

Women GP supervisors: uptake and sustainability

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Introduction

Most of the global health workforce is composed of women, but they are under-represented in rural medicine and leadership roles. Understanding the barriers and enablers to registrar supervision for women GPs is important for ensuring diversity and sustainability of the rural supervision workforce. Women GPs see a different caseload and practice medicine in different ways compared with men GPs, important for rural generalist workforce development. The aim of this study was to explore the perspectives of women GP supervisors in Australia regarding the uptake and sustainability of registrar supervision.

Method

Participants

Of the 25 women who completed expressions of interest for the study, 17 participated in one hour interviews representing. Most respondents were aged under 45 years, were partnered, had children or were expecting, and were currently supervising. There was a similar level of representation across those working part and full time and working in a range of practice sizes and representation from rural and regional areas

Materials

The semi-structured interview schedule was piloted with the research team and five women GPs known to the research team, and refined to explore participant stories, including issues related to the uptake and sustainability of GP supervision roles.

Procedure

One-to-one semi-structured interviews were conducted online between July and September 2021. Each interviewee provided written consent to enrol in the study and was given an AUD \$150 gift voucher in recognition of participation. Interviews were recorded and transcribed verbatim

Results

Qualitative data were explored using narrative analysis, which allowed stories to emerge based on the characters, settings, problems, actions, and resolution. Six intersecting narratives emerged, including: power and control, pay, time, other life commitments, quality of supervision, and supervisor identity. Uptake and sustainability of supervision was constrained by other life commitments. Women GPs were interested in up-skilling resources, building experience and harnessing support networks.

Discussion

Our findings identified intersecting experiences underpin women GPs' willingness to take up and sustain supervision roles. Women GPs in general practices who are non-practice owners may lack control in business decisions related to supervision, and may not get formal recognition for contributing to supervision role, including being excluded from payment of teaching allowances. Further, women GPs were interested in up-skilling resources, developing supervision experience and harnessing support network in order to feel confident to supervise to a quality standard. The findings can be applied to developing more specific resources, supports, and structures to enable rural women GPs to participate in and sustain supervision at the level that they find acceptable and rewarding.

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