



# Identifying and Supporting GP Registrars at Risk in General Practice

## About this guide

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The progression for GP registrars from the highly structured and closely supervised environment of hospital-based resident medical officer training to general practice represents the most significant change our junior colleagues may have faced since graduation.

The variety of patient presentations, challenges of a new workplace and employment structure, and relative isolation of the consulting room are just some of the aspects which experienced GP supervisors are completely comfortable with, but contribute to the complete paradigm shift our GP registrars encounter.

Added to this is our paramount concern for the safety of our patients, who must remain central in all our considerations.

While most GP registrars have the necessary knowledge, skills and attributes required for this adaptation, it is an essential component of proper supervision that they be monitored throughout their training, and that GP registrars in difficulty be identified early to allow appropriate intervention and support.

This guide aims to assist general practice GP supervisors to:

- Appreciate some of the potential causes of difficulty for GP registrars.
- Identify signs of difficulty in their GP registrars.
- Address these issues with the GP registrar.
- Develop appropriate supports to assist improvement.
- Assess, triage and escalate concerns as required.
- Understand the various roles and responsibilities of involved parties.

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

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GPSA produce a number of relevant guides for GP supervisors and practices, visit [www.gpsa.org.au](http://www.gpsa.org.au) to view additional guides.

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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.

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# 1. Understanding the potential causes of difficulty

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GP Registrars are a diverse group and come from a wide variety of backgrounds. Coming into the training practice setting, they may be still feeling the effects of trauma from working in the emergency department and stressful working situations. Balancing the roles of student and practicing registrar, many are likely to experience difficulty and require your support as a GP Supervisor. Recognising that registrars may be in difficulty, and how to act on performance problems is one of the fundamental skills required by GP supervisors.

The spectrum of performance problems is wide and ranges from minor, momentary aberrations of behaviour, to major misdemeanours, persistent unprofessional behaviours or even acts of gross criminality. While most of these can be easily managed within the training post setting, others may need involvement of the Colleges, Australian Health Practitioner Regulation Agency (AHPRA), or potentially the police.

The Royal Australian College of General Practitioners standards to address underperformance is Standard 2.3.<sup>1</sup> At-risk GP registrars are identified and are provided appropriate remediation. <http://www.racgp.org.au/education/rto/training-standards/>

**"Physical health problems are often recognised and addressed easier than mental health issues, yet extensive evidence demonstrates the high rates of mental illness amongst junior doctors."**<sup>2</sup>

The Australian College of Rural and Remote Medicine (ACRRM) standards for GP supervisors and teaching posts define the requirements to train and provide supervision for GP registrars training towards the Fellowship of ACRRM. There are set standards that apply to each of the three stages of training. A Guide for GP supervisors is also available providing information and guidance around providing supervision. <http://www.acrrm.org.au/training-towards-fellowship/training-your-registrars/supervisors-and-teaching-posts>

In considering if your GP registrar could be in difficulty, it is worth remembering that periods of transition (changing jobs, moving regions, countries/cultures, finances, personal life events etc) can be associated with a deterioration of clinical performance, which may require additional vigilance and support. These might be temporary, such as finding appropriate housing, or longer term, such as displacement from family for the duration of the training placement. For many GP registrars, these personal issues may be causing significant distress or shame, so require great sensitivity from the GP supervisor.

Personal illnesses, both physical and mental, are another area in which GP registrars are vulnerable to exactly the same health problems that affect the rest of the population. Physical health problems are often recognised and addressed easier than mental health issues, yet extensive evidence demonstrates the high rates of mental illness amongst junior doctors.<sup>2</sup> GP registrars should be encouraged to have their own GP and to ensure they receive the same standard of confidential quality care that any other member of the public is entitled to.

Communication difficulties and personality conflicts can be another potential cause of poor GP registrar performance. If the GP registrar and GP supervisor have come from different backgrounds or cultures, there may be significant barriers to effective communication about expectations and performance. These can be partially prevented with an effective orientation process into the training post but require ongoing review. However, it is also important to acknowledge that a significant power imbalance exists between the GP registrar and GP supervisor and any perception of bullying will not only affect the GP registrar's performance but also impair effective resolution.

Concerns about GP registrar clinical skills are the most common areas highlighted for concern. Patient complaints, threats of litigation or adverse events can all provoke serious anxiety for GP registrars and this distress should be anticipated if such events arise. Fortunately, with increased competition for training program places leading to more rigorous selection procedures and better early training interventions, serious performance issues among trainees are rare. This infrequency, together with the trainer's perceived lack of expertise and the increasing requirement for robust evidence, heightens anxiety and concerns among those who may have to deal with such matters when they do occur.



## 2. Identifying the GP registrar in difficulty

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As GP supervisors, there is a natural assumption that unless we receive any information to the contrary, our GP registrar must be progressing satisfactorily. Staff feedback, patient comments, direct observation of consultations, and review of clinical notes are important ways to make these judgments, yet it is often not until a critical incident occurs that we are alerted to the possibility our GP registrar might be in difficulty. While our immediate reaction might be defensive or surprise, in retrospect it is often possible to identify a number of factors that may have suggested underperformance:

- Personal factors (health issues, including anxiety and depression; relationship difficulties; a change in family circumstances).
- Professional conduct (including early warning signs listed on page 7).
- Practice issues (staffing and rostering, workload, IT systems, consulting room arrangements).
- Performance weaknesses (knowledge, clinical skills and attitudes).

Underperformance becomes an issue when there is a sustained observation of failure in performance, especially since this can affect the welfare of patients or colleagues in the workplace. Although problems with knowledge, clinical skills or attitudes may be observed, they should be assessed and appraised using formal assessment strategies so decisions are based on all available objective data rather than opinion or speculation.





Early warning signs may include<sup>3</sup>:

- **The “disappearing act”**: Not answering calls or messages; frequent sick leave or absence.
- **Low work rate**: Tardiness in doing procedures, completing patient notes, dictating letters, making decisions; arriving early, leaving late and still not achieving a reasonable workload.
- **Unjustifiable anger**: Bursts of temper; shouting matches; real or imagined fights.
- **Rigidity**: Poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate blaming.
- **Bypass Syndrome**: Junior colleagues or nurses find ways to avoid seeking the doctor’s opinion or help. Receptionists avoid booking patients when they otherwise could.
- **Career problems**: Difficulty with exams; uncertainty about career choice; disillusionment with medicine overall or general practice specifically.
- **Insight failure**: Rejection of constructive criticism; defensiveness; counter-challenge; over-arguing a point.
- **Lack of engagement in educational processes**: Failing to attend tutorials; late with learning events/work-based assessments; reluctant to complete portfolio; little or poor reflection.
- **Lack of initiative/appropriate professional engagement**: Whereas some GP registrars may not show initiative due to a lack of personal drive, others may show reluctance to question senior colleagues due to cultural differences, if they come from a society where there is a rigid hierarchical structure to medical training where questions are not encouraged.
- **Inappropriate attitudes**: These may take the form of discriminatory attitudes created in any cultural background that lead to unprofessional behaviour.
- **Poor work ethic**: Arriving late and leaving early; taking frequent tea breaks or extended lunch breaks; not engaging with practice staff.

**“Although problems with knowledge, clinical skills or attitudes may be observed, they should be assessed and appraised using formal assessment strategies, since decisions made need to be based on all available objective data rather than opinion or speculation.”**

### 3. Choosing to act

Being able to identify a GP registrar in difficulty does not always translate to action. Fear of reactions, emotions or feeling ill-equipped to address a performance issue can all lead to delays in addressing a known issue with a GP registrar.

So how commonly are issues not addressed and what are the consequences of not addressing issues with your GP registrar?

Research from the United States in 2005 identified that, of the 68 per cent of physicians surveyed who identified concerns with a fellow physician's competence, less than one per cent had spoken with the physician and shared their full concern. Less than one per cent of GP supervisors in the same study had addressed concerns with physicians who directly reported to them<sup>7</sup>.

Further research in 2010 showed organisational silence in the clinical setting led to communication breakdowns that ultimately harmed patients<sup>7</sup>.

TABLE 1: A TRANSCONTINENTAL LOOK AT THE IMPACT OF CLINICAL ERRORS:

Country	Study Findings	Source
Global	<ul style="list-style-type: none"><li>• Patient harm is the 14th leading cause of the global disease burden. This can be compared to tuberculosis and malaria. The majority of this burden falls on the developing countries.</li></ul>	Slawomirski et al, 2017 <sup>4</sup> p.9
United States	<ul style="list-style-type: none"><li>• In 2008, the economic cost of medical error in the US was estimated to be almost USD 1 trillion.</li><li>• Improving patient safety in US Medicare hospitals is estimated to have saved USD 28 Billion between 2010 and 2015</li></ul>	Slawomirski et al., 2017 <sup>4</sup> p.9
England	<ul style="list-style-type: none"><li>• The annual cost of common adverse events in England is equivalent to 2,000 GPs or 3,500 hospital nurses</li><li>• There are an estimated 237 million medication errors per year in England annually</li><li>• Definitely avoidable adverse drug errors are estimated to cost the NHS £98,462,582 per year, consuming 181,626 bed-days, and causing/contributing to 1708 deaths.</li></ul>	Slawomirski et al, 2017 <sup>4</sup> p.9 Elliot et al, 2021 <sup>5</sup>
Australia	<ul style="list-style-type: none"><li>• Studies assessing medication errors on admission to hospital suggest there may be an overall rate of two errors for every three patients at the time of admission to hospital.</li><li>• Recent research suggests that errors (excluding errors of timing) occur in around 9% of medication administrations in hospital.</li></ul>	Roughead et al, 2016 <sup>6</sup>



It is clear the impact of adverse events quite apart from extreme cases that result in death, pain and suffering, result in significant personal, organisational, financial and emotional costs for the clinician, their GP supervisor and the organisation.

While not all GP registrar performance issues will result in an adverse clinical event, in preparing to

address performance issues with your GP registrar it is important to consider the potential consequences of having the conversation (or not).

Table 2 explores the consequences of addressing (or not) a non-clinical issue with a GP registrar. In this example the GP registrar is late to work most days.

TABLE 2: CONSEQUENCES OF HAVING A CHALLENGING CONVERSATION

Issue: GP registrar is late to work most days		
	What if I do address the issue	What if I don't address the issue
1	GP registrar likely to amend behaviour and learn positive professional standards and expectations.	GP registrar unlikely to amend behaviour or learn positive professional standards and expectations.
2	GP registrar may be embarrassed and this may affect relationship with the GP supervisor, however this discomfort should rest with the GP registrar.	GP registrar may be upset and angry if an issue that could have been addressed early has been left to escalate and affect relationships with other members of the practice.
3	GP registrar is likely to understand that their behaviour is having an impact on various members of the team, the patients and the business and correct the behaviour.	GP registrar may not understand that their behaviour is having an impact on various members of the team, the patients and the business nor correct the behaviour.
4	The issue will be dealt with early in a measured appropriate manner, hopefully corrected and everyone can move forward.	The issue may escalate and result in an unmeasured intervention down the track resulting in anger, frustration, tears, aggression and potentially a bullying and harassment claim or worker's compensation/Work Cover claim.
5	I may learn of personal circumstances affecting the GP registrar's ability to arrive to work on time. (eg childcare, personal or mental health issues, etc) which I can then manage either by varying the GP registrar's work hours or days, or seek professional support.	I am unlikely to learn of any issues impacting the GP registrar's ability to attend the practice on time, which I can then not manage. This may result in me not fulfilling my legal responsibilities to an employee should there be mental health or personal circumstances affecting performance.
6	Once the behaviour is corrected, patients will continue to book appointments with the GP registrar.	Patients will continue to complain about the GP registrar and/or the practice which may result in a lack of patients for the GP registrar to see or patients choosing to visit another practice.

Source: Adapted from Williams et al., 2015.<sup>7</sup>



While the summary consequences of having (or not) a conversation about arriving late to work may seem trivial, the consequences of not addressing the issue with a GP registrar far outweigh those of having the conversation. You can see how this is likely to be even more apparent in assessing the risks associated with addressing (or not) a clinical deficit, personality, behavioural or mental health concern.

Preparing in this way also provides you, as their GP supervisor, with some great guiding discussion points as to why you are having the conversation to address the issue, how the issues impact on others and what potential consequences might result from not correcting the behaviour.

More broadly (beyond a specific issue) the decision not to provide timely feedback to underperforming GP registrars is likely to carry the following consequences:

- Clinical care is not as good as it could be.
- Anxieties and inadequacies are not addressed. The GP registrar carries these on to the next experience.
- When weaknesses are exposed later, the GP registrar has difficulty accepting criticism because of previous "good reports".
- Others are blamed when the GP registrar is unsuccessful.
- Learning is inhibited, career progression is delayed.
- Other, more frank, GP supervisors may be devalued and disregarded later.<sup>8</sup>

## 4. Addressing areas of difficulty

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Areas of concern for GP registrars in difficulty may be apparent to themselves first and they might initiate action with their GP supervisors about the issue(s). The GP supervisor may recognise there is a problem, or work colleagues or patients may express their concerns verbally or in writing. It is the responsibility of

the GP supervisor to ensure appropriate intervention is initiated early and not delegated to other staff members to act upon.

The process will vary depending on the problem. There are certain principles that underpin the process of managing any GP registrar in difficulty.

- 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).

Communication with those who need to be involved in the process of supporting the GP registrar is important, however as the GP registrar's GP supervisor you are also compelled to maintain the GP registrar's confidentiality.

## 5. Performance appraisals and feedback

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Supervision meetings can be really positive ongoing encounters when used effectively and documented.

Regular meetings that GP registrars and GP supervisors anticipate and expect allow for the delivery of feedback about strengths and documented planning around identified opportunities for improvement.

In this way, GP registrars get used to having their supervision meetings documented and the documentation of opportunities and strengths is balanced while also setting an expectation that the GP registrar will have actioned agreed items by the next meeting.

As a GP supervisor the onus to complete this documentation need not fall solely on you. That is, you can develop a standard form that is consistently updated and brought to the next meeting.

In this way you and the GP registrar can see what issues, strengths and opportunities were discussed previously.

Addressing performance issues should not be a surprise to the GP registrar. By the time you are formally investigating and documenting performance issues in an official document, there should be a body of evidence from your discussions that identifies the issue(s) has been flagged with the GP registrar on a number of occasions during regular supervision.

All documentation needs to be clearly and accurately recorded. Interviews with colleagues or patients should document what the interviewees have stated about the GP registrar's performance or conduct. These statements can then be discussed with the GP registrar and their responses can then be recorded.

Documentation should contain:

- A list of concerns regarding the GP registrar's behaviour or conduct.
- Dates when the concern(s) was raised and details of the situation.
- The GP registrar's own perception of the situation and their understanding of the problem.
- Plans of managing the difficulty and what the GP supervisor and GP registrar plan to action.
- What the expected outcomes have been agreed upon by the GP registrar and GP supervisor.
- How these outcomes will be authentically measured.
- Summary of the discussion, planned action and outcomes agreed to by the GP registrar and GP supervisor.

A suggested format is on pages 14 & 15.



## The assessment interview

### THE PLAN

- Pick an appropriate place and time (private and planned).
- Decide what needs to be covered at the initial meeting.
- Have relevant information handy.
- Think about possible solutions before the meeting.

### THE INTERACTION

- Put the registrar at ease. Establish rapport.
- Explain the purpose of the meeting — provide details of the concerns raised.
- Listen to the GP registrar's side of the story.
- Gather information and clarify any uncertainties.
- Focus on communication. Use open-ended questions.
- Encourage the other person to talk.
- Actively listen. Take note of any underlying needs.
- Give verbal and non-verbal feedback indicating comprehension.
- Look for disparity between verbal and body language.
- Be aware of your body language. Maintain appropriate eye contact.
- Acknowledge the GP registrar's thoughts and feelings: "It seems to me that you are frustrated", "That's another way to look at it." You can validate feelings without agreeing with the viewpoint.
- Be willing to give praise where it is due.
- Clarify issues — repeat back and/or paraphrase. "It sounds like what you are saying is ... Is that what you mean?"
- Be prepared to negotiate on some difficult issues.
- Be honest with feedback.
- Be direct but constructive with observations and suggestions.
- Set short-term, achievable, measurable goals.
- If the need for referral to an expert mental health practitioner is immediately evident, assess the urgency.
- Document the important aspects of the discussion and outcome.
- Agree on a time and place for the next meeting.
- End the meeting on a positive note.
- Maintain confidentiality.

## Record of meeting with registrar

The principles of fairness, natural justice and confidentiality should apply in all dealings with GP registrars experiencing difficulties. Appropriate documentation, made at the time of the consult, supports these principles.

### ASSESSMENT INTERVIEW

GP registrar's name		Date	
GP training term		Lead GP supervisor	
Meeting convened by		Notes taken by	
Purpose of meeting			
Issues			
Actions			
Follow-up			



## GP REGISTRAR ACTION PLAN

GP registrar's name		Person completing this action plan	
GP training term		Lead GP supervisor	
Plan date		Review date	

Agreed actions	Expected outcome*	Person responsible	Review date
1.			
2.			
3.			
4.			
5.			
6.			

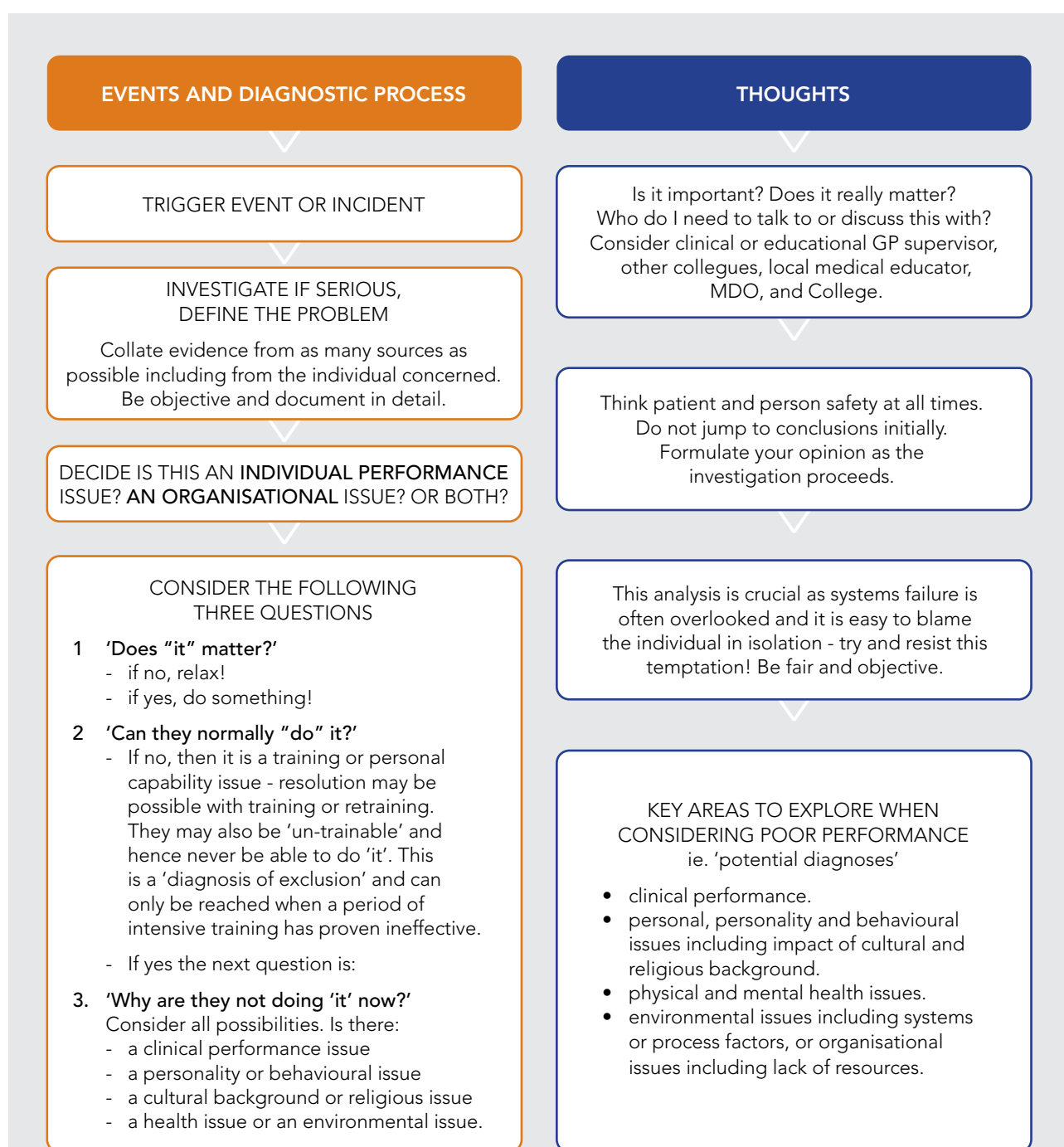
\*Ensure that planned outcomes are 'SMART': Specific, Measurable, Achievable, Relevant, Timeframed.  
 Ensure that the GP registrar has adequate support.

AHPRA notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Referral for specialist assistance:
College(s) notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
GP registrar signature		Lead GP supervisor signature
Date		Date

Source: Adapted from Trainee in difficulty a handbook for Directors of Clinical Training, South Australian Medical Education and Training (SA MET) Unit, 2014<sup>9</sup>

## 6. Developing appropriate support for the GP registrar in difficulty

As with any other diagnostic decision we make, once all of the required information is gathered, it may be possible to better assess the cause, severity, and appropriate remedy to the situation. This may be aided by application of a Diagnostic Framework<sup>10</sup>:



## A Diagnostic Framework for Poor Performance

Once the underlying cause of the difficulty has been determined and the GP registrar is aware of the problem and need for improvement, support may be provided as appropriate.

Implementation of changes will ultimately be the responsibility of the GP registrar and GP supervisor but may require involvement of others. For example, while any underlying health issues should retain the care of the GP registrar's usual GP, environmental or workplace issues may require involvement of other staff members, especially if rostering or workload concerns have been identified.

The relevant local medical educator or training advisor should also be involved at this stage, if not earlier. They may advise using workplace-based assessments. For example, External Clinical Teaching Visits (ECTV) and mini-CEX to help document, monitor and address identified areas of deficiency or learning needs.

## Clinical performance

Some trainees may be underperforming in specific aspects of their role and this should be addressed directly with focused training or retraining to include knowledge, technical skills and non-technical, professional skills. This may require an extended period of clinical supervision or targeted task-orientated training to a specific deficit.

Some trainees may perform adequately at one level but not demonstrate their capability to advance to a higher level with more complex decision making, leadership skills and multi-tasking. This will require a period of focused training and support which should include clear documentation of competencies achieved, or not achieved, to assist with future career counselling if the trainee is deemed unsuitable to progress with training.





## Personality and behavioural issues

Close 'clinical supervision' and dedicated 'developmental mentoring' can provide a supportive environment to tackle issues of insight into behaviour. Seeking advice or involvement from senior colleagues of similar ethnicity, cultural or religious backgrounds to a trainee in difficulty, where such factors are relevant, can be crucial in the resolution of problems relating to these factors.

Feedback, possibly using ECTV, video or simulated-patient scenarios can be used to challenge unhelpful or undesired behaviour. This work is difficult but progress can often be made with appropriate communication skills.

In more extreme cases occupational psychologists employing cognitive behavioural approaches or other performance specialists such as the Colleges or medical educators with specific remediation resources may need to be engaged. Sometimes problems persist and, particularly with personality disorders or other behavioural issues, remediation may prove impossible.

Career guidance and limits to practice may be necessary but these 'high-stakes' decisions should not be taken lightly and are decisions for the local accountability framework, the Office of the Health Ombudsman and AHPRA.

## Health issues - physical and mental

Doctors become ill like all other individuals and have higher rates of mental distress than the general Australian population.<sup>2</sup>

When considering possible causes of underperformance you should consider physical and mental health as well as substance misuse, such as drugs or alcohol, and explore these issues with your GP registrar. Anxiety and depression are no less common among doctors than the general population. When there is pressure on doctors to do well and succeed, their anxiety and/or depression may become heightened.

All doctors in difficulty should be assessed by an appropriate health professional. Good medical practice requires doctors to seek and follow advice from either their own or an independent specialist if their judgment or performance might be affected by illness.

If the GP registrar does not accept that they have a health problem, or they deny that their health issues are affecting their performance, as the educational GP supervisor, you will need to make an assessment of the situation. A key question in your assessment of health issues that may be affecting your GP registrar should be:

*If the GP registrar continues to work, may it continue to affect their health or place their patients at risk?*

If the answer is yes, steps must be taken to seek further help in order to advise the GP registrar. In this difficult situation the educational GP supervisor must inform the GP registrar of these concerns and explain that the College will need to be informed for an independent assessment.

In the unusual situation of a doctor insisting on continuing to work despite significant health and performance problems, it may be necessary to notify AHPRA. If your concern warrants reporting health and performance problems to AHPRA, you should provide advice to your GP registrar that medical registration requires all medical practitioners to notify any condition which might affect their professional capacity.<sup>11</sup> You may also wish to counsel your GP registrar on the benefit of self reporting and allow this to occur, however you should not assume that self reporting has occurred.

As the educational GP supervisor you have a legal responsibility to notify AHPRA if you believe a GP registrar to be physically or mentally impaired such that it affects the GP registrar's ability to practise safely.

You also have a responsibility to ensure adequate support is available such as recommending a mentor or counselling services. Strongly recommend to the GP registrar that they have their own GP and, where appropriate, treating specialist. Consider national services such as the Doctor's Health Advisory Service.

## Environmental issues

It has been identified that organisational issues, including systems or process failures are often under acknowledged in the investigation of poorly performing individuals.

*"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."*<sup>10</sup>

All can prove to be confounding variables when other problems arise and can often precipitate a dramatic deterioration in performance.

Exploring these issues with your GP registrar may actually highlight opportunities for the practice to improve its own productivity, reduce risk and support a return to optimal performance for the GP registrar.

If environmental issues are highlighted by your GP registrar during performance management and disregarded, this may later become evidence in a bullying and or harassment claim against the practice and/or the GP supervisor.

***"Failures include lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc, unrealistic work demands, poor clinical management, poor support and substandard working environments."***

## 7. Assessing, triaging and escalation of concerns

While every training post is different, and the scenarios in which a GP registrar might find themselves in difficulty are unique, the following framework supports the assessment of how performance issues can be managed and escalated appropriately.

TABLE 3: ASSESSMENT FRAMEWORK FOR GP SUPERVISORS IN THE IDENTIFICATION AND ESCALATION OF PERFORMANCE ISSUES IN THE AUSTRALIAN GENERAL PRACTICE TRAINING (AGPT) ENVIRONMENT.

Level	Leader	Description	Process	Examples
1a	GP supervisor	Issues which are relatively minor, likely to be noted by GP supervisor, colleagues or GP registrar.	Educational appraisal meeting with GP registrar: <ul style="list-style-type: none"> <li>Identify any contributory factors.</li> <li>Summarise in written report, shared with registrar.</li> <li>Develop amended training plan with GP registrar.</li> <li>Regular review of progress.</li> </ul>	Areas of poor knowledge or skills. Delay in acquiring some areas of professional practice.
1b	Local medical educator	Issues which are minor but are unlikely to be resolved in the current training post, or may require escalation to College.	As for Level 1a but may require objective mediation or alternative placement. May require extra ECTV and review.	Repeated exam failure. Poor learning portfolio documentation. Interpersonal conflict.
2	Regional Training Organisation / director of education	Issues not resolved at Level 1. Issues requiring additional training time. Issues involving patient safety. Disciplinary, or ongoing complaints directly related to the trainee's practice, health, or professionalism. Issues which are complex and/or longstanding. Significant risk for the trainee, patients or the organisation.	Educational Needs Review and report. <ol style="list-style-type: none"> <li>Clarify the issues.</li> <li>Summarise the evidence in current and previous placements.</li> <li>Assess contributory factors. Feedback to trainee. Develop planned remedial training jointly with all relevant educators.</li> <li>Regular progress review.</li> <li>Involve RACGP / ACRRM or AHPRA if indicated.</li> </ol>	Poor overall clinical knowledge and skills. Problems with generic skills such as teamwork, communication or professionalism. Repeated complaints directly relating to the trainee, suggesting performance, conduct or behaviour problems. Legal concerns or notifiable conduct. Failure to engage with the educational process for GP training.

Source: Adapted from Derry J, Jefferis T & Smith C, cited in Oxford Deanery Protocol for Supporting and Developing Doctors and Dentists in Training, Oxford Deanery, January 2013.<sup>12</sup>

While this framework does not cover every situation, it is important that GP supervisors recognise when concerns may require additional intervention at an early stage, rather than persist with local measures which may be insufficient and subsequently prolong the process.



## 8. Mandatory reporting

### What are mandatory notifications?

All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Under the National Law, health practitioners, employers and education providers also have some mandatory reporting responsibilities.

### What is a reasonable belief?

The threshold to require mandatory reporting is high. 'Reasonable belief' is a term commonly used in legislation, including in criminal, consumer and administrative law. While it is not defined in the National Law, in general, a reasonable belief is a belief based on reasonable grounds.

Note: Anyone can make a voluntary notification at any time.

Each National Board has published guidelines on mandatory notifications for its profession, which are published on each National Board's website. These guidelines help individuals to decide whether they are required to make a mandatory notification or not.

### Mandatory notification requirements for employers and registered health practitioners

The National Law requires registered health practitioners and employers of registered health practitioners, to advise AHPRA or a National Board if they have formed a reasonable belief that a health practitioner has behaved in a way that constitutes notifiable conduct in relation to the practice of their profession.

Notifiable conduct by registered health practitioners 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), or
- placing the public at risk because of a significant departure from accepted professional standards.

For more information on mandatory and voluntary reporting visit:

<https://www.ahpra.gov.au/Notifications/Raise-a-concern/Mandatory-notifications.aspx>

**"All registered health practitioners have a professional and ethical obligation to protect and promote public health and safe healthcare. Under the National Law, health practitioners, employers and education providers also have some mandatory reporting responsibilities. "**

## 9. What are the **legal issues** relating to supervision?

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Typically supervisors don't require any additional insurance to that which their Medical Defence Organisation (MDO) already provides, but as each MDO packages their products differently it is always wise to disclose that you will be providing supervision in writing and seek a formal response as to whether any additional insurance or disclosures need to be made.

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

Medico legal issues can arise if GP 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 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.



## 10. Roles and responsibilities of the involved parties

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**The GP registrar**, as an employee, has a contractual relationship with their employer and is subject to the terms of their contract, which is usually consistent with the National Terms and Conditions of Employment of GP registrars.<sup>13</sup> This may include details relating to working hours, attendance, workload, leave allowances and remuneration. GP registrars also have a responsibility to fully engage with the educational requirements of their College, in accordance with their AGPT Applicant Declaration.

**The GP supervisor and training post**, are similarly obliged by the terms of the employment contract signed with the GP registrar, but also bound by the training agreement in place with the College. The GP supervisor is responsible for ensuring the GP registrar is adequately supported in the care of their patients and receives the formal and informal teaching necessary to progress through their general practice training. As a member of the medical profession, they must protect patient safety, and are also obliged to report notifiable conduct.

**The local medical educator** is responsible for scheduling and facilitating regular formal teaching sessions, and for providing oversight of the training progress of the GP registrar in their training post. The medical educator also acts as the conduit for communication from the GP registrar and GP supervisor to the College. They may be required to provide additional teaching and support to a GP registrar in difficulty in accordance with their agreed action plan.

**The College(s)** must ensure that employment responsibilities are implemented. They are directly responsible for the management of performance and disciplinary matters, and that issues identified are addressed in a proportionate, timely and objective way. They should have robust processes for the identification, support and management of doctors whose conduct, health or performance is giving rise for concern. GP

supervisors should receive training from the Colleges in how to identify and support trainees in difficulty, in partnership with training program directors as appropriate. Colleges, through their director of education, should be aware of any regulatory changes that would impact on GP registrar training and standards. Employing organisations have a contractual responsibility to provide counselling and pastoral care for doctors in training.

**The Royal Australian College of General Practice (RACGP), and Australian College of Rural and Remote Medicine (ACRRM)**, have responsibility for determining the standards necessary for Fellowship of their college, and for accreditation of the training practices in being capable of delivering these to enrolled GP registrars. Through their summative assessment process, the colleges decide on the appropriate professional standards expected of examination candidates, and have robust appeals processes in place for dissatisfied registrars to question their outcome.

**Australian Government Department of Health** has responsibility for funding and contracting of the Colleges and therefore broadly for the administration of vocational general practice training in Australia. It executes this through the Australian General Practice Training (AGPT) program, and facilitates governance of the program. It also has responsibility for overseeing effective systems exist for managing problems that arise which prevent normal progression through the training process, for whatever reason.

**Australian Health Practitioner Regulation Agency (AHPRA)** is responsible for ensuring compliance of the medical workforce with national standards and for managing complaints from the public or the profession regarding the conduct of medical practitioners.

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