GP Supervisor Guide

Supervision in After-hours Environments

in General Practice

GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

About this guide

In recent years, changes in the demographics of the General Practice workforce, community expectation, and funding models have resulted in restructuring of the provision of after-hours general practice services and incentives[1]. The traditional model whereby the GP served their community both day and night has largely been replaced with alternatives, in the form of deputising services, stand-alone after-hours providers, and/or referrals to a tertiary hospital. Concurrently there has been a significant rise in Medicare billings for after-hours services, with negligible impact upon emergency department presentations[2, 3]. Consequently, further changes have evolved, including the requirement for practitioners working after-hours to be pursuing or have attained General Practice qualifications, or have been assessed as having appropriate experience as per Criterion 3.2.1 Qualifications of general practitioners [4].

Changes in after-hours service provision has affected GP Supervisors from multiple perspectives:

1. The provision of after-hours care to their own patients;
2. The supervision of GP Registrars (or other doctors whom they supervise) working after-hours to provide cover for the practice;
3. The implications of GP Registrars (or other doctors whom they supervise) working in after-hours services not directly related to the practice.

This guideline seeks to explore and address the issues identified for both doctors working in after-hours environments and their supervisors.

This guide is not intended to be used as a definitive reference and should be used in conjunction with the policies and guidelines of your College, medical defence organisations and regulatory authorities.

© 2021 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 acknowledgment of the source: GP Supervisor Guide: Supervision in After-hours Environments in General Practice. Thank you to Dr Rebecca Stewart for her contribution in writing this GPSA guide.

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 liability of this content. General Practice Supervision Australia (GPSA) is supported by funding from the Australian Government under the Australian General Practice Training (AGPT) program.

Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term "GP" is taken to mean "RG" throughout.

This material has been reproduced and communicated to you by or on behalf of GPTA Ltd in accordance with section 113P of the Copyright Act 1968 (the Act). The material in this communication may be subject to copyright under the Act. Any further reproduction or communication of this material by you may be the subject of copyright protection under the Act.

Do not remove this notice.

Official supporter of Australian creators

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Contents

About this guide 2

Introduction 4

Working After-hours – The Issues 6

- Motivators and mitigators 6
- Rules and Regulations 8
- Training Needs 7
- Supervision 11
- Medico-legal considerations 12
- Assessing your supervision requirements/capacity for GP Registrars working after-hours 13

Useful resources 16

Useful references 16

References 17

Introduction

Both the RACGP and ACRRM acknowledge the importance of provision of and competence in providing General Practice and emergency services outside of normal hours[5, 6]. With this acknowledgement, comes the necessity for adequate training in the skills required to work in after-hours environments. Training (and supervision) is best addressed when the context of the working environment is described and understood. To that effect, the RACGP has recently released the RACGP Standards for Outside normal opening hours and Standards for After-hours services [5]. A key premise in the standards is that there is "continuity of comprehensive and coordinated medical care throughout the 24-hour period", whether this by the patient's regular GP, local hospital, a deputising service, or combination of these. After-hours services, including Approved Medical Deputising Services (AMDS)[4], are required to be accredited against the RACGP standards.

After-hours services can be defined as "single episodes of care that are non-continuing, non-routine and predominantly of a General Practice nature." The following table further defines the types of services classified [4].

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

TABLE 1: TYPES OF AFTER-HOURS SERVICES.

Type of service	Type of operations	Modules applicable for accreditation*
After-hours service with a physical facility	Operates only in the after-hours period Also offers home and other visits	• Core • Quality improvement • After-hours and medical deputising services
After-hours service that has a physical facility used only to: • undertake administrative functions • triage patients by phone • store medical supplies	Offers only home and other visits	• Core • Quality improvement • After-hours and medical deputising services Some indicators will not be applicable, as identified in the Criterion
Medical deputising service	Provides general practice services for and on behalf of a patient's regular practice Operates out of hours, including the unsociable hours Can operate in normal hours	• Core • Quality improvement • After-hours and medical deputising services
Other models such as: • co-located services • services managed by regional primary care healthcare organisations or state services	Clinics that provide after-hours primary healthcare and are located within a public facility, or a public hospital near or adjacent to its emergency department	• Core • Quality improvement • After-hours and medical deputising services

*If the service meets the RACGP's definition of after-hours service or medical deputising service.

For GP Supervisors, there are four main issues to consider:

1. How does working in after-hours environs impact upon the practice, learner and supervisor?
2. How do the learning needs of the doctor working after-hours differ from in-hours consulting learning needs?
3. How will I manage supervision in the after-hours environment?
4. What if my GP Registrar is choosing to work after-hours in a service unrelated to their Training Post?

Working After-hours – The Issues

Motivators and mitigators

Doctors who work in after-hours settings cite several motivations for pursuing employment there, include diversifying their experience (i.e. to mitigate against a narrow 'daytime' demographic), to earn additional income, flexibility of working hours, and to fit in with family commitments[7, 8].

It's worthwhile exploring some of the evidence around these motivations, so that your discussions with your GP Registrar are better informed. There is BEACH data that describes the patient demographic that GP Registrars tend to see in-hours[9]. GP Registrars tend to see more younger patients, and more new patients than other doctors in the practice, and doctors in non-training posts. They also see fewer male patients than seen at non-training posts. GP Registrars manage lower numbers of problems, especially chronic conditions, than other doctors both in training and non-training posts, despite more chronic conditions being managed overall in training posts than non-training posts. Registrars also order more imaging, but not pathology, than their colleagues[9].

An additional study confirms that patients accessing after-hours services are more likely to be younger, predominantly female and present with acute respiratory, GIT and eye and ear problems. Interestingly, antibacterial medications accounted for over half of the prescriptions written[10]. Given this information, working after-hours is unlikely to significantly broaden a "typical" GP registrar's range of patient demographics and presentations seen, as in the after-hours environment. In fact, in the after-hours environment, they are less likely to see male patients and chronic problems.

Earning additional income is a strong motivator for after-hours work. However, if the GP Registrar is working full-time and working after-hours as well, it is likely that their daytime productivity will be negatively influenced in the long-term, with a consequent reduction in income. We have long been aware of the impact of unsafe working hours on personal health and well-being and patient safety. Working excessive hours and/or covering patient care in multiple environments contributes to mistakes in patient care[11]. Studies also show that reducing work hours has benefits for patient safety with no effect on the educational outcomes of the learner[12]. With regards to flexibility of hours and allowances for family and personal commitments, many training posts can be accommodating of these issues if they are declared and discussed.

Rules and Regulations

Whilst after-hours care is recognised as an integral part of GP Training, working in an after-hours environment alone (ie not related to their daytime post) is not deemed as comprehensive General Practice and therefore is not counted as core GP training term time (GPT1-3). As a rule, Approved Medical Deputising Services and other after-hours services are not accreditable as GP training posts[13], although they may be able to be accredited as Extended Skill term posts. If a GP Registrar works in an after-hours capacity as an extension of their training post, then adequate supervision is required for their stage of training, and working conditions are as per the NTCER[14]. Accreditation of training posts and term allocations are the responsibility of the Colleges. Please contact your College for further information on after-hours post accreditation in your region.

Training Needs

There are additional skill sets required of GP Registrar (or GP Supervisor for that matter) working in after-hours contexts. These considerations have been divided into Populations, Presentations and Processes.

POPULATIONS

The GP Registrar working after-hours may encounter patients that they do not usually see in their daytime practice, and/or may see patients presenting in a different way, either more or less differentiated than in their presentation in General Practice. There may be the added challenge of consulting with patients (and their carers) who have difficulty communicating, without the usual resources available during the day (e.g. translators).

PRESENTATIONS

Recognition and management of acute and series illness is paramount when working in after-hours environs. This can be difficult for a GP Registrar who is not used to working independently, is not adequately skilled, and/or lacks confidence. Whilst GP Registrars may be comfortable with the emergency equipment, medications and resources available in the practice, many are unfamiliar with the contents of the 'Doctor's Bag' and how to utilise them in a non-clinical environment. There are many tasks that occur routinely in practice (e.g. by the Practice Nurse) that are often taken for granted by the GP Registrar.

PROCESSES

There are numerous differences in processes which are incredibly important to address. These include differences in access to resources and information, billing practices, managing third parties, fatigue management, personal safety, record-keeping, and clinical handover. From a pragmatic perspective personal safety is an important issue and impacts upon fatigue management. Aggression from patients is experienced by at least 50% of doctors working in after-hours house call services in Australia, with over 70% of respondents in one survey apprehensive about the risks of working in the environment. Interestingly, family and friends of the patient were responsible for nearly half of the aggressive episodes[15].

Personal protection is important. Women were more likely to have an escort or chaperone when working [16]. An Australian study has shown that the adoption of self-protection measures, e.g. use of chaperones, panic alarms, adopting de-escalation techniques and reliance on policies was associated with a reduction in stress and burnout. In addition, having vocational registration, working part-time (<24 hours a week), being male and in a legally recognised partnership reduced stress. Factors contributing to burnout included having GP as a career, having a primary medical degree gained in Australia, and being male [17]. Interestingly however, a related study has shown that overall levels of burnout are low, attributed to the fact that perceived achievements are high in the group of doctors working after-hours performing house calls in Australia[18].

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Other process issues include medical record-keeping and handover, including clinical handover and follow-up. Many after-hours services utilise a mixture of computerised and paper-based medical records systems, which can contribute to information errors, particularly at the time of handover. I am sure we have all unfortunately received an illegible summary of a patient encounter from another doctor (whether after-hours or otherwise) which impacts ongoing care. Consent and confidentiality issues also arise when consulting in home environments, as well as difficulties dealing with the needs and distractions of third parties including family members. Managing patient complaints is a required skill, as these often occur at the time of the consultation (rather than down the track), especially when there is conflict between the agenda of the patient and the consulting doctor regarding expected treatment.

The table below explores the learning needs for doctors working after hours and suggests some practical techniques and resources to address these.

TABLE 2: LEARNING CONSIDERATIONS FOR WORKING AFTER-HOURS.

	Training Need	Issues to Consider	Education Activities to Address
Populations	• Communication skills	• Access to translators, communication impairments, culturally appropriate, and distressed patients and/or family.	• Review the resources in the Communication Skills Toolbox to assist with this.
	• Patient demographic	• Patients and presentations not usually seen by the doctor in their 'daytime' patient demographic.	• Use Random Case Analysis to explore how different patient demographics might present and be managed.
	• The re-presenting patient	• Dealing with 'frequent flyers' – the patients who use the after-hours service as their GP.	• During a teaching session, discuss with the registrar why this situation occurs, and plan on how they can address the issue with the patient.
Presentations	• Acute and serious illness management	• Management of patients independently in a non-clinical environment.	• Simulation during teaching time is a great way to both assess your GP Registrar's skills and provide upskilling. • ALS and similar courses are important to keep updated.
	• Using the 'Doctor's Bag'.	• Doctor's bag supplies are infrequently used, and many GP Registrars are unfamiliar with the medications.	• In a teaching session, review Emergency medications, and other equipment and supplies that should be in a 'Doctor's Bag'. • Australian Prescriber: The Doctor's Bag App. • Prescriber Bag supplies
	• Scope of practice and triage	• Patient's may be inaccurately triaged or require tertiary management.	• Make an agreement with the GP Registrar regarding which conditions you would like to be contacted about every time (if you are supervising) and/or which conditions should always be referred (e.g. Chest pain, infants < 6 months old). This is the same process that should occur on orientation of a registrar. • Use the Reducing Diagnostic Error Teaching Plan to improve your GP Registrar's approach.
Processes	• Appropriate test ordering	• Access to pathology services	• Use the Rational Test Ordering Teaching Plan to discuss his issue.
	• Access to guidelines and resources	• Differing access to patient information and handouts which may impact upon consent.	• Identify useful Medical Apps that can assist. • Encourage the GP Registrar to identify key resources and keep paper copies to provide (e.g. rehydration in children), or save to a USB.
	• Billing and remuneration	• Advising patients re billing and out of pocket costs. • Appropriate use of item numbers • Remuneration for the doctor.	• Work through the Navigating Medicare Teaching Plan, with a particular emphasis on after-hours item numbers. • The On-Call Myths resource can help to define obligations.

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

	Training Need	Issues to Consider	Education Activities to Address
Processes	• Clinical autonomy	• The GP Registrar may not be comfortable with the independence required.	• Direct observation to assess unconscious incompetence. • With the registrar, create a 'risk register' – what clinical areas and situations may incur an increased patient safety risk. • Managing Uncertainty in General Practice GPSA Guide
	• Consent	• To refuse care, or to gain a second opinion from their GP, to have a chaperone (may not be easily accessible), consent (if unable)	• Ask your GP Registrar to identify cases in which they have had difficulty obtaining consent and discuss.
	• Interprofessional communication and Clinical handover	• Especially with regards to patient follow-up by their regular GP. • Phone and email communication to ensure continuity of care. • Follow-up of serious or life-threatening results.	• Discuss the importance of clinical handover to avoid delayed treatment, unnecessary test repeating, medication errors, legal action, and for the follow-up of significant test results [4]. • Review the systems that the practice has in place to manage this in-hours, and how these processes work after-hours.
	• Fatigue Management	• Working too many hours or too late at night. • Managing breaks, illness, appointment times.	• Review the Identifying and Supporting GP Registrars at Risk Guide • Discuss with your GP Registrar what strategies they have in place to manage fatigue.
	• Governance	• Who is answerable to whom and what if there is a problem?	• Team Leadership in General Practice Guide
	• Managing third parties	• Relatives, friends, carers, interpreters, other health staff, chaperones, drivers. (Especially with respect to decision-making and confidentiality)	• Role plays are a great way to develop practical approaches to managing communication issues. Use the Flashcards to prompt your role plays.
	• Medical record keeping	• Often hybrid models of computerised and paper-based notes.	• Using Chart Audit, look at correspondence received from after-hours providers, or that the GP Registrar has written, and identify strengths and areas for improvement.
	• Patient complaints	• Management at the time, documentation, follow-up	• Review the Practice Complaints Policy and consider how this should be implemented in an after-hours setting.
	• Personal safety	• Risks in home environments • Steps for managing violence	• Duress alarms, transport, emergency contacts. • Ask the GP Registrar to develop a Risk Registrar for their after-hours work and develop a mitigation for each risk.

Supervision

The final aspect of after-hours work involving GP Registrars is of course supervision. There is minimal literature reviewing support or supervision for doctors working in after-hours settings. One study cited that Australian-trained doctors are less likely to feel supported compared with OTDs. Doctors that had adopted protective measures (especially with regards to personal safety) reported feeling more supported. Overall, over 60% of doctors felt well-supported clinically and professionally, with just over 40% feeling supported with respect to security[19]. The bottom line is that for GP Registrars working in after-hours environments as part of their Training Post, the level of supervision must be commensurate with the level of training. This also includes the GP Supervisor ensuring that a needs assessment has identified any areas of unconscious incompetence, ideally by direct observation of the GP Registrar's practice. The Best Practice for Supervision in General Practice Guide is a useful document to review general approaches to supervision.

The literature shows that the most important factor in effective clinical supervision is the supervision relationship, which is in fact more important than the method of supervision[20]. After the relationship, the provision of feedback and trainee input and control over the supervisory process are also beneficial. Negative contributors are the time to actually supervise and the trainee's attitudes towards supervision[20]. It's useful at this point to review a definition of supervision, as it's pertinent to a discussion around after-hours supervision.

'The provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations in order to maximize patient safety.'[20]

Another definition states that supervision aims to facilitate registrars' learning and ensure patient safety.[21] These definitions stress the importance of understanding the learner's strengths and weaknesses. There is also evidence that supervision is more effective if provided in the same environment where learning takes place which poses difficulty in the after-hours environment where supervision is usually remote and time delayed[20]. It is important in adult learning and teaching to see the effect of a change in behaviour – this is difficult in the after hours setting as the doctor does not usually see that patient again, and may not see the same presentation for quite some time.

Let's look at some of the other skills of effective supervision. Provision of:

- Supervisor understandings of responsibilities for patient care;
- Opportunities to carry out procedures;
- Opportunities to review patents;
- Involvement in patient care;
- Direction and constructive feedback.
- Other Skills: teaching, facilitation, negotiation, assertiveness, counselling and appraisal, mentoring, knowledge of resources.

These skills all require supervision events – opportunities to provide indirect or direct guidance on clinical work, joint problem-solving and reassurance, and linkage of theory and practice. Supervising a GP Registrar remotely in an after-hours situation requires a change of approach to these *supervision events*. The RACGP Standards also documents that supervision must match the level of the GP Registrar (and that the GP Supervisor has the appropriate skills)[5,22]. GP Registrars who are working in after-hours deputising services outside the AGPT program should be aware that the supervisors may not have the same level of training, oversight and experience as those supervisors working in an College accredited training practice.

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Medico-legal considerations

As with in-hours work, supervisors potentially are legally liable for the after-hours work performed by their registrars. While registrars themselves carry most of the liability, their clinical supervisor and/or employer may have some vicarious liability in the event of a claim or complaint.

Allegations in a legal claim against a GP supervisor in the event of negligence by a GP registrar could include:

- failure to properly train the registrar
- failure to properly supervise the registrar
- inappropriate delegation to the registrar
- failure to have proper systems or treatment protocols in place

This medico-legal risk can be minimised by following the relevant guidelines, and ensuring the registrar is appropriated supported and supervised for their level of training and competence.

In particular it is important to provide an adequate orientation process outlining the responsibilities of both the registrar and the supervisor, to provide clear criteria for when the supervisor is to be called, and to have an approachable supervisor available to provide assistance whenever the registrar is working.

(written by Dr Genevieve Yates)

MDA National
Support Protect Promote

Assessing your supervision requirements/capacity for GP Registrars working after-hours

The first step in assessing your supervision requirements is to be aware of the relevant guidelines and recommendations. There are guidelines for IMG supervision and as prescribed by the RACGP and ACRRM[5,22,23]

Ingham et al (2016), have suggested a useful framework for approaching supervision responsibilities and can be applied to supervision in an after-hours setting[21]. Use this framework to develop a supervisory agreement with your GP Registrar for in- and after-hours work.

BOX 2. COMPONENTS OF THE TEACHING AND SUPERVISION FRAMEWORK

THE SUPERVISION TEAM

- Who is the principal supervisor?
- Who are the other accredited general practice supervisors?
- Who are the other members of the supervision team (eg non-accredited GPs, practice manager, Aboriginal health worker, allied health staff)?
- How are the concerns about the registrar communicated between team members?
- How is information collated so the registrar can receive feedback?

CLINICAL SUPERVISION

- How do you orientate the registrar into your after-hours practice?
- What is the roster for in-hours and after-hours supervision?
- Is the supervisor able to attend onsite 100% of the time the registrar is consulting or on call?
- How is the supervisor to be contacted after-hours?

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

- What is the plan for when the supervisor is on leave?

- How is patient safety monitored in the after-hours setting?

- Does the practice have clinical meetings or other governance processes that the registrar will attend and which will look at practice systems with a view to maximising safety?

- How are registrar critical incidents handled after-hours?

EDUCATIONAL SUPERVISION (TEACHING)

- How will reflective practice on after-hours activity be incorporated into education for the GP registrar?

- Does the registrar feel confident and competent to perform after-hours care, has the registrar identified any deficits that may represent a risk?

- How often does a registrar receive face-to-face teaching and what is the duration of the teaching session?

- When does the teaching occur and who provides the teaching in an after-hours setting?

GP Supervisor Name: Signature:

GP Registrar Name: Signature:

Date:

Once you have a supervisory agreement that all parties are happy with, make a time to discuss how learning will be approached for working after hours.

Discuss and document the following areas:

1. What are the learning goals/plans for after-hours work - how are they different from in-hours work?
2. If your GP Registrar is working after-hours unrelated to your practice, explore their motivations and if these might be addressed in other ways.
3. Discuss the safety issues involved in after-hours work and how they will be addressed.
4. Make sure that you and your GP Registrar know what areas of their practice they are least proficient and confident in for the after-hours setting - and make plans to address.
5. Reflect on how supervision in an after-hours environment can become a learning opportunity for yourself.

After-hours work and supervision can provide rich learning opportunities for both GP Registrars and GP Supervisors. GP Registrars working after-hours outside of Training Posts should exercise caution, particularly with respect to fatigue management, supervision requirements and medico-legal risk. The key to supervision and support for doctors working after-hours is an appreciation of how context and skillset influence the learning needs of the GP Registrar and teaching skills and priorities of the GP Supervisor.

Useful resources

- Australian Prescriber: The Doctor's Bag App.
- Communication Skills Toolbox
- Diagnostic Error Teaching Plan
- Flashcards
- Identifying and Supporting GP Registrars at Risk Guide
- Managing Uncertainty in General Practice GPSA Guide
- Navigating Medicare Teaching Plan
- On-Call Myths
- Prescriber Bag supplies
- Random Case Analysis in General Practice Guide
- Rational Test Ordering Teaching Plan
- Team Leadership in General Practice Guide

Useful references

- Department of Health, Revised AMDS Program Guidelines
  health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service
- Medicare Benefits Schedule - Note AN.0.19 After hours attendances
  http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.19&qt=noteID
- The RACGP Standards for After-hours and Medical Deputising Services (5th edition)
  https://www.racgp.org.au/running-a-practice/practice-standards/standards-for-other-health-care-settings/view-all-health-care-standards/after-hours-and-medical-deputising-services
- RACGP Vocational Training Standards
  https://www.racgp.org.au/education/education-providers/regional-training/standards-for-general-practice
- ACRRM training standards
  https://www.acrrm.org.au/resources/training/standards
- MBA supervision requirements
  https://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

References

1. Jackson, C., *Review of after hours primary health care*. 2014, Department of Health: Canberra.
2. de Graaff, B., M. Nelson, and A. Neil, *Up, up and away: The growth of after-hours MBS claims.* Aust Fam Physician, 2017. 46(6): p. 407-411.
3. Payne, K., et al., *An after hours gp clinic in regional Australia: appropriateness of presentations and impact on local emergency department presentations.* BMC Fam Pract, 2017. 18(1): p. 86.
4. Royal Australian College of General Practitioners, *Standards for after-hours and medical deputising services (5th edition*). 2018, Royal Australian College of General Practitioners: East Melbourne, Vic.
5. Royal Australian College of General Practitioners, *Standards for General Practice Training, in Supervision and the practice environment*. 2018, RACGP: Online.
6. Australian College of Rural and Remote Medicine, *Primary Rural and Remote Training, in Standards for Supervisors and Teaching Posts*. 2017, Australian College of Rural and Remote Medicine: Brisbane.
7. National Home Doctor's Service, *After Hours: Not Your Average Registrar, in Medical Republic.* 2016, Medical Republic: Online.
8. Ifediora, C.O., *Assessing the satisfaction levels among doctors who embark on after-hours home visits in Australia*. Fam Pract, 2016. 33(1): p. 82-8.
9. Gordon, J., C. Harrison, and G. Miller, *General practitioners and general practice registrars: A comparison of clinical activity.* Australian Family Physician, 2016. 45: p. 263-265.
10. .Turner, L.R., et al., *Characteristics of patients presenting to an after-hours clinic: results of a MAGNET analysis.* Aust J Prim Health, 2017. 23(3): p. 294-299.
11. Jagsi, R., et al., *The accreditation council for graduate medical education's limits on residents' work hours and patient safety: A study of resident experiences and perceptions before and after hours reductions.* Archives of Internal Medicine, 2008. 168(5): p. 493-500.
12. Moonesinghe, S.R., et al., *Impact of reduction in working hours for doctors in training on postgraduate medical education and patients' outcomes: systematic review.* BMJ, 2011. 342.
13. Australian Government, *Approved Medical Deputising Service (AMDS) Program Guidelines*, D.o. Health, Editor. 2018, Australian Department of Health: Canberra.
14. General Practice Supervisors Australia, General Practice Registrars Australia, and Australian Medical Association, *National Terms and Conditions for the Employment of Registrars* (NTCER) 2017 & 2018 GP Training Years., G.P.T. Program, Editor. 2017.
15. Ifediora, C.O., *Evaluation of aggression in Australian after-hours doctor home-visit services.* J Eval Clin Pract, 2018. 24(2): p. 388-395.
16. Ifediora, C.O., *The determinants and engagement patterns of chaperones and chauffeurs by Australian doctors in after-hours house-call services.* PeerJ, 2017. 5: p. e3218.
17. Ifediora, C., *Associations of stress and burnout among Australian-based doctors involved in after-hours home visits.* Australas Med J, 2015. 8(11): p. 345-56.
18. Ifediora, C.O., *Burnout among after-hours home visit doctors in Australia.* BMC Fam Pract, 2016. 17: p. 2.
19. Ifediora, C.O., *Quality in Australian after-hours doctor home visits: exploring the clinical, professional and security supports available to involved practitioners.* J Eval Clin Pract, 2017. 23(2): p. 308-315.
20. Kilminster, S.M. and B.C. Jolly, *Effective supervision in clinical practice settings: a literature review.* Medical Education, 2000. 34(10): p. 827-840.
21. Ingham, G. and J. Fry, *A blended supervision model in Australian general practice training.* Australian Family Physician, 2016. 45: p. 343-346.
22. Australian College of Rural and Remote Medicine, Guide for Supervisors. 2017, *Australian College of Rural and Remote Medicine*: Brisbane. p. 28.
23. Medical Board of Australia, *FAQ: Supervision of International Medical Graduates (IMGs)*, M.B.o. Australia, Editor. 2018: Online.

GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

T: 03 9607 8590

E: admin@gpsa.org.au

W: gpsa.org.au

A: PO Box 787 Gisborne, VIC 3437

facebook.com/GPSupervision

twitter.com/gp_supervision