

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

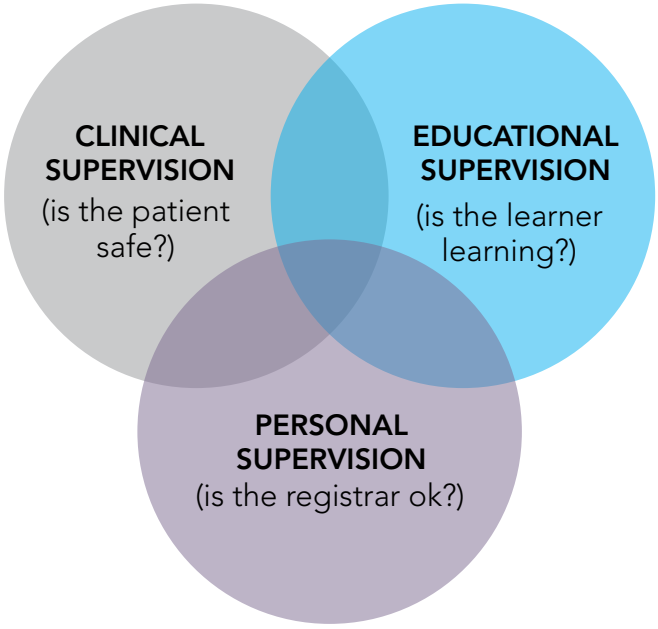
# Are they safe in there? Clinical supervision and the use of random case analysis

## Where does Clinical Supervision fit in the role of the GP supervisor?

GP supervisors have clinical oversight of the management of the registrar's patients, including quality of care and patient safety.

In other words…

**as a GP supervisor, YOU have responsibility for the safety of your registrar's patients.**




## Is how we start registrars in GP training safe?[1]

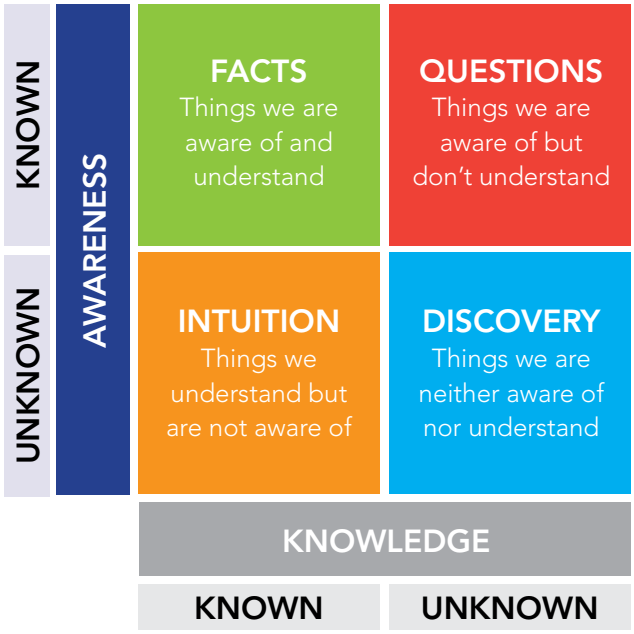
Research has revealed that the Australian model of GP training involves a "pass the buck to the bottom" system:

RACGP sets the standard, but doesn't check that the RTO delivers it

- **RTO** tells supervisor to make sure patients are safe… but doesn't measure it is happening
- **Supervisor** tells registrar to call them if they are needing help, but doesn't check that they do[2]

The RACGP standard states that registrars should only consult patients they are safe to see, but enforcement of this standard ultimately comes down to the registrar recognising for themselves what constitutes a safe level of competency.

If your registrar is not calling you when they know they should, this can be remedied. What they cannot call you about are the unknown unknowns: the things they don't know they don't know.





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## How do you teach a registrar common sense and teach "pro-activity"?

***I've found myself intervening over an urgent result (that was time critical) sitting in my registrar's inbox unchecked. I then found out that it took the patient 7 days to book that DVT scan as the registrar believed it would "come back normal".***

Frustrating and complex as it may be, teaching your registrar what in your opinion is common sense or proactivity requires further questions, such as:

- What does your registrar know about management of an abnormal result that suggests a DVT needs to be excluded?
- How would you find out?
- Is the registrar safe in there?

## Are there any issues with the safety of GP training?

GP registrars in the Australian system are left to determine when they need to call their supervisors for help: a decision overshadowed by the need to contribute to the workforce almost immediately upon commencing in the practice employing and training them. By contrast, GP trainees are supernumerary in comparable training models in New Zealand, Ireland, Canada, the Netherlands, and the UK.[3]

An Australian study in which supervisors were asked to review and discuss a sample of their registrar's medical records revealed that:

- 30% of supervisors found a patient safety concern, and
- 16% of supervisors needed to contact a patient to remedy the problem[4]

Without a total overhaul of the Australian general practice training model to accommodate the resource-intensive review of all registrar consults by their GP, a measured approach balancing safety concerns with business practicalities is needed (Figure 1). Once registrars are no longer calling for regular review, this is where random case analysis becomes key to keeping patients safe.

**FIGURE 1: METHODS OF REVIEWING REGISTRAR CONSULTATIONS[5]**

| Method | Consultation skills review | Physical review of patient | Immediate error rectification | Clinical decision review | Level of supervision |
|---|---|---|---|---|---|
| **Sitting in for the consult** | ✔ | ✔ | ✔ | ✔ | Level 1 |
| **End of consult attendance** | | ✔ | ✔ | ✔ | Level 1 |
| **End of consult phone review** | | | ✔ | ✔ | Level 1 |
| **End of session review of notes** | | | | ✔ | Level 2 |

*"We believe that patient safety depends upon detection of unconscious incompetence by regular use of practical techniques that look beyond the door of the closed consulting room."*



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## What is the process of random case analysis in clinical supervision?

| | |
|---|---|
| **RANDOM** | Not selected by the registrar (ideally also recent) |
| **CASE** | More than just the record… what else is recalled? |
| **ANALYSIS** | Why were decisions made? |

The process of conducting random case analysis consists of:

| | |
|---|---|
| **SETTING** | Explaining to the registrar why random case analysis is being undertaken |
| **CLARIFYING** | Clarify the record under examination (abbreviations used, etc.) |
| **EXPLORING** | Asking **why and what** to uncover learning needs and map assess the registrar against the 5 Domains of General Practice (Figure 2)<br>• What was the patient's agenda?<br>• What differential diagnoses were you considering?<br>• Why did you order the Xray?<br>• Why did you refer the patient?<br>• What are the appropriate Red Book screening tests for this patient?<br>• What item did you bill and why? |
| | and 4 'what if' questions to develop clinical reasoning (Figure 3)<br>• Person altered: eg: What if he was Aboriginal or Torres Strait Islander?<br>• Problem altered: eg: What if he had not lost consciousness?<br>• System altered: eg: What if you didn't have access to Troponin testing?<br>• Doctor altered: eg: What if you were licensed to prescribe Methadone? |
| **FEEDBACK/ ASSESSMENT** | Place emphasis on the specific performance NOT the person<br>• What would you have done differently?<br>• Saying "Here is what I think went well and here are some priorities for you to work on."<br>• Download the GPSA guide to Giving effective feedback |

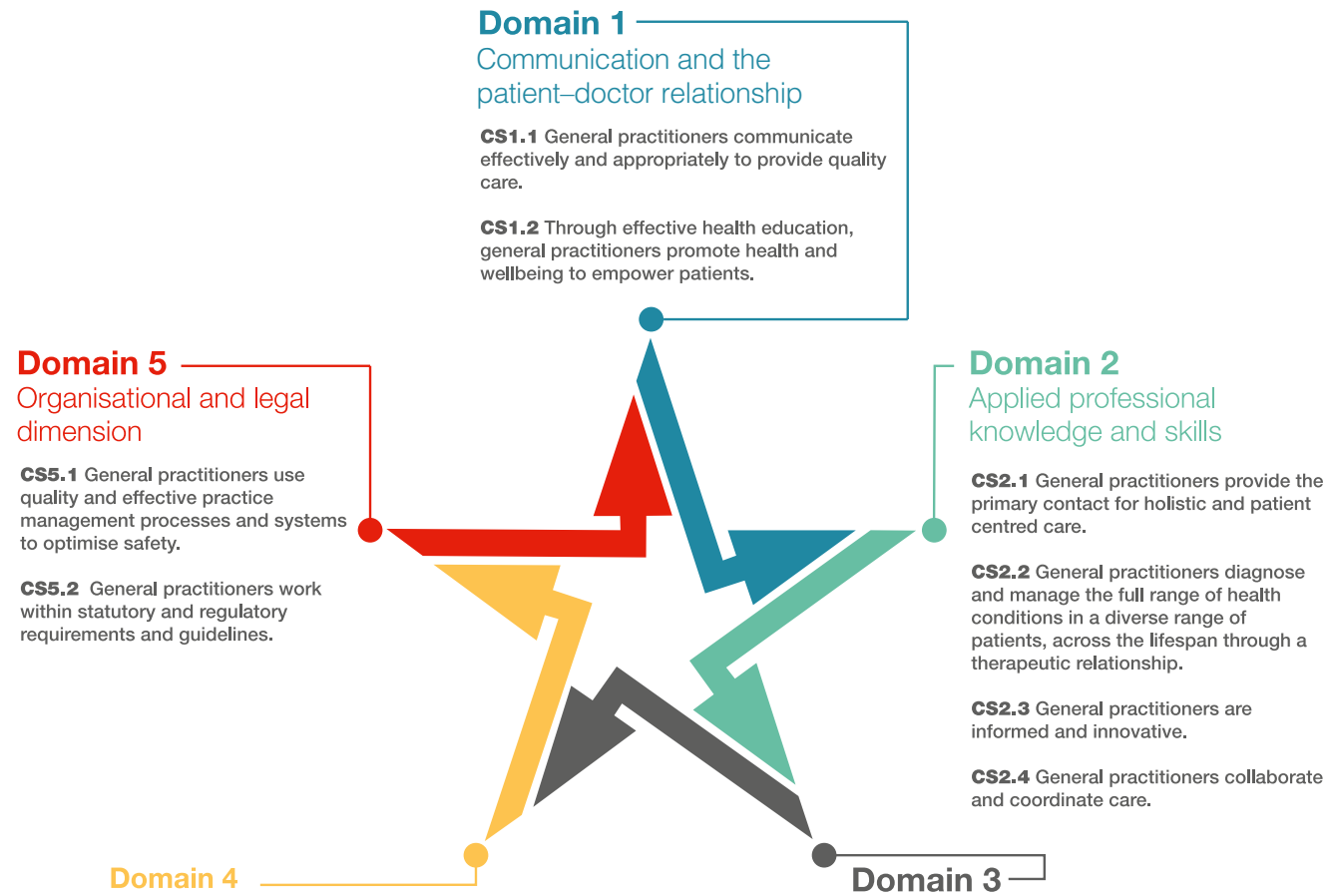


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**FIGURE 2: 5 DOMAINS OF GENERAL PRACTICE**




*Source: RACGP*



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**FIGURE 3: THE 4 'WHAT IF' AREAS**

| | |
|---|---|
| PROBLEM | PERSON |
| DOCTOR | SYSTEM |

## Resources



GPSA webinars

GPSA guides







GPSA teaching plans

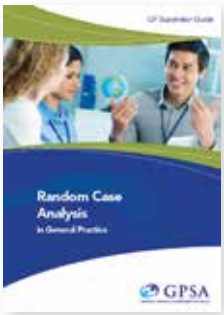
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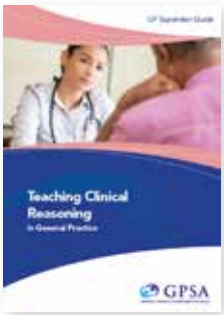


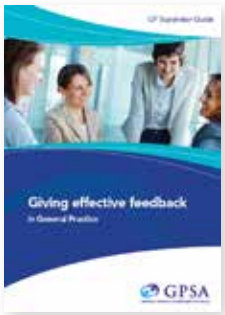

All GPSA resources are available here

GUIDES:

- Random Case Analysis in General Practice
  https://gpsupervisorsaustralia.org.au/download/2160/
- Teaching Clinical Reasoning in General Practice
  https://gpsupervisorsaustralia.org.au/download/2166/
- Giving Effective Feedback in General Practice
  https://gpsupervisorsaustralia.org.au/download/2235/




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2. Ingham G, Plastow K, Kippen R, White N. Tell me if there is a problem: Safety in early general practice training. Educ Prim Care 2019;30(4):212–19. doi: 10.1080/14739879.2019.1610078
3. Ingham G, Plastow K, Kippen R, White N. A 'call for help' list for Australian general practice registrars. Aust J Gen
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Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au W: gpsa.org.au
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