



GENERAL PRACTICE SUPERVISORS AUSTRALIA

GPTA LTD (T/AS GPSA)

2020-2021

# ANNUAL REPORT

SUPPORTING A SUSTAINABLE FUTURE FOR GP TRAINING

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GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program.



**Australian Government**  
**Department of Health**

GPSA would like to thank the following organisations for their support:



**RACGP**  
Royal Australian College of General Practitioners

**Australian College of Rural & Remote Medicine**  
WORLD LEADERS IN RURAL PRACTICE



## ACKNOWLEDGEMENT OF COUNTRY

GPSA acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and current custodians of the land upon which we work. We respect that this land always was and always will be Aboriginal and Torres Strait Islander land. Aboriginal and Torres Strait Islander peoples' sovereignty has never been ceded. We particularly acknowledge the Dja Dja Wurrung and the Taungurung Peoples of the Kulin Nation, the traditional owners of the lands where our head office is located. We pay our respect to Elders past and present, as well as all Aboriginal people who have fought, and continue to fight, for equality, self-determination, culture, Country and community.

Pictured here are GPSA staff Lachlan Butcher and Belinda O'Sullivan in front of a Dja Dja Wurrung scar tree on the grounds of the Bendigo hospital. Tree bark from trees such as this was used in the manufacture of articles such as canoes, shields and coolamons (bowls). Trees such as these serve as an important reminder of the Dja Dja Wurrung presence in the landscape since time immemorial.



# MESSAGE FROM THE CHAIR

## DR NICOLE HIGGINS



I'm delighted to be reporting on another year of achievement for GPSA, thanks to the contributions of my fellow board members and our dedicated staff.

The last 12 months have been challenging as doctors have grappled with COVID-19, struggled with uncertainty and workforce shortages, but ultimately, we have appreciated how lucky we are to work in such a unique part of the world.

GPSA has continued to work hard to support supervisors during this time and values its partnerships with our stakeholders.

The board and the role of Chair of GP Supervisors Australia is honorary, and I am proud to be able to advocate for GP training and the important role that supervisors play in training the next generation of GPs to government, colleges, regional training organisations (RTOs), and stakeholders. GP supervisors are the cornerstone of GP training.

### Highlights:

- Representing supervisors with Department of Health (DoH), GP Training Advisory Committee (GPTAC), Transition to College-Led Training Advisory Committee (TCLTAC), National Council of Primary Care Doctors (NCPCD), COVID-19 Primary Care Taskforce, Regional training organisations (RTOs), Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM).
- Membership grew by 8%.
- GPSA represents 8343 members. 5952 GP supervisors, 2391 honorary members – ie practice managers, registrars (future supervisors) and stakeholders.
- Female supervisors now represent 41% of supervisors.
- Total training practices represented by GPSA is over 3500.
- GPSA Education resources - downloaded almost a staggering 100,000 times as Free Open Access to support the training of all GPs
- Funding guaranteed until 31 December 2022.
- Recognition that clinical supervision is central to all training models.

### Issues facing Supervisors

There are several significant issues facing supervisors around Australia.

#### Transition to College-Led Training

As promised by Minister Hunt in 2017, GP training will transition from the Department of Health (DoH) to RACGP and ACRRM in 2022. Both colleges are developing their models that place the supervisor/registrar relationship through the apprenticeship model as central. What is uncertain is the future of RTOs beyond 2023. There is a commitment in by both colleges to continue supporting the regionalised delivery of GP training.

#### Supervisor and Practice Remuneration reform

GPSA is working with the colleges and Department of Health (DoH) towards a nationally consistent payment system for supervisors and practices. Currently, our day-to-day clinical supervision is not remunerated. GPSA is advocating strongly on behalf of supervisors for this to be recognised by the department.

#### Workforce

Ensuring a consistent stream of GP trainees to training practices will be a challenge in the future. Attractiveness of GP training, underfunding of Medicare, the change in definition of rural to MM3-7, demands on GP supervisors in a time of a GP shortage are impacting our practices.

#### Models of Employment and Entitlements

GPSA and General Practice Registrars Australia (GPRA) have resumed dialogue on the NTCER. GPSA and GPRA are also discussing entitlements such as parental leave with government and key stakeholders. The Single-Employer Model (SEM) is under discussion and trials, but no frameworks or outcomes have been decided.

#### The Future

The relationship between supervisor and registrar will be central to the apprenticeship model of GP training to ensure safe and consistent medical care. GPSA strongly believes that all GPs in training should be supported by a supervisor during their training. Clinical supervision, pastoral care and mentorship by supervisors should be valued and respected by those who fund us, failure to do so may mean a loss of training practices for the future.

GPSA will continue to inform and advocate for supervisors, training practices and practice managers and high-quality GP training.

Yours in supervision,

Dr Nicole Higgins, Board Chair  
MBBS, FRACGP, DRANZCOG, MAICD

# MESSAGE FROM THE CEO

## GLEN WALLACE



As we reflect on the year that was, again in lockdown - "You're on mute" has a new place in the GP training landscape.

It featured in nearly every online meeting across the year as members and patients grappled with the delivery of care via telehealth.

Despite the uncertainty Covid brought to practices, supervisors and businesses nationally. The overwhelming adaptable and dependable character of general practice has been on show.

The GPSA membership and their emerging needs drove the GPSA agenda with suggestions captured from supervisors about webinar topics leading to presentations about:

- Supervision via Telehealth
- Aboriginal and Torres Strait Islander Health via Telehealth
- Domestic Violence during a pandemic
- Supervision of International Medical Graduates

While GPSA were not able to meet and present to the membership at conferences throughout the reporting period, the organisation invested heavily in meeting the needs of the membership throughout this difficult time with written representations and recommendations to Government stepped up and a doubling of webinars presented throughout the period.

This was only possible because of the flexibility and professionalism of a highly dedicated and skilled team who enable the work that GPSA does and of course our enthusiastic nine board director team. The unpaid board, donating their time and remain the only unpaid board in the GP training environment.

The GPSA team further advanced on the Reconciliation journey committing to the implementation of the organisation's first Reconciliation Action Plan (RAP) and implementing GPSA's Work Health and Safety measures to ensure all staff remained safe despite working from home for large parts of the reporting period.

Navigating the pragmatic but risky new "norm" of working from home was something many stakeholders sought advice on throughout the year.

The work from home challenges experienced by both employees and their employers cannot be underestimated.

GPSA continued to work collegially with our registrar counterpart organisations to ensure practices and registrars had certainty with regards to MBS changes and changes to base rates of pay.

GPSA stakeholder representations to various RTO boards nationally saw supervisor payments lifted across five of the nine RTOs and board director fees appropriately frozen in as many.

The pandemic has really served to highlight the strength that small but nimble organisations like GPSA can deliver to systems like GP Training.

The Department of Health's core funding investment of \$835,218 to GPSA in 2020 delivered an ever-growing return on investment for the Australian Government and our GP training community. To put that into perspective, that equates to a cost of \$148.25 cents per member per year, for unlimited and unencumbered access to hundreds of best practice quality training resources.

Not only did membership rise sharply throughout the period due to incredibly timely resources and responsiveness to covid pressures, but GPSAs productivity in educational outputs also doubled.

Where time and financial resource would traditionally enable engagement at conferences, the pandemic directed a reinvestment of these resources into education and support in the format appropriate to the context for you, our members.

The decision to discontinue RTO delivery of GP training was claimed to be because supervisors were unhappy with RTOs. GPSA's long standing satisfaction surveys remained consistent in 2020 with supervisors reporting a 70% satisfaction rate with their RTOs.

This suggests that while there are always opportunities for improvement, supervisors are largely happy with the organisations that support them. Moreover, it was revealed that GP supervisors tended to trust their existing provider to continue delivering GP training – perhaps akin to "better the devil you know".

Members certainly know and continue to rely on GP Supervisors Australia and we're grateful for that.

Glen Wallace, Chief Executive Officer  
MBA, MAICD

## GP SUPERVISION:

# REWARDING, RESPECTED, RECOGNISED



## VISION, MISSION AND VALUES

### OUR MISSION

Provide a strong voice for GP supervisors to ensure they receive the recognition, respect and reward for their essential contribution to the training of the high quality, sustainable GP workforce needed to meet the health needs of the Australian community.

### OUR VISION

GPSA is recognised as integral to the highest quality delivery of training in general practice and is considered the pre-eminent body representing GP supervisors.

### OUR VALUES



## LEADERSHIP

We aim to use innovation to inspire participation among GP supervisors.



## EQUITY

We believe it is only fair that GP supervisors be recognised and respected for the important contribution they make to GP training.



## ACCOUNTABILITY

When campaigning and advocating on behalf of GP supervisors, we will act with integrity and make our work and achievements transparent.



## GENEROSITY OF SPIRIT

Our greatest resource is our members. We want to share, teach and continuously learn with them.



## OPENNESS

We recognise the importance of listening to our members and working with the wider health industry to reach positive outcomes.

## OUR IMPACT

**8%** Membership growth

**13.2%** Supervisor members in rural areas\*

**13.2%** GP teaching practices in rural areas\*

### Key negotiations around supervisor pay and support as part of transition to college-led training

**3534** Practices across Australia are represented by GPSA members

**8343** Total members

**2.3** Average members per training practice

**654** Employment Contract Templates downloaded

**1243** NTCER downloads

**380** Employment Agreement FAQs downloaded

**130,697** Resources downloaded from our website

**7956** Guide downloads

**11,782** Total Webinar registrations

**19** Webinars delivered to members

**132** Average Webinar registrations per event

**73,803** Teaching Plan downloads

**10,591** Total Flash Card downloads

**62%** Increase in Guide downloads

**26** New Teaching Plans created

**102** Total Teaching Plans

**21** Recognition of Service Awards

**3300** Total social media audience

**15%** increase in social media engagement

**1172** Phone and email enquiries

**3** Research projects published

**3** Research projects submitted to journals

**4** Research projects initiated

**GPSA commenced a partnership project with the Victorian Rural Generalist Program to explore viable rural supervision models for rural generalist training.**

GPSA submitted abstracts to 5 conferences in 2021

\*Relative to population

## WHAT WE DO

- GPSA is the national representative body that supports GP supervisors in their roles through advocacy and education.
- GPSA promotes recognition for registrar supervision work through open and accountable advocacy.
- To ensure the vital contribution supervisors make to providing quality training for the next generation of family doctors is rewarded and recognised, we also:

<p><b>Lobby</b> and work with relevant health sector policy makers and representatives to make supervision rewarding, respected and recognised</p>	<p><b>Work</b> with our members, GPs and the health sector to increase the recruitment and retention of quality supervisors</p>	<p><b>Listen</b> to members about ways we can support them in their supervision roles and professional development</p>	<p><b>Negotiate</b> the National Terms and Conditions (NT&amp;C) between supervisors and registrars on behalf of supervisors</p>
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This work benefits GP training and in turn makes a positive contribution to the broader Australian health landscape.

## OUR STRATEGIC PRIORITIES

GPSA is recognised as integral to the highest quality delivery of training in general practice and is considered the pre-eminent body representing GP supervisors.





# 1 PRIORITY

## ENGAGE WITH GP SUPERVISORS AND TEACHING PRACTICES

### LINK GP SUPERVISORS TO A COMMUNITY OF PRACTICE

GPSA has linked GP supervisors and teaching practice to a community of practice that shares resources, ideas and solutions for teaching the next generation of General Practitioners.

**8%**  
MEMBER  
GROWTH

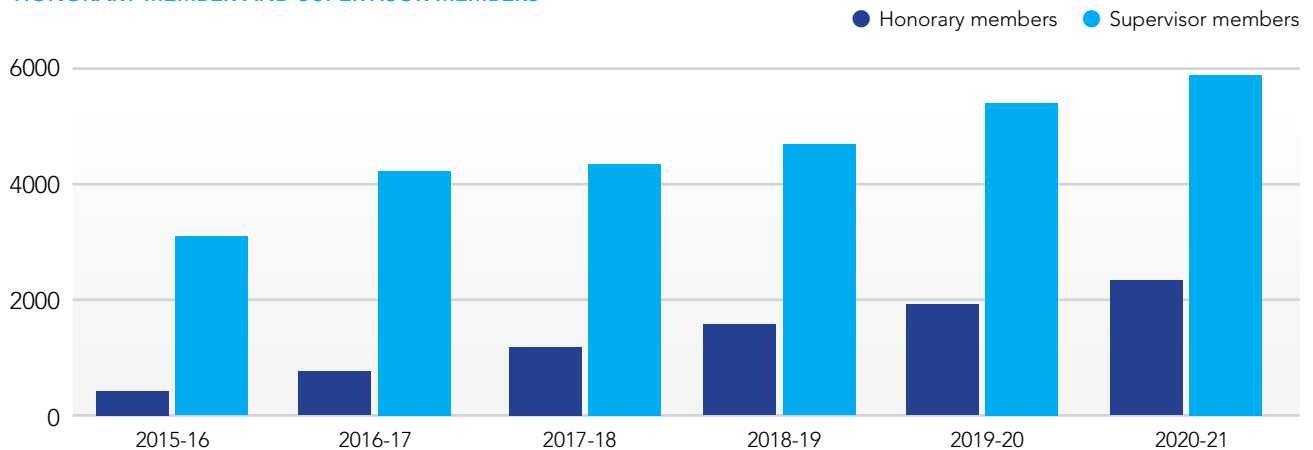
**5952**  
TOTAL  
MEMBERS

**2.3**  
AVERAGE MEMBERS  
PER TRAINING  
PRACTICE

The GPSA Membership grew throughout the 2020-2021 annual reporting period by 8% from 5432 in the 2019-2020 reporting period to 5952 supervisor members as at 30 June 2021. While membership growth rates are slowing down, this reflects saturation.

State	GPSA GP supervisor members	Gender		% Membership	% Australian Population	% Increase in last 12 months
		Female	Male			
ACT/ NSW	1,800	42%	58%	31%	35%	7%
NT	224	55%	45%	4%	1%	8%
QLD	1,516	38%	62%	25%	20%	8%
SA	316	37%	63%	5%	7%	6%
TAS	293	47%	53%	5%	2%	6%
VIC	1384	39%	61%	23%	25%	12%
WA	401	43%	57%	6%	10%	12%
Overseas	18	65%	35%	1%	N/A	N/A
<b>TOTAL</b>	<b>5,952</b>	<b>41%</b>	<b>59%</b>	<b>100%</b>	<b>100%</b>	<b>8%</b>

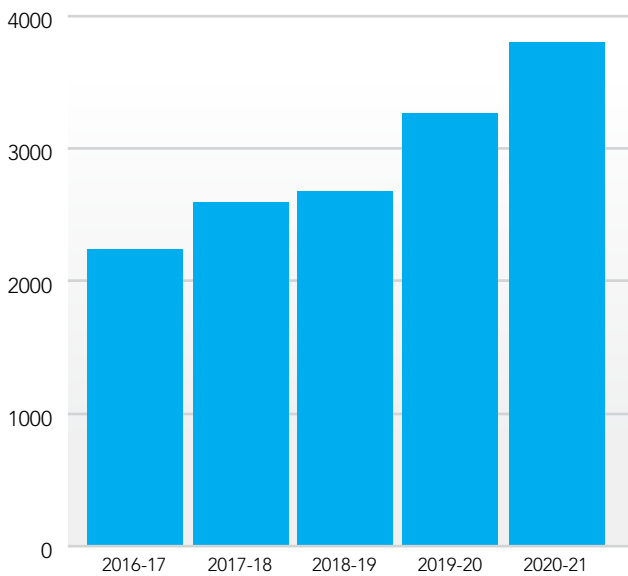
### HONORARY MEMBER AND SUPERVISOR MEMBERS



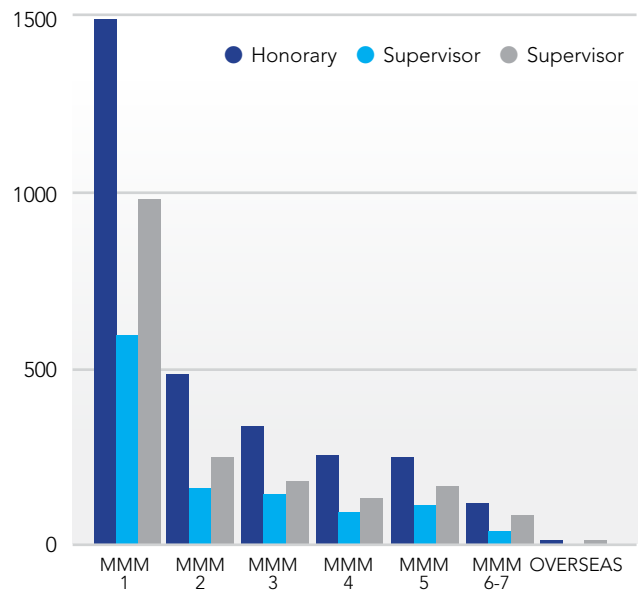
GPSA honorary and supervisor members represent over 3500 practices across Australia. Our membership has grown to include GP supervisors from practices outside of Australia. GPSA membership averages 2.3 members per practice across Australia.

Relative to population in MMM categories shows we are over-represented rurally reflecting the professional support we offer to more isolated rural teaching practices. Population distribution in MMM1 nationally is 71.2%, MMM2 - 9%, MMM3 - 6.5%, MMM4 - 4.0%, MMM5 - 7.2% and MMM6-7 - 2.0%

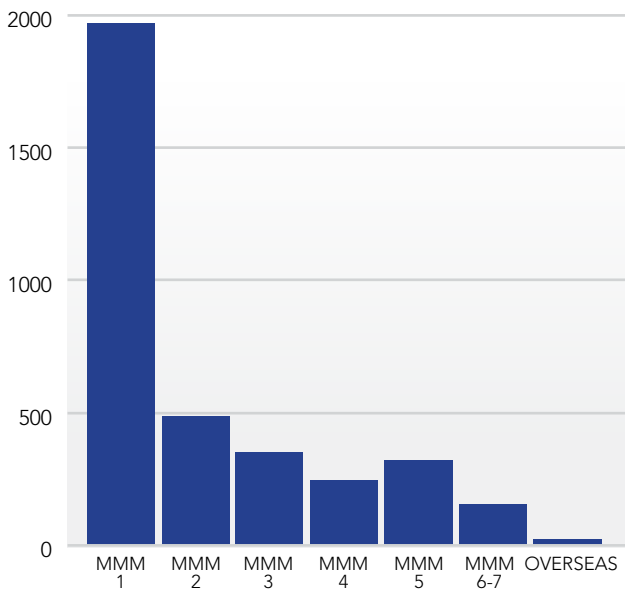
### TOTAL PRACTICES



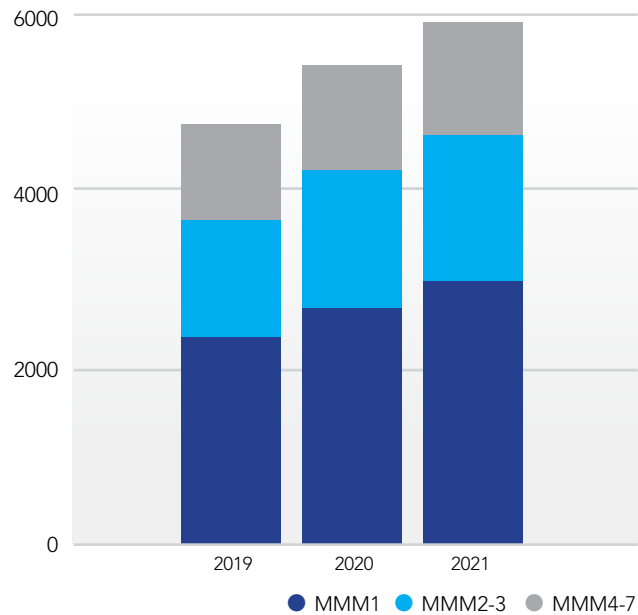
### MEMBERSHIP AND PRACTICE BY MMM



### MEMBERSHIP GROWTH OVER THE PAST 3 YEARS



### MEMBERSHIP INCREASES OVER TIME



**Over the past 5 years**, female members have increased by 45% and male membership has increased by 24%



45%



24%

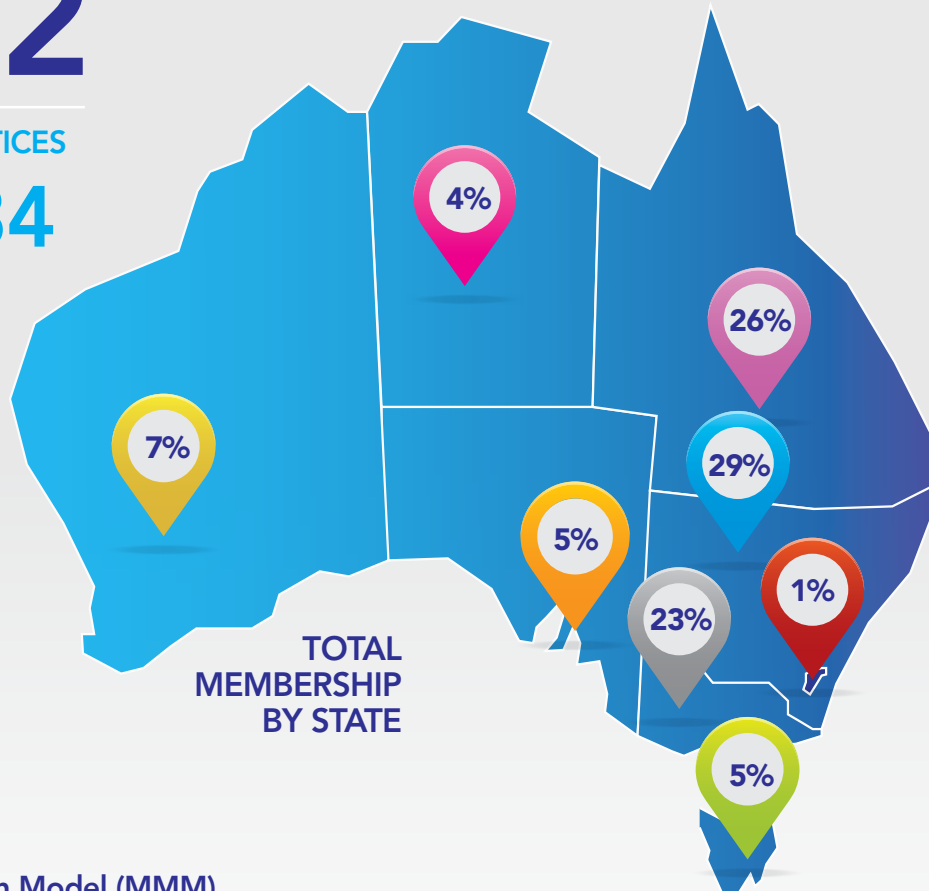
## TOTAL MEMBERS

# 5952

## TRAINING PRACTICES



# 3534



## Modified Monash Model (MMM)

1 = 3014	2 = 980	3 = 681	4 = 511	5 = 514	6 = 157	7 = 77	OVERSEAS = 18
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### GP SUPERVISOR MEMBERS BY GENDER



**41%**  
FEMALE  
2439



**59%**  
MALE  
3513



DISTRIBUTION  
PRIORITY AREA  
GP SUPERVISOR  
MEMBERS

**NO** 3756  
**YES** 2196



**73,803**  
TEACHING PLAN DOWNLOADS



**26,167**  
GUIDE DOWNLOADS



**11,782**  
WEBINAR REGISTRATIONS



**1492** FACEBOOK  
LIKES



**1531** TWITTER  
FOLLOWERS

As at 30 June 2021



## LISTENING TO OUR MEMBERS

### MEMBER ANNUAL SATISFACTION SURVEY RESULTS

- GPSA conducted an annual survey of supervisors about their views of GP training reforms, in March 2021. Over four hundred GPSA members responded, spanning all Regional Training Organisations (RTO) and states and territories of Australia.
- The survey results have helped GPSA to integrate the views of training practices and GP supervisors into the current policy discussions and consider issues for ongoing engagement and consultation.
- 53-78% of respondents were satisfied/very satisfied with their RTO.
- RTOs were considered to be doing well in:
  1. Providing supervisor training
  2. Communication
  3. Engaging and managing registrars
  4. Supporting rural training
  5. Operating with general professionalism
- Areas where members thought that GP training delivery could be improved were supervisor pay (related to the imposition on private billing hours, hard work addressing the needs of different learners and rural supervision) and reducing red tape (forms/ paperwork).
- The top 5 issues that members considered important in the ongoing reforms to GP training were ensure that GP practices:
  1. Could get support for registrars experiencing challenges
  2. Would be adequately remunerated for supervision work
  3. Be able to contact a local organisation about registrar training
  4. Would have a choice about which registrars train in their practice
  5. Could get registrars when they wanted one
- There was reportedly low knowledge of the single-employer model (which is a policy proposal where the registrar is employed on a salary, by an entity outside of the practice, to retain salary and entitlements). Most were concerned about its implementation without being given more details about the model and how it would impact on:
  1. Registrars learning the business of private general practice and Medicare billing
  2. The practice managing employment issues like registrar insurance
  3. Practices managing performance
  4. The level of registrar accountability to the practice
  5. Practice income
  6. Red tape and administration

## GP SUPERVISOR PROFILE: DR LIBBY GARONI

*Mt Beauty GP supervisor Dr Libby Garoni was recognised with a Recognition of Service award from GP supervisors Australia (GPSA) in May 2021 for her outstanding contribution to Mt Beauty and the surrounding community nurturing the next generation of GPs. Libby was born and bred in the Kiewa Valley, has previously worked in Paediatrics and also has a Diploma of Obstetrics and Gynaecology. Her recognition award from GPSA recognises 22 years of supervising GPs in the Mount Beauty practice, passing on her wealth of knowledge.*

### What rewards do you see from GP supervision?

It helps to make me a better doctor as I need to describe what I'm doing and why. It also builds team bonds and team relationships. Good medicine is about being part of a team and the friendships I have established have made it very rewarding. I remember once attending an operation for my daughter and one of the doctors remembered me from supervising them many years earlier. Meeting people down the track who you have previously supported like this is a very rewarding experience. I expect to go on supervising as part of my normal work as a General Practitioner well into the future.

### What are the challenges of GP supervision?

Time management. Quality training, like quality medicine, takes time and can't be rushed. Being a supervisor also means you must always stay up to date with current information to provide the best training possible.

### How has GPSA supported you?

I am grateful to GPSA for their support for myself as well as for practice management as a whole. Helping with resources such as contracts and allowances and keeping our Practice Manager happy have been an additional benefit. I regularly access resources and know that there is somebody there to go to if I have questions. I have found the guides and resources invaluable. GPSAs help in training and development of new registrars has always been there.

### What would you say to others considering becoming a GP supervisor?

I'd always encourage them to become a GP supervisor as it's part of being a good GP and a really fulfilling part of what I do. It makes me a better person as well as a better doctor. It really improves relationships within the practice and I can't imagine not doing it.



*Pictured l-r: Dr Libby Garoni, Dr Damian Heman and Lynette Landry from Mt Beauty Medical Centre*

# 2 PRIORITY

## RESPOND TO MEMBERS

### PROVIDE CONTEMPORARY EDUCATIONAL RESOURCES

GPSA has responded to our membership by providing relevant and contemporary educational resources to meet the needs of our members. Over the past year, this has included:

**19**  
WEBINARS  
CONDUCTED

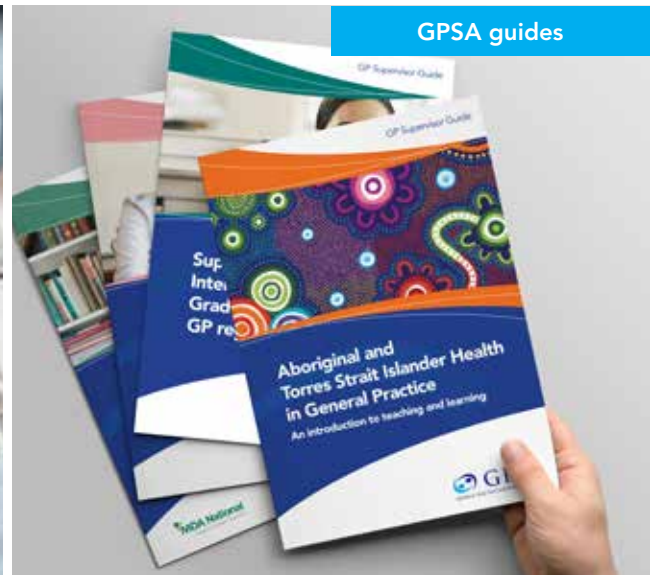
**2462**  
WEBINAR  
ATTENDEES

**7956**  
GUIDE  
DOWNLOADS

**73,803**  
TEACHING PLAN  
DOWNLOADS



GPSA webinars



GPSA guides



GPSA teaching plans



GPSA podcasts

## Webinars and Podcasts

GPSA conducted nineteen webinars during the year on a wide range of topics relevant to GP supervisors. These included webinars related to teaching registrars about clinical topics such as mental health, dermatological, prenatal and chronic disease management, as well as topics relating to clinical supervision of registrars, such as contracts, exam preparation, working with international medical graduates and supporting education resources for supervisors. These topics reflect a wide breadth of topics, responding to needs identified by GP supervisors. Webinars are conducted in the evening to reflect availability of busy GP supervisors, and recorded webinars are made available on YouTube as well as in podcast form. We wish to express our appreciation and thanks to all our guest presenters and participants.



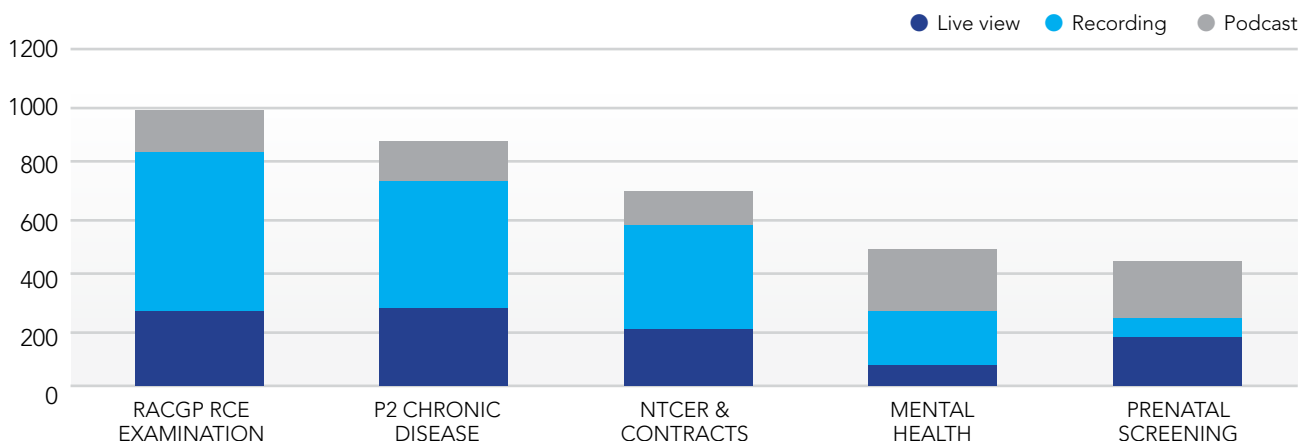
<b>19</b> WEBINARS CONDUCTED	<b>129</b> WEBINAR ATTENDEES (ON AVERAGE)	<b>8.6/10</b> SATISFACTION	<b>2462</b> TOTAL ATTENDEES	<b>96%</b> ATTENDEES WOULD ATTEND AGAIN
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- GPSA webinars are viewed by GP supervisors in a wide variety of metropolitan, rural and remote areas across Australia and by our overseas members.
- Not only are the GPSA webinars rated highly by participants, they remain accessible for GP supervisors to attend in real time in the evening or at their convenience as a recording on the GPSA YouTube channel: [youtube.com/GPSupervisorsAustralia](https://youtube.com/GPSupervisorsAustralia) or via Podcast at <https://anchor.fm/gpsa>

### TOP 5 WEBINARS

Total Engagements*	Title
<b>1003</b>	The RACGP Remote Clinical Examination - How to Help Your Registrars Prepare
<b>878</b>	Part 2 - Teaching Your Registrar About Chronic Disease Management: How to Complete a Care Plan
<b>707</b>	NTCER Employment Contracts
<b>499</b>	How to Teach Registrars About Managing Mental Health Conditions (top tips). Learning to be Comfortable With "Uncomfortable"
<b>443</b>	What to Teach Your Registrar About Prenatal Screening

\*includes live participants, recordings and podcast plays

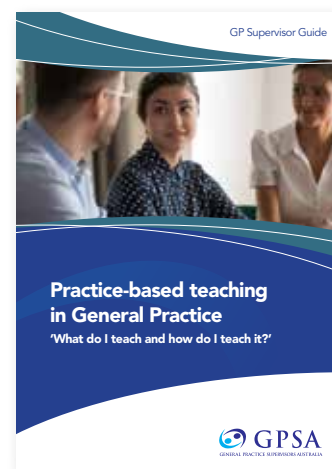


## Supervisor Guides

GP Supervisors Australia continue to develop a series of guides aimed at helping GP supervisors in various aspects of their work and training. The GPSA guides are updated annually to ensure they remain current. Members continue to use the series of 17 GPSA guides, they are downloaded regularly and distributed at the various General Practice conferences.

These popular resources were written by GP supervisors for GP supervisors, ensuring the relevance and usefulness of the information provided. They cover a broad range of topics, such as Aboriginal and Torres Strait Islander Health, Supporting Registrars at Risk, Bullying and Harassment, Random Case Analysis, and others related to managing and supporting registrars in different aspects of their training. These guides are [freely available to download from the GPSA website](#) or available to purchase in hard-copy.

During 2020-2021 GPSA released two new guides; Practice-Based Teaching in General Practice and Supervising the International Medical Graduate (IMG) GP Registrar.



**4904**

2019-2020  
DOWNLOADS

**7956**

2020-2021  
DOWNLOADS

**3052**

MORE DOWNLOADS IN 2021  
THAN THE PREVIOUS YEAR

### TOP 5 GUIDES

Total Downloads		Title
2019/20	2020/21	
668	<b>801</b>	Aboriginal and Torres Strait Islander Health in General Practice
437	<b>792</b>	The New Supervisor Guide in General Practice
333	<b>790</b>	Managing Uncertainty in General Practice
337	<b>604</b>	Supervision in After Hours Environments
423	<b>585</b>	Teaching Professionalism in General Practice

## Flash Card teaching resources

GPSA's series of Flash Cards aimed at helping GP supervisors in various aspects of their work and training are a great communication resource for GP supervisors to run through with their GP registrar as an in-practice teaching session.

Shades of Grey Flash Cards focus on ethical dilemmas in General Practice whilst Doctor Talk Flash Cards focus on Communication in General Practice.

These are currently available [to purchase or download from the GPSA website](#).

Shades of Grey Flash Cards continues to be one of GPSA's most popular downloads.



**10,591**

TOTAL  
DOWNLOADS

**2200**

MORE DOWNLOADS IN 2021  
THAN THE PREVIOUS YEAR



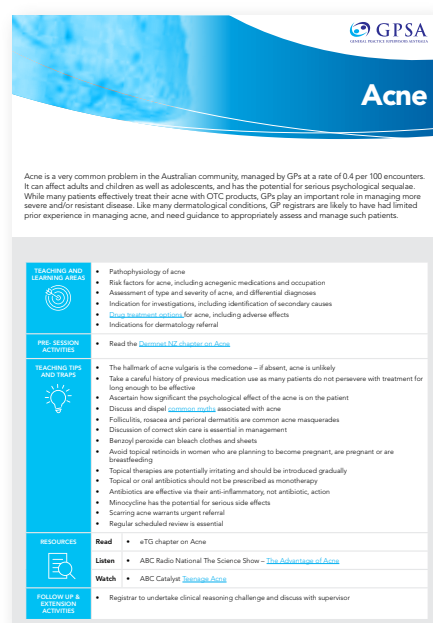
## In-practice Teaching Plans

GPSA continues to develop Teaching Plan resources to assist supervisors in providing effective, evidence-based teaching to their registrars. These teaching plans cover common presentations, diagnosis of common conditions or key processes in general practice.

GPSA identified the need to collate all educational resources to make them more accessible and has developed a [PDF navigation](#) document working with clinical categories such as most frequent encounters, most frequent problems, ICPC2 chapter headings, and high risk presentations. The aim is to assist supervisors and registrars to incorporate these resources into in-practice teaching and examination study plans.

Each teaching plan contains key teaching and learning areas, pre-session activities, teaching tips and traps, key resources and follow-up and extension activities. They also contain exam preparation cases including Clinical Reasoning Challenges, MCQ and KFP style cases. The teaching plans are available to [download from the GPSA website](#). Further topics are planned for 2021-2022.

<b>26</b> NEW TEACHING PLANS	<b>102</b> TOTAL TEACHING PLANS	<b>73,803</b> TOTAL TEACHING DOWNLOADS
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### TOP 5 TEACHING PLANS

Total 2021 Downloads	Title
1729	Acne
1397	Dementia - diagnosis
1315	Atrial Fibrillation
1307	Anxiety
1229	COPD

### NEW PLANS DEVELOPED IN 2020-2021:

#### Clinical Presentations

- Child Abuse
- Hand and Wrist
- Intimate Partner Violence
- Knee Pain
- Overweight and Obesity
- Superficial Bursitis
- Tinnitus

#### Processes and Patient Groups

- Patient Safety Incidents

#### Diagnosis

- Asthma
- Cellulitis
- Erectile Dysfunction
- Fitness to Drive
- Multiple Myeloma
- Nocturnal Enuresis
- Otitis Media
- Peripheral Vascular Disease
- Sore Throat
- Upper Respiratory Tract Infections

#### Consultation Skills Series

- Brief Intervention and Motivational Interviewing
- Follow-up and Safety Netting
- History Taking Skills
- Patient Centered Care
- Physical Examination Skills
- Quality Medical Records
- Time Management
- Writing Quality Referrals

## SAMPLE WEBINAR: 28 JULY 2020

### DOMESTIC VIOLENCE IN A PANDEMIC - A PRIMARY CARE RESPONSE

The 'stay home, save lives' mantra protects the public from COVID-19 infection. Yet it becomes a paradox in the context of domestic violence. Many victims of family violence rely on their GP as a first person to disclose to. How can GPs provide quality care, especially with telehealth potentially making disclosure an issue?

During and after COVID-19 GPs will likely see at least as many cases as usual, if not more, as research indicates rates go up in times of disasters, and COVID-19 is a prolonged situation. This webinar helps GP supervisors to understand what they can do to assist registrars to be effective in providing support that works.



PODCAST



WEBINAR



FAQ



**Presenter:**

**Dr Jennifer Neil, MBBS (Hons, Melb), FRACGP**

Dr Jennifer Neil graduated from the University of Melbourne in 2003 and gained her RACGP Fellowship in 2014. She is a senior lecturer at Monash University and also a domestic violence GP educator. She has published an article on domestic violence and COVID-19 in The Australian Journal of General Practice. As a GP in Balwyn, Victoria, she does a lot of work with domestic violence survivors.

## OTHER WEBINAR FEEDBACK

***"Thank you to the presenters for so much work that has been created. Whilst it is a teaching resource, it is great even for experienced people to look at what the expectations are and to measure ourselves to it as well"***

Supervisor Tricks - Getting the Best out of GPSA Educational Resources - 4th May 2021

***"Fantastic presentation - wish I had received teaching like this back when I was a registrar starting out in GP training."***

Teaching your registrar how to engage and manage obese and overweight patients - 18th May 2021

***"Thank you for an excellent presentation. You have spoken about your personal experience as a veteran and GP which help us understand the topic well. I thoroughly enjoyed it and learned so much. This topic is extremely important to our work as a GP."***

What to Teach Your Registrar About Veterans' Health - 22nd April 2021

***"Good. Like it being concise after a day at work. I liked the 8pm start as less pressure to race home and attend to home issues before sitting down to watch it"***

How to Teach Registrars About Managing Mental Health Conditions (Top Tips) - 11th February 2021

## SAMPLE GUIDE:

### SUPERVISING THE INTERNATIONAL MEDICAL GRADUATE (IMG) GP REGISTRAR

International medical graduates (IMGs) are defined as those doctors whose medical qualifications are from a medical school outside of Australia, and comprise about one third of the Australian medical workforce, with about 65% of IMGs working in locations outside capital cities.

International medical graduates face multiple challenges to successful passage through, and completion of, GP training. A 2007 systematic review stated that clinicians responsible for supporting and training IMGs need a thorough understanding of the range of communication and other issues confronting this group.

This GPSA guide sets out to address the specific needs for IMG GPRs and support GP supervisors in this aspect of their role.

#### Acknowledgement

Thank you to Dr Simon Morgan for writing this GP supervisor guide. Also, acknowledgements to Drs Gerard Ingham, Hung Nguyen, Jenni Parsons, Rebecca Stewart and Geeta Trehan for their review and input.



***"I often utilise Flash Cards from GPSA to start a training session, as they bring out some interesting discussions and problems."***

Dr Peta Cornwall, South Side Medical Centre, Mackay, QLD.  
(pictured with Dr Brian McPherin)

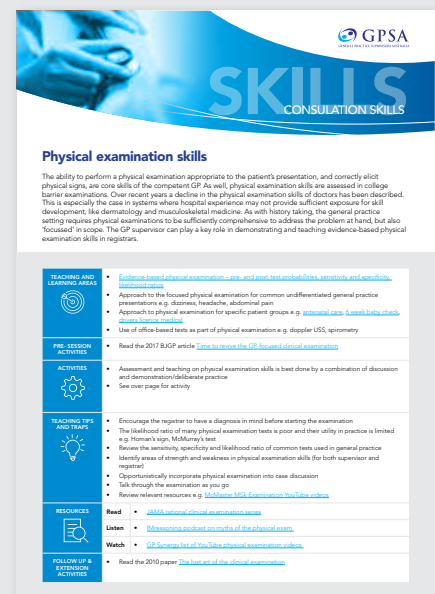


## SAMPLE TEACHING PLAN: PHYSICAL EXAMINATION SKILLS

The ability to perform a physical examination appropriate to the patient's presentation, and correctly elicit physical signs, are core skills of the competent GP. As well, physical examination skills are assessed in college barrier examinations.

Over recent years a decline in the physical examination skills of doctors has been described. This is especially the case in systems where hospital experience may not provide sufficient exposure for skill development, like dermatology and musculoskeletal medicine.

As with history taking, the general practice setting requires physical examinations to be sufficiently comprehensive to address the problem at hand, but also 'focussed' in scope. The GP supervisor can play a key role in demonstrating and teaching evidence-based physical examination skills in registrars.



## PROVIDE SUPPORT TO PRACTICES

From the initial engagement and orientation into the practice, the entire practice team play a critical role in the successful training experiences of registrars. During the funding period GPSA increased accessibility of resources to practice managers and provided support to practice staff in the form of GPSA webinars, the members support hotline for NTCER and employment contract queries and funding submission support.

### EMPLOYMENT RELATED SUPPORT

Total Engagements	Support
654	Employment contract templates
1172	Phone/email enquiries
1243	NTCER downloads
21	Treatment of staff and family policy template
592	Orientation checklist for GP registrars
58	Base rate indexation
380	Employment agreement FAQ

***“ I am grateful to GPSA for their support for myself as well as for practice management as a whole. Helping with resources such as contracts and allowances and keeping our Practice Manager happy have been an additional benefit. I regularly access resources and know that there is somebody there to go to if I have questions”***

Dr Libby Garoni, Mt Beauty Medical Centre



Training practice managers play a significant role in supporting GP supervisors in their role as well as further contributing to sustainable registrar training activity within the practice. GPSA continues to further investigate new approaches and topics for resources to be developed and delivered in 2021-2022 to further support training practices.

In 2020-2021, GPSA supported training practices by providing following products and services on our website:

- **National Terms and Conditions for the Employment of Registrars (NTCER)**

The agreement sets out the terms and conditions for the employment of registrars as agreed by GPSA and GPRA. The most recent update came into effect on 1 July 2020 and reflects the salary base rate increase which is aligned to MBS Item 23 increases. It is broadly understood that without additional funds coming into general practice, the ability for practices to provide more for their registrars needs will remain a discretionary business decision on a case by case basis. Negotiation of contracts and terms allows for this under the existing NTCER.

- **The Registrar Employment Agreement Template**

GPSA has developed an employment agreement template which is compatible with the NTCER. This template has been downloaded 654 times by training practices from the GPSA website. The template is kept up to date with any changes to the NTCER and simplifies the registrar employment process for GP supervisors and practice managers.

- **NTCER FAQ's and email enquiry service**

Occasionally, particular employment condition requests or unusual circumstances arise during the employment process or during the term of employment. GPSA has a comprehensive list of frequently asked questions which may be of assistance when seeking information to resolve a problem available on our website. GPSA staff are also available to respond to email or telephone requests for information about the NTCER or Employment Agreement Template.



## COMMUNICATING WITH MEMBERS AND STAKEHOLDERS

GPSA engages with members through:



E-NEWSLETTER  
ISSUED TO ALL  
MEMBERS



MEMBER  
SURVEYS



REGULAR  
WEBINARS



RESOURCE  
DEVELOPMENT



ATTENDANCE AT  
CONFERENCES



SUPPORTING  
THE SUPERVISOR  
LIAISON OFFICER  
NETWORK (SLON)  
COMMUNICATIONS  
AND MEETINGS



ATTENDANCE  
AT GP  
SUPERVISOR  
MEETINGS  
HOSTED  
BY RTO'S



SUPPORTING  
GP SUPERVISORS  
THROUGH  
RECOGNITION  
AWARDS



ENGAGEMENT  
THROUGH PARTNER  
ORGANISATIONS  
SUCH AS AIDA,  
IGPRN, ACRRM,  
RACGP, GPDU



FEEDBACK  
OPPORTUNITIES  
THROUGH THE  
GPSA WEBSITE

GPSA increased the social media audience and engagement during 2020-2021 by 15%. With a social media audience across all platforms over 3300, social media is being utilised as an effective mechanism to share and update members.

## GPSA WEBSITE



EMPLOYMENT RESOURCES

EVENT INFORMATION

NEWS

SUPERVISOR SUPPORT

LATEST RESEARCH

EDUCATIONAL RESOURCES

- Guides
- Webinars and podcasts
- Frequently asked questions (FAQ's)
- Teaching plans
- Flash cards
- Online Learning Modules

GPSA continues to progress and develop the website providing free and open access to resources, which resulted in 130,697 downloads of resources throughout the 2020-2021 reporting period (over 367 downloads average daily downloads). This attests to the usability and value of the information and support being accessed. GPSA's most popular resource for the period was the Acne Teaching Plan which was downloaded 1706 times.

The website includes information on supporting supervisors and practices, employment resources and events as well as educational resources such as guides, frequently asked questions (FAQ's) webinars and teaching plans.

GPSA's website also has a series of Online Learning Modules aimed at helping GP supervisors and practice nurses in various aspects of their work and training with GP registrars. Learning modules include; Immunisation, Wound Management, Practice Standards and Chronic Disease Management.

The Communication ToolBox was previously developed by CCCGPT as a printed resource developed for GP supervisors and Medical Educators to assist doctors, particularly those that had trained outside of Australia, to work in the Australian Healthcare system. GPSA has updated and developed this into an electronic online resource to make it more accessible to members.

GPSA is committed to Free Open Access Medical Education (FOAMed). All GPSA teaching and learning resources are made freely available for download as are all webinars. [www.gpsupervisorsaustralia.org.au](http://www.gpsupervisorsaustralia.org.au)

130,697 RESOURCES  
DOWNLOADED  
IN 2020-2021

367 AVERAGE DAILY  
DOWNLOAD OF  
RESOURCES

## GP SUPERVISOR PROFILE: DR PETA CORNWALL

*Dr Peta Cornwall recently received a recognition of service award from GPSA recognising her work over 15 years as a GP supervisor. Peta has been working at South Side Medical in Mackay, Queensland since its opening in 2007. She has a drive and enthusiasm for all aspects of family medicine. She is committed to educating medical students from James Cook University and will often have them assisting her during consultations. She also mentors GP Registrars in rural and remote locations and is an examiner for JCU, RACGP and ACRRM. Peta is also a GP supervisor for James Cook University (RACGP, ACRRM and RVTS).*



### What rewards do you see from GP supervision?

It keeps me learning and keeps me up to date with the latest developments. There is also a sense of pride I feel from seeing registers improve their skills and knowledge. It helps me to keep abreast of the latest research and keep looking things up. Unexpected questions from registrars help me to keep asking why things are done in a certain way. It also makes me realise how my thinking has changed over time. It helps me to look beyond pattern recognition and consider different possibilities in diagnosis also.

### What are the challenges of GP supervision?

One of the challenges I find is that all registrars are different and as adult learners, they have different learning styles which I have to adapt to as a supervisor. Different personalities also respond to different ways of teaching. This can be interesting as well as challenging at times.

### Given that women are often under-represented in the GP supervisor workforce, do you feel there are any additional barriers that prevent women from becoming involved in GP supervision?

Most people who don't want to become GP supervisors think they don't have enough knowledge and are worried about the loss of income that comes with GP supervision. Perhaps women working less hours might find it difficult to justify financially the time spent in supervision. As the main earner in my household, I really had to justify to myself the personal rewards I gain from supervision to justify the loss of income from doing it. I have experienced some IMG graduates who had difficulty responding to me as a woman supervisor based on cultural differences, but ultimately they adapted to the situation as they needed my support to develop further.

### How have you found your experience in remote GP supervision?

Doing remote supervision I have drawn a lot on my experience working in rural and remote communities. It is important to know physically where the registrars are located, the type of patients they have, and what access they have to facilities and equipment. For instance, is it 100km to the nearest radiology centre, or is it just down the road? Understanding geographic restraints such as this as well as getting a sense of the community can be difficult when doing remote supervision if you don't have experiences working in remote and regional settings. By comparison, I find it much easier supervising registrars in my own clinic, as I know the environment and constraints they have to work within intimately.

### Tell us about how GP supervision is different in a regional community.

Supervising in a regional community offers additional challenges, as the practice is often smaller, with management of time being the biggest factor in being able to deliver GP supervision. Trying to balance clinical work with supervision of registrars, it can be difficult to ensure that registrars are receiving enough supervision. There are also challenges with access to timely testing and pathology results, and a limited number of colleague GP supervisors who I am able to discuss issues with.

### How has GPSA supported you?

I have used templates supplied by GPSA and gained access to support and contacts through GPSA. I have appreciated their advocacy for GP supervisors in negotiating terms and conditions also. I often utilise flash cards from GPSA to start a training session, as they bring out some interesting discussions and problems. I have also used teaching plans for running sessions.

# 3 PRIORITY

## PROVIDE THOUGHT LEADERSHIP ON SUPERVISION

### ENGAGE WITH STAKEHOLDERS TO PRESENT AND CONSULT

GPSA engages with stakeholders to present and consult on progress the conceptualisation and industry support for GP supervision.

78 MEETINGS WITH STAKEHOLDERS THAT INCLUDE:



#### INDUSTRY EVENTS

GPSA presented on three occasions at RTON to the nine CEOs of the RTOs. This was a valuable opportunity to collaborate and update the RTOs on GPSA resources available to their GP supervisors and our members.

GPSA were also delighted to meet and present to supervisors and practice managers at events during the financial year. Note that due to COVID-19 restrictions this year, many major industry events were cancelled or conducted online.

#### SUPERVISOR LIAISON OFFICER NETWORK (SLON) MEETINGS

GPSA continues to build relationships, foster information flow and bring supervisors together with other key stakeholders in general practice training by holding its SLON meetings in tandem with other key events.

The first SLON was held via Zoom in October 2020 due to the COVID-19 pandemic and ongoing travel restrictions. The SLON meeting was an opportunity for SLO members to be updated on the proposed shift in GP training and to share information and experiences on the current issues and opportunities in each RTO jurisdiction.

COVID-19 conditions meant the second SLON meeting was postponed to July 2021.

Participation at the second SLON meeting continues to remain high with satisfaction levels reflecting the quality of the events.

*"... most significant is the changing landscape of GP education and where supervisors and practices fit into that agenda."*

Feedback from the SLON meeting

#### REMOTE SUPERVISION MODELS

GPSA commenced a partnership project with the Victorian Rural Generalist Program to explore viable rural supervision models for rural generalist training.

This included identifying the barriers and enablers to small rural practices and health services supervising doctors on the rural generalist training program, working at broad scope.

It also included exploring remote supervision models that could be viable in a regionalised training model.



## RECOGNISE SUPERVISORS

### SUPERVISORS AWARD PROGRAM

GPSA coordinates a supervisor award program to ensure that supervisors are recognised. Supervisors received Recognition of Service awards for over 10 years supervising GP registrars.

GP supervisors deliver over 90% of GP training. In 2015 GPSA implemented a program to recognise the contribution of experienced supervisors to training registrars. The program provides recognition to GP supervisors who have been supervising registrars for many years, in some cases more than 30, thus enabling generations of GPs to provide high quality medical services to Australian families.

The program also aims to improve the profile of GP supervisors and the role of the Training Practice in local communities through involvement of local media.

In 2020-2021, 21 supervisors were recognised by GPSA for their service to their local communities over many years. These awards recognise the hard work and dedication GP supervisors make over the length of their careers. GPSA has now presented over 440 awards to GP supervisors.



#### 2020-21 GPSA RECOGNITION AWARDS RECIPIENTS:

- Anthony Page
- Ashley Hayes
- Cameron McLeod
- Catherine Meehan
- Christian Haug
- Elizabeth Garoni
- Frank Brunacci
- Gary Tapper
- Gerard Connors
- Hubert van Doorn
- Kate Haslam
- Kulbir Gill
- Maggie Mackay
- Malcolm Richards
- Mark Zagorski
- Monica Ball
- Patricia Stuart
- Paul Mara
- Skye Delaney
- Steve Newton
- Tony Helman

*Dr Libby Garoni and Dr Mark Zagorski from Mt Beauty Medical Centre receive their GPSA recognition award. Combined, they have over 62 years service as GP supervisors*

## GP SUPERVISOR PROFILE: DR MARK ZAGORSKI

Mt Beauty GP supervisors Dr Mark Zagorski and colleague Dr Libby Garoni were recognised with Recognition of Service awards from GP Supervisors Australia (GPSA) in May 2021 for their outstanding contribution of over 60 years combined contribution to Mt Beauty and the surrounding community nurturing the next generation of GPs. This recognition comes on top of a 2019 Order of Australia for Dr Mark Zagorski, who has provided many years of service to Rural General Practice in the region. His recognition award from GPSA recognises 40 years supervising GPs in the Mount Beauty practice, passing on his wealth of knowledge.



### What rewards do you see from GP supervision?

It is rewarding seeing young enthusiastic students, interns and registrars eventually finishing up as great GPs and sometimes continuing on in our practice. One of my early registrars is now my partner in our practice, and others have stayed on to work within the practice as qualified GPs. Last year I had a cardiac arrest at my Falls Creek clinic - all of the doctors who attended me were my registrars at one time or other and resuscitated me, showing the real benefits of their training in life-threatening situations and addressing my own health emergency. I also recall a John Flynn student visited our practice for two weeks every summer for four of his preclinical years - some years later I met him as a paediatric burns specialist presenting at a workshop I attended. It was great to see my student eventually becoming my teacher in this way.

### What would you say to others considering becoming a GP supervisor?

I would encourage all GPs to supervise students, interns and registrars and each other to share knowledge and learn. In our practice, we all meet in the morning to talk about interesting cases, share ideas and discuss treatment plans. Communication is the most important thing, listening and learning from each other and looking after each other's mental health as well. It is great to take the time to talk one on one and also as a group to support each other in this way.

### What are the challenges of GP supervision?

The greatest challenge of GP supervision, is the time necessary for formal training sessions, ad hoc consultations and occasional calls in the night. Supervising registrars when they are on call for the weekend reduces the number of weekends I can call my own, but I enjoy teaching and supervising and as the registrars become more experienced the load is lighter. In the 80s and 90s registrar attachments were for only three or six months so the workload was greater with many more junior doctors but now they come for two years, so I am really able to get to know them and most are a delight to work with. Over forty years of supervising registrars, I could count on one hand the number of difficult registrars I have had.

### How has GPSA supported you?

I have received great support from GPSA over the years through information on their website, seminars and webinars and I am quite content with the amount of service they provide for GP supervisors.

### Do you feel that you learn from GP registrars also?

I'm sure I learn as much from my registrars as they learn from me. They are expert at accessing medical information from all available sources and contribute the latest theories to all our discussions, clinical and practical.

***"Communication is the most important thing, listening and learning from each other and looking after each other's mental health as well. It is great to take the time to talk one on one and also as a group to support each other in this way."***

Dr Mark Zagorski, Mt Beauty Medical Centre

## REPRESENT MEMBERS INTERESTS WITHIN POLICY



### INFLUENCING POLICY RELATED TO GP TRAINING

GPSA has made significant contributions to GP training policies this year.

- Transition to College-Led Training Advisory Committee (TCLTAC)
- GP Training Advisory Committee (GPTAC) meetings
- Primary Care Immunisation Working Group
- GPSA released two policy discussion papers this year to advocate member's perspectives.
- Important elements for supervisors in ongoing policy debate about the transition to college-led training
- Member perspectives of issues with the single-employer model, as an alternative employment arrangement for registrars training in general practice

These discussion papers highlighted to the sector that training practices need to be engaged and consulted, with more nuanced detail of any future changes to GP training policies, in order to assess the viability of these changes. GPSA has advocated that consultation with training practices builds the capacity of general practice training as a whole, by gaining valuable insights of GP supervisors who currently deliver the bulk of GP learning for no remuneration.

GPSA subsequently released a risk register for GP training stakeholders to gain insights as to the position of teaching practices with regard to reforming GP training.

In response to these materials, GPSA received a range of requests for industry stakeholder meetings, and met with multiple Regional Training Organisations, the Department of Health and Training Colleges. Throughout the year, GPSA contributed regularly to the outcomes framework and schema for future college-led GP training models. This included appraising the potential implications of these models for accreditation, registrar allocation

and engagement and the delivery of best practice GP supervision.

GPSA conducted a desktop audit of the roles, responsibilities and remuneration for GP supervisors across all government funded general practice training programs. This provided a useful background for informing the GPSA position about supervisor pay and support.

The outcomes of our advocacy has been:

- Recognition of training practices and the nuance of supervising learners in general practice businesses
- Awareness of the need to reduce red tape
- More professional networking opportunities for supervisors
- Awareness of options for supervisors to take leave
- Protection of current funding for teaching practices
- Awareness of remuneration models which match the effort of supervising different types of learners across the GP training pathway

### NEGOTIATIONS OF THE NATIONAL TERMS AND CONDITIONS FOR THE EMPLOYMENT OF REGISTRARS (NTCER)

2020 was a negotiation year for the NTCER. GPSA and GPRA agreed that until there is additional funds available for General Practice, there is no room to negotiate additional benefits for registrars. Individual registrars and practices can still negotiate higher rates than the NTCER.

The organisations agreed to update the NTCER on 1 July 2020 to reflect the salary base rate increase which is aligned to MBS Item 23 increases per the existing NTCER.

***“Throughout the year, GPSA contributed regularly to the outcomes framework and schema for future college-led GP training models. This included appraising the potential implications of these models for accreditation, registrar allocation and engagement and the delivery of best practice GP supervision.”***

# 6 PRIORITY

## DEVELOP STRATEGIC PARTNERSHIP-BASED RESEARCH

GPSA has taken significant steps to progress research that is important to its members. This includes identifying key issues for which there is a dire need for more evidence and strategically working with industry partners to progress these ideas.

### BUILD RESEARCH INDUSTRY PARTNERSHIPS

GPSA has worked with eight industry partners to develop and progress research in 2020-2021. This involved expanding projects with three existing partners:



Adding five new partners:



And employing two new research associates to grow and capitalise on expertise in supervision research.



*Belinda O'Sullivan from GPSA with Rebecca Kippen from Monash University School of Rural Health*



## EXPLORE EVIDENCE ABOUT DEVELOPING SUPERVISION CAPACITY AND QUALITY

**3**  
PROJECTS  
PUBLISHED

**3**  
PROJECTS  
SUBMITTED TO  
JOURNALS

**4**  
PROJECTS  
INITIATED

### PUBLISHED

- **GPCLE (GENERAL PRACTICE CLINICAL LEARNING ENVIRONMENT)**  
This is a new framework which is a framework depicting the components of a best practice clinical learning environment for GP training. GPSA led the co-design participatory action research method, working with stakeholders to agree a project plan, collect and interpret data and endorse a final framework. GPSA is now building practical resources to translate the 'what' into 'how' and 'when', so it is easy for supervisors to use.  
[Published research article](#) | [GPCLE Framework document](#)
- **QUALITY WITHIN GP SUPERVISION**  
This project aimed to talk with peer nominated GP supervisors from around Australia, to explore what is involved in quality supervision practice. This work will inform the implementation of best practice training, complementing the GPCLE. *Published article accepted with BMC Medical Education, O'Sullivan et al.*
- **A NATIONAL SURVEY OF COVID-19 CHALLENGES, RESPONSES AND EFFECTS IN AUSTRALIAN GENERAL PRACTICE**  
This project aimed to characterise the general practice response to COVID-19 to inform ongoing policy and planning. It identified most practices have experienced increased workload and reduced income, potentially impacting roles like supervision. *Published research article AJGP, Kippen et al.*

## SUBMITTED

- EXPLORING ASSOCIATION BETWEEN PRACTICE BULK BILLING AND PRACTICE CONTEXT TO INFORM IMPLICATIONS OF MANDATORY BULK BILLING POLICIES

This article aimed to understand what practices are more likely to be impacted by bulk-billing only policies to understand the impact of COVID-19 mandatory bulk billing policies. It provides valuable information to understand practice viability in the current environment, including potential impacts on supervision. *Submitted to the AJGP, O'Sullivan et al.*

- REFLECTING ON GP SUPERVISOR COMPETENCIES, UP-SKILLING METHODS AND RECEPTIVITY TO A FORMAL SUPERVISOR CURRICULUM

This article reflects on the competencies relevant to GP supervisors, how this group likes to receive up-skilling and their attitudes to using a formal GP supervisor curriculum. It provides a useful summary as to the future directions of GP supervisor professional development. *Submitted to the AJGP, O'Sullivan et al.*

- GP VIEWS OF THE PROPOSED SINGLE-EMPLOYER MODEL FOR GP REGISTRARS: A NATIONAL SURVEY

The single-employer model placing GP registrars on a salary so they maintain their hospital-based income and entitlements is proposed to increase uptake of GP training. This research explored, using the GPSA annual survey, what GP supervisor views were of the single-employer model and factors associated with supporting it. It provides useful information about how to develop training employment programs that meet the needs of supervisors in general practice. *Submitted to the Australian Journal of Primary Health, Kippen et al.*

## INITIATED

- WHY DO WOMEN GPS SUPERVISE REGISTRARS, OR NOT?

The numbers of male and female GPs in Australia are almost at parity, but there are many more male than female GP supervisors. This project will investigate why and what can be done.

- WHAT IS THE VALUE OF REMOTE LEARNING?

There is a strong push to get more training happening in more remote settings as part of building a skilled rural GP workforce who choose to work in more remote settings. This research is a comparative evaluation using mixed methods to tease out the value of remote (MMM5-7 and/or generalist scope) learning compared with non-remote and therefore provide relevant justification to registrars, supervisors, colleges and RTOs about its value.

- WHAT ARE THE SOURCES AND SOLUTIONS TO CONFLICT WITHIN GP TRAINING?

There is occasionally conflict in training between registrars and supervisors but the sources of conflict and the solutions to this have never been explored for this context. This research is building a picture of this issue to inform conflict resolution frameworks for GPSA and GPRA to support their members.

## CONFERENCES

GPSA submitted abstracts to 5 conferences in 2021. Many of the conferences in 2020, and some of those in 2021 have been disrupted by COVID-19 restrictions but GPSA endeavours to share its work at these events as a way of engaging and supporting industry partners to take up its research.

- RMA21
- GPTEC
- GP21
- 8th RRHSS





## DELIVERING GOOD VALUE TO FUNDERS

### RETENTION OF STAFF

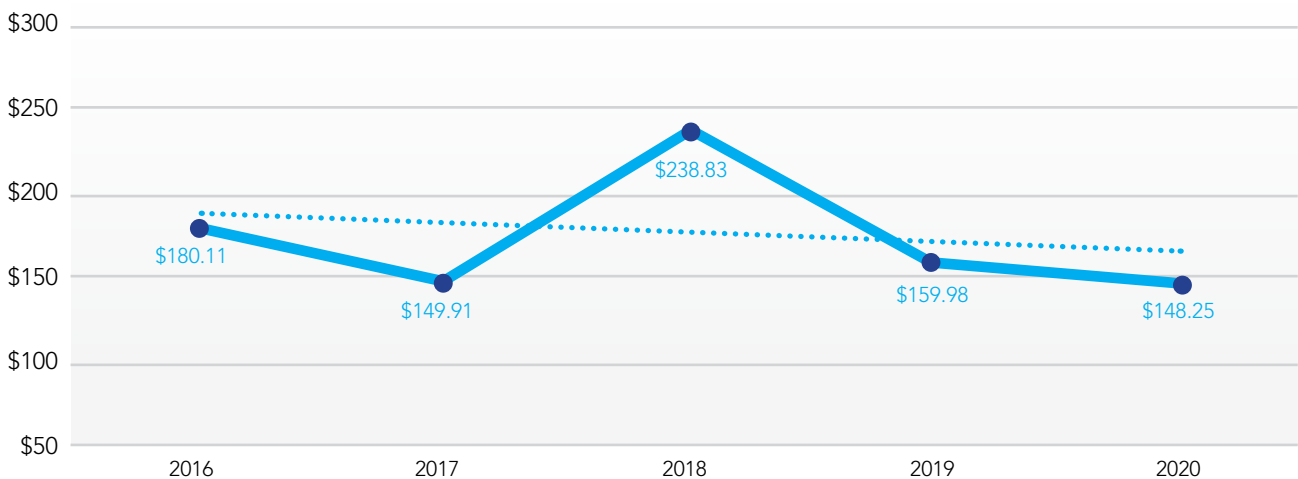
GPSA provides a positive and safe working environment to all staff through the promotion of safety, growth and goal attainment. All GPSA staff undertake annual work health and safety training and are engaged in a competitive employment environment. Staff participate in weekly staff meetings and regular one on one meetings with the CEO to ensure their work is enabled to support the membership to the best of their abilities. The efficacy of this work is demonstrated in the consistent growth in resources developed across the period and the growth in membership that has followed.

GPSA has traditionally been an online business, allowing staff the flexibility to work from home, which prepared us particularly well in accommodating COVID-19 working from home restrictions during the year. Staff have appreciated flexible working arrangements and are routinely engaged in orientation to health and safety discussions.

During the period, GPSA increased staff members with recruitment of three new positions. Director, Policy Engagement, Communications Coordinator and Member Services and Special Projects.

### COST PER SUPERVISOR

GPSA are committed to continually adding value for new and existing members. As such the Board and operational executive regularly review outputs, value drivers and the cost per member. The cost per member has remained consistently low in comparison to the value members have access to through their free membership. Free membership recognises in some small way that supervisors are largely unpaid for their work in training the next generation of family doctors. Since 2016 the cost per member has grown modestly, while member resources have continued to accumulate, grow and responsively meet the growing needs of an ever increasing number of supervisor members.



# THE GPSA BOARD AND TEAM

## OUR BOARD



**DR NICOLE HIGGINS**  
Chair  
September 2016 - Current  
MBBS, FRACGP, GAICD



**DR KEVIN ARLETT**  
Deputy Chair  
October 2017 - Current  
MBBS, FRACGP, FAICD



**MRS LEONIE CHAMBERLAIN**  
Director  
November 2019 - Current  
CPA, MAICD



**DR JUSTIN COLEMAN**  
Director  
Sept 2020 - Current  
MBBS, FRACGP, MPH



**DR GERARD CONNORS**  
Director  
September 2016 - Current  
MBBS, FRACGP, GAICD



**DR FRANK MALDARI**  
Director  
October 2017 - Current  
MBBS, FRACGP



**DR COLUMBINE MULLINS**  
Director  
October 2017 - Current  
MBBS, BMedSc, FRACGP



**DR MADHU TAMILARASAN**  
Director  
September 2020 - Current  
MBChB, MRCGP (UK2005), FRACGP,  
MSPMED



**THE HON. GEOFF WILSON**  
Director  
September 2013 - Current  
BA (Hons), LLB (ANU).



## OUR TEAM



Glen Wallace  
Chief Executive Officer



Rebecca Qi  
Finance Officer



Belinda O'Sullivan  
Director, Policy and  
Engagement



Helen Hickson  
Research and  
Education Lead



Greg Stehle  
Communications  
Coordinator



Lachlan Butcher  
Coordinator Member  
Services and Special Projects



Karen Andrews  
Administration Officer  
Governance



Jane McMahon  
Administration  
Officer

GPSA also wishes to acknowledge the contributions of Margo Field and Penny Boulton who contributed to the 2020-2021 GPSA achievements.



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