

Women GP supervisors: uptake and sustainability

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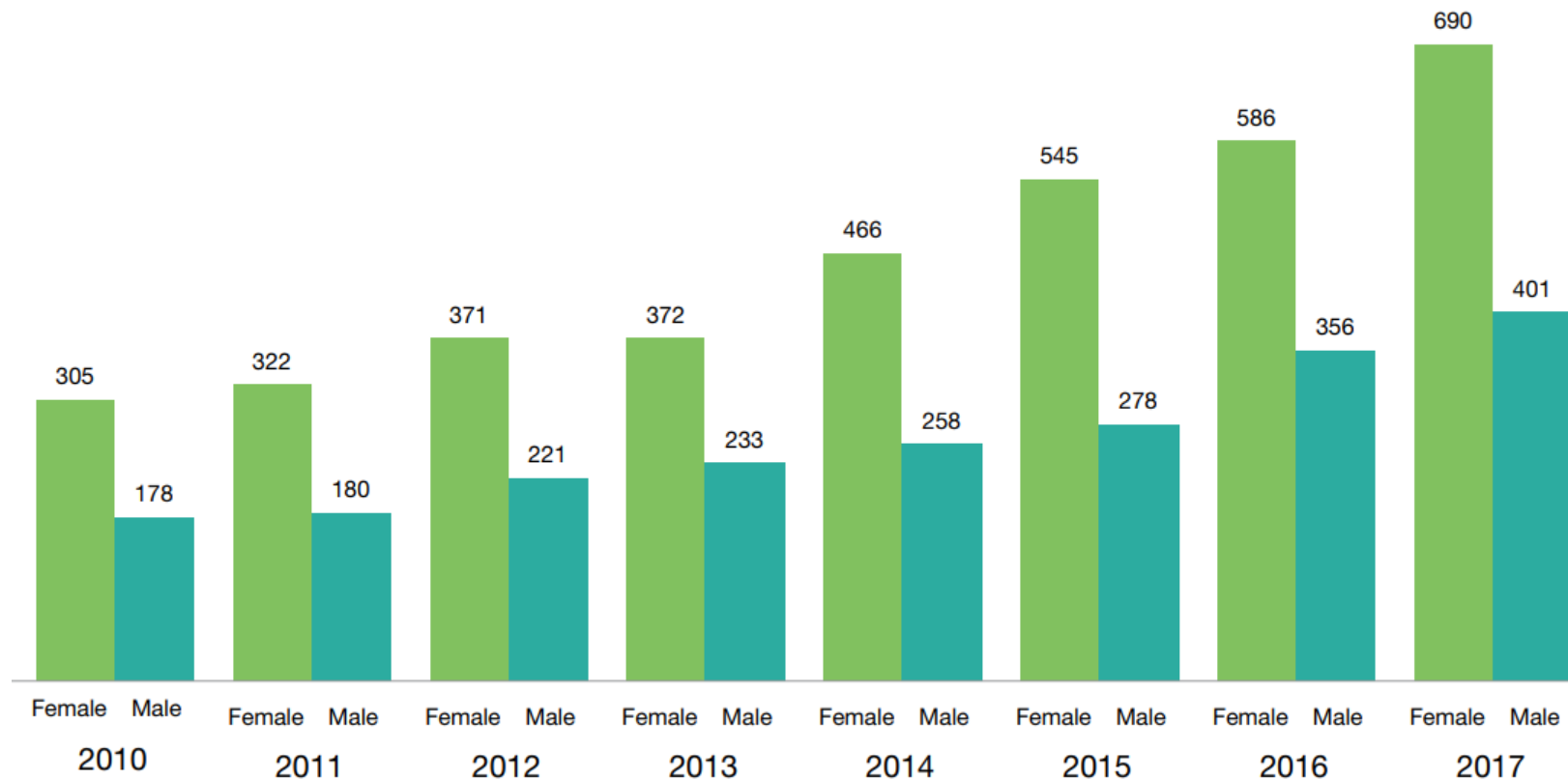


Acknowledgement of Country

We acknowledge First Nations peoples as the Traditional Owners and ongoing custodians of the land on which we meet, and pay our respects to Elders past and present, and extend that respect to all First Nations people present today.

Introduction

- Most of the global health workforce is composed of women^{1,2}



45%
 of GPs practising in
 Australia are women²

Women in rural medicine



Aim

- To explore the perspectives of women GP supervisors in Australia regarding the uptake and sustainability of registrar supervision



Method

Participants

- 17 women GPs; 6 rural
- 4 states/territories

Materials & Procedure

- Monash University Human Research Ethics Committee (# 28848) on 28th May 2021.
- Responded to invitation, invited to snowball
- Online one-to-one semi-structured interviews with an experienced interviewer July-Sep 2021
- Consented and reimbursed for time
- Interviews recorded and transcribed verbatim, reflective notes

Socio-demographics

- Most women were
 - under 45 years of age (64%)
 - partnered (82%)
 - had children or were expecting (64%)
- Around half were
 - current GP supervisors (59%)
 - main GP supervisor (53%)
 - working part time (53%)
- Practice of 1-5 GPs (29%)



Narrative analysis

What	Description
Characters	Information about the individuals involved, their archetype, personality, behaviours, style, patterns.
Setting	The place or the practice, conditions, time, locale, year, and era.
Problems	The question being answered or phenomena to be described or explained.
Action	The cognitive actions and movement or attempt through the story, intentions and emotional drivers or goals of the characters, include failed and successful attempts.
Resolution	Final answer to the question and what caused the turning point.

Results

Story arc	Description
Power and control	Lack of agency to supervise
Pay	Unaware and unremunerated
Time	Time impost with no recognition
Other life commitments	Difficulties to achieve and manage work-life balance
Quality of supervision	Lack of mentoring and support
Supervisor identity	Imposter syndrome

Power and control



- Not fully informed about the role and requirements, can be covertly signed up
- Formal and informal supervision work not valued
- Leading the supervision for practice but not supported to sustain it
- Male registrar respect
- Limited support when escalate issues to male superiors

Power and control

I actually didn't put down my name to actually be an official ... supervisor. Although I was teaching, I was doing it in an unofficial manner. But my boss [practice owner] took it on himself with his wife to forge my signature. [ID8]



Pay



- Unaware of pay, unremunerated
- Unsuccessful negotiations around pay with male practice owners
- Inadequate remuneration deters early career fellows from pursuing supervision

Pay

I didn't even know that practices or supervisors were being remunerated... "Oh, don't you know that they do get paid?" I was like, "Oh, no idea," they're like, "You should ask." [ID6]



Time



- Sought out by registrars, frequently, even if not main supervisor takes time
- Women's health, mental health, sexual health, complex care
- Registrars under-performing

Time

- *...the [official] supervisor was male, and then there were at least three of us that were female ...the interesting comment [by the registrar] was that "Oh yeah, you guys are more approachable,...It's easier for me to come and ask you questions ...as opposed to going to my supervisor."
[ID6]*



Other life commitments



- Personal commitments across the life course
- Prefer informal supervision
- Career disruptions

Other life commitments

Outside my personal things and my work... knowing that you're committing [to supervising] for six months... I would hate to take on a role and then say, after three months, "oh, sorry, I can't do that." [ID8]



Quality of supervision



- Intrinsically motivated by doing a quality job
- Want to gain skills before signing on
- Sharing information through networks to learn from others

Quality of supervision

I don't know that I would want to go into being a supervisor if I can't do it properly. If can't do it properly, can't do it well, then what's the point? [ID7]

I probably do a bit more than what is prescribed...I value registrars and I think that they should get a really good experience... [ID3]



Supervisor identity



- Imposter syndrome:
- enough professional skills as a GP (early career)
- technical knowledge about curriculum and assessment processes and clinical guidelines (mid to later career)

Supervisor identity

...you have that imposter syndrome. I wasn't sure, I was only three years post-fellowship and I thought, "What am I going to teach these guys?" [ID3]



Discussion

- Intersecting experiences could underpin women GPs' willingness to take up and sustain supervision roles
 - Lack of agency
 - Lack of recognition and remuneration
 - Limited female friendly structure of supervision role
 - Lack of reinforcement of their place and materials to help them

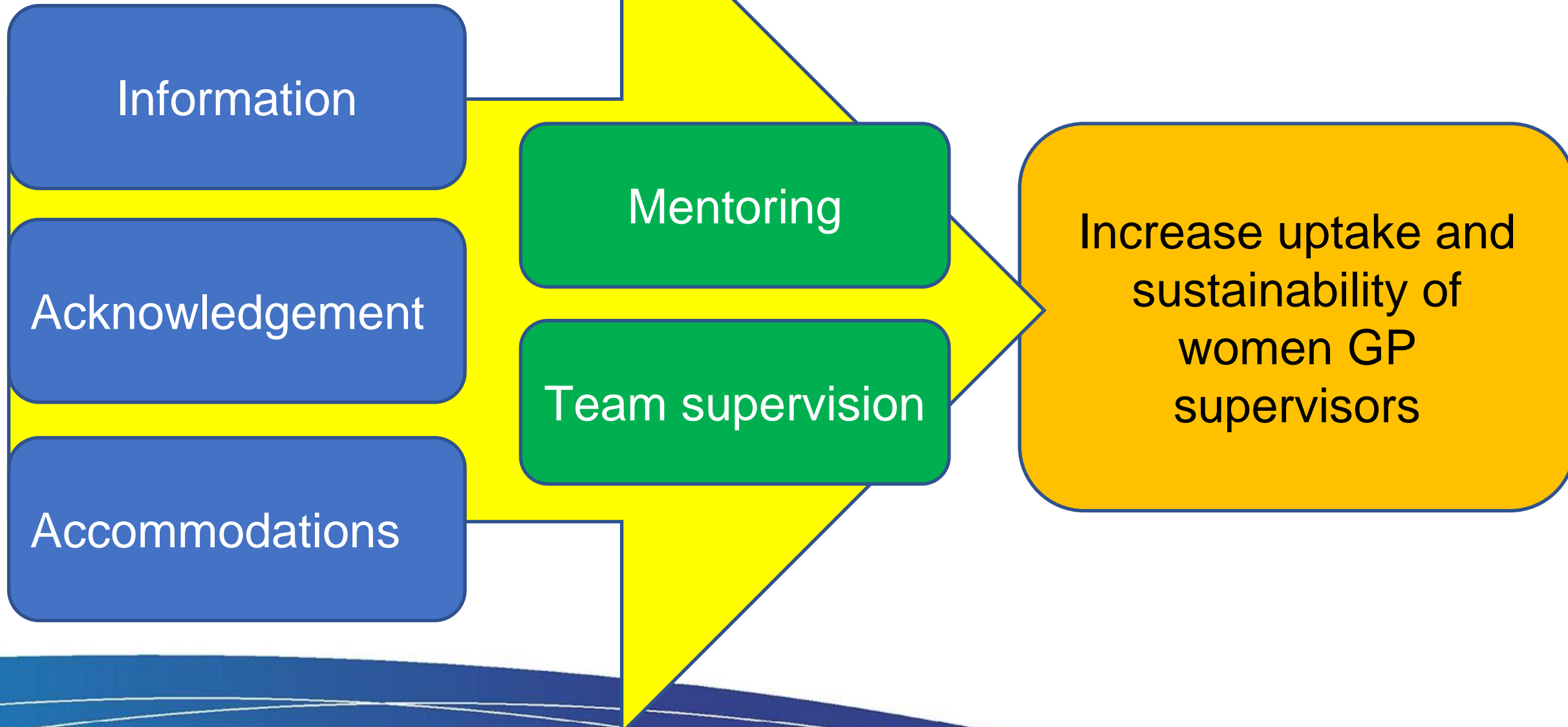


Discussion

- Findings reflect broader workforce inequalities in workplace practices and processes
 - Hidden labour
 - Gender roles in an historically male dominated profession
 - Position in the practice



Enablers



Women in rural medicine



References

The article on which this research is based:

- <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-022-03459-8>

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