

# FAQ

## FREQUENTLY ASKED QUESTIONS

## Managing underperforming registrars

### What challenges can a junior doctor face when transitioning from a hospital RMO to a GP registrar?

Progression from a hospital RMO to GP registrar is a massive change for any junior doctor. The new clinical and supervisory environment and changed personal circumstances can impact on the registrar's performance. Examples of challenges a GP registrar may face when transitioning from hospital supervision to a general practice may include:

- No longer in a closely supervised team setting.
- Wide variety of potential patient presentations.
- Professional isolation of consulting room.
- New workplace and employer.
- Fee-for-service income instead of salary.
- Dislocation from home, family and support network.

### How job ready will a registrar be when they start their term in general practice?

The work/education background a registrar has come from will be a significant factor in their job readiness. Many registrars who started their medical degree immediately after graduating from secondary school will be 25 to 26 years old when they move from hospital training to general practice. For many of these registrars, working in a general practice will be their first full-time job.

In comparison, their secondary school peers who immediately started a four-year trade apprenticeship after Year 12 graduation may already be in supervisory roles or operating their own business by their mid-twenties.

So keep in mind, less life experience in the full-time workforce may mean a delayed work-ready maturity for younger registrars entering GP training. While they will have a lot of generic skills and a vast amount of knowledge, they may not know if these will be applicable in the new setting of a general practice. It is possible that even the first step of applying for and presenting for job interviews will be a leap out of the comfort zone for young registrars with minimal real-job experience.

### Are new registrars likely to be nervous?

Most definitely. In the hospital setting, registrars know exactly where they slot into their closely supervised team of consultant, registrar and resident. When seeing patients, they always have the comfort of a colleague on the other side of the curtain, or are surrounded by supervisors. They may have been allocated to a particular team - for example oncology, psychology or paediatrics - so the clinics they were seeing were quite structured and they generally knew what types of patients they would see.

For these reasons, it can be quite a "culture shock" to find themselves unsupervised in a general practice consulting room with a variety of patients and broad scope of presentations. This is understandably a daunting prospect for many registrars. So supervisors should keep in mind that their registrar may be fearful about their performance in the new setting of general practice. Many will be quite anxious about getting through their first day, week or month without misdiagnosing or harming any patients.

Those applying or starting a rural term may also be worried about relocating from family, partners and peers. This may be the first time the registrar is not on a structured salary, so a fee-for-service may be a big change that is also unsettling. If their supervisor is not their employer, they may even be nervous about the prospect of meeting, or not meeting, the employer.

A supervisor should be mindful of possible angst before the registrar sees their first patient and provide support throughout the registrar's transition to general practice.

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### What may cause a registrar difficulties?

<b>Concerns about clinical skills or knowledge</b>	This is the most common area of registrar difficulties highlighted by supervisors.
<b>Communication difficulties</b>	This area of difficulty is especially significant with cultural differences. Other causes may be: personality differences; and communication and learning styles which vary between previous and current supervisors and registrars.
<b>Personal difficulties</b>	A registrar may be very reluctant to address personal difficulties with their supervisor.  Even when the supervisor is supportive and friendly, a registrar may still be anxious to disclose personal difficulties because of the power imbalance between them.
<b>Illness</b>	Registrars should be encouraged to have their own GP. While they should not feel they have to hide an illness from their supervisor, they should be advised to seek confidential care from another GP.  Junior doctors are at significant risk of mental illness and are over-represented in suicide statistics. They need to be encouraged to see their own GP and not self-diagnose or self-manage.

### What are the areas of registrar difficulty?

Supervisors need to be aware of the 4 Ps of registrar difficulty.

THE 4 PS OF REGISTRAR DIFFICULTY	
<b>Personal factors</b>	Health issues, relationship difficulties, new baby
<b>Professional conduct</b>	Including early warning signs
<b>Practice issues</b>	Staffing and rostering, workload, IT systems, consulting room arrangements, clashing with other staff
<b>Performance weaknesses</b>	Knowledge, skills and attitudes

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### How can supervisors identify and support a registrar in difficulty?

**Absence of concern** does not imply all is well! It is natural to think if we have not heard anything to the contrary, then all must be well. However, this is not always the case for a registrar working in general practice. Be aware that a registrar who is uncertain about something may be struggling to voice their concern.

**Seek, listen and act on feedback.** Feedback means nothing if it is not acted upon. So seek it regularly and take action as required. A supervisor's most important source is the registrar themselves along with the secondary sources of staff, colleagues and patients. ECT visitors or the medical educator may provide some feedback or the RTO may share some background knowledge, particularly if discussing a remediation term where some extra support may be required.

**Early awareness to avoid a critical incident.** Early awareness of a registrar's difficulties means the supervisor can support positive change before things escalate into

a critical incident. A supervisor who is in tune with their registrar's underperformance issues early will not be left shocked later in the face of a critical incident. When the registrar can give honest feedback, they may admit "I've been struggling for awhile", meaning immediate action is needed.

**Early warning signs.** These often present well in advance of a critical incident, so be vigilant and proactive about early warning signs.

**Remember, sustained underperformance can affect the welfare of colleagues, staff and patients.** If a registrar is left to struggle over a long period of time, their underperformance is likely to impact on colleagues in the practice. Most importantly, if the registrar or other practice members' work performances are compromised, that will potentially affect the safety of patients. For this reason, it is vital to act promptly on early warning signs of a registrar in difficulty.

### What are the early warning signs of a registrar in difficulty?

<b>The "disappearing" act</b>	Not answering calls or messages; frequent sick leave or absence.
<b>Low work rate</b>	Tardiness in doing procedures, completing patient notes or referral letters; arriving late without managing workload.
<b>Ward rage</b>	Bursts of temper; shouting matches; real or imagined slights.
<b>Bypass syndrome</b>	Junior colleagues or nurses find ways to avoid seeking the doctor's opinion to help.
<b>Insight failure</b>	Rejection of constructive criticism; defensiveness; counter challenge.
<b>Career problems</b>	Difficulty with exams; uncertainty about career choice; disillusionment with medicine.
<b>Lack of engagement in educational processes</b>	Fails to arrange appraisals; late with learning events/work-based assessments; reluctant to complete portfolio; little reflection.
<b>Lack of initiative/ appropriate professional engagement</b>	The registrar may come from a rigid hierarchical structure to medical training and were not encouraged to question patient management decisions by senior colleagues, or demonstrate any other healthy assertive behaviours.
<b>Inappropriate attitudes</b>	The cultural background may be very strongly male orientated and the registrar may not be used to working with females on an equal status basis.



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### Whose responsibility is it to address areas of difficulty with an underperforming registrar?

The GP supervisor is responsible for intervention if their registrar is underperforming. Others might raise concerns but the supervisor cannot delegate the intervention to someone else.

Supervisors should not assume or expect that intervention will be initiated by someone else, for example the Regional Training Organisation (RTO), External Clinical Teaching (ECT) visitor, next supervisor, Medical Defence Organisation (MDO) or the Australian Health Practitioner Regulation Agency (AHPRA).

### Why is it important to address issues of underperformance with a registrar?

Delaying or avoiding action can compromise patient safety and the welfare of the registrar.

Supervisors may feel reluctant to address underperformance with a registrar for a number of reasons. They may not want to offend the registrar, or feel they lack the skills necessary to raise their concern or to put constructive measures in place. A supervisor may also be reluctant to address underperformance if they feel they have an incomplete knowledge of the events in question. However, a supervisor should action concerns early to ensure patient safety.

### When is taking action no longer a choice?

General practitioners have obligations under the Health Professional Regulation Act to act under mandatory notification requirements. A GP supervisor must take action if they have reasonable belief a registrar has behaved in a way that constitutes notifiable conduct in relation to the practices of their profession. Notifiable conduct must be reported to AHPRA.

Notifiable conduct is defined as:

- Practising while intoxicated by alcohol or drugs.
- Sexual misconduct in the practice of the profession.
- Placing the public at risk of substantial harm because of an impairment (health issue).
- Significant departure from acceptable professional standards equals placing the public at risk.

In the instance of a notification, it is the role of AHPRA to plan and implement intervention.

### When should intervention occur?

It is important to address underperformance issues early. A supervisor should not delay intervention because they feel uncomfortable about an awkward or challenging discussion.

Meaningful feedback needs to be timely and will give the opportunity for change to occur. It is not the registrar's fault if the supervisor chooses not to address an issue and help implement change.

### What framework can help a supervisor determine the level of required intervention?

- Consider the nature, significance and severity of the problem.
- Determine if there is a risk to the registrar and/or patient safety.
- Decide if the problem is something you as supervisor can deal with or if it needs to be escalated to the level of the RTO. If the issue constitutes notifiable conduct it must be reported to AHPRA or the MDO?



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### What guidelines can a supervisor follow when addressing issues with a registrar?

A supervisor can follow **SEVEN GOLDEN RULES** when intervening in a registrar's underperformance.

- 1. Maintain confidentiality.** Discussion with the registrar should occur in a confidential environment, never in a clinical setting or in front of patients. The registrar's issues should not be discussed with colleagues without the registrar's permission and still remain confidential if others become involved.
- 2. Remain honest, realistic, objective.** The supervisor managing the issue must remain honest, realistic, non-judgmental, and maintain confidentiality yet remain objective at all times.
- 3. Suspend judgment.** Don't rush judgment, particularly in the early stage.
- 4. Use more than one source of information.** Gather as much information as possible because things may not be what they initially seem. Use more than one resource but involve only those who are appropriate or have relevant information.
- 5. Provide support.** While it is the supervisor's role to action their concerns, it is also their role to support the registrar who may feel vulnerable or isolated.
- 6. Set SMART goals.** Set Simple, Measurable, Achievable, Realistic, Timely goals in consultation with the registrar on the changes and interventions that can be done.
- 7. Document everything.** Document interviews and reviews of the registrar's patient notes because if things do go wrong later, it is important for the supervisor and registrar that everybody is aware the pathway leading to the event was well noted.

### What solutions can a supervisor determine with a registrar once they have established reasons for underperformance?

Obviously solutions will be as varied as the reasons for each registrar's different areas of difficulty. Some solutions will be quick and simple, others more complex and time consuming.

For example, there may be a system or organisational issue affecting the registrar's time management or competency. Perhaps they need some IT or phone system support. They may need changes in their booking structure and workload.

They may need focused teaching sessions on areas of concern or broader teaching sessions provided by random case analysis of their clinical notes. They may need more planned weekly direct observation of consults or retraining in areas of weakness or uncertainty.

If there are personal issues, the supervisor could offer the registrar personal leave from work and/or encourage them to seek medical help from their own GP.

### What should be documented from the discussion between the supervisor and registrar when an issue is addressed?

Basic details such as names, meeting convenor, purpose of the meeting, issues raised, and agreed action and follow-up plan should all be documented. Both parties should receive a copy of the document.

### What support is available to a supervisor dealing with an underperforming registrar?

While the responsibility of addressing underperformance issues lies with the GP supervisor, support is available to the supervisor if needed. You can seek support from the training organisation or the registrar's medical educator. In today's training environment, colleges want to be informed about a registrar's area of difficulty, particularly if they are failing exams.





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### What should a supervisor do if the registrar won't participate in an open discussion about their poor performance?

If the registrar won't engage in a discussion despite being given the opportunity, the supervisor should encourage them to speak to their registrar liaison officer through their RTO.

Sometimes a supervisor and registrar struggle to 'gel' or communicate. If the supervisor and registrar have difficulty communicating with each other, the supervisor should not ignore the possibility the registrar's conflict may be with the supervisor themselves. If the registrar feels there is a broader issue they cannot discuss with their supervisor, they can also be advised to seek support from General Practice Registrars Australia (GPRA).

#### In summary

- A multitude of factors can impact on registrars.
- Early identification of signs of distress is crucial.
- The GP supervisor is responsible for addressing issues.
- Timely and supported intervention is necessary.
- There is abundant support available to assist a supervisor in managing a registrar in difficulty.