



# ENGAGE

## Annual report 2023-24

**Evaluate**   **Nurture**   **Grow**   **Advocate**   **Guide**   **Excel**

GPTA Ltd (ABN 75 108 932 574) trading as:





# Contents

## ACKNOWLEDGEMENT OF COUNTRY

GPSA acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and current custodians of the land upon which we work.

We respect that this land always was and always will be Aboriginal and Torres Strait Islander land. Aboriginal and Torres Strait Islander peoples' sovereignty has never been ceded.

We particularly acknowledge the Wurundjeri Woi-wurrung and Bunurong Boon Wurrung Peoples of the Kulin Nation, the traditional owners of the lands where our head office is located.

We pay our respect to Elders past and present, as well as all Aboriginal People who have fought, and continue to fight, for equality, self-determination, culture, Country and community.

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## Welcome and Chair report

Thank you for taking the time to read the GPSA annual report for the financial year July 1 of 2023 through June 30 of 2024.

There is an awkward misalignment between a financial year annual report and the calendar year of a GPSA Chair's term, such that I am reflecting here on what is actually a half-year in office for me but a full year of GPSA work and accomplishments.

At the time of writing this report, we are nearing the end of 2024, a year that so many of our members have described to me as one that felt fuller, bigger, and more eventful than could have been expected. A year in which elections have been an exciting yet globally unsettling aspect of the healthcare sector – and indeed the world - around us. A year of rolling challenges, of unavoidable potholes and mounting frustrations, but equally one of growing connections and increasing opportunities.

Not that I'm likening myself to a wise, caring old wizard (nor you to Harry Potter!), but I do feel the words of Professor Albus Dumbledore need to be shared about now: *"It does not do to dwell on dreams and forget to live."*

Like that baby tooth that needs to be ripped out to make way for an adult molar, it may be

painful at first but letting go of the past, and with that the systems and processes that bring us comfort, is a necessary process to allow growth into the future. So, while I write about a year in the rearview mirror, consider this an invitation to continue and help shape the journey ahead with GPSA - the GPSA Board that represents you, the GPSA team that responds to your needs, and the GPSA members who are your peers in enabling the delivery of high quality primary healthcare for our communities long into the future.

I started 2024 in India, my birthplace and my spiritual home. For me this was the pit stop I needed before embarking on this action-packed term as Chair, which kicked off in earnest - almost immediately after returning to Australian soil - with the GPSA Board's strategic planning weekend in Melbourne. Two key phrases came out of this weekend, two phrases that have continued to resonate clearly throughout the year: 'fearless innovation', and 'challenge the status quo'.

This planning weekend was a powerful opportunity to connect with existing and new Directors, together reaffirming the organisation's values and our commitment to the path set by our predecessors. While honouring those that came before us – most prominently the wonderful Dr Kevin Arlett, who was in this Chair

role for the first half of the 2023-24 financial year, alongside our former Deputy Chair, Dr Madhu Tamilarasan, and now-retired Director, Dr Justin Coleman -, we also made the most of our time together and with members of our team and GPSA community exploring the many and varied changes we as supervisors, practice managers and health consumers are being asked to navigate on a daily basis. The new routes we mapped out as the 2024 Board still steer us to the same destination pursued for some 20 years now – increased respect, recognition and reward for supervisors -, still continuing to focus on GPSA's strengths in research and education, but with greater emphasis on innovation and expanding beyond our traditional AGPT focus going forward.

As a consequence, under the able leadership of our CEO Carla Taylor, we are operationally leaning into other pathways and the pipeline of training, exploring better ways to engage with and support our members – a lot of whom may not even recognise that they are in fact "supervisors" outside the AGPT space - whether their learners are medical students, junior doctors, IMGs, registrars, or even doctors in remediation. We have stepped up the development of non-government revenue streams, exploring opportunities that leverage and reimagine existing resources – two prime examples



Dr Srishti Dutta, Board Chair  
MBBS, MRCGP, FRACGP, DFSRH,  
DRCOG, DCH SCCA Advanced  
Certificate of Dermoscopy



being the development of our first mobile app, SCENARIO, and the brand new board game and brainchild of our Education Manager Dr Simon Morgan, Consultation! And we have accelerated our goal of keeping quality at the heart of training at the coalface, building on our research-backed General Practice Clinical Learning Environment (GPCLE) framework by developing this into a quality improvement tool under grant funding through the RACGP's AGPT-supported Educational Research Grants. You can read all about this a little further into this annual report.

There have been many milestones this year, including reaching over 10,000 members. This is particularly significant after the overall number for the previous financial period dropped by over 2,900 through a data cleansing exercise that identified duplications and retirements from clinical practice. I have written to you in each of my monthly Chair reports about the many of these goals we can celebrate as a member organisation: the resources the team has delivered, our stakeholder engagement and the growing recognition of the value of both GPSA and in turn our members in the sector and the community more broadly. One of the greatest accomplishments has been the finalisation of the historic MoU between GPSA and GPRA - two independent sector peaks that have redefined

the concept of meaningful collaboration in an environment that could benefit from a lot more of the same.

Naturally these are not point-in-time but cumulative achievements that Kevin, Madhu and Justin, and even previous Chairs Drs Nicole Higgins and Gerard Connors, must share equal responsibility in procuring along with my current colleagues on the Board and the amazing GPSA team. I would like to take this opportunity to thank the team and my fellow Board members for their commitment, support and respect since I took up the mantle as GPSA Chair. It is the people that make the organisation, and the people behind the GPSA brand do it with professionalism, humour and dedication in balance.

For Harry Potter fans like me, the crew that makes up our Board is extra special... Without naming names, we have the wisdom of Albus Dumbledore (always with a twinkle and a bit of mischief in his eyes), the strength of Rubeus Hagrid (half-giant gamekeeper), the skills and ingenuity of Horace Slughorn (defence of dark arts teacher), the intuition of Sybill Trelawney (divination teacher), the strict but fair Prof Minerva McGonagall, the grounded Professor Pomona Sprout (no nonsense attitude), and last

but not least the exceptionally talented if a little scary Prof Severus Snape. Once you've taken a look at us as a Board a few pages into this report, I will let you decide for yourself who is who!

While my time at the helm of these colourful characters (aka GPSA Directors) has been incredibly rewarding and incredibly busy, my role as a GP and GP supervisor has needed nurturing too. In 2024, for the first time in the practice where I work, every GP has been involved with teaching and training, and indeed every member of the practice - including the nurses and reception team - now contributes to the scaffolding of our various learners in some capacity. Personally, I have been responsible for hosting a high school student, teaching 2 medical students, and supervising a GPT1 registrar. This is very exciting and it makes me proud to call ours a true community-focused learning practice: so much so that some of my regular patients, after relishing the benefits of having a learner with us in my room, now express disappointment when they find just me behind the door!

Contributing to the growth of tomorrow's GPs really is rewarding, and in some surprising ways. At a recent RACGP Queensland State Faculty graduation ceremony, knowing that one of my former GPT1 registrars who passed this year

would not be attending, to my absolute joy I was surprised to see my very first medical student receiving his Fellowship as a rural GP. Sometimes the impact we have takes time to manifest, and it may not even be visible to us when it does. We have to be ready to take these little wins, to remember to 'live' as Dumbledore would say, at every opportunity. For without the wins, the joy turns into a burden; and without GP supervisors, general practice cannot be perpetuated. So please think on and share your wins, and trust that GPSA is working hard to make the role of the GP supervisor one that our peers and indeed our learners can themselves aspire to.





## From the CEO

As someone renowned for being able to talk under water, many would think the speech bubble theming of this year's annual report is completely my doing! Alas, this is the brainchild of comms folk far smarter than me. And it doesn't just represent the GPSA team and Board doing the speaking (which we do quite a lot of in our support, education, research and advocacy roles); no, this theme represents our engagement with *YOU*, our GPSA Community:

### **You talk... We listen...**

***Then we amplify your voice to ensure you are heard by those who can make a difference.***

Throughout the 2023-24 financial year, and well into the current period, we have been pursuing new ways to help our members communicate with us and with each other. The GPSA Community platform, launched in the last quarter of the 2022-23 financial year to facilitate this goal, has exceeded expectations as a virtual community of practice - bringing members of supervision teams together from all over Australia in secure private groups defined by roles, regions and special interests.

While it is never meant to replace the various GP and practice manager social media groups, this dynamic GP supervision-focused networking space complements and seamlessly integrates with the more static resource repository housed on our website – making it an accessible supervision tool in its own right, as demonstrated by the uptake of more than 25% of our members at last count.

The goals of connection and responsiveness on which GPSA Community was based are core components of the GPSA identity, which was further affirmed in our members' responses to the 2024 national supervision survey. Before unleashing this year's survey, heavily conscious of the need to increase engagement after the post-COVID lull, my team took some time to reflect on the impact a recognisable survey name has on participation in research. Inspired by the RACGP's "Health of the Nation", and determined to embed those principles of connection and responsiveness in the identity for our own data collection tool, we arrived on "ENGAGE" - a name that perfectly describes all we do (and our motivations) in research... but also in our member communications, education, and advocacy.

While the name says it all, our Operations Manager, Maryse, took it to the next level as an equally effective acronym that is just so fitting for the function of GP supervision teams:



We hope you, our members, read through this year's annual report and recognise how much you have shaped the GPSA of today. By engaging with us through our various communications channels - whether by attending our webinars and providing feedback, starting a conversation with peers on GPSA Community, using the Community messaging option to reach out to a colleague directly, calling or emailing our office for advice, or sending me your suggestions or concerns -, you have played a vital part in making GPSA an organisation that is truly of and for its members. For this and all you do for the Australian community, thank you.



Carla Taylor,  
Chief Executive Officer  
BA(HONS), MBA(INT), MCOMM



# Achievements snapshot

12 months as at 30 June 2024



**9,579**  
GPSA members



**\$160.80**  
Cost per member



**2,303**  
Activated Users on  
GPSA Community



**34**  
Groups in GPSA  
Community



**32** New webinars

**3,581** Webinar registrations

**1,728** Live Webinar attendance



**447,036**

Views and downloads  
of **online resources**  
and **community views**

**137,056**  
Views

**309,980**  
Downloads

**1,477** Community views



**69**  
New resources

**20**  
Revised  
resources



**11** years of  
conducting  
the National  
Supervisor Survey

**588**

Enquiries answered  
by GPSA Team and  
countless others  
answered by GPSA  
Community

**6,545** Podcast  
plays

**16,191** YouTube  
views



# Who we are

## GPSA in a nutshell

General Practice Supervision Australia (GPSA) is a registered health charity and an autonomous body representing and represented by the GP supervisors and practice managers responsible for the in-practice training of learners across the educational spectrum.

While GPSA's traditional focus has been on the supervision of trainees on the Australian General Practice Training (AGPT) program, in the 2023-24 financial year this has expanded to encompass all current and future doctors supervised in the GP clinical learning environment: medical students, junior doctors, IMGs, doctors under remediation, and vocational registrars on all training pathways.

As a membership organisation, GPSA speaks on behalf of some 10,000 clinicians (GP supervisors) and administrators (practice

managers and other members of the supervision team). While our clinician members are also predominantly members of one or both GP specialty College, their role in supervision gives them a unique lens, and unique needs as the enablers of tomorrow's GPs and RGs; it is this lens, these needs, that shapes the work of the GPSA team and Board.

Membership of GPSA is completely free, and provides an otherwise isolated and disparate cohort with access to peer-to-peer connection, regular sector updates, educational opportunities and resources, and employment advice and tools developed to minimise the burden on training practices engaging registrars under the national terms and conditions GPSA jointly oversees with General Practice Registrars Australia (GPRA).

The principal objective for which GPTA Ltd was formed is to promote the prevention and control of disease in humans. GPSA works to this objective by:

- providing leadership in the GP training sector as the representative body for the individuals without whom the delivery of high-quality primary healthcare could not be perpetuated;
- supporting and enabling the professional development of supervisors;
- advocating for increased respect and recognition of supervisors;
- advocating for structures and systems to enhance the sustainability and ongoing appeal of training placements across the educational spectrum for supervisors and practices;
- undertaking research projects in collaboration with major universities across Australia and internationally to establish and evaluate quality improvement mechanisms, best practice resources and interventions to support GP supervision as a desirable career aspiration rather than a burden;
- facilitating the national Supervisor Liaison Officer (SLO) Advisory Council which is made up of SLOs from across the country who are employed by RACGP, ACRRM and RVTS as training program representatives for supervisors of vocational registrars.





# Who we are

## The team that listens

At the other end of the phone and emails, behind the scenes driving improvement through research, education and employment tools – all designed to streamline and enhance our members' involvement in training the future GP workforce at the coalface -, is a passionate team made up of dedicated individuals.

In the 2023-24 financial year, this team extended its reach through the GPSA Community platform: an innovation developed to seamlessly integrate with our updated website using legacy funds donated by the outgoing RTOs. This virtual community of practice has enabled us to offer more support and connectivity across this period than has been achieved in any previous year - effectively transforming a subscriber database into an engaged membership.

Knowing that what we do on a day-to-day basis is the product of meaningful interactions with the people we are doing it for keeps us energised and focused on the possibilities - and corresponding enablers - for today, tomorrow, and years from now.



Ms Carla Taylor  
Chief Executive Officer



Ms Leonie Chamberlain  
Chief Operations Officer



Dr Samia Toukhsati  
Director of Research and Policy



Kisanet Tesfu  
Research Assistant



Ms Pauline Ingham  
Communications and Marketing Manager



Ms Maryse Mascitti  
Operations Manager



Dr Simon Morgan  
Education Manager



Dr Jess Wrigley  
Education Associate



Ms Jenn Flakemore  
Practice Manager Lead



Ms Jane McMahon  
Administration Officer  
- Operational Support



Ms Karen Andrews  
Administration Officer  
- Governance





# Who we are

## The Board that responds

Innovation is central to the ethos of GPSA.

Like our members, this independent peak is committed to building a better future for Australians, choosing not to be hemmed in by tradition or confined by the fixed protocols of larger institutions, instead proactively addressing the changing environment and dynamic needs of those we support.

It is an honour to represent the 10,000+ GPSA members who devote themselves to the task of developing tomorrow's GP/RG workforce. It is even more of an honour to fight for this role to be duly respected and rewarded, and influence the expansion of the sector's focus on attracting more future GPs to making the role of the GP supervisor an enticing destination in its own right.

Great supervisors inspire greatness, and take immense pride in the achievements of the GPs/RGs they play a part in shaping. But GP supervision is a team sport, and GPSA is here to support every member of that team - clinicians and administrators, supervisors and practice managers - so our members can enable today's learners and trainees to grow general practice into what they need it to be as the specialist GPs of tomorrow.



**Dr Srishti Dutta**  
Director, Chair  
MBBS, MRCGP, FRACGP, DFSRH, DRCOG, DCH  
SCCA Advanced Certificate of Dermoscopy



**Dr Frank Maldari**  
Director, Deputy Chair  
MBBS, FRACGP, GAICD, Cert. Clin. Ed



**Leonie Chamberlain**  
Director, Chair of FARMG  
Committee  
CPA, GAICD



**Dr Candice Baker**  
Director, Deputy Chair  
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MBBS, FRACGP, Clin Dip Pall Med, DCH  
Committee



**Dr Kate Manderson**  
Director  
B Med. Sc., MBBS (Hons), MPH, D.Adv.Med.,  
FRACGP, FACAsM



**Dr Nick Tellis**  
Director  
MBBS, FRACGP



**Dr Shea Wilcox**  
Director  
MBBS, BSc, FRACGP, PhD



**Dr Justin Coleman**  
(Director 2022-2023)



**Dr Kevin Arlett**  
(Chair 2022-2023)



**Dr Madhu Tamilarasan**  
(Deputy Chair 2022-2023)



# What we value

Whether looking back over the 2023-24 financial year or looking ahead at what we are aiming for tomorrow, the values propelling GPSA forward are the same - **We are here to support and empower.**

## Our values

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



## Our mission and vision



If our values are the “how”... the “what” of GPSA’s MISSION can be described as striving to nurture the passion that drives the GP training sector through service, support, research, innovation, education and advocacy.

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



## Our strategic priorities developed through industry expertise



### OBJECTIVE ONE

**GPSA is a thought leader in GP supervision**

- Stakeholder engagement
- Policy
- Improvement



### OBJECTIVE TWO

**GP supervisors are supported to be effective**

- Member engagement
- Needs analysis
- Advocacy



### OBJECTIVE THREE

**GP supervision follows best practice**

- GPCLE
- Research
- Research translation and implementation



### OBJECTIVE FOUR

**GPSA is a flourishing organisation**

- Continual improvement
- Leadership culture
- Innovation
- Risk management



# What we do

## Advocacy - Turning member needs into calls for action

At GPSA, we interpret “advocacy” not as agitating but influencing positive change through collaboration. We are active and committed to outcomes, but far less concerned about visible “wins” than meaningful improvements for our members and therefore the community.

We sit on a growing number of steering groups and advisory committees and meet regularly with sector stakeholders such as GPRA, RACGP, ACRRM, Commonwealth Government and also:

- Australian Indigenous Doctors' Association (AIDA)
- Remote Vocational Training Scheme (RVTS)
- Australian Medical Association (AMA)
- Australian Association of Practice Management (AAPM)
- Medical Deans Australia and New Zealand (MDANZ)
- Universities and rural training hubs
- Jurisdictional Single Employer Model (SEM) teams
- Rural Doctors Association of Australia (RDAA)
- Postgraduate medical councils
- Rural workforce agencies
- State-funded rural generalist pathways
- National Rural Health Commissioner
- Workforce Planning and Prioritisation Organisations

Through our expanded stakeholder engagement, GPSA now has a seat at the tables where decisions impacting our members are largely made.

We use these sector opportunities to promote the issues our members have shared with us as priorities, such as:

- Placement processes
- Sustainability of the supervision workforce
- Sustainability of training in community practices
- Lack of screening and preparation for incoming registrars
- Integration of supervision across the educational continuum

Read more on our website:  
<https://gpsa.org.au/home-menu/advocacy/>





# What we do

## Research and Policy - Strategic direction

### You spoke, we listened

Research at GPSA is directly informed by the GP training community, for the explicit purpose of supporting the GP training community. Working in close collaboration with our members, key GP training stakeholders, industry partners and academics, we maintain a nimble research agenda, forecasting opportunities and tackling the challenges that face GP training today to create a better future.

### Our research is all about translation

At GPSA, we adopt best practice research methods to understand problems and develop innovative solutions to provide the GP training community with evidence-based resources to not only retain and sustain, but to thrive. Working closely with the GPSA Education team, we provide evidence of the impact and reach of our high-quality education program and resources.

### One voice, one vision

Through your engagement in research, GPSA has the evidence needed to advocate on your behalf and effect positive change. Together, we are change agents.

### Research themes

GP training is complex and so are the needs, concerns, and priorities facing our members. To address these, GPSA has developed three strategic research themes designed to support the delivery of high-quality GP training, optimise wellbeing and satisfaction, and ensure the sustainability of the GP training community:

 <b>Theme I</b>	Best Practice - Driving innovation, quality improvement, and excellence in GP training
 <b>Theme II</b>	Capacity Building and Resilience
 <b>Theme III</b>	Wellbeing and satisfaction - Nurturing and supporting the wellbeing and satisfaction of the GP training community

## Theme II research achievement

**Strengthening the recruitment, support and retention of women GP supervisors: a framework and implementation model.**

2 year RACGP Education Research Grant - \$250,000

Toukhsati SR, Kippen R, O'Sullivan B, Greenfield L, Wearne E, Benson J, Morgan S, Taylor C, Dutta S, Chamberlain L, Tamarasan M, George T, Higgins N, Chapman J, Gemmell-Smith F, Nicholls K, Lyttle J, Manderson K, Baker C, Wrigley J.



# Research spotlight

## The pursuit of excellence in GP vocational training: the GPCLE tool

### The source

In 2019, GPSA led the development of a consensus-based framework for the GP Clinical Learning Environment (GPCLE) setting out six elements describing excellence in the clinical learning environment.

### The gap

Guidance to support real-world benchmarking and quality improvement in GP vocational training was lacking.

### The goal

To develop and validate a benchmarking and quality improvement tool, adapted from the national GPCLE framework, to support best practice in GP training.

### The project

This was a prospective, mixed-methods, 12-month project, supported by the RACGP with funding from the Australian Government under the AGPT Program.

### The participants

Key GP training stakeholders, including GPs/RGs, GP/RG supervisors, GPs-in-training/recent fellows, medical students, IMGs, practice managers, RACGP Regional Directors of Training, GP training providers, GP training researchers, and medical educators.

### The journey



### The outcome

Through co-design and consensus-building with GP training stakeholders, this project produced the **GPCLE quality improvement tool**. The tool provides the GP training sector with an evidence-based means by which to showcase the quality of the clinical learning environment in GP training practices and identify areas for improvement.

### The tool

<b>What</b>	11 items, mapped to the GPCLE Framework
<b>Who</b>	All GP training practice personnel, including medical learners
<b>How</b>	Self-assessment of quality, using objective evidence, across a performance continuum
<b>When</b>	Annually or bi-annually
<b>Where</b>	In GP training practices
<b>Why</b>	To measure, improve, monitor and showcase quality in the GP clinical learning environment

*The GPCLE tool can be applied by GP training practices to stimulate a strong learning culture, drive best practice vocational training and, in doing so, attract medical students and junior doctors to general practice as a speciality of choice.*



# Who we work with

We are proud to celebrate our ongoing collaboration with key research partners, and continue to grow our networks in Australia and overseas:



## Scholarly Intensive Projects: attracting medical students to general practice

As part of GPSA's partnership with Monash University, we host 6-week projects in GP training for final-year Monash medical students. Between July 2023 and June 30th this year, we have co-supervised three outstanding medical students on three scholarly intensive projects:

- Exploring the experiences and outcomes of medical students on general practice placements: a scoping review
- Supporting women clinicians in leadership: A scoping review of programs and initiatives
- Patient views and experiences of medical-student placements in general practice: an international scoping review



# Who we work with

## GPSA ensures your voice is elevated by the SLO Advisory Council

The 2023-24 financial year has seen the rise of a national Advisory Council made up of the Supervisor Liaison Officers (SLOs) who have long been the first line of defence for AGPT supervisors needing guidance and support.

As the industry started to change shape through the transition of the AGPT from RTOs to College training, GPSA took the initiative to ensure that the SLO role was maintained – and that, even with the numerical imbalance with more RACGP representatives in one jurisdiction than all the ACRRM SLOs across Australia, the national network of SLOs continued to give voice to each SLO and thus each and every supervisor / practice they individually represent.

Following the establishment of the SLO Advisory Council under an MoU between GPSA, ACRRM and RACGP, including the appointment of co-Chairs from each College – Dr Sue Harrison for ACRRM and Drs Candice Baker and Tim Chappell for RACGP -, GPSA's role has become that of facilitator and secretariat. All decisions including dates of meetings and agenda items are left to the SLOs and their Chairs.

When the first annual face to face meeting of the newly named SLO Advisory Council took place in Sydney in December 2023, the synthesised issues presented to ACRRM's President Dr Dan Halliday and General Manager of Education Services Ms Kyra Moss, and RACGP's then Chief GP Training Officer (now CEO) Ms Georgina van de Water, included:

- difficulties the SLOs were experiencing in making themselves known to/being able to communicate with the supervision teams in their regions;
- widespread dissatisfaction over the lack of coordinated bi-College networking and supervisor professional development opportunities; and
- problems arising from the absence of training provider mediation and dispute resolution policies post-transition.

The second annual face to face meeting of the Advisory Council, held in June 2024 in Brisbane, saw a lot of these issues still topping the SLOs'

list of unresolved concerns despite the College assurances 6 months prior. A larger contingent of executives from each College provided an opportunity for the Advisory council to present key pieces of advice for them to action. Read the details at: <https://gpsa.org.au/slo-advisory-council-june-2024>

Additionally, and quite historically, the timing of this second meeting allowed GPSA and GPRA to coordinate the first joint meeting of the SLO and RLO Advisory Councils.

Just minutes after this meeting got underway, it became apparent that the similarities in attitudes and goals far outweighed any differences between these supposedly opposing cohorts. The room was highly energised with resounding cries of "this has to be an annual event!"

Echoing the subjects of the advice presented to the Colleges the previous afternoon, together the SLOs and RLOs settled on four areas for joint advocacy which you can read at: <https://gpsa.org.au/joint-meeting-of-rlos-and-slos-june-2024>.







# Supervision

## Professional development

GPSA is committed to enabling the delivery of high-quality supervision for medical students and junior doctors in the general practice clinical learning environment. Supervision is optimally a team endeavour, with clinical and administrative practice members all coming together to scaffold the learner, ensuring the safety and positive outcomes for them as well as their patient.

To assist the professional development of GP and RG supervisors, in the 2023-24 financial year we added another 69 new and 20 revised resources to our already-extensive library of best-practice supervision guides, cheat sheets, toolboxes, recorded webinars and podcasts.



RESOURCES

**Our highly qualified education team also delivered 32 new webinars in this period, each attended by 54 GPSA members on average and rated as 8.88/10.**





# Supervision

## Valuable feedback

"I found this session and the podcasts more relevant and useful than a Professional Diploma on the topic I've just completed, details on request!"

"Valuable session helping to learn more about aspects of diagnoses, management of different stages of dementia, goals of care"

"Brilliant and very worth while as a practice manager in support of our registrar's and staff, patients"

"Very interesting talk and interactive format with the 2 presenters with a different approach"

"This is the first time for me to attend the webinar. Looking forward to joining further contents. Thank you."

"Excellent seminar - wish these skills were taught to me in my Uni as well as post qualification years!"

**"practical, effective strategies to put into place"**

"Excellent. I would suggest getting right into the topic as soon as possible"

"A quick refreshment for the previous knowledges I learned"

"Confirmed some strategies I am already using"

**"The tool broke down problem solving into distinct processes"**

"Comprehensive view of study modes in GP"

"Suggesting techniques of learning that work"

**"Reassurance that there are innovators in the realm of GP Supervisors in Australia"**

"Well done for bringing this topic to GP training"

"Presenters are clearly passionate about teaching"

"Concise summary, great practical examples and resources"

"Thoroughly enjoy listening to you share your knowledge and experience"

"Knowledge about the wealth of online resources and useful framework for assessment"

"Was an interesting and relevant topic, well delivered, expertly expanded and very very practica"

"Thank you. I find GPSA have a more holistic approach to training thst includes wellbeing and practical considerations which is always insightful and interesting"

# Supervision

## Educational innovations

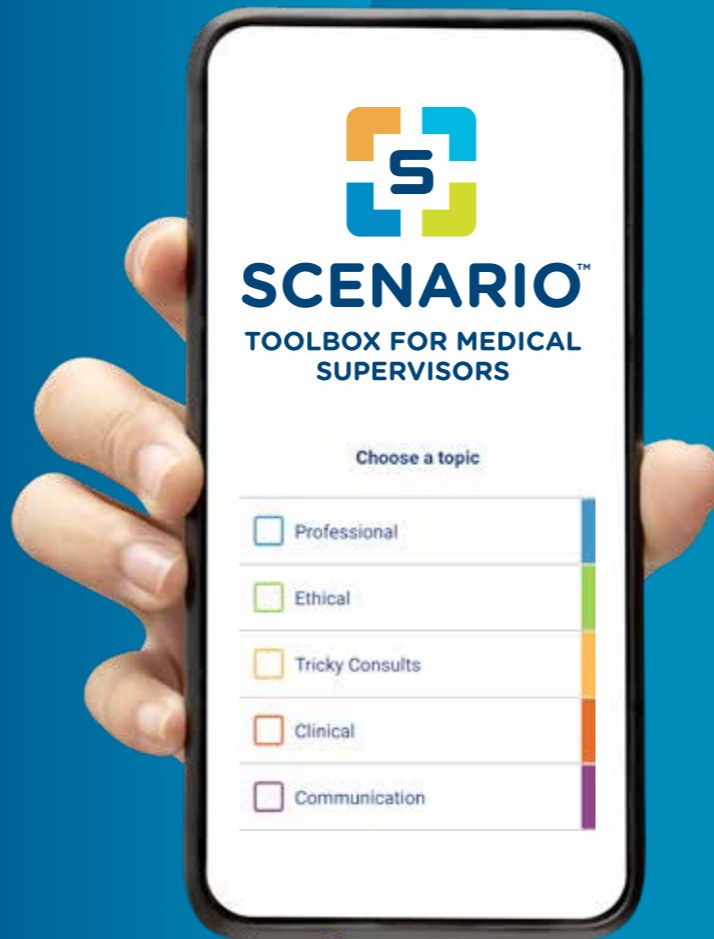
### SCENARIO app

Launched in time to showcase it for the 4,500 delegates in Sydney for the World WONCA conference in October 2023, SCENARIO is one of several educational innovations GPSA has developed in this financial year. Learn more about the app at: <https://gpsa.org.au/scenario>

Adapted from much-loved GPSA flashcard resources such as Shades of Grey ethical dilemmas and Doctor Talk communication cards, SCENARIO is our first mobile app – developed in this format for convenience and global accessibility, with this one toolbox offering a broad range of challenging scenarios across 5 key general practice topics:

- Professional
- Ethical
- Tricky Consults
- Clinical
- Communication

As at the end of June 2024, this app had been downloaded by 628 users across 37 different countries.



## Sharpen reasoning skills

### A teaching toolbox at your fingertips



SCENARIO App



**CLINICAL REASONING**  
MEDICAL EDUCATION TOOL

### Clinical Reasoning – the online game

We were gifted the IP for GP Synergy's hugely popular card Clinical Reasoning game prior to the transition to College-led training.

The game was very popular and effective, however we realised we could improve and make it accessible for all our members, by creating an online version (<https://gpsa.org.au/clinical-reasoning-the-online-game>).

Following the success of the Scenario App, this version is now also being upgraded and replaced by a mobile app currently under development.





# Supervision

## Consultation! The board game

A board game with a (significant) difference, Consultation! is to GP training what Cards Against Humanity is to a typically-staid family Christmas!

Introduced to the MEs at the GPME conference in June 2024, then launched internationally first in New Zealand then Singapore and most recently Ireland. [Consultation!](#) is a high quality education tool which focuses on the 3 E's: enjoyable, educational engagement!

Designed for both learners and educators in the general practice setting, this game offers an engaging and interactive way to refine consultation skills and clinical knowledge.

Learn more about Consultation!  
The board game at:  
<https://gpsa.org.au/consultation-game>



A TEACHING TOOL THAT'S A GAME CHANGER





# Practices

## Supervision is a whole-of-practice endeavour

GPSA recognises that the supervision of learners at all levels is a whole-of-practice endeavour.

A high-quality training experience fosters trust and connection, significantly increasing the likelihood that trainees will remain with or return to the practice after completing their fellowship.

Registrars who feel valued and well-supported during their placement often attribute this to the relationships they build with everyone in the practice. This includes their main supervisor, practice owner, reception team, nurses, non-supervising clinicians, and of course, their patients.

Central to this supportive environment is the practice manager. The practice manager's role is crucial in setting expectations, enhancing the registrar's understanding of the business of general practice, and building trust through open and transparent communication.

It is for this reason that GPSA has embraced practice managers as Ordinary (voting) members, additionally allowing one practice manager to be

elected to the GPTA Board of directors through a Constitutional amendment ratified in 2022. In the first Board election after this change, our very own part-time COO, experienced practice manager and CPA, Ms Leonie Chamberlain, was chosen by an overwhelming majority as our first elected practice manager.

Practice managers are of course central to the recruitment of registrars and subsequent facilitation and administration of their placement as part of the Colleges' placement processes. Having Leonie on both the Board and the GPSA operational team – along with popular practice management consultant Ms Jen Flakemore in the role of "PM Lead" – helps to ensure the advice GPSA offers in the domain of registrar employment translates readily into policy and advocacy. By leaning into the practice manager's non-clinical priorities with a focus on issues like employment responsibilities, fiscal compliance and registrar education about the business of general practice, GPSA has been able to approach the sustainability of GP training with a completely new perspective.

### What is your practice's point of difference?

Do you see a wide range of presentations to help the registrar address their learning needs? Or a unique patient cohort that the registrar might not have the chance to work with elsewhere?

### Do you have a special culture to entice an applicant?

For example, social activities that include family members, or maybe weekly team meetings that focus on learning new clinical and administrative skills?

### Do you use specific systems to help the GPs maximise their patient billings?

Does your practice manager dedicate a set number of hours to teaching registrars business skills / run regular sessions to improve the earnings of all the GPs consulting in the practice?

### Does the supervision team include a number of diverse GPs with a range of special interests and a passion for teaching?

An ever-growing suite of resources is available on our website to support practice teams involved in the supervision of medical students and junior doctors – all developed out of our engagement with our practice manager members through phone/email enquiries, discussions on the GPSA Community platform, and at the various conferences and networking events GPSA attends and / or supports across the country.

# Connection



**'It's the vibe'**  
Quantifying 'quality' in the general practice clinical learning environment (GPCLE)

Zorica Tokalovska<sup>1,2</sup>, Lisa George<sup>1</sup>, Luke Greenfield<sup>1</sup>, Rebecca Rippen<sup>1</sup>, Belinda O'Sullivan<sup>1</sup>, Christine Derwent<sup>1,3</sup>, Katy Flynn<sup>1</sup>, Simon Morgan<sup>1</sup>, Dana Taylor<sup>1</sup> and the GPCLE investigators

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<sup>3</sup> University of Melbourne



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