



Training Update



CEO update

Earlier this month we sent all registrars an email explaining why 'capacity caps' are placed on GP training facilities and how they are determined. These caps limit the full-time equivalent number of registrars a GP supervisor, and a GP training facility, can train each six month term.

In case you missed the email, please see a summary of the key points below.

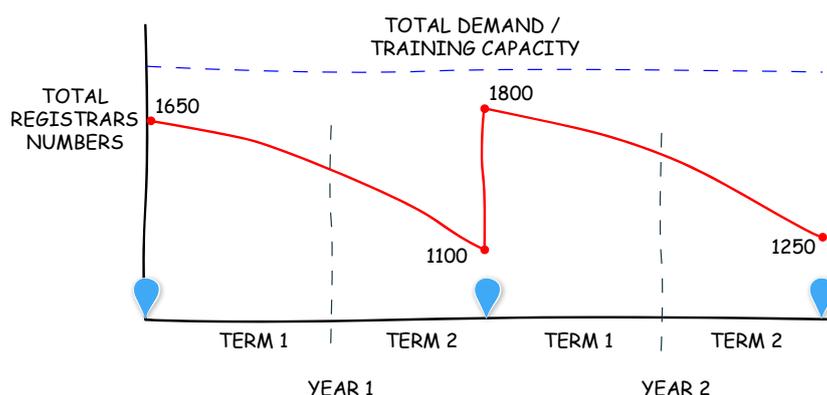
Why do we have practice caps?

Practice caps are applied every term to ensure registrars are optimally distributed to meet workforce need, and an equitable distribution of registrars across accredited training facilities within each grouping is achieved.

Why do the caps change from term to term?

Practice caps for each grouping and subregion are reviewed prior to each six month term, and are determined by comparing the training vacancies practices have available and the number of registrars who are seeking GP terms. This 'supply and demand' varies each term as practice's availability changes, and the number of registrars change.

The change in registrar numbers has a significant impact. The number of registrars is always smaller in the second half of the year, creating a sawtooth effect, as shown in the diagram. This is caused by registrars completing their training and exiting the program, and the flexible nature of the AGPT program in which registrars can change between community and non-community based terms.



The application of a practice cap to each supervisor and practice ensures registrars are distributed in the most optimal way to meet workforce needs, and equitably across groupings within subregions.

How and when is capacity in each subregion reviewed?

Capacity is reviewed regularly by the Capacity Review Committee (CRC) to ensure there is sufficient space for all registrars to train within the grouping they have been assigned.

Should a full-time registrar choose to train part time across two practices, a total of 38 hours a week can be counted towards their training time. In this situation, it is recommended that arrangements for education release be discussed with both practices prior to securing the placements. It is important to note, the capacity for a grouping is based on all the available accredited training positions across the entire group and registrars may need to commute in order to secure a placement. The CRC also considers any placement capacity process appeals.

How does GP Synergy ensure that accredited training facilities are meeting college standards?

To become accredited to train GP registrars, each facility and GP supervisor must demonstrate their ability to meet the standards of the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine.

GP Synergy implements a robust quality assurance process that includes feedback from registrars, to monitor compliance with these standards.



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Non-conformance is taken very seriously and will be actioned where evidenced. If you have concerns that standards are not being met by a supervisor or training facility, you are encouraged to raise this with GP Synergy by writing to your education coordinator or medical educator, or visiting the [feedback page](#) on our website. Concerns raised will be managed through the compliance process by our accreditation team.

Further information about practice caps

We have developed a short video explaining how practice caps work. To watch this video, please go to: <https://youtu.be/NZBxr1OOr3E>

Please don't hesitate to contact your medical educator or education coordinator if you have any queries about the caps or require any assistance.

John Oldfield | Chief Executive Officer

Important reminders: Term placement and Medicare provider numbers

2017.2 term dates:

- 7 Aug 2017 – 4 Feb 2018

Deadline for 2017.2 Medicare paperwork:

- The deadline to submit an application for Medicare provider numbers for the 2017.2 term is **Friday 23 June**. All Medicare initial provider number applications and other Medicare paperwork need to be sent directly to Medicare (not GP Synergy).

Medicare provider number check:

- Once you have received your Medicare provider number, you must check your letter to confirm you have been issued with a provider number with full billing rights before you commence billing patients. Registrars with refer and request rights will only be able to refer patients and request investigations, until a provider number with full billing rights is received.

ATSIHC chair appointments

Congratulations to Lisa Orcher and Robyn Moore for their recent appointment as chair and deputy chair respectively, of the GP Synergy Aboriginal and Torres Strait Islander Health Committee (ATSIHC).

The Committee was established in 2011 by GP Synergy in collaboration with the NSW/ACT Aboriginal Community Controlled Health Services.

A sub-committee of the GP Synergy Board, membership comprises CEOs and other community-based health professionals from the NSW/ACT Aboriginal Community Controlled Health sector including the peak body for NSW – the Aboriginal Health and Medical Research Council of NSW.

The committee plays a critical role in the development, implementation, and compliance of GP Synergy's Aboriginal and Torres Strait Islander Health Strategic Plan. It also supports the delivery of Aboriginal and Torres Strait Islander health education and promotion, registrar recruitment, and the aspirations of Aboriginal and Torres Strait Islander communities through the governance and operations of GP Synergy.



Chair: Lisa Orcher

Lisa is a Murrwarri/Kooma woman from Far Western NSW. She grew up in a remote Aboriginal community and completed her HSC via school of the air. Lisa has worked in the health industry for over 16 years; ten of these years have been at a senior management level, and she has a background in ageing and disabilities at state and regional levels in policy development and implementation.

Lisa is currently the CEO of Tobwabba Aboriginal Medical Service.



Deputy chair: Robyn Moore

Robyn Moore is a Guringai woman who has been living on the Central Coast for the past sixteen years, and is committed to the provision of a culturally appropriate health service for the Aboriginal community.

With over 40 years of health management and nursing experience, and the past 15 years in practice management, Robyn is currently the practice manager of Eleanor Duncan Aboriginal Health Centre under the auspice of Yerin Aboriginal Health Services Inc. She is a certified practice manager (AAPM), registered nurse and member of the Hunter New England Central Coast Primary Health Network (HNECC PHN) Clinical Advisory Committee and past board director of Central Coast NSW Medicare Local (CCNSWML).

2018 Academic applications are now open

During GP training registrars have the opportunity to build their skills in the areas of research and critical thinking through 12 month academic post training terms. The post aims to provide exposure to research and the academic environment and encourages registrars to incorporate academic work into their careers.

GP Synergy has a long history of academic registrar involvement with 12 registrars currently undertaking an academic post.

These posts are funded through the Department of Health, and administered and managed by the two colleges of general practice:

- Australian College of Rural and Remote Medicine ([ACRRM](#))
- Royal Australian College of General Practitioners ([RACGP](#))

Applications for academic posts are now being received by the colleges, closing 14 July.

For more information about academic posts, including access to the academic post webinar recording, visit 'Forms, documents and links' in GPRime2 and search 'academic'.

Meet a few of our academic post registrars

Dr Emily Teck

University of Sydney



Research? I'm looking at Advanced Care Planning in general practice – how GPs can initiate Advanced Care Planning discussions. I'm looking at a structured tool and whether it could be adapted for use by GPs.

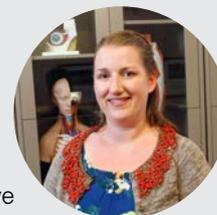
Why? Advanced Care Planning is expected to be part of routine care in well older patients but studies show that those discussions are not happening. Difficulties arise from the uncertainty about how to start the discussion.

Recommendation? The academic term is enriching my training, I'm quite lucky to have this exposure to working as an academic – it can be hard to get into research, so this is a really nice introduction to research and teaching.



Dr Rebekah Hoffman

University of Wollongong



Research? I'm looking at junior doctors under stress and why they get burnt out – what are the protective factors that can prevent burn out. I'm also looking at why some junior medical officers don't get burnt out – they actually succeed and thrive.

Why? It's allowing me to test the waters for an advanced teaching role. Something I could do in combination with clinical work. I think that's what extended skills should be, they should take you outside your comfort zone, outside GP work – I think more of it should be done.

Recommendation? I would definitely recommend undertaking an academic posting. I recommend to start early, make plans if you want to do it – it's a wonderful term, so is really worth it.



Dr Gostinna (Lalana) Kapuwatte

University of Sydney (Orange)



Research? My research project is about how rural young people access health services in the digital world. Access 3 is the overarching project and I'm looking at metropolitan and rural based youth in terms of the barriers and facilitators to their accessing of health care.

Why? I'm seeing a lot of rural young adults that are marginalised – they might have mental health issues, be Aboriginal, gender diverse, homeless and/or refugees – but the resources are so limited.

Recommendation? So far, it's been fantastic! There are benefits for long term career options, I may be able to do clinical practice and research – a bit of both.



Dr Alison Lyon

Western Sydney University



Research? I'm undertaking a qualitative study focusing on cervical screening in Assyrian female refugees in Western Sydney. The data shows these women are part of an underscreened group in a population which is growing within Western Sydney.

Why? This project combines my clinical interest in women's health and health literacy, specifically within culturally and linguistically diverse populations.

Recommendation? If you have never done any research before then the experience of undertaking a project from start to finish will help improve your skills in EBM as a clinician.



Dr Fadzeela (Fazeela) Uppal

University of New South Wales



Research? Improving our understanding of infection control in the general practice waiting room. I'm researching what is currently happening in a small sample of Sydney general practices and why.

Why? My interest in this research was triggered by my own experiences in general practice, both as a patient and doctor.

Recommendation? Undertake an academic post if you have an interest in research or teaching, but are not sure how to begin the journey.



Dr Bosco Wu

Australian National University



Research? My research project is about finding out about the experiences of doctors in training and how they care for patients, it has an underlying focus on empathy. It's qualitative research through interviews with prevocational and vocational interns and registrars training on different pathways.

Why? I've always been interested in research and teaching. I think that general practice is an area that research is undervalued in. I have some great mentors so it's a great chance for experiencing research in a general practice setting.



Dr Anna Samecki

University of Notre Dame



Research? The Health Promotion (HELP) study, it's a study to help understand patient health literacy and awareness through examining the effectiveness of health promotion in the GP waiting room.

Why? There are no real guidelines to assist practices in ways to promote health. There is a myriad of things available – it's information overload – and we've never asked patients what they want.

Recommendation? It's great to experience things other than clinical work, and until you experience research you don't really know what you're capable of and what you can do.



Dr Kathleen O'Brien

Australian National University



Research? The relationship between physical activity and risk of behavioural and mental health disorders in children.

Why? The ACT Kindergarten Health Check includes a questionnaire about physical activity and wellbeing. The starting point is analysis of the data to look at difficulties and identify kids at risk.

Recommendation? It's an excellent opportunity to see the variety of research work you can do as a GP. Working with other GP registrars with other interests is a real benefit of the program. All the academic registrars attended a workshop in Melbourne and it was a great opportunity to meet others.



Dr Stephen Martin

Australian National University



Research? The research question is around nutritional education teaching at medical school; what is being taught, role modelling and where they see nutrition fitting into medicine, is it a core part and, if not why not?

Why? There has been a school of thought that doctors are not good at providing nutritional advice to patients. One of the reasons this could be, was it was not being taught well at medical school – efforts were made to increase nutritional teaching, so has it made a difference?

Recommendation? The benefits to an academic term are twofold; the research and becoming familiar with how primary care research works, and to understand better how to critically appraise information and evidence as to why we [as GPs] do things.



NSW/ACT universities

Explore the academic post opportunities available in NSW/ACT:

- [Australian National University](#)
- [University of New England](#)
- [University of New South Wales](#)
- [University of Newcastle](#)
- [University of Notre Dame](#)
- [University of Sydney](#)
- [University of Wollongong](#)
- [Western Sydney University](#)

In profile: GP Registrar, Dr Manassa and GP Supervisor, Dr Egan



Domonic Manassa made the move from the big smoke to train as a GP in Cooma just over a year ago; he likes it so much he and his wife have recently bought a house and intend to stay. One of his supervisors, Dr Andrew Egan, is a longstanding procedural GP who has been supervising GP registrars for more than 28 years.



Dr Manassa: I was working at Liverpool Hospital, and in my second year I decided it wasn't for me; I didn't like either the city life or the lack of patient continuity of care. I wanted to be involved in community-based health. I liked the breadth of experience gained in a rural setting while still working in a hospital setting, and Cooma offered that.

I was born and raised in Sydney. When I was young I moved to Cooma with my family – my family had a corner store in town in the early to mid-1990s. After that we moved back to Sydney.

Cooma is great, it's very multicultural due to the Snowy Hydro Scheme, it's a unique and very cohesive community.

We had a plan to be here for a year but we've enjoyed it so much, it's such a good lifestyle.

My supervision during training has been a really good experience. I've been very well supported, I have two main supervisors and they're available pretty much 24/7, with lots of resources to back them up.

In fact, they check up on me to make sure everything is OK. Even when I'm busy, they might say I'll see a couple of patients and help you out – so very supportive.

After a day's worth of consulting they're very approachable, we're able to debrief and discuss interesting cases and methods of management.



Dr Egan: I've been a procedural rural GP for nearly 30 years, and I'm the longest serving GP in town. Practising in Cooma I provide private general practice services and work as a visiting medical officer at the local hospital providing on-call services in obstetrics, anaesthetics, emergency medicine and general in-patient medical care.

I love watching the babies I deliver grow up – and I've started to deliver their babies!

2010 was a big year for me, I delivered my 1000th baby at Cooma Hospital, turned 50 and helped raise \$120,000 for local cancer care in Cooma's Dancing with the Stars.

GP registrars are an important part of our practice. They all need help transitioning from hospital to general practice, and being in a real world, functioning practice is the best place to do that.

I like meeting young, keen doctors and watching how they progress in their journey through medicine and seeing how quickly they take up the complexity of being a GP.

Time management can be a problem particularly early-on in their first term, until you get to know their needs. We cope with that by keeping their consultation numbers down until we know what they're capable of.

Key dates

23 Jun: Deadline for Medicare provider number paperwork for 2017.2 term

17 July: Competency Assessment due for registrars in first, second and third GP terms and Extended Skills in GP

6 Aug: End date term 1 2017

7 Aug: Start date term 2 2017

4 Feb: End date term 2 2018



Upcoming GP Synergy events

GPT1/PRRT1 and GPT2/ PRRT2 registrar workshops

- North Coast:
 - 22 July, Nambucca Heads OR 29 July, Ballina - Aboriginal and Torres Strait islander health make up days
 - 19-20 June, Sydney Regional Workshop 2 make up days
- All nodes:
 - 21-23 June, Fusion Workshop, Sydney

Exam preparation

- GP Synergy RACGP exam preparation workshops are now underway for registrars sitting the exams in 2017.2 only. Please email Shirleen Chand for further information: shirleen_chand@gpsynergy.com.au
- GP Synergy ACRRM assessment preparation workshops are currently underway. Please email Claire Doyle for further information: claire_doyle@gpsynergy.com.au

Upcoming activities of interest

- Centre for Genetics Education, NSW Health - First Trimester Screening (including NIPT) Online Learning Resource | [More information](#)
- WentWest - Healthcare Reforms - Implications for employee and contractor GPs | 21 June | Parramatta | [More information](#)
- Canberra Hospital and Health Services, ACT Health - Focus on Endometrial Cancer | 22 June | ANU Medical School Auditorium Canberra Hospital | [More information](#)
- Australian Association for Adolescent Health - Youth Health Conference | 6-7 July | Sydney | [More information](#)
- STEMI – ACLS | 29 July | Sydney | [More information](#)
- ACRRM - Rural Emergency Skills Training (REST) | 5-6 August | Sydney | [More information](#)
- New England Division of General Practice - Aged care challenges - Assessment and referral - getting it right in the new system | 10 August | Armidale | [More information](#)
- ACRRM - Advanced Life Support (ALS) | 24 September | Pokolbin | [More information](#)
- ACRRM - Rural Emergency Skills Training (REST) | 7-8 October | Canberra | [More information](#)
- ACRRM - Rural Emergency Skills Training (REST) | 25-26 November | Coffs Harbour | [More information](#)

For further information please see the [External Education Activity Noticeboard](#)

Need some help?

Education Coordinators

- **Central, Eastern and South Western Sydney:**
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NAIDOC week: 2-9 July

NAIDOC Week celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. NAIDOC is celebrated not only in Indigenous communities but by Australians from all walks of life. The week is a great opportunity to participate in a range of activities and to support your local Aboriginal and Torres Strait Islander community.