Formal Practice-Based Teaching

Background

Formal practice-based teaching refers to the regular, protected, structured teaching and learning time between GP supervisors and registrars. Unlike informal teaching (opportunistic or corridor teaching), formal sessions are planned and scheduled, and allow for more in-depth discussion and feedback on performance. They provide a valuable opportunity to integrate case-based learning, reflective discussion, and practical skill development.

Findings from the 2025 GPSA Annual National Supervision Survey highlighted both the diversity of teaching methods used and the confidence supervisors feel in applying them. The most frequently used approaches were problem case discussions and random case analysis, with most supervisors reporting high confidence in these formats. In contrast, clinical exam practice and role plays were rarely used, perhaps reflecting lower confidence or limited experience. The survey also revealed that supervisors who used a teaching method more frequently tended to feel more confident doing so.

Additionally, most supervisors evaluated the effectiveness of their teaching through registrar feedback, while others relied on observing performance or reviewing progress in practice.

Learning Objectives

By the end of this session, participants will be able to:

- Describe the purpose and value of formal, structured teaching sessions within GP training
- Identify a range of methods that can be used for formal practice-based teaching and reflect on their own preferred approaches
- Discuss factors that influence supervisor confidence in using different teaching methods
- Explore ways to evaluate the effectiveness of formal teaching and to enhance feedback from registrars
- Consider opportunities to involve the wider supervision team in formal teaching to strengthen registrar learning and team-based care.

Suggested Small Group Discussion Questions

1. **Reflect on your own formal teaching practice**
   How do you structure your formal in-practice teaching sessions, and what methods do you use most often (e.g. problem case discussion, RCA, inbox review)? Why are these your preferred approaches?
2. **Confidence and competence**
   The survey found a strong link between how often supervisors used a method and how confident they felt with it. Which teaching methods do you feel least confident using — and what might help you build confidence in those areas?
3. **Evaluating effectiveness**
   How do you currently assess whether your teaching sessions are effective for your registrars? Do you rely on feedback, observation, exam performance, or other indicators? How could you make this process more structured or meaningful?
4. **Growing as a supervision team**
   How might you involve your wider supervision team (nurses, reception staff, allied health, other doctors) in formal teaching sessions to enrich registrar learning and reinforce team-based care?

Suggestions

Supervisors may wish to share examples of successful formal teaching sessions or discuss barriers that prevent them from using certain teaching methods. The group could identify one new method each participant will trial before the next meeting — for example, introducing a short video review or structured feedback tool.

Key Takeaways

- Problem case discussion and random case analysis are the most frequently used and well-understood methods
- Less frequently used methods such as role play or clinical exam practice have an important place in practice-based teaching
- Evaluating teaching effectiveness through feedback, observation, and performance review helps improve both registrar learning and supervisor practice
- Involving the wider practice team can enhance learning, model collaborative care, and reinforce team-based supervision.

References and resources

- GPSA Practice-based teaching guide and webinar
- 2025 GPSA Annual National Supervision Survey
- Ingham G, O'Meara P, Fry J, Crothers N. GP supervisors--an investigation into their motivations and teaching activities. Aust Fam Physician. 2014 Nov;43(11):808-12.

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