

# FAQ

## FREQUENTLY ASKED QUESTIONS



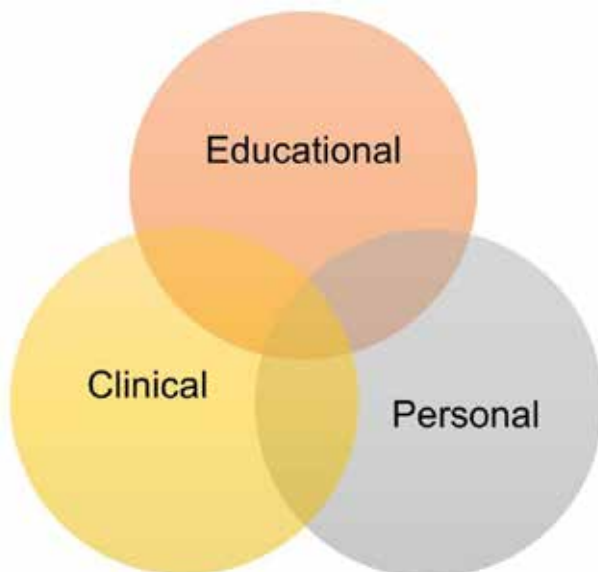
## An Introduction to GP Supervision - Roles, Responsibilities and Rewards

GP Supervision is the foundation of generalist training in Australia, but not everywhere around the world.

As an apprenticeship model, the relative autonomy of junior doctors in general practice makes the focus of supervision patient safety above all else. This in turn makes the effectiveness of the Supervisor critical, with effectiveness coming down to their:

- Accessibility
- Approachability
- Supportiveness
- Clinical Skills
- Communication and Teaching Skills

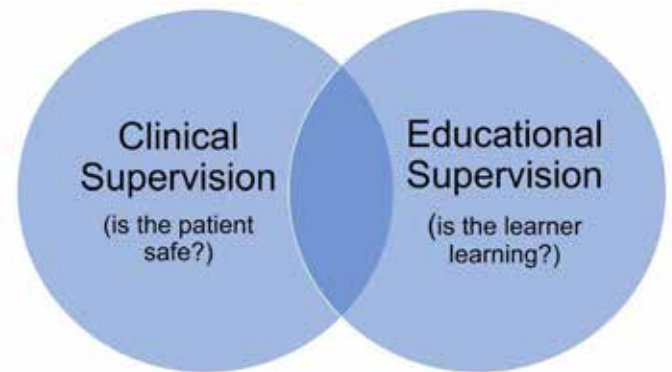
### Components of Supervision



A GP supervisor is a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development of a registrar.

### Clinical and Educational Components

Clinical supervision is about ensuring that the patient is safe, whilst educational supervision is about ensuring the Registrar is learning.



#### CLINICAL SUPERVISION

Supervisors must have 'clinical oversight' of the management of their registrar's patients, including quality of care and patient safety. Development of a **clinical supervision plan** is recommended to take into account factors such as:

- Ad hoc supervision arrangements – how will this occur?
- Formative assessments – when will these take place in the practice?

#### EDUCATIONAL SUPERVISION

Supervisors are expected to guide their registrar's educational development through implementation of a **learning plan** incorporating factors such as:

- Identifying learning needs
- Formal and informal teaching
- Providing feedback

But there is more to supervision than this. When we are supervising there are many opportunities for improvement. We are not just aiming to develop 'safe' doctors. We are also looking at how whilst supervising we can improve the quality of clinical decision making. Some educational supervision will be added to activities that may appear at first sight to be about clinical supervision.

# FAQ

## FREQUENTLY ASKED QUESTIONS

### Parallel Roles – Clinical and Educational

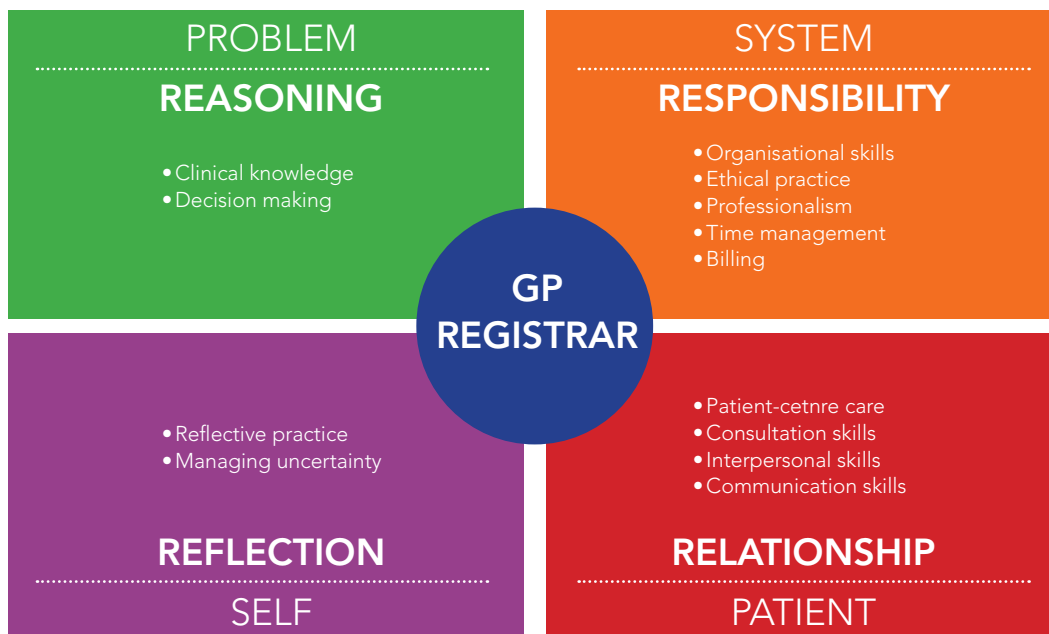
- Care and interest in your patients' health (registrars' learning)
- Assess what needs improving or fixing
- Order investigations (assessments)
- Advise and educate
- Patient (learner) centred management
- Encouraging self-responsibility

### Key attributes of the good GP trainer – top five

- Honesty
- Availability
- Good communication
- Clinical soundness
- Commitment to teaching and learning

*Munro et al 1998*

### Areas of Focus: Core Skills



### Developing as a Supervisor

- Make the most of ad hoc teaching moments – corridor consultations, phone advice etc
- Make full use of cases in teaching and assessing random case analysis
- Usefully reinforce or correct what your registrar is doing – i.e. give feedback

### Helping the Registrar Improve Performance

- Accurate assessment – observation, RCA
- Role modelling: consultation, interpersonal skills, professionalism
- Involve broader practice team
- Get help from training organisation/medical educator
- Teaching

# FAQ

## FREQUENTLY ASKED QUESTIONS

### The seven GP Supervisor Hats



Teaching and Learning



Mentor



Role Model



Pastoral Carer



Organiser

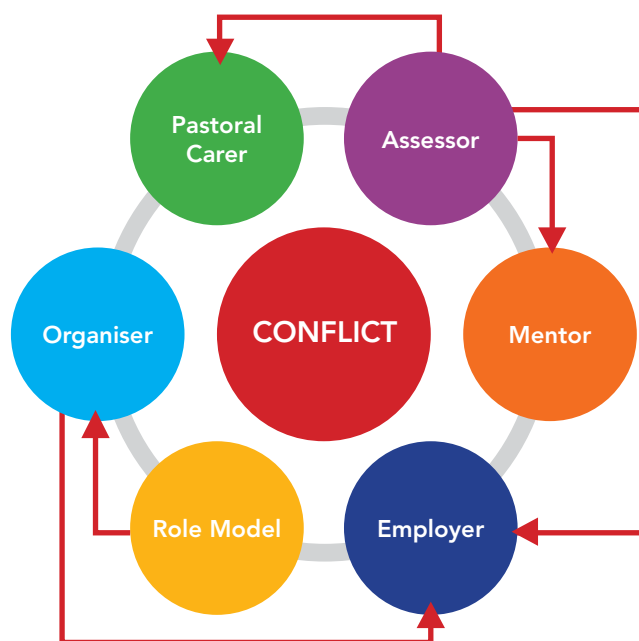


Employer



Assessor

### Conflicts in the Supervisor Role



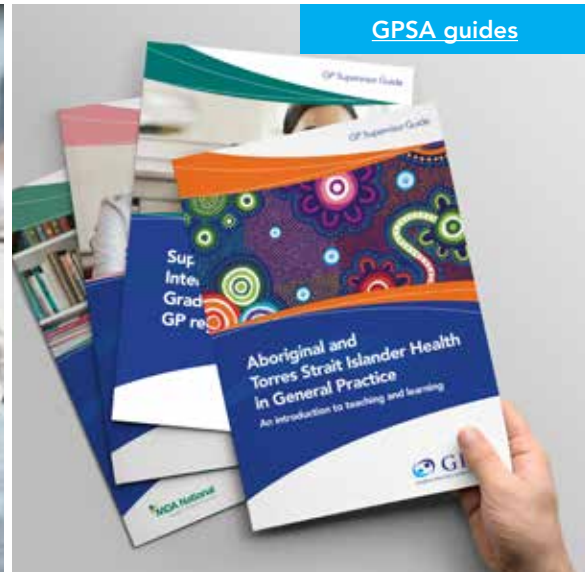
# FAQ

## FREQUENTLY ASKED QUESTIONS

### Resources



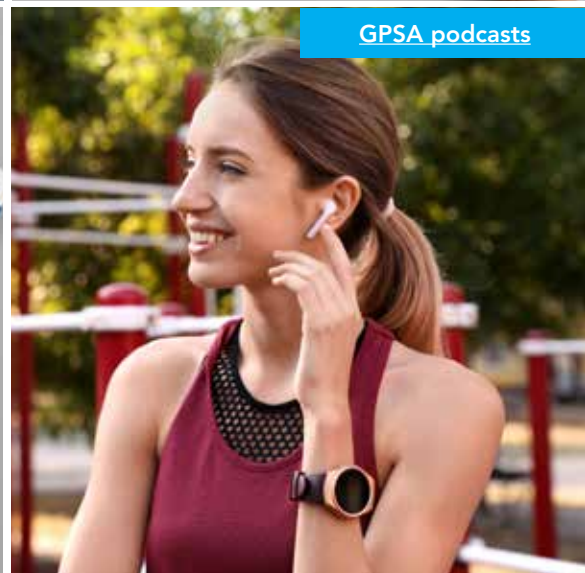
GPSA webinars



GPSA guides



GPSA teaching plans



GPSA podcasts

All GPSA resources are available [here](#)

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: [admin@gpsa.org.au](mailto:admin@gpsa.org.au), W: [gpsa.org.au](http://gpsa.org.au)  
GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 30/06/22