

Chair Report 04

Relationships key to developing South Australia's future GPs

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Development & Training 10

Developing our rural and urban GPs

2019 Highlights & Achievements 14

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

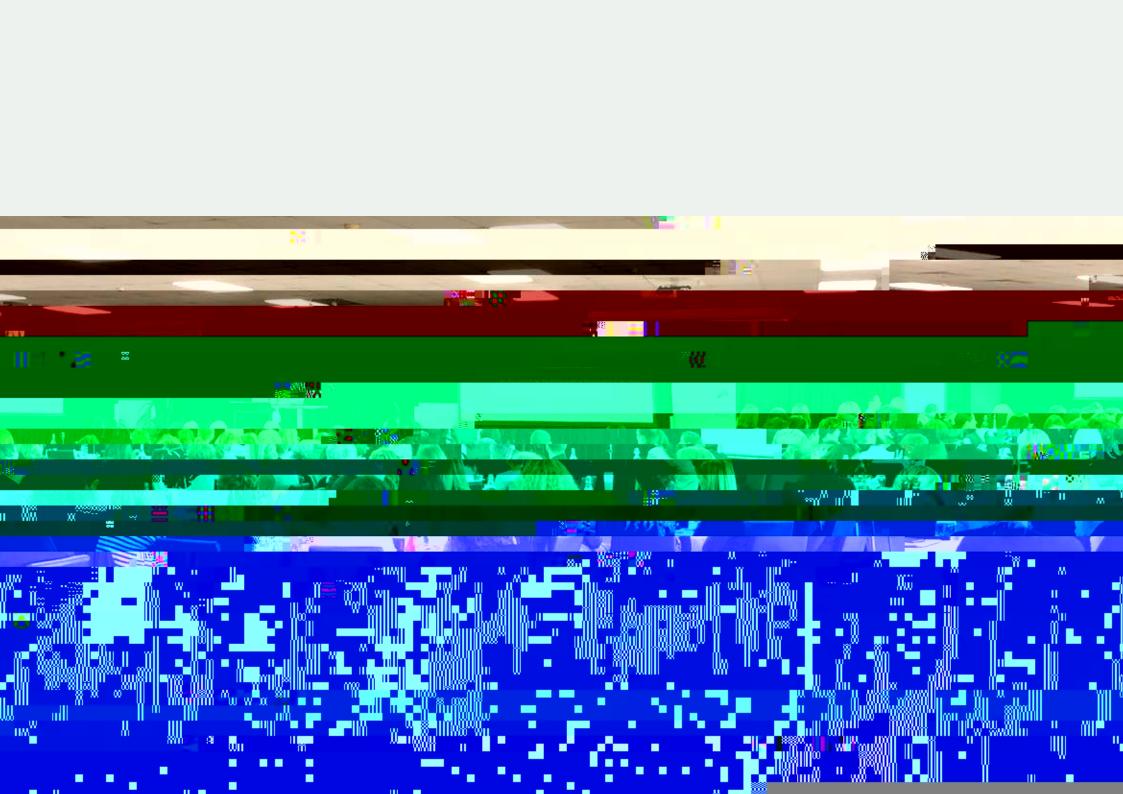
Maintaining a steady ship and building on well-established sector relationships and organisational culture were the priorities of the Board.

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

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

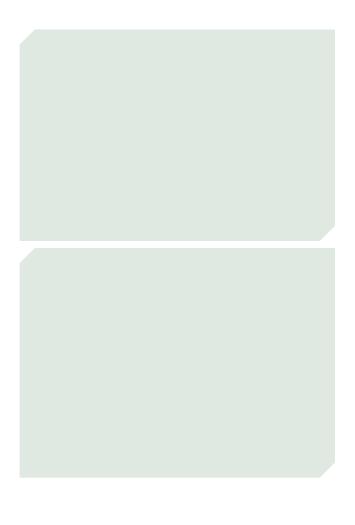
As we transition to a College-led Australian General Practice Training (AGPT) program from 2022, GPEx,

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

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Dr Emily K

Rural Generalist training

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

new key initiatives to support the training of tomorrow's rural GPs.

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

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

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

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

We also continued our regional visits to support GP practices across supervisors and practice staff to In 2019, GPEx introduced several nurture these relationships that are vital to the ongoing success of GP training in our rural and Radopatalogatjogistrars on

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

Developing our medical educators

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

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

New team members

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

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

National leadership in GP training

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

Building our rural communities

GPEx delivered a range of

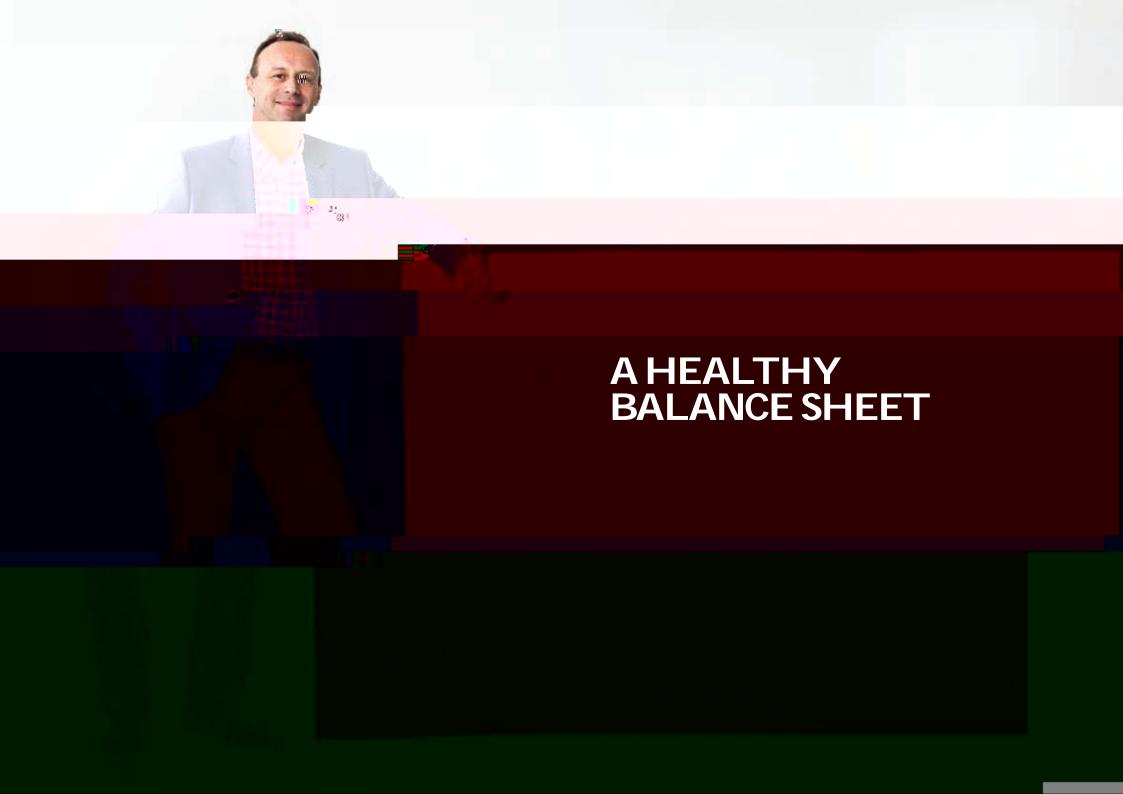
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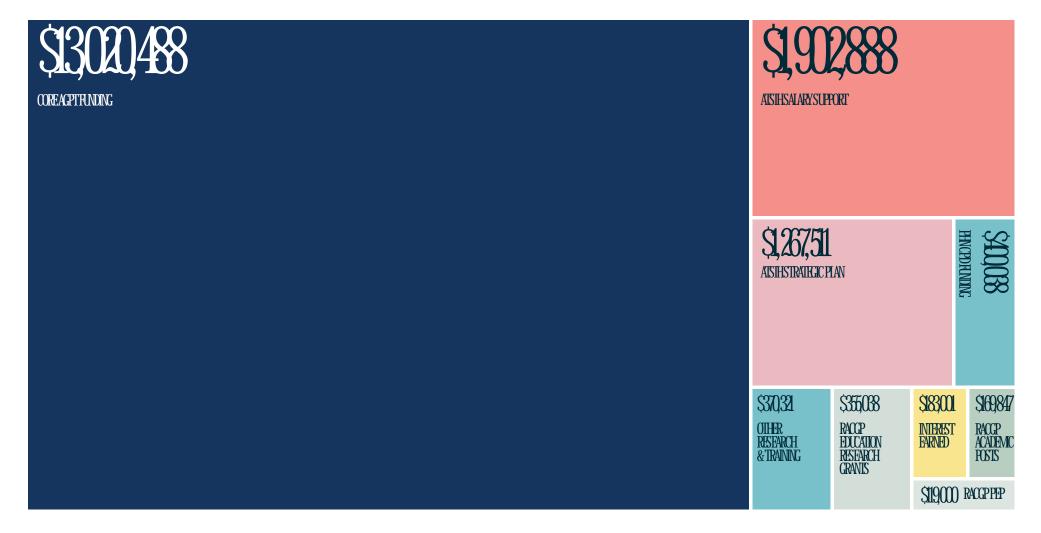
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GPE 2019 INCOME



GPE 2019 E PENDI



\$372675

ACPTSTAFFCOSTS

\$2119497

ACPITEACHING ALLOWANCES 9,823

REGISTRARPAYMENTS

9,289,861

AISIHSALARY SUPPORT \$170573

CENTRALSTAFFCOSTS

\$1,897,947

ACPTPRACTICES UPSIDIES

9,333058

CENTRALOVERHEADS

\$10854

PHNCPD PROCRAM EXPENSES

\$867,036 AISHSTRATEGEPLAN S340887
ERGIROCRAVIEXTENSES

\$336506

OTHER TRAINING & RESEARCH

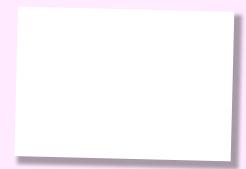
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ACADEMIC POSTS PEP









People & culture

A STRONG FOUNDATION FOR GP TRAINING

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





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

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

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

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

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

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

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

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

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

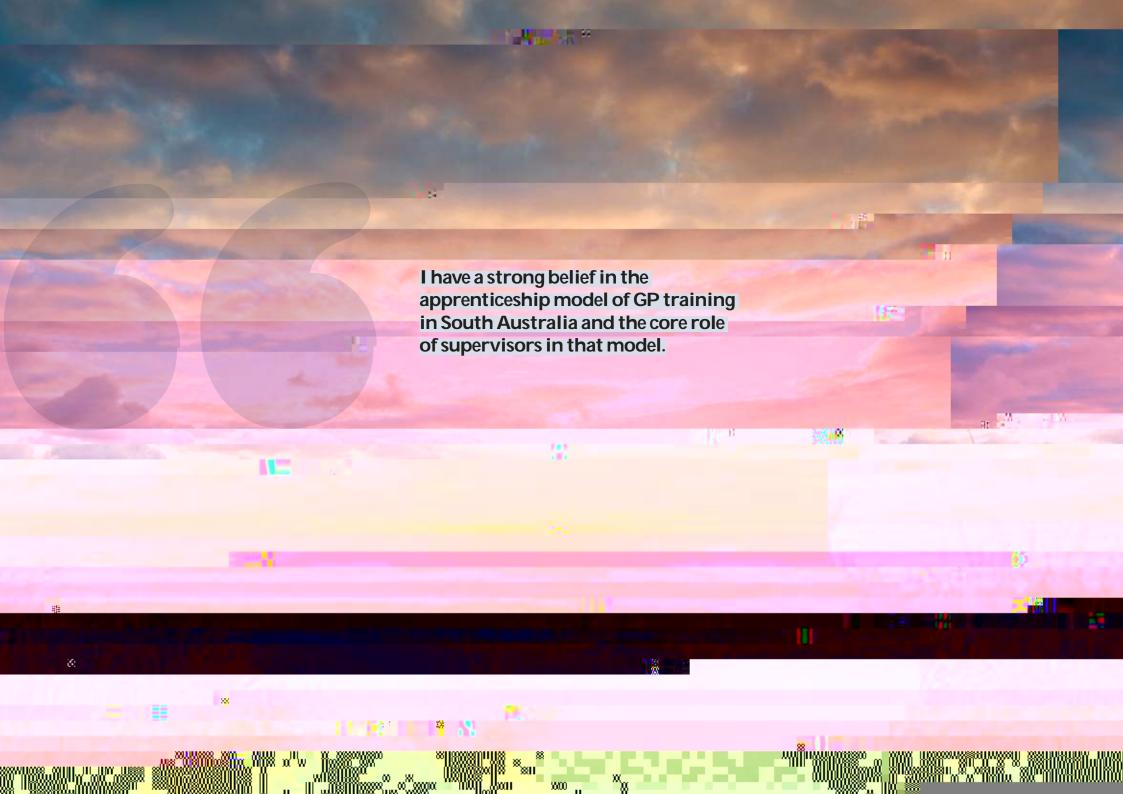
As a Supervisor Liaison Officer (SLO) I'm the conduit between GP supervisors and the management team at GPEx.

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

In 2019 I was given the opportunity to attend the General Practice Training and Education Conference (GPTEC) in Melbourne and was impressed with the large numkm Td ([t)40ct)40co2GS1-sCrlcrfwby GP

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Saving general practice

ractising at Christies Beach
Medical Centre since the
late 1980s, I spent my first 10 years
refining my skills42497 Td-e 1980s, I (2went0 -10025 14 -0.8ical I32 -10.y firs-100 ilm -1has saved)Tj -p-nt0 -10025 14 -0.8icour prTd (0)

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Christies Beach, Adelaide.



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

Interview ~

Dr Cristina Valero, Registrar Liaison O cer, GPEx.

Challenging and rewarding medicine

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

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

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

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

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

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

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

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

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

As a registrar I felt supported, and that GPEx was in tune with our needs. The GPEx team responded to our requests, took our suggestions seriously and had good communication processes in place.

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

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

Left: Outback, Flinders Ranges, South Australia.





