



GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

Board Strategic Planning Weekend 2023: the Summary

April 28-30, 2023: Docklands, Victoria

Goals for Strategic Planning Weekend

1. Roadmap Starting Point: Strategic Planning 2022-2025	2
A. Roadmap Progress as at end April 2023	2
1.1 START – STOP – KEEP	5
1.1(a) What GPSA needs to start doing (more / better):.....	5
1.1(b) GPSA needs to stop:	5
1.1(c) GPSA needs to keep:.....	5
1.2 SWOT Analysis.....	6
1.3 Priority Actions	7
2. Improving Board Skills	7
2.1 Financial Strategy and Analysis.....	7
3. Board Meeting (29/04/2023)	7
4. Board / Exec Team Bonding.....	7

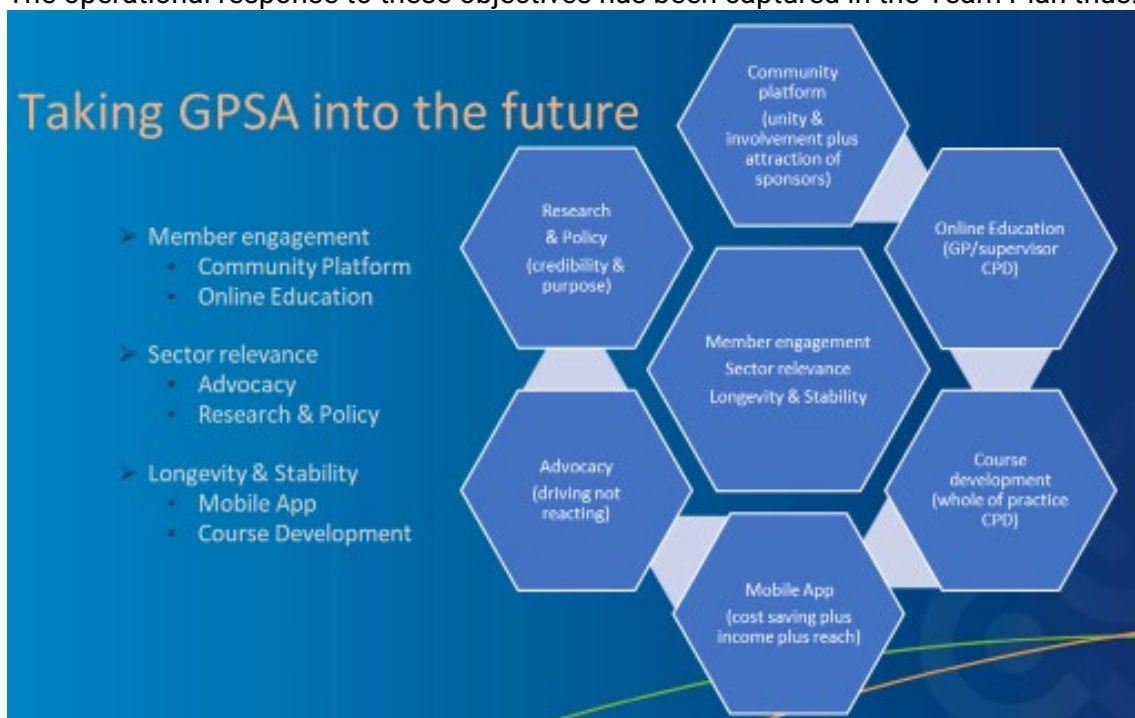
1. Roadmap Starting Point: Strategic Planning 2022-2025

At the Board Strategic Planning Weekend in 2022, the priorities set for GPSA were established as 4 key objectives¹ per this graphic:



A. Roadmap Progress as at end April 2023

The operational response to these objectives has been captured in the Team Plan thus:



¹ These objectives have subsequently been used to structure Board Meetings, guiding content through the agenda format used in the Google Board intranet. Comments made by current Board members reflect a widespread dissatisfaction with this layout for meeting agendas and minutes, which will be addressed in documentation for meetings from June 2023.



RACGP



GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

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



MEMORANDUM OF UNDERSTANDING BETWEEN RACGP and ACRRM and GPTA Ltd (t/as GPSA)

Partners

This Memorandum of Understanding is between:

The Royal Australian College of General Practitioners (RACGP)
A.B.N. 34 000 223 807

AND

Australian College of Rural and Remote Medicine (ACRRM)

A.B.N. 12 078 081 848

AND

GPTA Ltd t/as General Practice Supervisors Australia (GPSA)
A.B.N. 75 108 932 574

Background

The expansion of the role of the RACGP and ACRRM ("the Colleges") in February 2023 to include the training of junior doctors entering general practice through the AGPT program builds on the Colleges' provision of advocacy, training and best practice supports for the general practice /rural generalist ("GP") sector more broadly, and many decades of setting the standards for GP education and practice.

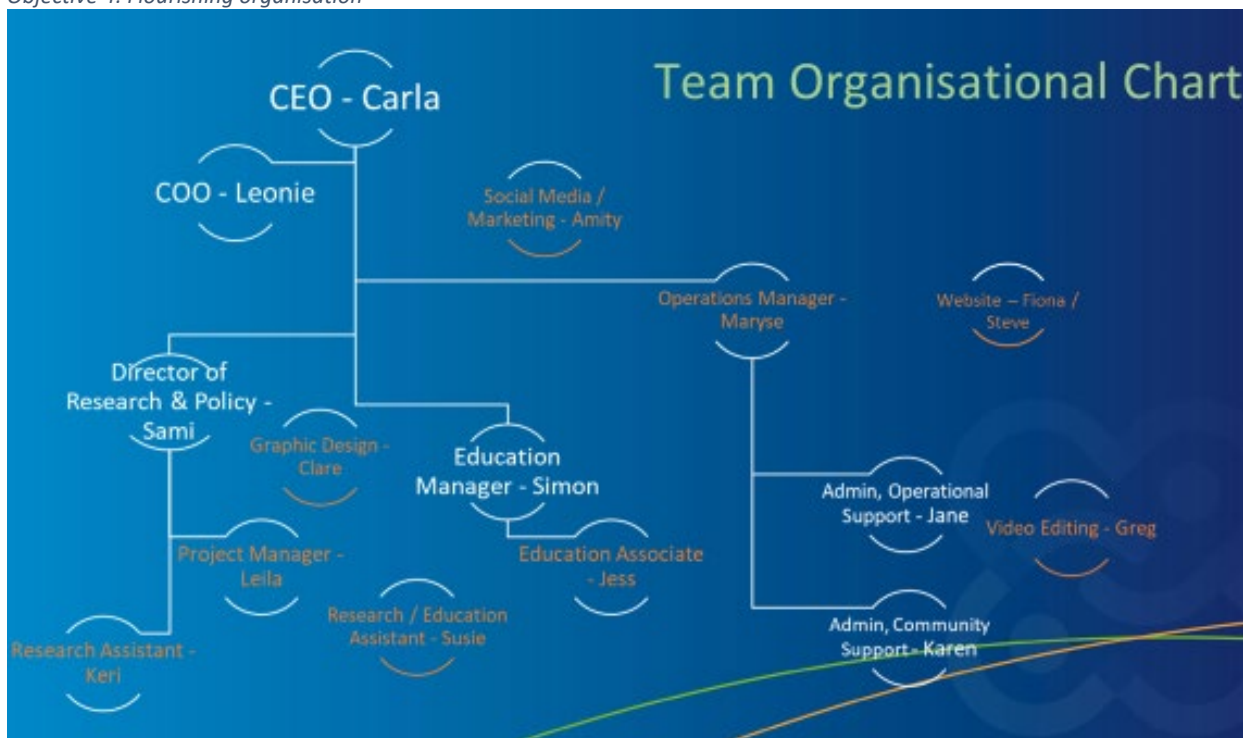
To facilitate regional supports for the local delivery of GP training by GP supervisors, the Colleges will appoint Supervisor Liaison Officers (SLOs) or equivalent. The corresponding

Objective 2: Best practice



What is GPSA's Community Platform?

As part of GPSA's evolution from GP Supervisors Australia to GP **Supervision** Australia, our focus on community first has given rise to a community platform for you to connect with one another, with us, and with the sector stakeholders like the Colleges, Services Australia and state and Commonwealth Departments of Health: to help drive our education, research and advocacy focus so we can faithfully represent you and address your needs.



1.1 START – STOP – KEEP

1.1(a) What GPSA needs to start doing (more / better):

- Build operational capacity to increase reach and depth of supervision support to encompass contexts outside traditional GPSA gambit (e.g., ADF, Care Flight, doctors in training across all pathways and at all levels of education)
- Structure Board to increase capabilities in advocacy space (e.g., recruit appointed Director with political background)
- Move away from dependence on government funding (e.g., create income streams distinguishable from services provided under AGPT grant)
- Increase visibility in sector and broader community through media presence
- Board consent and action items to be recorded and reviewed in greater detail
- Ongoing director professional development (framework / policy and budget needed)
- Protect GPSA's IP (e.g., identify and raise concerns regarding instances of College plagiarism of GPSA resources)

1.1(b) GPSA needs to stop:

- Directing precious resources to promoting and running webinars, and developing educational material, for the benefit of other organisations without charging, whether a set fee or sponsorship
- Maintaining resources developed through RTO-led training (i.e., focus energy on fresh, up-to-date content)
- Recruiting to research without better explaining to the membership what it is (from basic data collection when members call asking for advice through to major collaborations with the Colleges and universities such as the RACGP ERG which is funding the development of the GPCLE as an accreditation tool) and how it is used to benefit them by underpinning all of GPSA's best practice educational resources and interventions, and advocacy to drive improvements at sector and Commonwealth levels

1.1(c) GPSA needs to keep:

- Focus on quality supervision, especially in the general practice context
- Accessibility (free and open-access) and quality of guides, teaching plans etc
- Advocacy on behalf of GP training sector
- Doing research, especially with a lens on business of GP
- Positive and supportive team culture
- Relevance and engagement with stakeholders, including new (e.g., state governments)
- Authenticity and trustworthiness
- Nimble, agile and responsive – pivoting quickly to act on issues as they arise

1.2 SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Leadership: Board & CEO • Size: small with the right people • Research translation can shape supervision • Board representation of the membership • Communication fed down by CEO to the Board • Communication with membership good, relevant and necessary • Respect is growing, bringing positivity to the table • Deliberately apolitical organization • Ongoing funding highlighting Commonwealth confidence in GPSA's value to sector / community • Point of Difference = College-agnostic resources focused on "how to" not "what to" in education of supervisors 	<ul style="list-style-type: none"> • Governance issues being missed • Need to close the loop on actions from previous Board Meetings • Higher level governance e.g., delegations' policy to be developed • Unpaid Directors' casual attitude to governance, reluctance to engage / commit as the Brains Trust needed by CEO and Team <ul style="list-style-type: none"> o Gaps in knowledge, analysis of supervisor problems and role of GPSA o Potential irrelevance – underestimation of role of Colleges as educators of GP supervisors • Government funding inadequate and restrictive • No power to advocate for 'bad' supervisors to be removed from training • Compliance issues
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Finance opportunities <ul style="list-style-type: none"> o New funding / sponsors o Income generating activities • Apolitical <ul style="list-style-type: none"> o Neutral organisation o Advocacy • Visibility can be increased in market • Expand reach to Supervision support with broader application <ul style="list-style-type: none"> o Expand depth within scope of GP Supervision e.g., nurses & allied health o Nurses as membership category o Funding from Universities and Workforce Agencies for supports targeting medical student and prevocational supervision • Continue to nurture relationship with Colleges & partners • GPSA to become an RTO and/or CPD Home • Opportunity to fix the standards for supervision 	<p>EXTERNAL</p> <ul style="list-style-type: none"> • Competitors in QA and supervisor spaces • Loss of supervisors from existential threats e.g., payroll tax, compliance burden • "Black Swan" – what we don't know is on the horizon <p>INTERNAL</p> <ul style="list-style-type: none"> • Governance structures - noses in / noses out • People & culture – turnover of staff and Directors, loss of knowledge • Resources <ul style="list-style-type: none"> o Triaging of opportunities o Not doing so much that the specialist focus is lost • Lose income • Governance • Succession plan for CEO

1.3 Priority Actions

The actions determined as most important for the organisation at the 2023 Strategic Planning Weekend were:

B O A R D - S P E C I F I C

- Recruit an ex-politician to the Board to assist with advocacy and funding
- GPTA Ltd to be restructured to July-June FY asap
- AGM to be scheduled for November each year, with first meeting of new Board / election of Chair and Deputy to be held over to 1st January
- Rotation of Directors (clause 20.6.1) to be reviewed for practicality
- New Board Member induction process to be reviewed and updated **ongoing**
- FARMG documentation analysis and review, including actions /decision register **ongoing**
- Governance / compliance issues to be investigated and managed by all Directors **ongoing**
- Blue-sky doc on Opportunities such as new funding options to be shared as a live document for Directors to contribute to **ongoing**
- Add 1.1 “Start-Stop-Keep” to Supporting Documents on each Board Meeting agenda **ongoing**
- Board to take stronger role in governing member perception of GPSA **ongoing**
- Directors to be more engaged with non-practitioner Team as ‘Brains Trust’ **ongoing**

**E
X
E
C
U
T
I
V
E
/
B
O
A
R
D**

- GPSA as a CPD Home and/ or RTO
 - Costs and scoping to be presented at June Board Meeting
- Funding opportunities to be pursued
 - Consultancy fees especially re state government SEM contributions
 - Charging for attendance /presentation /participation in projects
- Sponsorship to be actively sought
 - Medical indemnity & medical tech companies
 - Publishing companies
 - Medical IT software
 - Pathology companies
- Sponsorship to be avoided at all costs
 - Bank / finance companies
 - Pharmaceutical companies

2. Improving Board Skills

2.1 Financial Strategy and Analysis

See presentation slides and reference materials pages 23-61 of the [Strategic Planning pack](#).

3. Board Meeting (29/04/2023)

See Draft Minutes [here](#).

4. Board / Exec Team Bonding

Frank's face on PJs, loads of food, card games, one mad guessing game... **Fun was had!!**