EV Guidance Document on Practice Diversity

1. Background

1.1. The Royal Australian College of General Practitioners (RACGP) updated its *Vocational Training Requirement for Fellowship Policy* in 2019. The clauses relevant to practice diversity are:

1.1.1. *5.2 d. Training experience that involves a diversity of patient presentations in relation to age, gender, socioeconomic status, and cultural and linguistic backgrounds.*

1.1.2. *5.2 e. Training experience which involves exposure to at least two different general practice supervisors and two different general practice management systems. For more information on meeting practice diversity requirements, please see A Guide to Managing Practice Diversity.*

1.2. The RACGP Guidance document provides some specific information to assist Regional Training Oganisations (RTOs) to work out if an accredited branch practice is diverse.

1.3. The RACGP policy is outcomes focused. RTOs have been requested by the RACGP Censors to provide guidance about how *practice diversity* tion and Scope

1.4. This procedure applies to all current and future training posts and supervisors accredited or reaccredited with EV GP Training (EV).

1.5. This procedure applies to the training domain. Matters relating to industrial issues should be referred to the appropriate external support such as General Practice Supervisors Australia (GPSA) and General Practice Registrars Australia (GPRA).

1.6. This procedure is effective from 1 January 2020.

2. EV Suggestions to the Identified Elements of Practice Diversity

2.1. Two different general practice supervisors.

2.2. Two different general practice management systems

2.2.1. This would be demonstrated by different ownership and models of management of the practice. Examples of what would **not** be considered diverse include:

- Different practices within the same community health centre group.
- Different practices with the same corporate owner or ownership model that share policies, procedures and systems.

2.2.2. It may be possible in limited circumstances for practices who have the same ownership to establish that they are diverse, the factors that would be considered include:

- Distinctly different policies and procedures in each practice (which could be identified at accreditation/reaccreditation).
- The effective practice management being distinctly different (such as the on site management for each practice making major decisions about the functioning of the practice)
- Differences in billing models.
- Other distinctions could be considered on a case-by-case basis.

3. Diversity of Patient Presentations

3.1. Registrars need to have training experiences that involve a diversity of patient populations. This is best demonstrated by the use of the registrars own data about the patients they are seeing, such as their own ReCEnT data or searches within the practice EMR systems about patient demographics and conditions that they have seen.

3.2. Patient diversity is more likely to occur when a registrar works in practices that are in areas with different patient demographics and socioeconomic status.

3.3. It may be that a registrar can obtain patient diversity when working in two practices in the same town and serving a patient population of the town. However then there would need to be data to support that the registrar has seen a diverse range of patients. The registrar and the practice should have a plan of how they will ensure this occurs. It should be documented as part of their Learning Plan for that term and discussed within the practice, and with EV.

3.4. Practices may serve a wider range of patients than the registrar actually encounters. This could be evident from ReCEnT data of the practice compared to an individual registrar. Diversity could be met by expanding the range of patients seen by the registrar within the same practice.

3.5. The accreditation process under criterion 1.3.1.1 and 2.3.2.1 defines general practice as 'the provision of person-centred, continuing, comprehensive and coordinated whole-person healthcare to individuals and families in their communities'.

3.6. EV accredits practices to meet this definition of patient diversity. As part of the accreditation process, EV reviews the 'patient profile' outlined in the EOI application to determine if a practice meets the definition and is suitable to be accredited as a general practice.

3.7. If a practice is assessed as not fully meeting patient diversity:

- 3.7.1. It should be accredited as a special training environment such as a 'rural hospitals providing general practice services, ADF posts and community practices offer services targeted to specific population subgroups and where the full range of general practice is not experienced'? OR
- 3.7.2. Accredited as an Extended Skills if only seeing a specific patient range (if relevant); OR
- 3.7.3. Deemed as a performance accreditation issue which is managed by EV OR
- 3.7.4. Not accredited by EV as a general practice.

3.8. The ADF censor has confirmed that military medicine facilities count towards practice diversity as a special training environment.

4. Time Requirement for Adequate Practice Diversity Experience

4.1. A reasonable minimal time in a practice to demonstrate diversity would be the RACGP minimal part-time hours in a practice for a 6-month term. At 14.5 hours over 26 weeks, that equates to a minimum of 10 FTE weeks in a practice.

5. Methods for a Registrar to Achieve the Requisite Diversity

5.1. Working in multiple practices over time in training

- 5.1.1. Registrars would usually move between practices over their training.
- 5.1.2. This would be the preferred option, as it will allow for a greater range of experiences in how practices function and the deeper understanding that can be gained by experience.
- 5.1.3. Registrars would be expected to make choices when applying to practices to allow them to experience practice diversity. Registrars must meet their practice diversity during Core Vocational Training.

5.2. Circumstances when alternatives to working in multiple practices may be considered

- 5.2.1. A registrar may live in a regional area and have a long-term plan to remain and work in that area. Encouraging and supporting registrars to work in areas of need in rural areas and stay there long term is something that can support the community.
- 5.2.2. Even if this is the case, it may be that other practices in a reasonable distance will provide an experience of diversity and insights into a range of ways of doing things that would be a preferable training opportunity.

5.2.3. If a registrar is considering staying in the same regional practice, they should discuss this no later than the end of their first term in general practice with the DDMET – Rural Pathways. Considerations would include:

- That they are staying in an area of DPS for GPs
- That they are staying in an area of identified GP shortage based on external data (such as provided by the PHN, DoH or DHHS)
- The demonstrated ties of the registrar to the town
- The difficulty of the registrar gaining practice diversity by working in another practice
- That they demonstrate that they can gain a diversity of patient experience in the practice (such as via ReCEnT data, patient logs, or another method)
- That they can have at least 2 supervisors over their training.

6. Methods for Registrars if Diversity is Not Met

6.1. Patient diversity:

6.1.1. The registrar may choose to use ReCEnT or other data related to the range of patients they see in the practice

6.1.2. The registrar should analyse this for any gaps

6.1.3. The registrar should then document and discuss with EV no later than a month before the opening of the last practice match they can enter if they will need to enter if they must move practice, either:

- How they already can demonstrate patient diversity; or
- If gaps are identified a plan of how to meet any gaps.

6.1.4. Experienced MEs from EV will then make a judgement about whether diversity has been demonstrated, or if the plan appears reasonable.

6.1.5. If a plan is enacted there will be a timeframe agreed to review the outcomes with EV MEs making a judgement about whether diversity achieved.

6.2. Diversity of supervisors:

6.2.1. A remote or locum supervisor who engaged actively with the registrar for either:

- A semester.
- Throughout their GP terms for a total of at least 10 weeks of being the supervisor available regularly to the registrar (this may be more suitable for practices with a registrar and supervisor only, where supervision coverage is required during supervisor leave).

6.2.2. It would be up to the practice and the remote or locum supervisor to arrange any financial arrangements.

6.3. Practice management systems:

6.3.1. The purpose of this is to allow registrars to experience a range of approaches to practice management and systems. This should assist them in understanding the strengths, weaknesses, vulnerabilities and fitness for purpose of a range of practice systems. This includes important policies and procedures of a practice including billing type, standard appointment length, results management, recall systems, correspondence management, staff mixture and the tasks performed by different roles, etc.

6.3.2. Registrars can use colleagues, practice visits, EVe resources, the RACGP website section on Running a practice, or any other resources to develop an understanding of the issues.

6.3.3. If a registrar has not met this by training in diverse practices, then this requirement can be met by a project where the registrar is able to demonstrate an understanding of the issues. This would be:

- Registrars make short outlines of the practice(s) they have or will work at in regards to size (patients, doctors, nurses, administration staff, etc), geography and characteristics of the area it serves such, structure and patient population(s).
- Identify a distinctly different community or create a community and outline the characteristics of that community
- Design a practice for that community, please outline:
  - Practice size, patients per week, demographics, staffing of all types and any special interests that the practice may promote.
  - The practice ownership structure – and the rationale.
  - Bookings system and appointment structure.
  - Billing policy - with exploration of multiple options and the rationale for the decision.
  - Practice management and medical records system with exploration of the pros and cons of at least 2 from a variety of perspectives (such as usability, costs, interoperability), and then rationale for final choice.
  - Recalls system including escalation processes.
  - Reminders system.
  - Correspondence management.
  - System for patient results management.
  - Vaccine management systems end to end from cold chain management to delivery into patient arm and by whom.
  - Sterilisation processes.

6.3.4. This will then be assessed against the standard that the registrar is able to demonstrate an understanding of the diversity of ways in which a practice can function to meet required standards, and the ability to contextualise that to a practice that is diverse to their experience. It is unlikely that all the same systems of their current practice would demonstrate that, though after analysis a registrar may demonstrate the depth of understanding of the options or issues to decide that. Whilst financials are not required, the overall design should demonstrate an appreciation of practices being financially viable in different contexts.

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