

NTGPE: GPR Allocation to Training Terms - Operational Policy

GPR Training Terms Allocation - Operational Policy

Scope

Application:

This policy applies to all aspects of allocation of NTGPE¹ GP registrars to training terms

Limitations:

Nil

Related Standards, Policies and documents:

NTGPE's (other) training term policies

Australian General Practice Training Program Policies and Procedures

Effective from:

5th July 2004

Purpose

Outline the processes related to the allocation of General Practice Registrars (GPRs) to training terms.

I Principles

- 1.1 An orderly, transparent, and equitable process for the allocation of training terms for NTGPE GPRs and temporary transferees², will help ensure equitable and best-matched provision of training for each GPR, provide clarity and convenience for supervisors and supervision locations, and smooth operation of the training program and staff.
- 1.2 GPR satisfaction with training and likelihood of return to practice in the NT, should be facilitated by a system of allocation to terms which is driven by each GPR's preference for their training terms, with a focus on the best match between their learning needs and what a training location offers.
- 1.3 Training locations are likely to experience variable demands from GPRs and availability or capacity. In order to manage potential competing and variable demands, and to provide a best fit with all GPRs' learning needs, NTGPE's Medical Educators (MEs) will be required to exercise leadership in allocating GPRs to training terms and locations.
- 1.4 Allocations and related practices are likely to work best, and be regarded most favourably, if processes are consultative and consensual with all key parties.

¹ Northern Territory General Practice Education Limited, NTGPE

² From other Regional Training Providers, RTPs, here regarded as NTGPE's registrars



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- 1.5 Allocation preferences from GPRs will have most meaning if they are made following consultations on the question between each GPR and their Training Advisor, TA.
- 1.6 From 2003 entry, all General Pathway GPRs must have a rural (RRMA³ 4-7) training term. NT rural and remote training locations are few.

2 **Policy**

On allocations

- 2.1 GPRs will be invited to express interest in training locations within NTGPE's jurisdiction, based on preferences they believe best meet their learning needs for each stage of their training. This will normally follow consultation between GPRs and their TA, including explicit consideration of an appropriate allocation(s).
- 2.2 MEs allocating GPRs to training locations and supervisors will consider GPRs' preferences, and the importance of encouraging GPRs to take responsibility for their training, in determining allocations.
- 2.3 In considering allocations to training locations, NTGPE's MEs will also liaise with supervisors and supervision location managers, in order to assess their capacity, training profile, interests and availability prior to determining applications. This includes appropriate personnel in and for hospital based training terms.
- 2.4 Allocation processes will be as consultative as possible and consensual. They will articulate with the NT hospitals' recruitment and selection processes.
- 2.5 GPRs will be encouraged to make application for allocations as early as possible, even though early application will not confer any priority.
- 2.6 Allocations for temporary transferees will be considered after NTGPE has convinced itself that its GPRs are placed in suitable training locations.
- 2.7 Any request from a GPR which is made outside the standard timeframe described in procedures will be considered using processes that comply as closely as possible to the standard procedure, and will be made as equitably as possible to remaining vacant training locations⁴.

³ Rural Remote Metropolitan Area, RRMA, a classification of metropolitan (1) to remote (7) health areas

⁴ This includes allocations to hospital terms where allocations are made by third parties in those hospitals, and later round selectees to the NTGPR program.



- 2.8 An NTGPE ME(s) is authorized by the Executive Director to determine allocations according to this policy. Sharing roles between MEs in allocation processes may occur. NTGPE will identify and notify GPRs of the ME(s) responsible for allocations.
- 2.9 Any appeal related to allocation to term(s) will be made in writing to, and considered by the Executive Director. Appeals will only be considered if they follow unsuccessful negotiation in good faith with the ME(s) responsible for allocations, following the allocation in question. The appeal must be based on (non-) compliance with this policy and associated procedures, or equivalent, as applied at the time of allocation.

3 Procedures

Staff responsible and general processes

- 3.1 The Executive Director, on advice from MEs associated with the GPR program, will nominate an ME responsible for term allocations and, through the Program Coordinator, ensure GPRs, GPSs and relevant staff are advised of the nominees and this policy.
- 3.2 This ME will consult with other MEs, GPRs' Training Advisors (TAs) and/or supervisors/supervision locations as appropriate to make allocations. The Program Coordinator will provide assistance and/or act on behalf of the ME responsible by agreement, particularly in developing provisional allocations.
- 3.3 The ME will receive other administrative assistance from the Program Coordinator, and/or nominee.

Allocations to hospital terms

- 3.4 Whenever it is feasible, GPRs and/or applicants will be advised that the selection process to the GPR program and allocations to hospital terms are neither commensurate in timing, nor conducted by a single agency, and that this will have an influence on terms available to them. Accordingly, when feasible, applicants will be advised to make separate, early applications to the hospital at which they anticipate a term might be required, indicating all of the circumstances associated with their application.
- 3.5 As soon as possible following selection and confirmation of participation, GPRs' interest in, and needs for hospital terms will be elicited. This will be accompanied by a recommendation from each GPR's TA or equivalent, based on their stage of development and learning needs, and used as the basis for a provisional allocation. The GPRs' needs will be used in processes that articulate with hospitals' recruitment and selection processes, through direct discussions between the nominated ME, the GPR Program Coordinator, and appropriate hospital personnel.

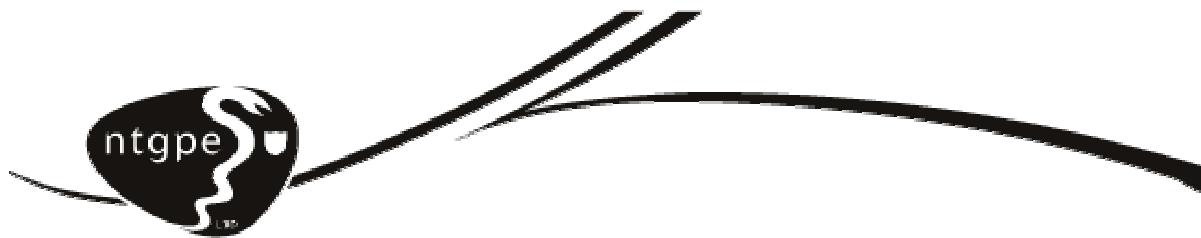


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- 3.6 Provisional allocations will be discussed with staff responsible for training terms in the hospital(s) used for the purpose, normally the Medical Superintendent or equivalent, and an allocation determined. The staff member responsible in each hospital location will give consent for any proposed (provisional or final) allocation.
- 3.7 The allocation will be notified to each GPR, together with communication related to appropriate support and administrative procedures.

Allocation to GP terms

- 3.8 Allocations will be made annually by the responsible ME to provide planning certainty for all involved, and reviewed at a six-month interval. The Program Coordinator will assist, and ensure the provision of appropriate other administrative assistance when required. Program Coordinator assistance will include distributing requests to GPRs to submit their preferences, checking TAs' recommendations on appropriate training locations, collating preferences and distributing draft allocations.
- 3.9 The Program Coordinator will also encourage GP Supervisors and/or training sites to provide up-to-date information, websites or equivalent to guide GPRs in their selection of preferences, and their provisional matching the preferred sites with their training needs.
- 3.10 Prior to the end of June each year, the ME will close expressions of interest from GPRs and supervising locations. GPRs will be invited to nominate up to three preferences. These will be considered against training locations and supervisors available, and a provisional allocation made, normally by the end of August each year. GPRs will be advised to discuss their plans with their Training Advisor, and consulted as far as possible and appropriate in reaching the provisional allocation.
- 3.11 The provisional allocation will be discussed with supervisors and/or supervising locations as appropriate, normally during the Supervisors' Workshop or equivalent. The staff member responsible in each supervising location will give consent for any proposed (provisional or final) allocation, and be provided with any information necessary to make the decision.
- 3.12 Simultaneously with 3.11, GPRs who, through no fault of their own, were unable to submit preferences by the end of June (such as because of late selection) will be incorporated into the draft allocation process.
- 3.13 A final version of the allocation for the coming training and calendar year will be circulated to GPRs and supervisors and/or supervising locations, normally before the end of October.



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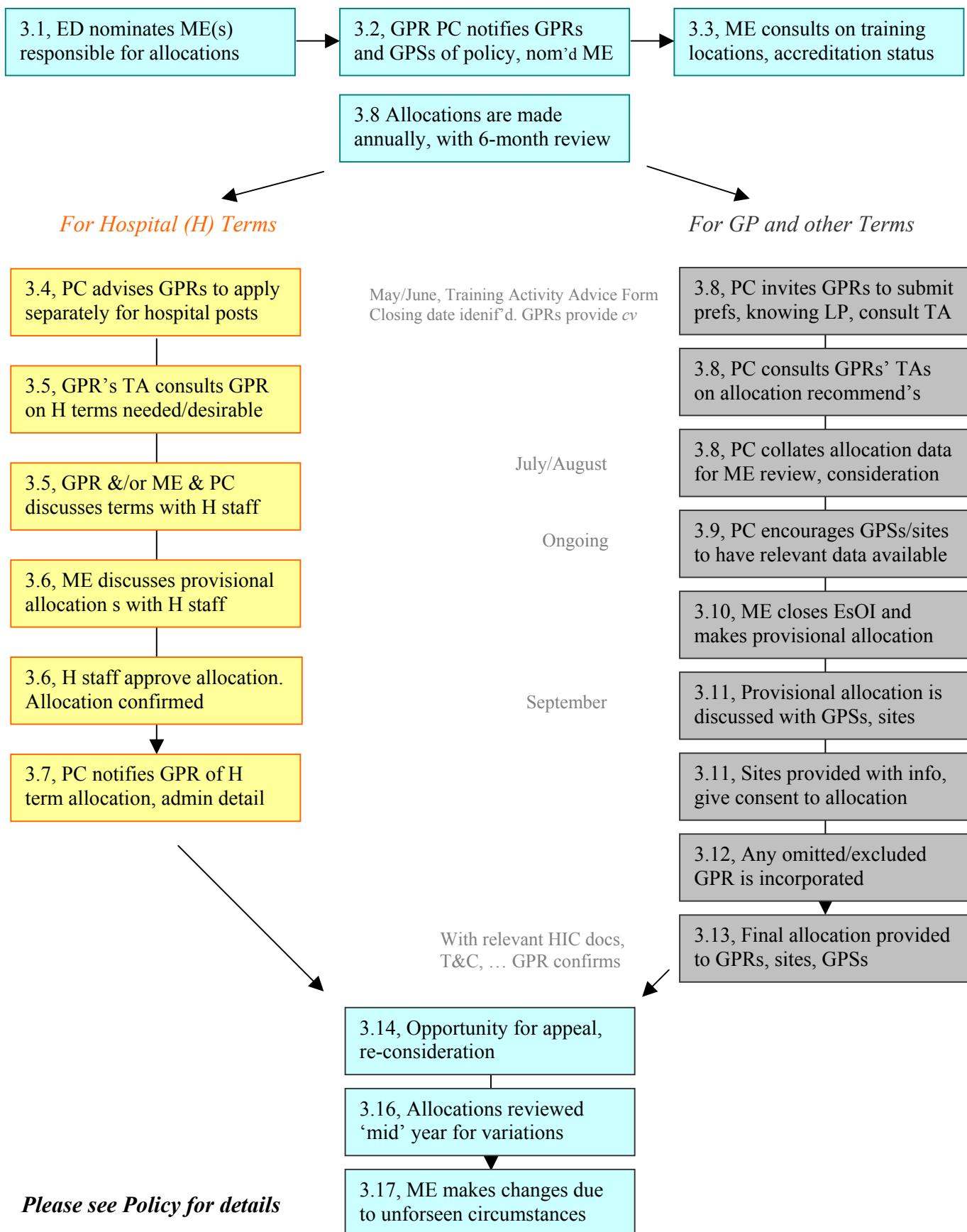
- 3.14 Any concern from a GPR or supervisor related to an allocation should be communicated to the responsible ME(s) within two weeks of the notification.
- 3.15 Any appeal must be made in writing (or confirmed e-mail) within three weeks of the notification of an allocation, and use 2.9 as a basis.
- 3.16 Allocations for the current calendar year will be reviewed in April, and normally completed by the end of April, including for second-half allocations.
- 3.17 Variations to allocations due to unforeseen circumstances may be made by the responsible ME(s) as the need arises. These will be communicated to affected parties by the ME or Program Coordinator, or nominee.

Facilitating procedures (see also 3.9)

- 3.18 A summary of the allocation process will be prepared in flow-chart form or equivalent and made available to GPRs and GPSs through websites by the Program Coordinator.

Adopted
D Lloyd
4th July 2004

Flowchart – NTGPE Allocations to GPRs’ Training Terms⁵



⁵ Abbreviations used: Executive Director, ED; General Practice Registrar, GPR; GPR Program Coordinator, GPR PC; General Practice Supervisor, GPS; Training Advisor, TA; Medical Educator, ME; Hospital, H; Learning Plans, LP; Expressions of Interest, EsOI;