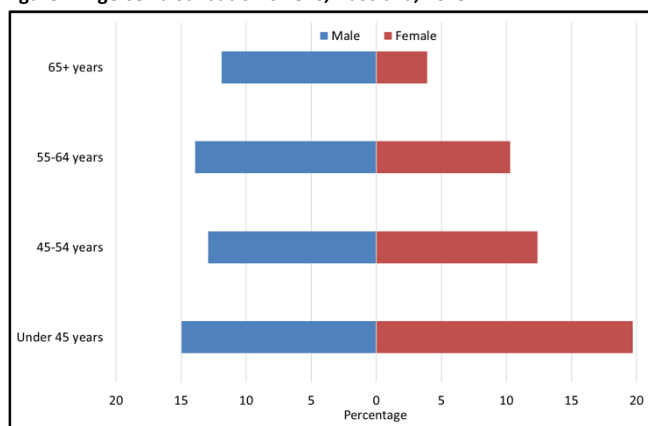


More women supervisors for teaching the next generation of GPs

The issue. In Australia, GP registrars—the next generation of primary care doctors—are trained by experienced practicing GPs, known as GP supervisors, in their general practice. Currently, there are many more male than female GP supervisors. This, in part, reflects the age-sex structure of the Australian GP workforce, with most older, experienced GPs being men (Figure 1). It may also be a consequence of particular challenges faced by women GPs in becoming supervisors. GPSA wants to strengthen evidence-based support for women GPs to become GP supervisors. Benefits include the growth of GP training capacity, broader exposure of GP registrars to female role models in GP training, and equity in access to GP supervision opportunities.

Figure 1. Age-sex distribution of GPs, Australia, 2019



Data source: Australian Government Department of Health 2021. *National Health Workforce Dataset*, hwd.health.gov.au, accessed 1 October 2021.

The study. The aims of this project were to (1) understand the experiences and perspectives of women GPs who are or have been supervisors of GP registrars, or who have not taken up GP supervision; (2) identify barriers and enablers for women GPs to start or continue supervision; and (3) explore supervision models, resources and support that may make registrar supervision more accessible and sustainable for women GPs. Ethics approval was given by the Monash University Human Research Ethics Committee in July 2021 (# 28848). We conducted 1-to-1 in-depth interviews with 17 women GPs in August and September 2021.

The importance of women GP supervisors. Many study participants noted the benefit of GP registrars being trained by both male and female GP supervisors, who may have different approaches to practice, and who may see different types of patients. They also highlighted the importance of GP registrars having GP supervisors who model work-life balance. Some interviewees mentioned the

demographic imperative; that the older generation of male GP supervisors will soon be retiring, and that to maintain or grow the GP-supervisor workforce, a greater number of younger GPs—who are mostly women—will need to take up supervision.

Barriers to GP supervision. Several common themes emerged around barriers to registrar supervision for women GPs. Women GPs are more likely to work part-time due to family and other commitments, which makes establishing continuity of supervision, and the supervisor-registrar relationship, more difficult. Potential lack of compensation for teaching and the associated professional development made women GPs think twice about commencing or continuing supervision. This was exacerbated if they were working in a contractor role, rather than as a practice owner or partner. The Australian Government pays training practices a small teaching allowance for registrar supervision, but this payment may not flow through to the GP supervisors. Women GPs may be less confident in their ability to teach or supervise ('imposter syndrome').

A team model of supervision. A number of respondents discussed the benefits for both registrars and supervisors of team supervision—where a GP registrar is supervised in their training by a small team of GP supervisors, rather than a single supervisor. Registrars gain role modelling, expertise and experiences from different supervisors, with perhaps different patient cohorts. Team supervision is well suited to part-time GPs—who are more likely to be women—and means, more generally, that registrars have continuity of supervision through their work week even if one of their supervisors has a day off or is on leave. Junior supervisors who may be concerned about their lack of experience can be mentored by more senior supervisors within the team, and supervisors can support each other within the practice.

Resources and support. Women GPs were positive about the resources provided by GPSA for new and experienced supervisors, including the new-supervisor guide, teaching plans, webinars, and templates. They wanted more education on how to get started as a supervisor (particularly in a practice that may be new to training), what makes a good supervisor, how to put in place appropriate boundaries with registrars, legal and administrative responsibilities around supervision, and the practicalities of how to structure team supervision. There should be clarity around supervision roles and the division of responsibilities within the practice, and GP supervisors should be adequately compensated for their time. Some project participants mentioned that newly fellowed GPs may have the enthusiasm and time to take on a formal junior supervision role, and that these roles should be made available in a team-teaching context. Junior supervisors could then graduate to more senior levels of supervision after several years of supervision experience. Women GPs in their first or early years of supervising registrars may benefit from a female mentor.