

# Annual report 2019



Australian Government  
Department of Health





# GPEx Acknowledges

THE TRADITIONAL LANDS OF THE

FIRST  
PEOPLES

AND RESPECTS THE SPIRITUAL RELATIONSHIP WITH THEIR COUNTRY.

GPEx acknowledges and pays respect to the Elders past and present and recognise Australia's first peoples cultural heritage, beliefs and relationship with the land.

# Welcome

## VISION

GPEX will support a pipeline of educational excellence for General Practice education from undergraduate through to specialist registration as a General Practitioner.

We will maximise opportunities for alignment of rural and indigenous pathways through a focus on customised and personalised support of registrars.

Using evidenced-based decision making, we will develop practice and supervisor capacity to ensure the optimum number of quality training posts.

We will understand and be responsive to community workforce issues by working collaboratively with local agencies and stakeholders.

## MISSION

GPEX will deliver high quality, responsive and forward-thinking education and training, that provides South Australia with a skilled and sustainable General Practice workforce which meets the needs of local communities

## STRATEGIC PRIORITIES

### **ONE**

GPEX will provide innovative education and training for registrars, so they become culturally safe, competent, independent GP practitioners capable of providing services in urban, rural and remote locations.

### **TWO**

GPEX will be a centre for excellence in graduating Aboriginal and Torres Strait Islander doctors.

### **THREE**

GPEX will develop medical educator and support staff who are recognised for their commitment and innovation and who collaborate with stakeholders and communities to meet local health workforce needs.

### **FOUR**

GPEX will be a responsible corporate leader, committed to reconciliation, sound governance, stakeholder engagement and the development of staff and doctors in training to drive continuous quality improvement.



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### Image

Sillo Art at  
Waikerie, South  
Australia's Riverland.





**As a rural GP supervisor I understand only too well  
the positive influence GPEx registrars have on the  
clinics they work in and the communities they serve.**



# RELATIONSHIPS KEY TO DEVELOPING SOUTH AUSTRALIA'S FUTURE GPs

## CHAIR REPORT

**GPEX continued to provide high-quality GP training and support with a focus on key stakeholder relationships.**



**Image**

A patchwork of farmlands on South Australia's Yorke Peninsula.  
Dr Alison Edwards, left.

**G**PEX exam results continued to exceed the national average and we graduated the first registrars who started their training with GPEX in 2016. We congratulate these newly-fellowed GPs on their hard-earned and well-deserved success.

Maintaining a steady ship and building on well-established sector relationships and organisational culture were the priorities of the Board.

As a rural GP supervisor I understand only too well the positive influence GPEX registrars have on the clinics they work in and the communities they serve.

The strength of GPEX's relationships with medical educators and GP supervisors is key and we worked with our GP community to understand the impact of declining GP training applications and limited registrar availability.

As we transition to a College-led Australian General Practice Training (AGPT) program from 2022, GPEX, under the guidance of Christine Cook as CEO, sought to engage with stakeholders, understand future roles and shape GP training for the new arrangements.

GPEX worked solidly with our colleagues in Western Australia and the Northern Territory on areas of

mutual and overlapping interest, particularly in our remote areas and rural training needs.

This work was formalised with the Henley Agreement and is a credit to the collegiality GPEX has worked hard to establish.

The Department of Health commissioned KPMG to undertake a review of governance across the Regional Training Organisation (RTO) sector, with a particular focus on related party issues.

This review suggested areas for fine tuning and greater clarity. We look forward to finding the best path forward in 2020 alongside our founding members and with guidance from the Department and Colleges.

I acknowledge the work of GPEX Board Directors in 2019.

Dr Richard Johns was founding Chair of GPEX in 2015 and resigned early in 2019. We thank Richard for his solid work in the creation of GPEX and its development as a leading RTO.

We welcomed Dr David Adams to the Board, bringing years of GP supervisor and educator wisdom into the mix.

While the Board provides strategic oversight and direction to the organisation, the success of GPEX and its strong position

as South Australia's RTO rests very clearly with the Executive Leadership team.

Christine Cook as CEO has built a strong and loyal team who have emulated her skills in developing strong relationships with all those in the sector.

This includes registrars, GP supervisors, medical educators and GPEX staff, as well as the Department, Colleges and the RTO network both generally and specifically with Western Australia and the Northern Territory.

On behalf of the 2019 Board I formally acknowledge and thank Christine and her senior team for their tireless and passionate efforts to achieve the best outcomes for GP training in South Australia.

To the GP sector in South Australia – thank you for working with GPEX to support the future of your profession.

Particular thanks go to Supervisor Liaison Officers Dr Frank Maldari and Dr Bill Geyer for representing our supervisors and to Registrar Liaison Officers Dr Cristina Valero, Dr Lachlan Mackinnon and Dr Sean Black-Tiong for supporting our registrars.

*Alison Edwards*

Dr Alison Edwards, Chair.





# STRENGTHENING SOUTH AUSTRALIAN COMMUNITIES



## EXECUTIVE REPORT

### Strengthening our communities in urban, outer urban, rural and remote areas of South Australia was the focus of GPEx in 2019.

#### Image

From left, Dr Paul Dilella, Angela Burden, Tim Piper, Christine Cook, Rebecca Pit.

This focus was achieved through high-quality GP training and support and evidence of community benefit.

We commenced the first year of our second three-year contract to deliver Australian General Practice Training (AGPT) in South Australia with the Federal Government Department of Health.

Our organisation matured as the first registrars to start their training with GPEx in 2016 achieved their Fellowships. We congratulate all of our fellowed GPs as they embark on the next stage in their careers.

GPEx continued to work with the Department of Health, the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practitioners (RACGP), GP supervisors, medical educators and registrars as we work towards a College-led Australian General Practice Training (AGPT) program from 2022.

#### **GPEx for rural South Australia**

GPEx research shows that the longer registrars spend in rural placements, the more likely they are to return to rural practice after Fellowship.

Of our 103 graduating Fellows in 2019, 26 have chosen to remain in rural practice.

These achievements are a testimony to the success of GP training in South Australia and are helping to secure the future workforce in these rural communities.

#### **National accolades for rural training in SA**

GPEx registrars learn from some of the best GPs in Australia. This was reflected at the RACGP National Awards for 2019.

Former GPEx registrar and recently accredited GP supervisor, Dr David Lam from Port Lincoln Medical Centre, was named Australia's GP of the Year.

GP supervisor Dr Mark Miller from Goolwa Medical Centre received the highest accolade awarded by the RACGP, the Rose-Hunt Award.

Dr Raphael Torome from Barmera Medical Clinic was named General Practice Supervisor of the Year.

In a shared award, GPEx training clinic Hawkins Medical Clinic in Mt Gambier was named General Practice of the Year.

#### **Working collaboratively with our peers**

GPEx collaborated with regional training organisations on a wide range of initiatives.

This included formalising an agreement with Western Australian General Practice Education and Training (WAGPET) and Northern Territory General Practice Education (NTGPE).

The Henley Agreement creates greater opportunities for our registrars, particularly in rural and remote areas, including improved access to extended skills posts.

### **Partnerships build evidence through research**

GPEX's evidence-based approach to training allows us to graduate high-quality GPs into the South Australian community.

### **Workplace-based assessment framework**

In 2019 we led a major RACGP-funded research project to develop a workplace-based assessment framework for the future of AGPT. GPEX acknowledges that this research project was supported by the Royal Australian College of General Practitioners with funding from the Australian Government under the Australian General Practice Training program. And in conjunction with Flinders University, ModMed, the Remote Vocational Training Scheme and many of the Regional Training Organisations including EVGPT, GPTT, MCCC, NTGPE, WAGPET, GP Synergy and GPTQ.

This work reinforced GP training elements that GPEX already does well, giving confidence that the

GPEX approach is consistent with best-practice registrar support and responsive to modern training needs.

### **Medical Speciality Decision Making Study**

GPEX entered a major partnership with the SA Health Rural Support Service (RSS) and the University of Adelaide to better understand perceptions of general practice and factors that influence medical specialty decision-making.

The intention of the Medical Speciality Decision Making Study was to understand why applications to the rural pathway and general practice training more broadly are decreasing and identify potential solutions.

Findings from this project are being used to inform the SA Rural Health Workforce Strategy and GPEX activities.

### **Graduate Tracking Study**

GPEX, working in partnership with WAGPET and the University of Adelaide, undertook Phase 3 of our Graduate Tracking Study, interviewing graduates on why they

choose to work in urban or rural areas after Fellowship.

In addition, GPEX has collected graduate tracking study data from seven of the nine RTOs to understand graduate locations post-graduation. And with this started discussions in SA with supervisors and practice managers about practice culture as key reasons why registrars chose to stay in particular locations.

### **GP Explore**

Significant evaluation was undertaken in 2019 on the GP Explore platform with upgrades to be completed in 2020.

### **Research placements**

Assoc Prof Jill Benson and Dr Taryn Elliott supervised a PhD student, Shaun Prentice, and supported Masters student Dr Trisha Rogers from the University of Adelaide Public Health.

Two of our registrars, Dr Sean Black-Tiong and Dr Alexandra Barrett, completed RACGP Academic Skills posts.

### **Looking ahead**

GPEX secured two educational research grants (ERGs) for projects to commence in 2020.

These included an ERG in partnership with Flinders University and the RVTS to investigate the adaptability of our Patient Encounter Tracking and Learning (PETAL) tool.

We secured another ERG in partnership with Flinders University and NTGPE regarding real-time learning logs in general practice, led by our previous 2018 academic registrar Dr Emily Kirkpatrick.

### **Technological innovation**

GPEX developed new technology platforms to enhance the registrar training experience, streamline our systems and make data easier to track and manage.

These included GPEX Exams Collective, an online application tool designed to support registrars to achieve exam success, which has generated more than 35,000 views since launch in late September.

GPEX Surveys enhances data privacy and security, replacing

external survey software platforms in the cloud.

GPEX Events takes a similar approach, recording and managing attendance at training workshops, seminars and events.

All data gathered via these platforms is stored within GPEX's own training management software and integrated with our client records management system.

### **Refreshing our look to build registrar engagement**

Updated training rooms for regional workshops, a refreshed brand and new website were among initiatives designed to build brand recognition and registrar engagement.

The Dr Peter Clements Training Room gives us more contact time with our registrars and we have created a dedicated study lounge with a range of resources as a quiet space for individual or group study.



**..the GPEx approach is consistent with best-practice registrar support and responsive to modern training needs”**





## DEVELOPING OUR RURAL AND URBAN GPs

**GPEX provided  
Australian General  
Practice Training  
(AGPT) to 482  
registrars at  
various stages of  
their training.**

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Our registrars delivered almost 12,000 Full Time Equivalent (FTE) weeks of service to the South Australian community supported by 459 accredited GP supervisors and their practice management staff in 169 accredited practices across urban, outer urban, rural and remote South Australia.

### **AGPT delivery**


GPEX delivers training towards Fellowship of both ACRRM and RACGP.

GPEX was allocated 136 training positions for 2020 – 66 on the general pathway and 70 on the rural pathway. Of these, 121 positions were with RACGP and 15 with ACRRM.

Of our total 136 allocated positions, 99 were filled over the two intakes held during the 2019 calendar year. This outcome reflects the national GP training trends, with a well-documented decline in the number of rural applicants. In South Australia this has been exacerbated by falling numbers interstate.

### **Exam results exceed national average**

GPEX registrar results continued to exceed the national average with excellent pass rates across both ACRRM assessments and RACGP exams.

 **Image**  
Dr Paul Dilena,  
Director Medical  
Education and  
Training, Angela  
Burden, Director  
Education Operations.





**South Australia's rural communities depend on GPEX registrars who make up approximately one-quarter (25%) of the state's rural medical workforce.**



**ACRRM Assessments****Semester 1, 2019**

- Multiple Choice Questionnaire (MCQ) 100%
- Case Based Discussion (CBD) 100%
- Structured Assessment using Multiple Patient Scenarios (StAMPS) 67%

**Semester 2, 2019**

- MCQ 100%
- CBD 100%

**RACGP Exams****Semester 1, 2019**

- Applied knowledge Test (AKT) 64% (national average 64%)
- Key Feature Problem (KFP) 70% (national average 59%)
- Objective Structured Clinical Exam (OSCE) 94% (national average 86%)

**Semester 2, 2019**

- OSCE 99% (national average 83%)

**Dr Emily Kilner (2019.1) received the David Game Prize as the GP candidate in the SA&NT Faculty who achieved the highest pass score on her first attempt.**

**Dr Megan Wild (2019.1) received the Outstanding SA/NT KFP Achievement and the Outstanding SA/NT OSCE Achievement Awards for the highest KFP and OCSE scores.**

**Rural Generalist training**

South Australia's rural communities depend on GPEx registrars who make up approximately one-quarter (25%) of the state's rural medical workforce.

In 2019, GPEx introduced several new key initiatives to support the training of tomorrow's rural GPs.

We formed a dedicated Rural Generalist training team with a specific Rural Generalist medical educator, Dr Tom Ryan, supported by several recently fellowed rural GPs and GPEx support staff.

This team will assist GPEx to recruit more registrars into the rural pathway and provide enhanced Rural Generalist training in regional and remote parts of the state.

We also made improvements to our GP supervisor and practice manager professional development activities and workshops, covering a range of topics to support better training outcomes for our registrars with a focus on training culture and registrar retention.

The Practice Manager Review Project was held for a second time, with seven practice managers across the state undertaking an individual coaching program to develop their

business skills and in turn strengthen the practice in which they work.

We also continued our regional visits to support GP practices across South Australia, meeting with GP supervisors and practice staff to nurture these relationships that are vital to the ongoing success of GP training in our rural and remote locations.

**Retaining registrars on the rural pathway**

GPEx held focus groups with our rural registrar groups to better understand and respond to their training needs.

This led to the development of additional support initiatives, in particular for the Rural Generalist group, via an individual case manager approach and rural workshops specific to those trainees.

We also worked with our rurally-based training practices and supervisors to better understand how we can allocate registrars fairly and adequately among them to ensure continuity of care for their communities.

GPEx developed a number of financial incentive structures for registrars in rural and remote areas

to recognise and offset the increased cost to registrars associated with relocating, housing and family support.

### **Developing our medical educators**

Building the skills of medical educators translates into better training for GPEx registrars. We supported professional development via clinical education courses through Flinders University for over a quarter of our medical educators.

This included two medical educators completing their Graduate Certificate in Clinical Education, and three medical educators working towards Masters degrees.

### **New team members**

We created two roles from our traditional Supervisor Liaison Officer position, to better support our rural communities. GPEx now has a dedicated rural SLO, Dr Bill Geyer and an urban SLO, Dr Frank Maldari.

A dedicated Program Training Advisor position was established to support and expand the program offered to registrars during their year of hospital-based GP training.

### **National leadership in GP training**

GPEx assumed national leadership roles in the GP training sector. CEO Christine Cook was appointed Deputy Chair of the national Regional Training Organisation Network (RTON) while Director Medical Education and Training Dr Paul Dilella was appointed Chair of the Lead Medical Educator Committee (LMEC) for RTON.

### **Building our rural communities**

GPEx delivered a range of education and training programs complementary to AGPT with a focus on rural communities.

This included promoting rural general practice as the career of choice to medical students and pre-vocational doctors.

In 2019 the SA Health Rural Support Service engaged GPEx to deliver the Rural Intern General Practice Experience program which provides rurally-based hospital interns with rotations into rural general practice.

Eleven interns participated in the program with GPEx providing education, mentoring and support.

This gave the interns positive exposure to general practice in rural settings and a greater understanding of the critical role of rural general practice in the community.

GPEx Extend, our rural Continuing Professional Development (CPD) program funded by Country SA Primary Health Network (PHN), grew in the number of workshops we provided to the rural health workforce.

Highlights include workshop delivery in remote communities; for practice managers an extended cultural awareness workshop and both face to face workshops and webinars on the topic of suicide prevention.

We delivered workshops in nine rural communities on Medicare Item 715 (ATSIH Peoples Health Assessment) to help registrars understand what's involved in an Aboriginal health check and patient incentive program so they can make their own contribution to closing the gap.

### **Support for doctors towards fellowship outside the AGPT program**

In 2019, the RACGP commenced the delivery of the Practice Experience Program (PEP) and engaged GPEx to support the non-fellowed doctors participating in South Australia. An initial group of six doctors from urban and rural South Australia commenced the program with GPEx, with a further cohort due to start in 2020.



# GPEX ACHIEVEMENTS

**11 RURAL  
INTERN**  
PROGRAM PARTICIPANTS

**103** NEW  
REGISTRARS  
COMMENCED  
IN COMMUNITY  
PRACTICE

**482** REGISTRARS  
IN TRAINING  
2019



## HIGHLIGHTS IN NUMBERS

169

ACCREDITED PRACTICES  
ACROSS URBAN,  
OUTER URBAN, RURAL  
AND REMOTE SOUTH  
AUSTRALIA.

11,987

FULL TIME  
EQUIVALENT (FTE)  
WEEKS OF SERVICE  
TO THE SOUTH  
AUSTRALIAN  
COMMUNITY

LOCATION	FTE
MMM1	6347.9
MMM2	249.1
MMM3	1462.3
MMM4	155.9
MMM5	2914.4
MMM6	743.6
MMM7	114.1

7 PRACTICE REVIEW  
PROGRAM PARTICIPANTS

● Image  
Robe South Australia



# A HEALTHY BALANCE SHEET

## FINANCIAL REPORT

**GPEX maintained  
its focus on prudent  
financial management  
and sustainability  
supported by  
robust financial  
management systems.**

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**W**e delivered a solid financial performance as we completed the first year of our second three-year contract with the Department of Health to deliver AGPT in South Australia.

Declining numbers in the AGPT program resulted in slightly lower expenditure with strong growth in complementary research work, education and training.

GPEX maintains a healthy balance sheet and we diversified revenue with new and continued partnership funding for research and workshops that reinforce the AGPT program.

**This included contracts with:**

- SA Health Rural Support Service to deliver the Rural Intern General Practice Experience program.
- SA Health Rural Support Service to undertake the Medical Speciality Decision Making Study.
- Country SA Primary Health Network (PHN) for the delivery of cultural awareness workshops and suicide prevention webinars via GPEX Extend.

- Australian Communities Foundation for delivery of GP professional development and training in the south east of South Australia.
- RACGP to support doctors on the Practice Experience Program (PEP).

These programs are enabling us to strengthen the GP sector right across South Australia as we seek to continue building the GP pipeline, with a focus on rural and remote parts of the state.

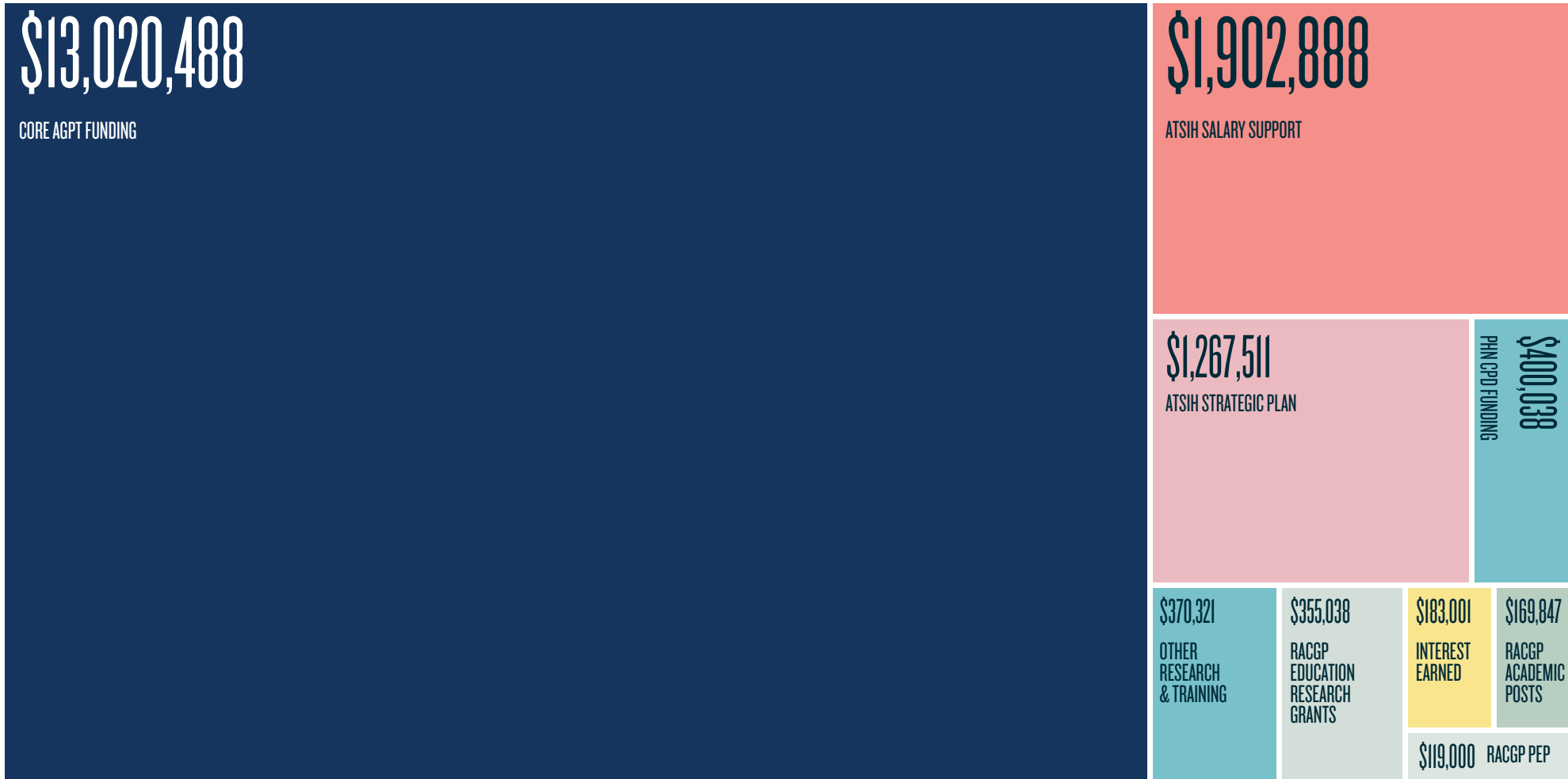
Additional funding was also allocated to support rural and remote registrars, providing incentives to assist with moving, housing and family support costs.

As part of our efforts to close the gap we were funded to reimburse Aboriginal Health training clinics for registrar salaries, distributing almost \$1.3 million to support health outcomes in these communities.

We made continuous improvements and invested in new technologies including GPEX Exams Collective, GPEX Survey and GPEX Events. These are providing better privacy and security for our data while creating greater streamlining and efficiencies.

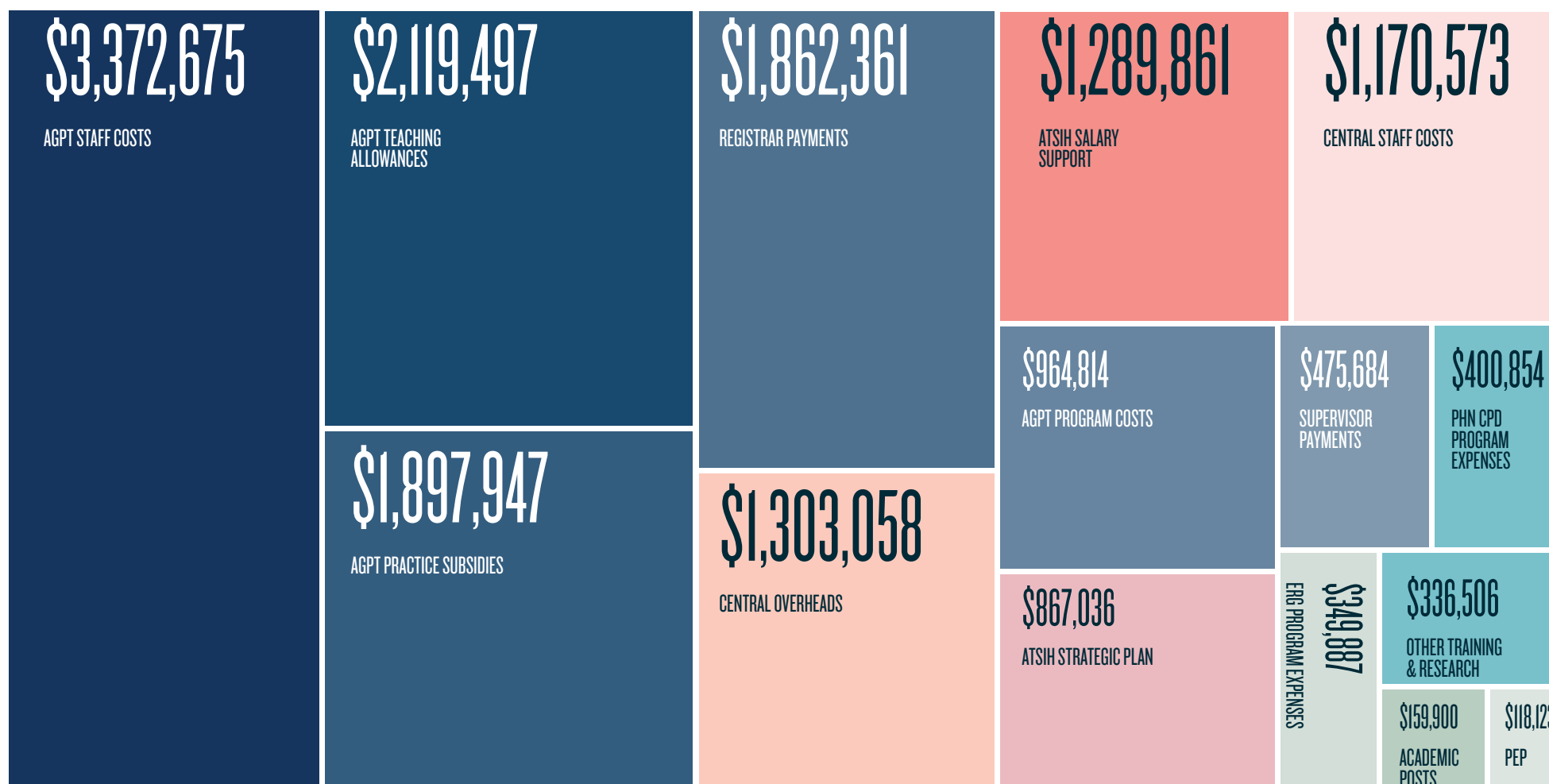
**As part of our efforts to close the gap we were funded to reimburse Aboriginal Health training clinics for registrar salaries, distributing almost \$1.3 million to support health outcomes in these communities.**

# GPEx 2019 INCOME





# GPEX 2019 EXPENDITURE











# People & culture

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**A STRONG FOUNDATION FOR GP TRAINING**

**GPEX's capability to  
provide quality GP  
training and support  
in the South Australian  
community depends  
completely on the  
strength of its people.**

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“

**Pleasingly, 97% of staff agreed with the statement: I feel good about the ways we contribute to the community.**

Our team provides a strong foundation for AGPT in South Australia, working collaboratively to support registrars, GP supervisors and our accredited training practices across the state.

GPEX has a workforce of 67 people, including 21 medical educators and 46 program management and support staff. Fifteen of our medical educators are practising GPs, and six of these are rurally located.

We have created an environment where people want to work, with the 2019 staff survey revealing an engagement rate of 89%.

Pleasingly, 97% of staff agreed with the statement: I feel good about the ways we contribute to the community.

Professional development (PD) was a key focus with every member of our workforce attending a PD opportunity. We also supported seven employees to undertake tertiary studies.

We held a regular “Lunch and Learn” program for all staff involving speakers on a range of topics including how to delegate effectively, understanding and managing stress and building resilience.

In support of GPEX’s Reconciliation Action Plan (RAP), we held a Kaurna Language Workshop and we are working towards all of our team attending this over the coming 12 months.

A staff development day was held for all employees with the theme of Review, Reflect and Refresh. We celebrated our achievements of 2019 and set goals for the year ahead.

We initiated staff volunteering with KickStart for Kids, joining the not-for-profit organisation’s program to provide breakfast and lunch for underprivileged children in South Australia.

Each Wednesday, members of our team visit a local primary school to serve breakfast and have also assisted at school camps during the school holidays.

## MARKETING ACTIVITIES

GPEX invested in its marketing capabilities with the appointment of a new team, including Karen Stanton-Brown in the senior role of Marketing and Communications Manager.

Work was undertaken to better understand the GPEX brand and how it is perceived in the market. This resulted in refreshing the GPEX brand to more effectively communicate the GPEX vision, what we deliver and how we deliver it.

The more contemporary branding has been translated across social and digital channels, culminating in a new website to go live in early 2020.

Another focus of marketing was activities to encourage more regular collaboration with stakeholders, especially the Colleges and other regional training organisations (RTOs).

### Image

Left; Rebecca Pit, Manager People & Culture. Above; Members of the GPEX team in November 2019.

# Closing the gap

IN ABORIGINAL HEALTH



## Registrar interest in Aboriginal and Torres Strait Islander Health (ATSIH) is growing.

For the first time in managing the placement process, 2019 registrar demand for GPEx training posts in Aboriginal Health services exceeded training place capacity.

As a result, 11 registrars will start the 2020 training year with placements across urban, rural and remote Aboriginal Health services in South Australia and a further three registrars will remain at Aboriginal Health services having completed their training.

Registrar demand, together with Aboriginal Health training post capacity, also resulted in GPEx being able to create a second roving registrar position for 2020.

Three Aboriginal and Torres Strait Islander registrars participated in GP training during the 2019 calendar year, including one who completed an academic post placement.

Meanwhile, all registrars who completed training in an Aboriginal Health post passed their exams and went on to Fellowship.

These achievements are a testimony to the rewarding training

experiences that Aboriginal health provides and the positive feedback that registrars are sharing with their peers.

They represent significant progress in GPEx's efforts to close the gap in Aboriginal health and support our belief that training in Aboriginal health services and communities can create better and more culturally aware GPs.

Our Aboriginal Health team and cultural mentors play a significant role in inspiring registrars to choose and continue in their placements, supporting them on their journey to cultural awareness. This includes health and cultural awareness workshops held six times each year by experienced facilitators, and relationships with cultural mentors that extend well beyond the end of registrar training.

GPEx delivered information sessions in Aboriginal Health services across the state, to help clinical staff better understand the GP registrar journey and opportunities for their workforce.

We provided educational support to these health services across a range of topics.

Survivors of the stolen generation shared their journeys with our registrars during cultural awareness workshops throughout the year to provide a better understanding of their unique healthcare needs.

GPEx acknowledges the efforts of GP Supervisor Dr Nick Williams, GPEx Medical Educators Dr Kali Hayward and Assoc Prof Jill Benson AM, and the GPEx ATSIH Team of Devinia Binell and Diana Orozco for their all of their work in supporting GPEx to close the gap.

Organisationally, at the time of this report the second part of GPEx's Innovate Reconciliation Action Plan (RAP) was in its final stages of development.

Our staff participated in a range of activities, acknowledging key dates and events in the Aboriginal and Torres Strait Islander cultural calendar including Closing the Gap Day, National Sorry Day and the Reconciliation Australia breakfast.

### Image

From left, The Aboriginal Health team; Assoc Prof Jill Benson AM, Devinia Binell, Dr Nick Williams, Dr Kali Hayward, Diana Orozco



# GPEX ACHIEVEMENTS

**372.7** FTE WEEKS  
OF HEALTH  
SERVICES  
DELIVERED TO  
ABORIGINAL  
COMMUNITIES

**6 PEP**  
PARTICIPANTS

**459**  
ACCREDITED  
GP SUPERVISORS

● Image  
Clare Valley, South Australia



# NTS IN NUMBERS

**8** ABORIGINAL  
HEALTH TRAINING POSTS

**3** ABORIGINAL &  
TORRES STRAIT  
ISLANDER  
REGISTRARS  
IN TRAINING

**257** WORKSHOPS  
DELIVERED

INCLUDING REGISTRAR  
EDUCATION, PROFESSIONAL  
DEVELOPMENT, PEP  
EDUCATION & MARKETING/  
RECRUITMENT



**More than 450 experienced GPs across South Australia provided training posts for GPEX registrars under the apprenticeship model of GP training.**

*Interview ~*

**Dr Bill Geyer, Rural Supervisor Liaison Officer, GPEX.**

## Continuity of care from cradle to grave

Rural general practice incorporates the best features of all medical specialties.

I've spent my career as a rural procedural GP, including obstetrics and anaesthetics, working in country locations across the Northern Territory and New South Wales and in Tanunda for the past 25 years.

I provide continuity of care, from cradle to grave, in consulting rooms and hospital settings, as well as administering anaesthetics and delivering babies.

We've trained registrars at Tanunda Medical Clinic for many years now.

The apprenticeship model that exists in South Australia is a really important strength of GP training. Registrars have lots of one-to-one interaction with experienced practitioners, and consult alongside us. It's very powerful.

GP training is a two-way process and as a clinic we get a lot out of it.

Quite apart from workforce and succession planning, it's very rewarding to be able to mentor young doctors.

It's not just about me teaching the registrar, it's about the registrar teaching

me, keeping me honest, making me think about what I'm doing and explaining my thought process. In doing so I hope that improves their own skills as clinicians.

As a Supervisor Liaison Officer (SLO) I'm the conduit between GP supervisors and the management team at GPEX.

GPEX punches well above its weight in its efforts to ensure that GP training in South Australia stands up to research scrutiny and delivers excellent education results.

In 2019 I was given the opportunity to attend the General Practice Training and Education Conference (GPTEC) in Melbourne and was impressed with the large number of presentations given by GPEX staff.

It is well recognised that the number of applications nationally for GP training is declining. GPEX has made a real effort to understand the needs of South Australia's rural GP sector and how to assign registrars in an equitable fashion.

They are ever so mindful of communities that may be struggling and the need to provide registrar support while managing burnout risk.

 Image

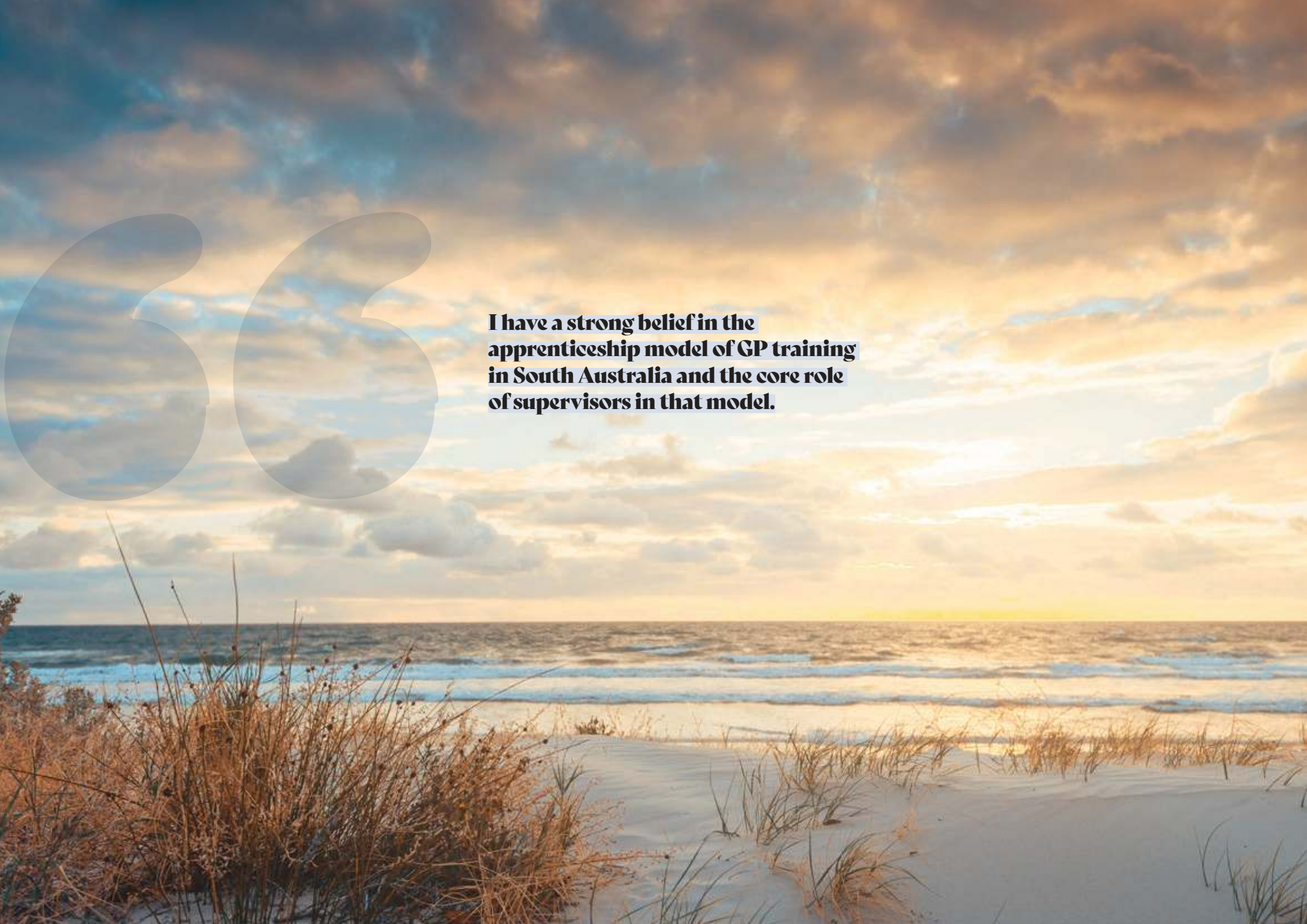
Mixed agricultural landscape of the Barossa, near the township of Tanunda.



**It's not just about me teaching the registrar, it's about the registrar teaching me, keeping me honest, making me think about what I'm doing and explaining my thought process.**







**I have a strong belief in the  
apprenticeship model of GP training  
in South Australia and the core role  
of supervisors in that model.**





## Saving general practice

**General practice is a privilege. It gives me insight into people's lives and the opportunity to develop personal connections and support patients in their health over time.**

*Interview ~*  
**- Dr Frank Maldari,  
 Urban Supervisor  
 Liaison Officer, GPEx**

Image

Christies Beach, Adelaide.

Practising at Christies Beach Medical Centre since the late 1980s, I spent my first 10 years refining my skills and the past 20 years developing GPs of the future.

Training registrars has saved our practice. We have a very large patient population and if it wasn't for our registrars, we'd have no way to service them all.

Of our 16 GPs, seven are our former registrars. Their training experience was so rewarding they chose to come back.

I have a strong belief in the apprenticeship model of GP training in South Australia and the core role of supervisors in that model.

As Supervisor Liaison Officer for GPEx, I have input into the development of training, policies and the management of supervisor support.

GPEx is a wonderful organisation that is responsive to supervisor needs.

A big issue for GP training nationally is access to rural registrars and GPEx has done well engaging with supervisors for shared positive outcomes.

After being made aware of registrar number issues, supervisors were given an opportunity to provide input to the GPEx executive and work on the issue as a joint effort.

This goes to the heart of how GPEx has developed. It has always seemed like a cooperative rather than a private organisation, with a close relationship between supervisors and the executive team.

At the end of the day, the health of the community depends on quality GPs – and to develop quality GPs, you need quality GP supervisors who receive good support. This is what GPEx does best.



**More than 482 GPEx registrars contributed almost 12,000 full-time equivalent weeks of service to urban, outer urban, rural and remote communities across South Australia.**

*Interview ~*  
**Dr Cristina Valero,**  
**Registrar Liaison**  
**Officer, GPEx.**

## Challenging and rewarding medicine

I always thought I'd specialise in anaesthetics – until I did my hospital placement in Jamestown and Peterborough (now Goyder's Line) and fell in love with rural medicine.

This early exposure secured my interest in general practice – without it, I wouldn't have considered rural GP.

Originally from the city, I'm now a practising GP at Tanunda Medical Centre as well as a Clinical Lecturer at the University of Adelaide and a Medical Education Fellow at GPEx.

Rural medicine is challenging and rewarding, combining hospital and general practice settings.

Over my short time in GP, I have had exposure to a wide variety of clinical experience. The unique nature of rural GP means that I have been able to start developing skills across medicine and surgery, from assessing and treating trauma patients to surgical assisting to

chronic disease management. This variety and independence is hard to find in other specialties.

While I gain much job satisfaction supporting my patients through their journey, it's also about the nature of the workplace. I've been privileged to forge strong friendships with my colleagues along the way.

GPEx supports its registrars with quality placements and high-standard medical educators and supervisors, and makes a direct impact by placing us in the rural communities where we are needed most.

This placement and exposure aims to encourage registrars to stay in rural settings beyond their fellowship, representing a long-term investment for strong community gains.

As a registrar I felt supported, and that GPEx was in tune with our needs. The GPEx team responded to our requests, took our


suggestions seriously and had good communication processes in place.

Meanwhile, my supervisors encouraged me to be an engaged and active worker, treated me and other registrars as equals and took a real interest in our education.

My message to medical graduates is: Rural general practice is challenging and rewarding. Don't rule it out, try it for yourself and get as much exposure before choosing your specialty as you can.

**Image**

Left: Outback, Flinders Ranges, South Australia.

A wide-angle photograph of a desert landscape during sunset. The foreground is filled with low-lying, green and brown shrubs on a sandy, hilly terrain. In the distance, a range of rugged, dark mountains is silhouetted against a sky with soft, pink and orange clouds. A large, semi-transparent graphic of two quotation marks is positioned in the upper left quadrant of the image.

**While I gain much job satisfaction following my patients through their journey, it's also about the workplace and I've been privileged to forge strong friendships with my colleagues along the way.**



“

**My message to anyone choosing their medical speciality is: give rural general practice a go. There is an incredible amount of opportunity – professionally, financially and socially – and it's a satisfying career.**







## Professional, financial and social rewards of rural medicine

**The biggest influence in my choice to specialise as a GP came from an opportunity to experience Rural medicine via a placement whilst at university.**

***Interview ~***  
**- Dr Lachlan Mackinnon, Registrar Liaison Officer.**

Image

Ariel view of Loxton township, South Australia's Riverland.

It's amazing how many new GPs I speak with who hadn't considered rural general practice until trying a medical placement during their university days or intern year.

It makes me think how many more GPs we might have in South Australia if all medical students were given the option to "try before they buy".

I grew up in the country, my mother was a midwife and my father was a rural GP.

Yet the biggest influence in my choice to specialise as a GP came from an opportunity to experience rural medicine via the John Flynn Placement Program (JFPP) while at university.

During my placement in Esperance, Western Australia I was inspired by a procedural rural GP who also practised anaesthetics and obstetrics and I ultimately chose a similar pathway.

I spent my GP training in Tumby Bay and Loxton, with anaesthetics for my extended skills post, and recently returned to Loxton as a fellowed GP.

I practise at Loxton Medical Centre including on-call work at Loxton Hospital and administer anaesthetics at Riverland General Hospital in Berri.

Rural general practice has lifestyle benefits and professional rewards.

I enjoy the sense of community, easy commute and collegiality with other GPs and hospital staff. It's also an opportunity to provide continuity of care to the community and build on my GP skills with anaesthetics and hospital work.

My experience training with GPEx was positive. GPEx facilitated regular interaction with other registrars in my region, provided quality training and exam preparation and matched me with fantastic supervisors.

During my time as Registrar Liaison Officer, GPEx always listened to our ideas and suggestions, following through with a range of programs and incentives to encourage more registrars to the rural pathway.

My message to anyone choosing their medical speciality is: give rural general practice a go. There is an incredible amount of opportunity – professionally, financially and socially – and it's an extremely rewarding career.



● Image  
Sunrise over the river,  
Renmark South Australia.

● Photography credits;  
Liam West and Jarrod Knoblauch.





GPEX