GP Supervisor Guide

Teaching Professionalism

in General Practice

GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

About this guide

'Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.' (Hippocratic Oath, ~275AD)

Professionalism is the outward, visible expression of a profession's culture and what it stands for.[1] It derives from the Latin word 'profess', meaning 'to speak forth', and thus reflects the traditional outward assertion of professional and ethical values. Professionalism is a complex construct and difficult to define. It is observable but is more identifiable when it is absent.

More specifically, medical professionalism embraces the principles that characterise good medical practice, and the standards expected of doctors by their professional peers and the community.[2] Medical professionalism broadly embraces a number of common elements:

- a duty of care to patients as their primary concern;
- a mastery and maintenance of the knowledge, skills and attitudes in order to practice medicine safely and effectively;
- a commitment to ethical practice;
- self-awareness and self-reflection, and
- a collective identity.[3]

In the context of rapid societal change – the rise of technology, changing consumer expectations, increasing demands on resources, and the rapid expansion of medical knowledge and skills – the adherence by doctors to robust codes of professional and ethical behaviour has never been more important.[4]

Professional and ethical practice is an expected competency of Australian vocational GP trainees. It is known that GP training is a critical period in the development of future patterns of clinical practice for registrars, including that of professional behaviour. Supervisors therefore play a key role in the development of professional and ethical practice by their registrars.

This GPSA guide aims to support supervisors to identify, assess, and facilitate development of skills in professional and ethical practice of their registrars. It covers a range of practical strategies for supervisors to use in the teaching and learning professionalism in the general practice setting. This guide heavily references the Medical Board of Australia's 'Good Medical Practice – A Code of Conduct for Doctors in Australia'.[2]

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

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Contents

Professionalism

Workplace professionalism refers to the conduct, aims or qualities that characterise a profession or an individual within that profession.[5] While professionalism is obligatory for occupations such as medicine, our society also expects professionalism in interactions with individuals and organisations from all work sectors. Whether catching a taxi, booking a ticket to the theatre, hiring a contractor, or organising a home delivery, we know – and appreciate – professional expertise and service when we see it. We also know – and feel dissatisfied – when it is missing.

Professionalism is socially constructed by the stakeholders of each occupational group. For this reason, professionalism is not static, but constantly changing in response to the evolving social context.[6, 7]

Professionalism and the Medical Profession

Medical professionalism is regarded as one of the core factors in providing high-quality patient care.[8] Professionalism is closely associated with improvements in doctor-patient relationships, patient satisfaction, and even healthcare outcomes.[9] A good doctor is intrinsically a professional doctor.

However, despite its importance, there remains no clear consensus on the definition of medical professionalism. Over the decades, and across the globe, there have been multiple interpretations of the concept described in the international literature. The lack of an overarching definition of medical professionalism is in no small part due to its constant evolution, reflecting the changing social milieu in which medicine operates.[10]

In 1996, the Royal College of Physicians and Surgeons of Canada adopted the CanMEDS framework to describe the abilities that doctors require to effectively meet the health care needs of the people they serve.[11] These abilities are grouped thematically under seven roles, one of which is the doctor as professional. CanMEDS defines the role of the professional as physicians that:

> *"are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health."*

In 2002, a joint North American and European project published the *Physician's Charter - a declaration on medical professionalism requirements for the new millennium*.[12] This charter defined three fundamental principles of professionalism:

1. The primacy of patient welfare. This principle focuses on altruism, trust, and patient interest that must not be compromised by 'market forces, societal pressures, and administrative exigencies'.

2. Patient autonomy. This principle incorporates honesty with patients and the need to educate and empower them to make appropriate medical decisions.

3. Social justice. This principle addresses physicians' societal contract and distributive justice, that is, considering the available resources and the needs of all patients while taking care of an individual patient.

Closer to home, the Medical Board of Australia describes a number of professional values on which all doctors are expected to base their practice.[2] These include:

- a duty of care to patients as their first concern;
- to practice medicine safely and effectively;
- being ethical and trustworthy;
- integrity, truthfulness, dependability and compassion;
- confidentiality;
- patient-centredness;
- cultural awareness;
- good communication, and
- self-awareness and self-reflection.

Ethical practice refers to adherence to a set of established principles or rules around challenging situations. The word ethics comes from the Greek 'ethos', meaning customs or conduct. Classical biomedical ethics comprises four core principles - avoiding harm (safety), doing good (appropriateness and effectiveness), respect for autonomy (appropriateness and acceptability) and justice (accessibility and efficiency).

Professionalism and General Practice

The community has a right to expect professionalism in all aspects of general practice. Patients expect respectful, competent, confidential and safe interactions with their GP, and to be provided best practice care and outcomes. Equally, from administration staff to practice principals, all those who work in general practice have a responsibility to ensure they contribute to excellent standards of professionalism.

The general practice context is unique in providing first contact, comprehensive and longitudinal care to patients. As a result, it poses a breadth of unique professionalism challenges. A 2012 study of Australian GPs described a range of themes specifically related to professional and ethical issues in the general practice setting.[13] These comprised:

- preservation of the patient-doctor relationships;
- professional differences with other care providers;
- 'truth-telling', 'bending rules' and trust;
- ethically grey areas; and
- the personal demands of ethical decision-making.

Reflection:
For a moment, reflect on an occasion where you have encountered a 'grey area' of ethical practice.

How might this be interpreted by a learner?

The authors described the existence of an 'informal curriculum' of professional and ethical issues in general practice. They stated that GPs sometimes need to apply judgement and compromise in situations involving legal or ethical issues, in order to act in the best interests of patients and to successfully negotiate the patient-doctor relationship. Furthermore, the authors suggested that learners in this clinical context may perceive "*mixed messages and ethical lapses*" in these challenging 'grey' areas, compared to other (hospital) settings. These are important issues for GP supervisors to be aware.

Professionalism and GP Training

Professional and ethical practice is a core competency of both the Royal Australian College of General Practitioners (RACGP)[14] and the Australian College of Rural and Remote Medicine (ACRRM) curricula.[15]

The 2016 RACGP Curriculum for General Practice Core Skills Unit (https://www.racgp.org.au/education/education-providers/curriculum/2016-curriculum/core-skills-unit) defines the core skills and competency outcomes for professional and ethical practice as follows:

CORE SKILLS	COMPETENCY OUTCOMES
4.1 GPs are ethical and professional	4.1.1 Adherence to relevant codes and standards of ethical and professional behaviour 4.1.2 Duty of care is maintained 4.1.3 Patient-doctor boundaries are identified and maintained. 4.1.4 Critical incidents and potential critical incidents are identified and managed
4.2 GPs are self-aware	4.2.1 Professional knowledge and skills are reviewed and developed 4.2.2 Reflection and self-appraisal are undertaken regularly 4.2.3 Personal health and wellbeing is evaluated, maintained and developed
4.3 GPs mentor, teach and research to improve quality care	4.3.1 Professional knowledge and skills are effectively shared with others 4.3.2 Identify and support colleagues who may be in difficulty

The ACRRM Primary Curriculum defines the abilities for practicing within a professional and ethical framework as:

6.1 Ensure safety, privacy and confidentiality in patient care

6.2 Maintain appropriate professional boundaries

6.3 Be aware of duty of care issues arising from providing health care to self, family, colleagues, patients and the community

6.4 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements

6.5 Keep clinical documentation in accordance with legal and professional standards

6.6 Demonstrate commitment to teamwork, collaboration, coordination and continuity of care

6.7 Contribute to the management of human and financial resources within a health service

6.8 Work within relevant national and state legislation and professional and ethical guidelines

6.9 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes

6.10 Manage, appraise and assess own performance in the provision of medical care for patients

6.11 Develop and apply strategies for self-care, personal support and caring for family

6.12 Teach and clinically supervise health students, junior doctors and other health professionals

6.13 Engage in continuous learning and professional development

6.14 Critically appraise and apply relevant research

'Signing on' to become a GP supervisor means you have taken on the critical role of educational and clinical supervision of your registrar. While the Colleges have a significant role in co-ordinating and delivering training, most of your registrar's teaching and learning will occur in your practice under your supervision.[16] This includes professional and ethical practice.

Professionalism and Your Practice

Factors which contribute to the degree of professionalism in your practice, and therefore influence the development of your registrar's professionalism, are:

- practice culture;
- learning environment;
- training/induction process; and
- code of conduct.

Professionalism and Your Registrar

There are many factors that will have influenced a GP registrar's understanding and ability to apply professionalism to their work when they start their term in your practice. These include their age, cultural background, personality, intrinsic values, mental health, personal circumstances, and previous medical role models and learning experiences.

Ideally, your registrar will have had many positive experiences and professional role models during their medical training, and thus already have a sound base of professionalism to build upon. But some registrars may not be so fortunate: they may start their term in your practice disillusioned by their hospital experience, or anxious and uncertain about their clinical ability in a general practice environment, and therefore need more support in establishing their professional identity.

Whatever their baseline for medical professionalism, it is important to remember their understanding and value of professionalism is still under development. As their GP supervisor, you have a privileged role in helping to teach – or build – their professional understanding, ability and attitude, and in doing so how they pay that forward to the next generation of family doctors.

Assessing professionalism in your registrar

As previously stated, medical professionalism is a highly complex construct. It is not only multi-dimensional and difficult to define but is also continually evolving over time and across different contexts. As a result, assessment of professional and ethical practice, including of registrars in the general practice setting, is a considerable challenge.[17] The multifaceted nature of professionalism means that a registrar might be excellent in one aspect and deficient in another. No single method or tool is thus able to assess professionalism adequately, and a broad approach is required.

As with every other domain of general practice (clinical, communication skills etc.), both the regional training organisation and relevant college have the responsibility to assess the professionalism of your registrar. This happens formatively, with regular clinical teaching visits and other assessments, and summatively, with the college examination.

But as a supervisor, you also play an important role in assessing the professional and ethical practice of your registrar. This includes review and facilitated reflection on the RTO-administered formative assessment activities, as well as your own formal and informal assessment processes.

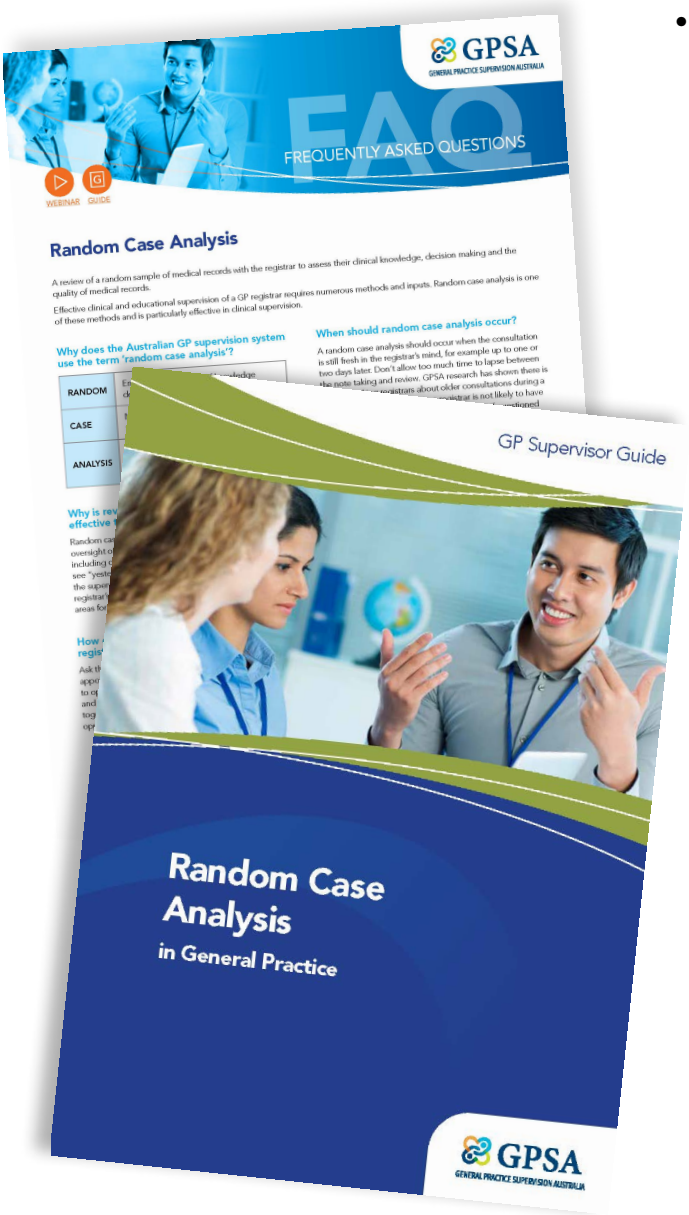
- **SELF-APPRAISAL**
  There are a number of formal tools that exist for self-assessment of professional practice. However, these are significantly limited by a respondent's insight and honesty. Your college might require the registrar to complete a self-assessment tool as part of their training – if so, you can help the registrar reflect on their responses and help identify areas of strengths and weaknesses.

- **MULTI-SOURCE FEEDBACK**
  The collated views of colleagues, so-called 'multi-source feedback' (MSF) or '360-degree assessment', is also a well-described tool for assessing professionalism in the workplace. As with self-assessment, you can facilitate reflection on the results of RTO-administered MSF assessments. However, even in the absence of a specific tool, by default you will inevitably be undertaking informal multi-source feedback of the professionalism of your registrar – synthesising the feedback from practice staff, patients and colleagues.

- **DIRECT OBSERVATION**
  Direct observation is the ideal way to assess a registrar's clinical, consultation and communication skills.[18] Additionally, direct observation has been demonstrated to be a valuable method for assessing professionalism.[19] This is, in part, because it is conducted within an actual patient care setting, making it authentic and valid. Use of a structured tool, like the mini-clinical evaluation exercise (mini-CEx) or other consultation observation instrument, can improve reliability. Aspects of professionalism particularly suited to assessment during direct observation include the doctor-patient relationship, reflective practice, time management skills and inter-professional skills.[18]

- **CASE DISCUSSION**
  Professionalism issues may arise during routine problem case discussion. Such issues may be prominent in the case e.g. confidentiality or boundary concerns, or more hidden, requiring the supervisor to explore a registrar's understanding of the issues.

- **PATIENT OPINIONS**
  Patient opinions on your registrar are a powerful method by which to help assess their professional practice. These might be gathered informally during consultations with patients that have previously seen your registrar, or as part of a more formal survey. Patient opinions as an assessment tool are broadly valid and reliable, but may be misleading (for example, where a 'demanding' patient is critical because their needs where not met).



- **RANDOM CASE ANALYSIS (RCA)**
  RCA is a powerful supervision tool for the assessment and teaching across all domains of general practice[20], including professional and ethical practice. Its strength lies in the fact that, unlike problem case discussion, where the registrar selects which patients to discuss, in RCA clinical records are selected and reviewed at random. This allows identification and exploration of areas where the registrar either does not recognise a gap ('unconscious incompetence'), or those they wish to avoid ('conscious incompetence').
- Supervisors can pose a range of professional and ethical scenarios as part of in-practice teaching – this provides an excellent opportunity to assess a registrar's knowledge and skills in this domain. The GPSA Scenario cards are ideally suited to this purpose see www.gpsupervisorsaustralia.org.au/flash-cards/

For more teaching tips and information about RCA, read:

- GPSA guide Random Case Analysis in General Practice
- GPSA resource Random Case Analysis – Frequently Asked Questions

SCENARIO
TOOLBOX FOR MEDICAL SUPERVISORS

Teaching **professional and ethical practice** to GP registrars

Much has been written on the teaching of medical professionalism in the international literature. [21,22,23] In summary, two complimentary approaches have been described. The first is explicit teaching of the so-called 'cognitive base' of professionalism, including its characteristics and practical applications. The second is regarded as more a 'moral endeavour', emphasising the teaching of professional attributes through role modelling and experiential learning.[21]

So, what does that mean for you as the GP supervisor? Your registrar is likely to arrive at your practice more concerned about how to manage polycystic ovarian syndrome or tension headache, or what they need to know to pass exams, rather than how to be a professional and ethical practitioner. Your first task is therefore to stress the importance of the non-clinical aspects of being a good GP, and thus reinforce the significance of professional practice.

Thereafter, the role of supervisor in teaching professionalism embraces two aspects – explicit teaching of the elements of professionalism as they relate to general practice (confidentiality, consent, boundaries etc.) and providing opportunities for facilitated reflection of 'real world experiences'.

BOX 1. STRATEGIES FOR TEACHING PROFESSIONAL AND ETHICAL PRACTICE

GENERAL

1. ROLE MODELLING
2. SELF-AWARENESS AND SELF-REFLECTION
3. INFORMAL TEACHING
4. FEEDBACK

SPECIFIC

1. SET EXPECTATIONS
   - 1.1. Discuss previous understanding and experience
   - 1.2. Discuss practice code of conduct
2. PERFORM ASSESSMENTS
3. SUPPORT AND TEACH PROFESSIONAL AND ETHICAL BEHAVIOUR
   - 3.1. Facilitate teaching role
   - 3.2. Role-play professional and ethical scenarios
   - 3.3. Write up and present a professionalism case
   - 3.4. Analyse and present a critical incident
   - 3.5. Discuss key content areas
4. REMEDIATE UNPROFESSIONAL BEHAVIOUR
5. FOSTER A SUPPORTIVE CULTURE

General teaching strategies

A 2013 systematic review on the best evidence for how professionalism in medicine should be taught identified that the most important and effective elements are role modelling and guided personal reflections.[10]

ROLE MODELLING

"Good medical practice involves acting as a positive role model for team members."[2]

Professionalism is learned through continuity of experience guided by positive role models in real practice settings.[10] Therefore, while your registrar will have learned and been exposed to elements of professionalism during their medical studies and hospital training, your mentorship now provides a vital component in their professional growth.

Role modelling has a strong influence on GP registrar behaviour and has been credited as 'the primary teaching strategy of clinical education'.[24] Indeed, role modelling has been described as 'arguably the most effective way of instilling professional values in learners'.[25] Role models are also important in the development of collegiality and the sense of professional identity. GP supervisors need to be acutely aware of the influence of their own professional practice on registrars, and therefore model professionalism in all aspects of their work.

In particular, doctors who protect time to provide feedback and consciously articulate what they are modelling in addition to providing good clinical care have been recognised as excellent role models.[26]

As a GP supervisor, you can role model the following:

- professional behaviour with patients and other healthcare providers;
- punctuality and appropriate dress;
- appropriate billing practice;
- reflective practice;
- lifelong learning; and
- self-care.

Role modelling also extends to the perceived professionalism of the practice – its ethos, processes and culture. The practice culture either can support professional behaviour or subvert it. As previously described, the influence of the 'informal' and 'hidden' curricula on development of professional values can be strongly positive or negative.

SELF-AWARENESS AND SELF-REFLECTION

Doctors are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing.[2]

Reflection is defined as:

'a metacognitive process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters'.[27]

Metacognition means 'thinking about thinking' and implies the analysis and interpretation of past thoughts and actions to guide future behaviour. Reflection is regarded as an integral aspect of so-called 'self-regulated' and lifelong learning, and necessary to develop professional expertise.[28]

Reflection:
Ask your learners to list all the examples of unprofessional behaviour they have experienced. Why were they examples of unprofessional behaviour?

There is strong evidence that effective reflection is most likely to occur when it is well supported by good supervision.[29] Guided reflection and feedback from a mentor or supervisor is important so that underlying assumptions can be challenged, and new perspectives considered.

GP supervisors therefore play a role in encouraging GP registrars to 'stop and think' and build reflection into their daily practice. Key elements of this include:

- provide motivation by emphasising the importance of reflection for professional development;
- 'mindful' practice and self-monitoring;
- feedback (see below); and
- use of a reflective diary or log.

INFORMAL TEACHING

Good medical practice involves recognising and working within the limits of your competence and scope of practice.[2]

Self-reflection also embraces the awareness of one's limitations and willingness to seek help. It is essential at the beginning of term for the supervisor to discuss with their registrar the mechanics of help seeking (who/when/how to call for assistance etc.) and encourage the registrar to ask for support whenever they need. This may entail a conversation around a registrar's perceived confidence and competence, and appraising their insight into their clinical limitations.

FEEDBACK

"It is part of good medical practice to provide feedback and supervision to colleagues and doctors in training."[2]

Feedback is a critical element of the apprenticeship model of Australian GP training, and constructive, timely feedback is essential to the professional development of registrars. Learners value and crave feedback in order to improve performance. Evaluation and feedback on development of professional values is as essential as that related to clinical skills. A useful form of words is "I want to give you some feedback on your professional and ethical practice".

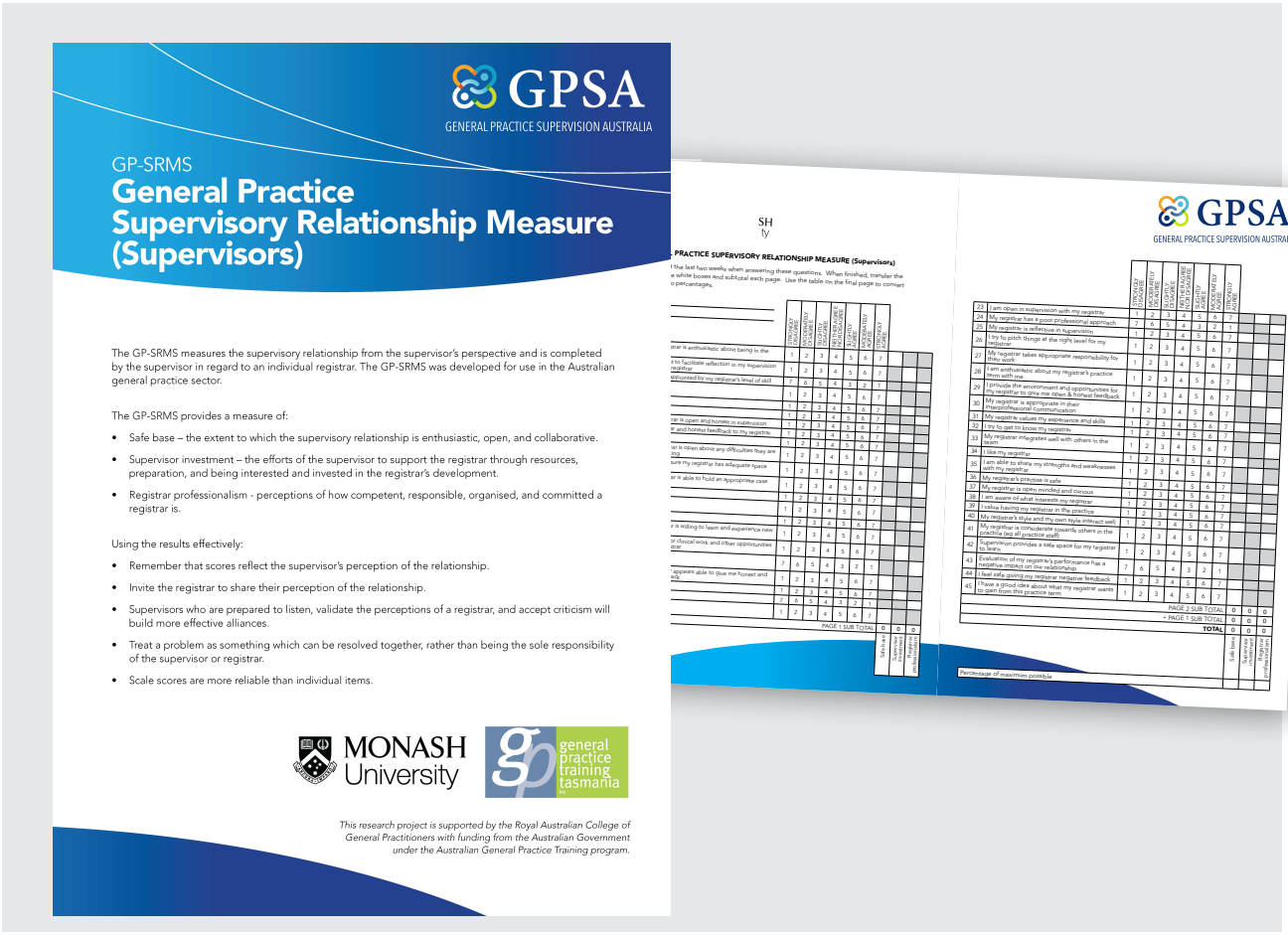
It is thus important to promote a culture of feedback in the practice, including the development of an educational alliance with the registrar. The establishment and maintenance of an educational alliance has been described as central to the role of the GP supervisor.[16]

In 2018, GPSA, in partnership with General Practice Training Tasmania and Monash University successfully adapted and validated a tool to measure the educational alliance - the GP-Supervisory Relationship Measure for Supervisors (GP-SRMS). This includes professionalism. A version for registrars, the GP Supervisory Relationship Measure for Registrars (GP-SRMR) will also be available later in 2018.

The use of one or both these tools provides an opportunity for reflection and feedback for the supervisor and/or registrar and to raise important issues for discussion in the context of the supervisory relationship.

For further teaching tips on feedback, read:

- GPSA guide Feedback
- GPSA resource Feedback – Frequently Asked Questions



Specific teaching strategies

The international literature suggests that several steps are involved in teaching medical professionalism, as follows:

1. Set expectations;
2. Perform assessments;
3. Support and teach professional and ethical behaviour;
4. Remediate unprofessional behaviour, and
5. Foster a supportive culture.[31]

In a general practice setting, this can be translated as follows.

1. SET EXPECTATIONS

The first step in teaching professionalism to your registrar is to define the behaviour expected in your general practice, and more broadly, of the profession and the community. Consider this as an 'orientation to professionalism in the practice'. This is ideally commenced during your initial meeting with a registrar prior to them signing a contract with you. Following that, professionalism should be then explicitly discussed in your induction with the registrar.

The following is a useful approach:

- Sit down with your registrar get to know them. Ask about their training, understanding of professionalism and examples of professional and unprofessional behaviours they have observed in their training to date. This conversation will help you establish a baseline of your registrar's understanding and experience of professionalism. Then talk more specifically about the professional standards for which they have agreed to abide by in signing their employment contract with your practice.
- Your practice may have included the Medical Board of Australia Code of Conduct[2] under the category of professionalism in the contract. Either way, you could now read/discuss the code together. Present your registrar with a printed copy of the code, with a cover page provided by your practice for both your signatures once you have read through the code together.
- After reading and discussing the document, ask your registrar to sign the cover page provided by your practice which specifically states the registrar has read, understood and agreed to abide by such principles (example below).

LANE ROAD MEDICAL PRACTICE (insert your practice name)

I, ……, hereby declare I have:

- Read and discussed with my GP supervisor …… the Australian Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors
- Agree to abide by the above code of conduct during my training term as a registrar at the…… (practice name)
- Understand that non-adherence to any element(s) of this code will result in remedial or disciplinary action, including dismissal (pending the type and severity of the breach of this code).

……

Registrar's name

2. PERFORM ASSESSMENTS

Supervisors should explicitly incorporate discussion of professionalism into formative assessments (see section 'Assessing professionalism in your registrar', page 10).

3. SUPPORT AND TEACH PROFESSIONAL AND ETHICAL PRACTICE

There are a number of specific teaching activities that can be employed for teaching professional and ethical practice to registrars. Assessment methods (direct observation, RCA etc.) provide great opportunities for teaching. Other specific teaching activities include:

- supporting registrars to take on a teaching role in the practice (see later);
- role-playing a range of professional and ethical scenarios, either based on (de-identified) real cases, or fictional scenarios (see GPSA Scenario App);
- writing up and presenting a case where professionalism issues were prominent e.g. confidentiality, duty of care, boundaries; and
- analysing and presenting critical incidents.[33]

Similarly, there are a number of important content areas that can be discussed as part of in-practice teaching on the topic of professionalism. While is a reasonable assumption that registrars will have had some teaching and experience in most of these areas, in many ways the general practice environment is significantly different to that of the hospital setting. Thus, for many aspects of medical professionalism, there are important contextual influences of the general practice setting which should be highlighted. These are listed below with the relevant extract (at times abridged) from the Medical Board's Code of Conduct.[2]

PATIENT-CENTRED CARE

Good medical practice is patient-centred. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient.[2]

Patient-centred care is one of the tenets of quality general practice, and has been found to be positively associated with enhanced patient satisfaction and better health outcomes.[34] Developing a registrar's skills in patient-centred care is a key element of GP supervision. Supervisors should encourage the use of a patient-centred approach to consultations and exploration of the patient's agenda, and explicitly link this to professionalism. This includes identifying the patient's ideas, concerns and expectations ('ICE'), respecting the patient's views on health, and sharing the patient in decision-making. Patient-centred care is ideally assessed and taught during direct observation sessions.

BOUNDARIES

Good medical practice involves maintaining professional boundaries; never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care. This includes those close to the patient, such as their carer, guardian or spouse or the parent of a child patient; avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.[2]

Discuss with your registrar how to separate personal and professional relationships (a particular issue in smaller rural communities) and the so-called 'red flags' for the risk of inappropriate interactions e.g. feeling uncomfortable about seeing a particular patient, inappropriate requests from patients, situations where the registrar may be providing a level of care that is outside of their normal practice.[32]

The continuity and depth of relationships with patients in general practice is starkly different to that in the secondary care setting of the hospital. Potential boundary issues are therefore more likely and potentially problematic in general practice, and it is essential for supervisors to explicitly discuss maintenance of professional boundaries with their registrars.

For teaching tips, see:

- Medical Board of Australia: sexual boundaries – guidelines for doctors: http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Sexual-boundaries-guidelines.aspx
- MDA resource on Managing Boundaries: https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2013/02/managing-boundaries

CONFIDENTIALITY

Patients have a right to expect that doctors and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations.[2]

Registrars are likely to have a good general understanding of confidentiality as it relates to medical practice. However, there are some unique elements specific to general practice that are potentially likely to make confidentiality more challenging e.g. caring for multiple members of a family. Supervisors can discuss such challenges, as well as situations where confidentiality may need to be breached e.g. mandatory disclosure. The perils of social media and digital technology e.g. online case discussion and photography, and the management of a professionally safe online presence are also an important area of discussion. A 2018 study reported that students welcome formal teaching on how to ensure their online presence is in line with their professional aspirations.[35]

For teaching tips, see:

- Medical Board of Australia Social Media Policy: https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-guidance.aspx
- AVANT resource on social media: www.avant.org.au/Resources
- MDA resource on online professionalism: https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2013/09/online-professionalism

CONSENT

Good medical practice involves … obtaining informed consent …before you undertake any examination, investigation or provide treatment.[2]

Like confidentiality, the principle of informed consent should be generally well understood by most registrars. However, it is important to discuss specific practice processes and procedures for consenting patients for medical procedures e.g. excisions, and teaching medical students etc.

For teaching tips, see:

- AVANT resource on consent: www.avant.org.au/Resources

COMMUNICATION

Good communication underpins every aspect of good medical practice.[2]

Good communication skills are fundamental to safe clinical practice and professional behaviour. This includes written and verbal communication with patients, staff and other health care providers. At times, registrars may have communication issues which can significantly impact on the standards of both perceived and actual clinical and professional practice.

Teaching in this domain can include discussion of:

- communicating with children and adolescents, and people from other cultural backgrounds;
- end-of-life care;
- breaking bad news;
- communicating with patients about adverse events; and
- referral to, and contact with, other healthcare providers.

For teaching tips, see:

- Doctors Speak Up website - communication and language skills for international medical graduates: www.doctorsspeakup.com/home
- GPSA resource – Scenario App https://gpsa.org.au/scenario/

ADVERSE EVENTS AND MANAGING COMPLAINTS

When adverse events occur, you have a responsibility to be open and honest in your communication with your patient, to review what has occurred and to report appropriately.[2]

When a complaint is made, good medical practice involves …working with the patient to resolve the issue, where possible; providing a prompt, open and constructive response…[2]

Adverse events can happen in general practice, and appropriate management is an important learning need for GP registrars. It is thus very valuable to discuss with your registrar your practice's approach (and policy) to adverse events and complaints, including how and where to seek help, communication with the patient, and contact with the medical indemnity insurer. Using past examples of resolved adverse events or near-misses is a useful strategy.

For teaching tips, read:

- AVANT resource on adverse events: www.avant.org.au/Resources
- AVANT resource on complaints: www.avant.org.au/Resources

If a complaint is made against you, information about what to expect can be found on the AHPRA website: https://www.ahpra.gov.au/Notifications/mandatorynotifications/Resources-to-help-you.aspx

MEDICAL RECORDS

Maintaining clear and accurate medical records is essential for the continuing good care of patients.[2]

Supervisors have an important role to ensure that registrar notes are accurate, up-to-date and comprehensive, and sufficient to facilitate continuity of patient care. Additionally, clinical notes need to be respectful of the patient and other health professionals. Appropriate clinical record keeping is ideally assessed and taught using random case analysis. Teaching in this area can also include documentation of arrangements for follow-up, including use of recall and reminder systems; billing practice; and certification.

For teaching tips, read:

- MDA resource on Medical Records: https://www.mdanational.com.au/advice-and-support/library/publications/2019/06/dip-medico-legal-booklets?accordion=9be27ebd-b413-4490-9c0a-f2becb3352aa

CERTIFICATION

Doctors have been given the authority to sign a variety of documents, such as death certificates and sickness certificates, on the assumption that they will only sign statements that they know, or reasonably believe, to be true.[2]

The relationship with patients in general practice can at times complicate the issuing of medical certificates, with potentially serious medico-legal consequences. This can be a rich area of discussion with registrars. Random case analysis is an excellent method for identifying and discussing challenging certification issues.

For teaching tips, read:

- AVANT resource on medical certificates: https://www.avant.org.au/Resources/Public/Medical-certificates-and-your-responsibilities/

TEACHING AND SUPERVISION

Good medical practice involves seeking to develop the skills, attitudes and practices of an effective teacher, whenever you are involved in teaching; making sure that any doctor or medical student for whose supervision you are responsible receives adequate oversight and feedback.[2]

Encouraging registrars to teach medical students and other learners in the practice is an excellent method to facilitate the development of skills in professionalism. Australian research has previously demonstrated that registrars recognise that teaching students improved their own reflective practice and professional identity.[36]

CONFLICTS

Good medical practice involves recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient; recognising that pharmaceutical and other medical marketing influences doctors, and being aware of ways in which your practice may be being influenced; not asking for or accepting any inducement, gift or hospitality of more than trivial value.[2]

Conflicts of interest commonly occur in general practice and supervisors can play an important role in highlighting ways to manage these. In particular, the ethical challenge of receiving gifts should be discussed.

For teaching tips, read:

- MDA article on gifts: https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2014/11/season-for-gifts

SELF-CARE

Good medical practice involves having a general practitioner; seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment.[2]

The combination of a demanding job in an unfamiliar setting with the burden of training can make general practice training an overwhelming prospect for some registrars. As supervisor, you have a vital role as pastoral carer, and indeed, overt discussion of self-care is an important element of teaching professional practice. You should identify whether your registrar has their own GP, and encourage/facilitate this if not. You can play an active part in identifying and reducing registrar stress and supporting and monitoring a registrar's wellbeing.

For teaching tips and resources, see:

- GPSA Resource: GPSA Guide: Identifying and Supporting GP Registrars at Risk.

4. REMEDIATE UNPROFESSIONAL BEHAVIOUR

The fourth pillar of teaching professional and ethical practice is the remediation of unprofessional behaviour. It is important to remember that most registrars experiencing professionalism issues can be supported, over time, to become competent clinicians.

Early warning signs of unprofessional behaviour have been described, and include:

- The 'disappearing act' - not answering calls or messages; frequent sick leave or absence;
- Low work rate - tardiness in doing procedures, completing patient notes, making decisions, arriving early, leaving late and still not achieving a reasonable workload;
- Irritability – aggressive or passive aggressive responses; anger; disrespectful or dismissive speech;
- Rigidity - poor tolerance of uncertainty; inability to compromise; difficulty prioritising; inappropriate complaints;
- 'Bypass syndrome' - receptionists avoid booking patients with the doctor 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;
- Lack of engagement in educational processes - failing to attend tutorials, late with assessments, little or poor reflection, and
- Poor work ethic - arriving late and leaving early, taking frequent tea breaks or extended lunch breaks, not engaging with practice staff.[37]

The approach to remediating the registrar experiencing difficulties with professionalism is beyond the scope of this guide, but is well described elsewhere. In general, it rests on three principles:

- Patient safety is the primary consideration;
- Registrars in difficulty need supervision and support and
- Prevention, early recognition and early intervention are always preferred over a punitive approach.

For further information, read:

- GPSA Resource: GPSA Guide: Identifying and Supporting GP Registrars at Risk: https://gpsupervisorsaustralia.org.au/download/2165/
- HETI Guide - Trainee in difficulty - a management guide for Directors of Prevocational Education and Training: https://www.heti.nsw.gov.au/__data/assets/pdf_file/0006/426696/trainee-in_difficulty-guide.pdf

5. FOSTER A SUPPORTIVE PRACTICE CULTURE

Developing a supportive institutional culture is the final element involved in teaching professionalism. This entails a whole of practice approach to the maintenance of professional behaviour.

Resources

Useful resources

Many resources are highlighted in the relevant sections of this guide. Others are listed below.

PROFESSIONAL GUIDELINES

- AMA: https://ama.com.au/
- Medical Board Codes, Guidelines and Policies: http://www.medicalboard.gov.au/Codes-Guidelines-Policies
- RACGP Standards: https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)/
- ACRRM Standards: http://www.acrrm.org.au/about-the-college/college-standards-for-professional-conduct
- Medicines Australia Code of Conduct: https://medicinesaustralia.com.au/code-of-conduct/

RESOURCES

- Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia: http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx
- Fairwork Australia Templates and Guides: https://www.fairwork.gov.au/how-we-will-help/templates-and-guides

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

GPSA Guide - Aboriginal and Torres Strait Islander Health in General Practice
https://gpsupervisorsaustralia.org.au/download/7155/

RACGP resources
https://www.racgp.org.au/the-racgp/faculties/atsi

MDA ARTICLES

https://www.mdanational.com.au/advice-and-support/library?contentType=Articles%20%20Case%20Studies

AVANT ARTICLES

https://www.avant.org.au/Resources/

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