

Exploring the nexus between employment, supervisory relationships and trainee assessment in GP training practices

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Introduction

Australian GP trainees and supervisors work together in training practices which are predominantly small businesses operating on fee-for-service models. Some supervisors are also practice owners and trainee employers. Trainees contribute to practice income and workflow, and the demand from practices currently exceeds the supply of new trainees. These factors contribute to some complex power dynamics in training practices. Recent medical education literature has highlighted the importance of reducing power imbalances during work-based assessment (WBA). We explored the power dynamics at play when supervisors directly employ trainees, and identify strategies to mitigate any negative impacts on in practice assessment and learning.

Methods

Focus group discussions were conducted using a semi-structured discussion guide, and audio-recorded with a total of 51 participants, including trainees, recent RACGP Fellows, supervisors, practice managers and medical educators. Transcripts were transcribed professionally, coded descriptively and analysed inductively using qualitative descriptive analysis.

Results

Diverse impacts of supervisor employment status were reported, and included minimal impact, foregrounding the business aspects of practice, opportunities to learn useful workplace skills, and increasing the supervisor-trainee power differential. Some trainees reported being reluctant to admit mistakes or seek ad hoc assistance from employer-supervisors. Power dynamics also affected other practice staff, and disgruntled trainees had a negative impact on the work environment and practice reputation. Trainees identified a tendency to supervisor leniency bias in WBA. Strategies to mitigate these impacts included allocating employer and supervisor roles to different people, and using external clinician assessors. Alternative trainee employment models were debated.

Discussion

Participants had diverse experiences of power dynamics, and their impacts on the learning and working environment of training practices. A leniency bias may impact on the fairness and defensibility of WBA. Several strategies may mitigate negative impacts, although there was no generally accepted proposal for modifying the current business model of Australian GP training.

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