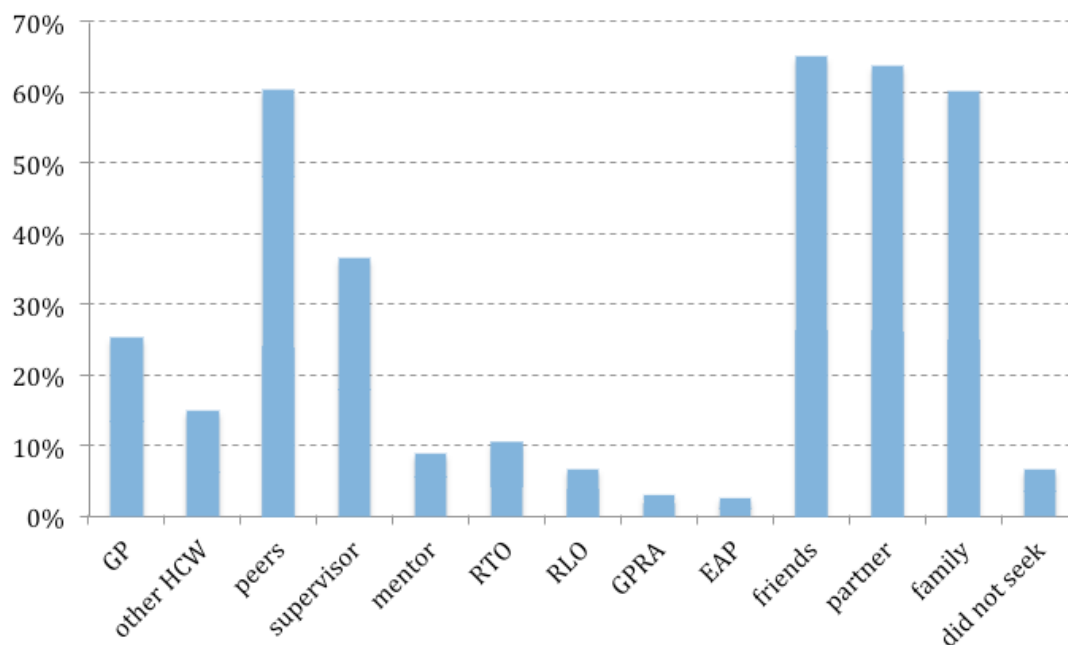


Figure 48: When stressed, where did you seek support? Please select all that apply (n=459)

Personal supports, i.e. friends, family and partner, were the most common source of support for respondents in dealing with work related stress during general practice training.

Seeking support—by gender

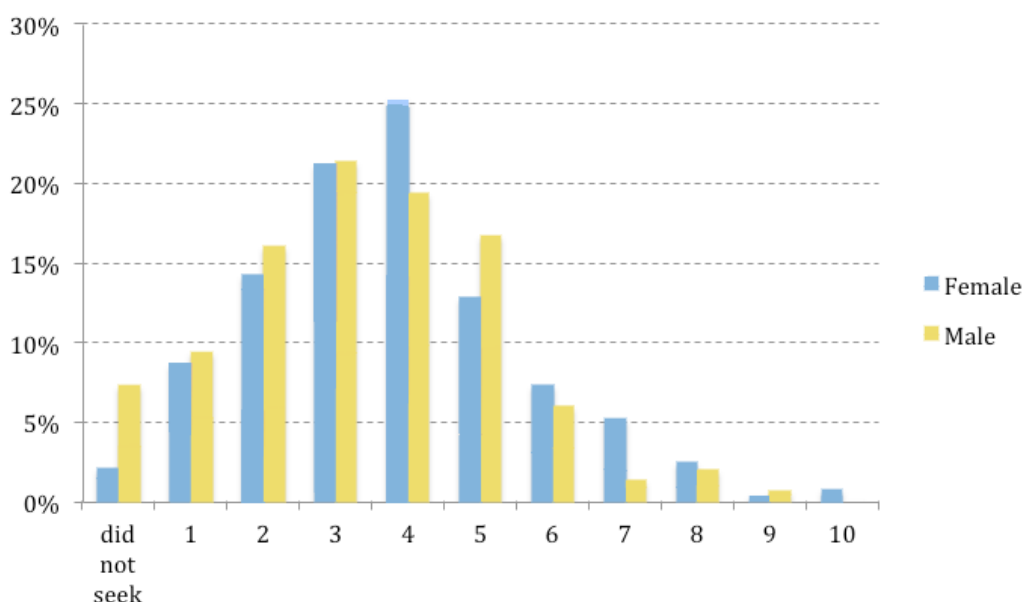


Figure 49: Number of sources of support for stressful events by gender (n= 439)

Of the 459 respondents, 3.9% did not seek support when stressed; however most (86.7%) indicated two or more sources of support whom they accessed when stressed by work related events during their general practice training.

Specialist vocational training and medical practice is an inherently stressful professional undertaking⁴. Further research would assist in identify work and training related events that are more stressful than reasonably expected, and how such events could be mitigated and/or registrars could be supported in dealing with such events.

Mental health

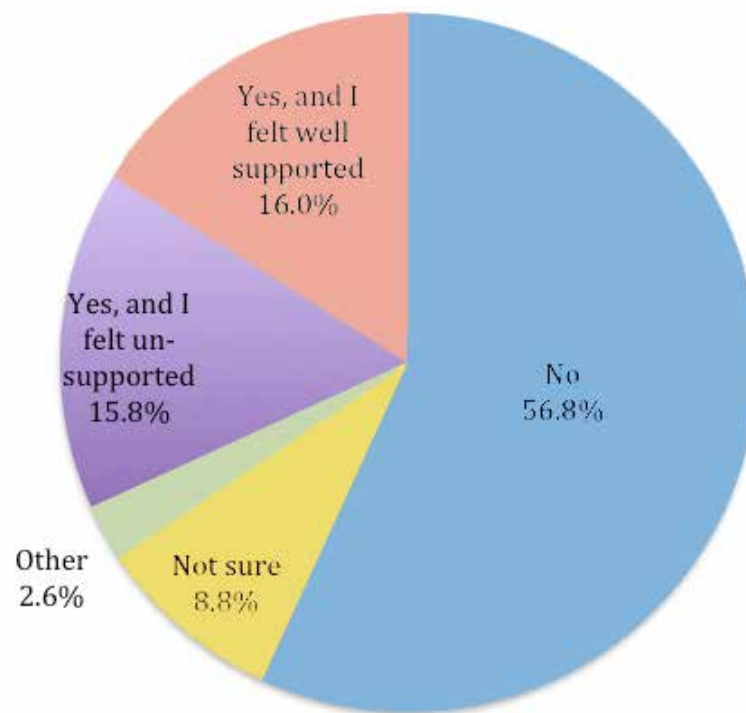


Figure 50: At any time while undertaking GENERAL PRACTICE training, have you experienced any mental health issues e.g. anxiety, depression, suicidal ideation, substance abuse, etc (n=468)

Nearly 1 in 3 respondents (31.8%) indicated they had experienced mental health issues while undertaking general practice training. Half (49.7%) of those responding that they had experienced mental health issues (or nearly 1 in 6 of all respondents) indicated that they felt unsupported.

Nearly 1 in 6 of all respondents indicated that they felt unsupported when experiencing a mental health issue while undertaking general practice training.



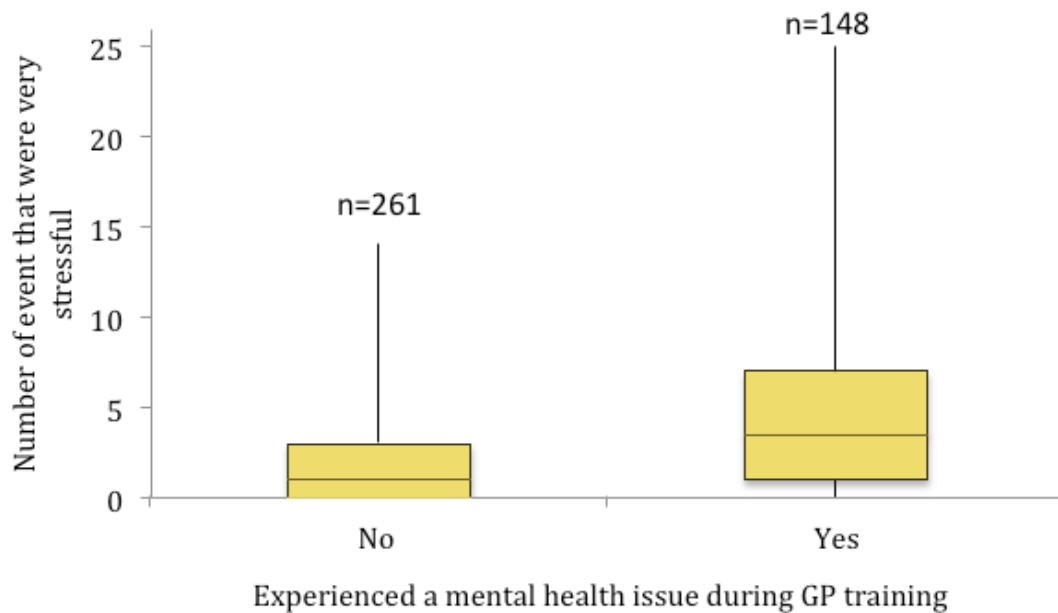


Figure 51: Boxplot of number of the work-related events experienced that were very stressful for respondent groups who either had or had not experienced mental health issues while undertaking general practice training

A Mann-Whitney test indicated that number of the work-related events experienced that were very stressful was significantly greater those respondents who indicated they had experienced mental health issues while undertaking general practice training (Md=3.5, n=148) than for those respondents who had not experienced mental health issues (Md=1, n=261), $U = 10207.5$, $p < 0.0001$.

Seeking support — comfort

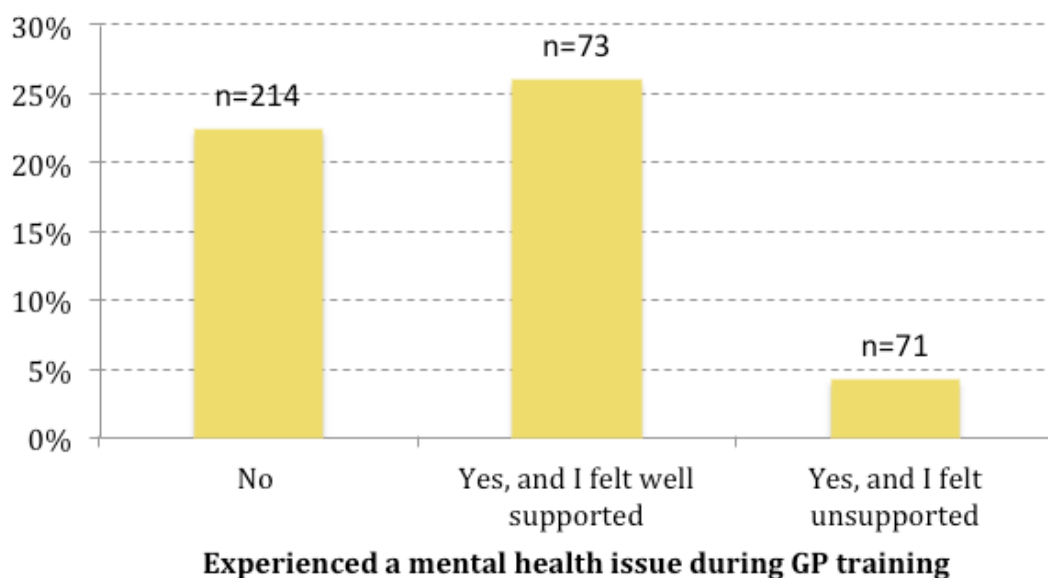


Figure 52: I am comfortable seeking help

For those respondents who had not experienced mental health issues while undertaking general practice training 22.4% indicated that they would be comfortable seeking help for a mental health issue and 26.0% of respondents who experienced mental health issues and felt well supported were comfortable seeking help. However, only 4.2% of respondents who experienced mental health issues and felt unsupported indicated that they were comfortable seeking help.

Overall, these response rates in the benchmarking survey are lower than for the doctor cohorts in *beyondblue* National mental health survey of doctors and medical students where approximately one-third of doctors indicated that they were comfortable seeking help for mental health conditions.

Sources of support for mental health issues

Sources of support can be grouped into three categories: professional consultations (GP, Psychiatrist, Other healthcare professionals, Advisory services), personal supports (Peers, Friends, Family member, Spouse/partner) and program supports (RLO, Supervisor, RTO, Mentor).

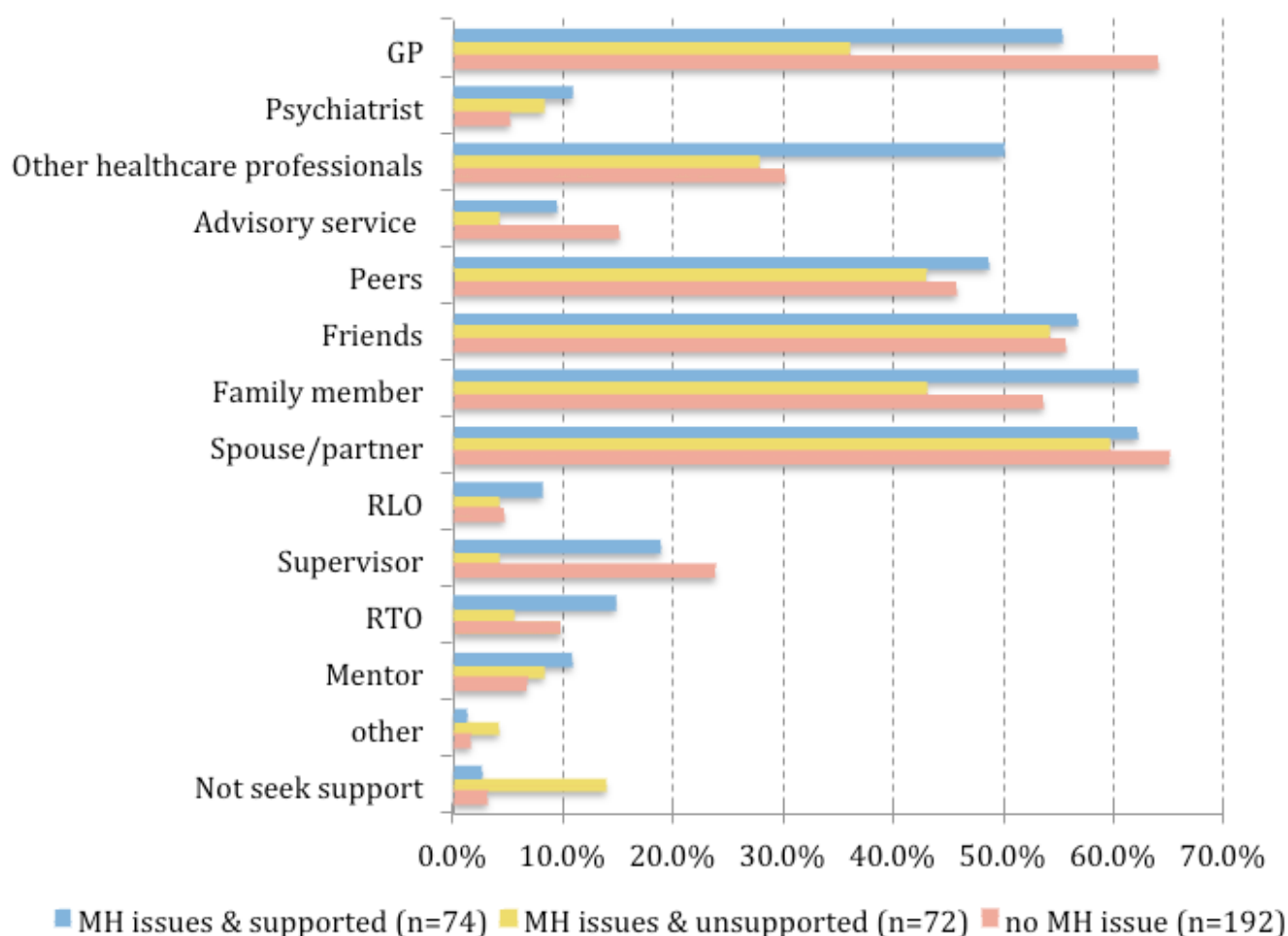


Figure 53: If/When you did experience a mental health issue during GENRAL PRACTICE training, would/did you seek help or support from (please select all that apply)

Overall, if or when respondents experienced a mental health issue in GP training, they were most likely to seek personal supports (i.e. from spouse/partner, family members, friends and peers) and least likely to seek support from workplace or training program services (such as RLO, RTO or mentors) or from specific professional mental health services (i.e. psychiatrist or advisory/counselling services). Consultation with own GP was the most common professional support sought by respondents, if or when they experienced a mental health issue.

Differences existed between sources of support sought by respondents who had not had a mental health issue and those who experienced a mental health issue and felt supported or unsupported. A higher proportion of those respondents who experienced a mental health issue but felt unsupported indicated that they did not seek support, compared with the other respondents. These respondents also were less likely to seek professional supports or program supports, compared with the other respondents.



Consultation with a GP was the most common professional support sought by respondents, if or when they experienced a mental health issue.

Barriers to seek help or support for a mental health issue

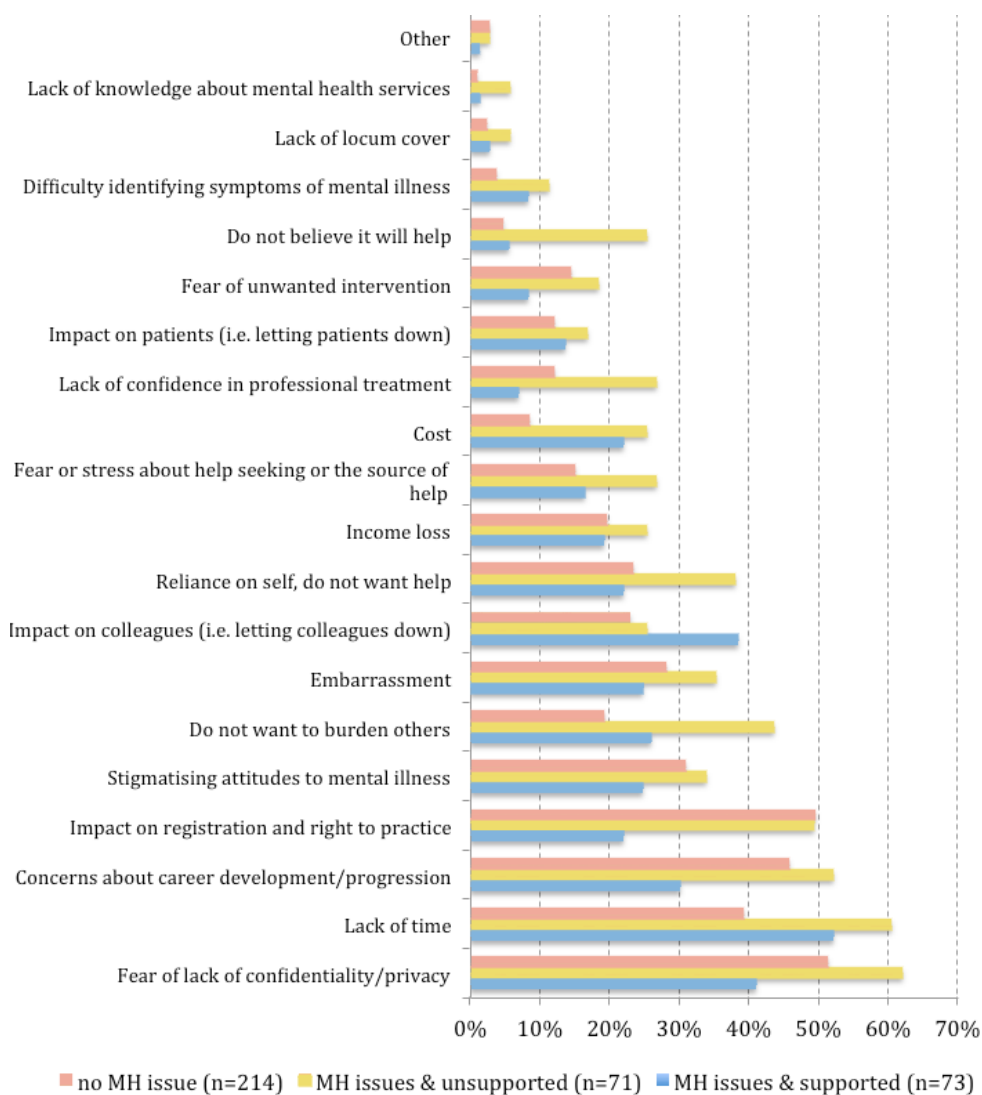


Figure 55: Which of the following would contribute to/were a cause for you hesitating, or are barriers, in seeking help for a mental health issue Please select all that apply

While GP registrars are highly educated, have good knowledge of (and receive training on) mental health conditions and can access a broad range of supports and services, it has previously been identified that for doctors there may be a number of barriers to seeking support and/or treatment for mental health problems⁵.

The most commonly identified barrier for respondents to seek for a mental health issue was fear of lack of confidentiality or concerns about privacy. Lack of time, and concerns about career development and progression and impact on registration, were also commonly identified by respondents as barriers to seeking help. Very few respondents identified that lack of knowledge of mental health symptoms or services were barriers to seeking help. These findings are consistent with previous findings for young doctors in the *beyondblue* National mental health survey of doctors and medical students.

Differences existed between respondents who had not had a mental health issue and those who experienced a mental health issue and felt supported or unsupported, in terms of the number of barriers to seeking help (Kruskal-Wallis $\chi^2(2, n=415)=27.5$, $p<0.0001$). Overall, those respondents who experienced a mental health issue but felt unsupported identified significantly more barriers to seeking help compared with the other respondents.

These findings are generally consistent with previous research and support the continued efforts to de-stigmatise mental health issues in medical practitioner cohorts, including GPs and registrars, and initiatives that facilitate registrars to access support services in times of need. Given the number of respondents who indicated that they experienced a mental health issue during general practice training, promoting support mechanisms for registrars, in particular those returning to training following a period of mental illness, is an important program issue.

The most commonly identified barrier for respondents to seek support for a mental health issue was fear of lack of confidentiality or concerns about privacy.



Career intentions

Initial career plans post-fellowship

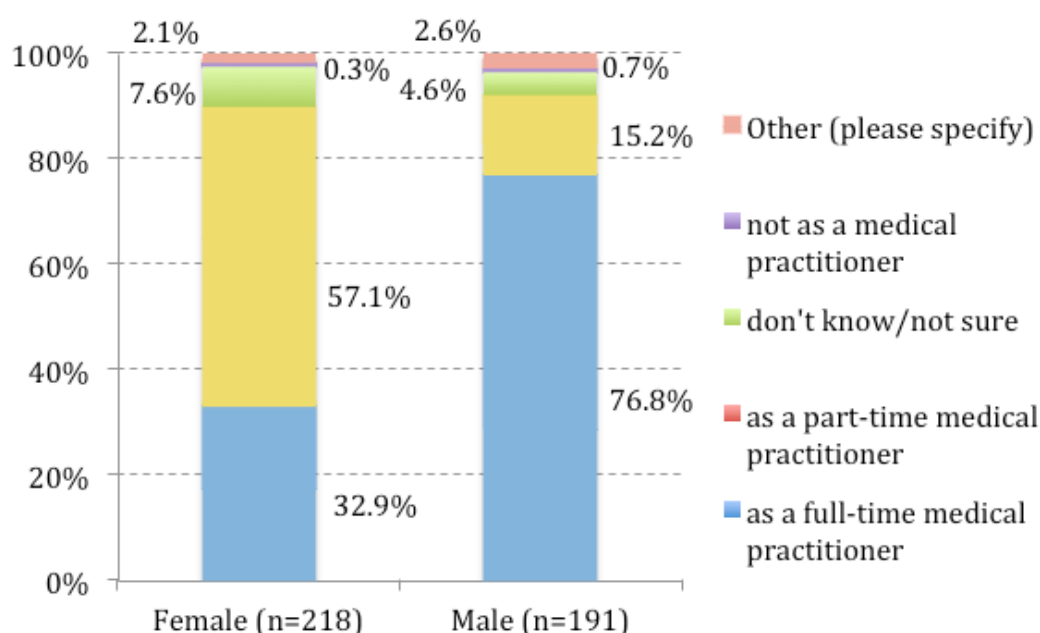


Figure 56: In the initial 5 years post Fellowship, do you plan to work

Most male respondents (76.8%) intend to practice as a full-time medical practitioner, while the majority of female respondents intend to practice part-time, when they are a new Fellow (in the initial 5 years post-training).

Professional roles

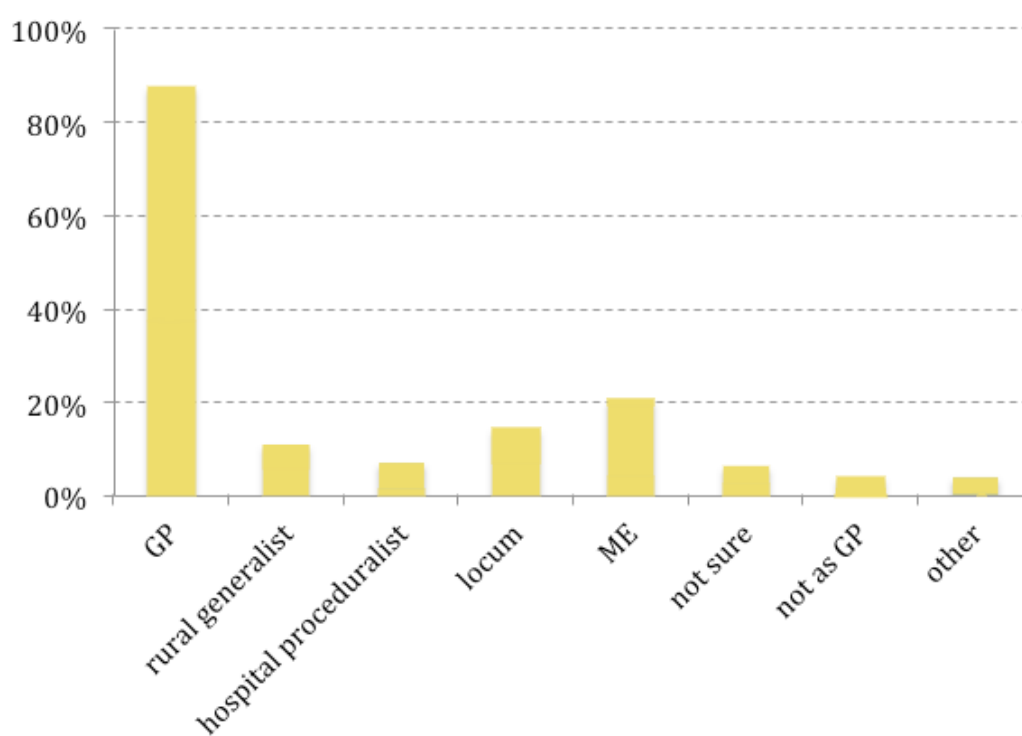


Figure 57: Your career plans in the initial 5 years post-fellowship are to, please select all that apply (n=452)

Professional roles — clinical settings

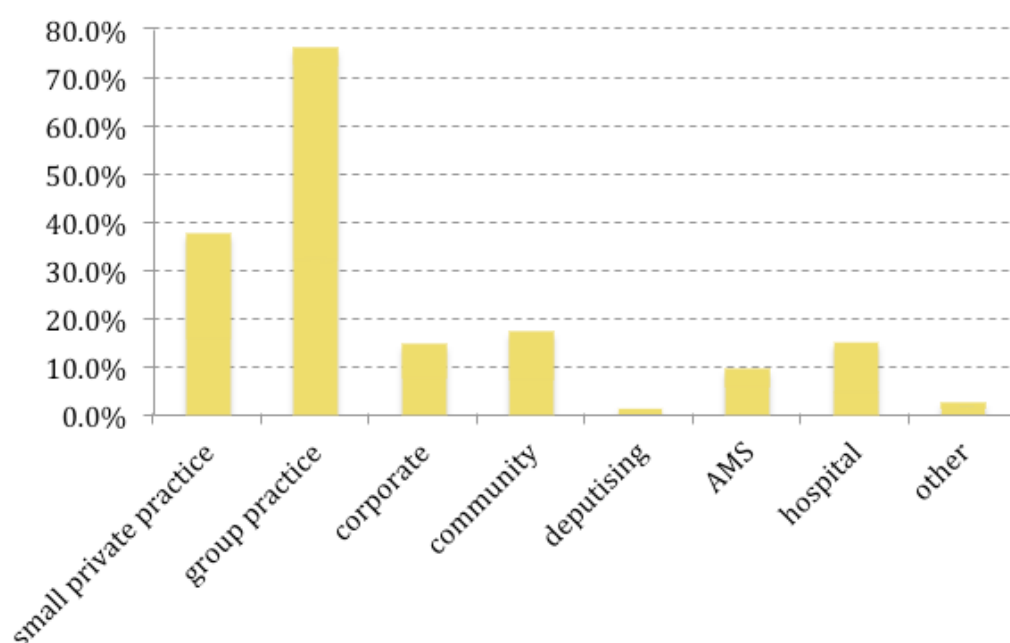


Figure 58: In the first 5 years as a Fellow, what clinical settings will you prefer to practice, please select all that apply (n=452)

Working as a general practitioner, in a group practice setting, is the most common intended career pathway for the survey respondents.

Work location

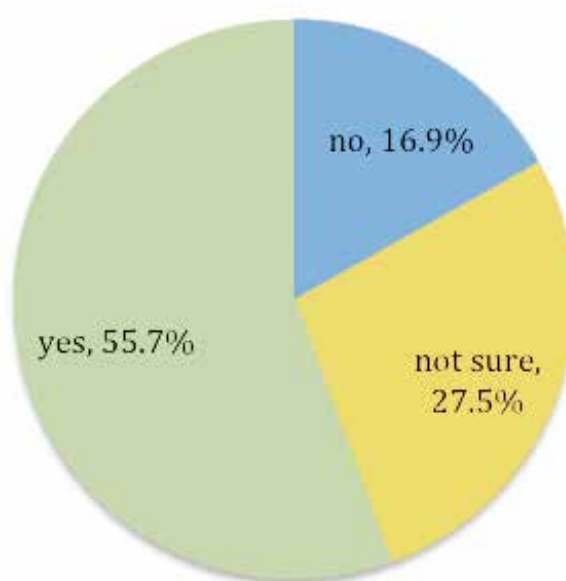


Figure 59: When you become a Fellow, do you plan to work in the same region in which you are currently undertaking training (n=451)

Work location — region

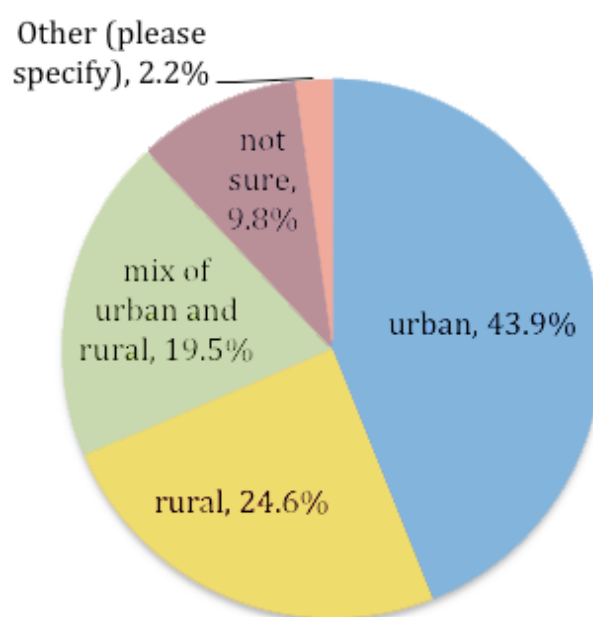


Figure 60: Post Fellowship, what location do you plan to work in (n=451)

The majority of respondents (55.7%) would prefer to work in the same region in which they are training once they achieve Fellowship. Further while 43.9% of respondents intend to work in urban areas, a similar proportion (44.1%) of respondents plan to work in rural or a mix of urban and rural locations, post Fellowship.

GP training roles

Future GP Supervisor

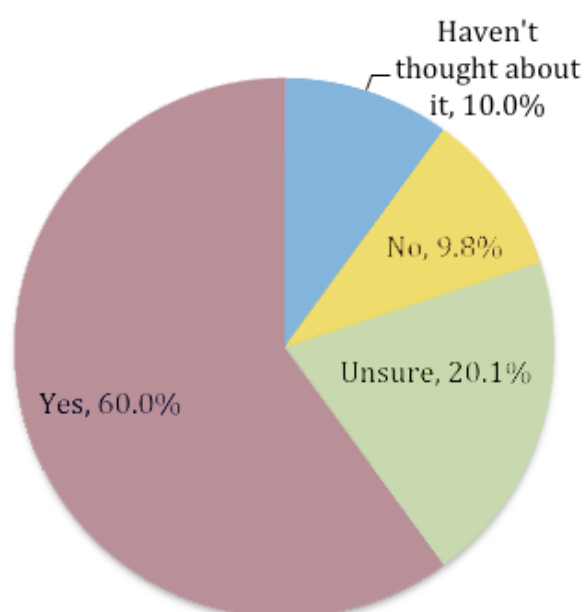


Figure 61: Post Fellowship, would you have an interest in becoming a GP Supervisor (n= 448)

Future Medical Educator

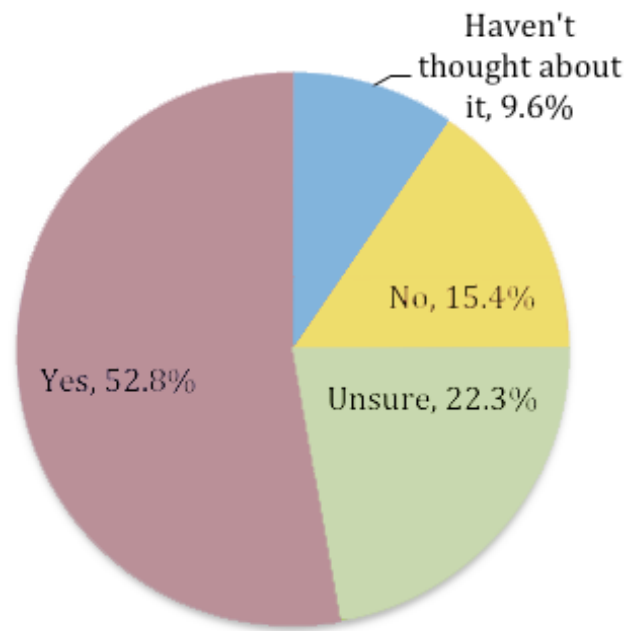


Figure 62: Post Fellowship, would you have an interest in becoming a GP Medical Educator (n= 449)

There is substantial interest amongst respondents in supporting general practice training once they have achieved Fellowship, with a majority definitely interested in becoming a GP supervisor (60.0%) and/or a medical educator (52.8%). Initiatives to harness this interest would benefit the sustainability and quality of general practice training and supervision in Australia.

Report references

¹ Bonevski B1, Magin P, Horton G, Foster M, Girgis A Response rates in GP surveys - trialling two recruitment strategies. Aust Fam Physician. 2011 Jun;40(6):427-30.

² AMA survey report on junior doctor health and wellbeing 2008 https://ama.com.au/sites/default/files/documents/JDHS_report_FINAL_0.pdf

³ RACGP 2016 Curriculum, DH16 - Doctors' health contextual unit <https://www.racgp.org.au/education/education-providers/curriculum/contextual-units/populations/dh16-doctors'-health>

⁴ Riley GJ (2004) Understanding the stresses and strains of being a doctor Med J Aust; 181 (7): 350-353 <https://www.mja.com.au/journal/2004/181/7/understanding-stresses-and-strains-being-doctor>

⁵ *beyondblue* National mental health survey of doctors and medical students

Guide to the terminology used

ACRRM

Australian College of Rural and Remote Medicine

ADF

Australian Defence Force

AGPT Program

Australian General Practice Training Program

AHPRA

Australian Health Practitioner Regulation Agency

AMA

Australian Medical Association

AMC

Australian Medical Council

AMG

An Australian Medical Graduate is defined as a doctor who was a permanent resident or citizen of Australia or New Zealand at the time of primary medical degree enrolment and whose primary medical degree was obtained in Australia or New Zealand.

AMS

Aboriginal Medicine Services

AST

To obtain FACRRM, GP registrars must complete their final year of Advanced Specialised Training.

College/s

ACRRM and/or the RACGP

Dual fellowship

Fellowship of both ACRRM and the RACGP

DWS

District of Workforce Shortage is a key mechanism that the Australian Government uses to achieve an equitable distribution of medical services across Australia.

EXT

GP registrars on the FRACGP pathway are required to complete six months of Extended Skills Training in an area of special interest.

F/T

Full-time

FACRRM

Fellowship of the Australian College of Rural and Remote Medicine

FARGP

Fellowship in Advanced Rural General Practice

FGAMS

Foreign Graduate of an Accredited Medical School is an applicant who was not born in Australia or New Zealand, whose primary medical degree was obtained in Australia or New Zealand and who was a temporary resident at the time of university enrolment.

FRACGP

Fellowship of the Royal Australian College of General Practitioners

General registration

General registration is granted after provisional or limited registration to a doctor who has met all requirements set out by the Medical Board of Australia and/or the AMC.

General/rural pathway

The general pathway is for doctors who wish to train primarily in inner and/or outer metropolitan areas. Doctors on the general pathway can train in MMM 1–7 areas. Doctors who train on the rural pathway generally undertake all of their training in rural and remote areas of Australia (defined as MMM 2–7).

GP

General Practitioner

GPRA

General Practice Registrars Australia are a not-for-profit organisation that nationally represents the interests of GP registrars and supports them through training.

GP registrar

See Registrar

GPSA

General Practice Supervisors Australia is a not-for-profit organisation that nationally represents the interests of, and supports, GP supervisors.

GPT (1,2 and 3)

General Practice Training under the RACGP training pathway. The number (1,2 or 3) indicates what stage of training the GP registrar is currently undertaking.

Independent Pathway

A full-fee paying GP training program which results in FACRRM.

ME

Medical Educator

Medical Board of Australia

The Medical Board of Australia works in partnership with AHPRA. Key functions are to register medical practitioners, and develop standards, codes and guidelines for the medical profession.

MMM

The Modified Monash Model is a new classification system that categorises metropolitan, regional, rural and remote areas, according to both geographical remoteness and town size. The system was developed to recognise the challenges in attracting health workers to more remote and smaller communities. The MMM classification for any given area can be found by using the locator tool on the Doctor Connect website.

NTCER

The National Terms and Conditions for the Employment of Registrars is an agreement that outlines the minimum employment terms and conditions for all GP registrars. The NTCER is not a registered award. The signed employment agreement between the GP registrar and the practice is the legal document under which GP registrars are employed.

OTD / IMG Overseas-Trained Doctor

(Also referred to as an International Medical Graduate or IMG). Defined as an applicant whose primary medical degree was obtained outside Australia or New Zealand. The terms OTD and IMG are interchangeable.

Other vocational training programs

Other vocational training programs which lead to specialist medical registration outside the AGPT Program, including the Independent Pathway (IP), the Practice Experience Program (PEP), the Remote Vocational Training Scheme (RVTS), and other vocational training programs such as Fellowship of the Australasian College for Emergency Medicine (FACEM).

P/T

Part-time

PIPs

The Practice Incentives Program is administered by the Department of Human Services on behalf of the Department of Health. It supports general practice activities that encourage continuing improvements, quality care, enhanced capacity and improved access and health outcomes for patients.

PRRT (1,2 and 3)

Primary Rural and Remote Training under the ACRRM training pathway. The number (1,2 or 3) indicates what stage of training the GP registrar is currently undertaking.

RACGP

Royal Australian College of General Practitioners

RTOs

Regional Training Organisations are the organisations contracted by the Department of Health to deliver the AGPT Program. Each of the nine RTOs occupies one or more of the training regions throughout Australia.

The current RTOs and regions are listed below:

- **EVGPT**
Eastern Victoria GP Training, Eastern Victoria
- **GMT**
Generalist Medical Training, North West Queensland
- **GPEx**
South Australia

- **GP Synergy**
GP Synergy, New South Wales
- **GPTQ**
General Practice Training Queensland, South East Queensland
- **GPTT**
General Practice Training Tasmania, Tasmania
- **MCCC**
Murray City Country Coast GP Training, Western Victoria
- **NTGPE**
Northern Territory General Practice Education, Northern Territory
- **WAGPET**
Western Australia General Practice Education Training, Western Australia

Registrar

A doctor who is enrolled in the AGPT Program. Also referred to as a GP registrar

Remote Vocational Training Scheme

RVTS is a government-funded GP training program for medical practitioners working in rural and remote communities throughout Australia, and doctors working in Aboriginal Community Controlled Health Service.

Section 19AB of the Health Insurance Act 1973

A statutory provision, which may be applicable to OTDs and FGAMS. For the purposes of the AGPT Program, applicants subject to Section 19AB are required to train on the rural pathway.

SIPs

Service Incentive Payments are made to GPs who work with a practice that is enrolled in the PIP.

Training region

A training region is the geographical area in which an AGPT registrar undertakes their training. There are 11 training regions throughout Australia. *See RTOs.*

Some definitions of terminology used in this guide are thanks to the 2020 Eligibility Guidelines, source: AGPT.com.au



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