Annual report 2020









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.



GPEX

01

TO EXCELLENCE IN ALL THAT WE DO LY SEEK BETTER WAYS TO DELIVER OUR PRODUCTS AND SERVICES INCLUSIVITY, HONESTY, TRANSPARENCY AND RESPECT

Contents

Chair Report 04

Welcome

CEO Report 06

Strength in collaboration

Achievements 10

Attraction 14

Building a substantial GP pipeline

Education and training 18

Providing specialist education and training

Placement 22

Placing GP Trainees where they are most needed

Retention 26

Meeting health and medical workforce needs

Aboriginal Health 28

Closing the gap

GPEx Community 30

At the coalface of the pandemic 30

Life-saving power of general practice 32

From a family of surgeons to rural GP 33

The quiet achievers in GP care 34

Finance 36

A responsible approach to financial management

Income and Expenditure 38

Across nearly all standards and criterion, GPEx have comprehensively demonstrated continuing quality processes to deliver excellence in GP training."

Dr Vong Cherbon

GPEx Chair



It was with great pleasure that I joined GPEx as Chair towards the end of 2020. believe that primary care is the most effective part of our national health system and that GPs do more for Australians than anyone else. I am honoured to be part of an organisation that helps to train such great doctors for South Australia.

It will come as no surprise that 2020 was a big year for GPEx, including and in addition to, the challenges of COVID-19.

However, despite the challenges that the year brought, GPEx had many notable achievements, and continued to deliver high quality GP education and specialist training.

A key highlight was receiving accreditation from the Royal Australian College of General Practitioners (RACGP) to deliver the Australian General Practice

1 Image

Silo artwork at Karoonda, in the Murray Mallee region.

As we look ahead to 2021, GPEx understands the importance of increasing GP registrar recruitment numbers to meet the needs of South Australian communities.

Training (AGPT) program until September 2023.

In its report, the RACGP commented that, "Across nearly all standards and criterion, GPEx have comprehensively demonstrated continuing quality processes to deliver excellence in GP training."

This outcome is a credit to the entire GPEx team.

The successful amalgamation of GPEx and its member company ModMed was also completed late in the year. This followed an independent review of GPEx governance commissioned by the Department of Health and undertaken by KPMG. The amalgamation creates governance efficiencies and will strengthen outcomes for GP training and health professions education.

The Department of Health also confirmed that GP training by Regional Training Organisations (RTOs) will continue until January 2023. We thank and acknowledge the ongoing support of the Department.

2020 also marked some changes to the GPEx Executive Team.

The Board was pleased to appoint a new CEO, Ms Stephanie Clota. During my short time with GPEx I have appreciated Stephanie's leadership and focus on the organisation, as well as her support of GPEx employees and our stakeholder communities.

Stephanie replaced former CEO Ms Christine Cook. Christine was the first CEO of GPEx when it was established in 2016. We thank Christine for her contribution to

GPEx, and Sturt Fleurieu Education and Training prior.

We also farewelled Dr Alison Edwards, Dr David Adams, Ms Rosina Hislop, Ms Karen Glover, and Chair Professor Kevin Forsyth from the GPEx board, and thank them for their service.

A number of new board appointments were finalised late in the year. We welcome Dr Jayanthi Jayakaran, Dr Anthony Carpenter and Dr Roger Sexton who bring diverse and complementary skillsets to the refreshed GPEx board.

As we look ahead to 2021, GPEx understands the importance of increasing GP registrar recruitment numbers to meet the needs of South Australian communities. This will require some reflection on the

ways we recruit into our program, in particular filling all of our rural training positions which we don't always achieve.

There will also be a strong emphasis on attraction and support for Aboriginal and Torres Strait Islander trainees and GPs.

We also look forward to welcoming ModMed into the GPEx team, to work on exciting and innovative new education opportunities across our united organisation.

On behalf of the GPEx Board, I thank all GPEx registrars, supervisors and practices for participating in our training program, and to those who enrolled in our various courses. We look forward to providing you with continued support in 2021.



Gleshanie Clota

CEO Report

GPEx exists to serve the needs of general practice in a way that is collaborative, evidence-based, and outcomes-focused for the benefit of South Australian communities.

Image

Dr Geordie Beath, recently fellowed Rural Generalist, based in Clare, photographed at Clare hospital.

Strength in collaboration

A s South Australia's health care sector faced unprecedented challenges during 2020, GPEx recognised and responded to those needs.

Our team rallied together and continued to deliver specialist GP training and high-quality education throughout the COVID-19 pandemic, bushfires, and organisational changes.

Despite the 2020 challenges we delivered an increase in satisfaction with training and support provided by GPEx. We can see from the 2020 Medical Training Survey that SA GP trainees are in line with, or more satisfied than, national GP trainee respondents.

Furthermore, we have seen a significant improvement in regards to GPEx registrars' satisfaction

with health and wellbeing support provided by GPEx. Registrars are also showing satisfaction with health and wellbeing support provided by their supervisors and practices.

GPEx has continued to focus on the health and wellbeing of registrars. Initiatives to support this included reviewing and simplifying the assessment requirements, and modifying engagement and coaching models throughout the life of their training.

Industry sector data indicates that we still have some work to do, with around 5% of registrars feeling burnt out, and between 5% and 20% feeling that they are only "surviving".

A key achievement in 2020 was also the launch of our Innovate

Reconciliation Action Plan (RAP), as we continue to build a more culturally-aware organisation.

Despite these successes, COVID-19 brought significant changes to the way we work and live. I was encouraged by the way our team adapted to this transition. It wasn't easy, and yet, there was no loss of momentum as our team continued to support and deliver GP training across the state. It was also reassuring to see their genuine concern for each other, GPEx registrars' health and wellbeing, and their 'business as usual' approach during unusual times to ensure continued high standards of GP training.

Having joined the organisation in April at the height of the pandemic, I appreciated the



support of our team to ensure a smooth transition into my role, and for helping me gain an understanding of the operations and strengths of GPEx.

Particular thanks must go to our Director of Support Services, Tim Piper, who accepted the role of Acting Chief Executive prior to my appointment, and Director of Medical Education and Training, Dr Paul Dilena. Thank you Tim and Paul for your leadership during this transition period, and to everyone at GPEx for your support.

GPEx ended the year with more robust governance, and a higher number of positions filled for Australian General Practice Training (AGPT) in 2021, with our first increase in four years.

We also recognise that, across the GP sector, none of us can solve GP workforce shortages on our own.

GPEx is collaborating with stakeholders along the GP training pipeline to develop new responses, solutions, and flexible approaches to achieve small, but consistent, wins.

We are working towards a coordinated approach to workforce planning to give rural communities access to the range of services they need for good health.

There are many people GPEx would like to thank as we bid farewell to 2020, and these individuals and communities are acknowledged throughout this report.

We are now looking ahead to 2021 with optimism as the newest registrars prepare to enter community training, and join with GPs across Australia to support the rollout of the COVID-19 vaccine.

We look forward to welcoming our new Chair, Dr Tony Sherbon and working with new board members to provide high quality GP training experiences, positively contribute to rural workforce challenges, and advance our purpose of excellence and equity in healthcare.



We are now looking ahead to 2021 with optimism as our newest registrars prepare to enter community training, and join with GPs across Australia to support the rollout of the COVID-19 vaccine.

GPEx GP/RG training goals

Attraction

Build a substantial pipeline of domestic medical graduates/choosing general practice. Recruiting and supporting Aboriginal medical graduates choosing a career in GP.

Placement

GP trainees working where they are needed most, particularly in regional and remote communities of South Australia, including Aboriginal and Torres Strait Islander communities. Advancing registrar skills to provide additional services such as emergency and hospital care.

Retention

Education & Training

Provide specialist education and training for registrars to become culturally safe, competent and independent GP/RG practitioners.

Ensure registrars are skilled to provide emergency, hospital care and specific health services of need in rural areas. Supporting the health and medical workforce needs of South Australian communities

GPEX

RURAL

PROGRAM PARTICIPANTS

429

REGISTRARS
IN TRAINING
2020

ACRRM 30 RACGP 399

167 RURAL PATHWAY 262 GENERAL PATHWAY 47 RURAL GENERALISTS

achievemei

85

NEW
REGISTRARS
COMMENCED IN
COMMUNITY
PRACTICE

84

REGISTRARS ACHIEVED FELLOWSHIP 456

ACCREDITED
GP SUPERVISORS

239

WORKSHOPS DELIVERED

INCLUDING REGISTRAR
EDUCATION, PROFESSIONAL
DEVELOPMENT, MARKETING
AND ATTRACTION



its in numbers

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

25%

OF SA'S RURAL MEDICAL WORKFORCE ARE GP REGISTRARS MORE THAN

MMM1 6926 FTE MMM2 281 FTE MMM3 1482 FTE MMM4 149 FTE MMM5 2321 FTE MMM6 498 FTE MMM7 114 FTE

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

Image

Cattle graze amongst the Hornsdale Wind Farm, south-west of the Narien Range, north of Jamestown.

SPE.



its in numbers

REGISTRARS
PARTICIPATED IN
ADVANCED SKILLS
TRAINING POSTS
(AST/ ARST)

150

REPRESENTING

REGISTRARS
IN TRAINING
IN RURAL
& REMOTE
COMMUNITIES

20/0
OF AUSTRALIA'S ACADEMIC REGISTRARS

OF TOTAL FTE WEEKS OF SERVICE DELIVERED

Sheep grazing at dusk near Naracoorte, in the state's South East.

GPEX

13



AGPT 2021 will see our first increase in rural numbers over the past four years, with a total of 125 registrars training in regional areas - a 16% increase over 2020.

MORE GPs/RGs FOR SOUTH AUSTRALIAN COMMUNITIES

Securing the future of South Australia's rural medical workforce, and attracting medical graduates to the general practice speciality, remains a key objective for GPEx.

In 2020, our attraction strategies yielded good results, as an increased number of GP training positions filled for 2021 will see South Australians have greater access to primary healthcare services, to support the state's COVID-19 vaccine roll-out.

Ninety registrars will enter community training in the first semester of the new year, with 10% of those in Aboriginal Health placements.

Of our total allocated positions

for AGPT 2021, 90% have been filled.

AGPT 2021 will see our first increase in rural numbers over the past four years, with a total of 125 registrars training in regional areas – a 16% increase over 2020.

STRENGTHENING THE GP TRAINING PIPELINE

2020 saw the launch of the Medical Speciality Decision-Making (MSDM) Study, a research partnership between GPEx, the University of Adelaide, and the SA Health Rural Support Service.

The MSDM Study looked at why overall applications to the rural pathway and general practice are declining. It considered the perceptions of general practice in

comparison to other specialities, and the factors that influence career decision-making for medical students, prevocational and vocational trainees.

The research found that both general practice and rural general practice are perceived as offering challenging, flexible, and diverse work opportunities with a good quality training program. However, a number of misperceptions and negative perceptions about general practice were also identified.

The role of quality experience within general practice, and exposure to positive, clear and inspirational messaging about GP role models, was identified as critical in positively

influencing perceptions and informing decision-making.

This South Australian-first research is helping GPEx – and other stakeholders across the pipeline – identify and develop new strategies to address and overcome these barriers.

COLLABORATIVE SOLUTIONS

Collaborating with stakeholders along the pipeline is pivotal to solving GP workforce shortages.

In 2020, GPEx secured a commitment from key stakeholders to work together to address the shortage of rural GPs, and support the strengthening of the GP training pipeline.

Imag

Left: Dr Penny Need, Senior Medical Educator delivering pre-community placement presentation to a new cohort of registrars.











We strengthened our engagement with South Australia's major hospitals and health networks by running GPled education sessions. providing resources. and building our relationships within the sector.

Image

top left: Dr Wissam Ghamwari (RLO) with junior doctors at a specialist careers event. Top right: Medical students on a GP Exposure program bus trip to the Barossa, outside Tanunda Medical. Bottom left: Dr Cristina Valero sharing skills with medical students. Bottom right: Dr Cristina Valero and GPEx team at a Future GP event.

We initiated an MSDM forum, bringing together medical and rural clinical schools, student, GP supervisor and GP registrar associations, SA Health and hospital representatives, and stakeholders within the GP sector.

A robust and engaging discussion identified clear messages around the need for positive and early exposure, quality training experiences, supported teaching practices, innovative models for GP placements, and a unified approach in the way we speak about general practice as a respected speciality.

Forum participants agreed to work together to progress these recommendations, and these efforts continue into 2021.

INCREASED EARLY EXPOSURE OPPORTUNITIES

GPEx recognises that early exposure opportunities have a strong influence on specialty selection, and in 2020, we

increased these opportunities for pre-vocational doctors.

In partnership with the Adelaide Medical Students' Society, GPEx hosted a bus trip to the Barossa Valley for medical students to provide them with a practical opportunity to meet and engage with rural GPs.

We also strengthened our engagement with South Australia's major hospitals and health networks by running GP-led education sessions, providing resources, and building our relationships within the sector.

GPEx continued to deliver the Rural Intern General Practice Experience program in collaboration with the SA Health Rural Support Service. Over the past two years, this program has provided 21 rurally-based hospital interns with exposure to rural general practice. All participants agreed, or strongly agreed, that the program enhanced their understanding of the role of a GP.

GPEx adapted our recruitment events in line with changing social distancing requirements. Our annual GP Expo in March was conducted via a series of webinars, with a face-to-face event held in August. We also participated in university events and career forums.

RURAL-BASED INCENTIVES

GPEx extended the number of outer rural regions eligible for additional financial incentives, to attract and support registrars to select placements in areas of need. GPEx also introduced payments to rural supervisors for providing on-call supervision to registrars working in regional hospitals as part of their community GP placement.

INFLUENCING SA'S RURAL WORKFORCE STRATEGY

GPEx played an active role in influencing South Australia's rural workforce strategy.

In 2020, CEO Stephanie Clota held roles on the SA Rural Health Strategy Steering Committee, and the SA Rural Generalist Pathway Steering Committee, to contribute to the design and development of the SA Rural Generalist Pathway.

Providing specialist education and training for registrars to become culturally safe, competent, and independent GP practitioners. Advancing registrar skills to provide additional services such as emergency and hospital care.

Education and Training

DELIVERING PRIMARY HEALTHCARE TO SOUTH AUSTRALIAN COMMUNITIES

In 2020, GPEx Registrars provided more than 11,700 Full Time Equivalent (FTE) weeks of primary healthcare services to South Australia's regional, remote and urban communities, and represented a quarter of the state's rural medical workforce.

GPEx delivered the AGPT program to 427 registrars at various stages of their GP career. These registrars were supported by 456 accredited GP supervisors, and their practice staff, in 174 accredited practices.

GPEx RESPONSE TO COVID-19

GPEx successfully adapted and transformed our delivery model in response to COVID-19, in close consultation with supervisors, the Department of Health, the Colleges, and other stakeholders at state, sector and national levels.

Our guiding principles were to be flexible and adapt to the challenges of COVID-19, whilst supporting the wellbeing of GPEx Registrars, supervisors, and practice staff.

Education and training for registrars continued via online arrangements, including zoom meetings, webinars, and video livestream alternatives to direct observation visits.

The Colleges also gave us the flexibility to use case-based discussions and virtual consultation reviews, and patient numbers across all practices were monitored to ensure that registrars continued to have access to a wide scope of presentations.

In recognition of the fact that registrar work practices had changed, we introduced policies around telehealth and its supervision.

Assessment expectations were also modified in line with increased community service workplace demands. This gave registrars more time to support the acute health issues in their communities.

GPEx informed registrars of changes being made in response

to COVID-19 through increased communication, as well as the promotion of wellbeing support services available through GPEx, the colleges, and other relevant doctors' health organisations. GPEx also participated as a member of the RACGP's National Doctors in Training Wellbeing group, to provide an RTO perspective to support registrar wellbeing issues.

GPEx's medical education and training advisory teams put in a tremendous amount of effort, providing all of this support for registrars, supervisors and practice staff while working from home. We extend our sincere appreciation to everyone in our team.

STRENGTHENING MEDICAL EDUCATION AND TRAINING

GPEx continued to strengthen its medical education and training programs, despite the challenges of COVID-19.

As part of our workplace-based assessment framework, we developed



learning-intervention plans to support registrars in difficulty sooner, enhanced our bestpractice registrar support, and responded to contemporary training needs with an evidence informed approach.

GPEx collaborated on a joint initiative with the Women's and Children's Hospital for registrars in GP and paediatrics. Working with the Hospital's Director of Clinical Training, Dr Scott Sypek, experienced GPs and paediatricians presented sessions to registrars from both specialties to support enhanced delivery of patient care.

GPEx appointed its first Medical Education Fellow, Dr Cristina Valero. This newly created role is for a GP in their first year of fellowship, giving our team the perspective of a recent registrar's experience. Dr Valero has now progressed to employment as a Medical Educator, with Dr Alexander Main appointed as a Medical Education Fellow in 2021.

The Senior Medical Education team will be further strengthened in 2021, with Dr Michael Notley returning as a Senior Medical Educator, and Dr Helen Mullner increasing her time with GPEx. We welcomed Dr Naomi Wall as a Medical Educator in the Aboriginal Health team, and Dr Moni Moniruzzaman as a Medical Educator for the Practice Experience Program.

We farewelled Dr Danny Byrne, Dr Dragica Sosa and Dr Dani Woods, and thank them for their service to GPEx.

We also undertook a review to strengthen our AGPT team, which resulted in the accreditation function being brought into the team.

During the second half of 2020, GPEx undertook a re-accreditation process with the RACGP. The RACGP confirmed GPEx had achieved a re-accreditation against the Standards for General Practice Training (2nd Edition) in early 2021. This allows GPEx to deliver the RACGP Vocational Training Program for a period of three years, subject to contractual arrangements.

NATIONAL LEADERSHIP IN GP TRAINING

GPEx continued to hold national leadership roles in the GP training sector.

Director of Medical Education and Training, Dr Paul Dilena, continued in his role as Chair of the Lead Medical Educator Committee (LMEC) for the Regional Training Organisation Network (RTON). This committee had monthly meetings with both Colleges, with medical educator input important in a time of transition planning.

RESEARCH AND INNOVATION

GPEx's evidence-based approach to training produces high-quality GPs for South Australian communities. Our dedicated research division supports continuous improvement in GP training, and gives back to the general practice sector.

All GPEx research projects were developed alongside our

Quality Education Research and Innovation (QERI) Committee. This Committee consists of internal and external stakeholders, who provide input into research plans, review research outcomes, and provide recommendations for implementation and training improvements.

Key research milestones in 2020 included the launch of our major Medical Specialty Decision Making (MDSM) Study, as outlined earlier in this report, and the publication of four GPEx papers in medical journals.

GPEx worked on two education research grants from the RACGP, building on the outcomes of our previous research on workplace-based assessment frameworks.

A report seeking to better understand how registrars reflect and learn during consultations, and whether an online learning log tool could support that process, will be released in 2021. Former GPEx academic registrar, and the Deputy Chief Public Health Officer and Deputy Chief Medical

Officer for South Australia, Dr Emily Kirkpatrick, formed part of this research team.

The second RACGP grant is ongoing, and considers the feasibility, utility and acceptability of our patient encounter tracking and learning tool, GP Explore, particularly in remote supervision settings.

GPEx also hosted two master's students in public health from the University of Adelaide, and continued to supervise Shaun Prentice as he completes his PhD with the University of Adelaide on GP registrar burnout and wellbeing.

We secured an additional two educational research grants for 2021, focusing on early safety assessment, and the cost of training future GPs.

REGISTRARS IN ACADEMIC RESEARCH

The quality of GPEx Registrars was reflected in five 2021
Academic Placements being awarded to GPEx registrars by the RACGP, which is 25% of all

Academic Placements nationally. These placements give registrars the opportunity to build their research capabilities and teach while they train.

GPEx congratulates our academic registrars Dr Abira Chandrakumar, Dr Wissam Ghamrawi, Dr Brian Gue, Dr Habiba Jahan, and

Dr Isabella White. In 2021, they will explore research topics across Aboriginal Health, Women's Health, domestic violence, depression following heart disease, and registrar experiences during the pandemic.

Meanwhile, existing academic registrar, Dr Amelia Woods, completed her research post on drug use for sleep disorders, as well as an editorial position with the Australian Journal of General Practice.

Dr Woods will continue to work with GPEx in a research capacity in 2021 to support one of our education research grants.

In preparation for 2021, GPEx also developed a teaching and

leadership workshop for our academic registrars to support their advocacy for general practice, and to strengthen GPEx's research community.

feedback from 90% of registrars indicating they felt supported by GPEx.

GPEx continues to have higher exam pass rates compared to

In preparation for 2021, GPEx also developed a teaching and leadership workshop for our academic registrars to support their advocacy for general practice, and to strengthen GPEx's research community.

REGISTRAR EXAM SUPPORT

Our support for registrars during COVID-19 gained heightened importance leading into exams, particularly as exams were initially delayed and then resumed in a different format.

GPEx Medical Educators completed a huge undertaking, creating entirely new exam preparation materials and workshop support to cater for the RACGP's remote clinical exam, which was introduced in response to COVID-19. The team also continued to regularly update our online exam preparation resource, GPEx Exams Collective.

Given these additional challenges we were proud of the

the national pass rate, and GPEx registrar's average scores were higher than the national average.

SUPPORT FOR DOCTORS TOWARDS FELLOWSHIP OUTSIDE AGPT

GPEx continued to support the development of non-vocationally registered doctors via the Practice Experience Program (PEP)

There were 22 PEP participants across the year, who were supported by Dr Moni Moniruzzaman and Dr Rajan Anand.

With the introduction of quarterly admission intakes in the future, we look forward to hopefully supporting an increased number of students through the PEP Program.



Image
Dr Simon Hay, Deputy Director of Medical
Education & Training, Dr Helen Mullner, Senior
Medical Educator and Angela Burden, Director
of Education Operations (now departed) at the
Registrar Exam dinner, February 2020.



GPEx placed registrars across all MMM classifications in 2020, with 31% in MMM3 and 45% in MMM5.

Placement

GP trainees working where they are needed the most, in particular regional and remote communities of South Australia and Aboriginal and Torres Strait Islander communities.

Tmage

Dr Megan Wild, recently fellowed Rural Generalist with a medical student. GP mentoring and supervision to provide positive GP experiences is key to attracting junior doctors into the profession.

PLACING REGISTRARS WHERE THEY'RE NEEDED MOST

GPEx seeks to inspire excellence equity in healthcare. In 2020, GPEx continued to provide almost a quarter of South Australia's rural medical workforce; we take this responsibility seriously, and understand that where we place AGPT registrars matters.

In our placement process, we endeavour to match registrars with complementary practices. Placement is important, because we know that registrars will generally choose to stay in their final training practice post-training.

GPEx placed registrars across all MMM classification codes in 2020, with 31% in MMM3 and 45% in MMM5.

In Semester 1, 33% of GPEx Registrars trained in rural locations. More than half of rural placements (57%) were in outer rural locations.

COVID-19 impacted placements in Semester 2, which commenced in the middle of South Australia's major lockdown. As a result, a number of registrars who were due to start training in community general practice elected to remain in hospital for another term. Meanwhile, practices and registrars already in community were supportive of making little change, to minimise the risk of infection at the height of the lockdown.

We are pleased that we have increased the number of general pathway registrars training rurally, with most staying for at least two semesters. We are encouraged that almost 75% of general pathway registrars expressed interest, or potential interest, in a rural placement, and are investigating how we can introduce flexible placement models.

GP SUPERVISOR AND PRACTICE RESPONSE TO COVID-19

In response to COVID-19, our GP supervisors and practice staff went above and beyond to create safe environments in which GPEx registrars could continue to train and work.

GPEx extends our thanks for their efforts to keep GPEx registrars in training, as they responded simultaneously to the seamless delivery of healthcare in their communities, and the transition to telehealth.

Supervisor workshops and presentations were held online, as well as face-to-face in rural and metropolitan areas, when COVID-19 restrictions allowed.

We also recognised other means of professional development for supervisors, while relaxing some of their supervision requirements to allow them more time to support their communities during COVID-19.

INCREASED RURAL PLACEMENTS

GPEx collaborated with the Department of Health to increase our total number of applicants. We developed 10 "composite" general pathway positions for AGPT 2021, in which registrars will spend at least six months training in a rural location.

This creates additional weeks of primary healthcare support for regional communities, with 67% of registrars who spend six months training in rural locations

subsequently choosing to remain for at least another six months.

The introduction of the composite pathway is one way we continue to encourage our general pathway registrars to experience rural GP work during training.

A FOCUS ON WORKFORCE SHORTAGES IN RURAL SA

GPEx is acutely aware of the difficulties in securing the future of South Australia's rural medical workforce, not only with a shortage of doctors choosing to specialise in General Practice but also with the distribution of the workforce across the state.

We understand and recognise that quality placement experiences play a key role in attracting and retaining rural GPs. As a result, placement, training practice support, remote supervision, and job-share registrar positions are among the strategies being used by GPEx to attract and retain GP trainees in regional South Australia.

We continue to work

collaboratively with the profession, colleges, government, and other stakeholders to place GP registrars in the communities where they are needed most.

Developing an advanced skill during training is associated with choosing to work rurally post-graduation, and GPEx remains focused on promoting and supporting the development of advanced skills.

In 2020, GPEx expanded our advanced skills posts in rural South Australia, and in metropolitan posts preparing GPs for rural skills training.

We addressed critical workforce shortages in Port Augusta with a South Australian-first collaboration with the Royal Flying Doctor Service (RFDS) and the Flinders and Upper North Local Health Network (FUNLHN).

Through this collaboration, two registrars will enter a job share arrangement to train under supervision of the RFDS, and complete an emergency medicine extended skills post at the Port Augusta Hospital from 2021.

GPEx also worked in collaboration with Local Health Networks to create a new blended placement in Advanced Obstetrics. The placement will enable two registrars to enter a job share arrangement to complete 12 months in community general practice at Kadina Medical Associates, and an Advanced Diploma in Obstetrics at the Lyell McEwin Hospital. Two registrars have been allocated to the position, and the placement will commence in 2021.

An advanced skills post in Rural Mental Health was created in Whyalla for 2021, as well as an Adult Internal Medicine position in Mount Gambier.

Other advanced skills positions set up within the Adelaide Local Health Networks for 2021 include Palliative Care, Mental Health, Obstetrics, and Anaesthetics. GPEx maintained our role coordinating the appointment of GP anaesthetics training positions. In 2021, 18 registrars will undertake advanced skills training,

undertake advanced skills training which is a massive effort by our team.

GIVING THE GP COMMUNITY A VOICE IN GPEX TRAINING

GPEx extends our sincere thanks to Dr Bill Geyer and Dr Frank Maldari for their continued roles as GP Supervisor Liaison Officers.

We also thank Dr Wissam Ghamwari, Dr Natasha Nottingham, and Dr Cicy Li for their contribution as Registrar Liaison Officers.

We created new Practice
Manager Liaison Officer positions
to incorporate the voice of practice
managers in our training. This role
allows GPEx to better understand
the realities of day-to-day practice
management, and how we can
support our training practices in
their communities. Thank you to
our inaugural PMLOs Jill Coombe,
Deb Docking, and Jacky Genesin.



Retention

Meeting the health and medical workforce needs of South Australian communities.

MORE GPS FOR SOUTH AUSTRALIA

In 2020, 84 GPEx registrars achieved thier Fellowship - a fantastic outcome for South Australian communitites.

With COVID-19 impacting the completion of training requirements, specifically the Colleges' ability to hold exams in a safe environment, this was around 20% fewer than the previous year.

MORE GPS FOR RURAL COMMUNITIES

GPEx research shows that rural FTE training weeks is associated with rural retention; that is, the longer registrars spend in rural placements, the more likely they are to return to rural practice after Fellowship.

Of our 84 graduating Fellows in 2020, 26 have chosen to remain in rural practice. This achievement is a testimony to the success of GP training in South Australia, and is helping to secure the future workforce in our rural communities.

MORE GP GRADUATES RETAINED IN SOUTH AUSTRALIA

GPEx led a national GP Graduate Tracking Study in collaboration with the University of Adelaide, which resulted in the analysis of data across six of the nine regional training organisations (RTOs). The study sought to examine the effectiveness of AGPT in addressing the geographic maldistribution of GPs in rural and remote areas.

The study reinforces the positive influence of RTOs in workforce distribution post-graduation, and that rural placement experience during AGPT is a strong predictor of GPs working in rural areas after they graduate.

84%

OF GP TRAINE STAYING IN SOUTH AUSTRALIA AFTER GRADUATING

 64^{0}

HAVING COMPLETED THEIR MEDICAL SCHOOLING IN ADELATDE In 2020, 84 GPEx registrars achieved thier Fellowship - a fantastic outcome for South Australian communitites.

The study also revealed that South Australia is tracking above the national average in terms of the number of GP graduates remaining in rural areas after graduation. For every 10-week increase in total FTE training weeks, AGPT graduates nationally are 21% more likely to practise rurally postfellowship. In South Australia, 35% of graduates are more likely to stay in rural areas.

South Australian data also shows that GPEx is an importer of GPs, with 84% of GP trainees staying in South Australia after graduating – despite only 64% of them having completed their medical schooling in Adelaide.

Almost half of all South Australian graduates complete their training on the rural pathway, with 39% of all graduates being retained in rural South Australia.

REGISTRARS BUILDING THE PIPELINE FOR THE NEXT GENERATION

In 2020, 21 former GP registrars became accredited training supervisors. Of our 456 GP supervisors across South Australia, 23 are former GPEx registrars. We commend the commitment of all of our supervisors to build the pipeline for our next generation of GPs.

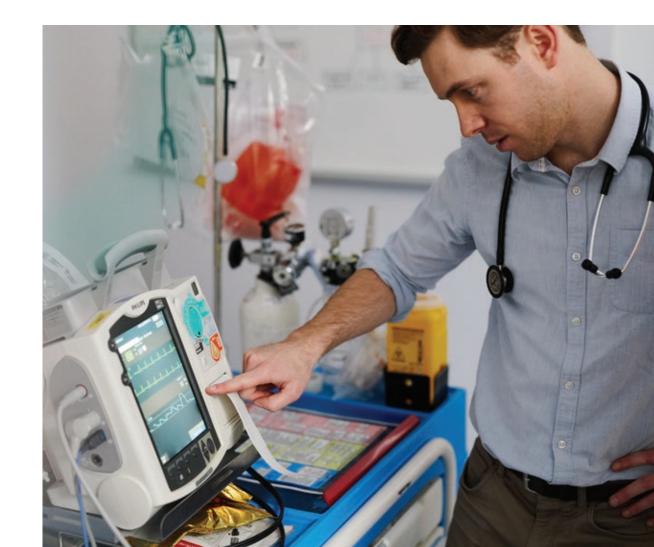
39%





Image

Dr Lachlan Mackinnon, recently fellowed Rural Generalist, now based at Loxton Medical Centre, pictured at Loxton Hospital in the state's Riverland region.





Aboriginal Health

Closing the gap in Aboriginal and Torres Strait Islander Health.





W registrar interest to seek out training placements in Aboriginal Health Services via a number of strategies. These include our roving registrar positions, unique to GP training in South Australia, which gives trainees the opportunity to travel and work in rural and remote Aboriginal communities on a FIFO basis.

Registrar demand, together with Aboriginal Health training post capacity, facilitated the creation of a second roving registrar position for 2020.

GPEx Registrars spent 404 FTE weeks of training time in Aboriginal Health Services and communities.

In the first semester of 2020, demand exceeded capacity, with 11 registrars commencing training placements in Aboriginal and Torres Strait Islander Health.

Three Aboriginal and Torres Strait Islander registrars participated in GP training during the 2020 calendar year, with an additional registrar to commence training in 2021. These





Image

Main Image: GP Registrar Dr Pinipa Gunawardana with a patient at Nunkuwarrin Yunti.

1. Cultural Mentors Rosalind and Basil Coleman. 2. GP Registrars Dr Joanna Palmer, Dr Pinipa Gunawardana with Cultural Mentiors Rosalind and Basil Coleman. 3. Dr Gunawardana with a patient at Nunkuwarrin Yunti.

A focus in 2021 will be a review of our Aboriginal Health strategy to grow the number of Aboriginal doctors choosing GP as their speciality, increasing registrar hours in Aboriginal Health services, and increasing cultural competency across our organisation.

registrars are supported by GPEx to build their relationships and networks through attendance at Indigenous GP Network events.

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

We also welcomed a new Medical Educator, Dr Naomi Wall, from Moorundi Aboriginal Health Service in Murray Bridge. Naomi is adding significant value to our team, as Associate Professor Jill Benson transitioned to work solely in the Research and Innovation team.

The resilience of South
Australia's Aboriginal communities
and GPEx's Aboriginal Health
team shone through during
COVID-19. The pandemic validated
our hard work and efforts in
previous years to form strong
connections and relationships in
Aboriginal communities.

COVID-19 created particular challenges working with vulnerable people in Aboriginal Health

Services and communities. Faceto-face contact was not possible in many communities, and a number of Aboriginal Health Services chose not to use telehealth.

While some rural and remote Aboriginal communities in South Australia were placed in lockdown as a result of COVID-19, GPEx registrars continued to provide healthcare in other regional centres and in Adelaide, with appropriate measures in place.

Our team rallied together and found solutions to stay connected with registrars, Cultural Mentors, and training posts.

Within GPEx, cultural awareness training for registrars transitioned to an online workshop. In place of our usual two-day face-to-face training, we invested significant effort in creating a one-day webinar with guest speakers.

Towards the end of the year, we were able to hold a face-to-face workshop for registrars in Aboriginal Health placements.

GPEx was also pleased to

launch our Aboriginal Health website in early 2020. This dedicated resource is designed to support and encourage registrar interest in Aboriginal and Torres Strait Islander Health training placements.

GPEx's Innovate Reconciliation Action Plan (RAP) was also developed, and was launched in November.

Led by our RAP Working
Group, this has been a major
undertaking designed to confirm
GPEx's affiliations with Aboriginal
and Torres Strait Islander people
and organisations, create
positive change, and develop our
cultural awareness within GPEx
and beyond.

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

We also maintained our support for Aboriginal communities

through the sponsorship of Kaurna sporting teams.

Aboriginal Health

A focus in 2021 will be a review of our Aboriginal Health strategy to grow the number of Aboriginal doctors choosing GP as their speciality, increasing registrar hours in Aboriginal Health services, and increasing cultural competency across our organisation.

We understand the power of role modelling, and a particular focus will be the recruitment of additional Aboriginal Medical Educators to our team.

GPEx acknowledges the efforts of GP Supervisor Dr Nick Williams, GPEx Medical Educators Dr Kali Hayward, Dr Naomi Wall and Assoc Prof Jill Benson AM, and the GPEx Aboriginal and Torres Strait Islander Health Team of Devinia Binell and Diana Orozco, for their work in supporting GPEx to close the gap.



The COVID-19 pandemic created one of the most difficult years in Dr Frank Maldari's 20 years as a GP supervisor.



At the coalface of the pandemic

T t's a sentiment shared by his fellow GPEx Supervisor Liaison Officer, Dr Bill Geyer.

The need to provide leadership to South Australian communities, and continue healthcare service provision in socially distanced settings while supporting and protecting colleagues, registrars and practice staff, was a massive undertaking.

At the same time, it provided a significant learning opportunity for GPs and their registrars.

"There's only one way to learn how to manage a pandemic, and that's to be in one," Dr Geyer said. "In recent history, this is an event that only occurs every 100 years.

"Despite the myriad of challenges, it's comforting to know that with good leadership and good systems in place, it is possible to work your way through even a health problem of global proportions.

"Full marks must go to SA
Health in particular our Chief Public
Health Officer, Professor Nicola
Spurrier, and SA Pathology's Dr
Tom Dodd, who were instrumental
in creating the processes and
systems for South Australia's
pandemic response.

"GPs across the state received tremendous support from GPEx medical educator, Dr Danny Byrne, and GPEx researcher, Dr Emily Kirkpatrick, who were seconded to SA Health and worked with us at the coalface to ensure we were supported and informed.

"There is an element of altruism in general practice and I was inspired by my colleagues and our staff. I'm sure members of our team were scared to come to work, but there were sick people who needed our help and so they continued to show up."

Dr Maldari said he was impressed with the response of GP

registrars to COVID-19.

"Our GP registrars rose to the occasion," Dr Maldari said. "We gave them mechanisms to safetynet themselves, pathways to deal with different situations, and strategies to protect them. It was a challenging time and they dealt with it well.

"There is a lot of change occurring in the GP training environment as it transitions to the Colleges, while GP shortages remain an ongoing challenge.

The meeting initiated by GPEx to engage with, and seek feedback from, supervisors on placement strategies was appreciated, as we are the people who will be affected the most.

"Uncertainty remains, but the bottom line is: we need more GPs. General practice is a great career and pre-vocational doctors really should consider it.

"As long as we have practices,

Image

The winter sun sets over Mount Gambier, the regional centre of the southeastern corner of South Australia.

66

supervisors and registrars
who are willing to train, we
can maintain consistency and
reliability to produce great GPs for
South Australia."

Dr Geyer is also looking ahead with optimism to the future of GP training.

"It is my dearly-held wish that the transition to College-led training continues to progress well," Dr Geyer said.

"I was privileged to be invited to assist with the selection process for GPEx's new board members. The quality of candidates was inspiring, and I am excited to see what the successful applicants will bring to GPEx in the years ahead.

"In the meantime, my practice is working towards accreditation as a COVID-19 vaccination centre, and we look forward to making our contribution to this defining moment in history."

Despite the myriad of challenges, it's comforting to know that with good leadership and good systems in place, it is possible to work your way through even a health problem of global proportions.



Life-saving power of general practice



Dr Cicy Li doesn't view herself as a superhero, yet she has saved at least one life during her GP career. As a GP trainee, Dr Li supported a patient through mental health difficulties, recommending a program of preventative healthcare that resulted in an early-stage breast cancer diagnosis.

This early detection enabled a swift response, with Dr Li supporting her patient through her surgery, chemotherapy, and, ultimately successful, treatment journey.

"In building a relationship with my patient that extended beyond her initial and immediate healthcare needs, I was able to make a real difference in her life," Dr Li said. "This continuity of care is what I enjoy most about general practice."

Dr Li first became interested in general practice in her fifth year of medical studies, during a placement in the Barossa Valley.

"Most of my prior medical training had been confined to hospital settings," she said. "Gaining meaningful exposure to general practice before choosing my speciality was critical to helping me find my true calling.

"By forming close relationships with patients, GPs can encourage and support our communities to lead healthier lives. don't get much exposure to general practice because the majority of their training is in hospitals.

"I definitely encourage all doctors to consider general practice.

By forming close relationships with patients, GPs can encourage and support our communities to lead healthier lives.

"In other specialities, by the time you see a patient they usually have, or are advanced in, their disease. As a GP, you can help to prevent the disease from occurring."

Dr Li said this community focus formed an even greater part of rural general practice.

"As a rural GP, you become very involved with your community and can provide additional support via advanced skills in anaesthetics, obstetrics, and hospital care," she said.

"However, many junior doctors

"It's a fantastic speciality in which you can form longterm relationships and make a real difference in the lives of your patients.

"There is much diversity and you can achieve great work-life balance if you choose.

"As a registrar, I felt cared for and well supported by GPEx. GPEx helped me to build a strong foundation for my career, giving me a good framework, a structured teaching program, and preparing me well for exams."



From a family of surgeons to rural GP

Dr Wissam (Sam) Ghamrawi was born in Australia, raised in Lebanon, and has pursued his medical career across both countries, including visits to a Syrian refugee camp.

H e formed a musical band, Siba Band, during medical school, performing in concert tours across the Middle East to spread messages of peace and respect. Siba Band's YouTube channel has around 144,000 subscribers with one of its music videos reaching 28 million views.

Dr Ghamrawi now aspires to become a Rural Generalist, undertaking a roving registrar placement in 2020 based at Nunkuwarrin Yunti, an Aboriginal Community Controlled Health Service in the Adelaide CBD and Elizabeth Downs.

In the midst of the COVID-19 pandemic when many South Australians were in lockdown, Dr Ghamrawi spent more time on planes than at any other time in his life.

His roving registrar placement saw him undertake regular travel to Whyalla, Port Lincoln and, as restrictions eased, the Aboriginal community of Yalata in the far west of the state.

"Career independence, connecting with different people, and serving humanity were my biggest drivers for a medical career, but I struggled to find my passion and purpose within medicine until I commenced rural general practice with GPEx," he said.

"My experience working with Aboriginal clients has

He will undertake research to identify how senior GPs communicate medical information to Aboriginal patients, and how newer GPs can learn from their experience.

Dr Ghamrawi will also spend

My experience working with Aboriginal clients has been a privilege, giving me a deeper appreciation for their connectedness with spirit, land and family and the need for a holistic approach to healthcare needs.

been a privilege, giving me a deeper appreciation for their connectedness with spirit, land and family, and the need for a holistic approach to healthcare needs.

"As a roving registrar I embarked on a medical and cultural journey, learning from GP supervisors and supported by Cultural Mentors, with the opportunity to travel to and explore different parts of South Australia."

Dr Ghamrawi will continue to pursue his passion for Aboriginal Health via an Academic Registrar placement in 2021. time teaching medical students at university, and hopes to use this opportunity to share the rewards of Aboriginal health and rural generalism with junior doctors.

"Aboriginal health provides a rewarding learning opportunity for GP trainees, including the luxury of time with patients and exposure to a range of complex presentations," he said.

"Additionally, all of my colleagues who have trained in Aboriginal health services have gone on to pass their exams."

Jill Coombe has three words written on a board at work: Strong, Calm and Kind.



The quiet achievers in GP care

During the COVID-19 pandemic she has drawn on each of these qualities in spades.

Ms Coombe is Practice Manager at Bridge Clinic, a rural training practice in Murray Bridge with 24 GPs, 52 staff and 20,000 patients on its register.

She is one of GPEx's three inaugural Practice Manager Liaison Officers (PLMOs), whose role is to act as a conduit between GPEx and its 174 training practices across urban, rural and remote South Australia.

"COVID-19 created a whole new world for our registrar experience," she said.

"GPEx registrars honed their skills as they watched for respiratory conditions, and went into an environment where personal protective equipment was more important than ever before.

"This has been a momentous time in the history of GP training, and GPEx registrars have stepped up, survived, and become more resilient."

Ms Coombe said that Bridge Clinic engaged in GP training as a recruitment tool, and to support the ongoing professional development of its existing GPs and staff.

"Teaching others to do something is a great way to learn yourself," she said.

"There is no doubt the profile of general practice and GP training has increased over the time there have been dedicated organisations, like GPEx, managing recruitment, marketing, and placement.

"We also need the structure and compliance that GPEx provides to make sure we're getting, creating, and producing good quality GPs."



Det Dorking

Fellow PMLO Deb Docking is another of the GP sector's "quiet achievers".

Ms Docking is Practice Manager at Pioneer Medical Centre in Tea Tree Gully with 10 GPs, 10 practice staff and thousands of patients on its register.

"We weren't always a training clinic but we needed a succession plan, and I could see this was what was required to grow," she said.
"Now, all but two of our GPs are our former registrars.

"GPEx communicates good information to university students to decide that GP is the career of choice. They do a great job in selecting good candidates we can interview. GPEx has been doing it for a long time and they provide a valued service.

"For practice managers, the personal value of GP training lies in never underestimating the impact you can have.

"It is such a reward to know that you've helped a registrar, not clinically, but in other aspects of their professional life as they move forward in their career."

Ms Docking said COVID-19 had placed huge demands on her profession.

"There was no manual for dealing with COVID-19 which has placed significant stress on practice managers," she said.

"Dramatic changes were taking place each day, with the community looking to us for leadership and guidance. We were required to be a calm face in the midst of a global storm.



Jacky Generin

"Humility lies at the heart of our profession - we're the quiet achievers. If we do our job well and our clinics run seamlessly, you won't even notice we're there."

Jacky Genesin completes the trio of GPEx PMLOs.

Ms Genesin is Practice Manager at Chandlers' Hill Surgery with 20 GPs, 15 staff, a team of allied health and other specialists, and 10,000 patients on its register.

"Many people don't think of their doctor's surgery as a business," she said. "It is a business – it has to pay its staff and it has to attract doctors and employees.

"Practice management is the careful balance of not being mercenary in running a business in the face of human care. It's trying to manage that business aspect, while delivering a very personal and very emotional service to patients and GPs.

"Being a training practice keeps us on our toes. We gain great value from seeing GPEx registrars grow and go on to achieve great things within the GP community."

Looking ahead to 2021, the three PMLOs are planning for the COVID-19 vaccination rollout.

"Our biggest challenge will be dealing with the volume of phone calls we expect to receive from members of the community seeking information about when and where they can access the vaccine." Ms Genesin said.

"We expect to employ more administrative staff to help us manage this influx in inquiry.

"It will be another year of change for the GP sector, and our registrar cohort will play a significant role as we seek to vaccinate all Australians."



Many people don't think of their doctor's surgery as a business," she said. "It is a business - it has to pay its staff and it has to attract doctors and employees.



Financial

GPEx maintained a responsible approach to financial management in 2020.

A Department of Health review of regional training organisation (RTO) performance demonstrated our key efficiencies in optimising the deployment of medical educators, the application of online techniques to reinforce in-practice learning, and minimising our overhead per registrar trained.

GPEx also ensures that a higher percentage of AGPT funding reaches training practices in South Australia compared to most other states.

New accounting rules introduced during the year have changed the way GPEx records income, and led to a redrafting of our 2019/20 accounts.

GPEx accounts are now more representative, much simpler, and present a more accurate reflection of our financial position.

GPEx receives Federal Government funding for an allocated number of Australian General Practice Training places each year, as well as programs in Aboriginal and Torres Strait Islander Health.

As these programs do not operate at full capacity, we have accumulated unspent funds in recent years.

In 2020, GPEx supported the Department of Health to free-up cashflow and recover \$5.9 million in unspent funds for redirection into the national pandemic response.

The global COVID-19 pandemic also resulted in lower expenditure for GPEx during 2020.

Social distancing restrictions reduced the number of face-to-face activities and events, resulting in major savings on travel, catering, conferences, venue hire and observation visits.

This more than offset the additional wellbeing and

technology expenses to support our employees to work from home, and subsequently return to a safe office environment.

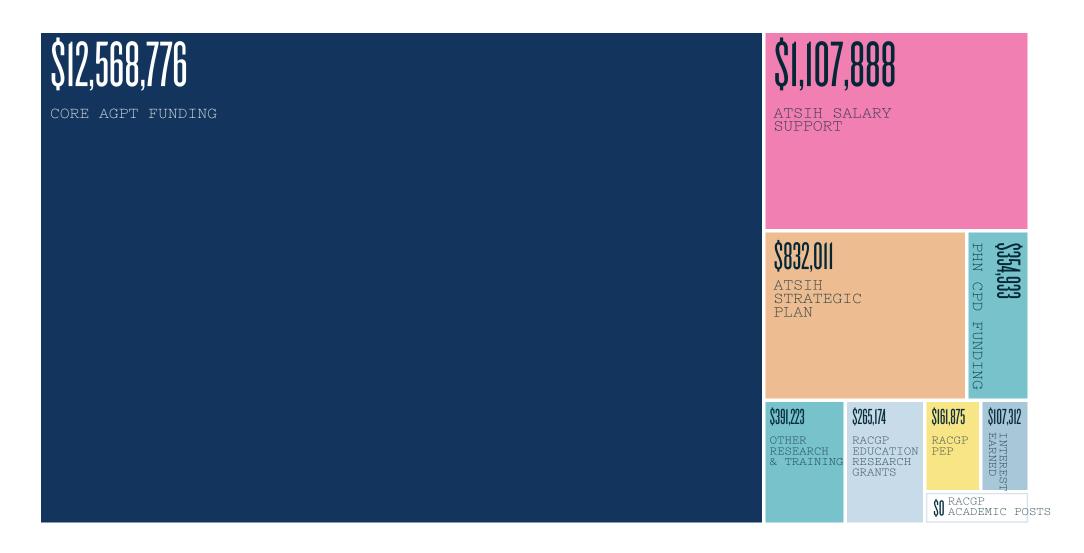
Investment in new technology included a bespoke audio-visual system for our training rooms to facilitate a hybrid of face-to-face and remote workshops. This spend was approved by the Department of Health, and has created significant benefits for AGPT and other training we deliver during COVID-19 and beyond.

Additional income was secured with an Educational Research Grant, and GPEx's success in securing five academic registrar posts.

We also created additional financial incentives to encourage more registrars to train rurally via support for relocation costs.

Tim Piper, Director Support Services

GPEx 2020 Income



GPEx 2020 Expenditure

\$1,729,333 \$1,107,725 \$1,062,442 \$3,595,696 \$2,151,929 AGPT STAFF AGPT TEACHING ATSIH SALARY CENTRAL REGISTRAR PAYMENTS COSTS ALLOWANCES SUPPORT STAFF COSTS \$733,505 \$354,931 PROGRAM \$1,747,448 \$1,373,409 AGPT PRACTICE \$854,298 CENTRAL **OVERHEADS** TRAINING ATSIH & RESEARCH STRATEGIC PLAN \$154.988 PEP ACADEMIC POSTS



