



# General Practice Hospital Training Pathway (GPHTP) FAQs 2025

## What is the GPHTP?

The GP Hospital Training Pathway (GPHTP) supports new and intentioned Australia General Practice Training (AGPT) and Rural Generalist Training Scheme (RGTS) vocational general practice trainees (GP Trainees).

The GPHTP is a collaboration between the Office of the Chief Medical Officer (OCMO), Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practitioners (RACGP) and participating public and private employing health services (EHSs).

Key elements of the GPHTP are:

- definition of GP-suitable hospital rotations by the RACGP and ACRRM that will support optimal preparation for the next stage of GP training (GP-suitable rotations)
- provision of a suite of GP-suitable rotations (a rotational matrix) at each participating EHS that provides equitable access to GP-suitable clinical experiences.
- development of a Rotation Guide in collaboration with the RACGP and ACRRM that factors a GP Registrar's previous training experience and preferences to guide EHSs to allocate rotations that will provide optimal preparation for the next stage of GP training<sup>1</sup>
- allocation of participants by their EHS to a combination of GP-suitable rotations that are optimal to meet their GP training needs over 1-2 years
- the opportunity for GP trainees to complete a second year on the GPHTP through a unique exemption to AGPT/RGTS training time caps, provided on a case-by-case basis by the RACGP and/or ACRRM.

More information on the GPHTP can be found in the GPHTP 2025 Framework (the Framework) located on the GPHTP [website](#)

## What are the benefits of joining the GPHTP?

Prior to the GPHTP, there was minimal visibility of, or advocacy for GP Trainees employed in WA hospitals (public and private) completing GP training requirements. Consequently, GP Trainees had to self-negotiate access to specialty rotations in competition with trainees from acute specialty training programs with a greater hospital presence. This resulted in:

- inequitable access to GP-suitable rotations, particularly in high demand specialties such as paediatrics.
- a lack of oversight to ensure GP Trainees achieved training requirements and progress efficiently through training
- feedback from GP supervisors that upon entering community GP training recent training cohorts lacked some of the necessary skills and competencies required for success in community GP training.

Over 300 junior doctors have participated in the GPHTP since it commenced in January 2020 as a pilot. Participant feedback on the GPHTP has overwhelming been positive.

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<sup>1</sup> RACGP Round 1 intake, ACRRM Semester 1 intake/s, and returning GP Registrars only.

In the words of participants:

*“Great for getting GP relevant rotations to get a sense of whether you would like to do GP in the future”*

*“Would recommend in order to get the best prep for GP work by being supported to access diverse and relevant rotations and not getting stuck with a year’s worth of afterhours/ward cover/leave relief jobs”*

*“One has the support to get the rotations relevant to their training requirements and skills development”:*

*“A good diverse mix [of rotations] was what was most important. But great to get special rotations like Paeds.”*

*“I think I will [be ready for entry to a community placement] following this next year! I feel the O+G placements I have coming up as well as CRP palliative care will help strengthen my independence in clinical decision making.”*

*“Being able to experience a range of areas including paed, psych, O+G in both metro and rural locations has confirmed my desire to be a GP and informed my decision to likely specialise in either mental health, paed or sexual health as a GP speciality”*

*“I have thoroughly enjoyed and appreciated the GPHTP in helping me feel better prepared for work in the community- and feel it should be implemented Australian wide!”*

*“Last year I was very happy with my terms and they were GP relevant - was the GPHTP involved in that decision? If so - thank you so much!”*

The specific benefits of joining the GPHTP depend upon the planned timeframe for application to the AGPT and/or RGTS. EHSs undertake their allocation processes in September/October therefore, all junior doctors with an interest in joining the GPHTP for 2025 are encouraged to apply for the GPHTP expression of interest (EOI) process in June 2024 to receive the maximum benefit.

Junior doctors who have already applied to the AGPT/RGTS for 2025 or plan to apply and will have their AGPT/RGTS enrolment confirmed **before September 2024** or are a returning GP Registrar (GPHTP **Tranche 1** recruitment) will:

- be offered the opportunity to provide their previous training experience and preferences for the consideration of their College through a GPHTP survey.
- have a Rotation Guide developed on their behalf in collaboration with the College that:
  - identifies their outstanding training needs based on their GPHTP survey information; and
  - provides high level recommendations to their EHS on which GP-suitable rotations are optimal to support their GP training.
- be prioritised by their EHS for allocation to GP-suitable rotations in accordance with the Rotation Guide that will support their individual preparation for GP training.
- receive advocacy regarding GP-suitable hospital rotations, if required.
- receive the opportunity to complete a second year of hospital training on the GPHTP in 2025 on a case-by-case basis, if approved by their college (new GP Trainees only).

Junior doctors who have applied or plan to apply for the AGPT/RGTS for 2025 but will find out the outcome **after September 2024** (GPHTP **Tranche 2** recruitment):

- should apply to the GPHTP EOI in early July 2024 to ensure they have the greatest chance of being allocated to GP-suitable matrix rotations (see RMO with GP intent benefits below).
- have the opportunity to return to the GPHTP for six to 12 months in 2026 to complete additional GP-suitable rotations on a case-by-case basis, if approved by their college.
- if returning to the GPHTP in 2026, will receive a Rotation Guide and be prioritised first for allocation to GP-suitable rotations by their EHS.

Junior doctors who plan to apply for the AGPT or RGTS in 2024 (for 2025) referred to henceforth as “RMOs with GP intent” will:

- be allocated to **unfilled** GP-suitable matrix rotations that will assist with their preparation for entry to the AGPT/RGTS and/or the next stage of GP training, in accordance with preferences they provide to their EHS MW Team via the EHS’s usual methodology
- be prioritised for allocation to GP-suitable rotations by their EHS and receive a Rotation Guide in 2025 should they successfully enrol in the first intake/s of the AGPT/RGTS for 2025.

## What are the key elements of the GPHTP/how does the GPHTP work?

### 1. GP-suitable rotations

GP-suitable rotations are the foundation of the GPHTP. These are the specialty rotations that are mandatory training requirements and/or have been identified by the RACGP and ACRRM as providing relevant and useful experience for GP training. Completion at RMO level of a combination of the essential, preferred and other GP-suitable rotations will support current and intended GP Trainees to prepare for the next stage of their GP training.

GP Suitable rotations for 2025 can be found in Appendix A of the 2025 Framework located on the [website](#) .

The ACRRM and RACGP consider that all GP Trainees can benefit from additional exposure to the generalist essential rotations. While these essential rotations may have been completed already in internship, this is not considered to be optimal preparation for GP training for the purpose of the GPHTP. Completion of these rotations at RMO level over one to two years provides for greater development of clinical expertise and independence in decision making.

The Community Residency Program (CRP) can provide RMOs with GP intent with valuable exposure to a community placement. The CRP application process is separate from the GPHTP. To access CRP terms, participant must submit an expression of interest (EOI) through the appropriate metro CRP (Silver Chain) or rural CRP application process.

### 2. GP-suitable rotational matrix

The rotational matrix is the suite of GP-suitable rotations made available to the GPHTP by each participating EHS for allocation to GPHTP participants. It can be found in Appendix B of the 2025 GPHTP Framework on the [website](#)

The rotations offered by EHSs will vary depending upon operational structure and training capacity. Not all rotations are available at all sites.

There are some specialty rotations not included in the rotational matrix that may be useful for GP Trainees with rural or remote primary care, Rural Generalist (RG) and/or Aboriginal health intent. Useful rotations include ENT, vascular surgery, cardiothoracic surgery, renal medicine, endocrinology, rheumatology, and sexual health medicine. These rotations can be provided as preferences to EHS Medical Workforce (MW) Teams via standard EHS preferencing processes and may be allocated by trainees’ EHS on a case-by-case basis if training capacity allows.

### 3. Rotation Guide

Each GP Trainee confirmed to the GPHTP in Tranche 1, except for those employed solely at Perth Children’s Hospital (PCH) and King Edward Memorial Hospital (KEMH), will have a Rotation Guide developed in collaboration with their College for submission to their EHS. This is referred to in the Framework as a GPPRG. It is developed in parallel with GPHTP onboarding processes.

The Rotation Guide provides high level recommendations to an EHS regarding:

- priority rotations for allocation - outstanding essential rotations not completed previously at RMO level will always be recommended.

- non-essential GP rotations that should not be allocated, if possible, as the GP Registrar appears to have had sufficient previous clinical exposure.

To develop the Rotation Guide, GP Trainees will be requested to complete a GPHTP survey in July/August 2024 in which their training experience and preferences are requested. The survey will be provided to new GP Trainees by the RACGP/ACRRM. This will inform a training needs assessment which will be undertaken with the College, that will be used to identify which GP-suitable rotations are optimal in preparing the GP Trainee for the next stage of their training.

The Rotation Guide will integrate preferences provided by the GP Trainee, CRP terms (where known), and indicate where a GP Trainee has rural or remote GP, RG and/or Aboriginal health intent so they can be prioritised for an MM2-7 rotation, where available.

#### **4. Allocation to GP-suitable matrix rotations**

Variables such as cohort, experience, training pathway and training intent will influence the rotations that a participant will be allocated by their EHS.

EHSs will be advised of GPHTP applicants in late-September 2024, so that they can begin allocating Tranche 1 GP Trainees and eligible RMOs with GP intent to GP-suitable matrix rotations using their standard EHS allocation processes. Some EHSs will allocate to a defined line of their rotational matrix, while others will allocate more flexibly to GP-suitable matrix rotations.

During October and November EHS MW Teams will allocate:

- GP Trainees as a priority to a combination of essential, preferred and other GP-suitable matrix rotations with reference to their Rotation Guide.
- RMOs with GP intent secondarily to unfilled matrix rotations, with reference to any preferences they have provided to their MW Team as part of standard EHS processes.

Expectations regarding the rotations that will be allocated are summarised below:

##### **New GP Trainees (2025 Cohort) - PGY2 in 2025**

GP Trainees entering directly from internship in 2025 can expect to be allocated to available essential rotations as a priority, and a variety of non-essential rotations according to their preferences, where possible.

This group will be encouraged to maximise their opportunity to complete a broad range of GP-suitable rotations by returning to the GPHTP in 2026.

##### **New GP Trainees (2025 Cohort) - PGY3+ in 2025**

GP Trainees entering the GPHTP in PGY3 or higher can expect to be allocated to available essential rotations not previously completed at RMO level, and non-essential rotations according to their preferences, where possible.

##### **Returning GP Trainees (previous cohort)**

GP Trainees approved by the RACGP/ACRRM to return for another year on the GPHTP can expect to be allocated to outstanding available essential rotations as a priority, and non-essential rotations in accordance with their preferences, where possible.

For returning GP Trainees successful in obtaining a service registrar level position in 2025, EHSs will be asked to provide GP-suitable rotations, in accordance with their preferences, where possible.

##### **RMOs with GP intent**

RMOs with GP intent will be allocated second to any unfilled GP-suitable rotations for 2025, in accordance with any preferences they have provided to their EHS MW Team as part of standard RMO preferencing processes.

Please note that the priority for allocation to high demand rotations will be GP Trainees.

In general, all GPHTP participants can expect to:

- receive some rotations at non-tertiary sites, as general hospitals provide excellent GP-suitable training opportunities and greater access to high demand rotations, including paediatrics, obstetrics and gynaecology.
- be allocated to some essential rotations, even if completed previously at RMO level. Additional exposure to essential rotations has been identified by ACRRM/RACGP as benefitting all GP Trainees preparing for community GP training.
- experience working after hours, being on call and providing cover at night. These are important in preparing GP Trainees for the level of autonomy they will experience in a community GP placement. EHSs should only allocate one after hours term per year.
- participate in leave relief, as per EHSs' usual rostering requirements for junior doctors; however, they should only receive a maximum of one rotation of leave relief per year.

## 5. Implementation/Commencement

After the new employment year/training year commences, GPHTP participants are expected to fulfil their employment and training obligations, in accordance with their Trainee Declaration, if applicable.

Employment and training issues should be raised with their EHS MW team and GP College, respectively.

Monitoring is undertaken by OCMO to ensure that the rotations allocated are GP-suitable and the GP Pathway continues to meet GP Trainees' training needs.

## Am I eligible to join the GPHTP?

The GPHTP is available to eligible junior doctors who:

- have applied, or plan to apply, for the RGTS or AGPT
- hold a Resident Medical Officer (RMO) contract for 2025 at one of the following participating EHS:
  - Fiona Stanley Fremantle Hospitals Group
  - North Metropolitan Health Service
    - Sir Charles Gairdner Osborne Park Health Care Group
    - King Edward Memorial Hospital (KEMH)
  - Perth Children's Hospital (PCH)
  - Royal Perth Bentley Group
  - WA Country Health Service
  - Private providers
    - Ramsay Health Care (JHC)
    - St John of God Midland (SJG Midland)

The specific eligibility requirements for each cohort are provided in Table 3 below.

**Table 3: Eligibility requirements for 2025**

Cohort	Eligibility criteria
<b>New AGPT/RGTS GP Trainees (2025 cohort)</b>	<p>Newly enrolled GP trainees are eligible if they:</p> <ul style="list-style-type: none"> <li>✓ have secured an RMO employment contract for a minimum of 12 months at one or more participating EHSs (can include split contracts)</li> <li>✓ will be completing a full hospital training year (12 months). For RACGP trainees, this can include six months of extended skills with the approval of the College.</li> <li>✓ are willing to sign a Trainee Declaration.</li> </ul> <p>GP trainees selected to the AGPT/RGTS after mid-October must also be assessed as having been allocated to GP-suitable rotations by their EHS</p>

<p><b>Returning GP Trainees</b></p>	<p>GP trainees who joined the GPHTP in a previous year are eligible to return for an additional 6-12 months (maximum of 52 weeks FTE) if:</p> <ul style="list-style-type: none"> <li>✓ their GP College has approved their continuation on the GPHTP</li> <li>✓ they have secured a minimum six-month RMO employment contract at one or more participating EHSs. Note: <ul style="list-style-type: none"> <li>• can include split contracts</li> <li>• can include six months in extended skills (RACGP trainees only)</li> <li>• returning GP trainees can ‘step up’ to service registrar employment in their second year, if offered a position.</li> <li>• if employed at a specialty hospital in the first year, a GP trainee is not eligible to return to the GPHTP if they plan to stay at the same hospital.</li> </ul> </li> <li>✓ their employment contract matches their GP training intentions, i.e. if a GP trainee is planning not to complete a full 12 months of training at their hospital of employment, they must negotiate an contract with a corresponding end date.</li> <li>✓ have adhered to their previous Trainee Declaration</li> </ul>
<p><b>RMOs with GP intent</b></p>	<p>RMOs with GP intent are eligible if they:</p> <ul style="list-style-type: none"> <li>✓ have applied to the EOI process</li> <li>✓ have secured an employment contract as an RMO for a minimum 12 months at one or more participating EHSs (can include split contracts)</li> <li>✓ plan to apply for the AGPT/RGTS within the next 18 months</li> </ul> <p>have been allocated to GP-suitable rotations by their EHS.</p>

Please note, the selection of RMOs with GP intent and Tranche 2 GP Trainees to the GPHTP is dependent upon available GP-suitable training capacity at each EHS. The outcome of the selection process for these two groups will not be confirmed until their allocations have been assessed as GP-suitable.

GPHTP participants can be in either full time training/employment or part time training/employment.

Any GP trainee who takes parental leave or is part-time in their first year on the GPHTP will be classified as a Returning GP trainee the following year, even though they may still be completing their first year of AGPT/RGTS training.

## What is the GPHTP recruitment and onboarding process?

All junior doctors with an interest in the GPHTP are encouraged to apply to the GPHTP EOI in June 2024.

The process and timeframes for selection and onboarding to the GPHTP vary by cohort. Below is a summary of GPHTP processes for 2025.

<p><b>Application</b></p>	<p><b>Submit an EOI in early July 2024</b></p> <p>The EOIs for the GPHTP for 2025 for both RMOs with GP Intent and new GP Trainees from the AGPT/RGTS 2025 cohort will open in <b>early July 2024</b>. Details of the application process will be available on the GPHTP <a href="#">website</a>.</p> <p>This process is facilitated by OCMO.</p> <p>The EOI includes simple questions that will support an eligibility assessment. No CV is required.</p> <p>Junior doctors participating in the RMO centralised recruitment process for 2025 should identify ‘General Practice’ in the training/career intention section of MedCareersWA. This will enable OCMO to provide updates on the GPHTP EOI process.</p>
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	<p><u>New GP Trainees</u> will be requested to provide additional information about their training experience and preferences.</p> <p><u>Returning GP Trainees</u> planning to undertake additional hospital training on the GPHTP in 2025 should discuss their options with their college. GP Trainees currently on the GPHTP will be contacted in July 2024 regarding their EOI process.</p>
<b>Eligibility screening</b>	All applicants will be screened for eligibility against the relevant eligibility criteria.
<b>Confirmation of selection</b>	<p>After closure of the GPHTP EOI in late July 2024, formal confirmation of selection to the GPHTP can take up to six months.</p> <p><b>New GP Trainees</b> will be advised of their eligibility status and requested to confirm their place on the GPHTP by signing and returning a Trainee Declaration.</p> <p>For Tranche 1 this will be completed by mid-September 2024.</p> <p>For Tranche 2 this may not occur until January 2025.</p> <p><b>RMOs with GP intent</b> will be advised of their selection to the GPHTP after it has been confirmed by their EHS whether they have been allocated to GP-suitable matrix rotations. Employees at some EHSs will find out in late 2024, others may not know the outcome until January 2025.</p>

## Am I guaranteed a paediatrics rotation on the GPHTP?

No, although there is a greater likelihood at some EHSs (refer to the rotational matrix). Access to paediatric rotations is a systemwide challenge. Fortunately, GP Trainees with the RACGP can meet their GP paediatric training requirements by completing two Emergency Medicine terms at an approved Emergency Department (ED) with paediatrics exposure. This includes FSH, WACHS and the non-tertiary hospitals. Some WACHS CRP terms will also contribute to meeting paediatric training requirements.

Two terms of ED with paediatrics exposure can provide preparation for a community GP placement that is as good as a paediatrics rotation and is better than a sub-specialty rotation at a paediatric hospital.

FSH does not offer paediatric rotations in its matrix but will provide GPHTP participants with sufficient ED terms to meet their GP training requirements. GP Trainees can preference a paediatric rotation as part of FSH's processes, but GPHTP participation is not a deciding factor in the allocation of those terms.

GP Trainees with the RACGP will be asked to share their previous training experience in the GPHTP Survey so their EHS can be advised of the terms required to achieve their paediatrics training requirements.

## Will I get my preferences on the GPHTP?

For Round 1 intake and returning GP Trainees, only the GP-suitable preferences submitted to the GPHTP will be included in their Rotation Guide.

EHSs will be asked to accommodate each GP Trainees' preferences where possible; however, their priority will be to allocate rotations that are optimal for GP training. This may mean that some GP Trainees receive rotations that they 'need' rather than those they 'want', particularly if their preferences are not amongst the GP-suitable rotations defined by the RACGP and ACRRM for the purpose of the GPHTP.

It is recommended GPHTP applicants not employed at KEMH and PCH refer to the list of GP-suitable rotations when providing their preferences to their EHS MW Team via their standard processes for RMOs. GPHTP participants can preference rotations not included in their EHS's matrix, but it is at the discretion of their EHS as to whether these are allocated.

RMOs with GP intent are requested to provide their preferences to their EHS MW Team through their standard processes. EHSs will accommodate RMOs with GP intent to unfilled matrix rotations taking into consideration any preferences that they have provided, where training capacity allows.

## Further information

Additional information on the GPHTP, including EOI updates, can be found at: [GP Hospital training pathway \(health.wa.gov.au\)](http://health.wa.gov.au).

GP Project



## Contact information

For further information on the GPHTP, please contact OCMO on:

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