NATIONAL GP SUPERVISOR SURVEY

MAY-JUNE 2018

NATIONAL RESULTS (Supervisors only)

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APPENDIX 1: GRAPHICAL SUMMARY OF SURVEY RESPONSES BY QUESTION 21

Executive summary

Data for 2016, 2017 and 2018 are shown in Appendix 1.

The typical respondent was:

- A GP Supervisor who is also a practice principal or partner (57%)
- Male (53%)
- Aged 50 years or more (61%)
- From NSW (30**%**), Queensland (23%) or Victoria (22%)
- A Fellow/member of RACGP (78%) for over 11 years (60%)
- qualified at postgraduate level (60%).

and regarding supervision:

- had between 2-5 years experience as a GP Supervisor (27%)
- was the primary supervisor in a group providing supervision to registrars in the practice (55%)
- was currently supervising a GP registrar (84%)
- not providing remote supervision (86%)
- has never supervised a registrar who identifies as being of Aboriginal or Torres Strait Islander origin (89%)
- intends to continue supervising whilst they are a practising GP (37%)
- sees increased remuneration as the way to make supervision a more attractive option (70%)
- is satisfied or very satisfied with their overall experience of supervision (80%)

and works in an RTO that:

- they are satisfied or very satisfied with (69%)
- provides sufficient CPD opportunities (71%) and an SLO (78%)
- supports them in their role (69%)
- provides adequate resources (66%)
- has a positive relationship with their practice (69%)

and wants their RTO to better support them in their role by:

- providing better remuneration and conditions (60%)
- providing user-friendly IT systems (48%)
- reducing the amount of administration involved with each registrar (43%)

and with regard to NTCER:

- pays fortnightly (53%) [74% at monthly or less]
- pays on receipts (48%)
- pays 49.05% as per the NTCER (68%)
- would not consider paying registrars a flat salary in exchange for not paying a percentage of billings/receipts (41%)
- has had their profit margin affected by a range of issues such as staffing, overheads and equipment issues (78%)

and wants GPSA to provide advocacy in relation to:

- improved remuneration for teaching (71%)
- increased recognition for GP Supervisors and their role (61%)
- ensuring the delivery of quality training (58%)

and wants GPSA to provide more:

- supervision resources (67%)
- information on issues and trends in GP training (66%)
- information on relevant government policy (51%)
- updates on GP education and research (42%)

and thinks that:

- they will attend the GP18 conference (27%) but most will attend a special interest event (45%)

About the 2018 survey

The survey was conducted between 25 May and 22 June 2017. The survey was open to all members of GPSA including GP Supervisors, practice principals and honorary members.

There were 539 respondents in total. Four hundred and forty seven (447) identified as GP Supervisors. This represents 10% of the cohort of GP Supervisors who were members of GPSA at the time of the survey.

This report provides the results from respondents who are a:

- principal or partner as well as a GP Supervisor (57%)
- GP Supervisor (33%)
- medical educator as well as a GP Supervisor (8%)

Data were collected via SurveyMonkey and analysed in SurveyMonkey and Microsoft Excel.

There were 36 questions in total.

- 21 questions were forced-choice (Q1-10, 12-20 23, 25, 28-29, and 31)
- 11 questions were of the ‘select one or more’ type (Q6, 21, 24, 26-33)
- 3 questions were free-response (Q11, 34 and 35)
- 1 question was a Likert scale response (Q23).

Key results are presented as simple percentages where possible.

In some RTOs with small numbers, a result of <10% was used for small cell sizes.

A report will be provided to each RTO. Numbers for RVTS were, unfortunately, to small to enable reporting without individuals potentially being identifiable.

Appendix 1 shows graphical data for each question for 2016, 2017 and 2018 where the same question was asked in each of those years’ surveys or for 2017 and 2018 only where it was asked in both those years, or for 2018 only where the question was not previously asked.

A commentary on the national results is provided and the executive summary of the data for each RTO is also included.

These data will continue to form valuable baseline data for future surveys and if core questions are retained, enable trend analysis over time.

Key findings and implications for GPSA

Demographics

The 3-year demographic data for 2016-2018 shows very little change.

The response to this year's survey represents 10% of the membership of GPSA who are GP Supervisors as at 30 June 2018, down slightly from 11% in 2017.

Nationally, there still appears to be relatively few new Fellows (< 2 years) in the cohort (2%) with the vast majority being Fellows of 11 or more years standing (60%).

The spread of experience of supervisors is reasonably balanced with good numbers in all groupings, particularly new supervisors of less than 2 years (18%) or 2-5 years duration (27%). These numbers are up slightly from 2017.

The vast majority of respondents are members or Fellows of the RACGP (78%) with almost 8% being members/Fellows of ACRRM and 9% members of both colleges. These numbers are similar to 2017. Although ACRRM enjoyed an almost doubling of their numbers from 2016 to 2017, the numbers have remained stable from 2017 to 2018.

The gender balance nationally still shows a greater representation of males (53%) to females (46%) but there are more female respondents in the 2018 cohort than in previous surveys. Revised DOH national GP workforce statistics for 2016-2017 report a 55/45% male/female gender split.
(*www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1*)

The spread of ages represented in the cohort is still markedly skewed toward the 50+ age group (61%).

Data were collected on whether supervisors were of Aboriginal or Torres Strait Islander origin. The 2018 survey indicates that less than 10 supervisors of Aboriginal or Torres Strait Islander origin responded to the survey, similar to 2017.

Supervision

There may be latent capacity in the system for supervision with only 84% of supervisors indicating that they are currently supervising GP registrars, down from 88% in 2017. Of those supervising, 26% are supervising GPT/PRRT1-2 registrars, 25% are supervising GPT/PRRT3-4 registrars and 33% are supervising registrars across all of GPT/PRRT1-4.

Only 18% of respondents indicated that they are the sole GP Supervisor at their practice, up slightly from 15% in 2017. Most (55%) in both 2017 and 2018 are the primary supervisor in a group providing supervision while 26% are secondary supervisors in a group (down slightly from 29% in 2017).

There are less supervisors engaged in remote supervision to registrars in rural, remote or other locations (12% down from 16% in 2017).

There may be capacity in the system for supervision of registrars in AMSs and/or ACCHOs. Only 2% of respondents were currently supervising a registrar(s) in an AMS or ACCHO, down from 5% in 2017. An additional 9% had previously supervised a registrar(s) in an AMS or ACCHO.

Supervisors were asked in 2018 about their satisfaction levels with the supervision experience generally.

Eighty percent (80%) indicated they were either satisfied or very satisfied with their experience of supervision generally. Fourteen percent (14%) made positive comments such as:

> *I find it quite rewarding and enjoy the teaching*
>
> *Enjoy teaching, keeps me up to date too, rewarding seeing young people develop skills, enjoy interactions with [RTO] and colleagues*
>
> *Gets me out of routine practice, keeps me up to date on some areas that registrars know more about, good to help the next generation*
>
> *I love teaching and sharing.*
>
> *Have always found it rewarding (at times stressful, but rewarding), and at times the basis of a long term friendship or professional relationship*
>
> *Registrars bring a lot of knowledge and enthusiasm, keep us on our toes, bring new ideas, challenge our knowledge and systems.*
>
> *I really enjoy teaching new doctors and registrar as I believe this is core of continuing our precious profession*
>
> *It's a great thing to do - fun interesting, keeps me up to date and in touch with new learning, teaches me about my own practice and knowledge and brings fresh energy into the practice*
>
> *Great way to stay up to date, excellent way to 'give back', satisfying to be a role model*
>
> *On the whole, I find it stimulating and satisfying.*

When asked what practices, the colleges and/or RTOs could to make supervision a more attractive option for eligible GPs, increased remuneration and also recognition of supervision in CPD programs were both identified as key enablers (70%).

Twenty-two percent (22%) of respondents provided free-response comments.
Of these, the majority (28%) commented on the issue of supervisor remuneration.

Typical comments included:

> *Remuneration for supervision is appalling - we are all really only doing it because it is a good a rewarding thing to do but the money provided for supervision is pretty insulting. It actually costs a supervisor to supervise properly.*
>
> *The training programme has succeeded because of the goodwill and*

markedly discounted input from supervisors for decades

Continuous supply of registrars was also a theme:

> *Guarantee the supply of registrars - this is the critical issue! we have gone from 4 registrars to no registrars. cannot maintain the business if we cannot be certain we at least are getting 1registrar. If this keeps happening we will give up supervision.*

Making supervision a PIP item was also proposed by almost half of respondents (45%).

> *I am a supervisor in a practice of 4 supervisors, however my supervision time is not paid for nor recognised. The PIP payment goes directly to the practice, and not to individual supervisors.*

The themes of remuneration and continuity of registrar supply continue to raise important issues for GP supervisors. These issues are further explored under the Remuneration and Sustainability section of this report.

RTO Support

Satisfaction levels with RTOs remained stable across 2017 and 2018 at 69% being satisfied or very satisfied with their RTO.

Supervisors were also asked what RTOs could do better to support them in their role as a GP Supervisor.

Whereas in 2017, roughly half of respondents indicated better remuneration and conditions along with more user-friendly IT systems; in 2018 better remuneration and conditions was at the forefront of responses (60%) over user-friendly IT systems (48%).

The results could be interpreted in the overall context of income stagnation with accompanying rising costs taking effect.

IT systems continue to be an area where GP Supervisors require support. With training transitioning to the colleges, and potentially, to different IT systems, this will be an important item to watch in future surveys.

A reduction in the amount of administration involved with each registrar continues to be sought by a large proportion of respondents (43%).

Multiple work-based CPD options were still being sought by 39% of respondents (up from 34% in 2017).

RTOs may still be able to support their supervisors better simply be letting them know what sort of support and assistance is available from them with 31% of supervisors still not knowing what could be provided by the RTO (down from 33% in 2017).

Satisfaction with RTO support appears to be stable.

GPSA advocacy and support

The key issues that respondents want GPSA advocacy for continue to be:

- improved remuneration for teaching (71%),
- increased recognition for GP supervisors and their role (61%), and
- ensuring the delivery of quality training (58%).

Participants again suggested overwhelmingly that the form this recognition could take is greater remuneration (78%). Calls for improved remuneration are higher than for 2017.

Nine percent of respondents (up from 7% in 2017) offered comments on GPSA advocacy.

Perceptions of remuneration for supervision being poor are having an impact, not only on retention of supervisors, but also recruitment of new supervisors:

> *The remuneration as it stands is not enough for me to convince other doctors in the practice to become supervisors.*
>
> *It would help immensely if there were better financial incentives for us to learn more about being effective mentors and supervisors. At best supervising registrars is a 'break even' exercise for us financially at our clinic. We do it because we enjoy teaching and it helps us recruit GP's to our clinic.*

These calls, however, are not entirely about remuneration. Supervisors remain concerned about the quality of GP training and the need for better support:

> *Support of quality GP as a whole for registrars to train, and later, work in. Also research.[sic]*
>
> *Supervisors provide most of the environment and teaching for registrars for their training. They need to be given skills, feedback and practical support by their RTOs.*

There were also calls for GPSA to be an advocate for supervisors in dealing with the RTOs and with government:

> *Keep GP training organisations open, equitable and accountable.*
>
> *Government advocacy.*

The issue of how GP Supervisors can be better recognized was, once again, overwhelmingly in support of greater remuneration for the role (79%, up from 75% in 2017).

Other ways of recognizing supervisors included:

- more published research on the GP supervisor role (30%, up from 26%in 2017),

- wanting acknowledgement from RTOs of the value and importance of the supervisory role (26%),
- award or certificate, varying types of other awards or certificates (26%), and
- 18% wanting RTO-based supervisor awards (down from 24% in 2017).

Recognition of supervision via CPD was once again a theme amongst the 14% of those who provided a free-response comment.

> *Have registrar training recognized as a CPD activity*
>
> *More significant acknowledgement through the triennial QA cycle*
>
> *Access to PLAN/CPD points for supervision*
>
> *CPD points for supervision.*

Some other suggestions included the use of some type of post-nominal and having a rating system for supervisors.

Thirty-percent (30%) indicated that more recognition could be achieved through more published research on the GP supervisor role.

One comment was that:

> *GPSA should conduct more research on the supervisor role.*

Over the last 2 years, GPSA was successful in conducting research on the GP supervisor role in conjunction with GPTT and GPEx and Monash University in the form of three RACGP Education Research Grants.

The outputs of these tools have been and continue to be presented at conferences, SLO workshops and via our website and the websites of partner organisations. They are also reported on in Research Roundup in GPSA's newsletter. Ongoing work and further dissemination activities are planned and continuing for all three projects.

Disappointingly, 3 grant submissions for the 2018-19 round of RACGP ERG grants were not funded.

Remuneration and sustainability

Remuneration for GP Supervisors continues to be a recurrent theme throughout the survey. Unsurprisingly, it is the most-often identified mechanism by which supervisors feel that what they do can be recognized and rewarded.

In the main, GP supervisors supervise because they enjoy it, they are "giving back" to the profession and because they learn both in providing supervision and from registrars who assist them to "keep up to date" either directly or in order to provide appropriate supervision. Survey results and recent research results from a GPSA/Monash/GPTT project confirm this *http://gpsupervisorsaustralia.org.au/download/4419/*.

But these motivators may not be enough to sustain supervisors in the face of the lack of reward and recognition that they are, in increasing numbers across these surveys, identifying that they do not adequately receive.

Many commented on the fact that the payment for supervision has not increased sufficiently over time to recompense supervisors for the increased exposure to medico-legal risk, extra time required, the risk arising from potentially negative patient views and preferences, the imposition on financial viability and sustainability, the added administration and “red-tape” that it creates, the perceived work ethic of some registrars and just the sheer stress of being a supervisor whilst juggling the demands of general practice.

> *The amount of paper work and the time spent on getting a registrar only for 6 months in a rural practice does not justify the returns. In fact, practice has lost income because of intensity of level 1 supervision.*
>
> *I love teaching but running out of rooms and it is difficult to justify the cost.*
>
> *Last round of registrar GP3, very lazy, not confident making decisions, interrupted my consultation for every single patient and didn’t cover their wages. I have to work harder to supply their life style. That is why no more supervision.*
>
> *I enjoy supervising and mentoring registrars but for our clinic it is a year by year proposition. We need to have enough patients for them to see, and having a registrar is a central part of our workforce planning and succession planning in the clinic. If a point in the future comes where it is unviable financially to have registrars we will withdraw from training.*
>
> *Currently re evaluating our previous strong commitment to GP supervision due to the onerous requirements and the decreased practice support as compared to the support that is provided to GPRs.*
>
> *It will depend on how streamlined this is. I currently have 1 FT and 1 PT and the FT has decided not to reapply fro this 6 months. This throws the Practice into difficulty and I find a constant source of angst every time we have change. I’m not sure that I can continue to do this when it’s so hit/ miss.*
>
> *I want to supervise but the last round of GP registrars that we selected ended up not being able to come for various reasons (eg military service took them interstate, they needed to do their area of need service first) and now we don't have any. Makes it very hard to plan our workforce if getting a registrar is hit or miss. Very hard to suddenly accommodate a fulltime GP registrar and then do without one (or two or more).*
>
> *I have been a GP supervisor for 4 years. I was a GP registrar myself prior. I have noticed some decline in work ethics and skillsets (of the registrars) and lowered expectations (of registrars), compared to when I started. I am not sure if it is observed across the board, or are just unlucky over the last 2 years?*
>
> *Getting too old, and a bit sick of GP registrar preciousness.*
>
> *It is just getting too hard! Financially unsustainable...demands from registrars.*

I currently have three Registrars. I am reducing to 1 next year. My reasons are that the patients complain with the turnover of doctors and it is hard work for as well for the staff and the other doctors. Registrars increasingly come to the practice ill equipped and unprepared to make everyday clinical decisions. Yet they have a wonderful sense of entitlement! There are plenty of experienced GPs available. While we do enjoy teaching, we plan to manage our frustration with registrar training by reducing our registrar numbers increasing our medical student and nursing student training instead.

Contractor doctors but state government insisted on payroll tax backpaid 5 yrs. Ouch! Timeframe so short to mount appeal and my stress level and legal costs . .didnt have energy to fight. Nearly bankrupted.

Happy to continue supervising for several more years, I enjoy it but it does put extra pressure on my days and I don't consider the remuneration for supervising reflects the amount of work I do.

Getting tired of supervising - it's a lot of work. I don't envisage doing it for too much longer.

There is a risk that the motivation expressed by many supervisors as to why they supervise will be negated by these other factors.

Recent results from a study of why supervisors do and don't participate in rural areas provides an evidence base for some of these assertions. Further research with urban supervisors, particularly qualitative research, may shed more light on these factors.

The workforce implications of reduced numbers of supervisors combined with increased numbers of registrars are obvious.

RTO contracts for the next 3 years are locked in so it is perhaps unlikely that increased remuneration by RTOs will occur in the near future.

GPSA has already canvassed the drafting of an NTCES to help standardize the terms and conditions for supervisors employed by RTOs, with little success. The RTON has agreed to a set of principles but has thus far shown little interest in moving further on the issue.

Education, resources and learning needs

A key theme in the learning needs of supervisors is 'keeping up to date'.

GP Supervisors again identified as their top three learning needs keeping up to date with: clinical best practice (65%), registrar curricula - including assessment requirements (62%) and the latest developments in teaching and learning (64%). A majority of respondents, but less than in 2017, also wanted information on where to access useful teaching and learning resources (50%).

Overwhelmingly once again, the most-used clinical learning resource was therapeutic guidelines (77%). The RACGP 'Red Book' (45%) and Murtagh (44%)

continued to be the next most used teaching resources. These figures are similar to 2017 with slightly more indicating therapeutic guidelines as their top resource.

Respondents clearly value the teaching plans provided by GPSA with 44% requesting more, given the choice of one extra resource to be provided by GPSA.

Respondents also value the GPSA online modules (33%), guides (25%) and webinars (17%). These numbers are very similar to 2017.

When asked to nominate topics for an additional resource, many indicated topics for which GPSA already has a guide, teaching plan or webinar. These topics included: legal and ethical issues, professionalism, managing registrars in difficulty, exam preparation, reflection, contract and employment issues, dealing with uncertainty, deprescribing, skin cancer, registrar curricula and mental health.

Topics for which there currently exists no resource or where additional resources could be considered included: dermatology/skin cancer, palliative care, chronic disease, prostate cancer, preventive medicine, effective listening, dealing with the 'high flying' registrar, rheumatology, disorders of childhood and neurology.

Qualifications and GP Supervisors

GP Supervisors were again asked about the highest level of qualification they held.

Forty-two percent (42%) of GP Supervisors held:

- a postgraduate qualification at postgraduate diploma level (31%), or
- a postgraduate certificate level qualification (11%).

These figures are up on those of 2017.

Thirty-three percent (33%) nominated bachelor level as their highest level qualification (slightly less than in 2017). Sixteen percent (16%) held a masters level qualification. Around 2% held a PhD.

Higher pay rates for those with an education qualification is a possibility that had some support in the 2017 survey. Equally, however, making this a requirement was resoundingly rejected by the respondents to that survey.

GPSA support

The survey provides helpful information that will enable GPSA to provide more and/or even better support to supervisors.

Fifty-five percent (55%) of respondents use Facebook for personal use with 28% using it for professional purposes. These are slightly higher figures than for 2017. Twitter is used by 9% for personal use and 9% for professional use.

These data indicate that use of social media by supervisors is consistently increasing over time, albeit slowly.

Sixty-seven percent (67%) of respondents indicated that they want supervision resources provided by GPSA, similar to 2017.

Sixty-six percent (66%) of respondents wanted GPSA to provide regular information on issues and trends in GP training. This is less than in 2017 (74%) and could indicate a disengagement with the GP training environment and the seemingly constant state of change in which it exists.

> *They do what they can. I think the system is flawed. The people themselves are very good when I contact them. But I'd like it if they were to call me and come and visit me regularly.*
>
> *I have found changes in RTOs very disruptive. As an effective system of interaction/support is developed, the RTO or rules change, and we have to resolve the same problems again!*

Over half of respondents (51%) continue to want information on government policy, down slightly from 2017 (55%).

GPSA currently offers services and support in all three areas with a range of teaching guides, webinars, Policy News and Research Roundup in our e-newsletters.

Conferences provide a prime opportunity to recruit new members, provide resources and information about GPSA and gather much-needed market intelligence for an organization that has a distributed workforce.

Respondents are turning to special interest conferences over the traditional GPTEC, RACGP and ACRRM conferences. Planned attendance at GPTEC was down by 11% over 2017 figures and down by 2% for the college conferences. Planned attendance at GPCE conferences was also down by 5%.

The most common content of other conferences to be attended (of the 44% who provided details) are: obstetrics related (8%), skin cancer/dermatology (6%) and womens' health (4%).

These data could be interpreted in a variety of ways.

One possibility is that supervisors are choosing to use their scarce time and resources to attend more clinically relevant conferences. Another possibility, however, is that supervisors are "turning off" from the traditional college and GPTEC conferences, perhaps reflecting a disengagement with education matters. An alternative possibility is that they no longer perceive these conferences as value for money.

NTCER

2018 is a negotiation year for the NTCER. Accordingly, five questions relating to the NTCER were asked.

Over half of respondents indicated that they pay their registrar(s) on a fortnightly cycle with 11% paying weekly and 10% paying monthly.

Fourteen percent (14%) pay on the NTCER-recommended 13-week cycle.

This means 74% of supervisors/practices are paying their registrar(s) on a cycle of monthly or less, with the vast majority paying fortnightly.

Forty-eight percent (48%) of supervisors/practices pay their registrar on receipts and 32% pay on billings.

The majority of supervisors/practices (68%) pay the GPSA-recommended percentage of 49.05%.

GPRA advises registrars to attempt to negotiate a reduced pay cycle for the percentage. These data show that the vast majority of registrars are paid at least monthly if not more frequently.

The issue was canvassed as to whether supervisors/practices would consider paying registrars a flat salary instead of the current NTCER in exchange for not paying the percentage on billings/receipts. Forty-one percent (41%) said no and 27% said yes, 33% said maybe.

Many elaborated that there needed to be an incentive for registrars to work effectively and efficiently:

> *[Paying a flat salary] would take away any incentive they have to bill.*
>
> *The receipts mean that they get paid for what they do, with a base to catch them if there is a slow patch. But there is an incentive to work hard, and an understanding that you need to work to get paid.*
>
> *Some registrars earn more and others struggle and need more supervision. We need to pay o n their level of experience and ability to work in general practice.*
>
> *Learning to bill correctly and efficiently is part of the training. A flat salary may reduce incentive to be a good and popular GP registrar and keep busy.*
>
> *Because [paying a flat salary] does not mirror the real world, it limits the ability to help registrars thrive in a medicare rebate capacity and reduces their motivation to learn.*
>
> *It's important to keep the current arrangement of a salary with the potential to earn more through a percentage of receipts. This prepares the Registrar for life as a Consultant in private practice.*
>
> *It teaches the business of medicine. Some may later take a salaried position, though the vast majority will work as independent contractors in our fee for service system*

Others were cautious, with agreement being dependent on the financial viability of the salary offered:

> *I would consider it. But the salary would have to be low to compensate for the reduced income for the practice created by a complete lack of incentive for the registrar to think about billing and item numbers*

This really does depend on the salary proposed....I lost $3000 in the first quarter with a GPT1 registrar as he took 2 weeks unpaid paternity leave and a week paid leave. The registrars have to be able to pay their way

Whilst others simply thought it was a good idea:

Best idea ever, reduces conflict, stress re 13 week. same pay rate for all registrars across the state.

Profit margins of practices are affected by numerous forces. The survey asked supervisors whether their profit margin had ever been affected by a range of specific issues. Affirmative responses included:

- medical staffing issues, such as illness or resignations (58%)
- practice staffing issues, such illness or resignations (47%)
- infrastructure issues, such as power or telecommunications issues (47%)
- equipment issues, such as vaccination fridge breakdown (39%)
- overhead increases, such as unexpected increases in rents or utilities (34%)
- billing reductions, caused by reduced patient numbers (25%).

Other issues also identified included: legal cases, change from RRMA to MMM model, the high cost of treatment room consumables, flooding and payroll tax.

These data provide valuable information for supervisors, practices and GPSA to help explain the risks and potential costs of doing business in general practice.

Workforce

A question was asked regarding respondents' intention to continue supervising.

Thirty-seven percent (37%) indicated that they would continue to supervise whilst they are still a GP.

Nineteen percent (19%) intend to continue supervising for the next 2-3 years, 15% for the next 4-5 years, and 11% for the next 5-10 years.

This means that 34% of supervisors could discontinue supervision within the next 5 years. If this response is representative of all supervisors, one third of the workforce providing supervision could disappear over the next 5 years.

What supervisors think of GPSA

The two most common words used to describe GPSA were ‘supportive’ and ‘useful’.

Ok needs Great effective resource Advocacy Good Necessary Useful organisation Supportive supervisors Helpful Awesome Excellent GP support Proactive Essential informative

Other issues

Respondents were given the opportunity to raise any other issues or make comments. Twenty-eight percent (28%) of the total cohort of respondents chose to make a comment. All comments are provided below other than ones which simply said ‘thanks’, ‘no’ or ‘nil’.

Four themes emerged in the free response comments: the NTCER, the GP training system, the value and/or role of a supervisor network and views on GPSA’s role and activities.

Comments on the NTCER:

> *I am strongly opposed to the practice of paying GP registrars on a 13 week pay cycle. I believe it is unethical and unfair and seems totally unnecessary. Registrars who work overtime and on call should be appropriately remunerated. The "us and them" rhetoric that has been put out by GPSA makes me feel ashamed to be associated. I believe that GP supervisors should aim for providing fair work conditions for their GPR colleges and should be advocates for GPRs and not adversaries. The tone of the "STOP - common payroll mistakes" page has an very negativetone and is unprofessional and slightly offensive.*
>
> *Make 13 week pay cycle mandatory.*
>
> *The practical advice/fact sheets provided about Registrar pay rates, quarterly reconciliations etcand leave have been useful.*
>
> *Helpful in outlining holiday / leave entitlements for registrar. Totally different story from RTP.*
>
> *Consider developing NTCES.*

Look forward to the results of the NTCER negotiations.

Pay negotiations are the most stressful part of my day.

Workforce is a massive issue, too many GPs in city and not enough in country or periurban areas, something needs to be done to address this.

Comments on GP training:

Education should concentrate on quality General Practice service provision. Although many registrars are orientated towards income generation, focus on quality must remain, both for the supervisor and registrar. Inappropriate supervisor behaviour should result in withdrawal of privilege of education provision.

Generally lack of communication from [RTO].

Training of GP registrars should only be supported in areas where they are needed.

GP Registrars always complain that other practices give them paid time off, when we follow the Terms & Conditions. e.g. a day off a week and still be counted as full time registrars.

Hard to discipline GP registrars.

Please refer to my previous comments re rural loading of payments

RTO could fund conferences.

I think I may be atypical but I am actually very happy with my registrars, my colleagues, my income, my life balance ,and our RTO.

It would be good to have membership to both colleges as I supervise both but can't really afford membership fees for two colleges. I would be good if the colleges provided a supervisor or medical educator fee for the other college

Comments on the supervisor network:

Good to have a forum that all Supervisors around the country can raise their concerns rather than limiting to each state.

Becoming a supervisor keeps reminding me how much information I'm unable to keep up with. I've continued to see my special grou[of patients that has resulted in narrowing the breadth and variety of clinical cases that I see. At times I wonder what I can teach my registrar who is up with the latest drugs and protocols as they're studying for the exams. It makes me question my effectiveness as a care giver and I don't want to admit this to fellow supervisors or to the registrar. This must be a dilemma for a number of GPs that practise part time. This is why my focus throughout this survey has mainly been about helping supervisors get good training.

Guess I need to talk with our SLO about the way we find [RTO]. I think its...... but I don't have a contact method, which means that [RTO] hasn't explicitly provided one. I certainly know exactly how to get onto the RVTS SLO!

We need an independent voice to represent supervisors and to aggregate data across RTOs.

Keep up the great work. The Registrars are becoming more trouble than they are worth. Support the GPs and practices that provide the patients and infrastructure on which they learn their craft.

Most of the issues are mine e.g. replacement/succession of self.

Comments on GPSA's role and activities:

Keep up the great work you do.

GPSA should communicate individually with every GP supervisor in their list. Great webinars and newsletter.

Need to advocate more.

Keep the information relevant but not too much - we need to live our lives!

Be more proactive, encourage GPs to pursue research.

No- you are doing a great job thank you.

Love that you are trying even if I haven't seen much success on the political front.

Thank you for the great work you do.

Generally a helpful resource.

Webinars great and useful but cannot download vignettes

Thank you to all who work to support Supervisors :)

Hooray for Paul Mara et al for forming this group.

Thank you- the GPSA resources are fantastic and have made my life much easier as a Supervisor.

Thanks for all your hard work, and creating such capacity from relatively few resources.

With more and more larger practices or corporate practices involved in training and supervision, I would like to see GPSA recognise supervisors who are owners have different needs from supervisors who are not. At this stage I feel GPSA provides support strongly for supervisors who are owners but not really those who aren't.

This survey took 15 minutes. Please don’t underestimate when quoting times.

This survey is too long and it was wrong to call it a 5 minute survey. it is also wrong to not be able to leave some questions blank as there were a couple of questions for which none of the options were quite right for me but I had to select the least wrong one to move on.

Don't really understand role of GPSA compared to [RTO]. All the training sessions I've been to have been delivered by [RTO] and they would be the first point of contact I would think of for supervisor support and resources.

Valuable to have a group of experienced educators pooling resources and teaching tools outside of RTO (risk of being lost if within RTO, like at start of this triennium).

Keep on- as without the Supervisors there would be no training programme. Supervising is a balancing act and should be better remunerated.

Thanks again GPSA for your support with difficulties in 2017.

GPSA needs to continue to bat for the supervisors and not be suckered in to helping facilitate new initiatives that the government of the day might dream up from time to time . ie keep the bastards honest ,don't compromise on the maintenance of the high standards of 'in real practice teaching’ that are required to help teach our new generation of GPs .

Thanks, I value being part of GPSA.

Happy.

Your educational resources are fantastic thank you.

Thanks for being there.

I'm very grateful GPSA seems to function so well.

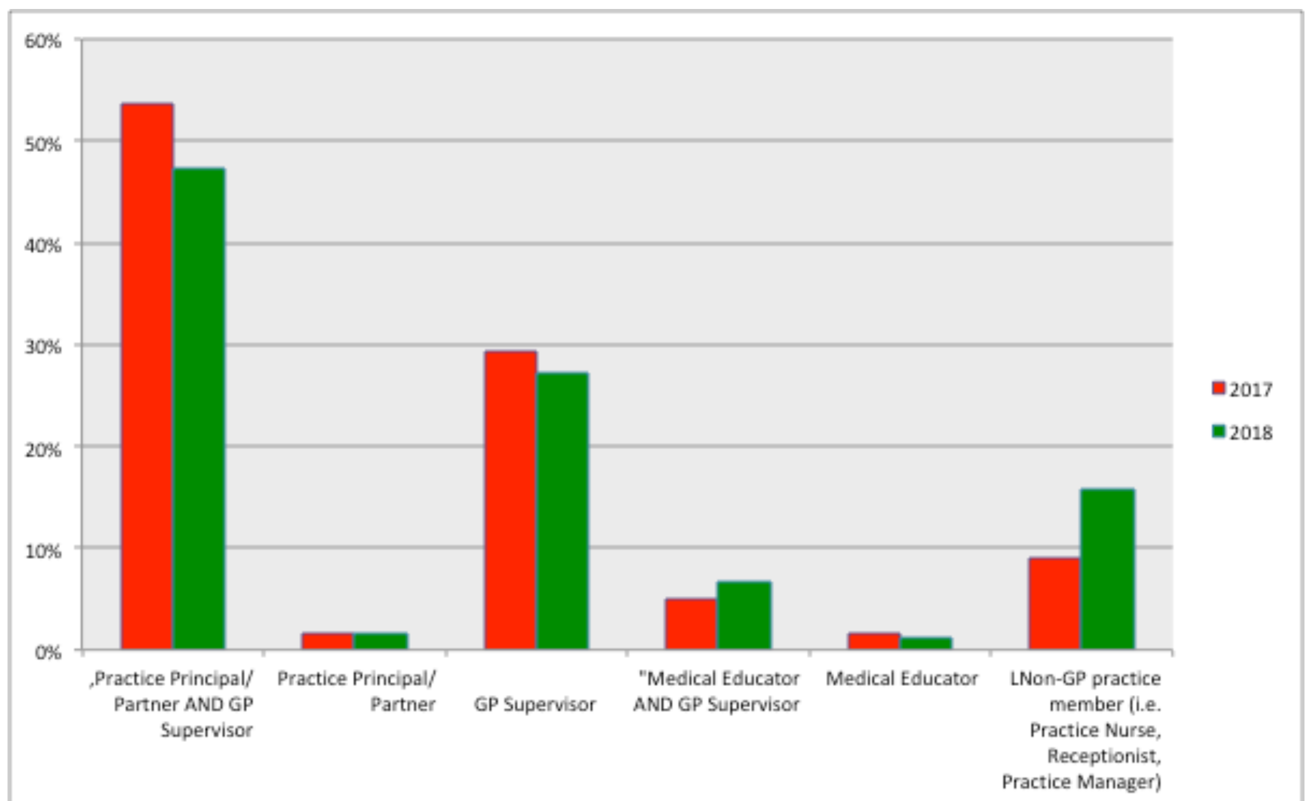
Appendix 1: Graphical summary of survey responses by question

There were 539 respondents in the May-June 2018 survey, 522 in the August 2017 survey and 629 in the August 2016 survey.

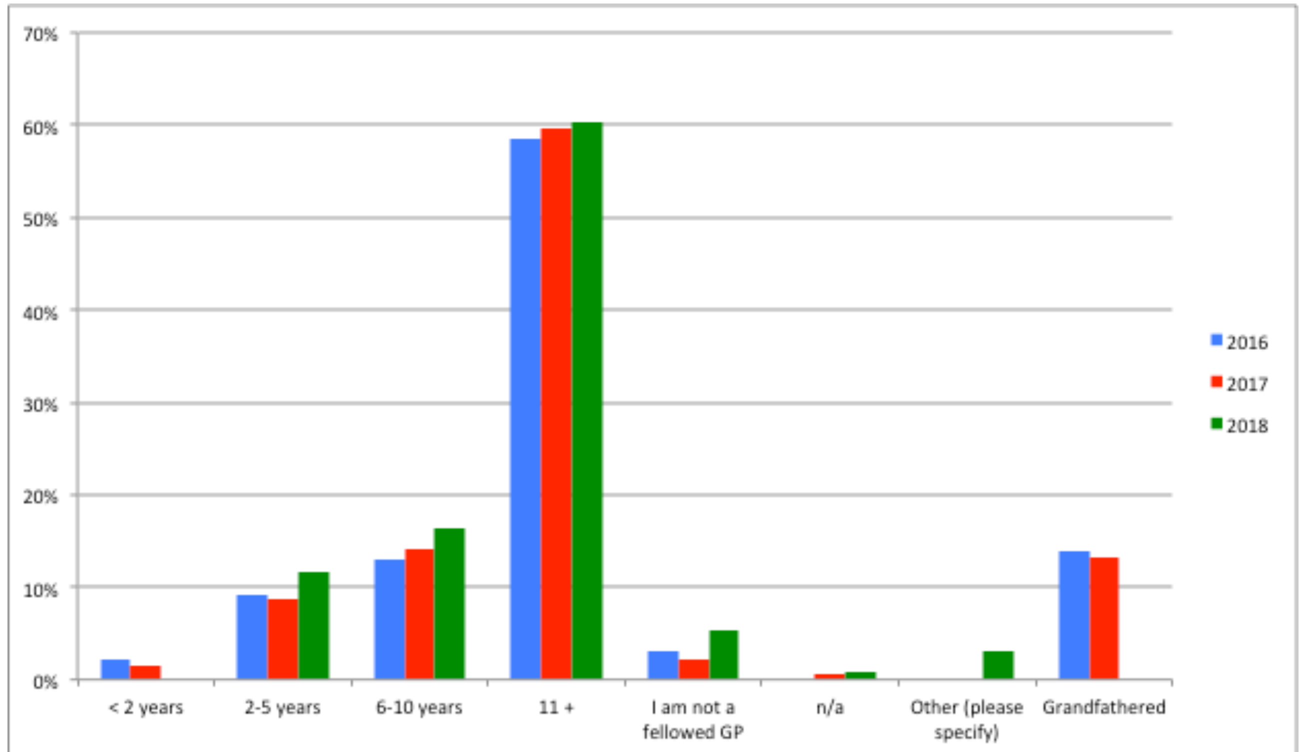
Where results are shown for only one or two years, it means that the question was asked differently in other surveys or was not asked at all in that year.

Responses were forced choice except where otherwise indicated.

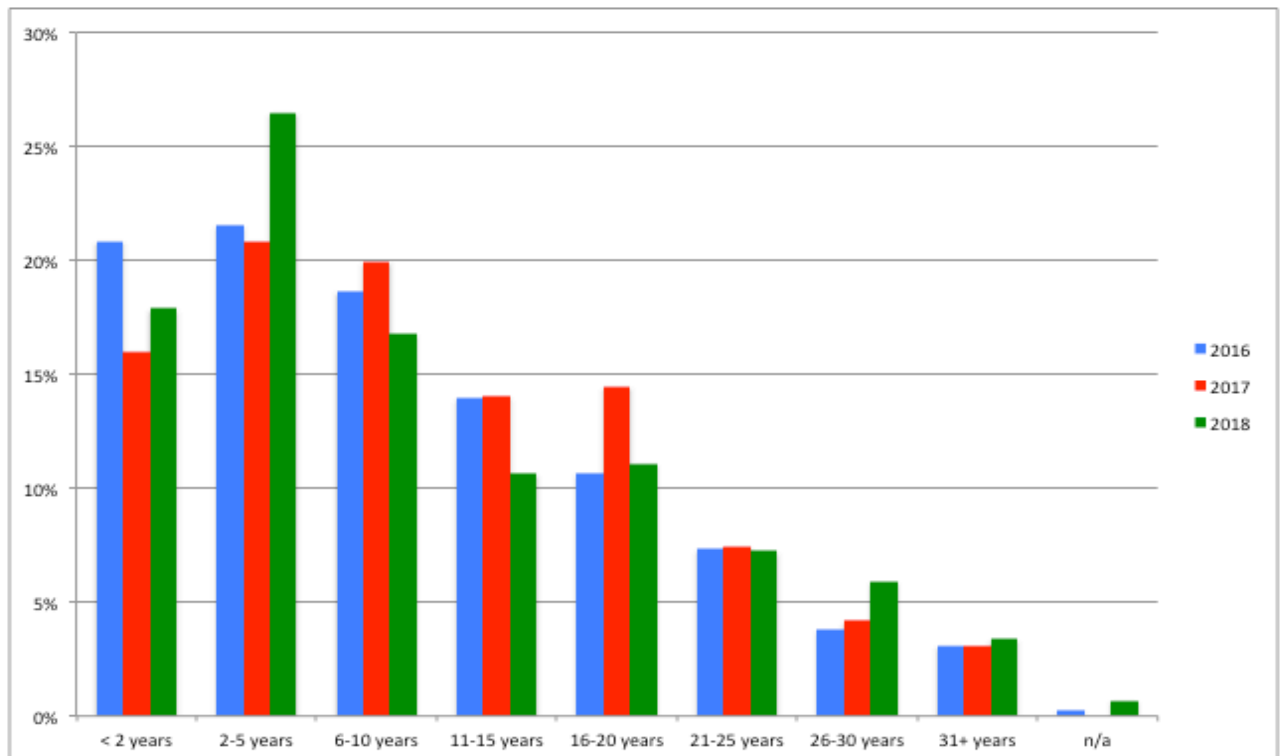
Q1. What role(s) do you perform in your training practice?
(2017 n=522, 2018 n=539)



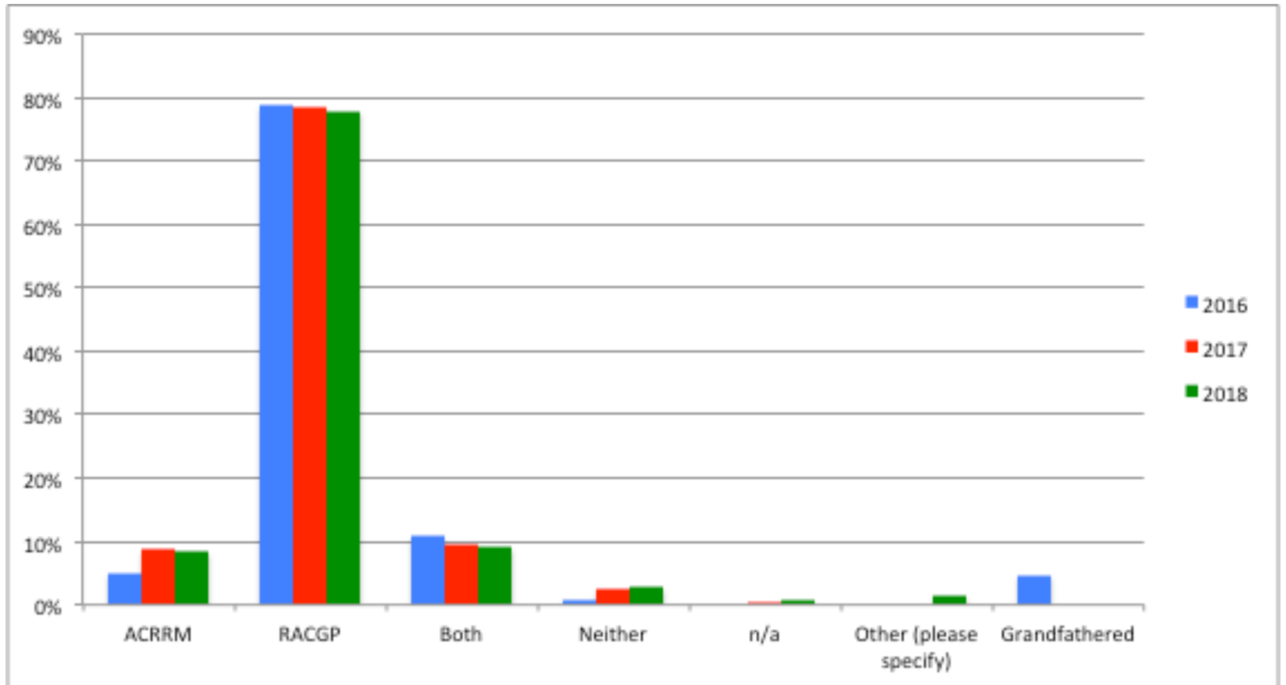
Q2. How long have you been a Fellowed GP?
(2016 n=451, 2017 n=456, 2018 n=422)



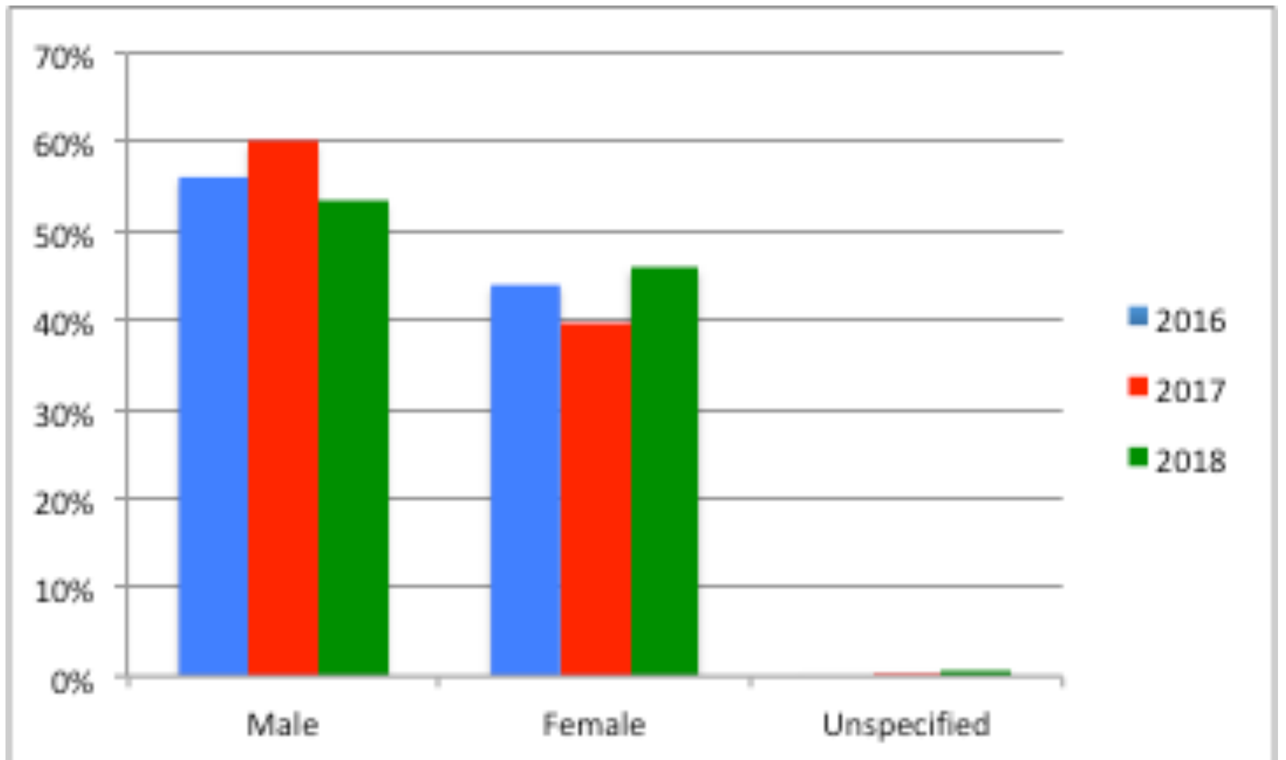
Q3. How long have you been a GP Supervisor?
(2016 n=451, 2017 n=456, 2018 n=422)



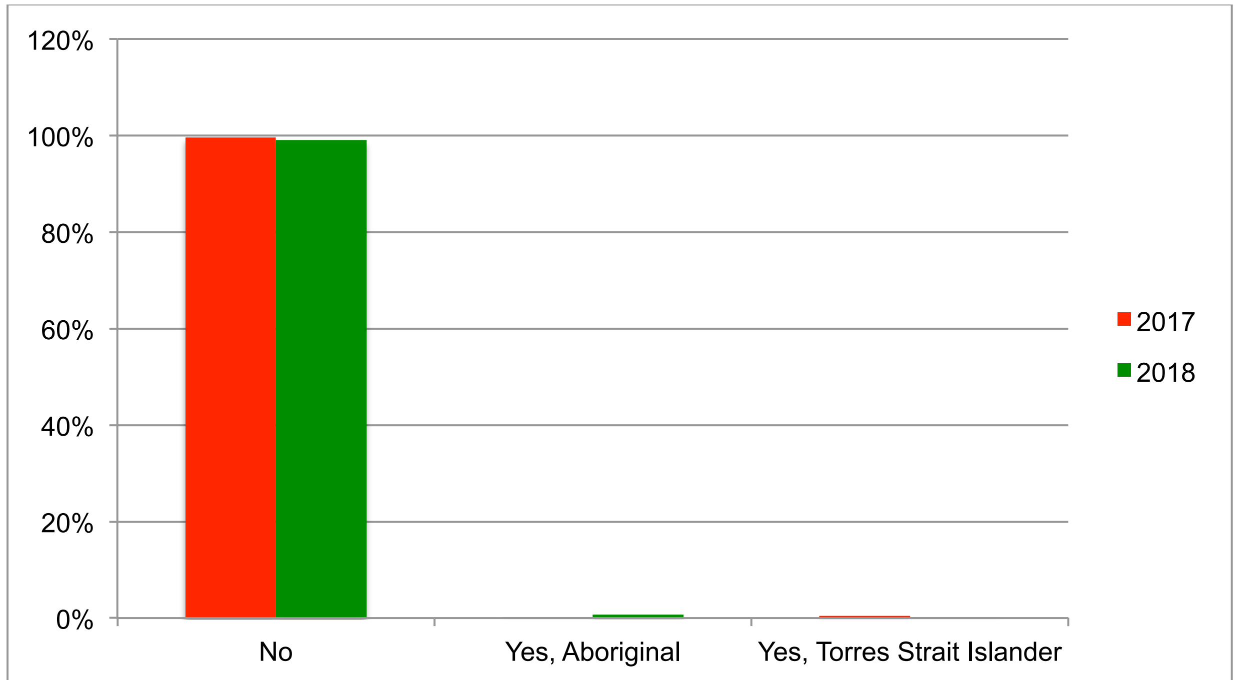
Q4. Of which College are you a Member/Fellow?
(2016 n=451, 2017 n=456, 2018 n=422)



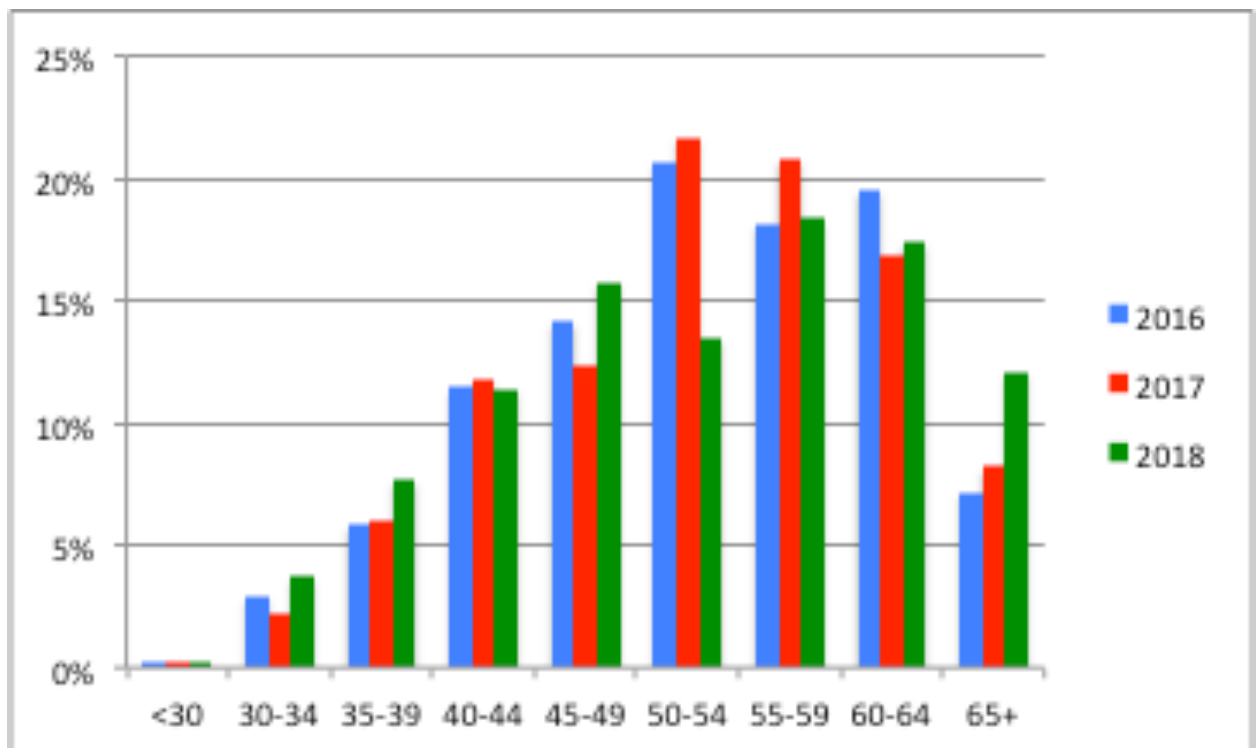
Q5. For aggregate reporting of these survey results only, what gender do you identify as?
(2016 n=446, 2017 n=452, 2018 n=431)



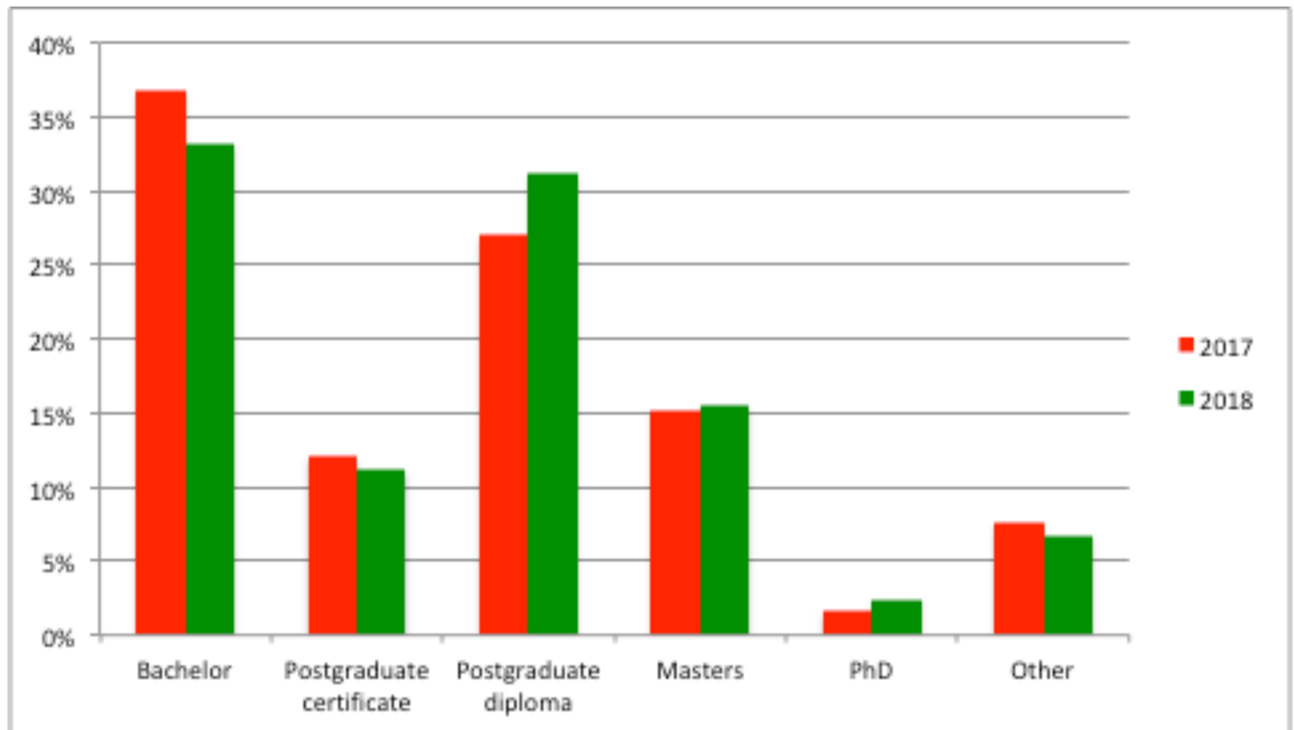
Q6. Are you of Aboriginal or Torres Strait Islander origin? *[select one or more]*
(2017 n=452, 2018 n=431)



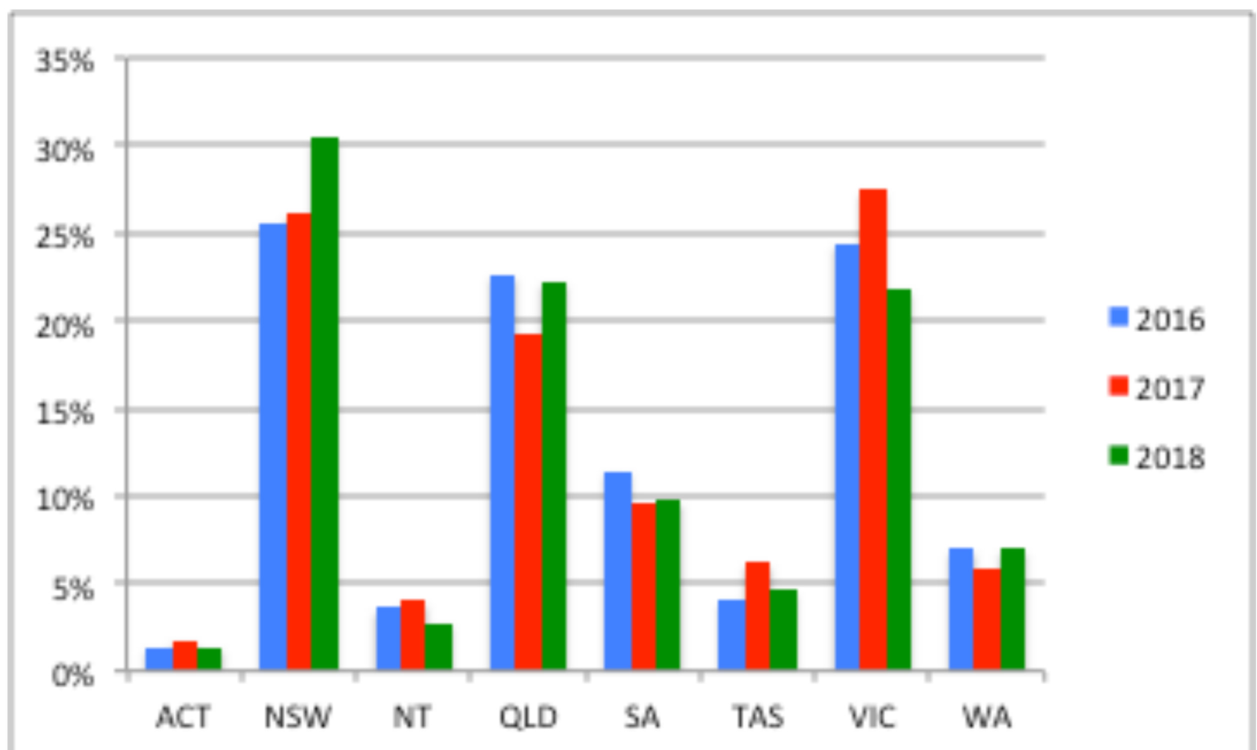
Q7. What is your age?
(2016 n=456, 2017 n=452, 2018 n=431)



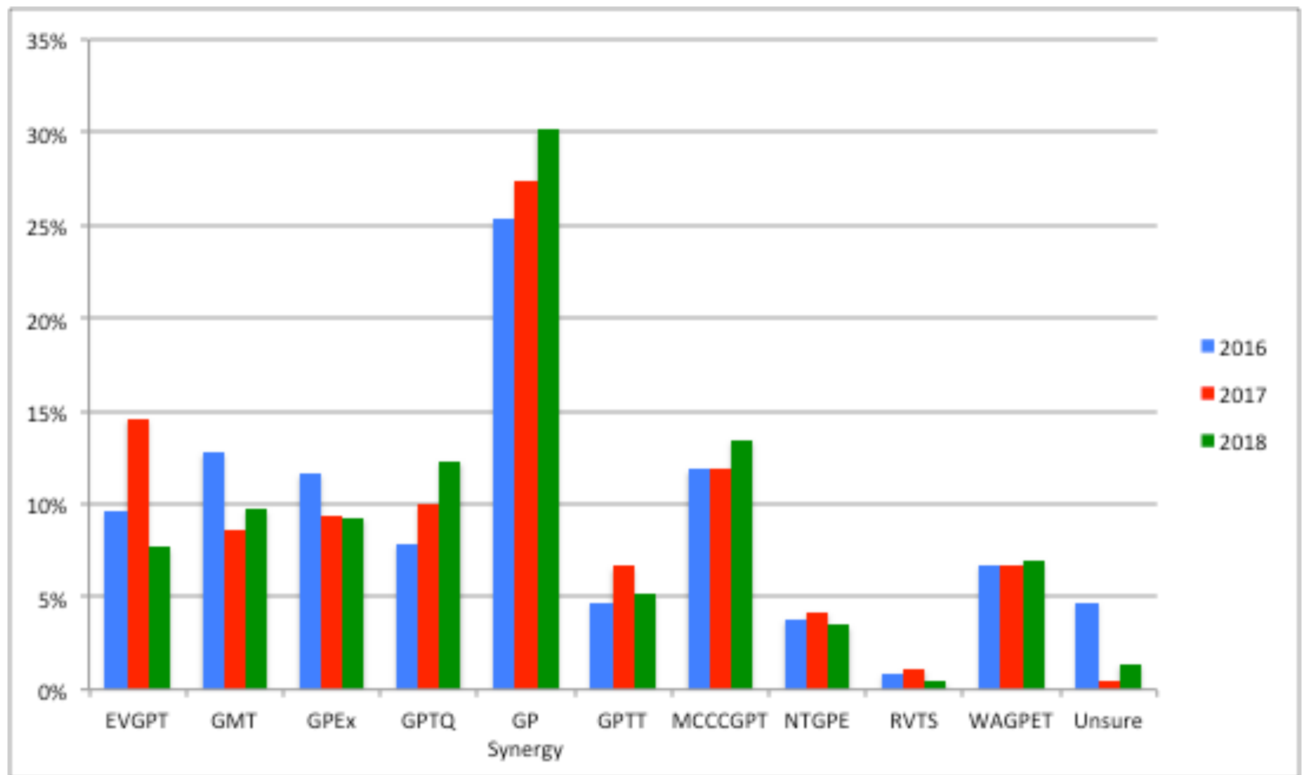
Q8. What is the highest level of formal qualification that you hold?
(2017 n=449, 2018 n=431)



Q9. In which state or territory of Australia is the practice in which you spend most time located?
(2016 n=446, 2017 n=452, 2018 n=431)



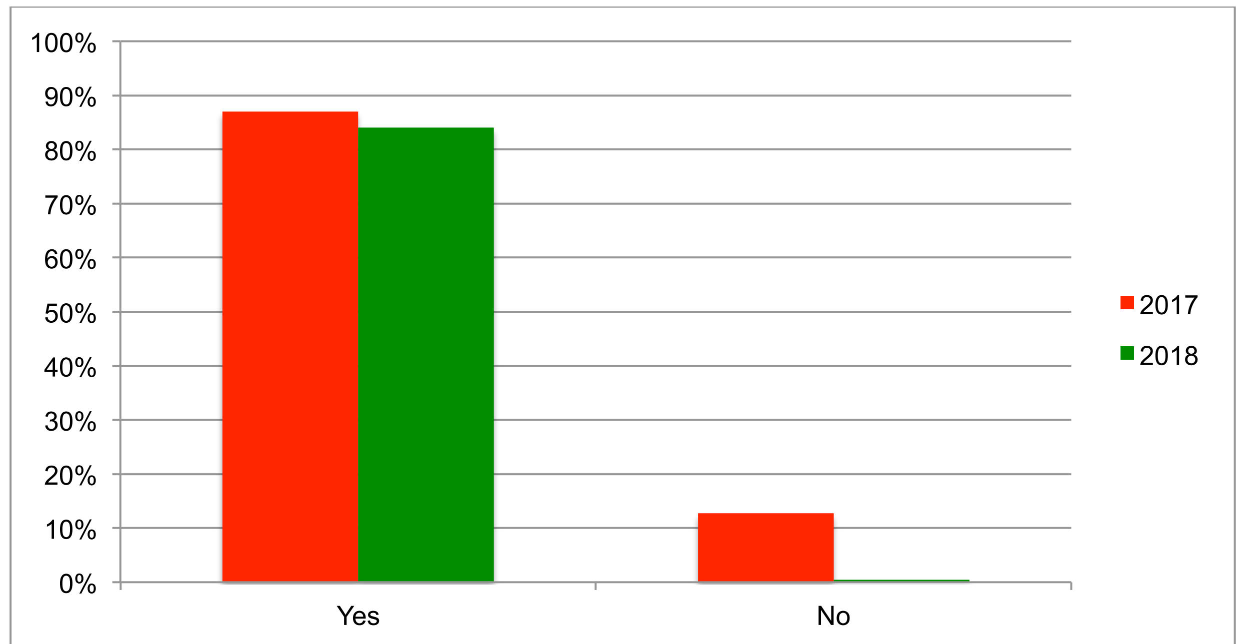
Q10. Which RTO services the region in which your primary practice is located?
(2016 n=446, 2017 n=452, 2018 n=431)



Q11. What is the postcode of your primary practice? [*free response]*
(2016 n= 446, 2017 n=441 , 2018 n=419)

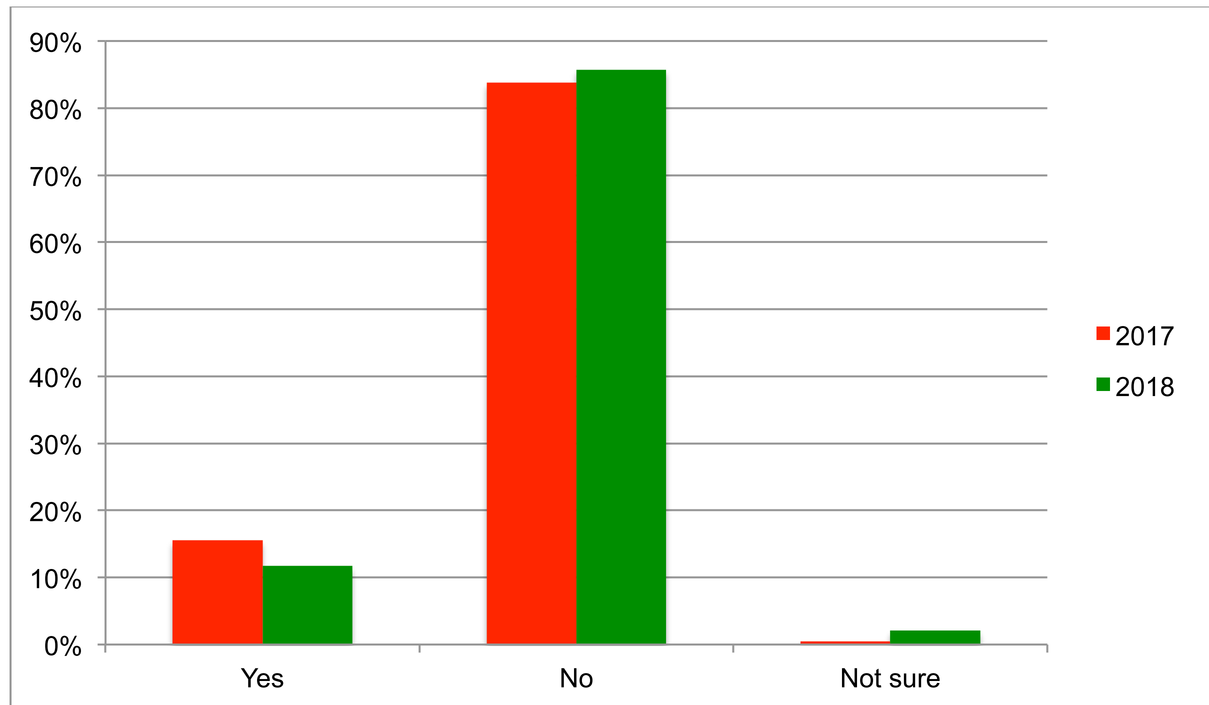
(no graph for this question)

Q12. Are you currently supervising any GP registrars?
(2017 n=450, 2018 n=427)

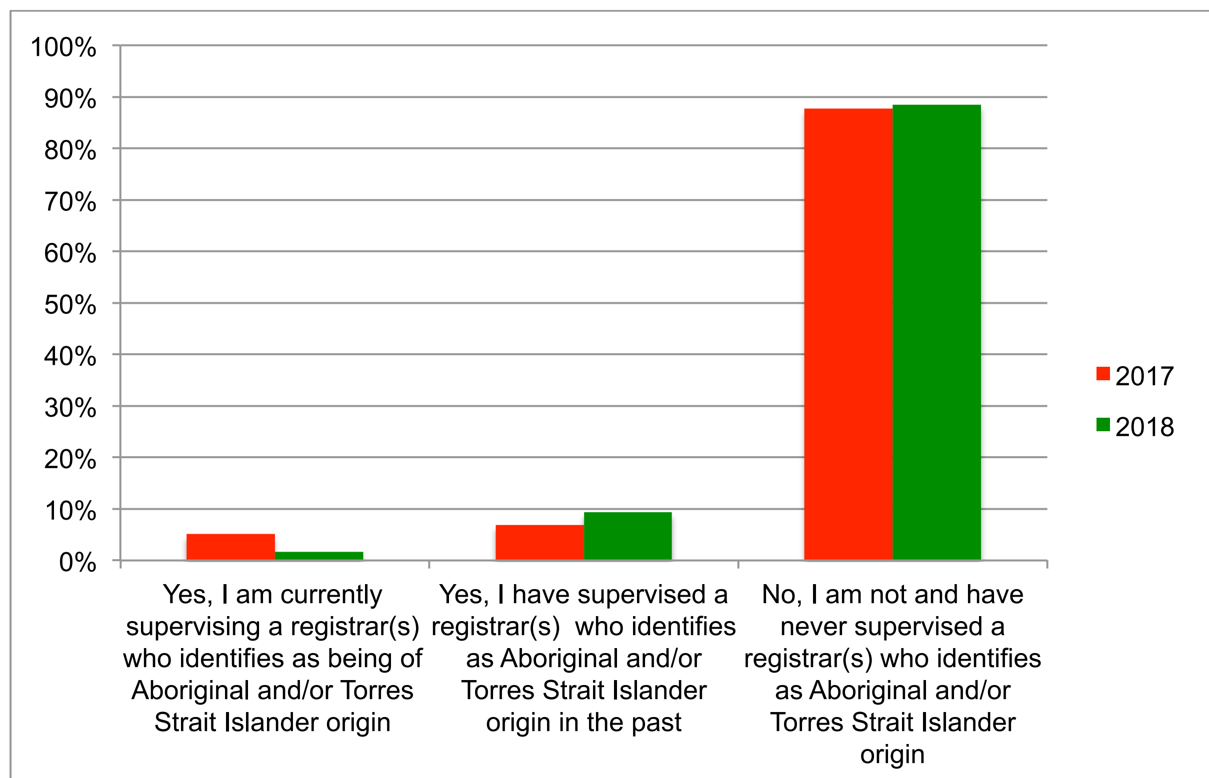


Q13. Are you the sole GP Supervisor at the practice where you spend the most of your time, or the primary or secondary supervisor in a group of supervisors?
(2017 n=450, 2018 n=427)

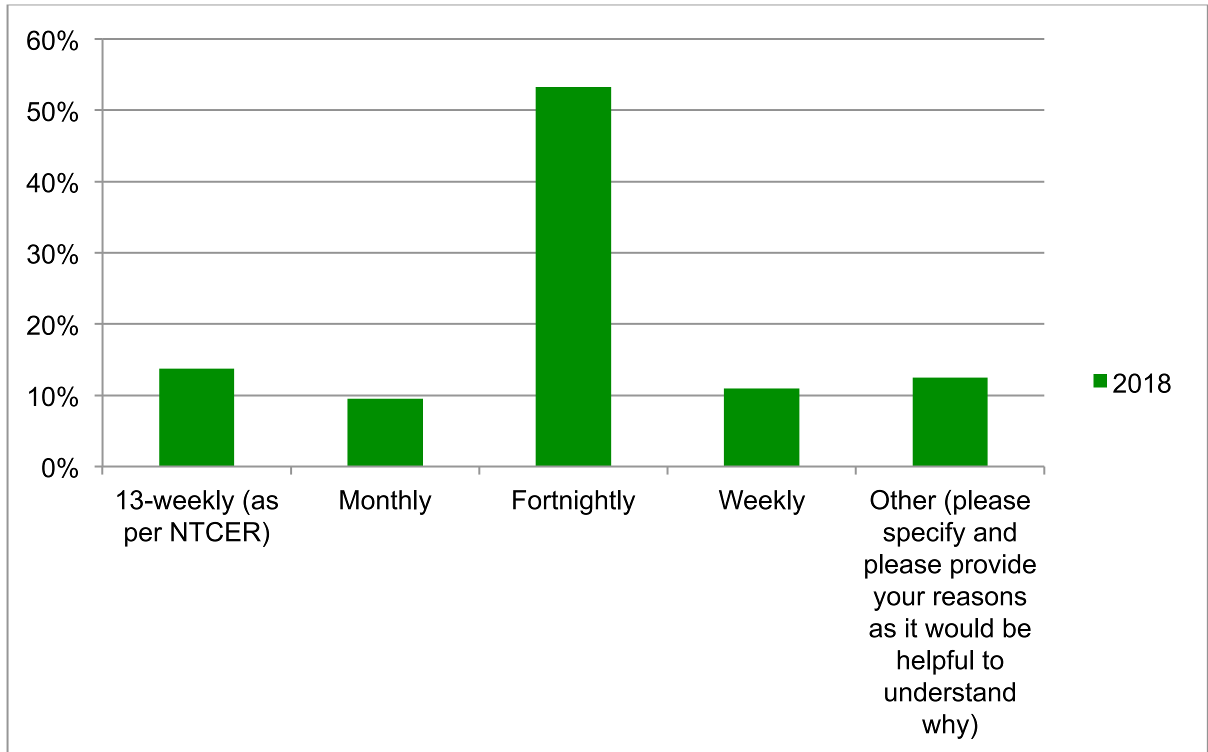
Q14. Do you provide remote supervision to a registrar(s) in a rural, remote or other location?
(2017 n=450, 2018 n=427)



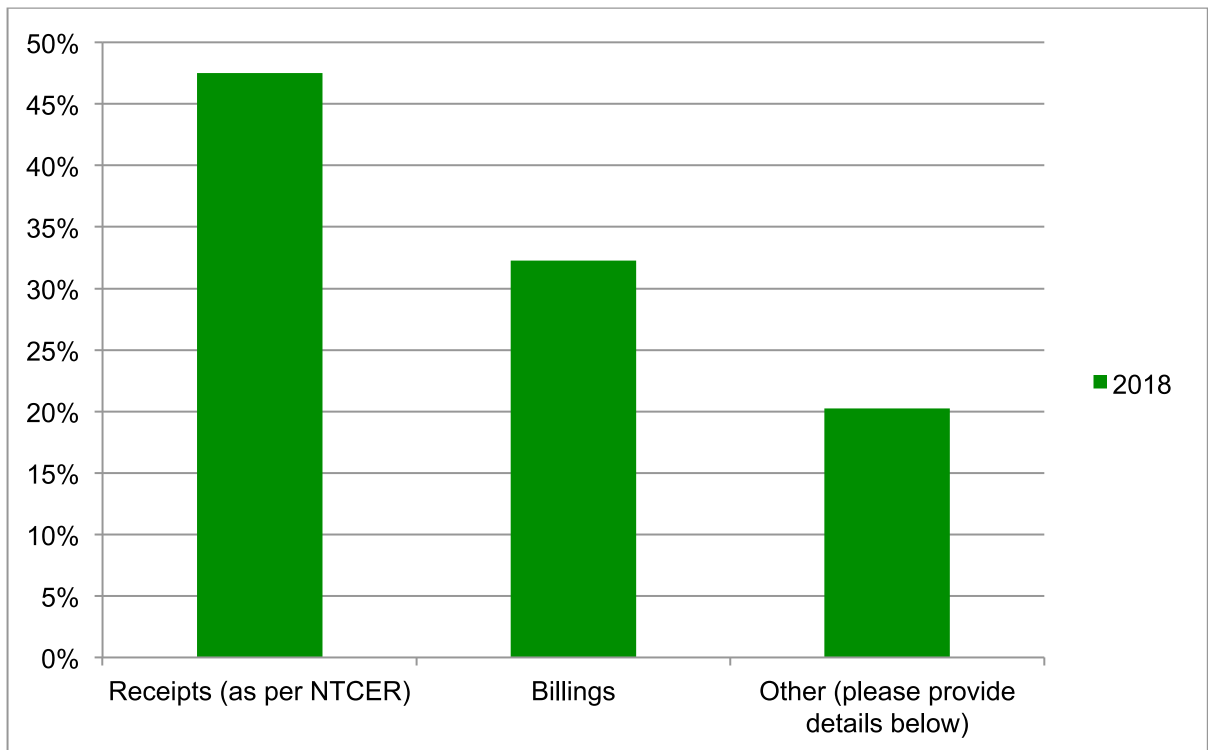
Q15. Do you currently, or have you ever, supervised a registrar working in an Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Service (ACCHO)?
(2017 n=450, 2018 n=427)



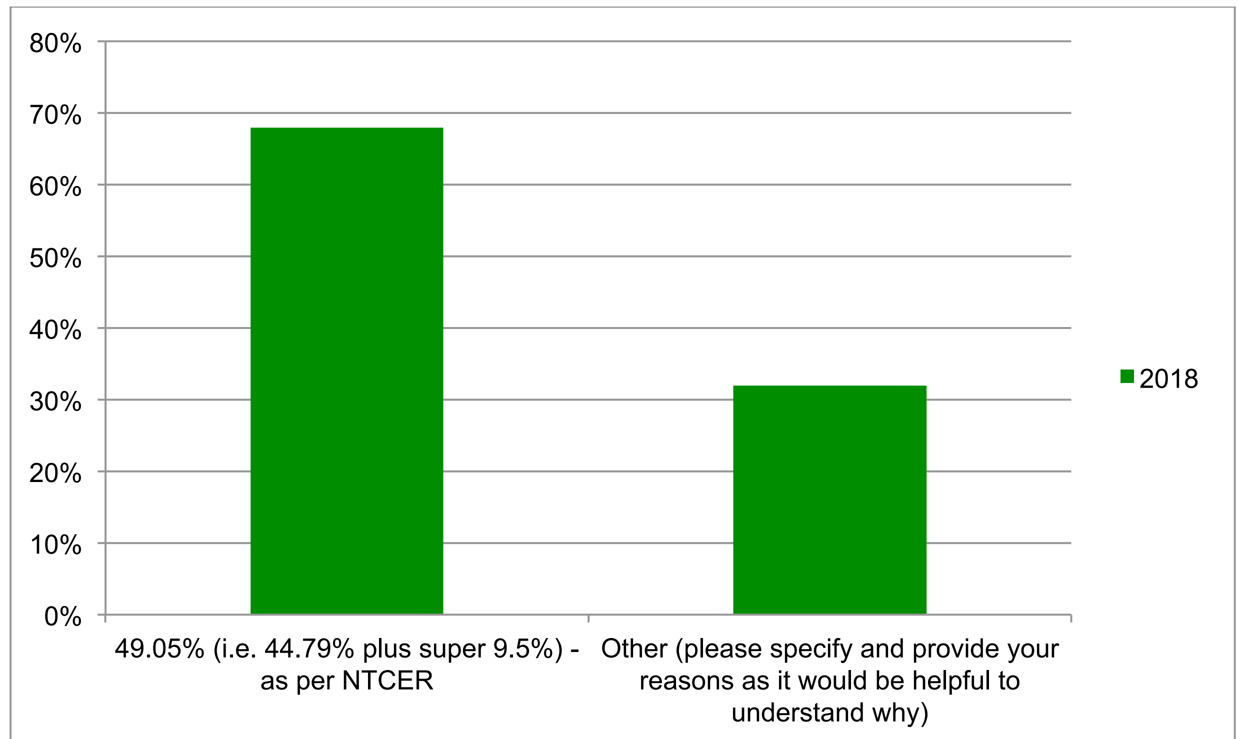
Q16. On what cycle do you pay your registrars?
(2018 n=400)



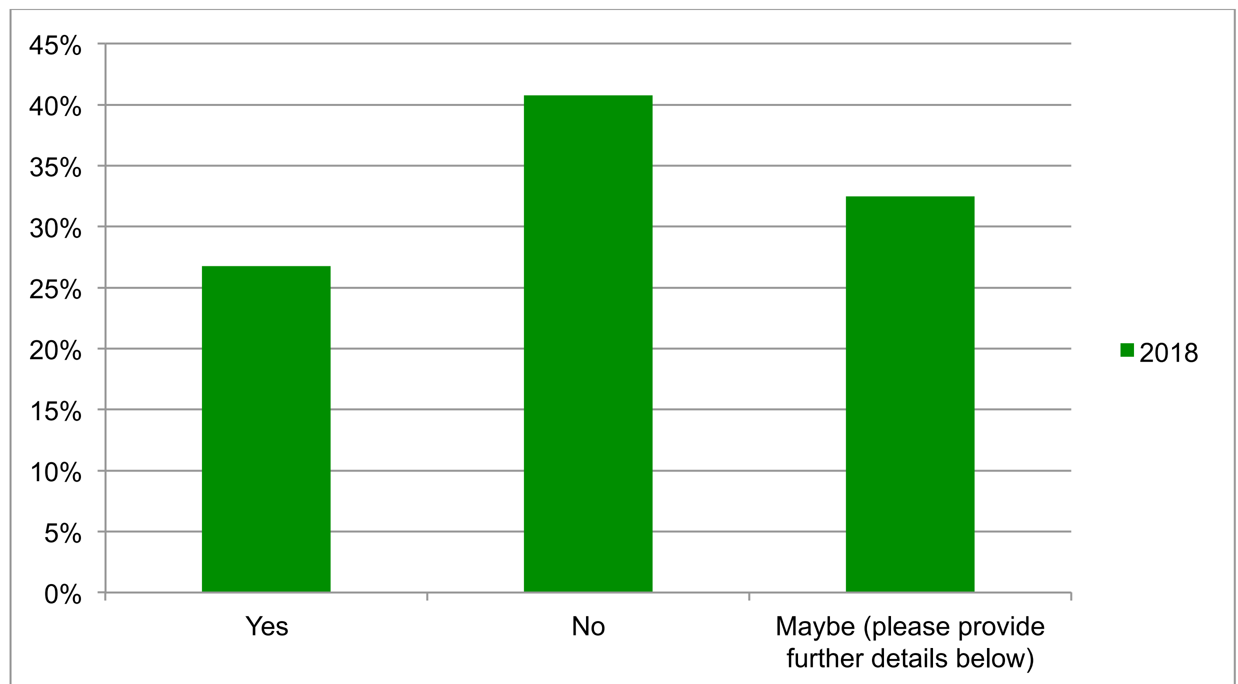
Q 17. Do you pay the percentage on billings or receipts?
(2018 n=400)



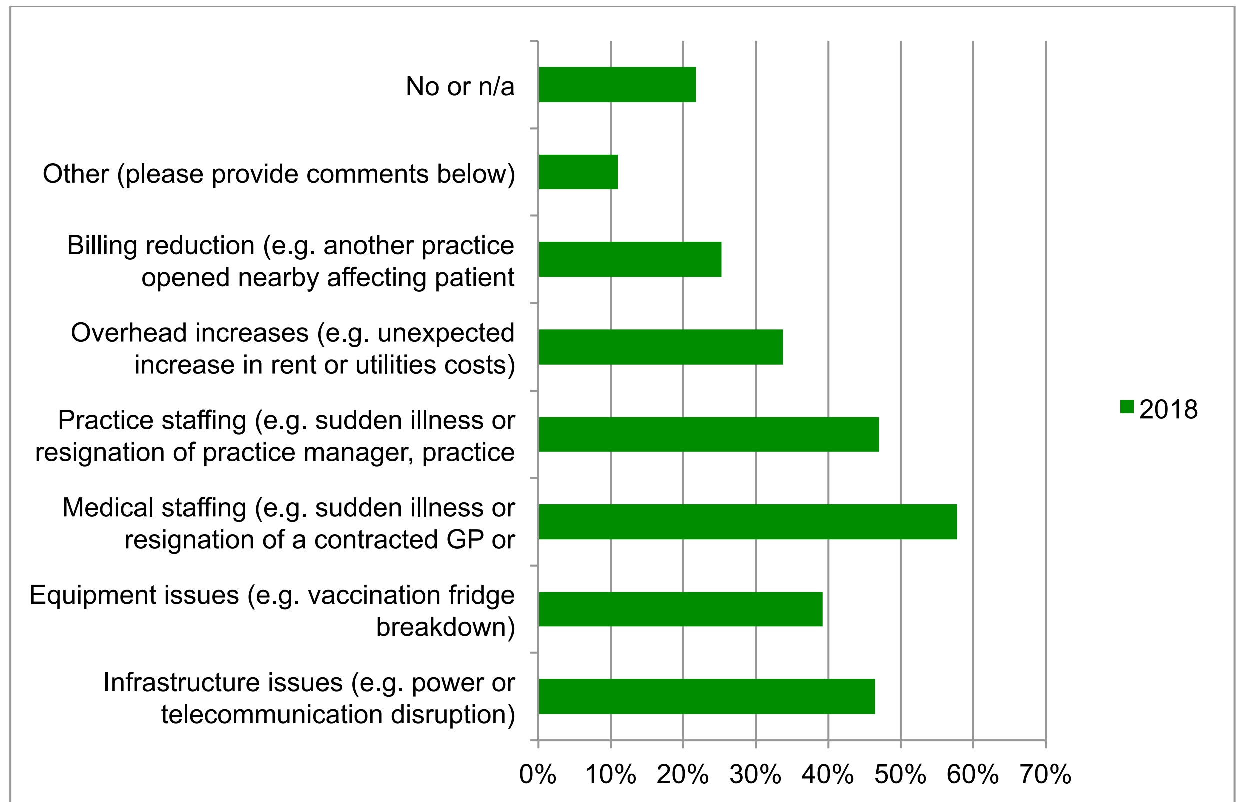
Q18. What percentage do you pay?
(2018 n=400)



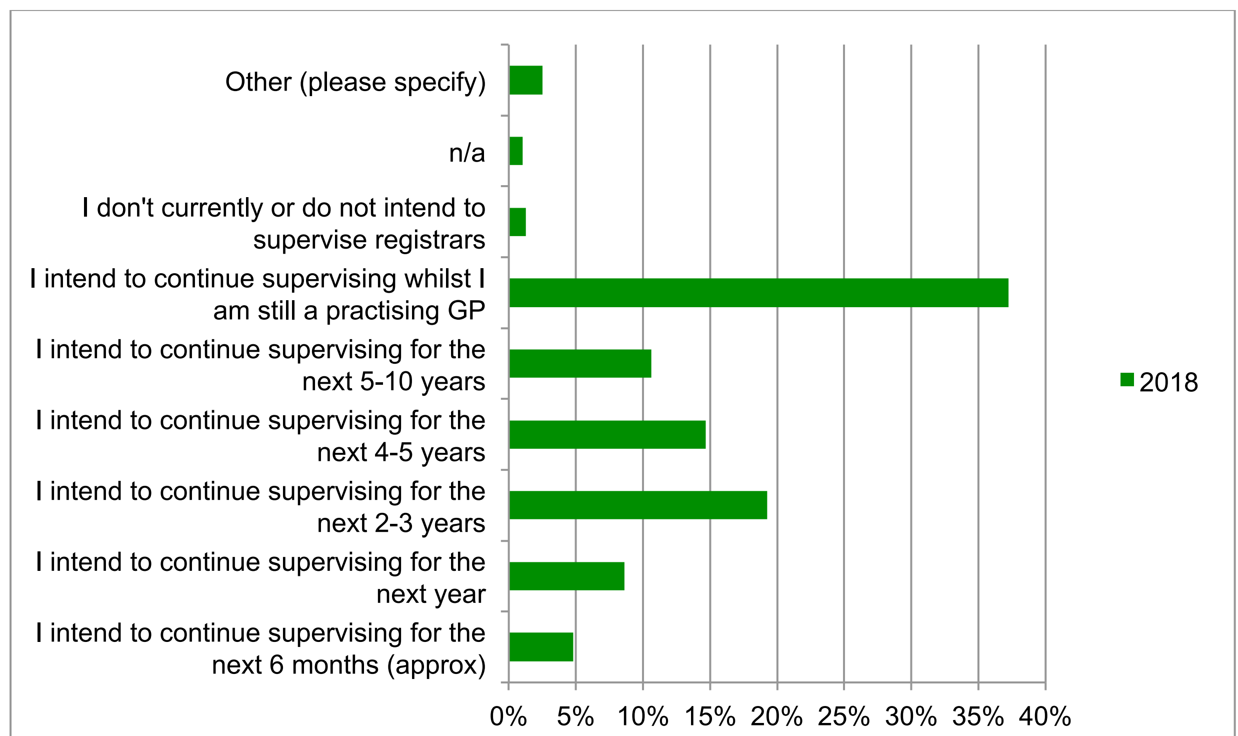
Q19. Would you consider paying registrars a flat salary at a rate higher than the current NTCER in exchange for not paying the percentage on billings/receipts?
(2018 n=400)



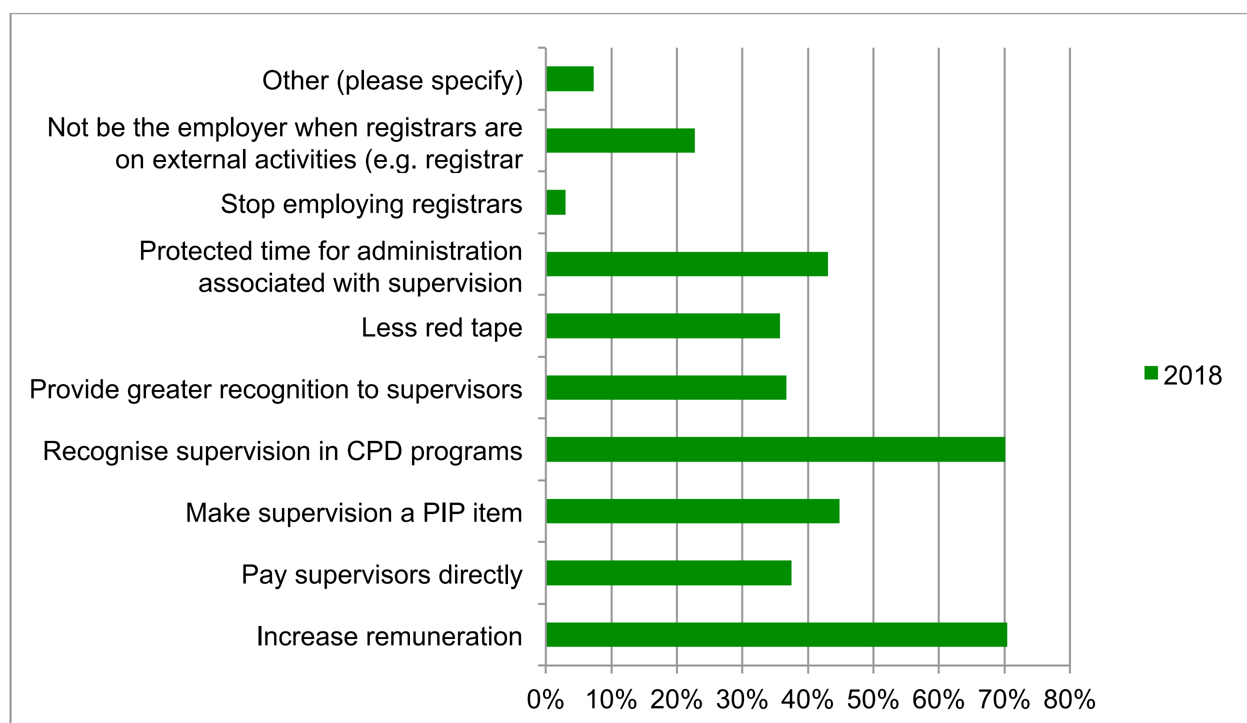
Q20. Have events or issues regarding any of the following aspects of day-to-day practise ever affected your profit margin?
(2018 n=400)



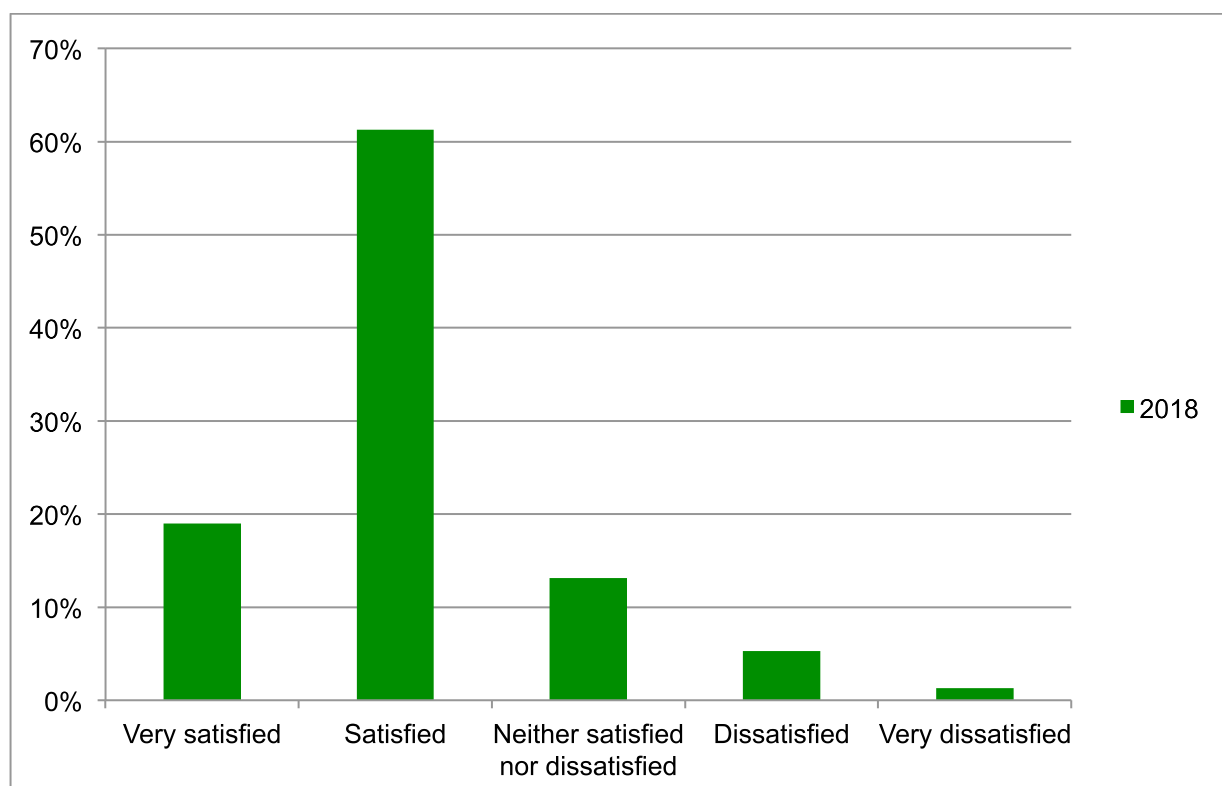
Q21. What are your intentions regarding supervision of registrars in the future?
(2018 n=395)



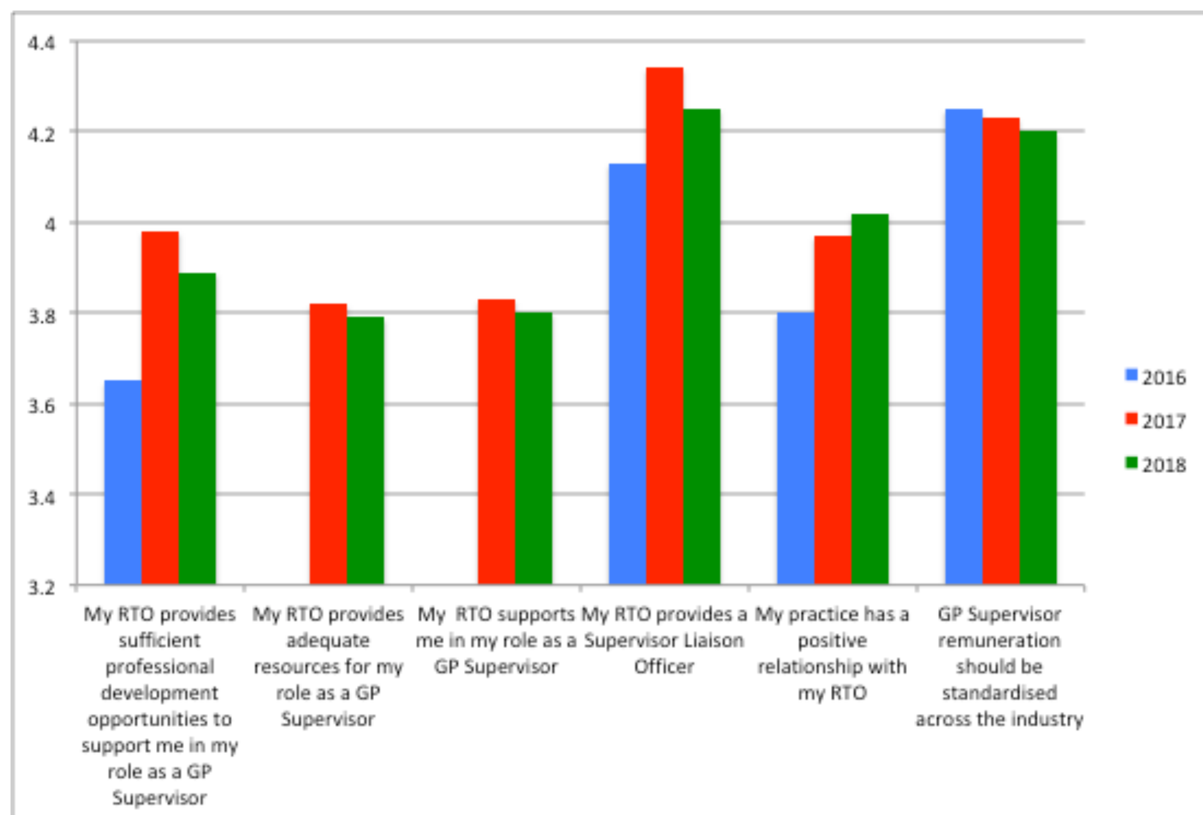
Q22. What could practices, the colleges and/or RTOs do to make being a supervisor a more attractive option for eligible GPs?
(2018 n=395)



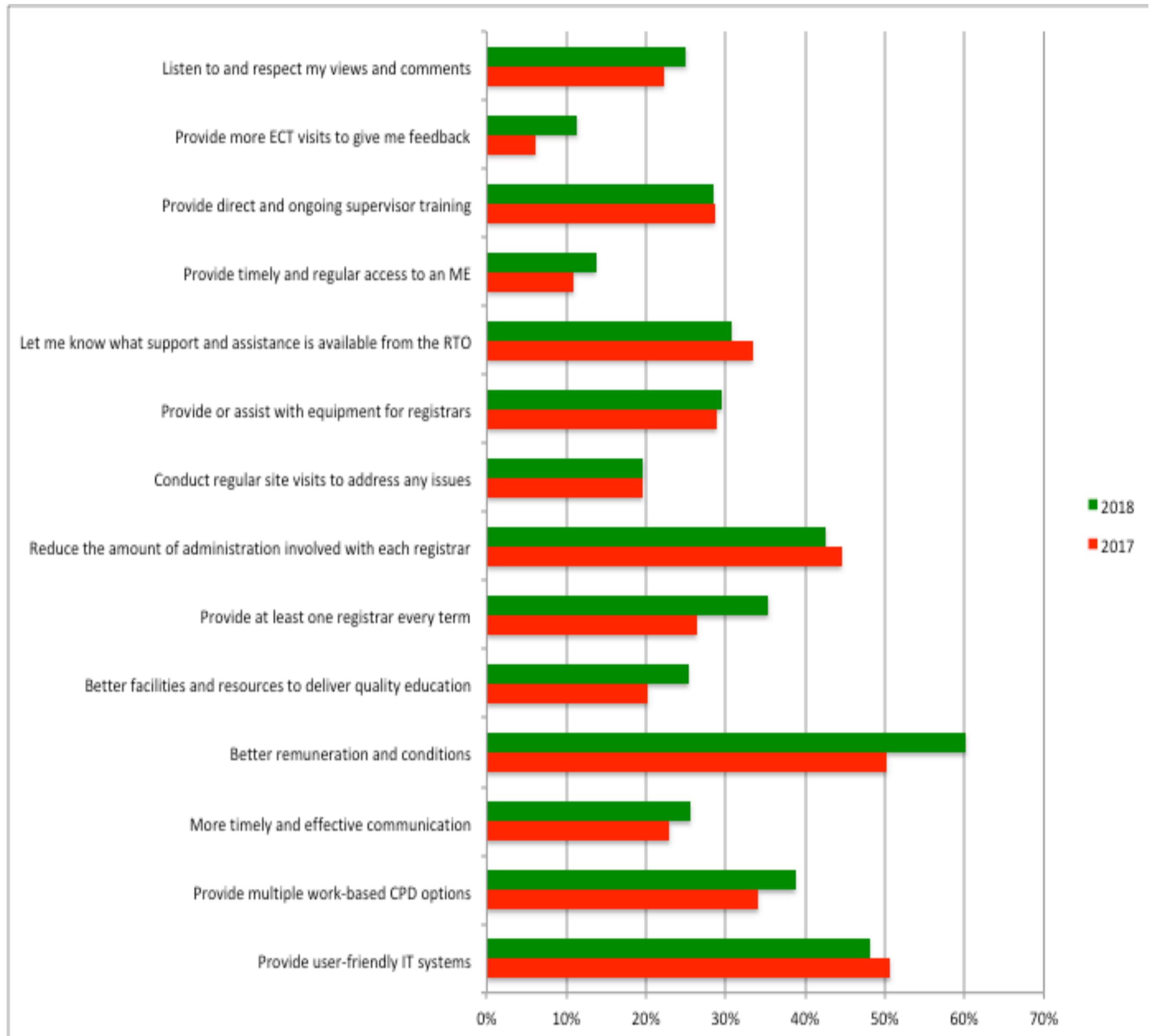
Q23. How would you rate your level of satisfaction with the supervision experience generally?
(2018 n=395)



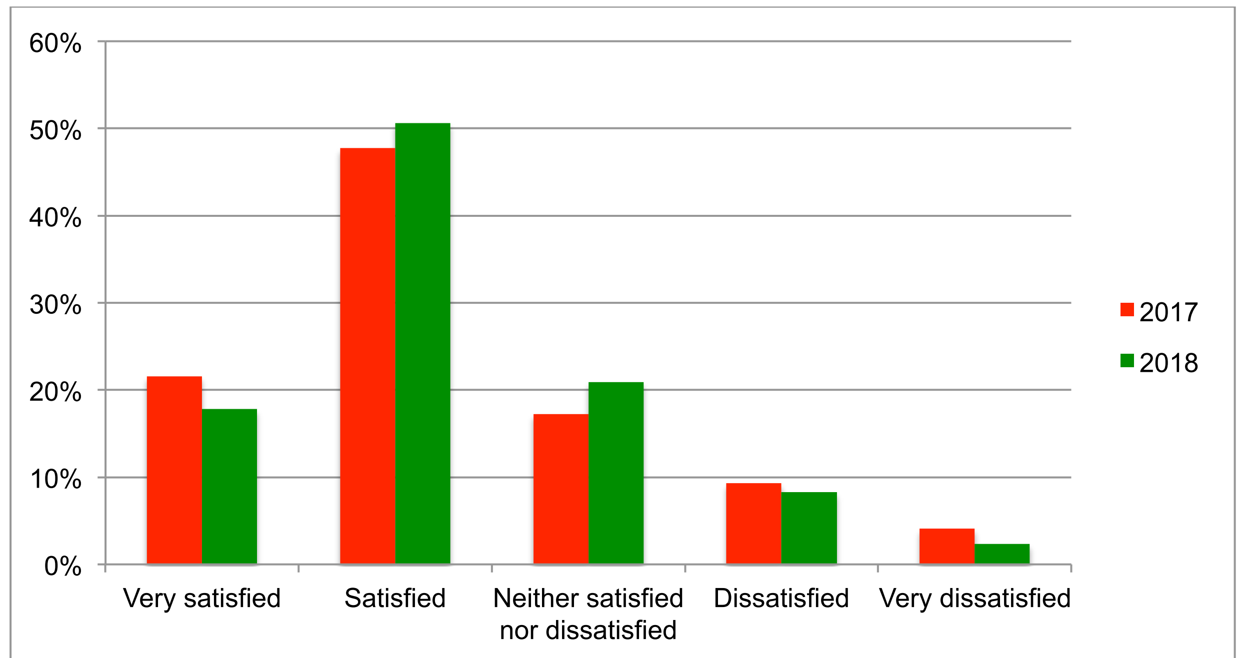
Q24. To what extent do you agree with the following statements? *[5pt Likert scale]*
(2016 n= 433, 2017 n=440, 2018 n=387)



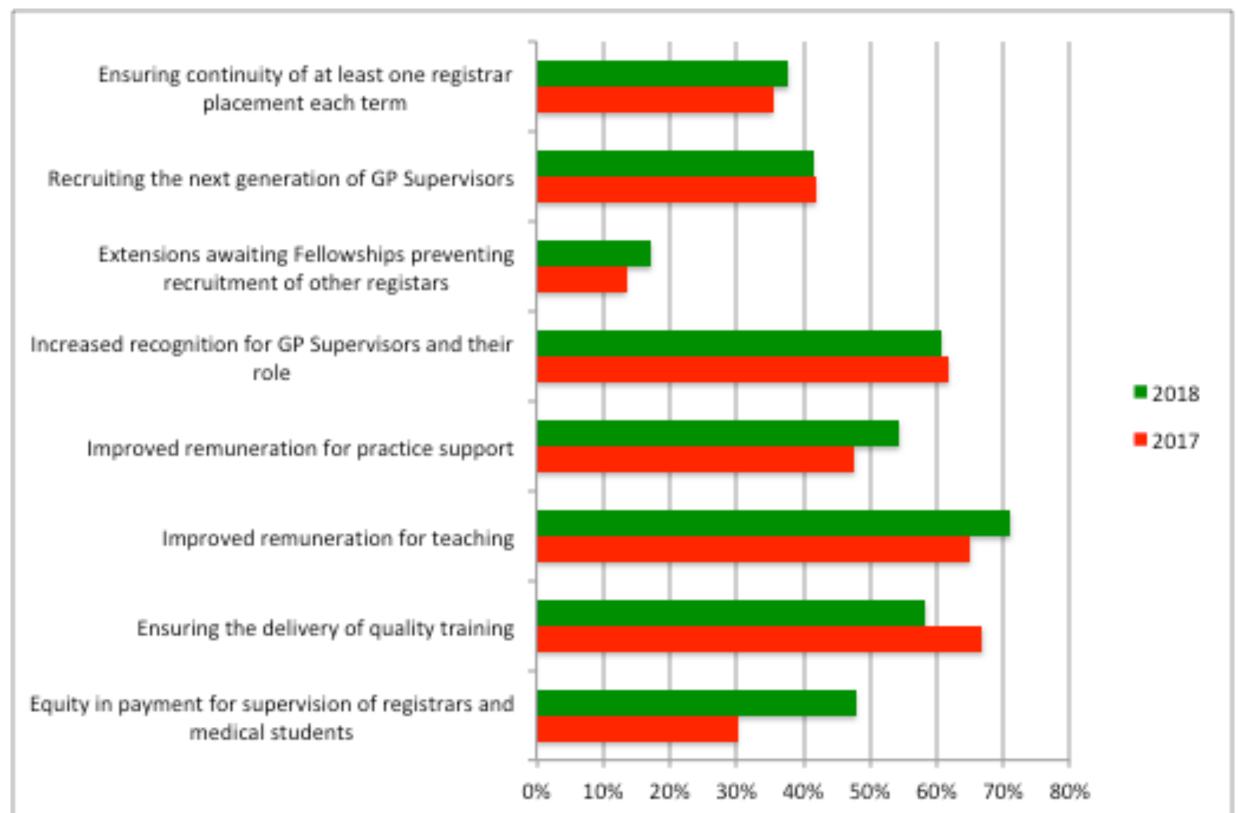
Q25. What could your RTO to support you better in your role as a GP Supervisor? *[select one or more]*
(2017 n=440, 2018 n=387)



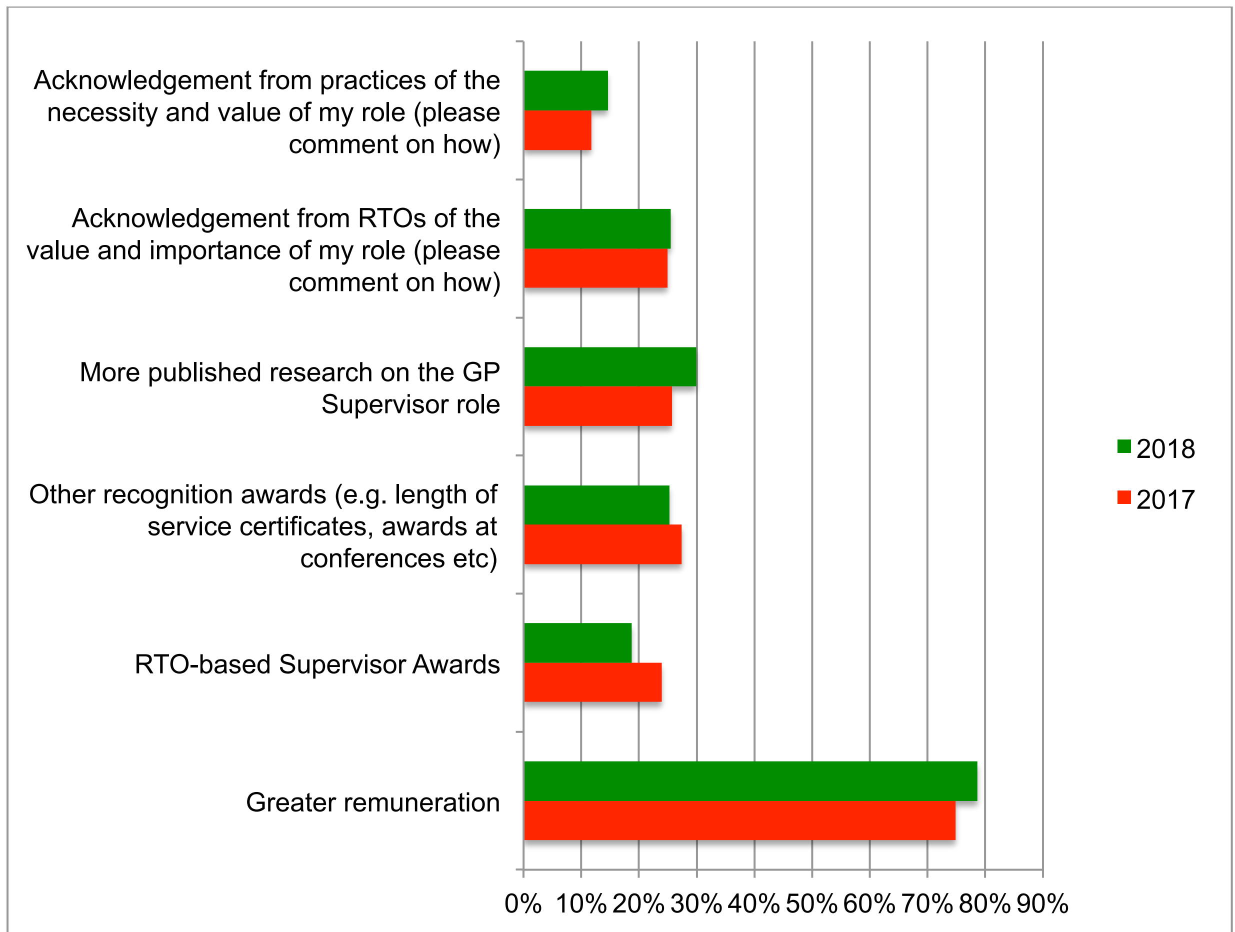
Q26. How would you rate your overall level of satisfaction with your RTO?
(2017 n=440, 2018 n=387)



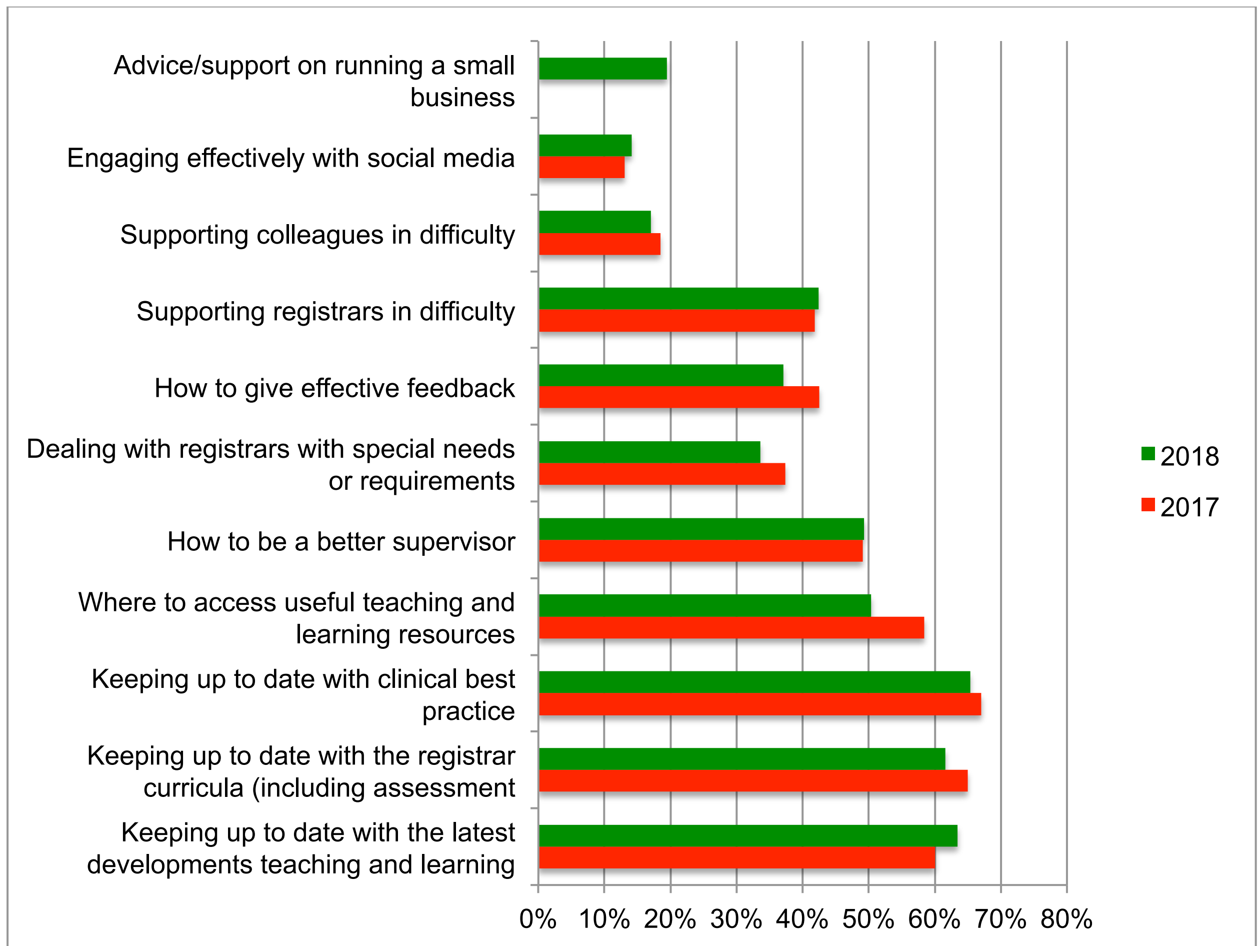
Q27. What do you think are the key issues requiring GPSA advocacy? *[select one or more]*
(2017 n=432, 2018 n=384)



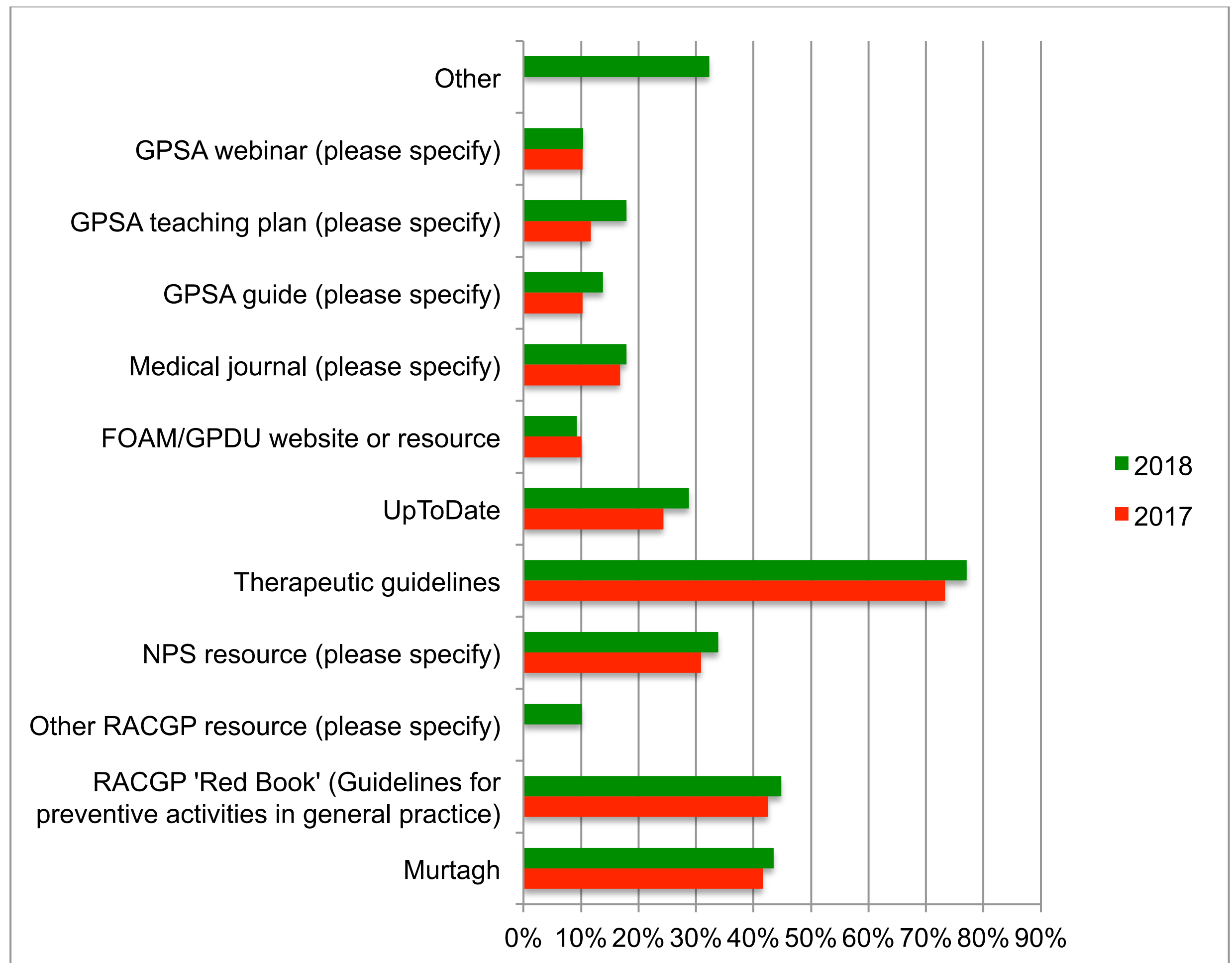
Q28. How can GP Supervisors be better recognized? *[select one or more]*
(2017 n=401, 2018 n=384)



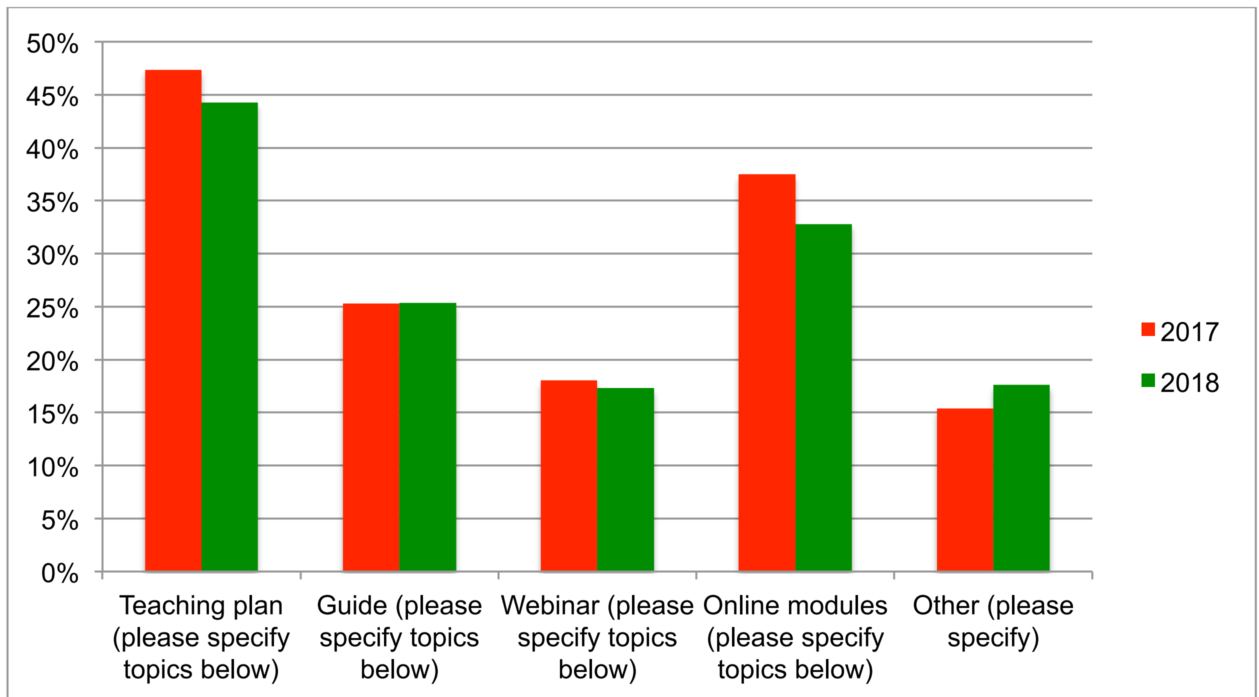
Q29. Which of the following are your top learning needs as a GP Supervisor? *[select one or more]*
(2017 n=428, 2018 n=375)



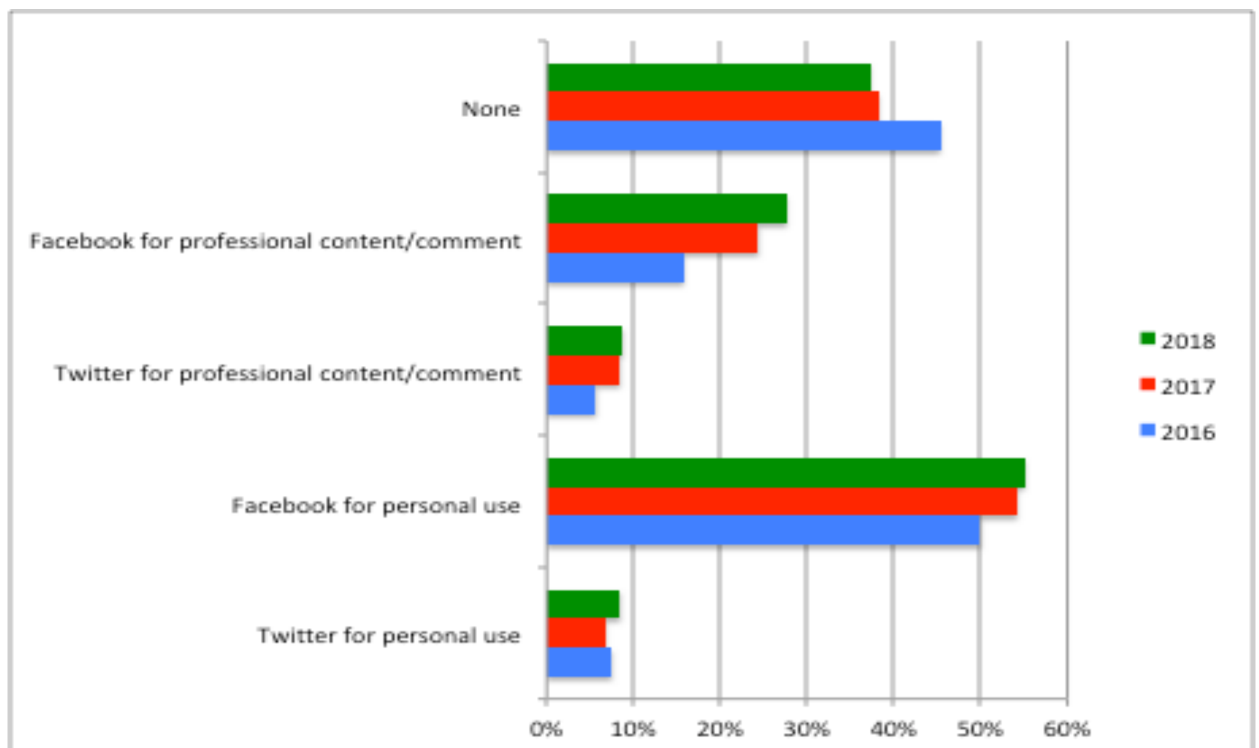
Q30. What are your most-used teaching resources as a GP Supervisor? *[select one or more]*
(2017 n=428, 2018 n=375)



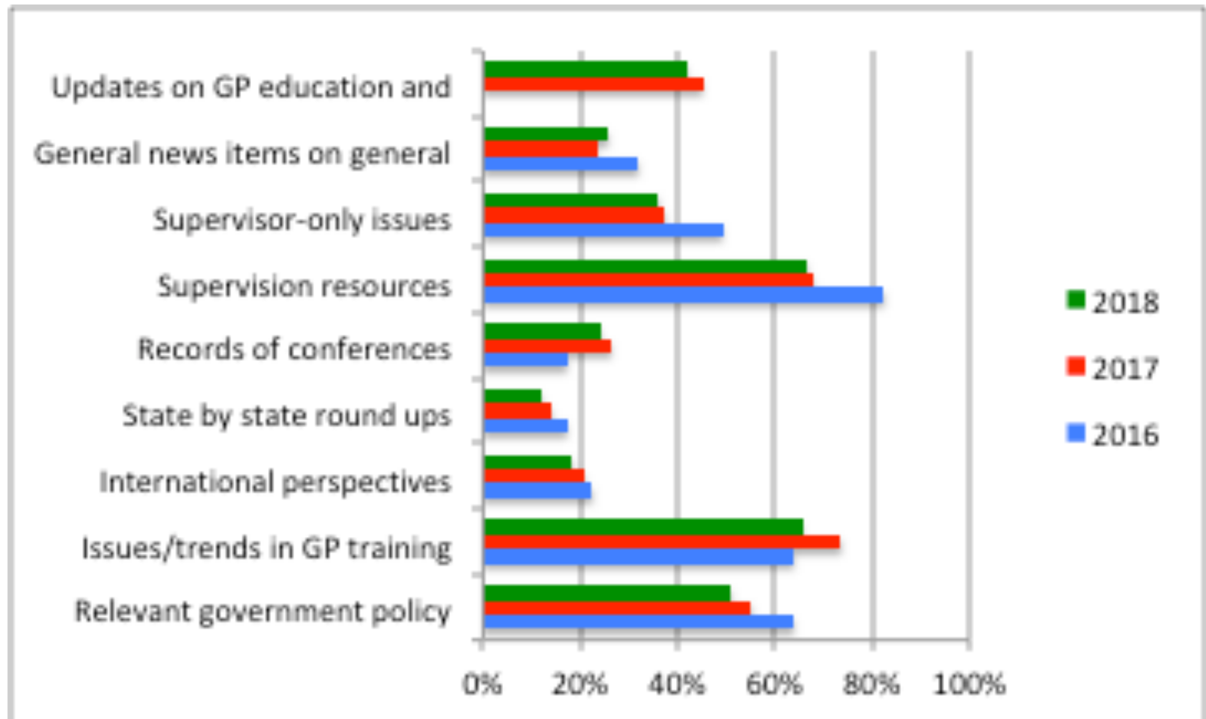
Q31. If GPSA could provide an additional resource to you, what would it be? *[select one or more]*
(2017 n=344, 2018 n=375)



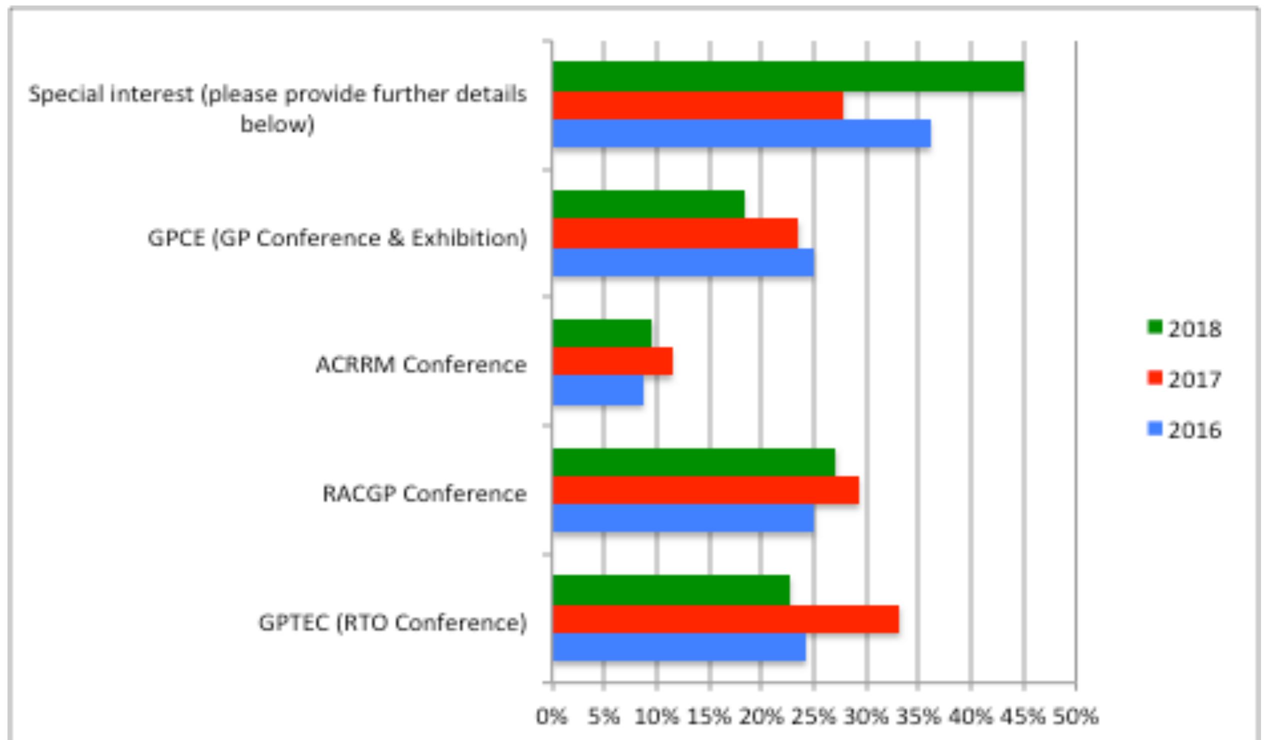
Q32. Do you currently interact with social media? *[select one or more]*
(2016 n=386, 2017 n=426, 2018 n=365)



Q33. What kind of regular information would you like GPSA to provide for you? *[select one or more]*
(2016 n=382, 2017 n=417, 2018 n=365)



Q34. Please indicate which, if any, professional development conferences you plan to attend *[select one or more]*
(2016 n=252, 2017 n=280, 2018 n=365)



Q35. Please tell us one word you would use to describe GPSA *[free response]* (2017 n= 356, 2018 n= 365)

2017

Improving Advocate Important Enthusiastic
Supervisors Needed Resource
Relevant Useful Unknown
Supportive Marginal Necessary
Advocacy Excellent Valuable Essential Body
Organisation

2018

Ok needs Great effective resource Advocacy Good
Necessary Useful organisation
Supportive supervisors Helpful Awesome
Excellent GP support Proactive Essential
informative

Q36. Any other issues or comments? (n=125) *[free response]*

Q37. Your email address and phone number. (n=311)