

# FAQ

## FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR

## Helping registrars shine – assessing and managing registrars with performance issues to work well

### What does a registrar with performance issues look like?

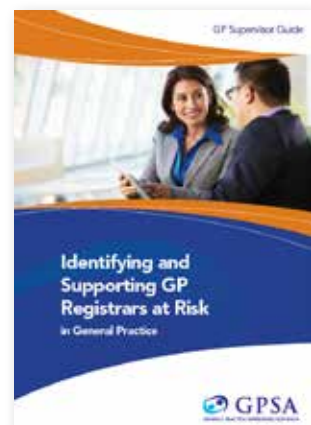
A registrar with performance issues may be struggling with:

- Anxiety (diagnosed or incidental)
- Cultural barriers
- Communication Issues
- The uncertainty of General Practice

### What are some clinical/educational parallels for a supervisor trying to identify and support a registrar in difficulty?

- Risk factors
- Aetiology
- Prevention and screening
- Early identification
- Investigation
- Diagnosis
- Management
- Follow up and safety netting

### What risk factors / aetiology should be considered when trying to identify and support a registrar in difficulty?



Refer to GPSA [Identifying and Supporting GP Registrars at Risk](#) guide

Potential underlying issues include:

- Clinical Knowledge and Skills
  - Deficit in knowledge
  - Deficit in clinical reasoning
  - Poor decision making
  - Time management
  - Poor communication
  - Poor record keeping / documentation
  - Difficulty working in teams
- Health Issues
  - Acute illness
  - Chronic illness
  - Poor general health
  - Lack of self-care
  - Fatigue / sleep deprivation
  - Emerging or existing mental illness
  - Alcohol or substance abuse
  - Burnout
- Behaviour (and Attitude) Issues
  - Heightened stress reaction or burnout
  - Lack of self-confidence
  - Highly self-critical
  - Perfectionist or obsessive tendencies
  - Detachment, loss of empathy
  - Poor attitude
  - Lack of insight
  - Lack of motivation
  - Difficult personality traits
- Environmental Issues - Home
  - Relationship issues
  - Accommodation or transport difficulties
  - Pregnancy or parenting issues
  - Financial issues
  - Visa / migration issues
  - Language and cultural issues

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- Environmental Issues - Work
  - Junior status (having to respond to immediate demands of other staff)
  - Frequent transitions to new work environments / teams
  - Interpersonal difficulties with supervisors
  - Interpersonal conflict within practice team
  - Critical clinical incident / medical error
  - Excessive workload
  - Inadequate support for medical and administrative tasks
  - Inadequate role definition / orientation
  - Bullying or undermining behaviour
  - Sexual harassment
  - Unfamiliar discipline of general practice (vs being a hospital employee and/or student)
    - Breadth of clinical problems
    - Complex and chronic disease management
    - Independence of practice and decision-making
    - Time pressures
    - Complex practice systems
    - Financial and billing issues
    - Telehealth

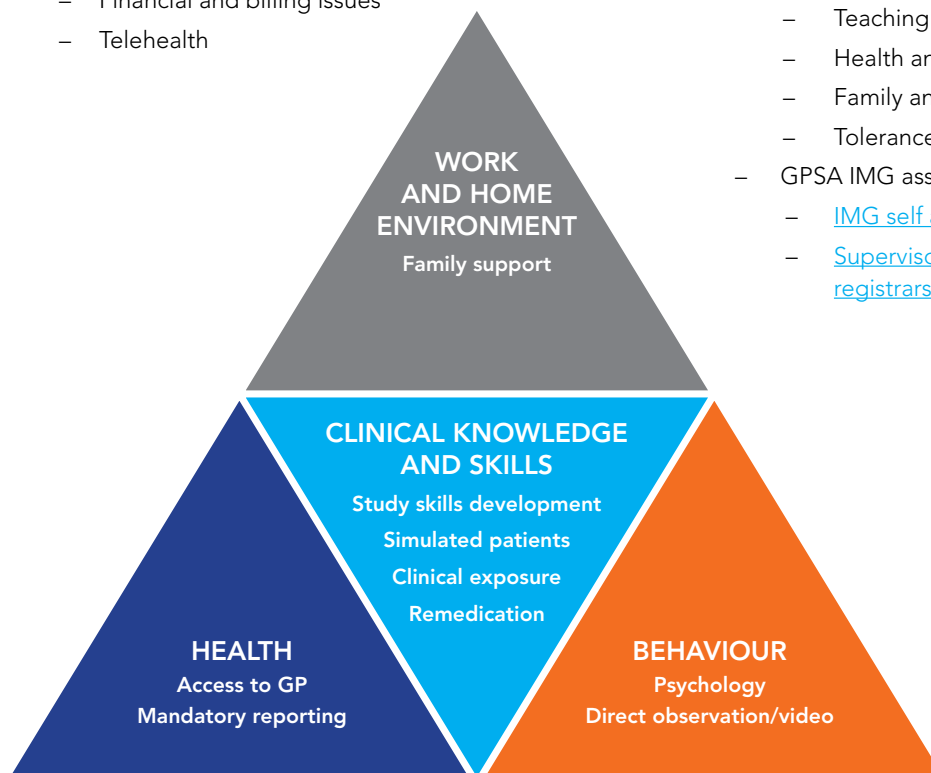
### What should be considered in terms of prevention and screening / early identification when trying to identify and support a registrar in difficulty?

#### Screening versus Case Finding:

- Screening is defined as 'the examination of asymptomatic people in order to classify them as likely or unlikely to have a disease'
- The primary purpose of screening is to detect early disease in apparently healthy individuals
- Case finding is 'the examination of an individual suspected of having, or at risk of, the disease'
- Case finding is a targeted approach to identifying conditions in selected patients who may already have symptoms

#### Prevention is better than cure:

- What screening tools can we use?
  - Clinical checklists
  - Formative assessments
  - Ask questions relating to:
    - Background and experience
    - Teaching and learning
    - Health and wellbeing
    - Family and home life
    - Tolerance of uncertainty
  - GPSA IMG assessment tools:
    - [IMG self assessment tool](#)
    - [Supervisor assessment tool for IMG GP registrars](#)



Source: Diagram displaying interlinked risk factors affecting registrars, sourced from [HET Trainee in difficulty guide](#), p.7.

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- What primary prevention interventions can we implemented?
  - Orientation
  - Clinical training
  - Administrative and organisational training
  - Staff introductions
  - Professionalism – explaining expected standards
  - Family – discussing any background family issues
- Supervision and teaching plans
  - Ad hoc supervision approach
  - Formal teaching approach
  - Process for performance appraisal and feedback
  - Supervision meetings
- Calling for help
  - Process to get help
  - [A Call for help list](#) article
  - GPSA [A Call for Help FAQ](#) Webinar Summary

### What are the investigation and diagnosis considerations for a supervisor of a registrar in difficulty?

Common presentations of registrars in difficulty include:

- Work Performance
  - Not getting through workload at the same rate as peers
  - Lateness
  - Absenteeism
  - Poor clinical skills compared with peers
  - Poor communication skills
  - Departure from protocols and safe procedure guidelines
  - Overworking - working back when not rostered on
  - Ongoing prescription errors
  - Failure to seek advice appropriately
  - Lack of insight into limitations

- Health Issues
  - Excessive tiredness
  - Physical illness
  - Anxiety/irritability or depressed mood
  - Weight loss/gain
  - Eating disorders
  - Withdrawal or self-neglect
  - Disturbed behaviour
  - Drug or alcohol dependence
  - Stress management issues
- Behaviour and Attitude
  - Lack of insight into underperformance
  - Work avoidance
  - Aggressive behaviour
  - Bullying, demeaning or undermining others
  - Sexual harassment
  - Unethical or dishonest behaviour
  - Practising beyond capabilities
  - Inappropriate interactions with staff and patients
  - Difficulties working within a team



**RED FLAG: signalling an intent to resign or leave medicine /general practice**

Investigations may include:

- Case discussion
  - Direct observation
  - Random case analysis (see [Random Case Analysis in General Practice guide](#) )
- Simulated patients
- Performance review
  - Registrar
  - Medical/nursing staff feedback
  - Admin and reception feedback
  - Patient feedback

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- Ask around, especially early in the registrar's term.
- Use a whole-of-practice assessment (360-degree assessment) and take the time to check in with the registrar based on the reviews others provide.
- Make a multi-faceted evaluation – observe the registrar globally atop direct observation of clinical skills.
- You need to have one-on-one time with the registrar to develop the supervisor–registrar relationship and ensure their expectations of the placement are aligned with yours (and the practice owner / manager's) of them.
- Make sure you not only observe your registrar to know what's going on 'behind the closed door', but you also give the registrar ample opportunity to observe how experienced GPs consult - both yourself and, if possible, others in your practice team.
- 'What is going on in there' article – resource = pre reading.
- Mention the availability of the DOTS form

Assessment of severity will help dictate:

- Timeliness of the intervention
- Need for external advice
- Need for Referral
- Level of documentation

### What principles of management and follow-up / safety netting should be followed for a registrar in difficulty?

Principles of management:

- Patient safety should always be the primary consideration
- Provide supervision and support for trainees
- Prevention, early recognition and early intervention are always preferred over a punitive approach

Framework of management:

- Preliminary assessment
- Speak with the registrar
- Further investigation
- Agreed action plan and review date
- Implement plan
- Review

### FLAGS FOR IMMEDIATE ACTION AND REFERRAL



**Patient safety**  
(actual act or near miss involving trainee)



**Trainee safety**  
(suicide risk or significant impairment)



**Allegations of criminal conduct**  
(eg assault or professional misconduct)

### REFER TO GPSA [IDENTIFYING AND SUPPORTING GP REGISTRARS AT RISK GUIDE](#)

- All discussion with the GP registrar concerned should take place in a **confidential environment**.
- The GP registrar's issues should not be discussed with colleagues without the GP registrar's permission.
- Discussion should never occur in the clinical setting or in front of patients.
- If discussions are required with other members, any discussion with the GP registrar must remain confidential.
- Involve those who are appropriate or have information that may be relevant.
- The GP supervisor managing the issue must remain honest, realistic, non-judgemental, maintain confidentiality yet remain objective at all times.
- **Gather as much information as possible** because things may not be what they seem initially. Use more than one source (triangulation of information).
- **Provide support to the GP registrar** as they may feel isolated.
- Set goals and timelines in consultation with the GP registrar.
- **Document everything** (interviews, review of GP registrar patient notes).

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### Resources



All GPSA resources are available [here](#)

- GPSA Guides
  - Identifying and Supporting GP Registrars at Risk - <https://gpsupervisorsaustralia.org.au/download/2165/>
  - Supervising the International Medical Graduate (IMG) GP Registrar - <https://gpsupervisorsaustralia.org.au/supervising-img/>
  - Random Case Analysis in General Practice guide - <https://gpsupervisorsaustralia.org.au/download/2160/>



- HETI Trainee in difficulty guide - [https://www.heti.nsw.gov.au/\\_data/assets/pdf\\_file/0006/426696/trainee-in\\_difficulty-guide.pdf](https://www.heti.nsw.gov.au/_data/assets/pdf_file/0006/426696/trainee-in_difficulty-guide.pdf)
- RACGP Red Book (9th ed) - <https://www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf>

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: [admin@gpsa.org.au](mailto:admin@gpsa.org.au) W: [gpsa.org.au](http://gpsa.org.au)  
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