



Stakeholder Update



Special inaugural edition: CEO update

On 1 January 2016, GP Synergy commenced as the single training provider delivering GP training across the three new training regions in NSW/ACT – Western NSW, North Eastern NSW and Lower Eastern NSW.

In the four months since, we have more than quadrupled in size.

Reaching this milestone creates a welcome opportunity to update you on our progress and developments in the new training environment.

Recruitment

We are pleased to announce that at the time of writing this brief we have recruited approximately 90% of all medical education staff, and approximately 95% of all administrative staff.

At this stage we are delighted to report that we are oversubscribed with medical education staff in the North Coast region whilst all other regions are nearing their complement. Newcastle and the Sydney Central, South West regions however, remain undersubscribed and require a bit more recruitment work. We expect that all regions will reach their full complement of medical education staff by mid May 2016.

I sincerely thank all staff for pitching in during this transition. Many have increased hours and taken on more work to cover the shortfalls. This is greatly appreciated and attests to the goodwill and culture we enjoy.



95%
Administration



90%
Medical Education

ReCEnT project and research unit

When it was announced that GP Synergy was successful in its tenders to deliver the Australian General Practice Training (AGPT) programme across NSW and the ACT, we embarked on state wide communication forums. This was in part to investigate the many valuable initiatives that were developed by outgoing training providers. Our aim was to identify programs of value and where possible, incorporate them within the new program.

One of these programs is the significant research project established by General Practice Training - Valley to Coast GP Training called "Registrar Clinical Encounters in Training" (ReCEnT). This research project investigates cluster samples of 60 consecutive clinical encounters of a given registrar. This information is collected, coded and organised to provide the registrar with feedback about their clinical behaviour and ultimately investigates how AGPT influences registrar clinical performance and behaviour in practice.

We have signed a contract with the Department of Health to continue this work for the next three years. We have since recruited the ReCEnT team which is led by Dr Parker Magin and includes a project team who manage the data, statistical analysis, project timelines and deliverables, and a team of data coders.

The ReCEnT team is established in Newcastle and will be expanded as GP Synergy's Research Unit that will oversee the company's research function across NSW and the ACT. We are presently finalising the broader research agenda and framework. The research unit will play a significant part in GP Synergy's strategic directions as we integrate its work with the formal education program.



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Offices

We have been busy signing leases and fitting out new office premises. Temporary offices are provided where fixed permanent premises are being commissioned. We expect this work will be progressively complete by June 2016.

Our staff are spread across 10 office sites throughout NSW and ACT. Locations have been situated to service GP Synergy's seven sub-regions based on 'centres of gravity' to training facilities.



| Subregion | Office location (T=temporary) | Update |
|---|--|---|
| North Coast | Ballina | New facility that has been refurbished. |
| Hunter New England and Central Coast | Moree Armidale Newcastle (T) | In the coming months the temporary Newcastle office will be moving to a substantial new office and training location in Mayfield. |
| Nepean, Western and Northern Sydney | Liverpool | Education facilities have been expanded. Liverpool serves as shared program facilities. |
| Central, Eastern and South Western Sydney | Liverpool Chippendale (shared program facilities) | Chippendale and Liverpool serve as shared program facilities. |
| South Eastern NSW | Wollongong (T) Canberra (T) | Wollongong and Canberra are temporary. Permanent facilities will be commissioned in the coming months. |
| Murrumbidgee and ACT | Canberra (T) Wagga Wagga | Wagga Wagga is a continuing office requiring minimal refurbishment in the coming months. |
| Western NSW | Dubbo | Dubbo is expected to be redeveloped in the coming months. |

Aboriginal Health and Torres Strait Islander Cultural Education Unit

We have established a new Aboriginal Health and Torres Strait Islander Cultural Education Unit (ATSI-CE Unit). The ATSI-CE Unit is staffed by five dedicated personnel. An Aboriginal and Torres Strait Islander Health Strategy Plan for 2016-2018 has been developed in consultation with the NSW and ACT network of Aboriginal Community Controlled Health Organisations. The network endorsed these plans on 14 March 2016 and collectively form GP Synergy's expanded Aboriginal and Torres Strait Islander Health Committee, a committee of the GP Synergy Board. We have already commenced delivery of these strategic initiatives and are well resourced with the ATSI-CE Unit to manage these plans to completion.

Registrar term placement

We have recently opened registrar re-enrolment and term application for the second half of 2016. For training facilities and registrars who are new to GP Synergy, this may be a significant departure from what they may have been used to with former regional training providers. Understandably, this change can be disconcerting for some. However, it is a process that we have employed since 2011 with success, and is aimed at addressing the following core principles:

- GP Synergy is responsible for the equitable distribution of general practice training workforce across NSW and the ACT.
- Distribution of registrars in training is targeted and prioritised according to evidence based medical workforce need across subregions and within subregions.
- Training facilities, supervisors and registrars should be able to exercise preference and choice when selecting their training placement (albeit within the registrar's allocated subregion and group).
- Training facilities and registrars know what is best for them. Registrars initiate application to preferred training facilities. Training facilities in turn decide whether to interview or not and negotiate suitable training arrangements with the registrar(s) of their choosing.

Since November 2015 to March 2016, GP Synergy has worked with specialist consulting firms that are engaged in population health and statistical analysis, to expand its informatics system to reflect medical service need across NSW and the ACT. Drawing on contemporary public health data, we have been able to define and categorise homogenous areas of need to inform the distribution of registrars in training and redistributive policy.

From mid-May 2016, GP Synergy will be working with its advisory councils in each region to interrogate the data further, to optimise workforce distribution and inform the content and delivery of education programs so they are regionally contextualised. These initiatives are core to GP Synergy's overarching strategic intent.

At a glance: GP Synergy's regionalised education model

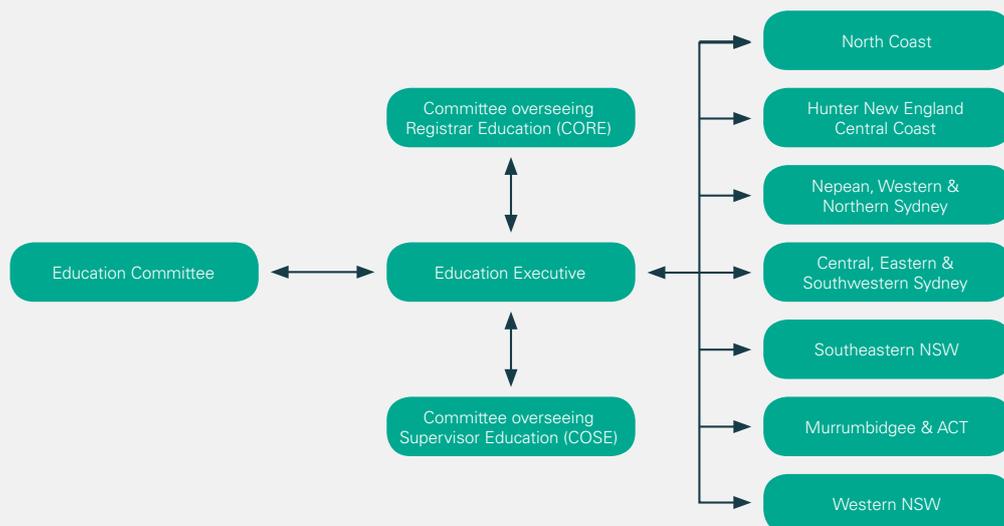
Each of GP Synergy's seven subregions have dedicated regional medical education teams, led by a Regional Head of Education (RHoE) who forms the Education Executive.

Regional teams have direct input into GP Synergy's registrar and supervisor education programs via two committees – the Committee Overseeing Registrar Education (CORE) and the Committee Overseeing Supervisor Education (COSE).

This model ensures education programs include synchronous components aligned with national health priority areas, as well as asynchronous components reflective of local population health needs.

Since 1 January 2016 more than 40 registrar events have been held in local education nodes such as Dubbo, Wagga Wagga, Coffs Harbour, Wollongong, Canberra, Chippendale, Liverpool, Newcastle, Tamworth, amongst other areas.

A further 16 workshops and webinars have been held across the seven subregions for supervisors.



Support, collaboration and dedication

Since October 2015, GP Synergy has scaled its operations to nearly four times its previous size. We now have fully one third of the nation's general practice training program under our administration. There has been a complex and difficult task of redesigning operations to adapt to these changes and establish our foundations for the future.

This could not have been accomplished without the goodwill and dedication of directors, management, medical education and administrative staff, supervisors, practice managers, registrars, clinical teaching visitors and business partners who have 'pulled together' (and at times exercised some much appreciated tolerance) in this tumultuous and unparalleled time of change. The support of the Commonwealth Department of Health is also greatly appreciated, who themselves are coping with the complexities of managing the Australian General Practice Training (AGPT), the changed policy environment, and the formation of new Regional Training Organisations (RTOs) across Australia.

We have now traversed the hardest stage of our transition. The establishment phase of core initiatives, projects, and education programs have mostly been accomplished. I am encouraged by the significant work that has been completed, and believe that our plans are on track to move to the next phase of consolidating of our efforts in the second half of 2016.

I thank you all for your continued support.

John Oldfield | Chief Executive Officer