PODCAST WEBINAR

A "Call for Help" List for Supervisors and Registrars

Download the list https://gpsupervisorsaustralia.org.au/download/8119/

While we have long prided ourselves on the fact that general practice training in Australia is strong by international standards, in certain areas we can be perceived as lacking:

• Since AGPT registrars are funded by the practice, clinical work is potentially prioritised over education

• Australian GP supervisors are only required to complete six professional development hours per annum, which is less than a quarter of the international standard

• Australian GP registrars start seeing patients without routine oversight far earlier than counterparts in most other countries

• Research has revealed substantial numbers of safety issues only identified through random case analysis, more than a third of which were so bad that patients needed to be contacted in order to correct registrar issues.

Given our focus as supervisors should be ensuring our GP registrars only manage patients they are competent to manage, we must constantly question how much help we are offering - and being asked for - to enable them to reach the requisite level of competency.

How likely are they to recognise they need your input?

How readily accessible are you?

Are you genuinely approachable?

When does your registrar call you for help?

Are you in the same physical environment or only available via phone/computer?

Is there a cultural or psychological barrier preventing them from asking for help?

What is the purpose of the "Call for Help" list?

The new "Call for Help" list is available here. This document includes 80 general and clinical items identified as situations that should trigger a call to the supervisor. It has been designed to assist with the registrar's decision-making process and additionally serves as a tool for supervisors monitoring the progress of registrars or other supervised GPs throughout their placements.

How will I use the list?

The "Call for Help" list will help you communicate when you expect to be called for help and in what circumstances you need to monitor safety throughout the registrar's placement.

At the start of the registrar/supervisor relationship, you need to take the time to learn about your trainee, their experience, strengths and weaknesses, and their learning needs. You need to establish your own approachability, and promote the fact that your help and guidance will be available to them at any stage of their placement.

After the initial period of closer supervision, your registrar must be reminded that your role as their supervisor is a vital training resource. They need to understand that they are supposed to ask for your help frequently, and that there is no expectation that any practitioner - least of all them - will ever have all the answers.

Random case analysis can then be used as part of an audit technique to check the registrar is calling when they should against the list they have worked off, and to detect any "unknown unknowns".

How to use the list

- Registrar holds list; supervisor determines when items can be removed (ie: as competency is attained)

- Modification of list prior to and during clinical practice

- Contextualise to each registrar (and practice)

- Many items expected to remain on list throughout and beyond GPT1

- The list may be useful for generating teaching topics

- Use for assessment purposes

What does the list cover?

- Uncertainty flags

- New or challenging consultations

- Professional or Legal Issues

- Clinical problemsGeneral medicine

  – Paediatrics

  – Dependency / Addiction / Pain Management

  – Sexual Health

  – Mental Health

  – Travel Medicine

  – Possible Malignancy

  – Emergency Medicine / Acute Presentations

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Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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