



Best practice supervision of medical students

in general practice



GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA



About this guide

Firstly, a big thank you being part of a community of GPs dedicated to supporting medical students as they learn in the general practice setting.

As a GP supervisor, you play a vital role in shaping the educational journey and career decisions of medical students in Australia. There is strong evidence that positive GP placement experiences influence medical students' likelihood of entering GP training.¹ You can be the inspiration for Australia's future GPs!

But whatever discipline they eventually pursue, your guidance helps medical students develop essential clinical skills, professional attitudes, and an understanding of the fundamental place of general practice in the Australian healthcare system.

This guide has been written for you, the medical student 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. GPSA has an extensive library of [supervision resources](#) which we encourage you to review.

Whether you are a new or experienced GP supervisor, this guide will assist you in your supervision role.

This guide was written by Dr Simon Morgan. We would also like to acknowledge the review and contributions of Georgia Sgroi, Dr Ian Charlton, Dr Jo Chaffey, Dr Aileen Chaves, Dr Bill Geyer, and Dr Sue Harrison.

"These are our future colleagues and maybe even your future GP – actively involve them and they might actually decide to follow in your footsteps and become a GP!"

Dr Aileen Chaves, Supervisor

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.

The role of the GP supervisor

As a GP supervisor of medical students, you are undertaking a role that is rewarding but also one that can be challenging. The role of the medical student supervisor is diverse; combining the roles of educator, mentor, role model, assessor, and pastoral carer.² GP supervisors juggle patient safety, teaching and learning, and the wellbeing of their student, in addition to looking after themselves and the supervision team. It's a big job!

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.

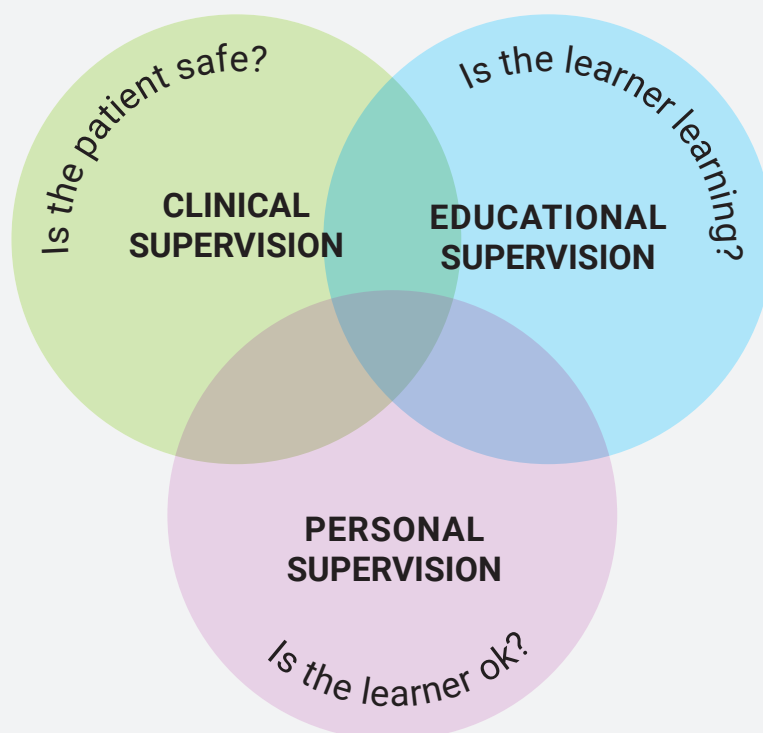
Elements of the supervision role

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'.³ Though this paper looked specifically at vocational general practice training, the core themes relate broadly to supervision of all medical learners in the community general practice setting.

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

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

Figure 1. The intersecting roles of the GP supervisor





Clinical supervision

Patient safety must underpin every aspect of supervision. Clinical supervision is the oversight role that the supervisor has over the safety of their patients. In summary, supervisors must continually ask themselves the question 'Is the patient safe in there?'

Educational supervision

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

Personal supervision

The third element of the supervision role is personal supervision, ensuring the wellbeing of the student. This is based on 'getting to know the student' at the outset of the placement, and 'checking in' throughout.

Core attributes of the high-quality GP supervisor

In 2019 GPSA sought to explore the attributes of high-quality supervisors of Australian registrars.⁴ They identified seven themes, namely:

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

Again, though this research was based on supervisors of GP registrars, the themes resonate strongly with supervisors of medical students. These themes will be further explored in this guide.

Practical wisdom

We believe that the GP supervisor has an important role to put the medical student's learning into context, so called 'practical wisdom'. While the student 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 student's 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 medical student came.

New supervisors

GPSA recognises that starting the role of GP supervisor may be daunting, and many may initially feel like an imposter in the role. However, it is important to remember that many existing clinical skills are directly transferable to the supervision role. As GPs providing care to patients on a daily basis, new 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.



REFLECT

Take a few minutes to reflect on your supervision experiences – from both being supervised as a registrar or junior doctor or medical student yourself (it may be some years ago!), as well as supervising your own learners.

What is your past 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 past 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 concerned about?



TOP TIPS

- Talk to a colleague who has been supervising medical students for a while and ask them about how they perceive the role(s)
- Consider any conflicts that may arise in the supervision role and how these might be managed



Tasks of the GP supervisor

The previous section discussed the role of the supervisor. As part of this role, there are a number of discrete tasks of medical student supervision. GPSA believes that the GP supervisor role includes the following tasks, namely to:

- 1 Establish a safe and high-quality learning environment
- 2 Prepare for the placement and orientate the student
- 3 Provide clinical oversight and monitor patient safety
- 4 Facilitate effective teaching and learning
- 5 Assess performance and give feedback
- 6 Support wellbeing and manage the student in difficulty
- 7 Undertake ongoing professional development and reflective practice



1 Establish a safe and high-quality learning environment

A safe and high-quality general practice learning environment is essential for fostering clinical competence, cultural safety, professional identity, and wellbeing. A high-quality learning environment means that students can ask questions, make mistakes, and receive constructive feedback without fear of judgment. High-quality supervision and a supportive workplace culture promotes deeper engagement, better skill acquisition, and a stronger commitment to patient-centred care.⁵

The General Practice Clinical Learning Environment Framework (GPCLE) is a consensus-based framework that identifies the core elements of high-quality general practice placements. Best practice GP learning environments value learning, provide best practice clinical care, are a positive learning environment, have an effective general practice-training provider relationship, have an effective communication process, and have appropriate resources and facilities (see figure 2).

Figure 2. The GPCLE framework



GPSA has translated the GPCLE framework into an evidence-based quality improvement GPCLE tool. While the tool was developed for vocational training, it can be readily be used as a self-assessment tool to appraise the quality of your practice for medical students.

TOP TIPS

- Use the GPCLE framework and tool as a quality improvement tool for your practice
- Discuss the 'culture of learning' in your practice with other practice staff and how it could be enhanced
- Model lifelong learning to learners in the practice
- Make feedback a feature of your practice



2 Prepare for the placement and orientate the student

Prepare for the student's commencement

Ensuring a smooth start for the medical student takes planning and preparation before they commence at the practice. While most administrative requirements are likely to be managed by the practice manager, supervisors may also need to be across some of these tasks.

It is essential to be familiar with expectations of the student, both formal and informal. These can vary enormously depending on the university and duration, for example with longitudinal placements. The relevant university guide on the student's placement can be a useful resource.

Get to know the student

The foundation of effective supervision is a respectful, trusting relationship between the supervisor and student. We recommend a sensitive discussion of the student's educational background and past experience, as well as personal background and family (potentially for both the supervisor and student). The latter is particularly important if the student is relocating from their usual home to undertake the placement. The conversation may also cover cultural aspects, especially if the student grew up in a country other than Australia. The discussion should also cover the student's expectations, aspirations, and concerns for the placement.

"Find out about your student's background, especially if they have come from other health professional backgrounds - they might teach you a thing or two if they are physios etc.!"

Dr Sue Harrison, Supervisor

Orientation to the discipline of general practice

Orientating medical students to the discipline of general practice is an important step in helping them understand its central role within the broader health system and in preparing them to function effectively in this unique environment. Unlike the hospital setting, where care is episodic, specialist-driven, and focused on acute illness, general practice provides continuous, comprehensive, and person-centred care of much lower acuity. This type of orientation helps students appreciate the nature of general practice, including preventive care, chronic disease management, multidisciplinary teamwork, and the importance of long-term therapeutic relationships. Ultimately, orientating students to general practice as a discipline enhances their learning experience and promotes respect for primary care,

An excellent resource is the RACGP GP Placement Orientation Course:

<https://medicalstudent.racgp.org.au>

This includes a range of reflective activities.





Orientation to the practice

Orientation should be a whole-of-practice activity and involve all staff. Ideally it should involve a checklist and investment of adequate time. Important aspects of orientation include discussion of professionalism, work health and safety, teaching and learning, and pastoral care. A bespoke practice manual can be a very useful resource.

Orientation includes the following areas:

- Supervision team – roles, expectations etc.
- Patient safety – calling for help etc.
- Education – learning opportunities, teaching, resources etc.
- Consulting room (if available) – proximity to supervisor, set-up, equipment etc.
- Patient bookings – for both student and supervisor, parallel consulting, after-hours etc.
- Practice policies e.g. patient confidentiality, infection control.

“Orientation is key to building students’ comfort! I think being orientated to the rooms (especially if students are using multiple rooms), the equipment and briefing on who to talk to when things go wrong or if you need help to find things, is beneficial.”

Dr Ian Charlton, Supervisor

Orientation to the community

Orientating students to the community in which they will train is highly valuable. Familiarising students with the local demographics, health concerns, resources, and cultural norms allows them to better understand their patients’ needs and challenges. This is particularly the case for students training in rural and remote locations, or communities with a significantly different sociocultural mix from the student’s home environment. This may include practical orientation, for example to the supermarket or sporting facilities, especially if they have not lived away from home before.

“We have to do everything possible to make the experience so worthwhile that they can see themselves in this role. To this end, I make sure they get a chance to see how I live. Show them our great beaches, take them for walks through our bushland, come home for lunch”

Dr Ian Charlton, Supervisor

Develop and orientate the supervision team

Preparation for the student’s commencement also includes development and orientation of the ‘supervision team’. Supervision teams may include other GPs in the practice, as well as practice nurses, the practice manager, allied health practitioners, Aboriginal Health Practitioners, cultural mentors, receptionists, and other administrative staff. It may be even broader, and include a community pharmacist or visiting physician, for example. This will give students the broadest experience possible, as well as make the supervision role more sustainable.

For practices that have regular student placements, orientation may be as simple as briefly discussing the upcoming placement at a staff or clinical team meeting. For practices that are new to supervision or have irregular placements, supervision team orientation may need to be more comprehensive, including discussion of expectations, and roles and responsibilities of various team members.



TOP TIPS

- Discuss expectations of the placement
- Develop a practice manual for use by students and other learners
- Adapt the generic orientation checklist for your own practice
- Include the whole supervision team in orientation
- Orientate the student to the local Aboriginal and/or Torres Strait Islander people by acknowledging country



3 Provide clinical oversight and monitor patient safety

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 ensures close clinical oversight commensurate with the student's level of experience and competence. It is important to remember that competence is context specific and therefore needs to be assessed in the context of the practice location e.g. in a rural or remote setting, or the emergency department.

Competence can be informed by a range of methods and tools, including:

- Assessment of past experience and training
- Self-assessment
- Direct observation and other workplace-based assessment methods.



Cultural safety

Another important element of safety is cultural safety, in particular for Aboriginal and/or Torres Strait Islander staff and patients. Cultural safety has been defined as '*overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need*'.⁶ Supervisors have a responsibility to ensure that their patients are receiving culturally safe care by all providers, including the student.

Consenting patients

Another element of patient safety is appropriate consent. It is essential that patients are adequately consented to the student's presence and contribution to the encounter.

I have never ceased to be amazed at and to be grateful for the acceptance by the patients of having medical students involved in their care. We ask every patient if they are happy for a student to participate and it is rare for a patient to refuse."

Dr Bill Geyer, Supervisor



TOP TIPS

- Explicitly discuss patient safety with the student as the most fundamental element of supervision
- Always be available, accessible, and approachable
- Conduct regular supervision team meetings
- Assess the student's level of cultural safety

4 Facilitate effective teaching and learning

Teaching is perhaps the most prominent of all the roles of the GP supervisor. There are a number of key elements of the teaching role – these include facilitating a broad clinical exposure, helping identify and address student learning needs, providing teaching, providing access to resources, and role-modelling lifelong learning.

Facilitate a broad clinical exposure

An Australian research paper from 2015 titled ‘Flexible but boring: medical students’ perceptions of a career in general practice’ found that negative stereotypes regarding general practice continue to exist which may influence students’ career choices.⁷ The most commonly reported negative perception of general practice by students was that it is boring.

Broad clinical exposure during a general practice placement allows medical students to experience a wide range of presentations, from acute illness to chronic disease management and preventive care. This can include clinical care outside the practice, like nursing homes or home visits.

“I would encourage GPs to bring students along to RACFs/ home visits. Today I had three students with me at the RACF for my rounds and it was a great hands-on experience.”

Dr Jo Chaffey, Supervisor

Consider what to teach

The breadth of general practice is vast. And as a result, it might seem impossible to know what to teach. There are a few useful strategies to help narrow down this scope.

Learning needs

Students will have formal guidance on anticipated learning outcomes of the placement. This can assist the GP supervisor to help their medical student identify, prioritise, and address learning needs.

But regardless, there are two overarching themes on which we encourage supervisors to primarily focus. These are:

- Conducting a safe and effective consultation
- Applying sound clinical reasoning skills.

“Upon reflection of the teaching that I obtained during my GP placement, there are two key things that I wish I had more exposure of: 1) Discussion of clinical reasoning and how the management plan/ diagnosis came to be 2) more supervised time while conducting exams/patient interactions so that I received more targeted feedback.”

Georgia Sgroi, student



What is unique about general practice?

Another good way to consider what to teach the student is to ask yourself, 'What is unique about general practice, and what should a student leave the placement knowing?'.

The RACGP defines comprehensive Australian general practice as practice that:

- Prioritises holistic, clinical person-centred healthcare
- Is ethical and socially responsible
- Addresses the health needs of all people living in Australia in an equitable way
- Meets the needs of underserved populations, including those living in rural and remote regions and Aboriginal and Torres Strait Islander peoples
- Covers the full breadth of patient demographics, case presentations and the diverse settings where GPs work

- Is evidence based and is not limited to a specific interest or subset of general practice.⁸

In 2026, the '7C+ Compass', a conceptual framework to describe the core functions of general practice, was published (figure 3). This can act as a practical framework for supervisors to highlight the distinctive features of the discipline.⁹

"Try to show the student continuity of care in action. If they come on Wednesdays, see if you can get Mrs Smith to rebook for her review next Wednesday so the student can see the follow up. Actively involve them in following up interesting results and recalling patients they have seen. This is where the true value of general practice shines brightly and eclipses some of their hospital experiences."

Dr Aileen Chaves, Supervisor

Figure 3. The 7C+ Compass to navigate family medicine





Consider how to teach

The other fundamental question is, *'How should I teach my student?'* The most important thing is to make the placement engaging, interactive and stimulating, and avoid so-called 'pot planting' the student by sitting them in the corner to passively observe. Research tells us that when students see patients independently and have a deeper sense of responsibility and accountability, their motivation is heightened, and learning experiences are more effective.¹⁰

Being a "pot-plant" is the commonest complaint from students unhappy with their GP placements.

Dr Sue Harrison, Supervisor

Parallel consulting

The best method for integrating students into patient care is so-called 'parallel consulting'. Parallel consulting, or wave consulting, is when students consult with patients in parallel with their supervisor. This involves students having their own consulting room or other clinical space where they can undertake part, or all the consultation with the patient, before being joined by the supervisor. Parallel consulting has been found to more effectively facilitate clinical reasoning and management skill development.¹¹ While effective, this method has infrastructure requirements.

"We teach enormous numbers of medical students in our clinic and find this (parallel consulting) paramount to a positive experience - for both the student and the placement."

One of the challenges we found with increasing student numbers was having enough rooms to put them in. Currently our wave consulting students work in pairs - one does the computer documentation while the other does the consulting - they then switch for the next patient. This has been particularly helpful for the 3rd year students who are still increasing their confidence in talking to patients, and it allows feedback to be given to each other.

Dr Jo Chaffey, Supervisor

It is essential to effectively 'scaffold' the student when implementing parallel consulting. Scaffolding refers to the supervisor providing tailored support to the student as they start seeing patients on their own. Practically, this might mean initially limiting the encounter to one or two discrete tasks e.g. take a history of the presenting complaint, review their past medical history. This support is gradually reduced as the student becomes more experienced, eventually allowing them to work more autonomously.

Case discussion

Case discussion based on real-world patient encounters is another key teaching and learning method for medical students in general practice. This can occur as part of direct observation or parallel consulting, or at the end of the session/day. We encourage a structured model of case discussion, comprising the following steps:

- Student to present the case as a problem representation
- Supervisor to probe for additional information
- Student to outline and prioritise issues, including possible diagnoses
- Supervisor to seek student's approach to management, including possible investigations and treatment
- Supervisor to guide management
- Student and supervisor to identify learning goals.

The key to effective case discussion is active involvement of the student and encouragement to think about the key clinical and non-clinical (psychosocial) issues.

In front of a student, I will never say to a patient "I've got a medical student, X, with me today. Are you happy for them to watch?" I prefer to say something like "I have a trainee doctor, X, working with me today. Would you be happy for them to help me with your problem?" The two approaches send very different messages to the trainee/student and to the patient.

Dr Bill Geyer, Supervisor



Other teaching and learning methods

There are a wide variety of additional teaching and learning methods that the GP supervisor can employ, including direct observation of consultations, discussing challenging cases, and topic teaching using teaching plans. Using games and quizzes to explore clinical reasoning and consultation skills can make learning fun and memorable. For example, GPSA have developed a board game for teaching and learning consultation skills called CONSULTATION! The Board Game.

GPSA have also developed a 'Teaching and learning toolbox', a repository of resources for use by supervisors and educators, to support their teaching.

The supervision team

As mentioned in the section on orientation, general practice supervision is increasingly being delivered by teams. A supervision team can expose the learner to different perspectives and styles, as well as different ways of learning. We recommend arranging for the student to spend time with as many health care professionals and other practice staff e.g. practice manager, practice nurse, pharmacist etc. during the placement. This can also include GP registrars.

"I think having the students get involved with an MDT in the practice is valuable. I was only really supervised by GPs, but it would have been nice to be more engaged with allied health and nurse practitioners."

Georgia Sgroi, student

Provide access to resources

Effective experiential learning requires access to appropriate point of care resources. These include Therapeutic Guidelines, AMH and Murtagh.

Role model lifelong learning

Role modelling lifelong learning by GP supervisors demonstrates to medical students that professional growth does not end at graduation. When supervisors actively engage in updating their knowledge, reflecting on practice, and seeking feedback, students are more likely to value continuous learning as a core part of safe, high-quality patient care.



TOP TIPS

- Ask the student to reflect on their understanding of general practice and what they want to get out of the placement
- Monitor the student's clinical exposure and try to engineer a broad range of patients - challenge the notion that it is boring!
- Identify, discuss and document learning needs before the student starts seeing patients and ongoing throughout the placement
- Consider other non-clinical learning needs e.g. professionalism
- Encourage students to engage in active learning by asking open-ended questions that promote critical thinking
- Provide opportunities for students to teach you and/or other team members
- Base your teaching on patient presentations
- Incorporate the practice context into your teaching e.g. rural, Aboriginal health
- Involve a wide range of staff members in teaching
- Schedule sufficient time in the day for teaching the student e.g., book fewer patients, especially in the first weeks
- Make learning fun!

5 Assess performance and give feedback

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

Assessment

Formative assessment is the low-stakes assessment of performance that supervisors undertake with students throughout the placement. Formative assessment can be both formal, for example by direct observation as part of a university assessment activity, or informal.

Feedback

But perhaps more important than assessment 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 student's knowledge and skills. Feedback can be formal, as part of structured 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.

GP supervisors should be aware of the 'feedback paradox' – while feedback is a hugely important aspect of supervision and one that medical students' crave, it is commonly not delivered in a frequent or consistent manner. We therefore encourage regular formal and informal feedback as part of the supervision role.

"I think both formal and informal feedback are crucial! I found I had to constantly ask for feedback from my supervisors, and sometimes I had to weave it in very quickly ... given how busy they were."

Georgia Sgroi, student

TOP TIPS

- Review the relevant university student rubric to understand what standard your student is expected to achieve
- Setting time aside at regular intervals for feedback is valuable as makes the student see feedback as part of the learning process
- Encourage self-reflection by prompting the student to assess their own performance
- Competence is broad and includes non-clinical aspects of practice – ensure assessment of professionalism and other core non-clinical skills
- Establish the process for formal and informal feedback at the commencement of term.





6

Support wellbeing and manage the student in difficulty

Supporting wellbeing is a broad task, and includes that of the student, the supervision team and themselves.

Ensure student safety and wellbeing

The general practice placement can be a stressful and emotionally demanding period for the student for a range of reasons. The GP supervisor therefore has a key role as pastoral carer in both prevention and early intervention of stress-related issues in the student. Student 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 student, particularly in the case of students who have relocated or are separated from family and friends.

Despite best practice supervision and support, some students will still struggle. Common challenges include managing uncertainty, professionalism issues and personal issues. Managing the student in difficulty can be challenging and ideally is done in concert with the parent university.

Ensure safety and wellbeing of the supervision team

The supervisor also 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.



TOP TIPS

- Consider the student's personal wellbeing and development as the third aspect of your supervision role, in addition to the clinical and educational support
- Ensure that the student takes appropriate breaks and is not overloaded with patients
- Check in regularly by asking students how they are managing their workload and whether they feel supported
- Address any concerns the student may have about challenging patient cases or difficult situations and provide guidance on managing emotional strain
- Seek assistance early when needing to identify and manage issues for the medical student in difficulty.
- Ensure that the student knows that you 'have their back'.





7 Undertake ongoing professional development and reflective practice

Ongoing professional development is an important commitment for the GP supervisor. Professional development should include supervision topics, as well as topics in clinical and non-clinical aspects of practice.

As part of this, supervisors are encouraged to reflect on their educational practice. Reflection in medical education has been 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'.¹²

Over the past few years, GPSA has developed a wide range of educational resources to assist supervisors in their role.



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.



CASE STUDY

Amira has been a GP for eight years in a group practice in a rural town, 300 kilometres from the nearest capital city. She has always enjoyed mentoring junior colleagues but this will be her first experience supervising a medical student. The student, Daniel, is in his 4th year of medical school and will be undertaking an eight-week general practice placement. He is relocating from the city and staying in local accommodation arranged through the practice.

Amira is excited but also a little nervous. She worries she may not know enough about medical student supervision, but after reviewing the university's placement handbook she feels reassured that her role is mostly about supporting learning, ensuring safety, and providing structured supervision. She reminds herself that she already has the core attributes of a good supervisor: clinical competence, enthusiasm for teaching, and commitment to patient care.

A week before the placement, Amira arranges a brief Zoom call with Daniel. They introduce themselves, share some personal background, and discuss Daniel's previous clinical exposure. Daniel admits he is apprehensive about moving away from his support network and feels anxious about the independence of general practice. Amira explains the practice environment and discusses the wider supervision team, including the practice nurses, practice manager, a visiting physician, and the local pharmacist, all of whom will contribute to Daniel's learning.

On Daniel's first day, Amira has blocked off an hour for orientation. She gives him a tour of the practice, introduces staff, and works through the orientation checklist. Patient safety is emphasised: Amira makes clear that Daniel is not to provide independent advice or management without review. Amira also talks about the practice's approach to cultural safety and inclusive care.

Amira starts off with Daniel sitting in with her for a couple of days. She encourages Daniel to take histories and examine the patient during the encounter, after which they reflect together on communication style and consultation structure.

For the remainder of the placement Amira employs parallel consulting: Daniel spends time with patients taking a history and performing an examination and then presents his findings to her before they complete the consultation together. In the second week, she sits in while Daniel conducts two full consultations, giving him structured feedback afterwards.



The practice nurse involves Daniel in the treatment room work (wound care and immunisations in particular), while the pharmacist gives him an orientation to common prescribing pitfalls and medication safety in rural practice.

Amira makes sure Daniel experiences continuity of care by following up patients he has seen previously. A highlight of the placement for Daniel is seeing the same patient across several encounters and recognising the role of long-term relationships in rural general practice. He also accompanies Amira on nursing home rounds and a couple of home visits, where he gains insight into managing chronic disease and frailty in community settings.

At the end of each day, Amira debriefs briefly with Daniel, providing specific feedback on what went well and highlighting one or two areas for improvement.

At the midpoint of the placement, Amira completes the university's required formative assessment with Daniel. Together they agree that he should continue working on organising his consultations and presenting cases more succinctly. Amira also checks in on Daniel's wellbeing — he is adjusting well to rural living, although he misses family and friends. They negotiate flexibility so he can travel home for a weekend mid-placement.

By the end of the placement, Amira reflects that the experience has been challenging but highly rewarding. Daniel has developed confidence and competence, and she has grown in her role as a supervisor. She particularly values the support of the supervision team and attends an evening Zoom meeting with fellow new GP supervisors, where they share experiences, challenges, and tips for ongoing professional development. Amira leaves feeling reassured and motivated to continue as a supervisor in the future.

"We hear so many stories from students who never really considered general practice as a speciality option until they were inspired by an amazing passionate GP supervisor as a student."

Dr Aileen Chaves, Supervisor





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