



The new supervisor guide to best practice supervision in general practice



About this guide

Firstly, a warm welcome to GP supervision, and a big thank you for becoming a GP supervisor and joining a community of GPs dedicated to supporting registrars as they navigate their training into independent practice.

You are embarking on a role that is hugely rewarding but also one that can be highly challenging. The role of the GP supervisor is diverse; combining the roles of educator, mentor, role model, assessor, coach and pastoral carer.¹ It requires skills in:

- Teaching
- Communication
- Organisation
- Professionalism
- Administration
- Management
- Negotiation
- Planning
- Conflict resolution

...and many others.

GP supervisors juggle patient safety, registrar learning, and the wellbeing of their registrar, in addition to looking after themselves and the supervision team. It is therefore not surprising that GP supervisors are regarded as the cornerstone of general practice training.

This guide has been written for you, the new GP supervisor. It contains practical tips, links, information, and resources to support you and your team to deliver best practice supervision. However, it only really scratches the surface, and we encourage you to take a 'deeper dive' into the areas in which you find most interest. Whether you are a new Fellow or an experienced GP, this guide will help you start or expand on your role. GPSA warmly welcomes all new supervisors to the GPSA supervisor community and we hope to offer comprehensive support in your new role.

General Practice Supervision Australia (GPSA) receives funding from the Australian Government. GPSA produce a number of other guides and resources for GP supervisors and practices, visit www.gpsa.org.au to find out more.

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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.

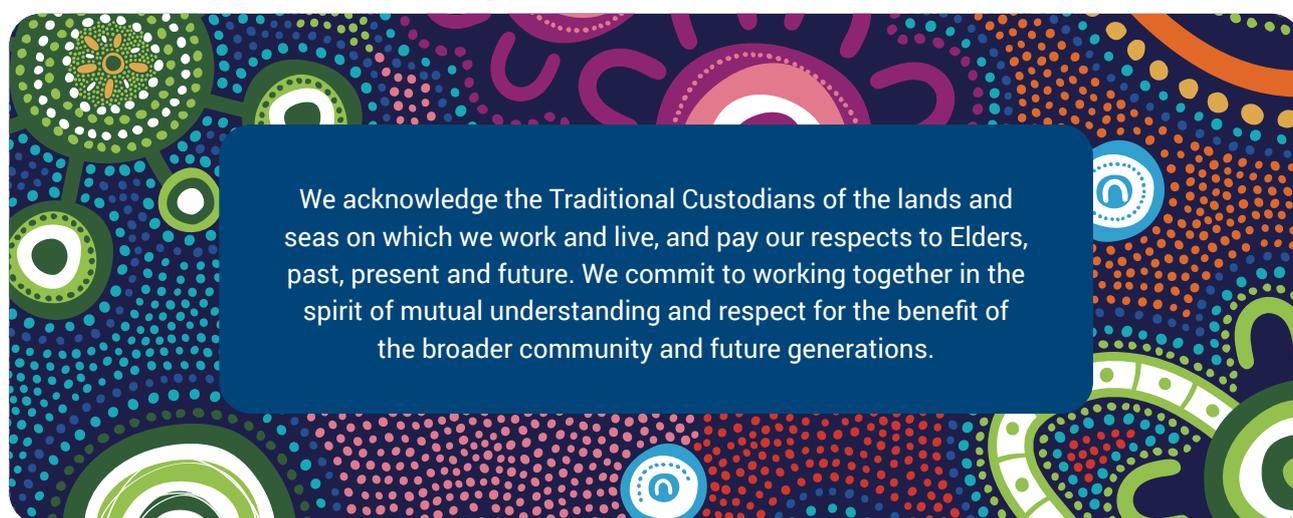
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GP supervision

Elements of supervision

The role of teacher is probably the most apparent of all the GP supervisor roles. But supervision isn't only about teaching, and the other aspects of the role are just as important.

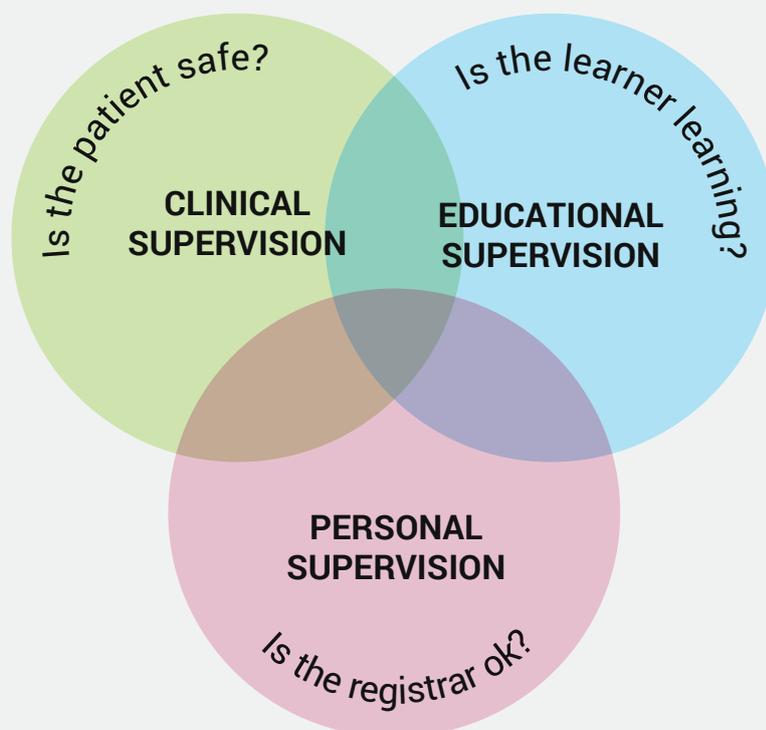
In a review paper from 2012, the GP supervisor was defined as 'a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development of a resident.'² Perhaps surprisingly, until this paper was published, we did not have a unifying definition of the GP supervisor role that was based on evidence and real-world experience. This new definition reflects the central importance of the

relationship between supervisor and registrar, and the unique setting of general practice in which it operates.

In practical terms, this definition means that supervision in general practice has three core, but intersecting, elements:

1. Clinical supervision, ensuring that the patient is safe
2. Educational supervision, ensuring the registrar is learning
3. Personal supervision, ensuring that the registrar is 'OK'.

Figure 1. The three spheres of clinical, educational, and personal supervision





1. Clinical supervision

Patient safety must underpin every aspect of supervision.³ Clinical supervision is the oversight role that the supervisor has over the safety of their patients. Patient safety must be assessed at the commencement of the training term and monitored throughout, and the level of supervision matched appropriately. In summary, supervisors must continually ask themselves the question 'Is the registrar safe in there?', and be able to provide an answer.

2. Educational supervision

Educational supervision parallels the clinical oversight role and includes the supervision of a registrar's learning and progress. This comprises identification of learning needs, planning learning, teaching, assessment, and provision of feedback. GPSA has a wide range of resources which elaborate further on the educational supervision role.

3. Personal supervision

Effective supervision is underpinned by a good relationship between the supervisor and registrar. Though not every 'alliance' will be a close one, it is essential that the relationship be functional, and be based on mutual understanding, respect, and trust. It is therefore important for supervisors to have a sound understanding of the registrar's background and experience, both professionally and personally. This may be especially important for IMG registrars, as their cultural background, world-view and approach to medicine could differ. Each of these three aspects of supervision will be elaborated upon further in this guide.

Core attributes of the GP supervisor

Back in 2003, an academic GP from the Netherlands set out to describe the core attributes of the competent GP trainer.⁴ The characteristics that were ranked as the most important were:

- Being good at giving feedback
- Being willing to give feedback
- Being critical of the trainee and the learning process
- Being good at communicating with the trainee
- Having respect for the trainee.

More recently, and closer to home, in 2019 GPSA sought to explore the attributes of high-quality supervisors of Australian GP registrars.⁵ GPSA identified the following seven themes that characterised high quality GP supervision:

- Seeking to continually refine and improve practice
- Actively structuring GP placements to optimise all possible learning opportunities
- Building a secure and caring relationship with registrars
- Enhancing registrar learning by drawing on the input of the whole practice team
- Applying learner-centred supervision
- Building the registrar's professional identity and capabilities for safe and independent decision-making
- Encouraging registrar reflection and delivery of quality feedback.



Tasks of the GP supervisor - best practice in supervision

As previously discussed, the role of the GP supervisor is diverse, and within it there are multiple responsibilities and requirements. One practical way of thinking about this role is to pose the question 'So what do I have to do?'

The GP supervisor role includes the following tasks:

- 1 Establish and maintain a high quality learning environment**
- 2 Prepare for the registrar's commencement**
- 3 Facilitate teaching and learning**
- 4 Assess competence and give feedback on performance**
- 5 Support wellbeing and safety**
- 6 Undertake ongoing professional development**

These tasks are elaborated upon below, with key resources listed for each task.

1 Establish and maintain a high quality learning environment

GPSA has recently developed a framework that provides the tools, strategies, and supports to help transform a GP clinic into a high quality clinical [learning environment](#). Developing and maintaining a 'culture of learning' in the practice provides the foundation for success in all aspects of supervision:

- Helps both the supervisor and registrar utilise the whole context to promote learning
- Enhances patient safety
- Provides universality and flexibility, which can support all types of learners, across diverse general practice settings
- Provides a way to regularly appraise the quality of the learning environment and make ongoing improvements and adjustments
- Complements existing accreditation requirements and can be used as an accreditation quality improvement activity
- Makes going through any accreditation or review process much easier
- Guides organisations like GPSA, and the colleges in the development of resources to better support quality GP teaching and learning
- Ultimately reduces workload.



3 Facilitate teaching and learning

Help the registrar plan their learning

Every registrar enters GP training with a unique background and experience, and therefore a unique set of learning needs. While learning is ultimately the responsibility of the registrar, the GP supervisor has an important role to help their registrar identify, clarify, prioritise, and address learning needs. There are a wide range of methods and tools that can be used for this purpose.

TOP TIPS

- Identify and discuss learning needs before the registrar starts seeing patients and ongoing throughout the term.
- Use a range of tools and methods to help the registrar identify their learning needs.
- Focus on 'unknown' learning needs.
- Consider non-clinical learning needs e.g. consultation skills, professionalism.
- Consider the process of planning learning as integral to teaching and assessment.

Key resource

- GPsA guide - Helping your registrar plan their learning



Provide formal teaching

Formal practice-based teaching is the dedicated, quarantined, structured teaching that is a requirement of both colleges. There are a wide range of possible methods that the GP supervisor can employ as part of practice-based teaching. These include problem case discussion, random case analysis, and topic teaching. Ideally, supervisors should use a diversity of methods to make the teaching experience engaging and rewarding. Each teaching method has particular strengths and/or shortcomings, and therefore the specific method should be matched to content, registrar learning needs, and learner styles.

TOP TIPS

- Focus on skill development rather than knowledge acquisition, especially encouraging your registrar how to 'think like a GP'.
- The consultation is the centrepiece of general practice education – ensure a focus on consultation skills development.
- Involve a wide range of staff members in formal teaching e.g. practice nurse, practice manager.
- When teaching, adopt an 'ask before tell' approach i.e., always probe the registrar for their understanding first before offering your advice.
- Use a wide variety of teaching methods – keep it fresh!
- Use 'topic tutorials' to help plug gaps in clinical exposure.

Key resources

- GPsA guide – Practice-based teaching
- GPsA guide – Random Case Analysis
- GPsA teaching plans



Provide 'ad hoc' support and informal teaching

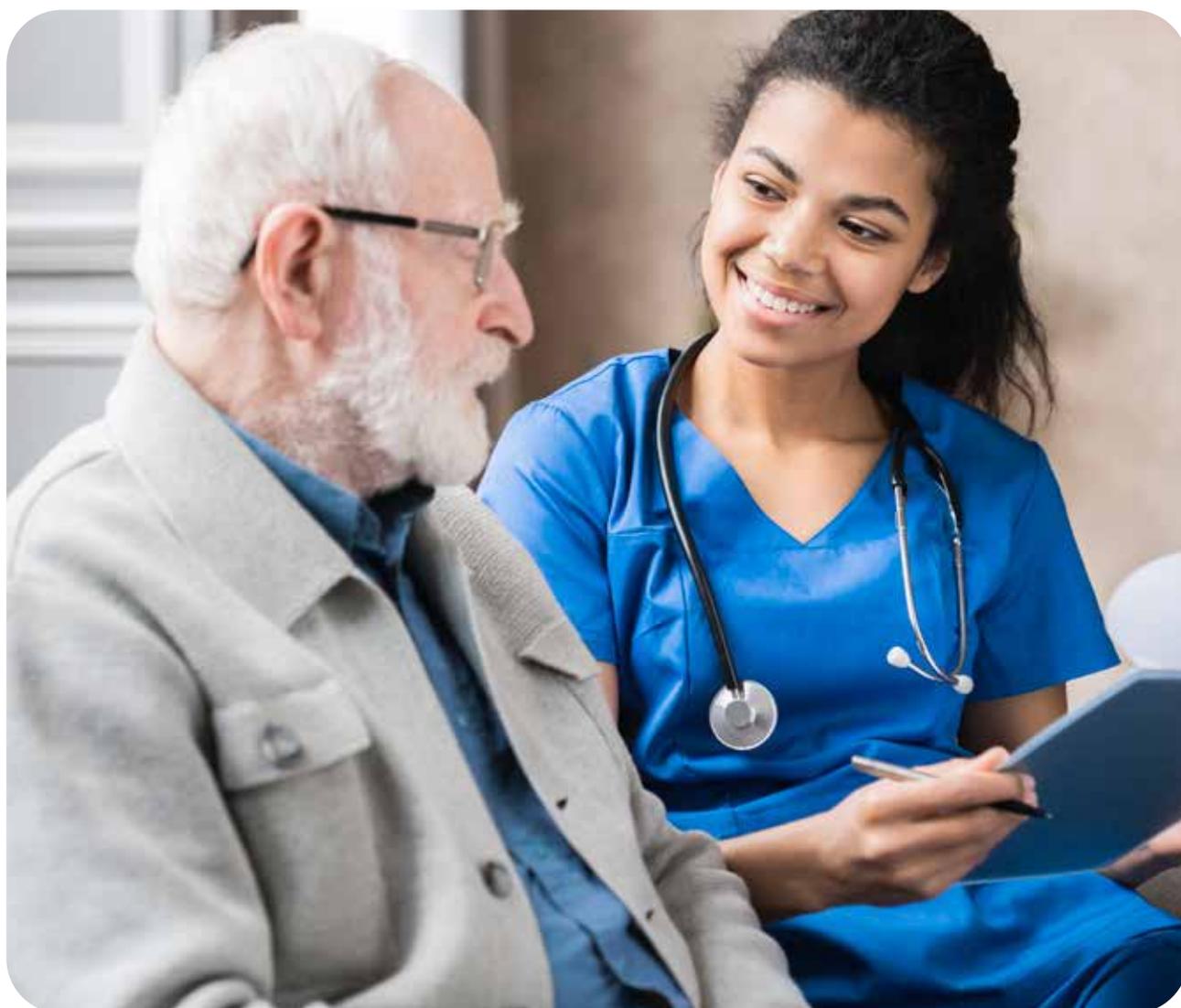
In addition to formal teaching, effective supervision also involves providing the registrar with assistance to clinical queries, so-called informal teaching or 'ad hoc' supervision. Informal teaching (also known as 'corridor teaching') is usually brief, unplanned, and opportunistic, and occurs in response to the registrar seeking more immediate assistance during the patient encounter.

Key resources

- 2021 AJGP paper '[PQRST: A framework for case discussion and practice-based teaching in general practice training](#)'⁶

TOP TIPS

- Explicitly discuss how and when the registrar should 'seek help' i.e., how to contact the supervisor etc.
- Use the '[Call for Help](#)' list to help identify when the registrar should call for help.
- Schedule sufficient time in the day for provision of ad hoc supervision e.g., book fewer patients, especially in the first weeks.
- Reassure the registrar that questions, interruptions, and ad hoc teaching is both expected and essential for patient safety and learning.





4 Assess competence and give feedback on performance

Another important task of the GP supervisor is to assess performance and provide feedback.

Undertake assessments

In comparison to 'summative' assessment (assessment *of* learning, for example in the fellowship exams), so-called 'formative' assessment is assessment *for* learning. Formative assessment is the in-practice assessment of performance that supervisors undertake with registrars throughout the placement. Formative assessment can be both formal, for example direct observation and random case analysis, or informal.

Provide effective feedback

Perhaps more important than assessment per se is using the information gathered to give effective feedback.

Feedback is at the heart of effective teaching and clinical supervision. It is an essential element of the supervision process to help develop a registrar's knowledge and skills. Feedback is ideally not one-way, but should be more of a two-way dialogue. Feedback can be formal, as part of structured performance reviews, or informal ('on the run').

To be effective, feedback needs to be:

- Based on observation
- Specific and relevant
- Given in a timely manner
- Given in a non-threatening environment
- Descriptive rather than judgemental.

New supervisors should be aware of the 'feedback paradox' – while feedback is a hugely important aspect of supervision and one that registrars crave, it is commonly not delivered in a frequent or consistent manner. GPSA therefore encourages regular formal and informal feedback as part of the

supervision role. A practice environment of two-way learning and feedback between supervisor and registrar helps to embed the concept of reflective practice and strengthens the supervisor-registrar educational alliance.

TOP TIPS

- The fundamental teaching methods to best assess performance are direct observation, problem case discussion, and random case analysis – use them often.
- Sit in with your registrar on the first day, and have them sit in with you.
- Competence is broad and includes non-clinical aspects of practice – ensure assessment of professionalism and other skills.
- Don't regard 'assessment' as a separate undertaking to that of identifying learning needs, teaching or feedback – they are all part of a cohesive approach to supervision.
- Seek assistance early when needing to identify and manage issues for the registrar in difficulty.
- Establish the process for formal and informal feedback at the commencement of term.

Key resources

- GPSA guide – [Giving Effective Feedback in General Practice](#)
- GPSA guide – [Identifying and Supporting GP Registrars at Risk in General Practice](#)



5 Support wellbeing and safety

Supporting wellbeing and safety is a broad task, and includes that of the patient, the registrar, and the supervision team.

Ensure patient safety

Monitoring and maintaining patient safety is the most fundamental aspect of the GP supervisor's role. It is essential therefore that the supervisor implement a model of clinical oversight that reflects the registrar's competence and ensures safe patient care. This requires early and ongoing assessment of competence, and a clear understanding of the nature and volume of patient encounters.

It is critical that all supervisors undertake a safety assessment of their registrar at the start of a placement. This may be informed by a range of methods and tools, including:

- Assessment of past experience and training
- Self-assessed competence and confidence
- Reports from previous GP placements
- Results of knowledge quizzes
- Assessment of approach to high-risk clinical situations
- Direct observation
- Random case analysis

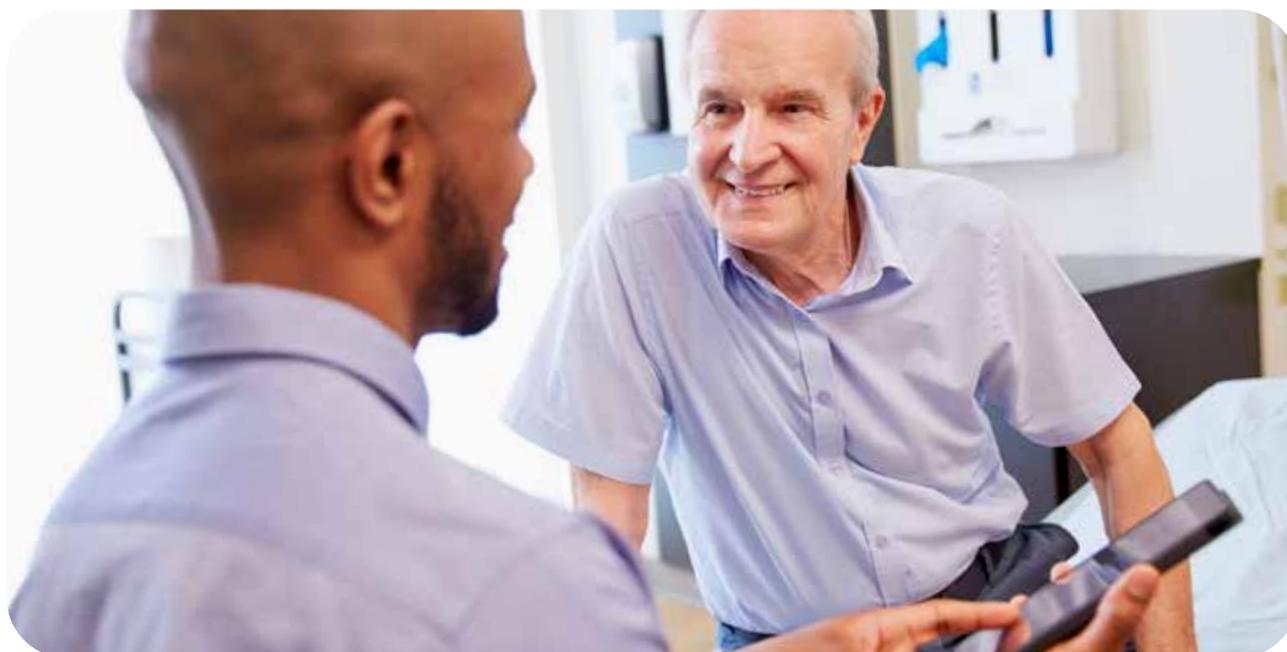
The assessment of the registrar's patient safety should be repeated in an ongoing way over the course of the placement.

Another important element of safety is cultural safety, in particular for Aboriginal and/or Torres Strait Islander staff and patients. Safety and wellbeing also requires robust practice policies, including for bullying, harassment, and discrimination.

GPSA recommends that supervisors develop a supervision and teaching plan with their registrar at the commencement of each new term. This is a semi-formal document which outlines a number of aspects of teaching and learning, and clinical oversight.

Ensure registrar safety and wellbeing

The GP supervisor has a key role as pastoral carer in both prevention and early intervention of stress-related issues in the registrar. Registrar wellbeing should be explicitly addressed in the first week of the placement and monitored throughout. Supervisors should enquire as to the support structures available to the registrar, particularly in the case of registrars who have relocated or are separated from family and friends.





Ensure safety and wellbeing of the supervision team

Lastly, the supervisor has an important role to ensure the wellbeing and function of the broader supervision team. Effective self-care for all is critical to ensure effective teaching and learning, and patient safety.

Key resources

- GPSA guide – [Random Case Analysis in General Practice](#)
- GPSA guide – [Identifying and Supporting GP Registrars at Risk in General Practice](#)
- GPSA guide – [Identifying and Supporting GP Supervisors in Difficulty](#)
- GPSA guide – [Aboriginal and Torres Strait Islander Health in General Practice](#)
- GPSA guide – [Bullying and Harassment: Pursuing Zero Tolerance in General Practice](#)
- FAQ – [Life Hacks and Self-care](#)

TOP TIPS

- Explicitly discuss patient safety with the registrar as the most fundamental element of supervision
- Be available, accessible, and approachable
- Conduct an initial safety assessment and match the level of supervision to this
- Consider the registrar's personal wellbeing and development as the third aspect of your supervision role, in addition to the clinical and educational aspects.
- Ensure that the registrar knows that you 'have their back'.
- Conduct regular supervision team meetings.

6 Undertake ongoing professional development

Ongoing professional development is an important commitment for the GP supervisor. Both colleges highlight the importance of ongoing professional development in their standards. Professional development should include supervision topics, as well as topics in clinical and non-clinical aspects of practice.⁷

Over the past few years, GPSA has developed a wide range of [educational resources](#) to assist supervisors in their role - refer to the following page ([page 14](#)).

TOP TIPS

- Attend professional development activities from a range of providers
- Regularly appraise your strengths and weaknesses as a supervisor and seek professional development to fill gaps in knowledge and skills.



Useful tips and tricks - some words of wisdom

“You don’t need to know it all!”

One of the biggest concerns for many new GP supervisors is feeling like they need to ‘know it all’. With a registrar in the practice, suddenly they may feel like their hitherto hidden knowledge gaps will be exposed, their rudimentary teaching skills critiqued, and their discomfort giving feedback raised to a new level. New supervisors may even worry they will feel like an imposter in the role, especially those only recently graduated who are just getting comfortable with clinical practice.

But just like a new registrar starting out in clinical practice, embarking on this new role does not require freshly minted supervisors to know it all. Far from it, in fact. For example, it is preferable to model lifelong learning by demonstrating information seeking rather than making up an answer to an unknown clinical query. Supervision knowledge and skills will develop with time, and confidence will grow with each successive registrar placement.

Many existing clinical skills are directly transferable to the supervision role. As GPs providing clinical care to patients on a daily basis, supervisors already have the foundational attributes – communication skills, advocacy, patient/learner-centeredness, curiosity, commitment, a passion for life-long learning, professionalism, organisational skills, and more – on which to build successful supervision.

“You don’t need to do it all!”

Shared supervision is where more than one doctor provides supervision for the registrar. Shared supervision can expose the learner to different perspectives and styles, as well as different ways of learning. If using shared supervision, it is essential to appoint a lead GP supervisor to coordinate the supervision and ensure tasks and requirements are completed.

Increasingly, general practice supervision is delivered by teams. Supervision teams may include other GPs in the practice, as well as practice nurses, the practice manager, allied health practitioners, Aboriginal Health Workers, cultural mentors, receptionists, and other administrative staff within the practice. It may be even broader, and include a community pharmacist or visiting physician, for example. Supervisors should build and support an effective supervision team, in order to give the registrar the broadest experience possible as well as make the supervision role more sustainable.



“Identify your own strengths and weaknesses, not just the registrar’s”

Apart from the generic skills, each supervisor will bring their own background and experiences to the role. It is useful to identify such knowledge and skills, and discuss them with the registrar.

Take a few minutes to reflect on your supervision experiences – from both *being supervised* as a student or junior doctor or GP registrar, as well as *supervising* your own learners.

What is your experience of being supervised?

How would you describe your past supervision experiences? What were the highlights? Were there parts that you did not enjoy? Was there one great mentor who you remember over others? What was it about them that made them so effective?

What is your experience as a supervisor?

What do you like about the supervision role? What aspects do you find challenging? What are your strengths as a GP supervisor? What areas do you need to work on?

What is your motivation to be a supervisor?

What are you particularly concerned about?

Here’s what some of GPSA’s supervisors say about their supervision experiences:

“It’s been rewarding to share my knowledge and expertise gathered through the years.”

“I truly love being a supervisor. It helps me to rediscover the joys of general practice when experiencing it with a registrar.”

“Being a supervisor allows me to uphold the importance of family doctors – and excellence in general practice.”

“Supervision stretches my abilities and gives me the chance to engage with younger doctors.”

“I see it as training those whom I will work with in the future.”



“Focus your energy on the things that will make a difference in the long term”

Registrars must learn a massive amount to be safe and effective practitioners, as well as to pass their exams. This can potentially be projected onto the GP supervisor, making them feel like they need to teach a correspondingly overwhelming amount to their registrar. The new supervisor may wonder therefore where to invest their energy. The following are suggestions to help focus this task.

Focus on skill development, not knowledge acquisition

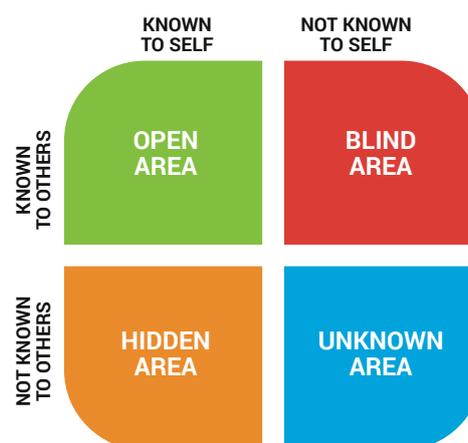
GP registrars are required to learn not just knowledge, but also skills and attitudes. While registrars are often driven by knowledge acquisition e.g. *‘What are the clinical features of gout?’*, and seek guidance about this from their supervisor, this aspect of learning may occur just as effectively from independent study. Skill development, however, requires deliberate practice and guidance, and could rightly be regarded as the primary aim of GP supervisor teaching. These skills include clinical reasoning, managing uncertainty, consultation skills, cultural safety, communication skills and more.

Add practical wisdom to learning

The supervisor has an important role to put the registrar’s learning into context, so called ‘practice wisdom’. Operating in a workplace-based learning environment, supervisors must be nimble and opportunistic by enhancing the learning that ‘walks in the door’. While the registrar may read about the presentation or diagnosis from a textbook or online resource, the supervisor has a key role to ‘contextualise’ the information into the real world of general practice, adding their accumulated wisdom to the theoretical knowledge. This also relates to framing learning through the prism of primary care and community-based medicine, in contrast to the hospital system from which the registrar came.

Uncover unknowns

The Johari window illustrates how gaps in knowledge, skills and attitudes can be hidden from the registrar, the supervisor, or both. It is useful for the new supervisor to think about uncovering ‘unknowns’ in their registrar, especially ‘unknown unknowns’. This is explored in detail in the companion GPSA guide, ‘Helping your registrar plan their learning’.





Address the non-clinical aspects of practice

GP registrars invariably focus on the clinical aspects of practice – diagnosis, investigation and management of illness. This is not all surprising and is even more of a focus as exams loom. However, as the curricula of both colleges describe, general practice is much broader than the clinical aspects of practice, and includes a breadth of non-clinical aspects of quality practice. In a similar way to focussing on skill development over knowledge acquisition, as above, we encourage GP supervisors to focus on the non-clinical aspects of practice in their supervision role – this includes communication and consultation skill development, population health, professional and ethical practice, organisational skills, risk management and medicolegal practice.

“Your relationship with the registrar is the foundation stone”

As previously stated, the foundation stone of effective supervision and registrar learning (and patient safety) is a respectful, trusting relationship between the supervisor and registrar. This can certainly begin before the registrar starts in the practice. GPSA recommends that once the placement has been confirmed, the supervisor should meet the new registrar well in advance of the commencement date, over a coffee is ideal. This may include a discussion of professional background and experience, as well as personal background and family (potentially for both the supervisor and registrar). The latter is particularly important if the registrar is relocating to join the practice. The conversation may cover cultural aspects, especially if the registrar trained in a country other than Australia. Roles and potential conflicts e.g. teacher versus assessor, might be raised. The conversation should certainly cover the registrar's expectations, aspirations, and concerns for the term ahead.





CASE STUDY

Chitra is a new GP supervisor in a regional town, 200 kilometres from the state capital city. She has been a GP for 12 years and has always had an interest in teaching. Her first ever GP registrar will be Ronnie. Ronnie is in her second six months of GP terms and spent her first term in a large urban practice. She is relocating from her partner in order to undertake the placement. Ronnie has done three years in the hospital system in a mix of terms.

Chitra has undertaken the training for new supervisors but is anxious about the role and keen to do an excellent job. She is confident in her clinical knowledge and skills but is aware of gaps in some areas and worries she will feel exposed. She accesses the GPSA new supervisor guide (this resource) for guidance. She is reassured by the advice that 'you don't need to know it all', and the fact that her existing skills will provide a good platform for the new supervisor role. She also reflects on the core attributes of a good supervisor and commits to providing regular feedback.

Chitra arranges a Zoom call with Ronnie a week before the term commences and they have a long discussion. They talk about each other's backgrounds and experience, including personal and family stuff. Chitra is open about her nervousness starting in the role, but also confident that she can help support Ronnie with development of some of the core general practice skills like consulting and clinical reasoning. They discuss Ronnie's learning needs, and the nature of the practice and supervision team. Chitra sets up another meeting with the practice manager to talk to Ronnie about the administration side of things.

On their first day, Chitra ensures a few hours are blocked off and meets with Ronnie to start the practice orientation. This includes a walk-through of the practice and 'meet and greet' with staff, as well as working their way through a number of elements of the orientation checklist. They complete the supervision and teaching

plan, review the 'Call for Help' list, discuss how Ronnie should call Chitra for assistance and which other members of the supervision team (two other GPs, and the practice nurse) can offer help. As part of this, Chitra also talks about the need to monitor and manage patient safety as part of the supervision role.

That afternoon they undertake an hour of 'reverse direct observation', with Ronnie watching three of Chitra's consultations and reflecting on her knowledge and skills.

At their first formal practice-based teaching session a few days later, Chitra sits in on Ronnie as she consults with two patients. It is her first opportunity to give formal feedback and is pleased afterwards about how it went. They also agree to undertake a session of random case analysis in the next couple of weeks in addition to the problem case discussion which is likely to occur every session.

Chitra sets up a monthly supervision team meeting with her colleagues (practice manager, practice nurses, two GPs) as a mechanism to monitor the placement. She also schedules attendance at two online professional development evening webinars over the next few months.

At the 6 week mark, Ronnie is visited by an external educator for her clinical teaching visit. Chitra values discussion with the educator about Ronnie's observed strengths and weaknesses, and it is agreed that a greater focus on consultation structure would be useful.

After a few months Chitra completes the mid-term assessment of Ronnie and sits down again for another two-way feedback session. The ad hoc teaching is going really well, and Ronnie is very happy with the formal teaching sessions, which have included inbox review and role playing a few scenarios. Chitra checks in again on Ronnie's wellbeing – she is managing being away from her partner pretty well, but they negotiate for Ronnie to take every second Friday afternoon off for her to return back to the city.



Appendix 1 - Orientation Checklist

Item	Completed Tick
Administrative information	
History of practice and general structure	<input type="checkbox"/>
Introduction to all staff and their roles	<input type="checkbox"/>
Practice information sheet	<input type="checkbox"/>
Practice and procedures manual	<input type="checkbox"/>
Facilities	<input type="checkbox"/>
Lunchroom facilities, toilets	<input type="checkbox"/>
Car parking arrangements	<input type="checkbox"/>
Fire/emergency procedure	<input type="checkbox"/>
Working conditions	
Working hours, breaks, roster changes	<input type="checkbox"/>
Method and timing of salary payment	<input type="checkbox"/>
Policy and procedure for leave arrangements	<input type="checkbox"/>
Registrar teaching - dedicated time blocked off	<input type="checkbox"/>
Policy on grievance procedures	<input type="checkbox"/>
Doctor's hours - correspondence	<input type="checkbox"/>
Recording incidents and adverse patients	<input type="checkbox"/>
Safety and privacy information	
General safety rules and CHS guide/manual	<input type="checkbox"/>
Overview of medical and non-medical emergency procedures	<input type="checkbox"/>
Blood and body fluid precautions	<input type="checkbox"/>
Procedure for needle stick injury	<input type="checkbox"/>
Use of practice equipment and systems	
Telephone	<input type="checkbox"/>
Fax, photocopiers and scanner	<input type="checkbox"/>
Appointment system and booking procedures - preferences	<input type="checkbox"/>
Requests for reports, writing telephone advice (how to bill)	<input type="checkbox"/>
Procedure for X-rays and follow-up	<input type="checkbox"/>
How to enter HIC items and numbers and billing	<input type="checkbox"/>
Phone messages	<input type="checkbox"/>

Orientation checklist

Discuss roles, expectations

There are a number of thorough orientation checklists available for use. Essentially, the supervised doctor needs to be familiarised with:

- The practice itself. This includes:
 - The people and their roles
 - Equipment and layout – especially for emergencies
 - Practice processes including appointments, billing, safety, confidentiality
 - The medical record system, investigation ordering and results, referrals
 - Resources – especially for learning but also for referrals and support. The local Health Pathways can be invaluable
 - The practice ethos and culture.
- The practice environment, including:
 - Local community
 - Geography
 - Resources.
- The multidisciplinary team, including private and public options for:
 - Pathology providers
 - Imaging referrals
 - Specialists and specialist investigations
 - Allied health
 - Aboriginal and Torres Strait Islander Health services
 - Pharmacist services
 - Interpreter contacts
 - Local hospital emergency department – direct phone number for handover of referred patients.
- General practice in Australia
 - MBS, PBS including CTG, Medical Board.
- How supervision, learning and teaching will happen
 - Shared understanding of the requirements of the training or workforce program.



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