

# Prevocational GP Placement Program (PGPPP)

Information for Junior Doctors



## About PGPPP

PGPPP is an Australian Federal Government initiative that provides Junior Doctors with an opportunity to experience General Practice and Primary Care in the rural community.

PGPPP Terms are in selected Accredited Rural General Practices providing hands-on experience in a closely supervised setting.

For those of you seeking a career in General Practice, PGPPP will expose you to the daily life and challenges of a Rural General Practice in a supportive team environment.

Alternatively, for those directing their future towards a Specialist career, PGPPP will provide you with a unique opportunity to further your understanding of community primary care and its interface with Specialist medical care. This is an unprecedented invaluable professional development experience.

## Benefits of PGPPP

### General practice rotations give you so much more

- Gain a broader understanding of patient care, the GP's role as the care manager in coordinating Allied Services that work in teams. Experience **clinical autonomy**, with continuity of care in patients with acute and chronic medical problems, preventative care and patient education
- Receive unprecedented access to one on one learning as well as team based learning in a vertically integrated education programme with GP Registrars and Medical Students. An excellent educational experience with **individual supervision and mentoring** by experienced and committed GP Supervisors who provide planned, structured teaching to support the clinical experience
- Extend **communication and consultation skills** and enhance awareness of the breadth and depth of Medical services, Allied health, Indigenous and Community care services
- Extend the skills developed in a hospital setting and increase your confidence in a community context through hands on experience in Rural General Practice. Includes **procedural medicine** such as surgery, emergency medicine, anaesthetics and obstetrics
- Develop a profound understanding of human culture and the importance of holistic care which includes the critical aspect of the **context of a patient's life** through exposure to family care across multiple generations
- Develop a greater understanding of the **Australian Health Care system**, its potential and its limitations and how general practice interfaces with specialist care/services
- An invaluable educational experience giving you Insight into the **small business** nature of private clinical practice (Observe a professional small business in operation to give you tools and knowledge to set up your own business.

# Why consider PGPPP?

## **I have already decided on General Practice as a career. Why would I do a PGPPP term?**

Doctors have chosen PGPPP in order to immerse themselves in General Practice sooner rather than later, or to confirm they have made the right choice. Experience and Referee Reports gained from PGPPP terms can be an advantage for you when applying to General Practice Vocation Training.



## **I have already decided on a specialty other than General Practice. Why do a PGPPP term?**

Doctors have chosen PGPPP to enhance their Specialist skills to gain a greater understanding of the Specialist/General Practice interface; as GPs and their Specialist colleagues work collaboratively in caring for their patients.

Rural medical practice has its own distinctive Culture, PGPPP will enable you to experience this in a supported environment.

As a result you will have a deeper appreciation of equity of access to good medical care facing rural communities and clinicians.

In addition the term will provide insight into the relationship between the tertiary hospital and primary care systems.

## **I'm not sure what specialty I want to do but I don't think I'm leaning to General Practice. Why would I do a PGPPP term?**

PGPPP represents a practical approach to gaining additional experience for those still choosing to keep their options open.

Doctors have chosen PGPPP in order to observe procedural GPs with special interests and sub specialties; obstetrics, surgery, anaesthetics, mental health, women/men/children's health and aged care.

In addition the term will provide insight into the relationship between the tertiary hospital and primary care systems.

# Your questions answered

## **Who can apply for a PGPPP term?**

PGY2 JMOs in IMET network 10 can undertake a rotation in Gundagai; network 11 JMOs can complete a term in Milton.

## **How long is a PGPPP placement?**

In NSW and the ACT, PGPPP placement terms are consistent with hospital rotations which are ten weeks long.

## **What hours will I be working?**

Hours for a fulltime placement differ between interns and PGY2 and depending on the location of the post.

Interns (RRMA 1-2) work a normal working week as defined by the feeder hospital.

PGY2 (Rural): Normal work hours vary between 41 and 45 hours with the latter including a weekend (Saturday morning) in Practice. These normal hours include 2-6 hours of overtime.

In 2011 Bowral-based posts will not include mid week on call work but PGY2s will do weekend work in the Bowral Emergency Department with supervision provided by the AHS. A similar arrangement may eventuate for the Shoalhaven, pending appropriate hospital term accreditation.

## **What about after hours work?**

Rural PGPPP posts would include funded hospital rostered overtime and hospital call back components.

Typically a PGY2 doing a weeknight on call would work 4 hours of rostered overtime (1800hrs – 2200hrs) per week plus required hospital call back hours.

A PGY2 working a weeknight and weekend on call would do 6 hours of hospital rostered overtime per week plus required hospital call back hours.

NSW IMET requires that the Supervisor be called for each PGY2/3 hospital call back, until at least the fifth week of the term from which point supervision is at the discretion of the Supervisor.

## **How many patients will I see?**

The number of patients allocated to you will depend on your Supervisor's assessment of your capabilities.

Initially, the expectation is 2-3 patients per hour, increasing to no more than 4 per hour during the term. This is always at your Supervisor's discretion. A sample weekly roster is on (page 4.)

# Your questions answered

## **Will my Consultations be supervised?**

You will be required to consult your Supervisor about the management of patients. Your Supervisor will negotiate this with you during the term (eg. after each session or after complex cases, as required).

You and your Supervisor share responsibility for individual patients.

## **Are my Consultations billed to Medicare?**

Yes. Your consultations are billed to Medicare using your Provider Number which you will be required to apply for prior to the commencement of the term.

## **How will I be paid?**

You remain an employee of your hospital and will continue to be paid and accrue leave entitlements etc in the usual way.

## **Will I be paid for after hours work?**

Yes, rural PGPPP includes funded hospital rostered overtime and hospital call back components.

## **What could my overtime roster look like?**

Typically, a weeknight on call would work 4 hours of rostered overtime (1800 – 2200hrs) per week plus required hospital call back hours.

If you are working a weeknight and weekend on call you would do 6 hours of hospital rostered overtime per week plus the required hospital call back hours.

(Page 5) provides a clear breakdown of a rural PGY2's hours for an existing rural term.

**NOTE:** NSW IMET requires that your Supervisor be called for each hospital call back, until at least the fifth week of your term from which point supervision will be at the discretion of your Supervisor.

## **What educational support will I receive?**

You will receive approximately six hours of education per week which will include an orientation at the beginning of the placement.

A Learning Plan (based on the **learning needs specific to you**) will be developed in consultation with you, your Supervisor and Medical Educator. 'GP Start' (core online GP educational modules) and other resources will be provided.

Structured sessions may take a variety of formats including case discussions, work shadowing, practical skills sessions, meetings, tutorials, video consultations and review.

## **How does CCCT support and contribute to the Education Program?**

A CCCT Medical Educator will spend time with you to develop an initial Learning Plan and discuss the challenges of General Practice relative to hospital based medicine.

A Medical Educator will also conduct a direct observation visit (ECTV) to provide you with individual feedback on your consultations.

**What kind of training sessions can I expect?** Topics may include:

- Introduction to Medicare
- Managing depression and anxiety
- Dermatology/minor surgery
- Antenatal care and child health
- Aged care
- Musculoskeletal medicine
- Asthma
- Chronic care - Diabetes/ Hypertension
- Drug reactions & Polypharmacy
- Preventative health/Immunisation
- Consultation & communication skills
- Workers Compensation
- Practice management
- Managing patient records
- Indigenous & Cross Cultural Health

**Where are PGPPP Practices located?**

JMOs in NSW IMET Network 10 can undertake a rotation in **Cootamundra or Gundagai** while Network 11 JMOs can complete a term in **Milton**. JMOs in ACT can complete a term in **Isabella Plains or Canberra (city) or Narrabundah**.

**What is CCCT's primary business?**

CCCT is an Accredited Regional Training Provider of General Practice Vocational Training in NSW/ACT. We are a non profit company, funded by the Australian Federal Government contracted by General Practice Education & Training Limited (GPET).

Vocational Training Providers in Australia offer training for Fellowships of both the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

## Where to from here?

If you are interested in participating in PGPPP or would like to look into this opportunity further, please contact:

**Your JMO Management Unit** to express interest in a General Practice rotation

**Local Post Managers** for additional information

**Gundagai/Cootamundra** Associate Professor Graeme Richardson UNSW Rural Clinical School - Wagga Wagga (02) 6938 6149

**Milton** Jennifer Williams - Wollongong JMO Management Unit (02) 4253 4659

**CCCGPT** Maggie Henderson for more about the General Practice experience (02) 42298675.

## SAMPLE: Working in a rural placement with on call work

Table 1: On Call - No Weekend

Day	Normal Hours		Hospital Rostered Overtime	Hospital Call Back
	Practice Hours	Rostered Overtime (Practice)		
Monday, Tuesday, Thursday, Friday	0830 - 1700 (.5 lunch)	1700 - 1800		
Wednesday	0830 - 1330			
Weeknight on call			1800 - 2200	2200 +

Total hours worked are 4 hours of rostered overtime (hospital) and 41 hours 'Normal Hours' consisting of:

- 39 Practice hours
- 2 rostered overtime hours (Practice)

**Total 45 hours plus call back hours**

Table 2: On Call - With a Weekend

Day	Normal Hours		Hospital Rostered Overtime	Hospital Call Back
	Practice Hours	Rostered Overtime (Practice)		
Monday, Tuesday, Thursday, Friday	0830 - 1700 (.5 lunch)	1700 - 1800		
Wednesday	0830 - 1630			
Weeknight on call			1800 - 2200	2200 +
Weekend on call	0830 - 1230		1230 - 1430	1430 + (Including all of Sunday)

Total hours worked are 6 hours of rostered overtime (hospital) and 45 hours "Normal Hours" consisting of:

- 43 Practice hours (including Wednesday pm education session at hospital)
- 2 rostered overtime hours (Practice)
- 6 hours hospital rostered overtime

**Total 51 hours plus call back hours**

## SAMPLE: Weekly Roster of Activities and Supervisor's Schedule

NB. Start time is dependent on inpatient numbers	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<b>0800 – 0930</b>	Hospital rounds	Hospital rounds	Hospital rounds	Hospital rounds	Hospital rounds	<p><b>Weekend Surgery Roster is from 0830am – 12 noon (this day is operated like After Hours with bookings taken on day only)</b></p> <p><b>Will do 1:4 weekends in 10 weeks</b></p> <p><b>Hospital After Hours is covered by the Visiting Medical Officers.</b></p> <p><b>Supervised on call one night per week will be arranged with the VMOs at the commencement of the term.</b></p>			
<b>0930 – 1230</b>	Consulting	Consulting	Nursing Home Hostel Home Visits	Hospital procedures	Learning Plan Review Consulting Complete and fax weekly Supervisor contact record				
<b>1200 -1330</b>	Lunch Break	Lunch Break	Lunch Break Junior Medical Officer Education Base Hospital	Lunch break	Lunch Break				
<b>1330 – 1700</b>	Consulting	Consulting	Study Period	Consulting	Consulting				
<b>1730 - 1830 (f/nightly)</b>	<ul style="list-style-type: none"> <li>▪ Case Presentation</li> <li>▪ CCCT Tutorial</li> <li>▪ Practice is open from 8:30am until 5pm (or until the last patient is finished)</li> <li>▪ Visiting inpatients/nursing home/hostel patients can vary from morning to afternoon</li> <li>▪ Times may vary due to clinical requirements including emergency presentations at the hospital.</li> </ul>								

# Testimonials

## **“Whatever specialty you're looking at, you won't regret the great learning experience”** *Dr Emma Gilchrist*



“I was already sure I wanted to be a GP, but my PGPPP placement in Gundagai gave me the chance to give general practice a try before committing to a training program.

I enjoyed the mix of general practice and hospital work in a rural practice, and it confirmed for me that this was definitely the kind of work I wanted to do.

It was also nice to do something different from the usual ward based rotations offered in the hospital. It was a refreshing change to feel respected by both patients and staff, to have a bit more autonomy and to work patients up from their first presentation.

I enjoyed my PGPPP placement so much, I not only became a GP Registrar with CCCGPT, but went back to Gundagai for my first term as a Registrar!

Whatever specialty you're looking at, you won't regret the great learning experience you'll have in a PGPPP placement.”

Gundagai

## **“We've Only Just Begun”** *Dr Henry Tang*

“I have undertaken a PGPPP rotation as part of my PGY2 training at the Wollongong Hospital. My placement is at Milton Medical Centre – a wonderful medical practice with a number of dedicated and reputable general practitioners.

It's an incredible experience of medicine which has been surprising me almost every day. It is amazing to see the range of issues. Consultations vary from skin to mental health to surgical to paed's; and that can be four consecutive consultations!

The flexibility of my work life also allows me to have a great work-life balance, and I'm sure this balance makes me a better doctor in the long run.

A big thank you to CCCT for organising such a wonderful term for JMOs to gain practical experience across the broad range of medicine and try out life as a true general practitioner (especially thanks to Dr Miller for ongoing personal mentoring).

I do enjoy this term so much and would like to share my experience with other JMOs after going back to the hospital. The first one will be my wife Cindy– another JMO who will start this term at the end of this year!

I have already applied for fellowship with CCCGPT and look forward to starting the GP training with CCCT from next year. PGPPP term definitely has increased my confidence and independence for future GP training and work environments.

So much of life ahead

We'll find a place where there's room to grow. And yes, we've only just begun...”

Milton

**“It has totally changed my views...”** *Dr Lilly Chen*



“I was honoured to be the first junior doctor to experience a PGPPP placement at Milton Medical Centre (MMC). It has totally changed my views of being a GP especially a rural GP.

I found the term was challenging and the most rewarding medicine I have undertaken. Most importantly, I realised that rural GPs were not only GPs, but also GP obstetricians, GP anaesthetists, GP surgeons and so much more at the same time. I enjoyed the mix and variety of General Practice, Nursing Home visits and hospital work, as well as the 9-5 lifestyle. My family also enjoyed visiting me in Milton at weekends.

There was a steep learning curve but my supervisors and CCCGPT have been excellent in providing lots of support and giving me independence. It was a great term. I was challenged, rewarded, excited and had lots of fun.

I would like to thank everyone involved (CCCGPT, Wollongong Hospital, Dr Brett Thomson and other supervisors and staff of MMC) in providing me the opportunity to try the world of general practice, and helping cement my decision to join the GP training program with CCCGPT.

I highly recommend PGPPP to all JMOs whether or not you are thinking about General Practice as a career.”

Milton

**“Try before you buy”** *Dr Ruimin Ma*



“Gundagai Medical Centre is a small family medical practice operated and owned by Dr Virginia Wrice and Dr Paul Mara. The Centre offers spacious consultation rooms, state of the art IT equipment and more importantly, has a multidisciplinary health team with excellent team work. Supervisors are very supportive with varied teaching measures, such as direct observations, case discussions, bedside teaching etc.

A wide range of presentations made my daily work challenging and very interesting. I gained valuable VMO experience doing hospital work in a friendly work environment with experienced and helpful nursing staff, cooperative and supportive colleagues.

CCCT were very supportive providing excellent orientation and the CCCT GPR weekly Tele tutorials were very useful. My term was a great way of experiencing GP and VMO work, confirming General Practice is the right career choice.”

Gundagai