



# **Australian General Practice: Submission to the Higher Education Review**

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*Delivering local health solutions through general practice*

## About AGPN

The General Practice Network is a unique and valuable part of the Australian health care system. Individually and collectively, the Australian general practice network have substantially improved the health of their communities by delivering local health solutions through general practice. Since their commencement in 1992 as 10 demonstration divisions of general practice, the network has evolved into a vibrant network of organisations currently comprising 111 local general practice networks or divisions supported by 8 state-based organisations (SBOs) and the Australian General Practice Network, the national peak body.

More than 90 percent of GPs are members of their local general practice network. Members increasingly include GP registrars and other members of the primary health care team, especially practice nurses, practice staff and allied health professionals. The General Practice Network is involved in a wide range of activities including practice support and quality improvement, health promotion, early intervention and prevention strategies, chronic disease management, medical education, information management, health service development, health service delivery and workforce support. By delivering local health solutions through general practice, we aim to ensure all Australians can access a high quality health system.

## AGPN's involvement in higher education

Locally, Divisions are directly involved in ongoing education and training of general practice staff (GPs and nurses who work in general practice) through continuing professional development activities. They also work closely with both universities and the Vocational Education and Training (VET) sector to ensure that the necessary education and training for other general practice staff such as nurses, practice managers, receptionists and the like, are available. Divisions also facilitate mentoring and education for GPs, especially International Medical Graduates (IMGs) that assist them to attain their fellowship<sup>1</sup> exams.

AGPN also works closely with universities and other academic partners to develop training modules as part of ongoing professional development in subspecialties within general practice such as mental health education and training, chronic disease management. Increasingly Divisions are extending this as well as the professional development work to allied health professionals to take a broader multidisciplinary approach. Representatives from AGPN also sit on various national committees involved in health education and research. A number of Divisions, as well as AGPN itself, are also directly involved in conducting research.

## Scope of submission:

AGPN's involvement and interest in higher education is primarily focused on the education and training of health professionals from the following perspectives:

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<sup>1</sup> These are vocational education programs for doctors to equip them to work as a vocationally registered doctor in general practice. Fellowships can be attained through the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)

- 1) ensuring that sufficient places are available to provide the health workforce that is required now and in the future to cope with the burgeoning health needs of the Australian population
- 2) ensuring the quality of the education provided is of a high standard in its own right to promote intellectual and academic rigour
- 3) ensuring that the education provided:
  - a. adequately equips health professionals for the vocational roles they will play, many of which are changing from their traditional basis
  - b. encourages medical and health students to make future vocational choices to specialise in the primary care sector based on positive educational opportunities and experiences that they have had.

For these reasons, the scope of AGPN's Submission is largely limited to primary care, especially general practice and allied health professionals who work in this sector, and to primary care education and professional training as it relates to the second term of reference. The Review's other terms of reference will also be addressed however where relevant.

## Background to issues:

Globally there are predicted shortages of around 4 million health professionals (nurses, doctors, etc) over the next decade. In Australia specifically, **shortages of up to 1300 GP graduates are predicted by 2013 and about 470 registered nursing graduates per year by 2010.** The shortages are particularly obvious in some key areas: general practice, dentistry, nursing and some key allied health professions<sup>2</sup> – many are in the primary care sector. These shortages are predicted despite the fact that the health workforce is growing at nearly double the rate of growth of the Australian population. In the medical sector, general practice has been especially effected. The proportion of medical students choosing general practice as a vocation as opposed to an alternative specialty has fallen significantly. One study showed a drop from about 50% in 1980 to 33% in 1995<sup>1</sup>.

Australia's burgeoning health care needs and shifting demographics require changes to its health workforce - there is now a mismatch between workforce demand and supply. Rising levels of chronic disease and the need to contain health costs through affordable hospital avoidance programs needs new models of service delivery and a greater focus on preventative approaches. These are best delivered through the primary health care sector, particularly general practice and broader multi-disciplinary primary care teams.

Practitioners roles within these teams are beginning to change due to workforce pressures, consumer expectations, changing consumer and professional demographics, changing disease profiles and costs. Other changes include the development of new and emerging health practitioner roles. Higher education programs for health professionals will need to reflect these trends.

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<sup>2</sup> Productivity Commission: Australia's Health Workforce 2005

## **AGPN's recommendations and responses to the Review's terms of reference (TOR)**

**TOR 2. Productivity and participation:** *Enhancing the role of the higher education sector in contributing to national productivity, increased participation in the labour market and responding to the needs of industry. This includes the responsiveness of the sector in altering the course mix in response to student and employer demand and an understanding of trends in the economy, demography and the labour markets served by higher education.*

### **Mode of education:**

Increased access to inter-professional and interdisciplinary training and education for health professionals from undergraduate level onwards, is needed as a means to support team working in primary health care. University courses can include core modules common to all health professionals that can be studied together by students from different disciplines.

There is good evidence about the efficacy of inter-professional and multi-disciplinary training post-licensure. It has a positive impact on later life team working and leads to more collaborative problem-solving approaches and mutual decision making. Inter-professional learning also increases and enhances understanding of each others' professional roles and activities - a critical success factor in working together as a team<sup>2 3</sup>.

### **Workforce distribution:**

Levers and incentives to recruit health students to university or other higher educational courses from areas of workforce need are required. Students that study in rural remote areas have an increased likelihood of returning to these areas to practice once qualified<sup>4 5 6</sup>. This approach may assist with the ongoing health workforce mal-distribution in rural and remote Australia. Incentives such as scholarships for rurally bonded medical students which are in place now should continue and be expanded to include other allied health undergraduates. Other mechanisms to promote greater tertiary education uptake from areas which traditionally have lower uptake of higher education courses, such as educational expos in rural areas to encourage rural students to take up higher education, should also be considered. An example of a Divisions Network approach to providing careers information on health careers and education is provided at [Appendix A](#).

Funding for educational programs such as the Prevocational General Practice Placement Program (PGPPP) which enable junior doctors to experience general practice placements in areas of workforce need should be continued. Similar programs at the undergraduate level, such as the John Flynn Placement Program (JFPP) should also continue to be funded and expanded to include allied health professional placements<sup>7</sup>.

### **Educational course content:**

There needs to be a shift in focus in curricula for health professionals to include more information on primary health care and also in preventing and not just treating disease. Chronic disease prevention is especially important. AGPN recommends including compulsory placements within general practice settings for nurses and allied health professionals to increase exposure to primary care settings at undergraduate level.

Cultural awareness is also an essential part of education and training content for the health professions and needs to be included in curricula. It can assist in making subsequent health care more accessible to people from culturally and linguistically diverse backgrounds.

Information on continual quality improvement approaches needs to be considered for inclusion in courses for health professionals in order to promote reflective, quality practice for all members of the multidisciplinary health team. Including information on business skills in health professional education courses is also important for those professions likely to set up private practices.

**Special considerations:**

Nurses who work in general practice (“practice nurses” or PNs) play a key role in general practice and can help relieve workforce pressures. Practice nurses often require orientation, education and sometimes post-graduate qualifications in certain sub specialities to better equip them to work in general practice, as current nursing training tends to focus on the hospital setting and acute care. Yet time away from work in the practice and costs to undertake courses for practice nurses can be prohibitive. AGPN recommends subsidised courses for PNs to attend education around general practice orientation as well as to undertake subspecialty training and, where relevant, post-graduate training to enable them to work in advanced roles such as nurse practitioners. One Division on the Sunshine Coast has worked to provide this type of higher education to PNs by collaborating with the University of the Sunshine course to run a convenient and affordable graduate certificate in nursing in general practice. Details of this program are provided at [Appendix B](#).

International medical graduates (IMGs) are another group of health professionals who help relieve Australia’s health workforce pressures. Many work as primary care practitioners in rural and remote Australia. Often, however, IMGs need orientation and education in how to work in general practice as they have not completed the same level of training for general practice that Australian GPs have. Access for IMGs to good education and training can make a real difference in this regard. Orientation needs to be seen as an educational process and supported, for example, through the national roll-out of an IMG orientation program. Divisions already undertake this type of orientation locally. Several existing local programs could easily be adapted for national roll-out. AGPN also recommends subsidised educational mentoring opportunities for IMGs to help them pass their GP fellowship exams and so assist in better quality care delivery.

***TOR 3. Effective and efficient investment: Improving funding arrangements for higher education institutions as they relate to teaching responsibilities, taking into account public and private benefits and contributions to inform the development of funding compacts between the Australian Government and institutions.***

Health professional training, particularly medical training, is currently a long and costly process. The average time of training for doctors is eight to ten years. Training that moves students through medical (and, where relevant, other health) training more quickly without loss of quality needs to be looked at as an option. Work on **fast tracking** has been undertaken in the UK <sup>8</sup>and elsewhere and should be considered in this regard.

**TOR 4. Underpinning social inclusion through access and opportunity:**  
*Supporting and widening access to higher education, including participation by students from a wide range of backgrounds.*

**Educational modalities:**

Improving access generally means a greater need for on-line and off-campus education and training options as well as part-time and time-out options. This is particularly true for education and training for health professions where there is a high level of feminisation. Modular training that can be built in stages across the professional lifespan and across professions, and where entry can occur at different points with articulation between the VET and University sectors where relevant, also needs to be considered as it can make education more accessible - an important consideration for the changing demographics of the health workforce. Education and training that is delivered in culturally appropriate ways may also assist in making education more accessible to indigenous Australians. This is an important consideration in the health sector which has a shortage of indigenous doctors and other health workers<sup>9</sup>.

**TOR 6. A broad tertiary education and training sector:** *Establishing the place of higher education in the broader tertiary education sector, especially in building an integrated relationship with vocational education and training (VET).*

**Education and training for new and emerging health care roles:**

Linkages between universities, VET and other sectors will be important given the nature of the workforce we are educating and training for primary health care and the new and emerging roles that will develop in this area. Such roles include medical assistants, health coaches and practice managers amongst others. We need to ensure that there is adequate training for these roles. This will include ensuring accessibility to training and consideration of accreditation and standards of courses to ensure quality remains high.

Non clinical roles within a general practice, such as those played by practice managers (PMs) are crucial to good health care as they can ensure that business and administrative systems in the practice are set up to support the delivery of quality health care. Current education and training for PMs can vary from Certificate III VET programs to full diplomas run through universities such as the University of New England. While all of these courses are of benefit, the full diploma is an ideal qualification for PMs to aim for as it is of high quality and is very comprehensive. It is also the recommended course for PMs to undertake<sup>3</sup>. It is, however, costly and requires a certain time commitment to complete all ten modules. AGPN recommends an approach to PM training that continues to articulate between the VET and University sectors, provides a modular approach and variable entry levels to learning to provide flexible options for study. In addition AGPN recommends access to scholarships for practice managers to undertake the more advanced qualifications.

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<sup>3</sup> At this stage it is not compulsory for practice managers to have undergone any specific training.

## Appendix A

### Encouraging rural students to pursue a career in health: An initiative of the South East New South Wales Division of General Practice

*"The division became aware that there was a lack of information available to rural students about health careers and the available pathways."*

The South East NSW Division of General Practice has developed an 'early intervention' model for the workforce shortage issue. Research shows that health professionals who come from the country are more likely to return to a rural community upon graduation and stay there for longer. The division became aware that there was a lack of information available to rural students about health careers and the available pathways.

To overcome this, the division forged strong links with secondary schools and careers advisors in the region so that they are aware of the pathways and scholarships available to rural students wishing to undertake a career not only in Medicine, but in any health profession. As well, the division began visiting local school career markets, giving information to students about Medicine, and now also includes Area Health and ambulance staff to showcase a range of careers in health.

This collaboration has enabled a hands-on component at the careers markets including nurses with blood pressure machines and mannequins for CPR. Collaboration with the rural health clubs attached to universities has enabled students studying various health careers to also attend the careers markets. The division also recruits rural health clubs to local schools to run hands-on workshops such as plastering, as another way to promote health careers to rural students.

In addition, the division offers three, one-off scholarships a year to students from the division area who are accepted from school to Medicine. The students are also linked up to a local GP mentor of their choice. Evaluation reveals that while the money is helpful, the most beneficial component has been the link with a GP mentor, who gives students a positive view of rural medicine and provides guidance and placements during rotations. Despite the scholarship being for one year only, the majority of mentor GPs have continued the mentoring relationship beyond the first year.

More information about this initiative is available on the AGPN website at:  
[http://www.agpn.com.au/site/content.cfm?page\\_id=20237&current\\_category\\_code=1234&leca=16](http://www.agpn.com.au/site/content.cfm?page_id=20237&current_category_code=1234&leca=16)

## Appendix B

### Graduate Certificate in Nursing (General Practice): An initiative of the Sunshine Coast Division of General Practice

*"I feel honoured to be part of the first graduate certificate course in practice nursing. Initially it was all a bit overwhelming but as time progressed I realised how valuable the course was. It was a challenging, stimulating, informative enjoyable course. Knowledge gained by me over the last 2 years has definitely helped me in my role as a practice nurse. It has further stimulated my desire to continue my studies," MJ – student on the course.*

The first cohort of 17 students graduated from the University of the Sunshine Coast on the 24th April 2008 after successfully completing the Graduate Certificate in Nursing (General Practice).

The Graduate Certificate in Nursing (General Practice) is an initiative of the Sunshine Coast Division of General Practice and the University of the Sunshine Coast to deliver an affordable, flexible and accessible post graduate course suited to the needs of practice nurses and catering for the unique environment of general practice. The Graduate Certificate of Nursing (General Practice) has provided practice nurses formal tertiary education, which together with traditional work place education and short courses offered through divisions of general practice provides the foundation of a career path and the recognition of practice nursing as a specialty area of nursing.

*'It has given me a huge insight into the Australian health care system, where we are heading and where we need to head. It is quite obvious that the provision of health care to the Australian population is going to be increasingly provided in the community sector and general practice is optimally situated to provide effective and efficient care to an aging population. Equally evident is the crucial role played by practice nurses in the provision of this care. Having this post graduate qualification will support the expanding role of the PN in the exciting future I see for general practice'* NB – student on the course.

In December 2006 a MOU was signed between AGPN and the University of the Sunshine Coast resulting in the Graduate Certificate being offered nationally. The Graduate Certificate of Nursing (General Practice) is a unique opportunity that allows practice nurses to complete the first three of a four course graduate certificate in their local environment, delivered by qualified tutors appointed by their local division of general practice or State Based Organisation. The fourth course is delivered as distance education in an on-line format through the University of the Sunshine Coast. In course 4, the choice of electives undertaken by the first group of students included:

- Independent Study
- Health Promotion Needs Assessment and Planning
- Health Promotion Implementation and Evaluation
- Assessment in Mental Health
- Infant Care

In the Independent Study course, which was completed by a number of the students, a variety of topics were selected based on the interests of the students. This course has been of particular appeal as students have been able to do intensive study in a clinical area of particular interest to them. A number of students have also been able to implement new strategies in their workplaces based upon projects completed as a component of their studies – therefore,

making a contribution to the provision of health care services in their local community.

*"I have been a practice nurse for 20 years and have seen many positive changes in this role. Throughout this time I have actively sought to further my education and skills both practically and academically. I feel fortunate and privileged to have the opportunity to be in the first group undertaking the Graduate Certificate and believe that I have gained in confidence to use my knowledge and skills to make a positive contribution to the health and well being of people in my community."* NC – student on the course.

In 2008 a total of 100 students will be undertaking the Graduate Certificate through 11 Divisions of General Practice in Queensland, New South Wales, Victoria, Northern Territory, Tasmania and South Australia with a state coordinated approach increasingly being utilised as a framework of organisation. The Graduate Certificate has attracted national interest from practice nurses with a number of nurses contacting both the University of the Sunshine Coast and the National Coordinator seeking to access the program.

A total of 9 tutors nationally are supporting the nurses undertaking the first three courses of the Graduate Certificate. An annual face to face meeting of the tutors, national moderator and coordinator, together with teleconferences and regular emails among the group has ensured that the provision of education and the assessment of students is maintained at a consistently high standard. In addition to support from tutors all students are provided with access to the University of the Sunshine Coast library resources to assist with their studies. The students also have access to a Blackboard facility for the program which provides them with all course materials and general communication about aspects of each of the courses being studied. The tutors are all working closely with AGPN to ensure that the course materials are kept up to date to ensure that students are provided with current information in a timely fashion. There is also close liaison with personnel from the University of the Sunshine Coast with an annual External Advisory Committee for the Graduate Certificate program which has strong representation from AGPN and the tutors.

The Program Coordinator at USC, Dr Margaret Barnes works closely with the Tutor Coordinator Dr Kris Malko-Nyhan. Through this collaboration and close work with AGPN students are facilitated in their transition to the University. The program has been an exciting educational innovation for the University, with plans to offer further postgraduate programs to suit practice nurses. The vision of AGPN and the tutor network is to provide a post graduate program freely accessible by practice nurses from all states and divisions and to provide them with the support required to complete tertiary qualifications in the expanding, evolving speciality practice nursing.

More information about this initiative as well as orientation educational programs for nurses working in general practice is available from the AGPN website at: <http://www.generalpracticenursing.com.au/site/index.cfm>

## References

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