

# Supervision in After-hours Environments in General Practice

In recent years, the traditional model whereby GPs served their community both day and night have largely been replaced with alternatives, in the form of deputising services, stand-alone after-hours providers, and/or referrals to a tertiary hospital.

Both the RACGP and ACRRM acknowledge the importance of provision of and competence in providing General Practice and emergency services outside of normal hours. With this acknowledgement, comes the necessity for adequate training in the skills required to work in after-hours environments as well as an understanding of the variability of supervision.

#### Disclosure of additional work

It is important for all employees to disclose intentions to work after hours for another business and requiring that they seek permission is important within the context of employment agreements.

## GP registrars working after-hours

GP registrars working after-hours outside of Training Posts should exercise caution, particularly with respect to fatigue management and the impact on their practice during the day. It is not reasonable for a GP registrar to work in both an after-hours environment as well as full-time during the day in their usual training practice without an element of fatigue and additional stress.

# Medico-legal considerations

As with in-hours work, GP supervisors potentially are legally liable for the after-hours work performed by their GP registrars. While GP registrars themselves carry most of the liability, their clinical supervisor and/or employer may have some vicarious liability in the event of a claim or complaint. Allegations in a legal claim against a GP supervisor in the event of negligence by a GP registrar could include:

- failure to properly train the GP registrar;
- failure to properly supervise the GP registrar;
- inappropriate delegation to the GP registrar; and
- failure to have proper systems or treatment protocols in place.

## Minimising medicolegal risk

This medico-legal risk can be minimised by:

- following relevant clinical guidelines;
- ensuring the registrar is appropriated supported and supervised for their level of training and competence;
- provision of an adequate orientation process outlining the responsibilities of both the GP registrar and the GP supervisor;
- provision of a clear criteria for when the GP supervisor is to be called; and
- having an approachable GP supervisor available to provide assistance whenever the GP registrar is working.

The first step in assessing your supervision requirements/capacity for GP registrars working after-hours is to be aware of the relevant guidelines and recommendations. Use the document over the page to develop a supervisory agreement with your GP registrar for in and after-hours work.

More information on Supervision in After-hours Environments in General Practice can be found in the last GPSA guide available on the GPSA website (gpsa.org.au)



# Assessing and documenting supervision requirements/capacity for GP Registrars working after-hours

The below is useful for approaching supervision responsibilities and can be applied to supervision in an after-hours setting.

Use this to develop a supervisory agreement with your GP Registrar for in- and after-hours work.

THE SUPERVISION TEAM	
Who is the principal GP supervisor?	What is the plan for when the GP supervisor is on leave?
Who are the other accredited GP supervisors?	
	How is patient safety monitored in the after-hours setting?
Who are the other members of the supervision team (eg non-accredited GPs, practice manager, Aboriginal health worker, allied health staff)?	Does the practice have clinical meetings or other governance processes that the GP registrar will attend and which will look at practice systems with a view to maximising safety?
<ul> <li>How are the concerns about the GP registrar communicated between team members?</li> </ul>	
	How are GP registrar critical incidents handled after-hours?
How is information collated so the GP registrar can receive feedback?	
	EDUCATIONAL SUPERVISION (TEACHING)
CLINICAL SUPERVISION	<ul> <li>How will reflective practice on after-hours activity be incorporated into education for the GP registrar?</li> </ul>
How do you orientate the GP registrar into your after-hours practice?	
	<ul> <li>Does the GP registrar feel confident and competent to perform after-hours care, has the GP registrar identified any deficits that may represent a risk?</li> </ul>
What is the roster for in-hours and after-hours supervision?	
Is the GP supervisor able to attend onsite 100% of the time the GP registrar is consulting or on call?	How often does a GP registrar receive face-to-face teaching and what is the duration of the teaching session?
How is the GP supervisor to be contacted after-hours?	When does the teaching occur and who provides the teaching in an after-hours setting?
GP Supervisor Name:	GP Registrar Name:
Signature:	Signature:
Date:	