



Best Practice for Supervision in General Practice

About this guide

There is little doubt about the generosity of time, knowledge and spirit that GP supervisors show when teaching and mentoring the next generation of family doctors.

This publication is designed to provide best practice guidance to help ensure that GP supervisors' work remains aligned with their positive intentions to nurture and teach the primary care givers of tomorrow.

Thank you to our supporters. General Practice Supervisors Australia (GPSA) received funding from the Australian Government under the Australian General Practice Training (AGPT) program.

GPSA produce a number of relevant guides for GP supervisors and practices, visit www.gpsupervisorsaustralia.org.au to view additional guides.

"As I've gained experience as a GP I've gone along the trajectory from being 'consciously incompetent' to 'consciously competent.' Being a supervisor is really good for my on-going practice because it helps prevent me drifting too far into the realms of 'unconsciously competent' from where it is all too easy to complete the circle back to 'unconsciously incompetent'.

It is good to be able to be a bit intuitive in clinical assessment but supervising others helps me focus on the logical steps that underpin that intuition."

– Dr Jenni Parsons, Macedon Ranges Victoria.

© 2017 GPSA.

All rights are reserved. All material contained in this publication is protected by Australian copyright laws and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior permission of GPSA, or in the case of third-party material, the owner of that content. No part of this publication may be reproduced without prior permission and full acknowledgement of the source: *GP Supervisor Guide: GP Supervisors Guide: Best Practice for Supervision in General Practice.*

GPSA has made all efforts to ensure that material presented in this publication was correct at the time of printing and has been published in good faith. GPSA does not accept liability for use of information within this publication. Due to the rapidly changing nature of the industry, GPSA does not make any warranty or guarantee concerning the accuracy or reliability of this content.

Contents

1. The supervisor in you: new supervisors and motivated supervisors	4
Your own learning and supervision experience	4
Your motivation	5
A word from our members	5
Core supervision skills	6
GP supervisor profile	7
Continuous professional development	7
Other resources	7
2. Tailoring supervision	8
Know your learner's capabilities	8
Develop a learning plan	8
Understand learning styles	8
Learning styles in a clinical setting	8
3. Communication and building professional relationships	10
Good communication	10
Listening	10
Active listening	11
4. Effective reviews	12
Plan ahead	12
Encourage student participation	12
Provide effective feedback	13
Pendleton's rules	13
Informal feedback	14
5. Addressing learning challenges	16
Supporting learners	16
Learner-related challenges	16
Slow learner	16
Unmotivated learner	16
Incompetent learner	16
Other reasons for learning challenges	17
Identify, record, manage and monitor	17
Good luck, acknowledgments and thank you	18
References	19
Appendix A – GP supervisor profile	20

1. The supervisor in you: new supervisors and motivated supervisors

From once being a medical student and taking your first steps into primary care, you are now a seemingly endless source of knowledge and guidance for another person at the start of their medical career.

Sound a bit daunting? Don't worry. No one expects new or experienced GP supervisors to be experts on everything. Part of the fun is learning new skills and meeting new colleagues. An added satisfaction is realising how many of your long honed consulting skills are transferable to teaching.

If you are new to supervision, it's important to know the type of GP supervisor you want to be, and the steps you need to take to get there. You have

probably already given this a bit of thought and can also remember your experiences, both fantastic and perhaps challenging, as a GP registrar.

How can you model the best aspects of supervision? And how can you do this when under pressure of managing your own patients and the business of general practice?

Our latest resource The New Supervisor Guide from can be downloaded from our website www.gpsupervisorsaustralia.org.au

If you are already providing supervision, it's a good idea, now and then, to stop and check that your motivations and skills are where they need to be.

Your own learning and supervision experience

Take a few minutes to reflect on your supervision experiences – from being a student or GP registrar working under a GP supervisor to becoming an experienced GP providing supervision.

Your experience as a student

- How would you describe your supervision experiences?
- What were the highlights? Were there parts that you did not enjoy?
- Was there one particular mentor who you responded to better than others? If so, why do you think that was? Was it their personality, their clinical expertise or teaching style? Was it something else?
- What did you learn about your own style of learning during this experience (see "Understand learning styles" in section 2)?

Your experience as a GP supervisor

- What do you like about being a GP supervisor?
- What are the aspects you find challenging?
- Do you work best with a particular type of learner?
- What do you do best as a GP supervisor?
- What do you struggle with? Is there an area that you need to work on?

Your motivation

Understanding the key drivers behind taking on a GP supervisor role may influence the direction of your teaching. If you have been supervising for a long time, re-visit your motivations and make sure you are still supervising for the right reasons.

A word from our members

Here's what some of GPSA's members say about their supervision experiences

"I see it as training those whom I will work with in the future."

"Being a supervisor allows me to uphold the importance of family doctors – and excellence in general practice."

"Supervision stretches my abilities and gives me the chance to engage with younger doctors."

"It's been rewarding to share my knowledge and expertise gathered through the years."

"I truly love being a supervisor. It helps me to rediscover the joys of general practice when experiencing it with a registrar."

What motivates you?

Do you supervise for personal and professional development reasons?

Perhaps you enjoy getting fresh ideas and new perspectives from learners?

Are you hoping to recruit a new doctor following GP registrar placement?

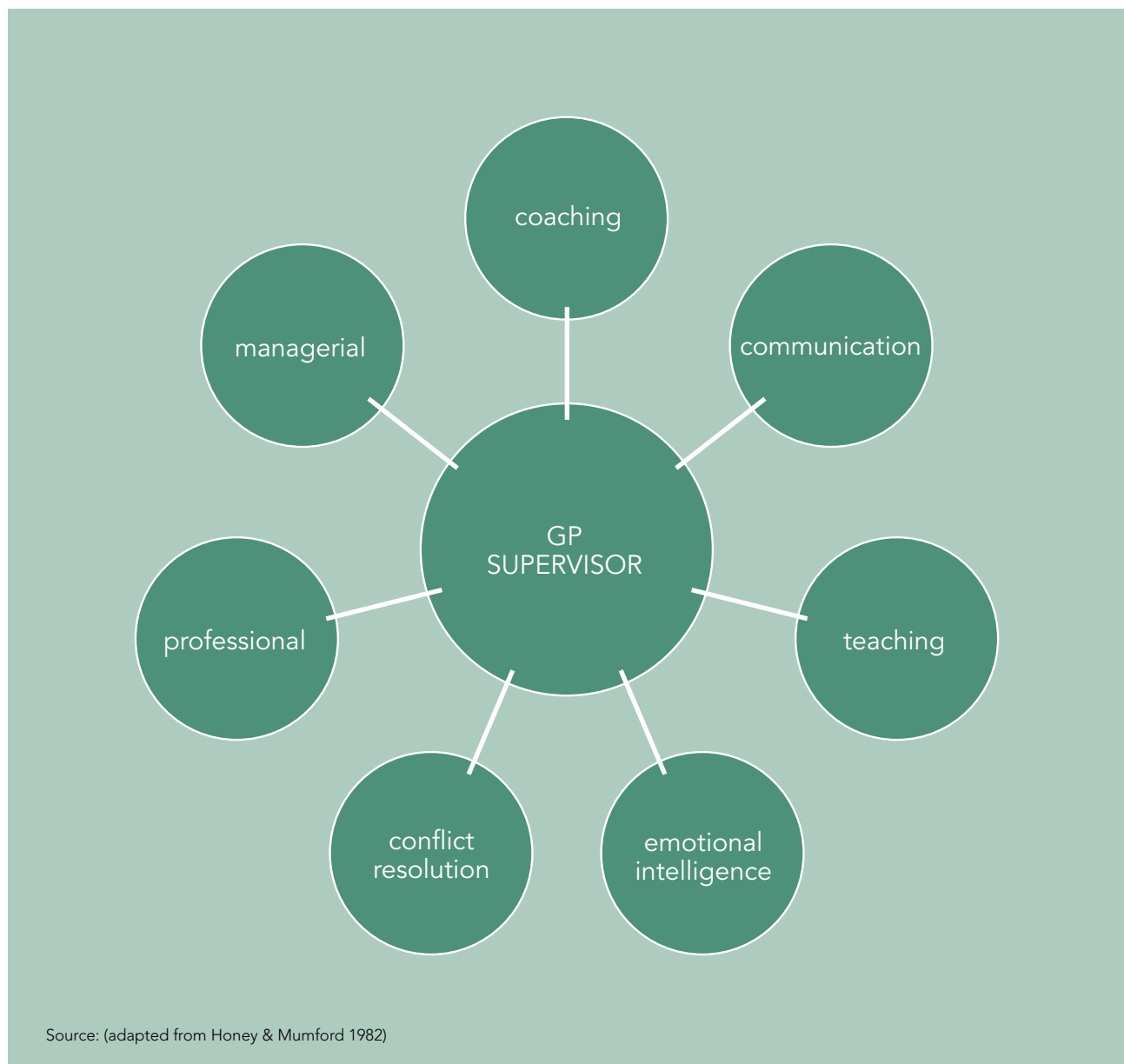
Core supervision skills

A good GP supervisor must possess varied professional and personal skills – from providing coaching and clinical guidance to offering enthusiasm and empathy.

The WA Clinical Training Network has identified seven core areas that these skills can be grouped into. While you may not be very strong in all areas – even doctors are human! – a good GP supervisor should be working towards strong competence in all areas.

It may be that you excel in coaching and clinical teaching, but don't always manage you or your student's time effectively and are often a patient or two behind. Or perhaps you are great at identifying reasons as to why a learner is not progressing as fast as they should, but struggle to find ways to help them get back on track.

FIGURE 1 CORE SUPERVISION SKILLS



GP supervisor profile

Completing a GP supervisor profile can help you to capitalise on your strengths and identify any weaknesses.

As well as rating your capabilities in core skill areas, a GP supervisor profile allows you to explore other factors that may influence your work, such as your communication preferences, learning styles and cultural impacts.

Once you have a better picture of your GP supervisor profile, you can set goals and employ strategies to work on any areas identified for improvement.

See Appendix A – GP supervisor profile

Continuous professional development

Like any job, the role of the GP Supervisor needs attention and opportunities for continuous development. There are different ways to do this, including courses and training programs and getting together with your peers via GP Supervisors Australia's networks, such as through LinkedIn, Twitter and Facebook. You can also connect with your regional Supervisor Liaison Officer (SLO) and other local GP Supervisors.

Other resources

Clinical and other training resources are available through the following web sites:

- The Health Education and Training Institute (HETI) have a publication and resource library available at heti.nsw.gov.au/resources-library
- The Best Practice Clinical Learning Environment (BPCLE) Framework will help you to create and maintain a high quality learning environment for your GP registrars and other learners. The framework sets out the principles and ideals of best practice for all clinical learning environments, while BPCLEtool is an online organisational self-assessment tool that guides health service managers and clinical GP supervisors through key steps in the implementation of the BPCLE Framework.
- All Victorian health services (including GP clinics and community health services) are currently able to register for a BPCLEtool account through their local Victorian Clinical Training Network (CTN). If you are outside Victoria, please contact the team via their website for further information about obtaining a BPCLEtool account. bpcltool.net.au
- Regional Training Organisations (RTOs) are a key source of information for training material. Contact your SLO for advice and/or check the RTO website.
- Universities may have resources available to their GP preceptors. Check with your local Medical School.
- RACGP (racgp.org.au) and ACRRM (acrrm.org.au) both have resources to support GP supervisors.
- The GP Supervisors Australia website has professional development resources, a list of relevant conferences, Guides, webinars and opportunities to connect with other GP supervisors. Visit www.gpsupervisorsaustralia.org.au

2. Tailoring supervision

Just as no two GP supervisors are the same, all students have their unique personalities and approach to learning – there is no ‘one size fits all’ model when it comes to supervision. Once you’ve got your student on board, try to find out how to provide the best learning environment for them.

“If something can be learnt from a textbook, it is of no help to teach it as well. It’s a complete waste of time for me to teach it! The way to use clinicians is to fill in all of that other stuff, to give people experience, giving feedback about what they’ve done. Getting them to understand processes like clinical reasoning and how you apply it to patients.”

*– Professor Fiona Lake, co-developer of Teaching on the Run.
ALTC Teaching Fellow, University of Western Australia.*

Know your learner’s capabilities

You will likely have captured a fairly clear picture of your learner’s abilities from their resume and interview, but it’s worth noting their clinical skills, confidence, attitudes and demeanour during your first couple of days with them. General practice is often about managing uncertainty. This can be a tough skill to muster because it is so different from acute hospital work.

Sometimes a learner can come across as very confident and enthusiastic in an interview, but may shy away from trying new clinical procedures once in a practice setting. Conversely, others may downplay their experience and abilities and tend to coast along.

Develop a learning plan

A learning plan, developed by the learner and the GP supervisor, helps the learner to navigate the direction they want their training to take. It can also help identify if they need additional work in a particular area and ensure that the GP supervisor is providing a comprehensive range of clinical teaching.

The plan is for the learner, but the GP supervisor must commit to it and be active in developing it.

Understand learning styles

A learning style is the way someone acquires, processes and remembers information. By recognising that different people learn in different ways, GP supervisors can consider ways to promote learning among different students. It’s important to note that while a person may prefer a particular learning style, it does not mean they can only learn that particular way. Learning styles – Activist, Theorist, Pragmatist and Reflector – as developed by Honey and Mumford, are explored in Table 1.

Learning styles in a clinical setting

The diverse work a GP performs means that at some point learners will use all learning styles. However, it’s still worthwhile to understand how your learner responds best (and this may be through trial and error) and, where possible, maximise opportunities for them to use their learning preferences. It’s useful to discuss learning styles up front with new GP registrars – they will always be happy to help you to help them! And they probably can directly tell you their learning style.

TABLE 1: LEARNING STYLES AND ATTRIBUTES (HONEY AND MUMFORD)

	Attributes	Coaching Tips
Coach pragmatist about the context of a patient's life and suggest treatments based on the patient's world.	Be available for discussion.	Encourage learner to be a practitioner of 'what works' by observing outcomes of treatment plans for patients.
Likes to understand the theory behind actions. Uses models, concepts and facts to engage the learning process. Prefers to analyse and draw new information into a systematic and logical 'theory'.	Learns by doing.	Needs to get hands dirty.
Have research references handy. Suggest learner read up references and provide clinical case applications.	Dives into work.	Open-minded approach to learning.
Learns by observing and thinking about what happened. May prefer to watch from the side lines and from different perspectives. Collects and reviews data to work towards an appropriate conclusion.	Maximise opportunities for them to use practical skills (sutures, Pap smears, vaccinations).	Offer self-directed learning projects.
May need assertive but gentle coaxing to be hands-on. Assure them it's ok if it's not perfect the first time they try something. Encourage them to participate in group settings.	Note: May need close monitoring to ensure they don't go beyond their limits.	Needs to see how to put learning into practice in the real world. Likes to put ideas into action. Experiments, tries new ideas, theories and techniques.

Source: (adapted from Honey & Mumford 1982)

3. Communication and building professional relationships

Communication – effective and ineffective – is a major factor in determining whether a relationship is successful or not. Part of a GP supervisor’s role is to relax the needless yet present fears that the learner has. Sometimes they are upfront about their fears, sometimes GP supervisors have to listen deeply.

Good communication

There are many thoughts on what factors comprise good communication and what makes a good communicator. In a clinical and education setting between a GP supervisor and learner, these factors may broadly be narrowed down to:

- **Specific** – What is being communicated? Who should it be directed to? This is particularly important for GP supervisors when giving feedback and directing learners.
- **Two-way** – Good communication is not one person ‘telling’ another person something. Both the GP supervisor and learner need the opportunity to respond to each other.
- **Owned** – It needs to be clear who the person or organisation delivering the message is.

Listening

Ever had a conversation with someone who didn’t make eye contact, kept interrupting or rushed you to finish? If so, you probably felt like what you were trying to tell them didn’t really get through. Communication is often only thought about in terms of messages that are given out. But the information we take in is just as important to enabling us to communicate well and build relationships.

TABLE 2: EXAMPLES OF SPECIFIC, TWO-WAY AND OWNED COMMUNICATION

	Good communication	Poor communication
Specific	“Can you please email me your presentation on diabetes management by COB Wednesday? We are at the hospital on Thursday and I need time to review it before you present to the team on Friday.”	“I’ll need to see that presentation before the meeting.”
Two-way	“Melanie on the front desk says Mrs Peterson wasn’t given a referral for additional blood work. What was your understanding of what was meant to happen?”	“Mrs Peterson needs to be sent for additional blood work.”
Owned	“The other doctors may have their own preferences, but I prefer you to come and knock on my door rather than phone through if you have a question.”	“If you have a question, just knock on a door.”

Active listening

Active listening is when the listener feeds back to the speaker to confirm that both parties have a mutual understanding of a situation. For GP supervisors, this skill is particularly important when providing training, counselling and conflict resolution to a learner.

Tips for active listening:

- Make sure you are free from potential interruptions (if possible) – email, telephone, mobile phone, computer.
- Turn to face the speaker front on and make sure you can both see each other clearly
- Maintain eye contact.
- Repeat, paraphrase and reflect on what the speaker is saying (see Table 3).
- Use simple physical cues nodding, facial expressions and short verbal responses (“I see”, “yes, go on”, “right” ...etc) without interrupting the speaker to confirm you are listening.
- Ask short questions to prompt clarification by the speaker (“When did this happen?”, “Was it a double appointment?”, “Had she mentioned this before?”).

TABLE 3: ACTIVE LISTENING EXAMPLES

Repeat points made by the speaker, using exactly the same words they used to show that you heard what they said.	“I’m hearing that you get “uptight” and “on-edge” when you see Mr Clark because he gets right “in your face.”
Paraphrase using similar language and words used by the speaker, but put into your words to show a mutual agreement of what they said.	“So, is it fair to say you feel nervous and anxious because you feel that Mr Clark encroaches on your personal space?”
Reflect on what they have said and attempt to understand it and respond appropriately.	“Having Mr Clark as your patient is causing you a degree of stress and discomfort. Apart from him encroaching on your personal space, do you think there are any other reasons you feel this way? Let’s talk about that and look at some strategies for addressing the personal space issue.”

4. Effective reviews

Whether you have a medical student, a prevocational doctor or a GP registrar for six months or six weeks, time and thought must be put into your reviews. Not only are reviews a good time to reflect on what has been achieved, but they are an excellent chance to move the learning forward.

Plan ahead

Reviews do not need to be too onerous in terms of planning, but there are a few basics when planning a review.

- Make the learner aware of the format of the session and any particular areas for review.
- Make sure the learner has time to prepare.
- Start the review session on a light and informal note. A quick re-cap of the week or practice housekeeping news is a good start.
- End the session on a positive and constructive note. Make sure both parties agree to next steps and action plans.

Encourage student participation

Review sessions are a two-way dialogue and need input from both the learner and the GP supervisor. While some students readily contribute to review sessions, others may need some prompting to draw out a clearer picture of their thought processes, experiences and feelings.

Asking your learners the right questions will help them to participate in the review.



TABLE 4: EXAMPLES OF QUESTIONS FOR REVIEW SESSIONS

Types of questions	Examples
Open questions	<p>"Can you tell me about a particular highlight for this week?"</p> <p>"Was there something that you felt you did well?"</p> <p>"Is there an area that you would like to look at?"</p>
Challenging questions	<p>"I agree that the patient hasn't been following their treatment plan, but what do you think some of the reasons for this could be?"</p>
Personal questions	<p>"How did you feel when the new mother of the baby with croup burst into tears?"</p>
Clinical questions	<p>"If you had a patient with similar symptoms to the patient we saw this morning, but their blood pressure was much higher, would your treatment change at all?"</p>

Provide effective feedback

Feedback from a GP supervisor can give the learner the re-assurance, correction and guidance they need to develop their clinical and inter-personal skills. It's important to note that feedback is a two-way dialogue – the learner needs to be given an opportunity to provide input about the work being reviewed and respond to the GP supervisor's feedback.

An example of a feedback formula that promotes two-way dialogue is Pendleton's rules.

Note: Pendleton's rules are quite prescriptive and may be best used during planned or formal review sessions. You can adjust accordingly to your style, as long as the key components remain the same.

Pendleton's rules

1. Check the learner wants and is ready for feedback.
2. Let the learner give comments/background to the material that is being assessed.
3. The learner states what was done well.
4. The GP supervisor states what was done well.
5. The learner states what could be improved.
6. The GP supervisor states how it could be improved.
7. An action plan for improvement is made.

Note: When developing an action plan for improvement, be specific about expected outcomes and the timeframe.

Informal feedback

Of course, the GP supervisor will provide constant direction and encouragement outside planned review sessions. When giving feedback “on the run”, try and make sure that it is still relevant, constructive and includes positive take outs for the learner.

TABLE 5: EXAMPLES OF INFORMAL FEEDBACK

Good informal feedback	Poor informal feedback
“I really like that you take detailed notes, but did you notice that you had very little eye contact with that last patient? It’s great that you’re thorough, but next time you could just mainly listen and ask the patient for a quick re-cap after to clarify your notes.”	“You need to make more eye contact with patients.”
“I can understand why you said you’d rather me immunise that baby who was quite distressed, but it’s important that you have a go next time. I’ll help you and I’m really confident that you’ll do a good job.”	“If you don’t start taking procedural opportunities now, you’ll never learn.”
“You made a good point during that last consultation, but you interrupted the patient as they were speaking several times. Next time wait until I ask you for your comments. I’m always ready to hear them, but just at the right time during the consult.”	“Please don’t interrupt the patient again.”

A few feedback DOs and DON'Ts

DON'T – Provide negative feedback in front of a patient. It will hurt the learner’s confidence and the patient’s confidence in future learners.

DON'T – Move on until you have given the learner a chance to respond to your feedback.

DON'T – Personalise. E.g. “You are a poor communicator. Keep eye contact with the patient when talking to her.”

DO – Use sensory-specific language. E.g. “You met eye contact with the patient for only a few seconds during the four minutes it took to type your notes even though you were talking to her.”

DO – Start the session with positive feedback and end the session on a positive note.

DO – Make feedback specific and timely. Be wary of giving feedback on anything that happened more than a week ago.

“A great supervisor balances giving GP registrars answers and facilitating self-directed learning. They also involve their registrar in clinical and administrative decisions. After all, we are not only learning about patients, but how to manage a private practice and make the business of general practice work.”

– Dr Gerry Considine, rural GP, Eyre Peninsula, SA.

MORE FOR YOU

**Extensive
Professional
Indemnity
Cover**

**Competitive
Insurance
Premiums**

**Personalised
Claims
Support**

**24-Hour
Medico-legal
Helpline**

**Accredited
Education
Activities**

**Medico-legal
Blogs &
Resources**

**Doctors
for Doctors
Support
Program**

**Live Well,
Work Well
Activities**

To join or find out more visit mdanational.com.au or call **1800 011 255**



5. Addressing learning challenges

Most placement experiences – for the GP supervisor and learner – are rewarding and positive. But sometimes despite best supervision efforts, the learner does not progress as expected. Part of a GP supervisor’s skill set is to identify and manage the problem to create a positive outcome.

Supporting learners

When a GP supervisor believes a learner’s progress has stalled or their interest and motivation levels have dropped, they must first identify if the problem is learner-related or due to another factor outside the learner’s control.

Learner-related challenges

Supporting Learners from VicPortal (see ‘References’) outlines three possible personal traits that may impact a learner and strategies to address them.

Slow learner

Be explicit about time frames.

Consider providing more time to meet objectives and provide extra learning sessions.

Allow more time to practise and offer extra encouragement.

Unmotivated learner

Discuss the learner’s professional responsibility to their patients, GP supervisor and practice.

Highlight the learner’s responsibility to meet training objectives.

Explore other issues that may be leading to lack of motivation:

- **Long term** – is becoming a GP right for them?
- **Acute** – are there any other issues at play?
- **Subject matter** – is this an area that is just not of interest to them?

Incompetent learner

Offer **self-directed** learning projects. For example, ask them to look up a condition and complete a presentation.

Provide a safe environment. Where possible, offer the learner an opportunity to practise on a GP supervisor or a practice staff member first.

“I was fortunate enough to have an awesome supervisor during my training. He was competent and confident in his own abilities and was approachable and available for advice at any time, as well as being responsive to my learning needs and style.”

– Dr Melanie Considine, rural GP speaking about Dr Tod Owen from Clare Medical Centre, SA.

Other reasons for learning challenges

When faced with a learner who is not progressing as expected, consider the other possible reasons or barriers in place. These reasons could be:

SUPERVISION-RELATED

Is the GP supervisor lacking in time, skills, interest or communication?

Are any personal or professional issues at play?

If so, it may help for the GP supervisor to check in on their strengths and weaknesses by completing a GP supervisor profile.

SYSTEM-RELATED

Is the practice environment supportive of the learner?

Is there enough support staff on hand? Are there enough learning opportunities?

Is the patient mix interesting and varied enough?

Is the workload adequate – too much or too little can be equally challenging for a learner.



Identify, record, manage and monitor

It is important to identify the problem early to avoid it stemming into other areas of the practice. For example, if there is not enough support for a GP registrar, including from the front desk, practice manager or nurse's room, the GP registrar may fall behind on their case load. This can lead to the GP supervisor having to give up more of their time to help get the GP registrar back on track, and lower the GP registrar's confidence.

The problem and the management plan should be recorded as a learning objective in the GP registrar's learning plan. A record helps the GP supervisor and learner to acknowledge the problem and the agreed way forward. Monitoring the outcome will help the learner and GP supervisor stay on track, particularly if the problem stems from a habit, such as the learner being regularly late for sessions.

Good luck. Acknowledgement and thank you

As much of your time is already spent educating and coaching patients from all walks of life through all different illnesses, mentoring and supervision is often a very natural fit with the experienced GP.

Thank you to the people, especially the busy GP Supervisors and Practice Managers, who provided input into this document: Dr Ken Baddeley, Dr Trish Baker, Dr Wendy Bernet, Dr Melanie Considine, Dr Gerard Considine, Dr Ken Hazelton, Dr Steve Holmes, Professor Fiona Lake, Dr Jenni Parsons and Laura McGeoch.



References

1. Honey, P & Mumford, A 1982, Manual of Learning Styles, London.
2. WA Clinical Training Network, On Track eLearning Package, Government of Western Australia Department of Health [website], <health.wa.gov.au/wactn/home/wachs_resources.cfm>, accessed 10 Jun. 2015.
3. Pendleton, D, Schofield, T, Tate, P & Havelock, P 2003, The New Consultation: Developing doctor-patient communication, Oxford, Oxford University Press.
4. Government of Western Australia, WA Country Health Service, Supervisor Profile, . <http://www.meddent.uwa.edu.au/teaching/on-the-run>

Appendix A - GP supervisor profile

Name: _____

Date Completed: _____

Instructions

1. Rate each skill of a scale of 0-5 according to how well you think you currently demonstrate that skill in your role as a GP supervisor

1	2	3	4	5
I never demonstrate it	I don't do it well	I'm ok at it	I do it quite well	I'm really good at it

2. Rate each skill of a scale of 0-5 according to how important you think that skill is to your role as a GP supervisor

1	2	3	4	5
Not at all important	A little important	Somewhat important	Quite important	Vital to my role

3. Describe where each factor may also influence your skill in practice i.e. how your communication impacts on your ability to resolve conflicts and coach a student etc

4. Using your results from the Supervisor Attributes template add your strengths and weakness and consider how these influence and are influenced by the factors

5. Use the skills ratings to determine your top 3 goals for skill development. The highest priority skills will be those with high importance and lower performance

SKILLS	SKILL RATING		FACTORS		
	Performance 0 – 5	Importance 0 – 5	Communication preference: My preference	Learning style: My style	Cultural impacts
Personal skills and attributes	Strengths				
	Weaknesses				
Coaching	Strengths				
	Weaknesses				
Communication	Strengths				
	Weaknesses				
Teaching	Strengths				
	Weaknesses				
Emotional intelligence	Strengths				
	Weaknesses				
Conflict resolution	Strengths				
	Weaknesses				
Professional	Strengths				
	Weaknesses				
Managerial	Strengths				
	Weaknesses				
Other	Strengths				
	Weaknesses				

Skill or factor to develop	SMARTER goal	Strategies	Opportunities	Review



If you intend to become a GP supervisor we can support you.



GP Supervisors Australia is all about supporting a sustainable future for GP supervisors and the future GP workforce. We do this by supporting and representing the views of GP supervisors nationally.

As a grassroots membership organisation we are interested in our members' views on a range of topics including:

- Red tape reduction,
- Enablers and barriers to GP training,
- Quality training practices and outcomes,
- National employment terms and conditions for GP registrars, and
- Government and industry policies.

GPSA ensures these views are used to inform structural and policy change in the industry by sharing your experiences with funding and industry bodies, politicians and ministers.

However our voice, and therefore your voice, is only as strong as our membership! Membership is free and your membership details will not be shared.

As a member you can access:

- Webinars on a range of relevant topics for GP supervisors,
- Best practice guides,
- Independent mentoring for new GP supervisors,
- Regular eNews updates,
- Employment contract templates,
- Funding submission support, and legal advice, through our partner organisations.

Becoming a member is simple.

Just visit gpsupervisorsaustralia.org.au and click 'become a member.'

So what are you waiting for? Become a member today and reap the rewards!



T: 03 5440 9077

E: ceo@gpsupervisorsaustralia.org.au

W: gpsupervisorsaustralia.org.au

A: PO Box 141, Bendigo North, VIC 3550



facebook.com/GPSupervisors



twitter.com/GPSupervisors