

Prevocational General Practice Placements Program (PGPPP)

FAQ for Practices

How long is a PGPPP placement?

Depending on the hospital, PGPPP rotations are 10-13 weeks long.

What is the level of experience of the junior doctors?

PGPPP placements can be from Intern level upwards. Interns require a higher level of supervision due to their limited registration. Currently, all VMA placements are for PGY2 and 3.

What are the teaching requirements?

There is a requirement to provide 6 hours of teaching weekly, some of which can be informal teaching but there must be at least one hour of protected teaching time. Teaching can take a number of forms including observation, procedural work or tutorials and can involve others such as allied health and practice staff. Overall, the supervisor needs to co-ordinate the teaching that occurs. As with registrar training, development of a learning plan is encouraged and an orientation should be provided at the start of the term.

What are the supervision requirements?

The GP supervisor should be onsite for at least 80% of the time although 100% supervision is advisable especially in the first two weeks of training. If the supervisor is not available, another doctor should be available to supervise the junior doctor. More detailed information regarding the guidelines for supervision and teaching of a junior doctor is available from AGPT which can be found on their website at www.agpt.com.au/PrevocationalTraining/PGPPPFFormsandGuidelines

What about feedback?

As with registrars, feedback is required during the term and at the end. Supervisors will need to complete a feedback report for the hospital. In addition, VMA collects feedback from practices annually to help evaluate the program.

What is the role of VMA in the program?

The VMA has both administrative and educational roles. It acts as the funds holder for the program to administer payments to both practices and hospitals. It also is involved in the initial application for provider numbers. Educationally, all junior doctors receive an ECTV during their term. Medical educators from VMA provide these visits. They also contact the junior doctor prior to a rotation to provide a copy of the VMA PGPPP handbook and for some orientation to the rotation.

Are there any special practice requirements?

The practice needs to have RACGP level 1 accreditation for teaching and at least one accredited supervisor. There also needs to be available space for the junior doctor to have their own room and for the teaching to occur.

Are there additional accreditation requirements?

The practice will need to be accredited with the PMCV. This may require a visit and will be arranged by the hospital.

What about indemnity?

Junior doctors are covered by the hospital indemnity policy but are encouraged to take out personal cover as well.

How many patients would a junior doctor see?

Junior doctors start at 2 patients per hour and can increase up to 3-4 depending on their ability and confidence. This increase is made through discussion with junior doctor and supervisor using feedback from other practice staff such as the practice manager.

What are the hours and pay rates for a placement?

The standard working week for junior doctors is 38 hours full time. Weekend hours are generally paid at one and one half the normal hourly rate. The pay rates are based on the Victorian Public Health Sector (AMA Victoria) - Doctors in Training - Multi-enterprise Agreement.

Are the consultations billed to Medicare?

While in the practice, junior doctors are able to bill Medicare at VR rates. Where applicable, 19A/B exemptions are available for international medical graduates while they are in the practice and this will be organised by the VMA.

How are the junior doctors paid?

The junior doctor remains an employee of the hospital so the hospital pays their wages and is responsible for items such as Workcover and employee entitlements.

How is the practice paid?

The practice invoices the VMA every three months for the program payment which covers supervision and teaching payments, infrastructure and administrative costs. The practice is invoiced by the hospital for the cost of the wages and superannuation which is covered by the Medicare billings. Any remaining billings are retained by the practice.

How long is a practice involved with the program?

Practices that commit to a PGPPP placement do so for 12 months at a time. Hopefully, they will continue their involvement long term.

Who should I speak to if I have other questions about the program?

If you have other questions or queries regarding the program, contact Kylee Taylor or Dr. Judith Culliver at the VMA on 9822 1100.