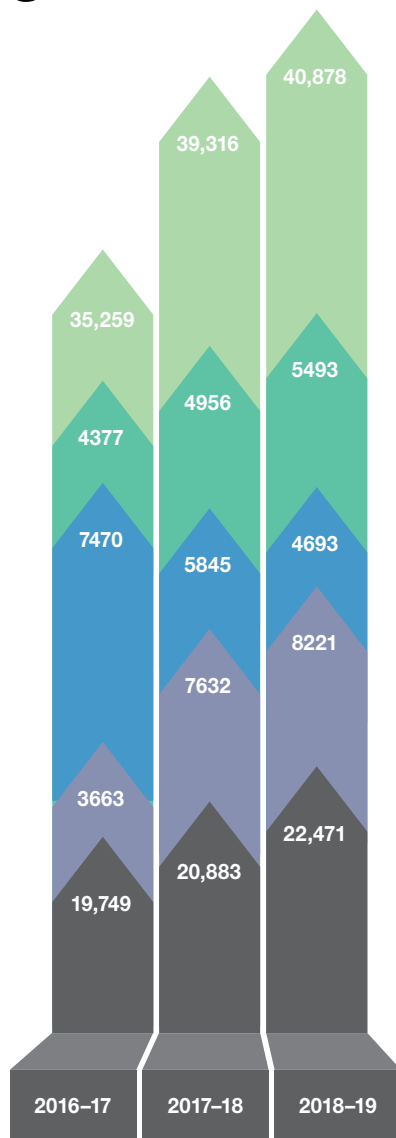




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# Membership

## Historical membership growth



## Outline of member benefits

The RACGP community provides members with the environment and opportunities to collaborate and connect with peers, get support, further their education and have their say to shape the profession.

### Learning and education

Members can enhance their lifelong learning with accredited educational resources and stay ahead in the ever-evolving profession of general practice through the:

- Continuing Professional Development (CPD) Program
- *gplearning*
- *Australian Journal of General Practice (AJGP)*
- John Murtagh Library (JML)
- *check* program
- RACGP Clinical Conference
- Practice Owners National Conference.

### Advocacy

The RACGP plays a vital role in advocating for important matters affecting the general practice profession and its patients. The RACGP:

- regularly meets with health ministers and their advisers, gives evidence at parliamentary hearings and prepares submissions on matters that impact the profession
- engages members in advocacy work through consultations, polls, workshops and surveys
- produces *General Practice: Health of the Nation*, the only comprehensive, sector-led report of Australian general practice, which draws on specifically commissioned research involving RACGP Fellows from all over Australia.





In the financial year, the various divisions of the RACGP made over 200 submissions to state and federal governments.

## Support

RACGP membership gives members access to an array of resources to support personal wellbeing, career development, and practice and patient care, including:

- tailored support to members who are interested in or already working in a specialised area of general practice
- technology that allows free and easy communication and encourages collaboration between members (shareGP)
- a daily news service (*newsGP*) covering medical and health news, not just RACGP-specific information



- a member app to help members track and record CPD activities
- the GP Support Program, a free service providing professional advice to help members with issues that can affect wellbeing, work performance, safety, workplace morale and psychological health
- clinical guidelines and information, including the *Handbook of non-drug interventions (HANDI)*
- business management tools
- recruitGP – free classified listings for general practice-related employment
- discounts on publications and resources
- exclusive member offers and discounts, including financial and wealth products, travel deals, wellbeing incentives, insurance offers, discounts on publications and resources, and discounts on auto and retail purchases.

In its first full year, *newsGP* – the RACGP's daily news service – published more than 1000 articles and generated more than 1.3 million page views. This puts *newsGP* among the most widely read medical news publications in Australia.

recruitGP posted 6325 advertisements during the financial year. Of these, 5810 were advertisements posted by members, providing \$2.2 million in free member advertising in the last financial year.

## Resources published

The RACGP produced the following key resources in 2018–19.

### 2018

- *General Practice: Health of the Nation 2018*
- *Standards for after-hours and medical deputising services, 5th edition*
- *MBS fee summary, 2018*
- *Standards for point-of-care testing, 5th edition*
- *Improving health record quality in general practice: How to create and maintain health records that are fit for purpose*

**5%**  
Board and CEO



**33%**  
Infrastructure,  
technology and  
staffing



**3%**  
Conferences



# Member contribution

Breakdown of each member dollar spent

2%

Library



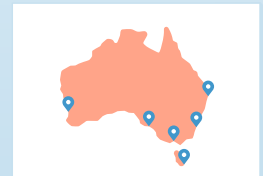
7%

Standards,  
clinical guidelines  
and quality



2%

Education  
(Exams and CPD)



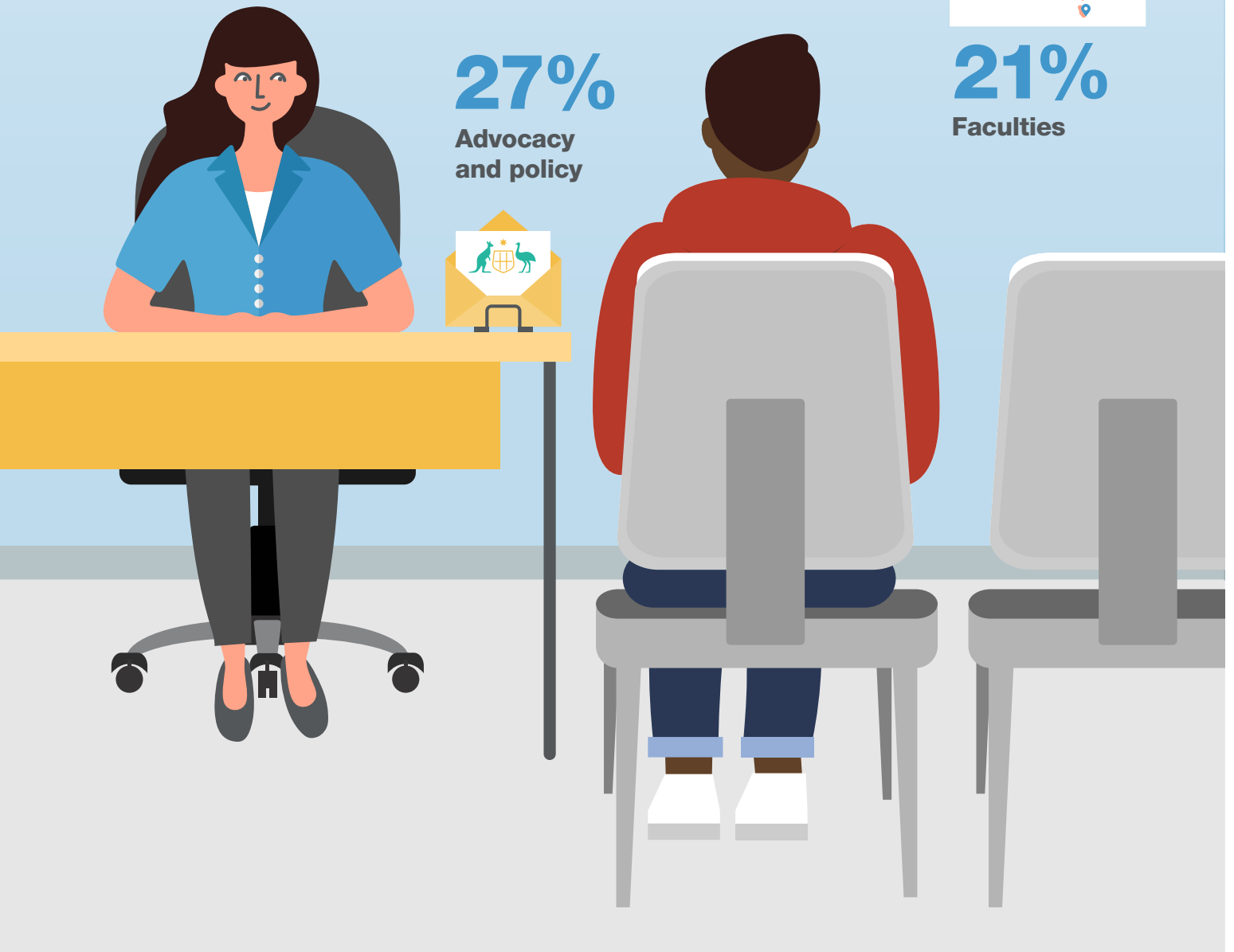
27%

Advocacy  
and policy



21%

Faculties



- *Exam report AKT 2018.2*
- *Practice Experience Program (PEP), suite of resources*
- *Guideline for the management of knee and hip osteoarthritis, 2nd edition*
  - *Guideline for the management of knee and hip osteoarthritis: Administrative report*
  - *Guideline for the management of knee and hip osteoarthritis: Implementation plan*
- *Overview of the 2018–19 Mid-Year Economic and Fiscal Outlook (MYEFO)*

## 2019

- *Minimum requirements for general practice clinical information systems to improve usability*
- *'Changes to the RACGP Standards for general practices (5th edition)', factsheet*
- *Toolkit for developing practice-specific questionnaires*
- *Pre-budget submission 2019–20*
- *Federal election statement 2019*
- *Custodial health in Australia: Tips for providing healthcare to people in prison*
- *Selection guide for entry into the 2020 AGPT Program*
- *Views and attitudes towards technological innovation in general practice: Survey report 2018*
- *Social media in general practice*
- *Telehealth video consultations guide*
- *Working with the Stepped Care Model: Mental health services through general practice (General Practice Mental Health Standards Collaboration [GPMHSC])*
- *Practice guide: Communication between medical and mental health professionals (GPMHSC)*
- *Education Research Grant 2020 program 2020: RACGP application guide*

## Collaboration

The RACGP enables members to connect to a large, diverse and trusted community of peers through:

- shareGP\* – Australia's first GP professional collaboration space; a highly secure and professional member-only online environment
- special interest groups, networks and events
- state faculty support
- RACGP committees
- discounted local workshops and complimentary webinars.

\*At the end of the financial year, shareGP had **15,900** active users

**Top:** Delgates in the GP18 exhibition hall  
**Bottom:** RACGP Aboriginal and Torres Strait Islander health resources





A woman with her hair tied back, wearing a black and white striped shirt, is seen from the side, looking out a large window. The scene is bathed in the warm, golden light of a sunset or sunrise. In the background, through the window, a cityscape and a body of water are visible. The interior space appears to be a modern lounge or office with some furniture and equipment visible in the shadows.

# State and national faculties

The RACGP constantly strives to engage with its 40,000 plus members and offer them the best possible services. Representing members and the profession, faculties continue to be a strong voice for the profession, patients and the community. Events and activities are held throughout the year by state and territory faculties, RACGP expert committees, specific interest networks, and many others.

# RACGP NSW&ACT

## Associate Professor Charlotte Hespe

MBBS (Hons), FRACGP,  
DCH (Lon), GCUT, FAICD

Chair, RACGP NSW&ACT

RACGP NSW&ACT had a great 2018–19. We serve over 12,000 members, requiring a huge coordination effort for networking events, formal assessments and external campaigns.

The Objective Structured Clinical Examinations (OSCEs) were a highlight in 2019, as RACGP NSW&ACT conducted the largest exam in RACGP history. With 16 rotations of candidates at four venues in Sydney and Canberra, the examination team coordinated 312 candidates, 283 examiners and 51 quality assurance examiners. The exam's success is a true testament to all involved, and I was pleased to hear positive feedback from both candidates and examiners.

RACGP NSW&ACT had a full calendar of social and educational events throughout the year. The NSW Health partnership delivered clinical education to more than 1500 NSW GPs, who each attended an average of three education sessions. Simultaneously, the faculty has partnered with multiple Primary Health Networks (PHNs), including the Capital Health Network, to deliver active learning modules (ALMs) on topics ranging from mental health to chronic conditions, and alcohol and substance misuse. GP networking and collaboration has also been a priority, with the New Fellows Connect series and inaugural Wellbeing Weekend recording fantastic attendances. The Charles Bridges-Webb Oration, the new Eric Fisher Award and the Fellowship ceremonies were other highlights.

The New South Wales state and federal elections were focal points in the advocacy space as the RACGP continues to tackle rising out-of-pocket patient costs, GP inaccessibility and inadequate Medicare rebates. Deputy Chair Dr Michael Wright and I were pleased with productive meetings with MPs such as Dr Kerry Phelps, with the election results only reinforcing the need for ongoing engagement with politicians of all political persuasions.





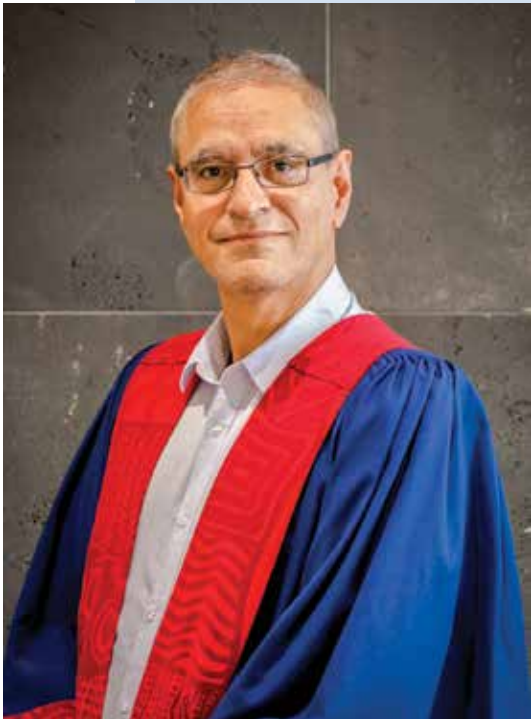


**Top:** RACGP Chair, Associate Professor Charlotte Hespe, with RACGP NSW&ACT Council members  
**Bottom:** New Fellows

Throughout the year the faculty has consistently communicated with its members about changes in the general practice landscape. The September 2018 announcement of changes to the planning learning and need (PLAN) activity was well received, alongside timely reminders on measles, syphilis and human immunodeficiency virus (HIV) clusters. The faculty Council continues to seek out new ways to get important messages directly to our members, including via podcast and through newsletters.

I am excited to begin work with our Women in General Practice NSW&ACT Committee. This new committee will focus on barriers to female leadership in general practice and will conduct events to encourage and support female GPs. As new models of care and new funding arrangements impact all GPs, we will also continue to support and advise our RACGP NSW&ACT members.

We look forward to the 2019–20 financial year.



**Above:** Chair of RACGP SA&NT, Dr Zakaria Baig  
**Bottom and right:** South Australian and Northern Territory Fellowship and Awards Ceremony

# RACGP SA&NT

## Dr Zakaria Baig

MBBS, FRACGP, FACRRM

Chair, RACGP SA&NT

In the past 12 months, RACGP SA&NT has been developing strategies to further support our members, placing significant importance on the valuable relationship between GPs and the health and wellbeing of their patients.

General practice remains the most accessed form of healthcare. As part of the largest professional general practice organisation in Australia, RACGP SA&NT has increased its local advocacy to ensure greater commitment to high-quality and accessible services. Areas of strategic focus include:

- meeting with federal election candidates to motivate investment in healthcare
- engaging with the South Australian Minister for Health and Wellbeing on policy changes and education for GPs
- meeting with the Northern Territory Minister for Health and RACGP Rural Chair to discuss the future of rural generalism







- presenting funding proposals to Health Translation SA
- campaigning against the closure of SHINE SA sites
- education collaborations with stakeholders
- meetings with Regional Training Organisations (RTOs) and Primary Health Networks (PHNs).

I am also proud of our education achievements, as we expanded our calendar of events to include new webinars, workshops and learning opportunities. In 2018–19, we delivered education through 55 workshops, which attracted more than 1100 participants.

The New Fellows Committee continues to play a key role in supporting our members, incorporating an inaugural retreat in our calendar of events. Held in August 2018, members enjoyed the surrounds of the Barossa region during this 1.5-day education program. Given the success of the retreat's social networking and professional development opportunities, we have decided to make this an annual event.

The increased level of member activity in the Northern Territory was particularly evident at

the Fellowship and Awards Ceremony held on 8 September 2018 in Darwin, with 94 guests celebrating 20 members accepting their Fellowship. We also attracted 51 participants to a dermatology workshop held in Darwin in August 2018, which provided our Northern Territory members with a great opportunity to enhance their clinical skills.

Another major highlight from 2018–19 involved our very own Dr Holly Deer from the Crystal Brook Medical Practice in South Australia. Dr Deer was chosen, from among other state finalists, as the 2018 RACGP General Practice Supervisor of the Year. This award recognises the dedication of a GP who has contributed significantly towards the training and mentoring of general practice doctors in training, leading by example and inspiring those coming through the system to gain a strong appreciation of the profession.

We remain committed to represent the best interests of urban and rural GPs in South Australia and the Northern Territory.

I feel privileged to lead our passionate and dedicated team in providing high-quality education, training, resources and support to our members.





# RACGP WA

## Dr Sean Stevens

MBBS, FRACGP, MBA, GAICD

Chair, RACGP WA

Member engagement, education, innovation and advocacy have been the focus for RACGP WA.

During the past year, our GPs connected with colleagues at over 60 educational and collegial events attended by more than 1700 members. This is in addition to more than 30 exam preparation activities and the Fellowship of the Royal Australian College of General Practitioners (FRACGP) examinations.



Highlights of the year include:

- a sell-out GP wellbeing workshop with comedian and GP, Dr Ahmed Kazmi
- the inaugural New Fellows Conference developed by the New Fellows Committee to support GPs in their first five years post-Fellowship
- a highly successful series of 11 doctor-in-training workshops
- support for local practice owners and aspiring business owners with a 'Business of general practice' workshop
- three dermatology workshops held with 150 attendees combined.

Engagement with RACGP WA members beyond the metropolitan area has long presented a challenge due to the distances involved, but the faculty continues to find ways to connect with rural and remote members through greater

use of technology. Two successful webinars were delivered, and we plan to roll out a webinar series in late 2019. The Chair and State Manager Hamish Milne visited the Southern Regional hub of Albany in June, and RACGP WA also collaborated with key stakeholders to enable delivery of several events in rural areas. Engaging regional members will again be a focus in 2019–20.

Throughout the year, 163 Western Australian GPs attained FRACGP. Two Objective Structured Clinical Examinations (OSCEs) supported 195 doctors to undertake the FRACGP examinations, with the participation of approximately 230 examiners.

More than 370 people attended the 2018 RACGP WA Fellowship and Awards Ceremony, with 96 new Fellows recognised. The evening also acknowledged the WA RACGP award recipients, exam award winners and the two GPs who attained their Fellowship of Advanced Rural General Practice (FARGP).

The future of general practice is looking bright in Western Australia, with an engaged group of general practice doctors in training attending a significantly higher number of education activities than previous years.

During the past 12 months, RACGP WA engaged with the state government Sustainable Health Review, the Ministerial Expert Panel on voluntary assisted dying, and contributed to development of the state government Urgent Care Clinics trial.

The RACGP WA Council held a strategic planning day to identify priorities for the near-to-medium future. In addition to better engagement with non-metropolitan members, we will seek more regular engagement with state and federal politicians and other stakeholders.



Immediate past  
RACGP WA Chair,  
Dr Tim Koh, at the  
2018 Fellowship and  
Awards Ceremony





## RACGP Queensland

### Dr Bruce Willett

MBBS, FRACGP

Chair, RACGP Queensland

Over the past 12 months, RACGP Queensland has welcomed 379 new Fellows, conducted a staggering 275 activities across the state, and connected directly with over 3300 members and hundreds of stakeholders.

RACGP Queensland representatives have also become regular faces around Parliament House, advocating on a broad range of issues





**Left:** Chair of RACGP Queensland, Dr Bruce Willett; and Dr Willett during an ABC radio interview  
**Above:** Delegates in a GP18 ALM session

on behalf of our members. This has included significant lobbying work, meetings with elected representatives from both sides of the house, seven written submissions and three appearances to provide evidence to parliamentary hearings.

In February, we conducted our first and very successful 'MP check-up' session in Parliament House. Over 20 Queensland MPs dropped in to have their blood pressure checked and other health assessments and discuss with us the importance of having a regular GP and the significant work that the RACGP is doing across Queensland.

RACGP Queensland continues to offer Objective Structured Clinical Examinations (OSCE) in Townsville and has now added mock-OSCE and examiner training sessions in Cairns and Townsville, together with Applied Knowledge Test (AKT) and Key Feature Problem (KFP) preparation sessions in Cairns.

As part of a commitment to provide more member activities outside Brisbane, I have already conducted three 'meet and greet' sessions in Townsville, Mackay and Cairns, and plan to make these regional member and stakeholder meeting trips a regular occurrence two or three times a year. RACGP Queensland will now be hosting two Fellowship ceremonies each year, one in Brisbane and one in regional Queensland, with the first Townsville ceremony in August 2019, and Cairns planned for September 2020.

Finally, the May Queensland Clinical Update Weekend was a great gathering again this year, with over 150 members present and more than 50 speakers on a diverse range of topics. It was a fitting farewell to the current format, with Clinical Update Weekend moving to a new format under the national conference and events umbrella.



# RACGP Tasmania

## Associate Professor Jennifer Presser

BSc, PhD, BMBS, DRANZCOG,  
DipChildHealth, FRACGP, MHPE

Chair, RACGP Tasmania

This year, RACGP Tasmania focused on building on its tradition of advocacy for our profession and our patients. I am always inspired by the quality of care that my colleagues provide, often in difficult circumstances, and by the spirit and commitment of our upcoming Tasmanian GPs.

A helpful aspect of life in our lovely island is that we usually have no more than three degrees of separation. So, one of the things that we do well at RACGP Tasmania is developing long-term relationships with local politicians of all persuasions with the aim to promote

understanding of general practice and its value to our health systems and communities.

During this year's election campaign, RACGP Tasmania Council members and I met with all Tasmanian sitting federal politicians, the Speaker of the House and the Tasmanian Minister for Health to talk about our election wish list. We were able to speak frankly and with authority about the RACGP's hopes for a better health system and ways we might achieve this.

While destructive bushfires in the state's south and central north raged in February, many hardworking GPs rolled up their sleeves to offer care in evacuation centres and support clinics. Everyone who worked extremely hard to help manage the impact of the fire – GPs and practice staff, volunteers, emergency workers, allied health professionals, homeowners and their families – deserve our gratitude and admiration.

This year, I attended several workplace health and safety training sessions at which there was much discussion about falls, electrocution, driving and use of machinery – all very important concerns. However, the biggest cause of lost workdays is mental health. I encourage GPs, as they review their own year, to think about how their workplace promotes mental health and wellbeing for all staff, including themselves. The old models of 'injury prevention' are not enough and we have continued to advocate that our members maintain GP self-care and wellbeing as a high priority, and we are offering both active contributions and support by way of lobbying and dissemination of information.

The highlight for me was the inspiring stories of the wonderful work of GPs in Tasmania. Our Tasmanian General Practice Supervisor of the Year and General Practitioner of the Year represent the best that GPs do, providing light and enrichment for communities, and identifying care processes that respond to patients' needs. I am reminded of a comment from a speech delivered by Richard Flanagan after winning the Man Booker Prize:

*If you choose to take your compass from power, in the end you find only despair. But if you look around the world you can see and touch – the everyday world that is too easily dismissed as everyday – you see largeness, generosity, hope and change for the better.*

# RACGP Victoria

## Dr Cameron Loy

MBBS, BMedSc (Hon), FRACGP,  
FARGP, DCH, DRANZCOG, GAICD

Chair, RACGP Victoria

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RACGP Victoria has a committee structure through which we provide niche educational offerings. Over the past 12 months we provided more than 40 educational and networking activities, including conferences, workshops and webinars. Many were developed with the guidance and expertise of RACGP Victoria committees, which contribute greatly to supporting the educational needs of members. The hard work of GPs who design and provide education should be recognised and acknowledged. We are surrounded by a remarkable fellowship of GPs.

Peer exams for Fellowship date back to the 1500s, and our RACGP has stood at the fore of professional medical colleges in Australia. Such exams are as good as the peers who conduct the assessments and, to that end, RACGP Victoria musters a large cohort of outstanding peers to examine each exam. Exams are substantial, complex undertakings conducted every year by a combination of committed faculty staff and GP examiners who usher in the next generation of GPs.

Our annual meeting and awards ceremonies saw huge attendances. Our members' meeting in August had a particularly large turnout, and it was a personal pleasure to present awards and commence another two years as faculty Chair. Our Fellowship and Awards Ceremony in November set a precedent with our oration, by Dr Gerard Ingham, ending in a group song. We love seeing more than 1000 people attend this event and observe firsthand the excellence that surrounds us.

All our committees found ways to engage GPs in our state, including via a new event, hosted by our New Fellows Committee, called NEXT, which helps new Fellows negotiate the myriad offerings of the RACGP.

RACGP Victoria Council members continue representing members and the profession on state government and other relevant stakeholder



working groups and committees, ensuring the voice of general practice is heard.

Representation continued in the lead-up to the 2019 federal election as RACGP Victoria Council members supported the RACGP election campaign, attending meetings with Victorian federal MPs to provide key messages and raise awareness about the importance of making the health of all Australians an election priority.

Victorian GPs are becoming more familiar with SafeScript, the new system to assist with high-risk prescription medicines, and how to

best use it in consultations. Once all medical software companies fully integrate SafeScript, results will further improve and uptake become wider. This is an example of years of advocacy leading to provision of the knowledge we need, when we need it – particularly in difficult clinical presentations where information is critical to saving lives and reducing harm.

As the year ends, Victoria is also seeing the introduction of voluntary assisted dying. Early interest shows that GPs are choosing to be involved in this, and the RACGP will continue to provide further guidance and information.



RACGP Victoria Fellowship and Awards Ceremony

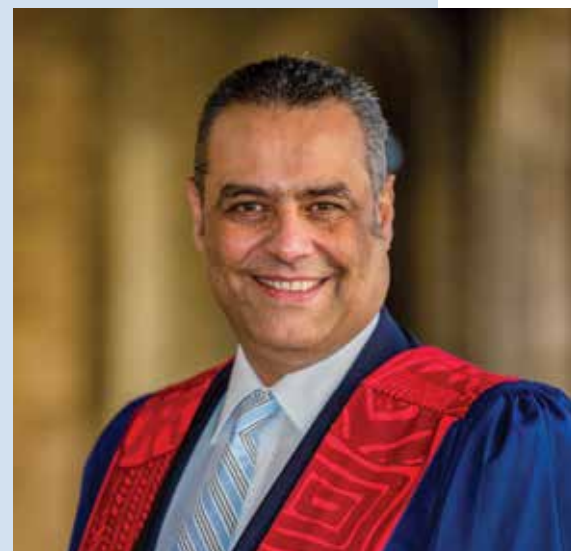
# RACGP Rural

## Associate Professor

### Ayman Shenouda

MBBCH, FRACGP, FARGP,  
DipDerm (UK), GAICD

Chair, RACGP Rural



With more than 19,000 members and over 8500 practising GPs working in rural and remote Australia, RACGP Rural continues to be a strong voice for rural GPs, their patients and their communities. This year we've worked hard to represent our membership, increase engagement and develop new educational opportunities. Growing a highly skilled rural and remote general practice workforce remains a key priority.

We met with and provided advice and feedback to state and federal governments, ministers and other stakeholders, and have been working closely with the National Rural Health Commissioner, Professor Paul Worley, on the Rural Generalist Taskforce and development of the National Rural Generalist Pathway (NRGP).

Co-led by the RACGP, the taskforce was created to guide NRGPs development and harness rural health sector experience. The taskforce's [National Rural Generalist Pathway advice](#) was released in December, including recommendations aligned to RACGP's curriculum, standards, position statement and vision for NRGPs implementation. A vital part of implementation is the recognition of rural generalism as a sub-speciality of general practice, and we are working on a joint taskforce application to progress this recognition.

Following consultation with rural members and general practice training organisations, the RACGP announced the development of our own component of the national plan – a Rural Generalist Fellowship (FRACGP-RG), which is now underway.

RACGP Rural members led the response, or provided input, to over 25 submissions and position statements, and were particularly active in contributing to the Medicare Benefits Schedule (MBS) Review Taskforce reports, a review into the Rural Procedural Grants Program (RPGP) guidelines,

and inquiries conducted by the Senate and the Productivity Commission into accessibility and quality of rural and remote mental health services.

Our General Practitioner Anaesthetist working group continues to provide advice as we negotiate with the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian College of Rural and Remote Medicine (ACRRM) to achieve the best diploma and governance outcomes for GPs. We are also working with other medical colleges on education initiatives.

Other highlights of 2018–19 included:

- rural representation at eight health conferences nationally
- delivering the Fellowship in Advanced Rural General Practice (FARGP), with 85 new enrolments
- delivering the 'Rural hospital clinical simulation' and the 'Point-of-care ultrasound for GPs' active learning modules (ALMs) at GP18
- providing educational activities, including five point-of-care ultrasound workshops, four online mental health skills training intakes, cognitive behavioural therapy skills for general practice and a webinar series on rural locuming
- administering up to \$9 million in rural procedural grants from the Rural Procedural Grants Program.

I would like to acknowledge the significant contribution and continued dedication of the RACGP Rural Council, Education Committee and faculty staff over the past 12 months, and I look forward to another exciting year ahead.



# RACGP Specific Interests

## Dr Lara Roeske

MBBS Hons, FRACGP, DipVen,  
BMedSc, MAICD

Chair, RACGP Specific Interests

RACGP Specific Interests (RACGP SI) was this year elevated to a full national faculty following a constitutional change agreed upon at the 2018 RACGP Annual General Meeting (AGM). This change saw my appointment as the inaugural RACGP SI Chair, and I am privileged to be able to represent the faculty and its members on the RACGP Board for a two-year term. This change in the constitution reflects the growing and important role that RACGP SI has in representing, supporting and advocating for members with a specific interest in an area of general practice.



RACGP SI facilitates members' engagement in their areas of specific interest by way of educational, collegial and networking activities. Highlights of the 2018–19 RACGP SI education program included the GP18 active learning module (ALM) Developmental Disability: Less 'Dis' and More 'Ability', and the Integrative Approaches to Women's Health ALM. The Child and Young Persons Health SI network delivered a successful four-part webinar series in conjunction with Emerging Minds on child and adolescent mental health. Average participant numbers for each webinar were over 300. The Abuse and Violence SI network ran a successful family abuse and violence webinar with nearly 200 participants. The faculty also supported members of the Addiction Medicine SI network with the organisation of the International Medicine in Addiction (IMiA) Conference – a biennial conference initiative between the RACGP, the Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists. Further, the Psychological Medicine SI network worked in consultation with the Australian Society for Psychological Medicine to run a two-day conference on trauma-informed care for GPs.

RACGP SI continues to provide opportunities for members to engage over their specific interest area, an example being a networking event held for Business of General Practice SI network members in Victoria. The popularity and success of this event has meant a second is planned for 2019–20.

The faculty continues to be a strong voice for the general practice profession, undertaking various policy and advocacy activities during the year. The faculty released three position statements during the year: on maternity services in general practice; obesity prevention and management; and climate change and human health. Members undertook formal representative roles in key policy areas such as maternity services, voluntary assisted dying, obesity prevention and management, and child health.

RACGP SI will continue to support members in 2019–20, with top priority areas being the implementation of the post-Fellowship recognition framework, developing a position statement on pill testing, running national member networking events on social prescribing, and leading the next IMiA conference.



# RACGP Aboriginal and Torres Strait Islander Health

## Associate Professor Peter O'Mara

FRACGP

Chair, RACGP Aboriginal and  
Torres Strait Islander Health



It was a privilege to be re-elected as the Chair of RACGP Aboriginal and Torres Strait Islander Health (the faculty) in August 2018, and I have relished the opportunity to continue working with the faculty Council and Education Committee.

This year, we have continued to promote and implement the National Aboriginal Community Controlled Health Organisation (NACCHO) and RACGP *National guide to a preventive health*

*assessment for Aboriginal and Torres Strait Islander people*, with over 4000 copies circulated across the country. Through our partnership with NACCHO, we continue to work with key stakeholders to advocate for the right of Aboriginal and Torres Strait Islander people to access culturally responsive healthcare, irrespective of where they seek care.

Developing and supporting a culturally safe and reflective general practice workforce remains a



key priority. We continue to support the delivery of our [online cultural awareness training](#) for GPs and practice staff; and in collaboration with RACGP NSW&ACT and the Aboriginal Health and Medical Research Council of NSW, we have also been conducting a series of [webinars](#) on a wide range of topics for GPs working in Aboriginal Community Controlled Health Services.

The RACGP is also working to strengthen the cultural knowledge and responsiveness of our staff. This year Leanne Bird, a Yorta Yorta and Taunurung woman from Victoria, and Ada Parry, a Brinkin woman from Woodygupildiyerre in the Daly River region, Northern Territory, joined the faculty. We will continue to identify strategies to increase the number of Aboriginal and Torres Strait Islander staff members at the RACGP.

We are pleased to see a steady number of Aboriginal and Torres Strait Islander candidates successfully apply for the Australian General Practice Training (AGPT) Program this year. Our annual support program for general practice

doctors in training, [Yagila Wadamba](#), continues to go from strength to strength, with candidates receiving individualised support to achieve success in their written exams.

At GP18, we were honoured to announce winners in each of our award categories – Dr Kishan Pandithage (Standing Strong Together), Dr Casey Kalsi (Growing Strong) and Kayla Ramires (Student Bursary). Kayla has now gone on to join the RACGP Aboriginal and Torres Strait Islander Health Council as Student Representative.

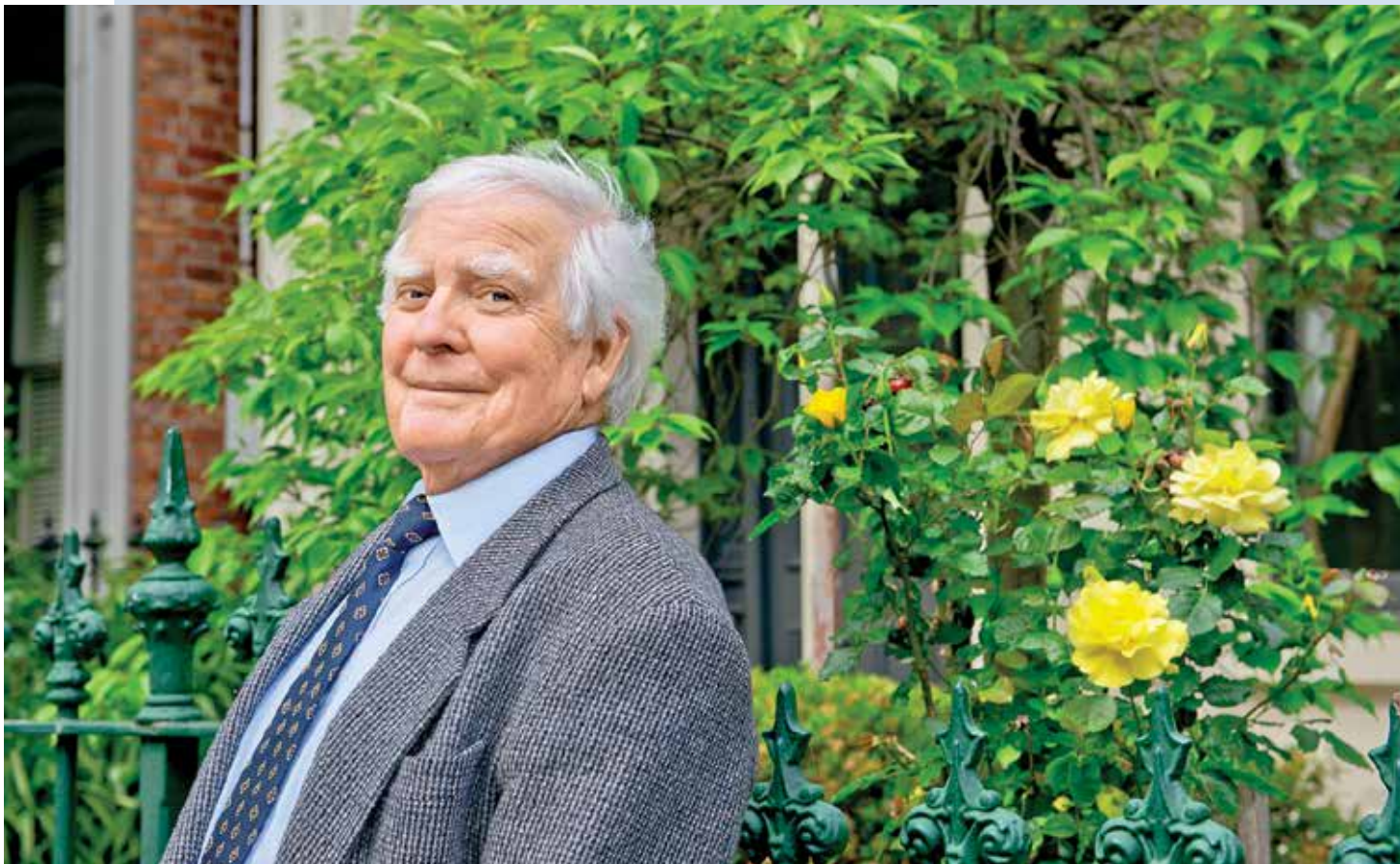
On the advocacy front, several of our members have represented the RACGP on a range of advisory groups, covering clinical and policy issues. As a result of member advocacy, the RACGP formally endorsed the '[Uluru Statement from the Heart](#)' in NAIDOC Week, and released an updated '[Racism in the healthcare sector](#)' position statement.

I look forward to further engagement from our growing membership in the year ahead.

Associate Professor Peter O'Mara with winner of the RACGP Aboriginal and Torres Strait Islander Health – Growing Strong Award, Dr Casey Kalsi, and award sponsor, Dr Nathan Pinski







# The RACGP Foundation

## Professor Peter Mudge

MBBS, FRACGP, FAFPHM, RACGP Foundation Patron

Chair, RACGP Foundation

This has been a year of consolidation as the RACGP Foundation embarked on developing a fundraising direction to bring in additional revenue to fund impactful general practice research into the future.

The RACGP Foundation hosted several strategy workshops and conducted interviews with representatives across the RACGP, and we are grateful to everyone who gave their time and thank them for their generosity.

The work continues and we look forward to sharing the Foundation's new strategic direction through upcoming RACGP communications.

The RACGP Foundation was thrilled in 2018 to receive the highest number of grant applications in recent history, with 107 applications from general practice researchers across Australia. In all, 15 projects received funding, with over \$340,000 in grants awarded.

Supporting general practice research to our current level would not be possible without the generosity of the RACGP Foundation's partners, whom we thank for their generous support.

We thank the generous individuals who kindly donated over \$73,000 in 2018–19, the members who generously donate a percentage of their membership fee annually to help support general practice research, and the corporate partners and many businesses, government agencies, non-governmental and community organisations that continue to support the work of the RACGP Foundation. We also sincerely thank members of the general practice research community who



have shared their stories in the media, in our publications and online. Thank you.

It is an exciting time in the RACGP Foundation's development as we work towards strengthening general practice research in Australia for the benefit of our members, general practice and the health of all Australians.

I am pleased to have been part of this development, which will provide clarity and direction for the RACGP Foundation and position it to remain a leader in general practice research well into the future. I thank everyone involved for their time and effort, the insights they have shared and their dedication.

Together we can strengthen the RACGP Foundation to help build a vibrant and dynamic general practice research landscape that drives positive social change to the benefit of the health of all Australians.

The Foundation thanks, moreover, all applicants for the time and effort they put in to applying, and we congratulate the researchers who received grants in 2018. Full details of projects funded by the RACGP Foundation are available at <https://foundation.racgp.org.au>

The Foundation looks forward to seeing the results of these projects and sharing the outcomes of this research in the years ahead.

## Partners

The Foundation thanks the following partners for their generous support in 2018–19:

- Therapeutic Guidelines Limited
- Motor Accident Insurance Commission
- HCF Research Foundation
- BOQ Specialist
- Diabetes Australia

## Donors

The Foundation thanks the following generous individuals who kindly donated in 2018–19:

### Donors \$5000+

Dr Jagadish Krishnan

### Donors \$1000–\$4999

Dr Meredith Arcus	Dr Allan Fasher
Dr Mathew Coleman	Dr Bella Freeman
Dr Eric Drinkwater	Dr Peter Joseph AM

### Donors \$500–\$999

Dr Olugbenga Afilaka	Dr Sugantha Jagadeesan
Dr Tina Blight	Dr Yang Lin
Dr Hamdy Boulis	Dr Madan Mariappan
Dr Talat Choudhry	Prof Mark Nelson
Dr Seema Ghafoor	Dr Gopi Patel
Dr Douglas Graham	Dr Zhaoyi Si
Dr John Gruner	Dr Mark Spanner
Dr William Horwood	Dr Monica Theron

## Research projects that received RACGP Foundation Grants

### Therapeutic Guidelines Limited (TGL)/RACGP Foundation Research Grant

#### Lead investigator: Prof Mieke van Driel

**Co-investigators:** Dr Laura Deckx, Prof Bogda Koczwara, Prof Paul Glasziou, Prof Marjan van den Akker, Prof Danielle Mazza

**Project title:** 'A toolkit that summarises clinical guidelines for people with multimorbidity'

**State/territory:** Queensland

**Aim:** To develop a multimorbidity toolkit that summarises the available evidence on interactions, harms and benefits of treatments for 10 diseases that are common in general practice. It will assess the utility of the toolkit and refine it through input from GPs and patients.

The multimorbidity toolkit will support GPs to make better-informed treatment decisions

by translating the evidence available in clinical guidelines into a summary for individual patients.

## **RACGP Foundation/HCF Research Foundation Research Grant**

**Lead investigator:** Prof Lyndal Trevena

**Co-investigators:** Dr Christopher Harrison, Dr Julie Gordon, Dr Carissa Bonner, Assoc Prof Simon Poon, Ms Niku Gorji

**Project title:** 'OCEAn – NETs (Occasions of Care Explained and Analysed – Nominated Extra Topics)'

**State/territory:** New South Wales

**Aim:** To support two studies, which will be conducted as sub-studies of the larger OCEAn (Occasions of Care Explained and Analysed) study. The first will show whether the use of formal cardiovascular disease (CVD) risk assessment tools is associated with reduced over- and under-treatment. The second will allow identification of areas where GPs could improve their osteoarthritis care and identify areas of variation that might be due to inequity and access issues.

The OCEAn study builds on the work conducted in the 1998–2016 Bettering the Evaluation and Care of Health (BEACH) study. OCEAn is a cross-sectional study that uses an electronic cloud-based interface to collect comprehensive data about the GP–patient encounter.

## **RACGP Foundation/HCF Research Foundation Research Grant**

**Lead investigator:** Dr Jo-Anne Manski Nankervis

**Co-investigators:** Assoc Prof Michelle Dowsey, Dr Panagiota Chondros, Ms Sharmala Thuraingam, Prof Peter Choong, Prof Jane Gunn

**Project title:** 'Developing a prediction model for total knee replacement surgery for people with osteoarthritis in general practice'

**State/territory:** Victoria

**Aim:** To develop a clinical risk prediction tool for use in the general practice setting that can identify those at risk of total knee replacement and non-responders to total knee replacement prior to referral to an orthopaedic surgeon. This will enable GPs to offer alternative therapies, and/or to target modifiable risk factors to reduce the likelihood of total knee replacement or improve the likelihood of surgery success.

## **RACGP Foundation/Diabetes Australia Research Grant**

**Lead investigator:** Prof Tania Winzenberg

**Co-investigators:** Dr Emily Hansen, Dr Verity Cleland, Assoc Prof Emma Warnecke, Ms Aroub Lahham

**Project title:** 'Understanding the perspectives of general practitioners regarding sedentary behaviour management in primary care: A qualitative study'

**State/territory:** Tasmania

**Aim:** To shed light on GPs' views on sedentary behaviour assessment and management, with the goal of designing approaches to make this easier to assess and manage in general practice. The outcome of this study will be an essential step to understanding current practice, thus developing effective strategies informed by GPs' perspectives to optimise sedentary behaviour management in primary care.

## **RACGP Foundation/IPN Medical Centres Research Grant**

**Lead investigator:** Dr Melinda Choy

**Co-investigators:** Dr Elizabeth Sturgiss, Assoc Prof Elizabeth Rieger, Prof Kirsty Douglas

**Project title:** 'eHealth and disadvantage: A mixed-methods study exploring how patients with chronic disease experience eHealth'

**State/territory:** ACT

**Aim:** To gather better information on the barriers to accessing eHealth in the context of chronic disease and low socioeconomic status. Interviews

with patients from low socioeconomic status populations and at least one chronic disease will be conducted. The interview information will form the basis of a patient survey to find the most important factors that determine how patients engage in eHealth.

## **RACGP Foundation/BOQ Specialist Research Grant**

**Lead investigator:** Dr Karyn Alexander

**Co-investigator:** Prof Danielle Mazza

**Project title:** 'Parents' Evaluation of Developmental Status (PEDS) in general practice: A feasibility study of preventive health for young children'

**State/territory:** Victoria

**Aim:** To find out if Parents' Evaluation of Developmental Status (PEDS) can be incorporated into routine general practice consultations, and determine how acceptable it is to both reception and clinical staff.

We anticipate that using the PEDS tool will improve clinicians' knowledge and confidence regarding child preventive health and developmental assessment, and contribute to the early identification of child health problems, significantly improving the lifelong health trajectories of Australian children.

## **RACGP Foundation Indigenous Health Award**

**Lead investigator:** Dr Geoffrey Spurling

**Co-investigators:** Dr Prabha Lakhan, Prof David Johnson, Ms Anna Cooney, Mr Gary Torrens, Mr Antonio Martinez Ortiz, Dr Dgarmenaan Palamuthusingam

**Project title:** 'Aboriginal and Torres Strait Islander persons attending an urban Indigenous primary healthcare clinic and their experiences of living with chronic kidney disease (CKD)'

**State/territory:** Queensland

**Aim:** There are two parts to this study. The first part will identify the number of patients attending the clinic who are at risk of CKD.

There is little information about Aboriginal and Torres Strait Islander patients' experiences of living with CKD and the quality of healthcare services provided to them. Therefore, the second part of the study will describe Aboriginal and Torres Strait Islander patients' experiences of living with CKD. The findings of the study will be compared to others reported in the literature.

The main outcomes of this study will be to address the gap in knowledge regarding experiences of Aboriginal and Torres Strait Islander patients residing in an urban area and attending an Indigenous primary healthcare clinic, and areas of healthcare provision related to CKD requiring improvement.

## **RACGP Foundation Family Medical Care Education and Research Grant**

**Lead investigator:** Dr Elizabeth Sturgiss

**Co-investigators:** Prof Kirsty Douglas, Prof Grant Russell

**Project title:** 'Exploring effective general practice consultations for disadvantaged adults living with obesity'

**State/territory:** ACT

**Aim:** GPs are a critical part of obesity management in Australia, and the relationship between patients and their GP is an essential first step in successful, long-term management. But, national data on patient experience in healthcare suggests that disadvantaged patients feel they are less respected, less listened to, and have insufficient time with their GP compared to the general population.

This project is built on the idea that we can learn from the experiences of disadvantaged patients and their GPs who have been successful in managing obesity and will discover vital new knowledge to ensure general practice continues to work towards reducing health inequality across Australian communities.



## **RACGP Foundation Family Medical Care Education and Research Grant**

### **Lead investigator: Dr Kirrily Ellerton**

**Co-investigators:** Dr Rimmer Medres, Dr Harishan Tharmarajah, Dr Amanda Dolphin, Dr Sue McKellar, Assoc Prof Simon Craig

**Project title:** 'The VRIMM study. Virtual reality for immunisation pain: A randomised controlled clinical trial in general practice'

**State/territory:** Victoria

**Aim:** Routine immunisations are the most common reason children experience pain and distress as a result of interacting with a healthcare provider. Various techniques are recommended to reduce this pain and distress, including optimisation of positioning and injection techniques, tactile stimulation, topical anaesthesia and various distraction techniques.

This study seeks to compare, in the setting of a randomised trial, these standard techniques with virtual reality – to reduce the pain and distress experienced by children undergoing routine four-year-old vaccination in a general practice setting.

The project aims to demonstrate the utility of virtual reality for painful minor procedures in the general practice setting. The technology is easily applied to older children/adults undergoing similar procedures, and may reduce the development of needle phobia in later life.

## **RACGP Foundation Walpole Grieve Award**

### **Recipient: Dr Lena von Schuckmann**

**Project title:** 'Conference travel'

**Aim:** This grant provided the recipient with the opportunity to travel to two conferences to disseminate important research findings from her PhD work on the changes in patients' sun protection behaviours after diagnosis with a high-risk

melanoma. Findings of this study provide valuable information for GPs, who conduct the majority of behaviour change counselling for patients.

## **RACGP Foundation Chris Silagy Research Scholarship**

### **Lead investigator: Dr Lucy Gilkes**

**Co-investigators:** Assoc Prof Nahal Mavaddat, Prof Stephan Schug, Prof Gary Hulse, Prof Peter O'Sullivan

**Project title:** 'Devising a computerised chronic pain care plan tool (Pain-T) for general practice'

**State/territory:** Western Australia

**Aim:** This project will determine the key enablers and barriers to providing the best care for people with chronic pain in order to reduce long-term disability and the over-use of prescribed opioids. Based on findings and review of resources currently available to GPs for pain management, the study explores how to translate this information into a user-friendly tool to assist the GP with developing an appropriate and effective chronic pain management plan. The study will then ask selected GPs to test this tool to see whether they feel that it would help them plan better management of their patients with chronic pain.

## **RACGP Foundation Charles Bridges-Webb Memorial Award**

### **Lead investigator: Dr Pallavi Prathivadi**

**Co-investigators:** Dr Chris Barton, Prof Danielle Mazza

**Project title:** 'Qualitative insights into the opioid prescribing practices of Victorian general practice registrars'

**State:** Victoria

**Aim:** Encouraging safe prescribing of opioids (as recommended by scientific evidence) is a public health priority in Australia. This project will interview Victorian general practice registrars to

explore aspects of their opioid prescribing. This includes their knowledge, attitudes and practices relating to long-term opioid prescribing, managing chronic pain with opioids, and understanding their decision-making process when prescribing opioids. The findings will directly inform the development of an intervention to improve safe prescribing of opioids in general practice.

### **RACGP Foundation Best General Practice Research Article in *AJGP* Award**

**Authors:** Dr Lisa Crossland,  
Prof Claire Jackson

**Research article:** Successfully implementing a diabetic retinopathy screening service in general practice: What does the evidence tell us? *Aust Fam Physician* 2017;46(7):529–35.

**State:** Queensland

### **RACGP Foundation Peter Mudge Medal**

**Presenter:** Dr Daniel Aronov

**Presentation:** 'Social media video improves informed choice for breast cancer screening'

### **RACGP Foundation Alan Chancellor Award**

**Presenter:** Dr Daniel Aronov

**Presentation:** 'Social media video improves informed choice for breast cancer screening'

A man with a beard and brown hair, wearing a colorful plaid shirt over a blue t-shirt, is seated in a lecture hall. He is looking off to the side with a thoughtful expression, holding a blue pen in his right hand. In the background, other students are seated at desks, and a woman is visible on the right side of the frame. The setting appears to be a modern educational environment with wooden paneling and large windows.

# **RACGP expert committee reports**

The RACGP expert committees (RECs) provide the Board with information and advice on issues in general practice and oversee the implementation of initiatives developed in accordance with the RACGP's strategic plan. The committees support the development of a program of work at the beginning of each triennium in the committees' respective areas of expertise.





## RACGP Expert Committee – Quality Care

### Associate Professor Mark Morgan

Chair, RACGP Expert Committee – Quality Care

The RACGP Expert Committee – Quality Care (REC–QC) advises on matters of clinical significance to the RACGP and general practice and produces a suite of clinical resources. Our strategic focus includes data-driven quality improvement, antimicrobial resistance and guideline implementation.

It has been a whirlwind few months since my commencement as Chair in October 2018. I would like to take this opportunity to thank the outgoing Chair, Dr Evan Ackermann, and committee, and welcome our new and returning members.

In 2018–19, we released the second edition of the *Guideline for the non-surgical management of hip and knee osteoarthritis*. This is the first RACGP guideline using the new gold standard in guideline methodology, the Grading of Recommendations Assessment, Development and Evaluation (GRADE) evidence-to-decision framework. I would like to acknowledge the significant efforts of the multidisciplinary working group on the development of this guideline.

I would also like to acknowledge the ongoing *Handbook of non-drug interventions (HANDI)* project – a living and growing guideline promoting effective non-drug treatments.

Updated editions of *Medical care of older persons in residential aged care facilities* (Silver Book), *Supporting smoking cessation: A guide for health professionals*, and *General practice management of type 2 diabetes* will be released later this year. Work has also commenced on a new resource to help GPs avoid low-value or harmful care.

The REC–QC has continued to advocate for RACGP members by responding to more than 50 consultations to government and various stakeholders. Submissions were made to clinical reports released by the Medicare Benefits Schedule (MBS) Review Taskforce, and we provided feedback to the Royal Commission into Aged Care Quality and Safety on the important role of general practice and general practitioners in the care of residents in residential aged care facilities.

The REC–QC provides ongoing leadership and management of the RACGP's representative and endorsement programs. Over the past year our representatives were involved in more than 100 government and non-government organisation (NGO) committees and projects to ensure the voice of general practice and the views of the RACGP are expressed and communicated.

I anticipate another busy year. The REC–QC looks forward to continuing its role in advocacy, and in the development and update of new and existing evidence-based resources to help GPs and practices provide patients with high-quality care.

# RACGP Expert Committee – Research

## Professor Clare Heal

Chair, RACGP Expert Committee – Research

The RACGP Expert Committee – Research (REC–R) has continued to build the profile of general practice research and promote its uniqueness and importance to clinical practice. This year has seen a transition as I took on the role of Chair, and we welcomed several new committee members. I would like to acknowledge the significant contribution from outgoing Chair Tania Winzenberg, and outgoing members Parker Magin, Paul Glasziou, Bianca Brijnath and Fiona Millard.

During the year we undertook advocacy for general practice research through submissions to government as well as by participation in the National Health and Medical Research Council (NHMRC) Investigating Clinician Researcher Career Pathways Project. Submissions included the following.

- A submission to the Medical Research Future Fund (MRFF) 2018–2020 Priorities Consultation – REC–R members attended public forums and roundtables to advocate for general practice research and career support for GP researchers. The priorities were released in November 2018, and they align well with our submission. In particular, three of the 12 priorities – primary care research, clinical researcher capacity, and antimicrobial resistance – were specifically advocated for in our submission. We have submitted a proposal to the MRFF for supporting GP research careers and will continue to work with the MRFF to ensure research funds are directed to these priority areas.
- A submission to the Australian and New Zealand Standard Research Classification Review 2019, advocating for a ‘Fields of

Research’ classification for general practice, multimorbidity as a disease area to better represent the general practice population and promote preventive medicine as a clinical field.

We completed a project to identify general practice research priorities in Australia. The report has been provided to the MRFF, resulting in development of research questions for potential funding from specific MRFF programs.

We ran a successful research day at GP18 that aimed to engage end users of research and promote high-quality research.

The REC–R also started an academic career peer support group for early career GP researchers, and we continue to promote the importance of the Australian General Practice Training (AGPT) Academic Post Program. This includes working with the Council of Censors to better enable flexibility and equity in the program.

We successfully held our second research and critical thinking Train the Trainer workshop to improve the capacity of medical educators and general practice supervisors to support doctors in training to develop research and critical thinking skills. All 17 attendees joined the community of practice formed after the first workshop. This group meets regularly by webinar to share ideas and experiences.



# RACGP Expert Committee – Standards for General Practices

## Dr Louise Acland

Chair, RACGP Expert Committee – Standards for General Practices

The RACGP Expert Committee – Standards for General Practices (REC-SGP) has been busy over the past year. The end of 2018 saw a new Standards Committee and Chair and finalisation and launch of the RACGP *Standards for point-of-care testing (5th edition)*, and the launch of the RACGP *Standards for after-hours and medical deputising services (5th edition)* at GP18.

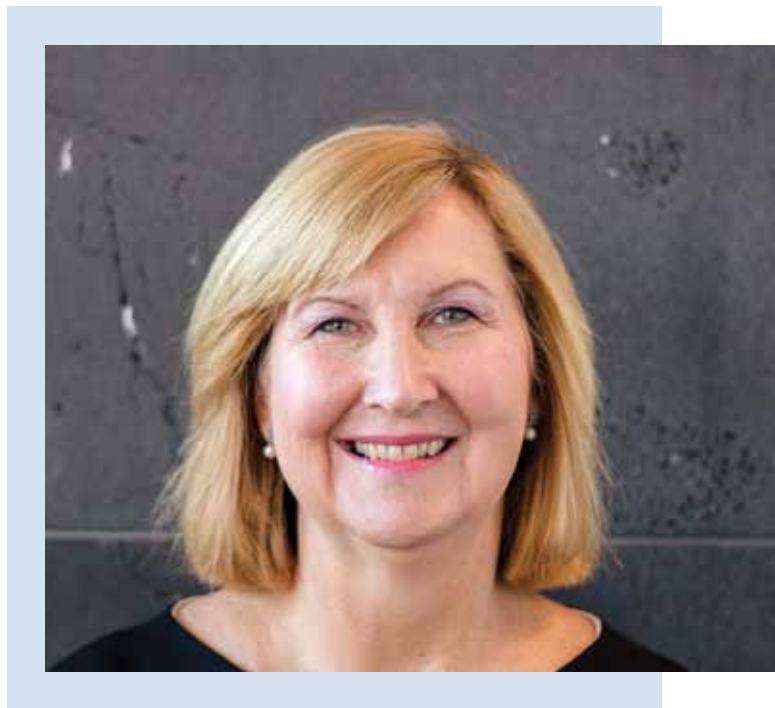
To support the implementation of the RACGP *Standards for general practice (5th edition)* (the Standards), the *Resource guide* was updated with supplementary information to help practices and services meet the requirements of the *Standards for point-of-care testing* and *Standards for after-hours and medical deputising services*.

The official shift of practices being accredited against the Standards fourth edition to the Standards fifth edition was implemented on 1 November 2018. The first half of 2018 focused on reinforcing the introduction of the Standards fifth edition via information sessions held across Australia.

In 2019, the Standards Committee prioritised three different sets of standards/guidelines for revision or development: the RACGP *Standards for health services in Australian prisons*, *Standards for health services in Australian immigration detention centres*, and the new RACGP *aged care clinical guide (Silver Book)*.

The *Standards for point-of-care testing* have also been submitted to the International Society for Quality in Health Care (ISQua) for accreditation.

The *Standards for general practice: Patient feedback guide (5th edition)*, *Toolkit for developing practice-specific questionnaires* and supporting resources have also undergone a Standards fifth edition refresh. Patient feedback resources for *Standards for after-hours and medical deputising services* and a web-based patient feedback decision support tool are currently under development.





# RACGP Expert Committee – Funding and Health System Reform

## Dr Michael Wright

Chair, RACGP Expert Committee – Funding and Health System Reform

The RACGP Expert Committee – Funding and Health System Reform (REC–FHSR) advocates for increased recognition and reward for the work that GPs do, and greater support for and investment into general practice to support the delivery of high-quality, sustainable and efficient patient healthcare.

In 2018–19, the REC–FHSR led the RACGP's advocacy relating to the Medicare Benefits Schedule (MBS) Review Taskforce and developed the submission to the [General Practice and Primary Care Clinical Committee](#). The REC–FHSR also drafted submissions to seven other reference groups and clinical committees of the MBS Review Taskforce, including the [Nurse Practitioners Reference Group](#) and the Specialist and Consultant Physician Clinical Committee. Other submissions to the MBS Review can be accessed [here](#).

The REC–FHSR developed and reviewed several core RACGP policies and resources, including:

- the [Vision for general practice and a sustainable healthcare system](#)
- the annual [General Practice: Health of the Nation](#) report
- the 2019 update of the [Medicare Benefits Schedule fee summary](#)
- the [Pre-budget submission 2019–20](#), overviews of the [federal Budget](#) and the [Mid-Year Economic and Fiscal Outlook](#)
- a pack for members to conduct local advocacy during the 2019 federal election, including the



RACGP's [‘Federal election statement 2019’](#), [member guide for local advocacy](#), [member talking points](#), and [patient fact sheet](#).

Other activities undertaken by REC–FHSR on behalf of members in 2018–19 included:

- successfully advocating for the retention of the Practice Incentives Program General Practitioner Aged Care Access Incentive
- opposing expansion of the role of [pharmacists](#) and [nurses](#) into the GP scope of practice and medicine prescribing, and advocating for care to be coordinated through a patient's usual GP
- calling for [improved aged care assessment processes](#) so that GPs can better support older Australians, including the adoption of secure messaging systems by aged care services and better links to existing electronic medical record software
- opposing changes to [mandatory reporting laws](#) that create barriers for practitioners seeking care due to fear of being reported by their treating practitioner
- advocating for [better recognition of the role of GPs](#) in helping their patients return to work following injury or illness
- [providing feedback](#) on the proposed Shared Debt Recovery Scheme and supporting its intent of enabling debt to be recovered from practitioners and practices.

# RACGP Expert Committee – Pre-Fellowship Education

## Dr Genevieve Yates

Chair, RACGP Expert Committee – Pre-Fellowship Education



The past year has seen a changing of the guard for the RACGP Expert Committee – Pre-Fellowship Education (REC–PreFE). New members Dr Adelaide Boylan, Dr Ashlea Broomfield, Ms Megan Cahill, Dr Tamsin Cockayne, Dr Paul Dilena, Dr Gerard Ingham, Dr Konrad Kangru and Dr Jonathan Mortimer joined continuing members Dr Alison Green, Dr Rebecca Stewart and Dr Geeta Trehan, and I was handed the Chair baton from Dr Kaye Atkinson, who took up her new role as Censor-in-Chief.

With the support of Education Services staff and REC–PreFE's sister committee, the RACGP Expert Committee – Post-Fellowship Education (REC–PostFE), the new REC–PreFE hit the ground running in what is a very exciting and challenging time for the RACGP in the pre-Fellowship space.

January 2019 brought the commencement of the new Practice Experience Program (PEP), a support program for non-vocationally registered doctors to help them transition to Fellowship. The REC–PreFE has provided ongoing advice and input into the implementation and further development of PEP, particularly through formation of a stakeholder group, the Fellowship Pathways Reference Group, chaired by the REC–PreFE Chair, which meets monthly.

Of key interest to the REC–PreFE has been the transitional activities of the Australian General Practice Training (AGPT) Program, which is moving from the Department of Health to the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), with the transition to be completed by January 2022.

The committee has also provided Education Services with input into:

- proposed policy changes, including to advanced life support (ALS) and basic life support (BLS)

requirements for pre-Fellowship doctors, and other changes to Fellowship requirements

- educational research projects undertaken by Regional Training Organisations (RTOs)
- academic general practice for doctors in training
- pre-vocational (hospital) competencies and standards
- eHealth in the RACGP curriculum
- the new exam support program
- AGPT Program marketing and recruitment
- in-training and progressive assessment
- More Doctors for Rural Australia Program (MDRAP)
- supervision requirements for first-term general practice doctors in training
- scope of practice
- learning portfolios
- rural generalism
- removal of the *Fellowship ad eundem gradum* (FAEG) and transition of the Specialist Recognition Program to the PEP Specialist Stream
- RACGP member awards for non-AGPT Program trainees.

With the upcoming restructure of Education Services and increasing oversight over training, the year ahead is shaping up to be even busier than 2018–19 for the REC–PreFE.

I thank Dr Kaye Atkinson for her thoughtful leadership of the committee during 2015–18 and for the hard work performed by all involved in getting the RACGP to this most exciting point in pre-Fellowship education.

# RACGP Expert Committee – Post-Fellowship Education

## Adjunct Professor Janice Bell

Chair, RACGP Expert Committee – Post-Fellowship Education

Over the past year, the RACGP Expert Committee – Post-Fellowship Education (REC–PostFE) has offered advice and expertise on a range of key conceptual and operational developments at the RACGP. Areas of work have included:

- input into the development of a new Continuing Professional Development (CPD) Program app, working with RACGP Technology, and initial exploration into the development of an online learning portfolio
- provision of advice regarding development of postgraduate and higher education qualifications, including the Post-Fellowship Speciality framework
- provision of advice and advocacy on two new resources to support GPs re-entering practice:
  - *A guide to re-entry to general practice*
  - *A guide to performance management for general practitioners*
- provision of advice on communications and advocacy relating to changes to PLAN
- implementation within the RACGP of the Medical Board of Australia's (MBA's) Professional Performance Framework
- provision of advice regarding how to define and describe a GP's scope of practice
- provision of advice regarding the update of cardiopulmonary resuscitation (CPR) and advanced life support (ALS) requirement terminology to align with the Australian Resuscitation Council
- provision of advice regarding rural generalism in the wake of the 2018 Collingrove Agreement

- development of 2020–22 triennium CPD Program requirements, including the management of those Following within a given triennium.

Finally, the REC–PostFE has welcomed new members Dr John Drinkwater, Dr Katrina McLean, Dr Ameeta Patel, Dr Gina Sherry, Dr Melanie Smith and Dr Eugene Wong. I would like to thank all members, new and continuing, for their valuable contributions to the work of the REC–PostFE.







# RACGP Expert Committee – Practice Technology and Management

## Dr Rob Hosking

Chair, RACGP Expert Committee – Practice Technology and Management

The RACGP Expert Committee – Practice Technology and Management (REC–PTM) oversees and supports a program of work relating to eHealth developments and information and practice management, and addresses issues affecting the current and future operation of Australian general practice.

In 2018, the REC–PTM, via a group of GP ‘digital champions’, delivered the national ‘My Health Record in general practice’ education program to support general practice in the transition to an opt-out system, with over 2000 individuals attending webinars and face-to-face workshops across Australia. The REC–PTM, in consultation with members, also contributed to the Senate inquiry into My Health Record, successfully advocating for improvements that included strengthening privacy and security legislation and accessibility provisions for minors, in order to improve consumer and clinician confidence.

In 2018, the RACGP collaborated with the Australian Digital Health Agency and general practice software

developers to determine the feasibility of developing an agreed set of minimum requirements for general practice software. After three industry workshops, recommendations for minimum requirements were published. These will guide improvements in future useability and functionality.

Throughout 2019 the REC–PTM has delivered monthly webinars as part of the inaugural [RACGP eHealth webinar series](#). Attended by over 1100 GPs, practice managers and clinical staff over the first five months, these webinars provide concise and relevant information to support general practice. Topics have included the Notifiable Data Breaches scheme, My Health Record and medico-legal concerns, information security, SafeScript real-time prescription monitoring in Victoria for high-risk medication, and improving health record quality in general practice.

The REC–PTM has advocated for general practice on numerous committees, consultations and projects, including:

- Pathology Information, Terminology and Units Standardisation
- Child Digital Health Record (CDHR) Committee
- National Antenatal Record Harmonisation Expert Committee
- Electronic Prescription Project Technical Working Group
- Secure Messaging and Interoperability Steering Group
- health apps review panel
- primary healthcare data asset development
- draft National Framework for Tackling Mental Ill-health in Doctors and Medical Students
- regulation of medical devices, including Software as a Medical Device
- online safety issues, including cyber bullying and children’s mental health.

An annual highlight for the committee includes hosting the RACGP eHealth Forum, bringing together leaders in the eHealth space for collaboration and discussion on issues affecting the general practice profession and industry.

The REC–PTM continues to develop resources to support general practice. Resources published over the past year include the guides [Social media in general practice](#), [Improving health record quality in general practice](#) and [Telehealth video consultations guide](#), as well as the ‘[Responding to online reviews](#)’ and ‘[Notifiable Data Breaches scheme](#)’ fact sheets.