



PGPPP ME Baby Boom!

Front - Dr Sarah Meertens with baby Charlie
Dr Helen Mullner with baby Genevieve
Dr Christel Burton with baby Peter

Back - Alison Marrinan and Dr Peter Donohoe

PGPPP Update

Driving forces are changing the context of junior doctor training in Australia including:

- A rapidly changing health care sector involving a move to shorter more acute hospital stays, more day procedures, more ambulant care and a shift to the private sector. In the increasingly specialised tertiary hospital environment the range of learning experiences and continuity of care for junior doctors are lessened.
- A rising wave of new junior doctors that is expected to significantly increase pressure for appropriate training and drive the creation of new accredited term rotations.

The Medical Training Review Panel recommended in 1996 that all postgraduate medical officer training include at least one rural term, in a hospital or general practice setting, and at least one community-based term, in general practice or a community health service. The Rural and Remote Area Placement Program (RRAP) was introduced in 2000, followed by the federally funded Prevocational General Practice Placements Program (PGPPP) in January 2005.

Experience at AOGP

South Australia has been at the forefront in taking advantage of the PGPPP opportunity. The value of the PGPPP as experienced at AOGP over the past 4 years may be highlighted in terms of meeting the three main aims of the program:

Well-supervised placements that provide positive and confidence building experiences.

Evaluative research supports that SA junior doctors value their training in GP terms, well complementing their markedly different training in hospital terms. Numerous testimonies received from junior doctors affirm their recognition and appreciation of the high-quality training received during our PGPPP terms.

Enhance understanding of integration between primary and secondary health care.

As frequently reported by our PGPPP trainees, feeder hospitals, and others the GP terms are successful in bridging the interface between primary and secondary care. For example the purpose of good discharge summaries becomes apparent. Such benefits have important potential ramifications in overall outcomes in health-care systems and delivery.

Encourage general practice as a career choice.

Recruitment to general practice from PGPPP has gained momentum at AOGP over the past 4 years. Impressively, AOGP's 2009 GP Training cohort comprises 54% of the 28 places being filled by PGPPP junior doctors.

Junior doctors frequently report their increased interest and affirmed decision-making to pursue general practice followed our PGPPP placements.

Summary

There are strong arguments for sustaining current PGPPP training as well as expanding the program throughout Australia, at appropriately funded levels.

AOGP has been approached by tertiary feeder hospitals and general practices to develop further PGPPP training posts in both rural and urban regions for 2010 and beyond.

Recent Testimonials

PGPPP offers a valuable opportunity to explore the GP workplace while an intern. Moving into the community setting provides a great contrast and perhaps some balance to the hospital environment. I encountered an especially diverse group of patients and was really effectively supervised by a group of GPs with many special interests. Clare, with wineries and the Riesling Trail to explore is a pretty appealing place to spend some time!

Dr Annabelle Forrest
Intern, Clare, T5 2008

The GP placement experience is a very enjoyable time and stimulates my interest to learn. It gives a good exposure to community medicine and preventative health. It certainly tests one's abilities in effective communication skills. What I like best about it: To be able to live life and to be a doctor all in a day's work.

Dr Nadia Najib
Intern, Newton, T5 2008

For more information

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