

Urban vs Rural Intern General Practice Placements in SA – Similarities and Differences in the Clinical Experience.

Ms Alison Marrinan, Adelaide to Outback GP Training Program

Under the Prevocational General Placements Program (PGPPP), from the beginning of 2005, teaching hospitals in SA were able to offer intern attachments throughout the year at 8 general practices – 6 rural and 2 urban. This increased to 10 by October of that year. In 2006 this program was expanded to include 12 general practices – 7 rural and 5 urban. This approximates to 33% of the SA intern cohort undertaking a general practice term. In 2007 it is anticipated the number of participating general practices under the PGPPP will increase to 14 – possibly 8 rural and 6 urban.

In this presentation, 2 JMOs who participated as interns in either a rural or urban setting, will summarise the scope of their clinical exposure and learning and highlight what they consider to have been the strengths and challenges of completing this post and identify opportunities for future improvement. They will provide brief comment as to how their GP placement has impacted on them as doctors and their practice of medicine. Finally they will offer comment on how their general practice experience relates to the other mandatory rotations, including Emergency Medicine, which are all completed within the teaching hospitals in metropolitan Adelaide.

Current intern registration requirements in SA state that interns must complete 48 weeks of actual service in an accredited hospital and must successfully complete core terms in Medicine, Surgery, and either Emergency Medicine or General Practice. Terms should be between 8 – 12 weeks in length.

PGPPP: RMO Community Terms In SA – A Group Presentation

Ms Karen Grace – PMCSA- Overview, Nunkuwarrin Yunti – Dr Sofia Kennedy, The Second Story – Dr Andrew Perry, SA Prison Health Service – Dr Daniel Dzimana, Drug & Alcohol SA – Dr Scott Graff

Community Terms for prevocational RMOs in SA have been operational for at least the last 2 years under the PGPPP initiative, and for a couple of the agencies involved, for the last 5 years under a previous MTRP-funded pilot project. As such they provide good examples of national leadership in that they:

- Demonstrate alternative and broader training settings can successfully meet the needs of JMOs
- Offer exposure to training, and styles of training, not available to JMOs in hospital settings
- Impact positively on JMO attitudes in relation to:
 - * The psychosocial dimensions of health
 - * Professional experience of functional interdisciplinary teamwork
 - * The complexity of general practice/community-based medicine

13 week rotations are offered to eligible RMOs through their employing designated feeder hospitals. Community term attachments are currently offered at:

- Nunkuwarrin Yunti Aboriginal Health Service
- The Second Story Adolescent Health Service
- SA Prison Health Service and
- Drug & Alcohol Services SA

The presentation format includes a brief overview of the programs followed by short presentations with a clinical focus, from RMO participants from each of the agencies involved. Time permitting, the presenting group will be open to audience questions.

Prevocational General Practice Placement Program: A Getting Started Workshop.

Facilitated by Dr Penny Browne

This workshop would be of benefit for anyone considering establishing a prevocational GP term, or participating in one. It would seek to share experiences of the practical implementation of such a term.

The following issues would be discussed in the workshop in an informal collaborative format.

- The bureaucratic processes, including provider and prescriber numbers, indemnity and PGPPP details
- Orientation and induction of the JMOs
- Day to day supervision of the JMOs
- Exposure of JMOs to other community health providers
- Teaching about continuity of care, preventative health and complex care management in a GP setting
- Feedback to JMOs about performance and ongoing career support and development
- Reporting responsibilities to the managing organizations.

This workshop would potentially have participatory input from the PGPPP secretariat, fundholder representatives, supervisors and some of the JMOs who have completed the term.