

# WA GP Advisory Panel

Meeting Communique

March 2025

## Topic One: Increased GP training placements and impact on practices

It was noted that the Australian Government Department of Health and Aged Care (DoHAC) has announced new and ongoing initiatives to boost GP training, starting in 2026. Key measures include:

- More DoHac-supported medical student places
- New primary care rotations for junior and pre-vocational doctors
- Increased funded GP training places through the AGPT program
- Improved employment conditions (e.g., single employer model)
- Scholarships for nurses and midwives to upskill

Given this expansion of GP training numbers, members were asked to provide feedback on the impact on their practice and support the lead agencies can provide.

Key points from Panel members included:

- The increase in GP trainees has potential to address issues with attracting Registrars to practices that lost their Area of Need geographical status due to zoning changes.
- Concern over the potential of overextending current GP supervisors, particularly given the time and resource impost. Level 1 supervision was noted as being particularly strict and difficult to accommodate as supervisors are required to see every trainee's patient before they leave the practice. Increased support and incentives for supervisors are needed, especially in rural locations where practices might be smaller and have fewer resources.

General Practice Supervision Australia (GPSA) was highlighted as a valuable resource for supervisors to utilise.

- It was noted that potential supervisors may feel unprepared or undertrained. Supervisor training programs that build confidence and competence, highlight how supervision can contribute to GP's CPD, as well as a recruitment drive detailing the structure and hours involved to be a supervisor would be helpful to encourage more GPs to take on a supervisor role.
- Alternative supervision models and adequate remuneration and support for supervisors were also noted as being important to encourage uptake. Short-term, shared, or rotational supervisory arrangements, locum supervisors and flexible funding for a secondary supervisor to support primary supervisors were suggested. Given that a secondary supervisor must be fully trained as a supervisor, a temporary or occasional secondary supervisor role with a limited scope and reduced training requirement could be an option to investigate. The Remote Vocational Training Scheme (RVTS) was noted as a valuable initiative.
- Practices also need additional funding and resources to manage the increased workload in providing Registrar supervision and be able to provide additional practice rooms for trainees.
- Ensuring a positive experience for trainees is crucial for retention. This includes providing a supportive and safe environment, quality supervision, and addressing peripheral needs such as childcare, accommodation and employment opportunities for spouses, as well as integration into a community which can be challenging in regional, rural and remote areas.

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## Topic Two: Mechanisms for the partner agencies to gather feedback from GPs

GPs are key stakeholders in the work that partner agencies (WAPHA, RHW and RACGP) undertake and ongoing access to GP expertise and insights are important to progress this.

Members were asked to provide feedback on the best methods to engage GPs in providing their views on the services provided by each of the Partner Agencies, given that surveys typically have a low response rate.

Panel member suggestions focused on convenience, accessibility, integrating feedback opportunities into existing activities and tailoring the approach. Options to explore included:

- Integrating feedback into CPD sessions and incorporating dedicated feedback sessions into existing GP/practice educational events or training days.
- Facilitating in-person activities such as practice lunch sessions or tearoom discussions which can lead to more comprehensive and candid feedback as GPs have time to discuss topics in depth and can hear from each other.
- Collecting feedback immediately following provision of a service or an interaction. This can yield higher response rates and more relevant insights.
- Targeted engagement with GPs on established, frequently accessed social media platforms.

- Scheduling short (five-minute) Teams sessions on a particular topic or question to provide a regular touchpoint and help build ongoing relationships with GPs. Online is often easier to accommodate than a face-to-face meeting but still has a personal touch.
- Building a community or discussion group of GPs with knowledge of and/or interest in a particular topic and then hosting a WhatsApp discussion was suggested as a way to gather more immediate real-time (or at a convenient time) feedback.
- Noting that a one-size-fits-all approach is challenging as individual GPs prefer to be engaged in different ways, text messages were suggested as an option more likely to generate a response (from some) compared to an email. This would be a more appropriate format for a short response and would depend on the Partner Agencies having GP mobile numbers and permission to use for this purpose.

**Where surveys are used, incentivising survey responses either via direct remuneration or via indirect payment such as provision of a free conference ticket or entry into a prize draw may encourage response from those less likely to provide feedback. Quality survey design and user experience testing (with a small group of GPs) were flagged as important elements to incorporate to attract responses.**

**It was also noted that making the engagement value proposition clear for respondents and following up to advise on outcomes or actions that have resulted from feedback would boost engagement and response rates.**

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## Summary of previous WA GP Advisory Panel meetings (for noting)

### WAPHA Suicide Prevention Activities Review - case based facilitated discussion (February 2025)

- WAPHA held a follow-up session to further inform the primary care focussed activities for the Targeted Regional Initiatives for Suicide Prevention (TRISP) program discussed at the November quarterly meeting, with a focus on facilitated case-based discussions for primary care providers.
- Members were asked to provide feedback on key attributes of the case-based discussion including expected outcomes and content, modality, frequency, ideal facilitators, target audience and effective promotion to inform a tender to establish case-based/peer-to-peer learning activities.
- It was noted that a GP-friendly psychiatrist or GP with significant mental health experience would be an ideal facilitator; hybrid quarterly meetings would be the ideal format and frequency; ensuring that the group was aligned with trusted organisations; and making it clear that the group would be a safe space to share experiences, would be key to generate interest and sustained uptake.

### WAPHA AOD Program Redesign Workshop (March 2025)

- WAPHA is undertaking a number of activities to strengthen the commissioning function across the entire commissioning lifecycle to meet the evolving needs of DoHAC as the funder of the Primary Health Network Program. To ensure the alcohol and other drugs (AOD) program is effective, inclusive, and responsive to community needs, WAPHA is undertaking a comprehensive review and redesign of its program. This involves working closely with peak bodies, the WA Mental Health Commission and people with lived experience of AOD issues.

- Panel members were asked to provide feedback on, and input to, the redesign and proposed models including treatment and support service models and workforce development (including specific education/training for GPs).
- Feedback provided will be used to inform the program redesign and future models of care.

## Suggested future Panel discussion topics:

- Current experience with urgent care clinics and areas for improvement.
- Facilitating a better understanding for GPs of the depth of the work that WAPHA, RHW and RACGP undertake.
- Election commitment briefing to establish older adult community integrated care hubs – inviting WA Health to speak to the panel and seek feedback from members.
- Support required for GPs to commence provision of ADHD diagnosis and treatment.

**Next steps:** This communique will be shared with key staff across the three lead agencies, it will also be posted on WAPHA's website and shared with external stakeholders as part of the WAPHA CEO's monthly Strategic Update.

Please send any suggestions for future agenda topics to [nicola.blacker@wapha.org.au](mailto:nicola.blacker@wapha.org.au)

Note: The information contained within this communique represents the views and opinions of WA GP Advisory Panel members only and does not necessarily represent the views or opinions of RACGP, RHW or WAPHA.