



The New Supervisor Guide in General Practice

About this guide

With the increase in the number of funded GP registrar placements and a growing interest in general practice as a speciality, the demand for GP supervisors has never been higher.

GP registrars spend over 90% of their time practicing with the support of a GP supervisor. There is a need for more support, resources, and recognition for this important role.

This guide contains practical tips, information and resources to support the GP supervisor and the team.

Whether you are a new Fellow or an experienced GP, this guide will help you start or expand on your role as a GP supervisor.

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

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

This guide contains practical tips, information and resources to support the GP supervisor and the team.

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Want to become a GP supervisor?

You have finished your GP training, passed 'The Exam,' secured a job in a good practice and are starting to feel a bit more comfortable working without your trainer wheels.

If you are a new Fellow you have the advantage of your recent training experience to know what you and your peers found useful to help shape you into the type of GP supervisor you would like to be.

Or, perhaps you have been a GP for many years and you feel you have something to give back to the future of the profession. If this is the case and your fellowship has been renewed for more years than you care to count, then you can draw on your many personal and professional experiences to inform what you as a learner have appreciated over the years.

No matter what stage you come to thinking you would like to be a GP supervisor, if you're looking for a new challenge and intrinsic reward, supervision may be for you.

It may seem a bit daunting, but no one expects new, or experienced GP supervisors to be experts on everything. Many of your consulting skills are readily

transferable to a teaching role: empathy and active listening, communication, problem solving and organisational skills.

You have a unique mix of clinical skills and experience, and personal experiences, which may be just the right fit to help a GP registrar to flourish. There is support and training available through the colleges, the regional training organisations (RTO), your peer GP supervisors and General Practice Supervisors Australia (GPSA).

Many of your consulting skills are readily transferable to a teaching role:

- empathy,
- active listening,
- communication skills,
- problem solving,
- organisational skills.



Why become a **GP** supervisor?

Travel, meet new people, world peace? Well... kind of.

The Royal Australian College of General Practitioners (RACGP) states: 'Supervisors are not only GPs who teach, but medical leaders who inspire and support the next generation of GPs through their training. Supervisors offer committed one to one teaching, mentoring, supervision, support, feedback and advice.'¹

Some of the benefits our GP supervisors describe include:

- Benefits to your own lifelong learning and professional development, and getting fresh ideas and new perspectives: "We learn as much from our GP registrars as they learn from us."
- Collegiality: meeting other GP supervisors, medical educators and others involved in education. Finding out about other practices and how they teach, learn and navigate common management problems.
- Education: ongoing educational opportunities in clinical skills and teaching through GP supervisor meetings and conferences, educational meetings, online learning and other resources.
- Finding like-minded and well trained young doctors to join your practice.
- Personal rewards such as the opportunity to share knowledge and expertise, observe your GP registrars gaining skills and confidence, knowing you are participating in strengthening general practice and rediscovering the joys of general practice.

Like all aspects of general practice, supervision is not all plain sailing. There will be issues with time management, different personalities, challenges with teaching...and the work is largely unpaid! Keeping on track in a busy practice can be hard work, and adding a learner to the mix can make this even more challenging.

GP supervisors can expect a steady flow of knocks on the door from learners needing advice (in fact it is concerning if this doesn't happen). It is important that if you are going to commit to be a GP supervisor, you need to be prepared to put in the time needed for the duration of the placement. However, a good student experience and good time management requires effort from the whole practice team, not just the supervising GP.

Okay, maybe not 'world peace' ... but possibly a more rewarding and interesting general practice career.

Traits of a good GP supervisor

A GP supervisor's work is divided into three main areas

1. Clinical guidance and support

This means being on site with the learner most of the time, or at least contactable if not on site.

2. Performance review

Reviewing the learner's performance in line with goals set in the learning plan and their general development as a GP. Providing assistance to review and develop their learning plan.

3. Professional development

Spending sometime on activities which develop the GP supervisor's own skills as a clinical teacher.

A GP supervisor requires a variety of professional and personal skills (as in most areas of general practice) but emotional intelligence, good communication skills and enthusiasm for and commitment to the role will take you a long way.

The WA Clinical Training Network has identified seven core skill areas (figure 1)

- Communication skills (eg empathy, active listening, providing effective feedback)
- Teaching skills (eg tailoring teaching to different learning styles, specific teaching techniques such as case reviews, observation, demonstration, opportunistic 'teaching on the run', wave consultations, video reviews, mini tutorials etc)
- Emotional intelligence (The ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathise with others, overcome challenges, and defuse conflict. This may be needed to address personal problems between GP registrar and GP supervisor or other practice staff, or to assist the GP registrar manage other non medical issues which may be affecting their learning)
- Conflict resolution (eg able to identify potential areas of concern, developing risk management strategies, promptly and effectively dealing with errors when they occur)
- Professional (eg appropriately assessing the learners capabilities, awareness of legal responsibilities, time management, providing regular feedback and appropriate support for the learner, modelling professional and ethical behaviour)
- Managerial (eg ensuring a supportive practice environment, adequate orientation, adequate appointment time, adequate teaching time)
- Coaching (eg assisting with learning plans, identifying strengths and weaknesses).²

FIGURE 1 CORE SUPERVISION SKILLS



Source: (adapted from Honey & Mumford 1982)

In order to assess what it takes to be a good GP supervisor, reflect on your own learning experience.

- 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 your training?

See Table 1 ' Learning styles and attributes (Honey and Mumford)'

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

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

Source: (adapted from Honey & Mumford 1982)

How do I qualify to be a GP supervisor?

The RACGP recognises two levels of GP supervisor; lead supervisors and supporting supervisors:

Nominated lead supervisors are expected to provide excellent professional and clinical role modelling demonstrated by:

- Full and unrestricted registration as a specialist GP under Australian Health Practitioners Regulation Agency (AHPRA)
- Fellowship of either RACGP and/or ACRRM is highly recommended
- Professional involvement in the broader general practice profession
- Commitment to ongoing professional development, in particular, aimed at improving performance as a general practice educator.

The nominated lead supervisor, at the very minimum will be recognised by the Medical Board of Australia as a specialist general practitioner. Non-GPs may also supervise in extended skills posts for instance, or as part of a supervision team, but the nominated lead supervisor for each GP registrar will be an experienced and credentialed specialist GP.

Supporting GP supervisors must

- Be actively working GP clinicians within a training practice.
- Be properly supported to undertake the role of GP supervisor and to continue to grow in the role.
- Have the relevant knowledge, skills and attitudes as a GP supervisor and clinician.
- Participate in professional development relevant to their GP supervisor role.

For RACGP GP registrars, during the first six months in general practice (FTE) the teaching commitment for GP supervisors is a minimum of three hours per week, two hours per week for the second six months and one hour per week thereafter.



Further information can be found in the RACGP Vocational training standards (2015) available at <http://www.racgp.org.au/download/Documents/Standards/Standards-for-General-Practice-Training-Second-Edition-V4.pdf>

ACRRM has set the following qualifications and experience as a minimum to provide supervision for ACRRM GP registrars:

1. Current full and unrestricted registration with the Medical Board of Australia
2. Fellowship of ACRRM or has experience and qualifications which are assessed by ACRRM to be equivalent
3. Not less than five years full-time equivalent experience in rural and remote medicine or other rural specialist practice (including training time)
4. The ability to act as an appropriate role model, exhibiting a high standard of clinical competence, communication skills and professional values in relation to patient care
5. Demonstrated commitment to ongoing professional development.

For ACRRM registrars, GP supervisors need to commit to providing three hours per week of structured educational activities for the first six months and 1.5 hours per week in the second six months. Following this first year educational activities are provided according to the needs of the GP registrar.

Further information can be found on the ACRRM website at <http://www.acrrm.org.au/training-towards-fellowship/training-your-registrars/supervisors-and-teaching-posts>

Regional training organisations (RTO) conduct accreditations on behalf of both colleges. You will need to contact the RTO in your area for accreditation.

A list of current regional training organisations and contact details is available at <http://www.agpt.com.au/Training-organisations/Training-Organisations-by-State-Territory>

The GP supervisor's toolkit?

There are many ways to teach. GP supervisors need to have a number of methods in the 'toolkit' and be able to use one or more in any given situation. The use of these techniques depends on a number of factors including the needs of the clinic to run smoothly, the learning styles of the GP registrar and the learning need being addressed. Sometimes it takes some trial and error to work out what suits a particular practice, GP supervisor and registrar. A combination of teaching methods may be used to get the right balance. There is no hard and fast rule. GPSA and RTOs will assist the GP supervisor in developing these teaching skills. Table 2 includes a summary of some of these tools but is by no means exhaustive.

TABLE 2. TEACHING TOOLKIT

Method	Description	When to use
Wave teaching	The GP registrar sees patient A whilst the GP supervisor is seeing a patient B. Then the GP supervisor goes in to the end of consultation A. The GP registrar and GP supervisor discuss the problem with the patient and decide on management.	Useful for new GP registrars especially in GPT1 term to assess competency and promote trainee confidence. Also useful in situations in which concerns have been raised about the performance of the GP registrar. It is the main teaching method for medical students, and is often done in a 'double wave' format with two medical students.
Direct observation	The GP supervisor sits in as an observer in the consultations for a specified time and provides feedback at the end of each consultation. Having the GP registrar observe the GP undertake procedures and 'difficult' consultations can also be a powerful learning tool.	Useful for new GP registrars. Good method to assess communication skills and address any issues with communication as well as assessing knowledge and developing a learning plan.
Video consultations	The GP registrar videotapes consultations (with patient permission) and the GP supervisor reviews one or more of these with the GP registrar in a teaching session.	Provides the GP registrar with the opportunity to 'see' their communication skills/rapport building/explanations/consultation style. Provides a good way of learning and practicing new explanations and consulting skills eg stopping the recording at a certain point 'What were you thinking and feeling at this point', 'what do you think the patient was feeling' 'do you think they understood' 'how could you have approached this differently' etc.

Method	Description	When to use
Case note review	Reviewing case notes with the GP registrar for a session, or a specified number of patients, or a particular topic.	Useful for teaching on appropriate documentation, discussing management options, ensuring the GP registrars management is safe, identifying consultations in which the GP registrar should seek advice from the GP supervisor. Also useful for discussing management of a particular common clinical problem eg hypertension, diabetes, COPD.
Teaching on the run	Involves quick exchanges between the GP registrar and GP supervisor, often by doorknocks or phone. GP supervisors need to be clear to their GP registrars about how they prefer to manage these 'interruptions' (eg via phone, door knock, in between GP supervisor patients etc.) and allow time in their schedule for the expected number of interruptions. Also need to be clear about when consultation with the GP supervisor is mandatory.	This is very frequent with new first term GP registrars and often relates to management issues or more practical considerations like accessing local specialists or services.
GP registrar presentations	To GP supervisors and other learners/clinical staff/non clinical staff as appropriate on topics relevant to GP registrars learning plan.	Useful for regular teaching sessions and to address specific learning needs of the GP registrar.
One on one or small group tutorials	Group discussion on a particular topic or case discussion.	Useful for regular teaching sessions and to address specific learning needs of the GP registrar. Also useful to involve other GPs in the practice and other staff with special skills eg nurse with knowledge about wound care, GP with a special interest in dermatology/mental health/musculoskeletal medicine.
Watch then do	The student observes the GP supervisor completing a procedure/skill for one or more times; then performs procedure under supervision one or more times before 'flying solo.' Vetted YouTube videos and other online resources can also be useful in this context.	The only real way to safely learn practical procedures. A variation on the old: 'watch one, do one teach one'. Most things need much more than 1 repetition, but once learned, having the GP registrar involved in articulating the procedure can sharpen their skills.
Near miss analysis	Reviewing 'mistakes' or 'near miss' consultations and involving the learner in strategies to minimise future risk. This may involve changes in individual behaviour, record keeping, recall and reminder systems, scheduling or another practice system issue.	Useful in helping GP registrars develop an understanding of the role of practice systems in good clinical care. Involving practice managers, nursing staff, admin staff in these meetings/discussions is both helpful and often needed to ensure appropriate changes can be implemented.
Remote supervision	Involves supervision via email/phone/videoconference and scheduled GP supervisor visits.	When the learner is working in another location (usually applies to remote and rural areas or satellite clinics).

Learning plans

A good first step when a new GP registrar arrives is to assess the learner's skills, experience and confidence. That way you can start to provide training that challenges and interests them, without moving too slow or too fast.

A learning plan, developed by the GP registrar and 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.

In the first or second one to one session, the GP supervisor should go through the plan with the GP registrar.

An updated learning plan usually needs to be submitted regularly to the RTP but it's important to keep up to date with the plan on a weekly basis.

Help the GP registrar to make specific, measurable, achievable, realistic and time based (SMART) goals for their learning plan.

A sample of a learning objective utilising SMART goals is shown in Appendix B.

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

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.

Providing effective feedback

Feedback from a GP supervisor can give the learner the reassurance, correction and guidance they need to develop their clinical and interpersonal skills. It is 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.⁵

(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.⁵

Establishing a learning environment in your practice

The new RACGP Vocational training standards suggest that the GP supervisor is the person who takes responsibility for teaching rather than the person who provides all the teaching. In fact, successful supervision is an all-of-practice activity.

Establish a culture of ongoing learning and peer to peer reviews within the practice: small group learning activities, peer reviews and 'near miss' analyses are all useful strategies.

Good orientation to the practice is important for all GP registrars so that they know important information about the practice, safety and what is expected of them in their role. Appendix 1 includes a sample orientation checklist.

Involve all staff members in the teaching process. Reception staff members have an important role in encouraging appointments with GP registrars, managing work flow, educating patients about the importance of the teaching role in the practice and have communication and other skills to impart to the learner. It is useful to schedule specific time during orientation for new GP registrars to spend with reception staff, showing them the appointment system and other routine reception tasks. Nursing staff are important teachers in many areas and scheduling regular sessions in the treatment room with the nurse can give the GP registrar the benefit of the nurses' experience as well as developing procedural skills and building a patient base for 'the new kid on the block.'

Prepare your team: As soon as you've selected your medical student or GP registrar, let the rest of your

team know when they can expect to start working with them. All the GPs in the practice bring a unique set of experience and skills to impart to the learner. Encourage GPs to think about patients, or even a group of patients, who might be suitable for the learner to work with. This includes any interesting or unusual clinical cases.

Shared supervision is where more than one doctor provides supervision for a learner. Shared supervision can expose the learner to different perspectives and treatment styles, as well as different ways of learning. If using shared supervision, it may be preferable to appoint a lead GP supervisor to coordinate the supervision and make certain the learning plans established for the GP registrar remain on track.

The practice organisation, timetabling of teaching and appointment schedule must consider the needs of the student and the GP supervisor.

In addition to providing dedicated one on one teaching time, supervision involves numerous instances of 'teaching on the run.' GP supervisors need to be clear to their GP registrars about how they prefer to manage these 'interruptions' (eg via phone, door knock, in between GP supervisor patients etc.) and allow time in their schedule for the expected number of interruptions. They also need to be clear about when consultation with the GP supervisor is mandatory. Reassure the GP registrar that questions, interruptions and 'on the run' teaching is expected and a normal part of the learning experience.

Establish a culture of ongoing learning and peer to peer reviews within the practice: small group learning activities, peer reviews and 'near miss' analyses are all useful strategies.

Particularly early in the term, the need for 'on the run' teaching should be factored into the appointment schedule of the supervising doctor. This may involve strategies such as:

- Less frequent appointments for the GP supervisor.
- Scheduling a catch up time for the GP supervisor every day.
- Moving patients (if they agree) to a less busy colleague if the GP supervisor is behind.
- Avoiding the temptation and squeeze an extra patient in with a GP supervisor on busy days.



What are the **legal issues** relating to supervision?

Apart from your normal professional indemnity insurance, you don't require any additional insurance to be a GP supervisor.

However, GP supervisors CAN be held liable for their GP registrars, whether supervising on site or from a remote location.

Medico legal issues can arise if supervisors:

- Fail to make supervised doctors aware of circumstances in which they MUST contact the GP supervisor for advice
- Do not provide regular feedback or review, and/or are inaccessible to discuss supervised doctors concerns.
- Are unaware of their GP registrars' 'blind spots,' i.e. things they do not realise they don't know
- Fail to promptly and/or transparently deal with errors when they occur
- Have not confirmed with the supervised doctor their skill level and capability

Further information can be found at gpsupervisorsaustralia.org.au/mda-national/



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What **ongoing supports** are available for GP supervisors?

The RTO usually provides an initial training course for GP supervisors, small group meetings for GP supervisors several times a year to address day to day issues that arise and share tips, and larger educational meetings or conferences at least annually.

GPSA publishes best practice guides for GP Supervisors and holds regular webinars on a range of relevant topics available at gpsupervisorsaustralia.org.au

Covering everything from planning, commencing, carrying and evaluating student placements the inter-profession On Track eLearning. This free online package is appropriate for both experienced GP supervisors and those new to supervision, and the various units can be undertaken on their own or as a whole course. The package is available from WA Clinical Training Network, Western Australia Department of Health available at health.wa.gov.au/wactn/home/wachs_resources.cfm



Appendix A:

Sample orientation checklist for GP registrars

Practice organisation	Completed: Tick
History of practice and general structure	
Introduction to all staff and their roles	
Practice information sheet	
Practice and procedures manual	
Facilities	
Lunchroom facilities, toilets	
Car parking arrangements	
Fire/emergency procedure	
Working conditions	
Working hours, breaks, roster changes	
Method and timing of salary payment	
Policy and procedure for leave arrangements	
Registrar teaching - dedicated time blocked off	
Policy on grievance procedures	
Doctor's trays - correspondence	
Reporting incidents and adverse patients	
Safety and privacy information	
General safety rules and OH&S guide/manual	
Overview of medical and non-medical emergency procedures	
Blood and body fluid precautions	
Procedure for needle stick injury	
Use of practice equipment and systems	
Telephone	
Fax, photocopiers and scanner	
Appointment system and booking procedures - preferences	
Requests for reports, w/comp telephone advice (how to bill)	
Procedure for X-rays and follow-up	
How to enter HIC items and numbers and billing	
Phone messages	

Principal	Completed: Tick
Overview of practice philosophy, type of patients and areas of special interest care etc	
Patient record systems and procedures	
Computer - medical software program	
Accreditation process and responsibilities	
Local networks and professional support	
Reference books/resources/online	
Learning plan	
Nurses	
Tour treatment room	
Spills kit	
Oxygen and emergency room equipment, PPE	
Brief on steriliser/log book	
Specific equipment: speculums, hyfrecator	
Spirometry ECGs	
Ultrasound	
Pathology results protocol	
Recall of clinically significant results	
General recall and reminder systems	
Pap result entry	
RN appointments	
Vaccinations, batch number records	
Contaminated wastes, sharps disposal	
Infection control/spills kit	
Stock of rooms	
Drug cupboard - documentation required	

Registrar signature: _____ Date: _____

Principal signature: _____ Date: _____

Appendix B: Example of incorporating SMART goals in a learning plan

Registrar Name and RTO:	
1. Identification and learning objectives	
Learning objective 1	<p>By (xx date) (<i>timed</i>) I will be confident in my ability to manage back pain in 90% (<i>measurable</i>) of patients from all causes through the use of a diagnostic triage process (<i>achievable</i>) differentiating for:</p> <ul style="list-style-type: none"> • simple backache • nerve root pain • possible serious pathology e.g. lumbo-pelvic cancer, kidney stones (<i>specific</i>) and competently refer patient to specialist care as necessary (<i>realistic</i>).
Learning objective 2	<p>In three months (<i>timed</i>) I will be able to demonstrate that 95% of patients (<i>measurable</i>) attending the clinic treatment room for treatment of soft tissue injuries are managed by me with the highest level of skill and care (treatment overseen by the treatment room GP supervisor (<i>specific</i>)). I will achieve the necessary skill level by alerting staff of my interest in treating soft tissue injuries and will make myself available to observe and/or treat as appropriate. (<i>realistic</i>)</p>
2. Resources/methods for meeting objectives	
<ul style="list-style-type: none"> • GP supervisors • Other GPs • Therapeutic guidelines • Up-to-date with Murtagh 	
3. Methods for measuring progress	
Feeling more confident in my ability. Asking less questions and being able to manage different GP scenarios better.	

Registrar signature: _____ Date: _____

Supervisor/training advisor signature: _____ Date: _____

Please forward this form to your provider and keep a copy for your records

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!

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