Changes to GP training

What are the changes to GP training?

In the 2014-2015 Federal budget it was announced there would be an administrative restructure of the Regional Training Provider (RTP) network which would include:

- changes to current training regions (number and boundaries)
- a competitive tender process to determine which organisation/s would deliver training in these new regions from 1 January 2016 onwards.

A new training region map was released in April 2015 which consolidated the number of training regions nationally from 19 to 11 training regions, and from six to three regions in NSW.

After a competitive tender process, in October 2015 GP Synergy was announced as the successful tenderer to deliver GP training in each of the three new training regions in NSW & ACT – North Eastern NSW, Lower Eastern NSW and Western NSW from 1 January 2016.

Why did GP Synergy bid for more than one region?

When the change was made to the NSW training regions, GP Synergy’s training regions were divided across both Lower Eastern NSW and North Eastern NSW:

- GP Synergy’s New England/Northwest rural training region was subsumed into the North Eastern NSW training region.
- At the same time our general pathway training region was cut into two, with northern Sydney subsumed into North Eastern NSW and the southern part of Sydney subsumed into the new Lower Eastern NSW region.

We made the decision early on we could not leave any regions behind, and we would tender for these regions, as well as Western NSW.

When was it confirmed that GP Synergy was successful?

The formal announcement that an in-principle agreement has been reached with GP Synergy to deliver the AGPT and OTDNET programmes was made on 8 October 2015. Upon the announcement, GP Synergy was then able to contact the CEOs of outgoing NSW/ACT RTPs to start discussing transition plans including securing times to meet and consult with supervisors, registrars, training facility staff and other important stakeholders.

When do outgoing RTPs cease operations?

Outgoing RTPs are contracted to deliver the AGPT and OTDNET programmes until 31 December 2015. Some RTPs may be winding down their offices prior to this date, or may continue with an alternate business focus.
Will GP Synergy consult with stakeholders about future training plans?

As part of our transitional plans, over the coming months GP Synergy will be undergoing a process of due diligence to learn about outgoing RTPs current training arrangements to tailor, and where necessary, amend proposed plans to reflect regional needs.

We recognise the important contributions that RTPs have made to Australian General Practice Training over many years, and it is imperative the corporate knowledge and goodwill developed over many years by these providers is acknowledged and not lost. The removal of competitive barriers in the new training arrangements creates an exciting opportunity to share these resources for the direct benefit of AGPT and OTDNET doctors in training.

During October and November 2015 GP Synergy is hosting forums with registrars, supervisor and training facility staff, and other stakeholders, as a matter of priority to collect feedback to mould our training plans.

GP Synergy is working with outgoing RTPs to determine the most suitable meeting dates within each RTP, and invitations to forums will be distributed by current RTPs. Dates of forums will also be available on our website.

Is there going to be a reduction in costs and how will this affect the quality of GP training?

It is important for all of us to acknowledge that in line with government objectives, the Department of Health went to the market inviting tenders against a number of criterion. “Value with relevant money” was one of five core tender criteria and was assessed with reference to the other criterion. “Value with relevant money” accounted for 20% of the total score. It was not an overall governing metric for success. In our submission(s) GP Synergy demonstrated how we would deliver a high quality, yet efficient training program.

GP Synergy has amalgamated twice in the past six years. In 2009, GP Synergy was formed with the amalgamation of the then Sydney based provider – the Sydney Institute of General Practice Education and Training (SIGPET) and the then Northern NSW rural provider – the New England Area Training Services (NEATS).

GP Synergy then merged again the following year with the then Southern Sydney and Southwestern Sydney provider – the Institute of General Practice Education (IGPE).

As a result of the amalgamations, cost efficiencies have been able to be found. Indexed from 2008, and adjusted for real terms to 2014, GP Synergy has achieved a 40.1% efficiency dividend between the three amalgamated organisations. This has been achieved through the use of technology and ability to spread our educational resources and people across all regions.

However these efficiencies have not come at the cost of training quality or workforce initiatives which have both improved. Over the past six years we have made some significant improvements to local primary healthcare provision in our training footprints, and maintained high satisfaction levels amongst both our registrars and supervisors.

As we move forward, delivering high quality GP training to ensure competent and confident general practitioners for our local communities, will continue to be our highest priority.
Regionalisation

Do the changes mean the training program is all going to be run out of Sydney?

No.

We recognise how successful the regionalised training model has been and we are committed to ensuring this continues. How we will do this is explained below and throughout this document.

Many people may also be unaware that GP Synergy does not just deliver training in Sydney. We deliver rural GP training in New England/Northwest NSW – an area stretching more than 99,000kms (1.3 times the size of Tasmania), with offices in Moree and Armidale.

Where will offices be located? *UPDATED 19 January 2016*

GP Synergy will have several regional offices, in many instances aligned with outgoing RTP training footprints. Locations will include:

- Ballina: 106-108 Tamar Street, Ballina NSW 2478
- Newcastle: Newcastle City Business Centre, 17 Bolton Street, Newcastle NSW 2300
- Dubbo: TBA
- Wagga Wagga: 2/21 Blake Street, Wagga Wagga NSW 2650
- Canberra: Serron Offices, 12 Albany Street, Fyshwick ACT 2609
- Wollongong: Regus Wollongong, Level 1, 1 Burelli St, Wollongong NSW 2550

The existing GP Synergy offices in Chippendale, Liverpool, Armidale and Moree will remain.

To contact staff in any office, please call 02 9756 5711.

Please see the following section ‘Office locations and staffing’ for further details.

What employment opportunities will be available?

GP Synergy is undertaking a structured and comprehensive recruitment process for required positions across NSW/ACT. Positions that become available will be publicised through existing RTPs, industry networks, GP Synergy’s website (http://gpsynergy.com.au/about-us/employment-opportunities/) and mainstream employment websites.

Advertising for positions commenced in late October. Please direct any employment queries to Human Resource Manager, Nicky Doneva on nickyd@gpsynergy.com.au or 02 9756 5711.

In relation to employees from other RTP’s who may commence employment with GP Synergy following their service with other RTP’s, consistent with the provisions of the Fair Work Act, GP Synergy will not be recognising prior service for annual leave, redundancy situations including severance, unfair dismissal purposes and in some circumstances, long service leave under the Long Service Leave Act (NSW and ACT). Accordingly, those employees seeking employment with GP Synergy should ensure their entitlements are settled by their current employer as part of their final pay.
Announcement: Senior staff appointments

GP Synergy is delighted to announce the following new senior appointments, effective from 11 January 2016:

- Ms Georgina van de Water: Chief Operations Officer
- Dr Tess van Duuren: Director of Supervisor Education ACT and NSW
- Dr Sue Wald: Regional Head of Education - ACT and Murrumbidgee
- Dr Allison Miller: Regional Head of Education - South Eastern NSW
- Dr Tony Saltis: Regional Head of Education - Hunter, New England and Central Coast
- Dr Rashmi Sharma: Regional Head of Education - North Coast
- Dr Vanessa Moran: Regional Head of Education - Nepean, Northern and Western Sydney
- Dr Geetha Kunjithapatham: Regional Head of Education - Central and Eastern, South Western Sydney

The Regional Head of Education Western NSW is still being finalised.

Supervisor and registrar support staff appointments *UPDATED 19 January 2016

GP Synergy has full-time staff dedicated to providing administrative and training support to registrars, supervisors and practice managers.

If you require assistance at any time, please contact the relevant staff member for your region below.

Registrar Education and Training Coordinators

- Central, Eastern and South Western Sydney: Sonia Cattley – sonia_cattley@gpsynergy.com.au
- Hunter, Manning and Central Coast: Heidi Heinz - heidi_heinz@gpsynergy.com.au
- Nepean, Western & Northern Sydney: Sonia Cattley – sonia_cattley@gpsynergy.com.au
- New England/Northwest: Jennifer Friend – jenny_friend@gpsynergy.com.au
- North Coast: Joanne Sayer - joanne_sayer@gpsynergy.com.au
- Western NSW: Jennifer Friend – jenny_friend@gpsynergy.com.au
- Murrumbidgee & ACT: Sonia Cattley – sonia_cattley@gpsynergy.com.au
- South Eastern NSW: Renee Jamieson - renee_jamieson@gpsynergy.com.au

Training Practice Support and Liaison Officers

- Central, Eastern and South Western Sydney: Ralph Belshaw – ralph_belshaw@gpsynergy.com.au
- Hunter, Manning and Central Coast: Lucinda Cole – lucinda_coble@gpsynergy.com.au
- Nepean, Western & Northern Sydney: Emie Roy – emie_roy@gpsynergy.com.au
- New England/Northwest: Lucinda Cole – lucinda_coble@gpsynergy.com.au
- North Coast: Rhonda O’Dell – Rhonda_odell@gpsynergy.com.au
- Western NSW: Ralph Belshaw – ralph_belshaw@gpsynergy.com.au
- Murrumbidgee & ACT: Jodie Hay – jodie_hay@gpsynergy.com.au
- South Eastern NSW: Ralph Belshaw – ralph_belshaw@gpsynergy.com.au
How will regional input be maintained?

Delivering regional responsive and regionally contextualised education and training is the foundation of our plans.

We are establishing seven Regional Advisory Councils attended by seven new Regional Heads of Education. These councils will invite input from supervisor representation, registrar representation, Aboriginal Health, the local Primary Health Network(s), the Local Health District and other relevant stakeholders within the locality.

The seven council areas are:
- North Coast
- Hunter New England and Central Coast
- Nepean, West and Northern Sydney
- Central and East, South West Sydney
- South Eastern
- Western NSW
- Murrumbidgee and ACT

The work of these councils is aimed at investigating population health needs of the region. This includes the distribution of health workforce, and the skills mix that is responsive to the needs of region now and into the future – “the right doctor, at the right place, at the right time”.

Their work will in part, inform the work of GP Synergy’s CORE and COSE committees that oversee Registrar education (CORE) and supervisor education (COSE). It will also inform arrangements aimed at achieving an equitable spread of GP registrars across the respective regions. Regional Heads of Education also act as members of CORE and COSE, providing a conduit between them and the advisory councils.

With regard for the work of CORE and COSE, Regional Heads of Education and their education teams will deliver a comprehensive and consistent education and training program across the ACT and NSW that is regionally contextualised. This will ensure educational content is consistent across regions yet allows for variation in topics/areas to reflect regional population health needs. Where registrars will train in these areas from 2016.2 onwards will be advised in early 2016.
Office locations and staffing

There will be at least one GP Synergy office servicing each Regional Advisory Council area in each training region.

Within each regional office there will be a combination of regional staff providing support to medical education teams, registrars, supervisors, practice staff and other stakeholders.

<table>
<thead>
<tr>
<th>Training region</th>
<th>Regional Advisory Council Area</th>
<th>Office/s</th>
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<tbody>
<tr>
<td>North Eastern NSW</td>
<td>North Coast</td>
<td>Ballina</td>
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<tr>
<td></td>
<td>Hunter New England and Central Coast</td>
<td>Armidale / Moree</td>
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<td>Nepean, Western and Northern Sydney</td>
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<td>Canberra</td>
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</table>

A brief overview of each office is provided below and overleaf.
Please note:

- **Aboriginal Health Training Unit**: Details of positions will become available after the consultation process is undertaken with the Aboriginal Health community controlled network. It is expected that this work will be complete by 17 December 2015.
- Some positions, whilst not located specifically within a particular office location, may service that office from another location.

**GP Synergy office locations**

**North Eastern NSW Training Region**

**North Coast Regional Advisory Area**

- **Ballina office**

A North Coast Regional Head of Education will lead a team of onsite and remote medical educators including a North Coast Registrar Medical Educator. A North Eastern NSW GP Supervisor Medical Educator may be based from here or another North Eastern NSW office location.

The North Coast medical educators, registrars and training facilities will be supported locally with a North Coast GP Registrar Education Coordinator; North Coast Practice Liaison and Support Officer; North Coast Program Support and Events Coordinator; and North Coast Accreditation Officer, with support from other staff located in other regional offices. Other staff appointments may also work from this location.
Hunter New England Central Coast (HNECC) Regional Advisory Area

- **Armidale office**

  A Hunter New England Central Coast (HNECC) Regional Head of Education, based in either Newcastle or Armidale, will lead a team of onsite and remote medical educators which may include a HNECC Registrar Medical Educator (based in Newcastle or Armidale). A North Eastern NSW Supervisor Medical Educator may be based from here or another North Eastern NSW office location.

  The New England/Northwest medical educators, registrars and training facilities will be supported locally with a New England/Northwest GP Registrar Education Coordinator; New England/Northwest Program Support and Events Coordinator, North Eastern NSW Rural Support Officer, Chief Financial Officer and accounts staff, with support from other staff located in other regional offices. Other staff appointments may also work from this location.

- **Moree office**

  The Moree office is a satellite office servicing all of NSW/ACT, with a focus on special program delivery such as procedural skills/rural generalist training and Aboriginal health.

- **Newcastle office**

  A Hunter New England Central Coast (HNECC) Regional Head of Education, based in either Newcastle or Armidale, will lead a team of onsite and remote medical educators, which may include a HNECC Registrar Medical Educator (based in Newcastle or Armidale). A North Eastern NSW Supervisor Medical Educator may be based from here or another North Eastern NSW office location.

  The Hunter/Manning/Central Coast medical educators, registrars and training facilities will be supported locally with a Hunter/Manning/Central Coast GP Registrar Education Coordinator; Hunter/Manning/Central Coast Program Support and Events Coordinator; and Hunter/Manning/Central Coast Accreditation Officer; and HNECC Practice Liaison and Support Officer, with support from other staff located in other regional offices. Other staff appointments may also work from this location.

Nepean, West and Northern Sydney Regional Advisory Area

- **Liverpool office**

  A Nepean, West and Northern Sydney Regional Head of Education will lead a team of onsite and remote medical educators, including a Nepean, West and Northern Sydney Registrar Medical Educator. A North Eastern NSW Supervisor Medical Educator may be based from here or another North Eastern NSW office location.

  The Nepean, West and Northern Sydney (and South Western Sydney) medical educators, registrars and training facilities will be supported locally with a Nepean, West and Northern Sydney GP Registrar Education Coordinator; Nepean, West and Northern Sydney Events Coordinator; Nepean, West and Northern Sydney Practice Liaison and Support Officer;
Accreditation Officer; data management and information technology teams; human resources and other staff. Support from other staff will be provided from staff located in other regional offices. Other staff appointments may also work from this location.

Liverpool and Chippendale offices will deliver support across regional areas.

**Lower Eastern NSW Training Region**

**Central, Eastern and Southwestern Sydney Regional Advisory Area**

- **Chippendale office**

A Central, Eastern and Southwestern Sydney Regional Head of Education will lead a team of medical educators, including a Central, Eastern and Southwestern Sydney Registrar Medical Educator and South Eastern NSW Supervisor Medical Educator.

The Central, Eastern and Southwestern Sydney medical educators, registrars and training facilities will be supported locally with a Central, Eastern and Southwestern Sydney GP Registrar Education Coordinator; Central, Eastern and Southwestern Sydney Program Support and Events Coordinator; Accreditation and Quality Assurance Management; marketing and communications; and other staff. Support from other staff will be provided from staff located in other regional offices. Other staff appointments may also work from this location.

Liverpool and Chippendale offices will deliver support across regional areas.

**South Eastern NSW Regional Advisory Area**

- **Wollongong office**

A South Eastern NSW Sydney Regional Head of Education will lead a team of onsite and remote medical educators, including a South Eastern NSW Registrar Medical Educator.

The South Eastern NSW medical educators, registrars and training facilities will be supported locally with a South Eastern NSW GP Registrar Education Coordinator; Lower Eastern NSW Practice Liaison and Support Officer; South Eastern NSW Program Support and Events Coordinator, with support from other staff located in other regional offices. Other staff appointments may also work from this location.

**Western NSW Training Region**

**Western NSW Regional Advisory Area**

- **Dubbo office**

A Western NSW Regional Head of Education will lead a team of onsite and remote medical educators including a Western NSW Registrar Medical Educator. A Western NSW Supervisor Medical Educator may also work from this office.
The Western NSW medical educators, registrars and training facilities will be supported locally with a Western NSW GP Registrar Education Coordinator; Western NSW Practice Liaison and Support Officer; Western NSW Program Support and Events Coordinator; Western NSW Accreditation Officer; Western NSW Rural Support Officer; Special Programs Coordinator and data administration, with support from other staff located in other regional offices. Other staff appointments may also work from this location.

Murrumbidgee and ACT Regional Advisory Area

- **Canberra office**

A Murrumbidgee and ACT Regional Head of Education located in either Wagga Wagga or Canberra will lead a team of onsite and remote medical educators. A Murrumbidgee and ACT Registrar Medical Educator will also form part of this team, located in either Wagga Wagga or Canberra. A Western NSW Supervisor Medical Educator may also work from this office.

The Murrumbidgee and ACT medical educators, registrars and training facilities will be supported locally with an ACT Program Support and Events Coordinator, with a Murrumbidgee and ACT Education Coordinator, and a Murrumbidgee and ACT Practice Liaison and Support Officer located in either Wagga Wagga or Canberra. Located in the Canberra office will also be an Accreditation Officer, Rural Support Officer, Special Programs Coordinator and data administration. Support will also be provided by other staff located in other regional offices. Other staff appointments may also work from this location.

- **Wagga Wagga office**

A Murrumbidgee and ACT Regional Head of Education located in either Wagga Wagga or Canberra will lead a team of onsite and remote medical educators. A Murrumbidgee and ACT Registrar Medical Educator will also form part of this team, located in either Wagga Wagga or Canberra. A Western NSW Supervisor Medical Educator may also work from this office.

The Murrumbidgee and ACT medical educators, registrars and training facilities will be supported locally with a Murrumbidgee Program Support and Events Coordinator, and a Murrumbidgee Rural Support Officer. A Murrumbidgee and ACT Education Coordinator, and a Murrumbidgee and ACT Practice Liaison and Support Officer will be located in either Wagga Wagga or Canberra. Support will also be provided by other staff located in other regional offices. Other staff appointments may also work from this location.

Each Regional Advisory Council area will also have dedicated Registrar Liaison and Supervisor Liaison Officers. Please see the following section ‘RLOs & SLOs – Registrar and Supervisor Advocacy’ for further information.
RLOs & SLOs – Registrar and Supervisor Advocacy

Will there be Registrar Liaison Officers (RLOs) and Supervisor Liaison Officers (SLOs) from 2016?

Yes. To ensure registrars and supervisors from outgoing RTPs and GP Synergy are well represented under the new training arrangements, for the first half of 2016 there will be SLOs and RLOs for each outgoing RTP area.

From the second half of 2016, SLO and RLO positions will be aligned to the Regional Advisory Council areas (based on one or more PHN boundaries). An RLO and an SLO will be appointed to each of these areas and will participate on the respective council. This ensures that in part, the voice of supervisors and registrars informs governing arrangements and structure.

How many SLOs will there be?

- In the first half of 2016, each outgoing RTP will be represented with their own SLO(s).
- From the second half of 2016 onwards, SLOs will be re-aligned to the seven new Regional Advisory Council areas. i.e. One SLO per area.

How many RLOs will there be?

- In the first half of 2016, each outgoing RTP will be represented with their own RLO for general or rural pathway (up to two per outgoing RTP).
- From the second half of 2016 onwards, RLOs will be re-aligned to the seven new Regional Advisory Council areas. i.e. One RLO per area.

Will RLOs and SLOs perform the same functions they do now?

Largely, yes. However, they will have the flexibility to best advocate for their region.

Supervisor Professional Development (PD)

What are the requirements for supervisor professional development with GP Synergy? When will dates and details of the 2016 GP supervisor professional development program be available?

The GP Synergy Supervisor Professional Development Program will be overseen by the Committee Overseeing Supervisor Education, which will include representatives from regional education teams in each of the seven Training Advisory Council areas and supervisors. The program will offer supervisors a large range of options and choice for supervisors, to cater for individual learning needs and learning style preferences.

The 2016 GP Synergy GP Supervisor PD Program is currently under review and will be available from February 2016.

In recognition of the supervisor professional development requirements and programs of outgoing RTPs, for the first half of 2016 (the 2016.1 term) there will not be any mandatory professional development requirements, with the exception of new supervisors being accredited for the first time. These supervisors will still be required to meet GP Synergy’s mandatory accreditation induction requirements.
Supervisor PD activities provided by GP Synergy in the first half of 2016.1 will be optional.

Further details will be available from February 2016.

Supervisor support

How will supervisors and training facilities be supported by GP Synergy?

GP Synergy recognises the important role GP supervisors and training facilities play in delivery of a high quality GP training program.

Supervisors will be supported in a number of ways:

- Regionally based supervisor and practice support staff will be available to assist and support training facilities in all three training regions. These will be full-time support roles.
- For the first six months of 2016, there will be dedicated SLOs for each outgoing RTP.
- There will be seven Regional Advisory Forums Councils which will include supervisor representation. These advisory councils report directly to the GP Synergy board and inform regional governance initiatives.
- In the second half of 2016, the SLO roles will be re-aligned with the seven Regional Advisory Councils to maintain advocacy at that sub-regional level.
- Supervisors and facilities will be supported by a regional medical education team and there will be Medical Educators within each region with a dedicated ‘Supervisor’ portfolio.
- Supervisors will receive professional development support developed through the COSE group – Committee Overseeing Supervisor Education. Local supervisors are invited to take part in to inform supervisor professional development needs.
- Supervisors will be provided access to a number of facilities that will assist them to easily track registrar’s performance with ready access to the registrar’s previous assessments as part of GP Synergy’s Pre-Term Assessment Report (PTAR) and Competency Assessment Framework.
- GP Synergy has reduced the red tape for practices and practice managers to submit period claims for teaching activity and practice support. Payments are simply scheduled by GP Synergy for monthly payment. Contracting is simple and online. Compliance is managed through accreditation. These processes are more efficient for all.

Will the level of support I am currently receiving change? Will contracts be honoured?

GP Synergy has completed its consultative process as part of its due diligence framework. It has identified current contracting and support arrangements across all existing Regional Training Providers (RTPs).

It was noted that GP Synergy will honour existing practice agreements and commitments of outgoing RTPs subject to due diligence to ensure that these commitments are reflective of 2015 arrangements and there are no “left of field” commitments that could not be reasonably accommodated. The process of novating existing contracts was also considered, however after legal advice this process was considered logistically infeasible and onerous on all Parties to the contract given the requirement for multilateral signing of a deed of novation and contract.
Instead, GP Synergy will issue a “letter of undertaking” to honour existing placements and will pay the agreed rates of practice subsidy and teaching allowances for GPT1 and GPT2. This undertaking will commence as of 1 January 2016 and for the duration of the contract between the existing RTP and the Training Practice. Training placements that have already been arranged for terms commencing 2016 will also be honoured, however these will need to be annexed under GP Synergy’s own contractual arrangements.

It is noted that although exiting RTPs supported a range of “optional training activities” on a claim for work type basis, these optional activities will not be carried forward in the new training environment. Nor is GP Synergy imposing any obligation on the Training Practice to carry out those activities.

Any claims for services provided prior up to and including 31 December 2015, remain a matter between the existing/outgoing training provider and the Training Practice. GP Synergy cannot accept claims for services rendered prior to 1 January 2016. The existing training provider however, may issue advice to the Training Practice that they will be rescinding their contract as of 1 January 2016, as GP Synergy will be picking up these liabilities and payments as noted above.


Will GP Synergy require practices to submit registrar practice billings?

It had been a legacy requirement under AGPT that practice billings of registrars, including rebateable and non-rebateable billings, be reported to GPET via its RIMS/IRIS systems (now superseded by RIDE). Since inception GP Synergy collected and reported this data until the Minimum Data Set was changed with the establishment of the RIDE system. GP Synergy nevertheless continued to collect this data as it had value for salary dispute resolution between the practice and registrar. It had also been used on a de-identified basis to research the average costs/value of a GP registrar at different stages of training; however this has not been done for several years now.

Following concerns raised about this practise at recent transition information forum, GP Synergy has conducted a review. It is noted that wage disputes have drastically reduced, possibly due to other operational measures, the data is no longer used for calculating the average cost of a registrar, and as such the value of collecting billings data is now questionable.

On this basis GP Synergy has decided to stop collecting gross billings data as of 1 January 2016. Reporting of billings is therefore not a requirement for transitioning registrars and will not be a requirement for future registrar placements.

Registrar support

How will registrars be supported by GP Synergy?

GP Synergy will be seeking to minimise any disruption to registrars’ training plans as much as possible.

Registrars will be supported in a number of ways, broadly outlined below:

- Regional registrar support staff will be available to assist and support registrars.
• Rural pathway registrars will have access to a Rural Support Officer to assist with relocation, as well as help registrars build important social, professional and personal support networks during their rural training.
• Registrars will be supported by a regional medical education team.
• There will be dedicated RLOs for each outgoing RTP for the first six months of 2016, which will then become aligned with the seven Regional Advisory Councils from the second half of 2016 onwards.
• There will be seven Regional Advisory Forums Councils which will include registrar representation. These advisory councils report directly to the GP Synergy board and inform regional governance initiatives.
• Registrars will continue to receive access to a high quality, regionally responsive education program developed by a regional medical education team forming part of the CORE group – Committee Overseeing Registrar Education.

Registrars will be able to readily track and monitor their own performance through GP Synergy Competency Assessment Framework.

Will the level of support I am currently receiving change? What financial support (i.e. relocation allowance) is available for GP registrars for 2016.1 onwards? *UPDATED 19 January 2016

GP Synergy has undertaken a due diligence process to identify the current supports available within each RTP for its registrars. This review is now complete and details about GP Synergy support available for registrars from 1 January 2016 is now available. This includes:

• Subscriptions to:
  o British Medical Journal (BMJ) Best Practice and BMJ online
  o Full electronic Therapeutic Guidelines (eTG)
  o Australian Medicines Handbook (AMH)
  o AMH Aged Care Dosing Companion
  o AMH Children’s Dosing Companion
  o Plus 100+ e-books and 33+ journals via OVID premium advantage
• Travel/accommodation assistance for compulsory GP Synergy registrar education
• Advanced Life Support (ALS) assistance for registrars training in rural locations
• Rural relocation assistance for registrars training in rural areas

Detailed information is available on GPRime2 under ‘Forms, Document and Links’ within the document - Registrar Support Guidelines and Forms.

Registrar education

What will the registrar education program look like for 2016 and beyond? Will it be the same as existing programs? When will dates and details of the 2016 GP registrar education program be available? *UPDATED 15 December 2015

The GP Synergy registrar education program will be overseen by the Committee Overseeing Registrar Education (CORE), with regional education teams in each of the seven Training Advisory Council areas. These teams will deliver an education program that is consistent across regions yet allows for variation in topics/areas to reflect regional population health needs.
The 2016.1 GP Synergy registrar education release program calendar for GP registrars entering their first or second GP term (i.e. GPT1, PRRT1, GPT2, PRRT2) in 2016.1 is now available from our website: http://gpsynergy.com.au/calendar/

Invitations to upcoming workshops will be disseminated in due course.

**Will the education program reflect regional differences?**

GP Synergy recognises a quality education program includes consideration of regional needs. The education program will cover core topics, as well as region specific subject matters.

**Will there be a reduction in face to face education?**

GP Synergy’s education program will ensure college standards relating to education are met and exceeded. Our quality education approach will continue to be one that firstly considers the learning objective, and then match an appropriate mode of delivery.

**What exam preparation will be available for registrars sitting fellowship exams and assessments in the first half of 2016 (2016.1)?**

All registrars sitting fellowship assessments in 2016.1 are invited to participate in GP Synergy’s 2016.1 fellowship assessment preparation activities which will commence in December 2015.

a) Exam preparation support for registrars sitting RACGP exams in 2016.1:
   - GP Synergy will be offering our exam preparation series to any registrar sitting the RACGP AKT, KFP or OSCE exam in 2016.1. Registrars sitting any of these exams in 2016.1 will be welcome to participate in the preparation session/s relevant to the exam/s they are sitting regardless of any preparation being offered by their current RTP.
   - A registration link for written AKT and KFP exam preparation activities will be circulated to registrars through their current RTP and RLOs.
   - Please note: Only registrars sitting an exam component in 2016.1 will be eligible to register. Further exam prep activities will be available for registrars sitting the exams in 2016.2 or beyond.
   - A registration form for OSCE preparation activities will be sent to registrars in early 2016.

b) Assessment preparation support for registrars sitting ACRRM assessments in 2016.1:
   - GP Synergy will subsidise registrars participating in ACRRM assessments in 2016.1 to attend the ACRRM StAMPS mock exam and ACRRM StAMPS study groups upon evidence of attendance and receipt of payment. For more information, please contact us on transition@gpsynergy.com.au

**Registrar training locations**

**Where will registrars undertake their training in 2016.1?**

Outgoing RTPs are responsible for managing GP term placements for registrars in the first half of 2016.1. Registrars undertaking GP terms in 2016.1 will do so in placements arranged by their current RTP.
Where will registrars undertake their training in 2016.2 and beyond? *UPDATED 19 January 2016

In preparation for 2016.2 onwards, over the coming months GP Synergy will be undertaking a consultative process with outgoing RTPs, training practice and supervisor representative bodies, PHNs, LHDs, Aboriginal health organisations, and other key regional stakeholder groups that are local to the region to determine workforce and population health needs using evidence based data. This, together with the training obligations as stipulated by DoH and College standards, will inform future distribution of registrars across the training regions. It will also inform a regionalised contextualised syllabi to be delivered, in region.

Registrars will be advised of the training location policy at the end of February 2016.

GP Synergy will be seeking to minimise the impact on registrar’s training plans as much as possible.

Can registrars train in any sub-region within the new training region? i.e. Can a registrar now train in another RTP footprint if it is within the same new training region? *UPDATED 19 January 2016

As 2016.1 placements are being managed by current RTPs, registrars who are seeking to train in an area outside of their outgoing RTP footprint for 2016.1 are required to apply for a transfer to the RTP that currently manages that area under the AGPT Transfer Policy. Under this policy there are specific criteria required to be met, and training placement capacity will also be considered.

Following the consultation process, a new policy regarding sub-regions and movement between them from 2016.2 onwards will be advised at the end of February 2016.

As GP Synergy will be managing training across all three training regions in NSW/ACT, can registrars train in different training regions?

The three training regions in NSW/ACT are three separate regional training areas. To move between the regions is crossing the regional training boundaries as prescribed by the Commonwealth which means the AGPT Transfer Policy applies.

Similarly, registrars seeking transfers between a NSW/ACT RTP in 2016.1 or training region in 2016.2 and any other training region in Australia, are required to apply for a transfer under the AGPT Transfer Policy.

As mentioned above, under this policy there are specific criteria required to be met, and training placement capacity will also be considered.

What will registrars training obligations/Return of Service Obligations (or equivalent) be?

Within each RTP there may be different training obligation requirements under local RTP policy, Department of Health/AGPT requirements and College standards.

For 2016.1 placements, your RTP’s current training obligation will apply.

GP Synergy is currently undertaking a consultative review of these requirements, and we will provide information about any changes applying to training obligations for 2016.2 onwards at the of February 2016.
Registrar GP term placement

How will registrars be placed for 2016.1?

It is the responsibility of current RTPs to manage registrar GP placements for 2016.1. Please contact your current RTP for information about their 2016.1 registrar GP term placement process.

How will registrars be placed from 2016.2 onwards? *UPDATED 19 January 2016

GP registrars will be placed under a variation of GP Synergy’s term placement model. Under this model, registrars are required to train across specified regional groups. However, GP Synergy adopts the practice of allowing registrars to complete more than one term in a given practice in support of continuity. The exception being where a registrar must rotate to a new area to meet training obligations or College standards.

The make-up of these groupings will be informed by the work of Regional Advisory Councils with consideration for Commonwealth training obligations as stipulated by the Department of Health and the College standards.

These groupings will be published after consultations are complete at the end of February 2016.

Term placement commences each six month term after re-enrolment. Accredited practices advertise their training placement vacancies and eligible registrars make application to those vacancies within their allocated groupings.

Registrars are able to make preference as to when they meet their grouping preference during re-enrolment and have choice over which practices to apply within their allocated grouping. Conversely, practices are able to choose which registrars they decide to accept to train.

Why doesn’t GP Synergy directly place registrars?

In 2012 GP Synergy changed its registrar placement model from one of direct allocation (directly placing registrars in training facilities) to a more open market based model. There were many reasons why we did this:

- Both registrars and supervisors felt disempowered by the direct allocation process. They had no say where and in which location they trained, or which registrar (if one at all) was allocated to their practice. This in many cases resulted in dissatisfaction, especially when the RTP doesn’t get the match right.
- There was dissatisfaction related to inequity – Why did that registrar get placed there and I didn’t? Why did our practice miss out on getting a registrar? Why does our practice only get a certain type of registrar?
- The practice of direct allocation limited recruitment of new facilities and stymied training capacity. In many instances, practices that want to get involved in GP training have been denied access. Restricting capacity building creates inequity, limits training opportunities for registrars and deprives local communities of receiving the full benefit of a Commonwealth funded training program.

The GP Synergy model removes inequity and allows any facility to apply to become accredited as a training facility. Accreditation is only granted if they meet the RACGP and ACRRM standards. GP Synergy also ensures a
minimum level of supervision skills with all supervisors required to participate in approved clinical teacher training activities prior to training a registrar in a GP term.

The model has been hugely successful, resulting in significant improvements in the numbers of registrars training in areas of workforce need. Both registrar and supervisor satisfaction with the process remains high. Capacity in our current rural area in New England/Northwest region has increased by 68%. The system is now entering its fourth year.

**Will accredited training facilities be guaranteed to get a registrar every term?**

We can’t guarantee that accredited training facilities will get a GP registrar every term, or the number or type they want whether directly placed, or under GP Synergy’s placement allocation model. The reality is that registrar numbers have a natural cycle of rise and fall throughout the year in all RTPs. This limits supply for the available demand.

Yet GP Synergy recognises the need for continuity of registrar supply, particularly in rural areas. To this end GP Synergy caps the number of registrars per supervisor to enforce an equitable spread across available facilities and regions. The cap is reviewed and monitored each term.

Experience has shown us that good quality training facilities that offer registrars strong education and clinical support, regardless of their location, remain popular amongst registrars who routinely talk and share their training experiences with other registrars.

Furthermore, underpinning the model is GP Synergy’s groupings system, which requires registrars to rotate across their specified training region into areas of workforce need. This ensures facilities in less popular locations do not miss out on the benefits of the GP training program, and gets registrars to where they are needed the most.

**Isn’t this system more work for the practice and the registrar?**

No. You may decide to make a training offer to the first applicant if you wish – alternatively you may prefer to interview several, it’s up to you. We also provide the tools to streamline this process.

Under the GP Synergy term placement model, registrars and practices are involved in the decision making process and have more control. However, feedback from our practices and registrars has shown the benefits of being more “involved in the process”. Choice and flexibility are worth the extra effort.

**Will registrars be required to do VMO work?**

VMO work is an important part of rural GP training, and GP Synergy will require registrars to undertake hospital VMO work as part of their equitable participation on the practice roster.

**Will practices still get ACRRM registrars?**

Under our term placement model, practices are welcome to consider registrars training in either (or both) fellowship training pathway/s. Practices will however need to hold current accreditation with the relevant College.
Accreditation for training practices

Will existing accreditation of a training facility be recognised?

Yes. Accredited facilities and supervisors under outgoing RTPs will be novated under transitional arrangements; their existing accreditation will be recognised by GP Synergy including existing timelines for re-accreditation. Supervisors and practice managers will be invited to participate in GP Synergy orientation activities in the coming weeks.

To ensure that all accredited facilities from outgoing RTPs comply with college standards, a desk audit of the existing accreditations will be undertaken during the transition period with minimal or zero disruption to training facilities. New supervisors and practice managers will be orientated upon their successful accreditation into the program.

Accreditation for existing GP Synergy training facilities and supervisors will not change.

Can new facilities apply to become accredited?

Yes. GP Synergy has responsibility for undertaking all new accreditations, for all regions in NSW, during the transition period and beyond. New accreditations will be conducted according to GP Synergy’s training facility accreditation policy and processes.

Please direct queries to Ralph Belshaw - practicesupport@gpsynergy.com.au or 02 9818 4433.

Governance

How does the GP Synergy board work?

GP Synergy operates a skills based board.

Under GP Synergy’s Constitution there are nine Member appointed directors and two Board appointed directors to enable access specific skills that the board deems appropriate. That is 11 in total.

The three longest serving member appointed directors retire at the following AGM. This ensures continuity of corporate knowledge in keeping with good practice.

Who can become a member?

Members are properly constituted organisations. However there are no limits to the number of members that may be on the register. Applicants can apply by completing and submitting the GP Synergy Membership Form to the Company Secretary, John Oldfield johno@gpsynergy.com.au

Applications are screened by the board at their next meeting and may be approved subject to resolution of the Board.

Members must pay a once only $10 membership fee.
How is the board accountable on regionalisation issues?

Although part of the director’s acumen may include regional knowledge, there will be seven Regional Advisory Councils that are committees of the Board. Directors are appointed to office bearing positions each AGM and will attend/chair these sub-committees and report to the Board.

The board is ultimately accountable to the Department of Health for the delivery regionalised model defined in its tender application and to meet performance requirements under contract.

Casual medical education opportunities - Clinical Teaching Visitors/In-practice Teaching Visitors/Workshop presenters and facilitators

GP Synergy is currently seeking expressions of interest from vocationally registered general practitioners who would like to undertake casual medical education employment. Participation in medical education activities is an enjoyable and rewarding activity for many GPs. Participating GPs will be remunerated and supported, with suitable training by GP Synergy where appropriate.

Casual medical education opportunities include:

A. Undertaking in-practice teaching visits (also known as Clinical Teaching Visits (CTV), External Clinical Teaching (ECT) visits, Formative assessment and Clinical Teaching (FACT) visits, and Mini-Clinical Evaluation Exercise (mini-CEX) visits):

- We are seeking expressions of interests from GPs and GP supervisors to undertake in-practice teaching visits for GP registrars from January 2016. We particularly welcome those who are currently providing this service to current Regional Training Providers (RTPs).
- To register your interest, please contact Dr Joanna Bruce on joannab@gpsynergy.com.au. GPs who have not previously undertaken these visits will be supported with an orientation program prior to their first visit.

B. Participating in GP Synergy registrar and/or supervisor workshops

- We recognise that many GPs have significant experience and expertise in a wide range of areas, and are seeking interest from GPs to participate in the following types of activities:
  - Presenting at workshops
  - Facilitating small group tutorials
  - Being an examiner at mock RACGP/ACRRM clinical examinations
  - An example of opportunities include presenting lecture topics such as diabetes or integrative medicine, helping run a small group tutorial teaching shoulder examination, or assessing registrars practising cases at a mock exam.
- To register your interest, please contact Ronia Bangel on roniab@gpsynergy.com.au
Training records – transfer and access

How will GP Synergy acquire registrar and training facility records?

GP Synergy has been working with outgoing RTPs to transfer training data to GP Synergy’s training online management system, GPRime2.

When will registrars and training facilities be able to access GPRime2? *UPDATED 19 January 2016

Registrars:
- Registrars will be given access to GPRime2 by COB Friday 22 January.
- We have obtained all of registrar training information from outgoing RTPs and we are currently in the process of uploading it registrar portfolios in GPRime2. Due to the volume and format of data provided, this may take some time and may mean some information might not be yet appearing in registrars’ GPRime2 portfolios (such as event attendance, training requirements and other items).
- We are hoping to have all data uploaded to registrars’ GPRime2 portfolio by 29 February 2016.

Supervisors and practice managers:

- Logins for training facilities started to be distributed from late December 2016, after information was obtained from the Department of Health’s national training database – RIDE.
- Some supervisors and practice managers may not have received a login to the following reasons:
  - Their details were not listed in RIDE.
  - Their GPRime2 login details may have been sent to a centralised practice email account (as listed in RIDE).
  - There was no email address listed on their user account in RIDE.
- If you are having trouble logging into GPRime2 it could be due to one of the following reasons:
  - You have tried to login to an outgoing RTP system and not GP Synergy’s GPRime2 system (accessible from the links in our correspondence, or from the GP Synergy website – www.gpsynergy.com.au).
  - You are using an old or out-dated web browser (GPRime2 requires recent versions of Google Chrome, Internet Explorer or Safari).

As part of GP Synergy’s quality assurance process, we will be contacting each facility individually to confirm the facility, supervisors and practice managers details to enable us to generate any missing logins. We will also be assisting with confirming the facility’s ABN, BSB and bank account details to enable practice payments to be made (where relevant) and for future contracting.

If you require assistance at any time, please contact our IT support team on IS_Support@gpsynergy.com.au

Orientation

When will I be orientated into GP Synergy? When will I find out specific education and administration requirements? *UPDATED 19 January 2016

To transition registrars, supervisors and training facilities to GP Synergy there will be a blended style of orientation delivery to accommodate different learning needs and styles.
An online orientation module is available, with workshops following in January and February. Details can be found on our website: [http://gpsynergy.com.au/orientation/](http://gpsynergy.com.au/orientation/)

If you have any queries in the interim, please contact us on transition@gpsynergy.com.au or 02 9756 5711.

**Communication**

**How will GP Synergy communicate with me?  *UPDATED 19 January 2016***

GP Synergy will contact you directly by email. As mentioned above, we are currently updating our supervisor and practice manager mailing lists. You are however welcome to contact us directly if you have any questions on transition@gpsynergy.com.au or 02 9756 5711.