Training Update

Director of Supervisor Education update

By now you will have welcomed and orientated your registrar into your practice for 2018.2 and be well underway with teaching and supervision. If you missed the ‘Ready, Set, Go’ webinar earlier this month and want to catch up, you can watch it online through GPRime. Previous GP Synergy supervisor webinars can be found by searching ‘webinars’ on the forms documents and links tab in GPRime. This brings up a list of webinars for supervisors offered in 2017 and 2018 that are available to watch at any time. Please note payment linked to evaluation is only available when the webinar is watched live.

Direct observation of your new registrar is an important way to assess safety and provides a baseline to assess progress over the course of the term. Have you wrapped up everything for your registrar from the previous term? Competency assessments based on direct observation of your registrars’ consultations are an essential part of the learning process for registrars, and the feedback they receive from you, as their supervisor, is highly valued. Our regional workshop topic for supervisor professional development in 2018.2 focusses on the assessment and feedback process for supervisors to refresh and extend their skills.

Please check on GPRime to see if you have any competency assessments outstanding from 2018.1. It’s easy to see if you have any overdue. Simply log onto GPRime and look at the ‘Items for action’ panel on the home page. You can see at a glance how many are overdue or due soon.

GP Synergy asks that you complete these promptly so that the registrar has a comprehensive view of their progress through training and the current supervisor has a clear idea of previous assessments, and can identify any areas of learning that might need special attention.

I recently returned from an interesting weekend at the Australasian Society of Lifestyle Medicine Conference in Brisbane. There were lots of varied presentations including some really informative talks on diabetes and its complications, and lots of discussion of the gut microbiome.

I was particularly keen to attend a talk about the use of lifestyle medicine in the workplace to boost cognition, happiness and performance. The speaker noted some key skills that will be needed in future workplaces, one of which was cognitive load management. Defined as the ability to discriminate and filter information for importance, and to understand how to maximize cognitive functioning using a variety of tools and techniques. Managing a complex cognitive load is what GPs and GP supervisors do all the time. The speaker focused on the role of avoiding sleep deprivation, the need to avoid prolonged sitting, refuelling with healthy food and effective stress management strategies as ways to manage the cognitive load.

I resolved to add discussion of cognitive load management to my already long list of areas to explore with registrars in the practice during the term, mindful that they often experience cognitive overload. I am also looking forward to hearing tips on how to manage cognitive load from fellow supervisors and registrars alike.

I look forward to catching up with you at a supervisor event soon.

Dr Sarah Gani | Director of Supervisor Education NSW and ACT
Change in registrar salary base rates effective 6 August 2018

It has recently been brought to our attention by the General Practice Supervisor Association (GPSA) that the AMA has retrospectively increased the registrar base pay rates effective from the start of the 2018.2 term (6 August 2018).

Below is an extract of details provided by GPSA. A copy of the AMA correspondence can be found on the GPSA website - http://gpsupervisorsaustralia.org.au/gp-registrar-remuneration/.

GPSA details of the change:

The specific NTCER clause that relates to the increase is as follows:

11.1 Indexation

The base rates of pay prescribed in this agreement will be reviewed at the beginning of each financial year and adjusted in line with the most recent indexation of the MBS, level 23 consultation item. The new base rates of pay will become applicable in the training term immediately following the MBS increase.

GPSA has created a spreadsheet that practices can use to work out the required amount of backpay should this be relevant which is available on the GPSA website: http://gpsupervisorsaustralia.org.au/gp-registrar-remuneration/.

The current base salaries for GP registrars are as follows:

- GPT 1/ PRRT 1 – $75,328.23 ($1,448.62/38 hr week), ($38.12/hour), plus 9.5% superannuation
- GPT 2/ PRRT 2 – $90,564.39 ($1,741.62/38 hr week), ($45.83/hour) plus 9.5% superannuation
- GPT 3 & 4/ PRRT 3 & 4 – $96,724.43 ($1,860.09/38 hr week), ($48.95/hour), plus 9.5% superannuation

GPSA FAQs:

Why the delay?

As there has been a Medicare freeze in place for so long (5 years) none of the GPSA staff that had corporate knowledge of the last increase, and the communication strategy around same are still in place. In fact it is fair to say we (GPSA) believed that it would apply to the next NTCER agreement. On closer inspection of the NTCER it very clearly states that it is to be applied to the term immediately following every MBS increase.

How often do MBS increases affect the base rates?

Only when the MBS item numbers increase, which traditionally would only occur on 1 July each year. Other than the last five years.

Does the increase commence?

The new rates apply only from term two in 2018, for GP Synergy registrars from 6 August.

What circumstances would warrant backpay?

Where a practice only pays the base salary with a percentage top up at longer intervals, the registrar will be entitled to an adjustment. Where a registrar is paid their percentage weekly or fortnightly, if they have generated less in percentage than the base salary, there will be likely backpay due.

What circumstances wouldn’t warrant backpay?

Where a registrar has earnt a percentage that is higher than the base salary in most circumstances there will be no need for backpay. As the percentage only kicks in once the base salary has been exceeded for the same agreed interval, most who have received a percentage will have earnt more than the new base rate anyway - keeping in mind that the MBS increase was 1.5% (meaning little more than 50c per hour).

If you require any assistance, please don’t hesitate to contact GPSA on (03) 5440 9077 or admin@gpsupervisorsaustralia.org.au or your local Practice Liaison and Support Officer (PLSO).
Re-enrolment and term placement

If you are seeking a registrar in the first half of 2019 (the 2019.1 term) you will need to advise your ‘training capacity’ and update your ‘practice profile’ between 10 September - 2 October 2018 in GPRime2.

Term placement dates

**10 September - 2 October 2018:** Update your 2019.1 training vacancies in GPRime2.
- If your profile is not updated by this date you may not be able to advertise placements to registrars for the 2019.1 term.
- Should a practice wish to update its training capacity after 2 October 2018, this will be subject to review by the regional head of education.

**3 - 16 October 2018:** Practice and supervisor cap review
- GP Synergy will review the available capacity in your subregion based on the information updated from practices and registrar re-enrolment.
- Following this review, GP Synergy may apply a cap on the number of registrars per practice or per supervisor to ensure equitable distribution across the subregion.
- Due to fluctuations in practice capacity and registrar numbers, this cap may vary from term to term.

**17 October 2018:** Practices notified of practice caps.

**22 October 2018:** Registrars will be able to apply to practices within their assigned grouping.

Important points to note:

- Registrars who train 28 hours = 0.5 in cap and registrars who train between 28.1 hours and 38 hours = 1 in cap.
- Registrars who will be in an Extension Awaiting Fellowship (EAF) term will be included in the cap.
- Registrars who will be in an EAF term will need to be included in your practice's training capacity.
- Registrars can spend longer than six months in a training facility. In doing so, registrars must ensure they are able to meet their training location requirements for their subregion and any college requirements which may apply to them. (i.e. RACGP requires registrars train across two practices during their training).
- How you select registrars to train in your practice is up to you. It is not a mandatory requirement to interview all of the registrars who apply to your practice.
- Applications for placements must be made through GPRime2. Placements will only be confirmed when GP Synergy receives co-signed copies of term placement paperwork through GPRime2. No other method of confirmation will be accepted.

Useful resources:

There are a number of useful resources available on GPRime2 under ‘Forms, Documents and Links’ called ‘Term Placement Information for Practices’.

This includes:
- Overview of Term Placement for Supervisors and Practices
- Term Placement FAQs for Supervisors and Practices
- Practice Caps Explained: Video by CEO John Oldfield
- Term placement GPRime2 instructional videos.

Webinars for practice staff and supervisors new to term placement

PLSOs will be holding a practical webinar to help new practice staff and supervisors:
1. understand how term placement works
2. learn how to update their training capacity in GPRime2
3. understand the importance of the ‘practice profile’ in GPRime2 and best practice examples
4. discuss selection techniques for selecting registrars
5. discuss contracts and registrar negotiation.

A recording of the webinar will be available on GPRime2 under ‘Forms, Documents and Links’ called ‘Term Placement Information for Practices’.

**Webinar dates and how to register:**
- Wednesday 12 September: 12.30pm – 1.30pm | [Link to join](#)
Welcome to the start of another exciting new term!

We were delighted to welcome a number of new registrars starting on their first GP term journey, and many more entering their second GP term, at Foundation and Framework regional workshops across our subregions last month in Armidale, Canberra, Coffs Harbour, Dubbo, Newcastle, Sydney, Wollongong. In Coffs Harbour, we also enjoyed the company of Hon Luke Hartsuyker MP who joined the registrars over lunch.
**MESP update: Running your own race**

Last Sunday I lined up with 80,000 other mad, or brave, souls and attempted the City to Surf. Some wore tutus. Some wore dinosaur suits. Some lined up in the latest running gear, hell bent on a sprint to the finish. Some strolled at a leisurely pace, taking photos and admiring the view.

In a similar way, earlier that week, we welcomed a new group of registrars, all ready for their journey through the training program. Different personalities, different ideas about what they want to achieve and how they want to go about it, lining up together to head for the fellowship finish line.

I ran hoping for a personal best, having trained for it all year. I got a great start and was well on track until 3km in, when something in my right calf went “pop” and I was no longer able to run. Hobbling off to the side, I was frustrated to find that there was no immediate help available, and I would have to walk 1km back the way I had come to find a first aid station.

When everything had gone wrong, it was hard to ask for help, and even harder to stay calm when the help that came required me to do things I didn’t really want to do, like walk back along the road watching everyone else run past having a lovely time.

I was reminded of some registrars I’ve dealt with who, for one reason or another have had their original plans thwarted and must embark on an alternate route. Maybe they have failed an exam. Maybe an unexpected event in their personal life, like a sudden illness in the family, has caused a change of direction.

As a supervisor, they may seem to be ‘difficult’. Some may complain that the assistance they are offered is inadequate, or lash out when asked to do things they didn’t want to do. The registrar’s preferred solution may not suit the practice. It can be hard as the supervisor to know what support to offer.

Short of a magic wand, no one could offer me the thing I really wanted on Sunday, which was to continue running. The registrar in difficulties just wants things to go back to running smoothly, and as supervisors that may not be in our power to provide.

I was lucky to have a friend who walked beside me to where I could get help, and then helped me find a way home.

Sometimes we just have to walk beside our registrars while they negotiate a path they did not want to walk down, and find an alternate route. We’re all in this race together. And there’s always next year.

**Dr Claudia Long** | Medical Educator with Supervisor Portfolio – North Coast

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**Practice manager workshops in full swing**

It has been a pleasure to catch up with practice managers at the recent workshops held in Bega, Batemans Bay, Cooma, Kiama, Sydney, Newcastle, Armidale, Ballina, Port Macquarie, Dubbo and Orange. We are looking forward to catching up with more practice managers in Griffith (20 Sept), Canberra (27 Sept), Wagga Wagga (11 Oct), Broken Hill (23 Oct) and Coffs Harbour (25 Oct).

We were also thrilled at the strong turn-out at the practice manager workshop for Aboriginal community controlled health services (pictured above).
Rural networking events

We have enjoyed meeting registrars across all stages of training at the recent rural networking events held across our rural regions in Bathurst, Bega, Batemans Bay, Dubbo and Tamworth to name a few, with more to come. Check our [website](#) for more rural networking event dates.
ReCEnT project shows reduction in GP registrars’ benzodiazepine prescribing

Last month, GP Synergy’s ReCEnT team had a paper published online in the Journal of General Internal Medicine (the paper will be published in the October 2018 edition of the journal). The team found that GP registrars’ benzodiazepine prescribing decreased significantly during the period 2010-2015, on average at a rate of 6% per year.

The reasons doctors prescribe benzodiazepines are complex, multifactorial and may not be in the best interest of the patient in the long term, so efforts to understand and reduce benzodiazepine prescribing is critical.

To further target this issue, GP Synergy is implementing a multi-component educational initiative aimed at GP registrars and their supervisors during training. The education initiative focuses on both providing GP registrars with skills in non-pharmacological management of anxiety and insomnia, as well as providing supervisors with the skills to help registrars implement this at the practice level.

The findings highlight the importance of ReCEnT as a powerful tool for informing the design and delivery of GP training. The scientific rigour in the design, collection and analysis of ReCEnT data provides the best opportunity to understand whether an intervention is necessary, and if so, whether, an intervention in education and training makes a change and the nature of that change. For more information visit: https://link.springer.com/article/10.1007%2Fs11606-018-4577-5


Deprescribing online module still available to access

Medicines safety is a significant health issue for older patients. Evidence for harmful effects of inappropriate medicines and of polypharmacy in older patients is abundant while that of the benefits of medicines reviews entailing careful deprescribing of inappropriate medicines is rapidly accumulating. Despite the compelling literature supporting appropriate deprescribing in older patients, considerable practical barriers exist – especially for registrars. Deprescribing by GP registrars for older patients is relatively uncommon.

We delivered a multi-component educational package on deprescribing for registrars and their supervisors, consisting of an online introductory module, a face-to face session at FUSION, a supervisor webinar, and supervisor-registrar dyad learning activities.

The online introductory module includes material on polypharmacy, inappropriate prescribing in older patients, evidence for deprescribing, an introduction to tools for assessing potentially inappropriate prescribing such as the Beer’s criteria and the Drug Burden Index and the role of general practitioners in the implementation of deprescribing. This module takes approximately 30-40 minutes to complete.

If you have difficulty accessing the module please email IS Support IS_Support@gpsynergy.com.au and ask for access to SupportGPT.

To access:
1. Login to GPRime and go to Quick Links & Subscriptions
2. Select SupportGPT from the drop down list
3. You will be redirected to the LMS
4. The module is the first tile in the course catalogue
5. Click to commence.
Diagnostic Thinking Inventory Feedback Reports for Registrars – what you need to know

290 registrars in their first GP term (61% of the cohort) completed the Diagnostic Thinking Inventory (DTI) between March and May this year and each will shortly receive a feedback report designed to promote reflection about their clinical reasoning skills and diagnostic approaches.

The report recommends that registrars discuss this report with their supervisor and medical educator to enhance their learning. Since you may be supervising a registrar who receives a DTI feedback report, the information below may help you with this discussion.

About the DTI

The DTI is a well-established and validated instrument for measuring clinical reasoning and diagnostic approaches. Some of you may have completed the DTI last year before a supervisor workshop on clinical reasoning.

The 41-item inventory was developed by Georges Bordage and colleagues in the UK. Each of the 41 items contains a rating scale with two statements at each end, representing a continuum along which respondents indicate how they actually diagnose in most cases.

The DTI results in two scores that indicate important features of clinical reasoning/diagnostic thinking:

- **Flexibility in Thinking** – how responsive a clinician can be in following up new information provided by the patient, particularly how able they are to use multiple methods of investigation, to allow for alternative diagnostic possibilities and to manage conflicting information.
- **Structure of Memory** – how well knowledge is stored and structured in memory to maximise availability during the diagnostic process, with an emphasis on considering a case as a whole, rather than on a symptom by symptom basis.

The reports include graphs showing the distribution of scores for the cohort of registrars who completed the DTI, with a bar showing the registrar’s individual score. This will allow registrars to compare themselves to their peers and also, to norms for GP trainees in the UK. There are currently no norms for Australian GPs or GP trainees.

An example of a chart and table is provided below based on hypothetical data.

Results

**Flexibility in thinking**

The figure opposite provides the distribution of Flexibility in Thinking scores for all registrars in Term 1 who completed the DTI (n=290) represented by the orange shading. The blue bar indicates where your score is in the distribution, i.e. you are one of 16 registrars who received the same score as you did.

The report also provides links to a variety of resources for further learning about clinical reasoning and diagnostic thinking.

**A reflective exercise**

The DTI is not an assessment. The purpose of the exercise is to encourage registrars to reflect on their current clinical practice and on their clinical reasoning skills, with a view to improving and refining these skills (this is a career-long process).

**Discussion with you**

The reports are confidential, but registrars are encouraged to discuss their results with their supervisor. Should they choose to do this, registrars are instructed to provide you with a copy of the report and to arrange a time to discuss with you.

**Why is completion of the DTI and the feedback report important?**

We offered this reflective exercise because:

- Clinical reasoning is one of the most important aspects of a doctor’s skill set in practising safe and effective medicine and training time is a key period in starting to refine this skill.
- Assessment of clinical reasoning is a main objective of the RACGP Key Feature Problems (KFP) exam and ACRRM’s StAMPS exam, which many past registrars have found challenging.

**Will this opportunity be offered again?**

Yes. As a reflective exercise, we anticipate that registrars will want to track how they progress in their clinical reasoning skills as they move through their training program. We will offer completion of the DTI again for registrars entering their third GP Term (whether the DTI has been completed before or not). Reports will then be available for discussion with you, in preparation for their exams.
My GP Story: Dr Ty Clayworth

Inspired by his local GP, Dr Ty Clayworth is currently undertaking GP training in an Aboriginal Community Controlled Health Service (ACCHS) where he is enjoying the feeling of community that it offers.

Why did you decide to become a GP?

I always wanted to be a GP. When I set my sights on medicine, I think what I really set my sights on was general practice.

I come from the small town of Wauchope, on the North Coast of NSW about half an hour inland from Port Macquarie, and our family GP was amazing. He looked after my mum when she was pregnant with me and he looked after me right up until the point that I moved away. I would still see him when I was home from university. He was a huge inspiration.

Tell us a little bit about your background.

I am a Biripi man. I studied at UNSW and did a fair chunk of my training at their rural clinical school in Port Macquarie which was awesome.

What are you enjoying about GP training?

I like the connections that you form with patients and their families. I like seeing people when they are well and when they are sick.

I also like the flexibility and work life balance.

What attracted you to undertake part of your GP training in an Aboriginal Community Controlled Health Service ACCHS?

As an Aboriginal doctor, I felt a huge pull towards working in ACCHSs. It’s hard to describe, but I just felt that it was part of my role, or my responsibility I guess you could say, to actually get involved in community.

Do you find working in an ACCHS different to a non-ACCHS setting?

My experience in both settings is very limited but I would say that so far, the answer is yes.

Awabakal Medical Service (Newcastle) is quite a large organisation and has many arms and services. Where I worked previously was a small family practice with two doctors. That alone makes a huge difference.

Our average patient age here at Awabakal is about 27 years old. We have a lot more walk-ins which seems to even out our higher non-attendance rates. I see a lot more mental health and we are very lucky that we have several clinical psychologists as part of our workforce.

What do you enjoy most about working in an ACCHS?

Teamwork. We are very fortunate with our team and I do think it makes a difference for patients. Being able to keep some allied health and specialist visits in-house is really helpful.

Working alongside some great people can make the challenging moments easier as well. Sometimes you just need a good cup of tea and a debrief.

Would you recommend registrars do a term in an ACCHS? Why?

Sure, why not. If that is what interests you and you want the experience, go for it!

What are your longer-term plans (after completion of training)?

I have recently become a dad, so a lot of my goals are centred around family.

We are very stoked with Newcastle as a place to live. My partner has been extremely supportive throughout all of my training so I think I would like to return the favour so that she can focus on her career for a while too.

As an Aboriginal doctor, do you have any recommendations for other Aboriginal and Torres Strait Islander doctors thinking about GP training?

To be honest, I would just say do whatever you want to do. Getting through university is massive. As my partner puts it, if your training was a video game, getting to the registrar level and taking fellowship exams for any college is essentially the final boss. I think it is just really important to remember what you have been able to achieve so far.

We are all guilty of putting so much pressure on ourselves. My recommendation, honestly, is to just do what you want to do.
External activities of interest

- ACRRM Advanced Life Support Training | 15 September | Newcastle | More information
- Sydney Local Health District - Well Child Health Online Module: Online learning resource for primary healthcare professionals caring for families with children aged between 0-5 years. The focus of the program is to provide support and online training about the comprehensive use of the child Personal Health Record (cPHR) for health and developmental surveillance for all children (child health checks) under the age of five | https://www.slhd.nsw.gov.au/WellChildHealth/

GP Synergy award nominations now open!

Nominations are now open for a number of NSW/ACT and regional awards. Nominations close at midnight 23 September 2018.

- **Dr Jeremy Bunker Outstanding Achievement Award:**
  - In memory of the late Dr Jeremy Bunker (former Director of Training), this award recognises outstanding achievement by a GP Synergy registrar, supervisor, staff member or alumni member with a $3000 cash prize.
- **Registrar of the Year Award (by subregion):**
  - Presented within each subregion to a registrar who has demonstrated exceptional performance and commitment to general practice in their community.
- **Supervisor of the Year Award (by subregion):**
  - Awarded in each subregion to recognise dedication and ongoing commitment to the provision of quality general practice education and training by an accredited GP Synergy supervisor.
- **Practice manager of the Year Award (by subregion):**
  - Awarded in each subregion to recognise dedication and ongoing commitment to the provision of quality general practice education and training by a GP Synergy practice manager.
- **GP Synergy employee of the year award (by subregion):**
  - Awarded in each subregion to recognise dedication and ongoing commitment to the provision of quality general practice education and training by a GP Synergy staff member.
- **ACRRM Registrar of the Year Award (NSW/ACT):**
  - An award to recognise an ACRRM registrar who demonstrates outstanding community leadership, a strong commitment to rural and remote general practice and sound academic performance.
- **RACGP Registrar of the Year Award (NSW/ACT):**
  - Awarded to the RACGP registrar that obtained the highest RACGP score within the 2017-2018 financial year.
- **Dr Charlotte Hespe Research Award (NSW/ACT):**
  - An award presented to a registrar (academic or non-academic) who has conducted research or a project during training that is considered most outstanding

How to nominate:

Nominating is easy! Simply head to the awards module in GPRime by midnight 23 September 2018.

Need some help?

Practice Liaison and Support Officers (PLSO)

- **Central, Eastern and South Western Sydney:**
  - Alyce Piggott - 02 8321 4060
  - alyce_piggott@gpsynergy.com.au
- **Hunter, Manning and Central Coast:**
  - Lucinda Coble - 02 8321 4237
  - lucinda_coble@gpsynergy.com.au
- **Nepean, Western and Northern Sydney:**
  - Emie Roy - 02 8321 4068
  - emie_roy@gpsynergy.com.au
- **New England/Northwest:**
  - Lucinda Coble - 02 8321 4237
  - lucinda_coble@gpsynergy.com.au
- **North Coast:**
  - Rhonda O’Dell - 02 8321 4126
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- **Western NSW:**
  - Kim VanBruchem - 02 8321 4211
  - kim_vanbruchem@gpsynergy.com.au
- **Murrumbidgee and ACT:**
  - Jodie Hay - 02 8321 4145
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- **South Eastern NSW:**
  - Jodie Hay - 02 8321 4145
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Supervisor Liaison Officers (SLO)

- **Western NSW:**
  - Dr Ken Hazelton - ken_hazelton@gpsynergy.com.au
- **South Eastern NSW:**
  - Dr James Boyd - james_boyd@gpsynergy.com.au
- **North Coast:**
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- **Nepean, Western and Northern Sydney:**
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- **Murrumbidgee and ACT:**
  - Dr Ken Mackey - ken_mackey@gpsynergy.com.au
- **Central, Eastern and South Western Sydney:**
  - Dr Aline Smith - aline_smith@gpsynergy.com.au
- **Hunter New England Central Coast:**
  - Dr Ian Charlton - ian_charlton@gpsynergy.com.au

Rural Support Officers (RSO)

- **New England/Northwest | North Coast | Hunter Manning & Central Coast:**
  - Kerry Robins - kerry_robins@gpsynergy.com.au
- **Western NSW:**
  - Maria Logan - maria_logan@gpsynergy.com.au
- **Murrumbidgee:**
  - Sue Hefren - sue_hefren@gpsynergy.com.au
- **South Eastern NSW:**
  - April McFadden - april_mcfadden@gpsynergy.com.au

External activities of interest

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