



2021-2022 ANNUAL REPORT

Supporting a sustainable future for GP training

GPTA LTD (T/AS GPSA)

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



GPSA would like to thank these organisations for their support.

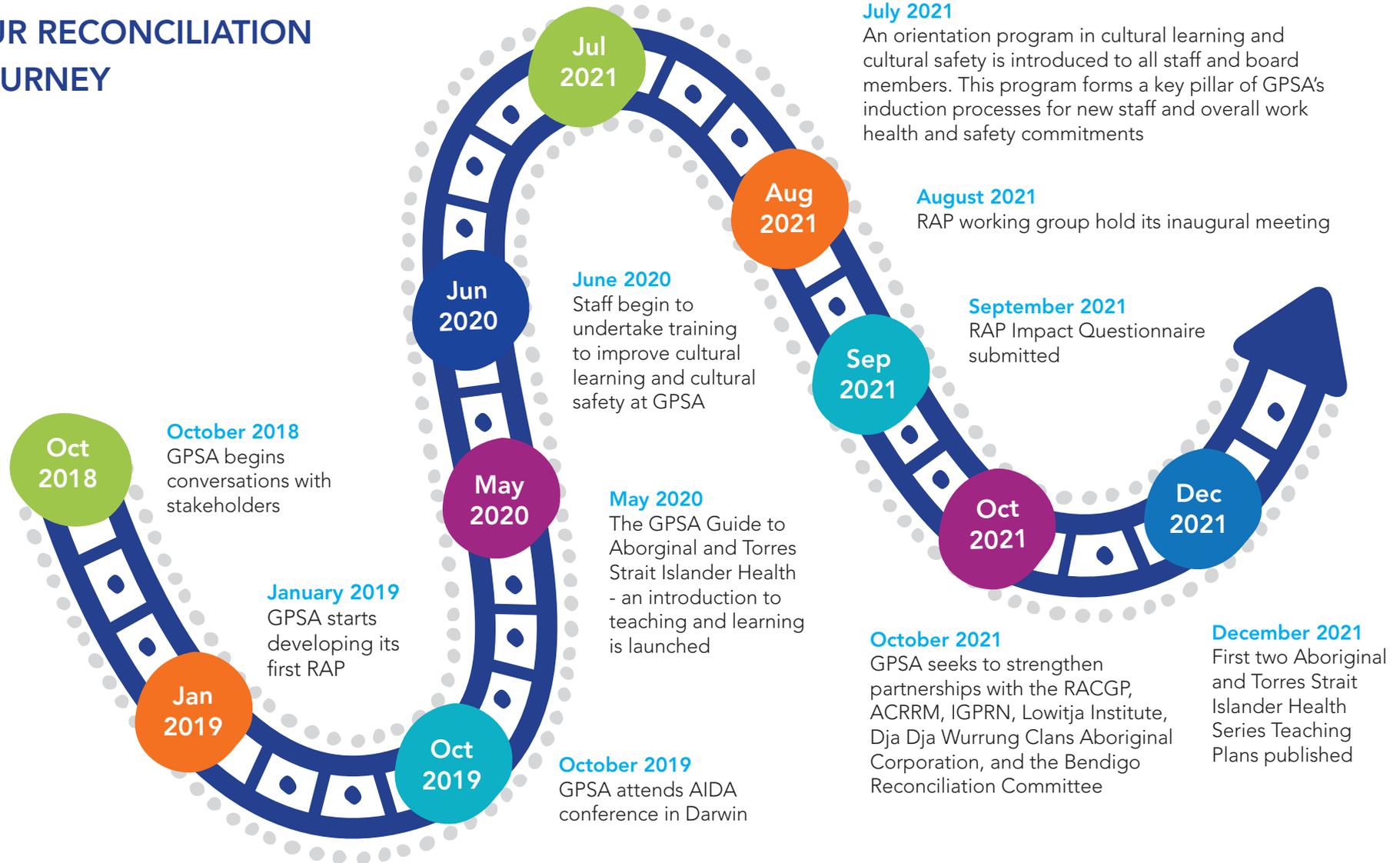
ACKNOWLEDGEMENT OF COUNTRY

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.



OUR RECONCILIATION JOURNEY





COMMITMENT TO RECONCILIATION

GPSA is committed to our Reconciliation Action Plan (RAP) to create a culturally safe workplace and organisation.

We completed our first Reconciliation Action Plan (RAP) - 'Reflect' in 2021 with the objective of creating a culturally safe workplace and organisation. Of the 44 targets set in GPSA's inaugural RAP, over 90% were achieved.

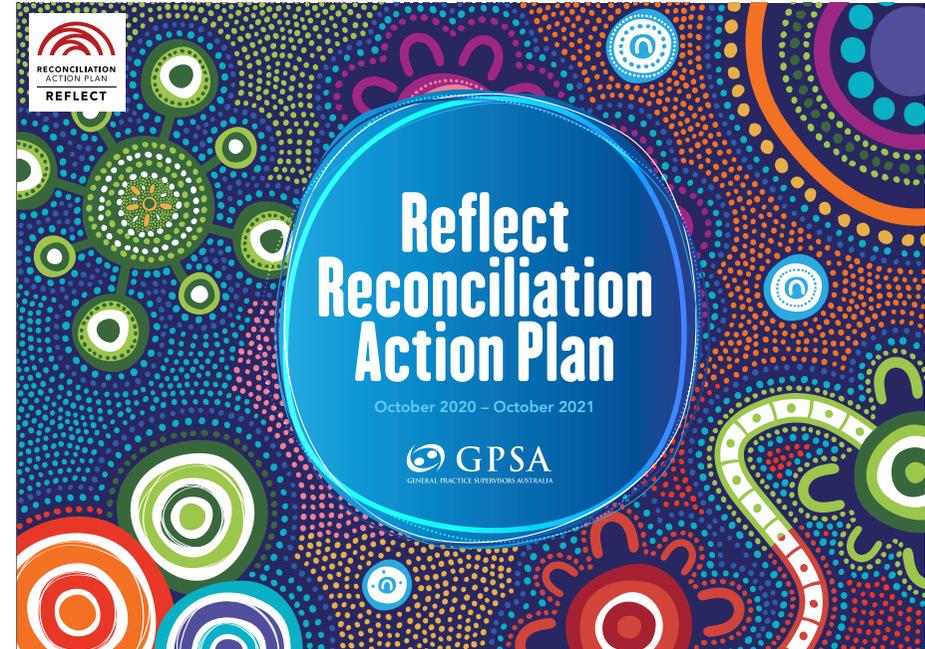
Now, all GPSA staff and Board members go through an orientation and ongoing program to develop cultural learning and cultural safety. We strive to ensure our staff and Board members are enabled to safely enter the reconciliation space - to learn, grow, to make mistakes and build capacity.

We understand that everyone may enter the reconciliation journey at different stages, with differing levels of



Over **90%**
of targets were met

knowledge, backgrounds, and ways to foment change. The ultimate goal is for all GPSA representatives to become more culturally competent with an ability to help secure cultural safety. Our program towards Reconciliation is governed by a RAP Working Group which held its first meeting in 2021, and provides strategic advice to the Board and organisation on matters related to Aboriginal and Torres Strait Islander health and cultural safety.



Ngangkari learning journey

RAP PROGRESS REPORT



WHAT WE DO



VALUES

There are four words that encapsulate what GPSA stands for: our culture, who we are, what we do, and how we do it. These are the core values that have guided the organisation through growth and change, challenge and celebration, and will continue to do so into the future...



Commitment



Curiosity



Compassion



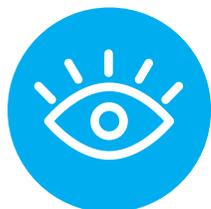
Collaboration



MISSION AND VISION

If our values are the “how”...

The “what” of GPSA’s MISSION can be described as **striving to nurture the passion** that drives the GP training sector through **service, support, research, innovation, education and advocacy**; and



The “why” of GPSA’s VISION is the singular goal we work towards tirelessly: to be **the voice of a thriving GP training sector** that is **united, suitably recognised, rewarded, and respected** as the **cornerstone of this nation’s healthcare system**.

GPSA is focussed on supporting GP supervisors, practice managers and training practices in their delivery of high quality training across Australia. We do this through development of best practice educational and HR resources, by advocating on our members’ behalf, and undertaking research to drive improvements in the sector and shape policy directions.

We start by gathering information from our various member touch-points – member enquiries, surveys, participation in webinar discussions, comments on our social media platforms, research interviews, emails. We then analyse the issues facing our membership to identify any gaps in knowledge and set about fixing this through research and a knowledge translation process that takes peer reviewed

research outcomes and converts these into relatable, meaningful solutions. These are then added to our extensive repository of resources and constantly re-evaluated for relevance and currency under our continuous improvement model.

Thus armed with knowledge of the GP training sector’s needs and priorities, we advocate with government policy makers and stakeholders to ensure GP supervision and training practices are recognised, respected and rewarded. This includes periodically reviewing the National Terms and Conditions for Employment of Registrars (NTCER) with General Practice Registrars Australia (GPRA), a process which is scheduled for the second half of 2022.

MESSAGE FROM THE CHAIR

DR NICOLE HIGGINS

This has been a very big year for GPSA. The biggest item on the agenda has been the transition to college led training. There has been a lot of time spent in meetings with sector stakeholders, negotiating with the colleges and the Department of Health. I can happily say that our members have been very well placed in terms of consistency in support and process, consideration and delivery of their remuneration, and the strength of training practices moving forward.

As a sign of our effectiveness as a national peak body, GPSA resources have been downloaded close to 150,000 times in the past year. We've developed 394 teaching plans, FAQs, Guides, Flash Cards, Case Studies, Employment resources and YouTube recordings.



[Watch the video](#)

Across 2021-22, our Webinars had 948 attendees, with 12,246 views of our recorded videos, up from 5,920 in the previous year. As we emerge out of COVID, we look forward to actually meeting you more and more in person. I'm excited for the future for GPSA.

One of the biggest tools that we have developed for our members is the GP Clinical Learning Environment (GPCLE). This is a gateway for practices to make training much more streamlined, putting all those resources at your fingertips. The GPCLE is a quality improvement tool that will help with the Quality Improvement (QI) Practice Incentives Program (PIP), while also assisting practice managers at the time of orientation and during employment of our registrars. This one stop shop is a translatable tool that can be used within training practices for registrars and medical students and

support practices with the fellowship support program. And it is a framework that helps to guide a consistent, but flexible, approach to GP training irrespective of practice size or location, which makes it easier for registrars to move from hospital to general practice, and between practices throughout their training.

A key priority for GPSA as we look forward is to increase support for the current registrars who are our future supervisors and training practice owners. Our closer relationship with GPRA, and our collaboration with the colleges through the transition of training, has ensured that there is a collaborative, solutions-focused environment where all stakeholders are working towards the same purpose: ensuring that we have a high-quality, sustainable GP training sector well into the future.



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

MESSAGE FROM THE CEO

CARLA TAYLOR

It's such an honour to be writing this CEO Report for GPSA.

In this rapidly changing health environment, there is something very special about supporting the people whose passion underwrites the future of general practice. Our membership of GP supervisors, training practice owners and managers is instrumental in providing quality experiences for tomorrow's urban and rural GPs, which truly deserves to be celebrated.

GPSA's role as the national peak body for GP training gives us the responsibility for driving positive change for the sector, which we choose to do by investigating potential solutions where others may only see problems. This is exemplified in our research focus on questions such as how to expand quality supervised opportunities for prevocational learners interested in pursuing careers in

rural generalism; whether a singular framework can provide a measurable level of consistency for learners and supervisors alike while still allowing much-needed flexibility to cater to the variables of the clinical learning environment in training practices across the country (GPCLE); and what would enable more women GPs to take up supervision of the increasing number of women medical graduates.

We are always immensely grateful for the contribution of participants in our research projects, and urge all of our members to lend their voice to the work we do. Our research is the basis for the ever-growing list of best practice educational resources we make freely available on our website (see the final page of this Annual Report for a shortcut to all of our current tool kits, guides, webinar/podcast recordings, FAQs and

teaching plans). Our research is also central to GPSA's policy development, and informs the positions on which we advocate for our members.

Whether it's a survey / submission for the NTCER review, an interview for a research study, or an email / phone call to our Member Services team, we therefore ask that you, as our valued member, please help us to help you by sharing the issues you face along with the solutions you would like to see implemented. This enables us to give the GP training sector a unified voice when we meet with the Commonwealth Department of Health, the colleges and other stakeholders, with the clear goal of securing recognition, respect and reward for your hard work and dedication.



Carla Taylor, CEO
BA(HONS), MBA(INT), MCOMM

OUR STRATEGIC PRIORITIES

STRATEGIC PLAN

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

OBJECTIVE 1

GPSA is a thought leader in GP supervision

-  Stakeholder engagement
-  Policy
-  Improvement



OBJECTIVE 2

GP supervisors are supported to be effective

-  Member engagement
-  Needs analysis
-  Advocacy



OBJECTIVE 3

GP supervision follows best practice

-  GPCLE
-  Research
-  Research translation and implementation



OBJECTIVE 4

GPSA is a flourishing organisation

-  Continual improvement
-  Leadership culture
-  Innovation
-  Risk management





RESEARCH

RESEARCH ACHIEVEMENTS

Over the past year, GPSA has completed 7 new research projects to expand our evidence base in areas that are important to its members. Some of these projects include an exploration of enablers and barriers for women GP supervisors, the cost of GP supervision to practices, sources and solutions to conflict in registrar placements from the perspective of practice managers, GP supervisors and registrars, and GP supervision in rural areas. In 2021-22, GPSA published 5 manuscripts in high impact, pubmed listed, open access journals. This research is already shaping future discourse and advancement, as evidenced by the high number of downloads and citations to date.

The quality of our research has been recognised by recent invitations to present papers at major industry conferences like RMA22 and GP22, and through the development of research partnerships with key industry and academic partners, both national and international. These collaborations foster the growth and diversification of our expertise, promoting agility and relevance in our research direction and ensuring the broader reach of our findings to inform policy, practice, and advocacy. GPSA is committed to ongoing investment in research to drive innovation, advancement and excellence in GP training.

To access our 2021-22 publications and information about our current, upcoming, and recently completed projects click the button below

[RESEARCH PUBLICATIONS AND PROJECTS](#)





RESEARCH PARTNERS

Over 2021-2022, GPSA has continued to work with the following several industry and academic partners:





RESEARCH TRANSLATION

In a recent example of the translation of research to policy, GPSA partnered with GPEx and Adelaide University to determine the cost of the AGPT. Using a mixed methods design to quantify costs and identify caveats, the findings showed that the supervision of registrars is largely paid for by training practices. These new findings provide an essential evidence-base for GPSA to advocate for greater funding and support of GP supervision in the future.



RESEARCH DIRECTION

GPSA is committed to evidence-based practice through research, innovation and continuous review. To achieve our vision of fostering excellence in GP training, we work closely with members and key stakeholders to ensure the currency and relevance of research to address the most important issues facing the sector today and into the future. In practice, this involves active engagement with our membership, industry partners and specialist academics to co-design projects that meet the challenges of the day and provide a foundation for improving practice in the future. GPSA is developing a strategic plan for research, which will be disseminated for consultation with its membership in 2023.

RESEARCH HIGHLIGHT

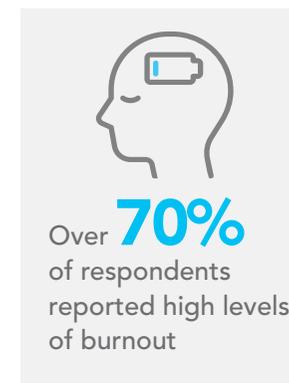
In March-April 2022, GPSA members were invited to complete the 2022 GPSA National Supervisor Survey, titled "Are you thriving or just surviving?". A total of 290 GP supervisors responded, with good representation by age, gender, state/territory, and metro/non-metro regions. Over 70% of respondents reported high levels of burnout, which was associated with lower levels of selfcare.

Predictors of burnout included:

- younger age
- low intentions to supervise in the future
- working while physically/mentally unwell
- the belief that selfcare could be supported better in the workplace, and
- lower engagement in professional development selfcare.

These findings raise concerns about GP wellbeing and the sustainability of our primary healthcare system, providing a clear impetus for greater investment to reduce workforce shortages. GPSA will use this evidence to inform advocacy, policy development, and education to improve conditions in the sector and safeguard the sustainability of the GP supervision workforce.

"To achieve our vision of fostering excellence in GP training, we work closely with members and key stakeholders to ensure the currency and relevance of research to address the most important issues facing the sector today and into the future."





ADVOCACY

LOOKING TO THE FUTURE – POLICY DEVELOPMENT

As the national representative body for GP supervisors, we promote recognition for registrar supervision work through open and accountable advocacy. Over the past year, GPSA has advocated on a range of topical issues affecting GP supervision, to influence key policy and decision makers for the benefit of GP Supervisors and GP training in general. Key issues on which we have advocated for in the past year include:

The single employer model

As part of the 2021 GPSA Annual Survey, we found that most GP supervisor members surveyed were unaware of the model, and fewer supported it. The survey found that less than 20% of GPSA members surveyed had knowledge of the single-employer model, and when we explained it in brief, only 18% supported it. On the basis of this, we advocated with government policy makers reflecting these views.

Rural Generalist Program

Following extensive research and the development of a Supervision Roadmap for Rural Generalist Training in Victoria, we provided advice to state and federal health departments on rural generalist training approaches moving forward.

Paid parental leave

On the back of research we conducted into the barriers for women GPs to participate in supervision, we provided advice to the Department of Health on the need for paid parental leave to allow more flexible conditions for working GP supervisors.

Advice regarding portability of entitlements

GPSA has played an active role in advising the Department of Health on the need for, and impact of, portability of entitlements enabling GP registrars to carry over leave entitlements when switching employers through their training.



Pictured at GP Training Tasmania (GPTT) are Joanne Folder, Dr Nicole Higgins (GPSA Chair) and Sarah Roberts.



Accreditation

Provided advice to the colleges and RTOs relating to the streamlining of accreditation processes.

Conflict between supervisors and registrars

We undertook research looking at the sources of conflict in registrar placements, which led to the development of a draft guide, and then we undertook a stakeholder consultation process to maximise this new resource's value in helping training practices navigate conflict and employment risk. The wealth of information that came from this process has informed ongoing advocacy for systemic improvements to optimise the training experience for all parties in the training relationship.

RACGP policy framework

Advised the RACGP on the need for easy accessibility of policies regarding training and the need to make them user friendly and fit for purpose.

PEP program replacement

Advocated to RACGP regarding adjustments needed to the replacement for the PEP program.

Supervisor professional development

Made recommendations to training colleges relating to providing clarity on supervisor professional development requirements.

Nationally consistent payment model

Following advocacy with the Department of Health, the Nationally Consistent Payment (NCP) model released in October 2021 resulted in more resources and payment consistency nationally, the model taking on board many of the elements GPSA had been advocating to the Department for, representing a great win for GP supervisors and training practices.

Supervisor and training practice wellbeing

With results from the 2022 GPSA Annual Survey showing that over 70% of respondents had high levels of burnout, we continue to advocate to the colleges and Department regarding the wellbeing risks to the continuity of GP training and general practice more broadly.



Other areas in which we have advocated over the past year include the need to provide clear information on the transition to college-led training, GP supervisor employment terms and conditions, and the need for clear policies in the area of bullying and harassment. We have also had a focus on building inclusive health care, producing and promoting resources related to LGBTQIA+ healthcare, Aboriginal and Torres Strait Islander Health, and caring for patients with a disability.

Through our advocacy work, GPSA has become a trusted advocate on a range of issues, providing effective and considered submissions across a range of advocacy platforms. This includes regular meetings with Federal and state government health departments, RTOs training colleges, GP Registrars Australia (GPRA) and other related stakeholders. Working with relevant health sector policy makers and representatives we seek to make supervision rewarding, respected and recognised.



STAKEHOLDER ENGAGEMENT



Attending the SLO Network Meeting, Sydney: Georgina van de Water - RACGP Chief General Practice Training Officer, Dr Madhu Tamarasani - GPSA Director, Dr Nicole Higgins - GPSA Chair, Carla Taylor - GPSA CEO, Dr Emily Moody - ACRRM Lead Medical Educator and Kyra Moss - ACRRM General Manager Education Services.



Over
100
Stakeholder
one-on-one
meetings

GPSA participated in over 100 industry stakeholder one-on-one meetings throughout the 2021-22 year:

Department / GPTAC / TCLTAC	66
RTOs / RTON	9
Colleges	32
GPRA	7
Other sector stakeholders	11
Other external stakeholders	2
SLO Network	3

NTCER REVIEW

In June 2022, GPSA and GPRA agreed to commence the overdue review of the NTCER. Recognising the problems experienced in the past, the two peak bodies agreed to a set of principles to guide this process and the communications around this.

The agreed starting points for our mutual and collaborative review of the NTCER and consideration of other employment models, and the value this rightly places on our respective members, includes:

1. Models of employment for GP registrars across Australia need to be fair and equitable, delivering working conditions and remuneration that compares with other specialist trainees while taking into account the context of training practices that are predominantly privately-owned businesses
2. General practice is a rewarding medical specialty and an attractive vocational pathway for junior and/or pre-vocational doctors
3. GP trainees and GP supervisors are equally desirous of and entitled to a quality training experience
4. GPRA and GPSA, as the recognised national peak bodies representing all GP registrars, GP supervisors and GP training practices, have a critical role in advising the government of the day on all matters of relevance to the GP training sector
5. Appropriate support and funding for GP supervisors and GP training practices is crucial for the sustainability of the nation's primary health system, which in turn underpins the nation's wider healthcare system.

These principles, and the collaborative nature of the NTCER review process, highlight the direction GPSA is taking in advocating for our members as we navigate the changing GP training environment.



GENERAL PRACTICE CLINICAL LEARNING ENVIRONMENT (GPCLE)

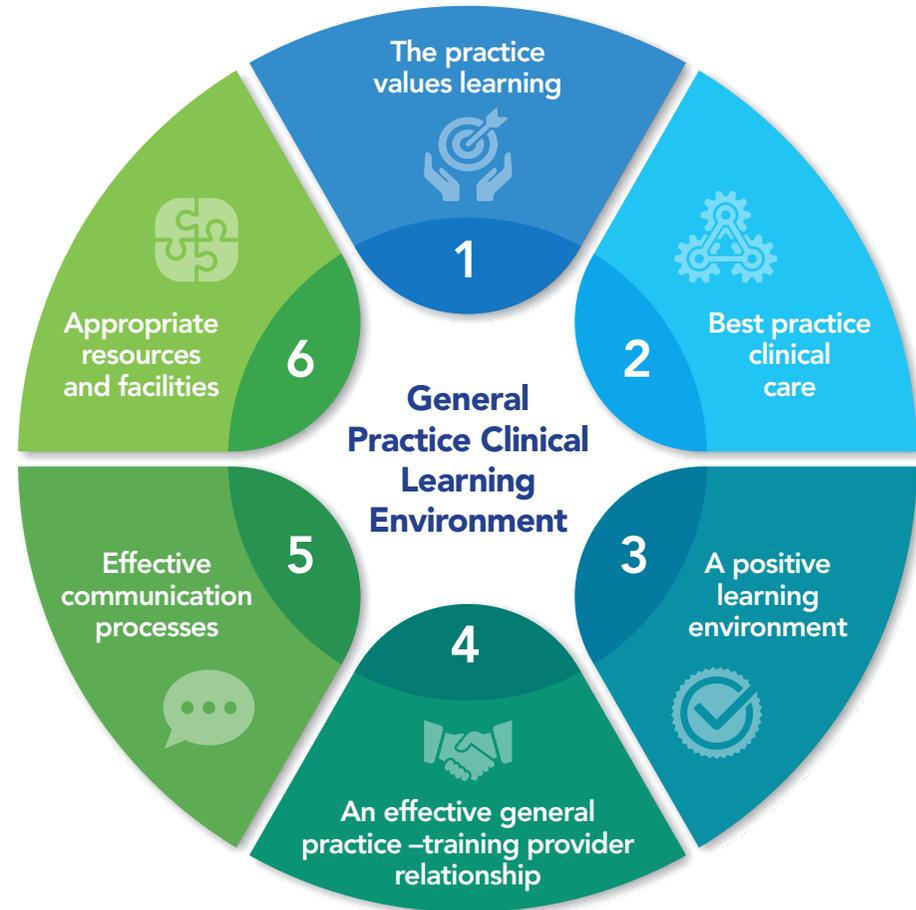
As a prime example of responsive knowledge translation, one of GPSA's key initiatives over the past year has been the expansion of the GPCLE to address the gap in information available for new practices struggling with the shift from being a 'business' to being a 'learning environment'... and everything involved with employing, educating, and supporting registrars as both trainees and employees.



[Watch the video](#)



THE LEARNING ENVIRONMENT IN GP TRAINING





SUPPORTING THE GP TRAINING SECTOR

Building on the research conducted in 2020-21, the GPCLE has developed from concept to action as a framework, a description, and a vocabulary. As a by-product, the GPCLE is a mechanism by which GPSA proposes to support the GP training sector into the future by addressing two important questions:

1. What differentiates a quality training practice from a GP clinic with learners?

TANGIBLES	INTANGIBLES
People	Attitudes to teaching/learning
Resources	Relationships
Tools and equipment	Culture of team
Physical environment	Trust and respect

The objectives under the 6 elements of the GPCLE can be used as a tool to measure the quality of a training practice, both for self-assessment - currently being used under a pilot GPSA initiated across a range of training practices, with potential to integrate into accreditation requirements for the colleges.

2. What structures are in place to help set manageable expectations for registrars, supervisors and practices?

A lot of weight is currently being given to the concept of “national consistency” in the GP training space – which is problematic given the variables involved. The GPCLE framework is intended as an approach allowing for flexible, contextually-relevant delivery of training that is guided by nationally-consistent values, resources, standards and goals... with everyone on the same page.





BEST PRACTICE RESOURCES AND EDUCATION

GPSA is exploring the potential for expanding the GPCLE into a sector-wide digital platform for training – integrating into college systems to support supervisors and practices with the best practice guidelines and resources they need to create and maintain their clinical learning environment. These would ideally be a combination of GPSA and college materials, all accessible from within the one platform.

We have an ever-growing repository of educational resources for GP supervisors that provide essential tools in steering GP registrars through the often-uncertain terrain of general practice. From administrative issues such as managing MBS item numbers through to managing registrars with performance issues and planning learning with registrars, our comprehensive suite of resources offers tools for GP supervisors at any stage of their supervision career. Managing uncertainty and interpersonal communication with a wide range of client groups are just some of the educational areas where GPSA provides supportive resources to better prepare GP supervisors in real world training practice situations.

While most of our resources are equally valued as refreshers for experienced supervisors and foundational material for new supervisors and practice managers, the guides and tool kits specifically designed for new supervisors are amongst our most downloaded resources.

In 2021-22, our education delivery continued to resonate with our members:

“Excellent. Very relevant and practical. Suited us GPs very well.” - Webinar participant

“Excellent delivery, attentive and immediately responsive to questions from audience/facilitator and timeframe is appreciated”- Webinar participant

“Thank you for the wonderful education you provide for GP supervisors” - Webinar participant

These top tasks are framed by the GPCLE as a stepping stone to a quality learning environment:



1. Establish a learning environment



2. Prepare for the registrar's commencement



3. Facilitate learning and provide teaching



4. Assess performance and provide feedback



5. Support wellbeing and safety



6. Undertake professional development



NEW RESOURCES PRODUCED IN 2021-22

88 resources across 33 topics:

Teach Your Registrar About

Aboriginal and Torres Strait Islander assessments		
Chronic kidney disease		
Common infections In general practice - Part 1		
Common infections In general practice - Part 2		
Contraception: an update for GP supervisors		
Diverticular disease		
Helping registrars build skills in advance care planning		
Identifying Aboriginal and/or Torres Strait Islander status		
Introduction to Aboriginal and Torres Strait Islander people and their health		
It could be anything - helping your registrar manage uncertainty		
Lymphadenopathy		

[Click an icon to download a file](#)

FAQ WEBINAR PODCAST TEACHING PLAN





Managing the patient with ADHD - helping your registrar deliver best practice care	   
Polymyalgia rheumatica (PMR) and giant cell arteritis	
Sepsis	
Support your registrar to better manage patients with chronic pain	 
Supporting registrars preparing for the clinical competency examination	  
Supporting you registrar to provide best practice care for nursing home residents	   
Supporting your registrar to provide best practice disability care	   
Teaching professional and ethical practice	  
Teaching your registrar about LGBTQIA+ inclusive care	  
Teaching your registrar about STI management - what's new?	   
Teaching your registrar how to engage and manage obese and overweight patients	   

Practice Support

Before the registrar starts	  
Improving the learning environment at your practice	 
Supporting your registrar to study smarter not harder	 

Develop Your Skills As A Supervisor

An introduction to GP supervision - roles, responsibilities and rewards	 
Are they safe in there? Clinical supervision and the use of random case analysis	  
Can I ask you a quick question? Ad hoc supervision and informal teaching	  
Clinical reasoning the game!	 
Formal teaching and problem case discussion	  
Helping registrars shine – assessing and managing registrars with performance issues to work well	  
Introduction to consultation and feedback	  
Planning learning	  

Other Topics

The future of GP training with RACGP	  
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EMPLOYMENT SERVICES AND RESOURCES FOR TRAINING PRACTICES

In the past year, GPSA has created the Before the Registrar starts webpage and associated resources to guide training practices through tasks they need to undertake to prepare for the commencement of the registrar’s training term. This comprehensive suite of resources was developed in consultation with our training practice members and provides resources, templates, and checklists to streamline induction and employment of the trainee.

Helping registrars shine – assessing and managing registrars with performance issues to work well	FAQ
Introduction to consultation and feedback	FAQ
Planning learning	FAQ
Before the registrar starts	FAQ
Improving the learning environment at your practice	
What can findings of the ReCEnT project contribute to supervisors’ training of their registrars?	FAQ
The future of GP training with RACGP	FAQ

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FAQ WEBINAR PODCAST TEACHING PLAN ONLINE





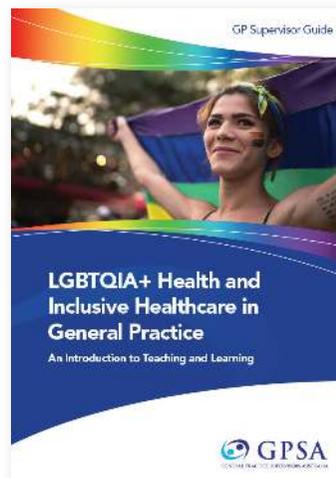
SUPPORTING DIVERSITY

GPSA values inclusive healthcare that embraces diversity. To support diversity in GP training, we have developed resources to help training practices create an inclusive healthcare experience for the practice team and their patients. This includes a detailed LGBTQIA+ guide and teaching plans on Aboriginal and Torres Strait Islander healthcare, as well as a toolkit for working with International Medical Graduate (IMG) registrars and resources for working in disability care.

LGBTQIA+ guide

In 2021-22, GPSA developed a ground-breaking resource - thought to be the first of its kind in the Australian healthcare setting – in collaboration with leaders in the field of LGBTQIA+ healthcare and social issues: Dr Ruth McNair AM, Dr Asiel Adan Sanchez, Dr Clara Tuck Meng Soo, Morgan Carpenter and Prof Mark Hughes.

“LGBTQIA+ Health and Inclusive Healthcare in General Practice”, produced along with companion clinical guidelines for the health needs of people with intersex variations, aims to support GP supervisors in their teaching and supervision of registrars who are providing medical services to lesbian, gay, bisexual, trans and non-binary, queer, intersex, asexual and other (LGBTQIA+) patients.



LGBTQIA+ HEALTH & INCLUSIVE HEALTHCARE





Aboriginal and Torres Strait Islander health

GPSA has been developing a comprehensive suite of resources to support the teaching of Aboriginal and Torres Strait Islander health, and the securing of cultural safety within GP learning environments. In 2021-22, GPSA launched its Aboriginal and Torres Strait Islander Health series of Teaching Plans, written by Torres Strait Islander GP supervisor Dr Karen Nicholls. These teaching plans cover a range of topics from the 715 Health Check to how and why to identify Aboriginal and/or Torres Strait Islander status of patients.



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH





Supporting International Medical Graduates (IMGs)

GPSA recognises the vital role that IMG registrars play in building a sustainable healthcare system that caters to the diverse needs of our multicultural population. We also understand the huge barriers many IMG registrars face when starting their practice in Australia, navigating complex medical systems, different cultural norms, and ways of practising medicine.

To support this cohort and the GP supervisors tasked with helping them on their journey to fellowship, GPSA has developed a range of resources including an interactive IMG toolkit that supports IMG registrars across a broad range of areas they will encounter in their practice. These include support and resources in the areas of:

Cultural	Working with the Australian medical system and gaining cultural competence
Communication	Overcoming language and communication barriers such as jargon, medical and lay language
Clinical	Key clinical areas where IMG registrars may experience difficulty such as history taking and management planning
Consultation	Building the doctor-patient relationship, opening the discussion, understanding the patients perspective, sharing information, reaching agreement and providing closure for patients
Professional and medico-legal	Setting boundaries, difficulties obtaining consent, reluctance to disclose errors, and interpersonal communication
Teaching and learning	Cultural approaches to learning, exam preparation, oral examinations, feedback, and encouraging help seeking
Personal issues	Migration and displacement, lacking family and community supports, isolation, racism and change of status



A toolkit to address each of these areas with supporting resources can be found on our webpage. Along with a range of other resources such as the Supervising the International Medical Graduate (IMG) GP Registrar Guide, FAQ, Assessment tools and recorded webinar presentation.

THE IMG TOOLKIT



Disability care

In 2021, GPSA facilitated a webinar on supporting registrars to provide best practice disability care. Presented by Dr Alison Lancey, the webinar drew on her clinical experience and lived experience of a family member to paint a vivid picture of the holistic care needs of patients with a disability and what to teach registrars about their care.

The resources highlight the point that it is often not the disability that is the root problem, and a comprehensive medical history and systems review needs to be established to understand health issues fully. The importance of preventative health, as well as ethical management of behavioural problems, suspected abuse and billing is also covered.



DISABILITY CARE





OUR MEMBERS

Our membership represents a broad spectrum of GP training through our three separate member types of GP supervisors, Honorary members (which include practice managers) and stakeholder members (representing government and training providers). Combined, our membership are the driving force behind GP in-practice training in Australia.



6200

TOTAL MEMBERS

7% WA	25% QLD	24% VIC
4% NT	29% NSW	5% TAS
5% SA	1% ACT	



42%

FEMALE GP SUPERVISOR MEMBERS



58%

MALE GP SUPERVISOR MEMBERS



3198

TRAINING PRACTICES

GPSA 2022 STATISTICS

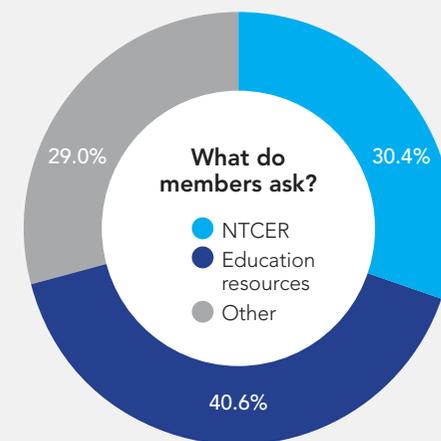
COST PER MEMBER

GPSA continues to punch well above our weight in providing a tangible return for our members based on the funding we receive. Our streamlined organisation enables us to support our membership across Australia in the delivery of GP supervision at the very low member cost of \$172.05 per annum.

RESPONDING TO OUR MEMBERS

GPSA membership is diverse, ranging from GP supervisors to training practice owners and practice managers, to GPs seeking to become a supervisor. As such, in any one day we can field calls and emails that cover everything from the best way to manage GP registrars who reject their supervisor's feedback, through cries for help from supervisors who have not taken a holiday in three years, to practice managers who need guidance through the process of employing their first GP registrar, to name just a few.

GPSA's helpdesk function seeks to provide definitive, clear, and concise guidance and information.



OVER 900 QUESTIONS

were asked from members, with a third of these related to matters concerning the employment of registrars



MEMBER RECOGNITION

GPSA provides Recognition of Service Awards as part of the organisation's broader strategy to ensure GP supervisors are Respected, Recognised and Rewarded for dedication to GP training.

Dr Richard Try has been recognised by GPSA for over 10 years' dedication to supervision. We asked Dr Try to share his experience as a GP supervisor and member:

Working in a regional centre, do you feel there are additional challenges for GP supervision? If so, what type of challenges have you experienced?

Lack of a local support network for GP supervision is the main one. We don't have anyone local that we can call upon as there is no local support network for us. At the moment, the ME for our area is based in Adelaide, 450km away. I joined GPSA to try and fill this gap.

Retention of registrars is also an issue. Often registrars have to leave the clinic just when we are getting used to them and this can be frustrating for the clinic and patients. There is a regional recruitment and retention crisis and registrars moving on adds to this. Patients are sometimes reluctant to see a registrar as they feel they won't stay.

The first question a new GP often gets asked by patients is "are you staying?" I think this can put the registrar in an awkward position and we have to counsel them on how to answer it.

When we get the registrar for their second attachment, they rarely stay beyond 1-2 years, if at all. The city seems to call them all and there is no flow of qualified doctors back. Sometimes it can feel we are putting a lot of effort in for no reward but we have to temper this with the reward of seeing newly qualified GPs spread their wings and know that there will be other communities that will benefit from them.

Ultimately, we do this job to train new GPs not to recruit to the clinic - however much we would like them to stay.

What rewards do you feel you have gained from GP supervision?

The biggest reward is the satisfaction of seeing registrars develop and qualify to become fully fledged GPs and provide independent care. Seeing the joy (and sometimes relief) when they pass their exam results is very rewarding.

It is also a way of giving back to the profession. Each one of us was trained and some of us had better experiences than others while training. Training GPs is my way, I think, of giving back for the supervision I benefited from.

How has GPSA supported you as a GP Supervisor?

GPSA has a wealth of guides and teaching plans. We all have our different experiences and sometimes might need resources to help teach an area that we have less experience in than others.

I have found the resources very useful in this respect including in supporting registrars who might be struggling.



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

Do it – you won't regret it. It provides variety to our work and keeps us fresh and enthusiastic. It can be very rewarding seeing a struggling registrar develop into an independent GP.



MEMBER RECOGNITION

Dr Alvin Chua graduated from The University of Adelaide in 1997 and has a wealth of experience in hospitals and various general practices in rural and metropolitan South Australia. Dr Chua became the founder of the “Health at” Group in 2001, with fellow Director and Practice Principal Dr Anna Schettini, and currently works at Health at Campbelltown in South Australia.

In 2004 Dr Chua graduated Musculo-Skeletal Medicine at Flinders University, and continues to have an interest in Musculo-Skeletal Medicine. We asked Dr Chua to share his experience as a GP supervisor and GPSA member:

How has GPSA supported you?

GPSA has supported GP supervisors like myself with negotiation of the National Terms and Conditions for the Employment of GP Registrars (NTCER) with GPRA. This sometimes involves pushback when registrars have their own agendas and we as GP supervisors have our own limitations of what we are able to pay for registrars. GPSA tries to adopt an approach of all of us working together in general practice, not a ‘them’ vs ‘us’ mentality. In the past registrars adopted a ‘them’ vs ‘us’ approach which was not very conducive to working together.

What are the challenges of GP supervision?

The biggest challenge is trying to compete with a dwindling workforce, with hospitals which offer much more generous remuneration. The GP workforce is dwindling, and remuneration is tied into Medicare rebates. Hospitals have been able to increase 3-4% per annum when Medicare rebates were frozen from 2012-19, making us behind the eight ball and trying to catch up. The lack of exposure to general practice in medical training, with only 2-3 weeks during medical school leaves a lot to be desired. Previously, we had the Prevocational General Practice

Placements Program (PGPPP) which ran from 2004 to 2014. Under the PGPPP, during their internship, registrars were allocated to a general practice for 12 weeks at a time. A lot of the registrar cohort in this time ended up as GPs and later trained other GPs as well. I was sorry to see that program go, and the whole GP workforce were sorry to see it go. The government does not seem interested in reinstating this program. Generally, there’s an expectation from Government that GPs continue to do things with altruistic values with lower expectation of monetary rewards. This is one of the biggest struggles we face as a profession.



What rewards do you feel you have gained from GP supervision ?

Being able to shape the future of general practice and replace the workforce. Teaching and encouraging people who might look after us in the future is satisfying. I am always learning something every day and I believe that the day you stop learning is when you become arrogant and dangerous, and you should stop practicing. As a GP you are always learning every day more than other professions, and registrars teaching us as well is a part of this.



MEMBER RECOGNITION

Dr Graham Toohill was recently recognised by GPSA for over 25 years of service as a GP supervisor. He has worked at Leongatha Healthcare since 1994 after working in Nepal for 12 years. He is married to Sue and they have 5 children and 4 grandchildren. Graham has special interests in Skin Clinical work and Travel medicine.

"I tell registrars that my door is always open to them and they do come in and interrupt me quite regularly. Patients are very supportive of this and do not mind. One of my current GPs said when he was a registrar, their GP supervisor told them never to interrupt him. I aim to be the opposite, with an open-door policy and even though this can be challenging at times, it's still worth it."

- Dr Graham Toohill



Pictured: Dr Graham Toohill with registrar Dr Melissa Lee

OUR PEOPLE

OUR BOARD



Dr Nicole Higgins, Board Chair
September 2016 - Current
MBBS, FRACGP, DRANZCOG, MAICD



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 Madhu Tamailarasan, Director
September 2020 - Current
MBChB, MRCGP(UK2005), FRACGP, MSpMed



Dr Columbine Mullins, Director
October 2017 to March 2022
MBBS, FRACGP

OUR PEOPLE

OUR TEAM



Carla Taylor
Chief Executive Officer



Leonie Chamberlain
Chief Operating Officer



Dr Samia Toukhsati
Co-Ordinator Research and Evaluation



Greg Stehle
Communications Coordinator



Lachlan Butcher
Coordinator Member Services
and Special Projects



Jane McMahon
Administration Officer



Karen Andrews
Administration Officer - Governance

GPSA also wishes to acknowledge the contributions of our former colleagues who contributed to GPSA's achievements across 2021-22:

CEO – Glen Wallace

Accountant – Rebecca Qi

Senior Research Officer

– Dr Helen Hickson

Director, Policy and Engagement

– Dr Belinda O'Sullivan

OUR RESOURCES

[COMPLETE RESOURCE LIST](#)

As a sign of our effectiveness as a national peak body, GPSA resources have been downloaded close to 150,000 times in the past year. We've developed 394 teaching plans, FAQs, Guides, Flash Cards, Case Studies, Employment resources and YouTube recordings. Across 2021-22, our Webinars had 948 attendees, with 12,246 views of our recorded videos, up from 5,920 in the previous year. As we emerge out of COVID, we look forward to actually meeting you more and more in person. We are excited for the future for GPSA.

150,000
DOWNLOADS

394 NEW RESOURCES
DEVELOPED

- GUIDES
- FAQS
- FLASH CARDS
- TEACHING PLANS
- EMPLOYMENT RESOURCES
- WEBINARS
- PODCASTS

12,246
WEBINAR VIEWS
(AN INCREASE OF
107% FROM 2021)

- 948** ATTENDEES
- 66** AVERAGE REGISTRATIONS PER WEBINAR
- 23** WEBINARS
- 8.62/10** AVERAGE SATISFACTION
- 100%** WOULD ATTEND AGAIN





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