

AIM AND OBJECTIVES

The aim of this research was to co-design, pilot and refine an evidence-informed orientation and community-of-practice program to support women doctors to engage in, and sustain, roles as general practice (GP) supervisors. The study addressed persistent gender inequities in medical leadership and supervision roles, despite women now comprising a growing proportion of the medical workforce internationally.

The specific objectives were to:

- Identify barriers and enablers influencing women's participation in GP supervision.
- Co-design an orientation program for women who are new to, or considering, supervision.
- Co-design a peer-based community of practice to support women currently supervising.
- Pilot and evaluate the feasibility, acceptability and perceived impact of the program components.
- Examine implications for workforce equity, policy and practice in primary care training.

METHODS (brief)

A mixed-methods, three-phase co-design approach was undertaken between 2024 and 2025. Phase 1 involved focus groups and interviews with women GPs to define needs and priorities. Phase 2 refined draft program components with participants and advisory groups. Phase 3 piloted the orientation resources and mentoring program, gathering feedback from web analytics, surveys and follow-up interviews. Qualitative data were thematically analysed and quantitative data descriptively summarised.

RESULTS

The orientation comprised tailored web-based resources, including information sheets, video vignettes and a webinar, designed for women contemplating or newly undertaking supervision. More than half of registrants were new or recent supervisors, indicating successful reach to the target cohort. Early implementation demonstrated strong engagement with the resources.

The mentoring was delivered as a community-of-practice program (CIRCLE - Collaboration, Inspiration, Reflection, Community, Leadership, and Empowerment) rather than traditional one-to-one mentoring with small, peer-based groups meeting online across five sessions. Attendance was high and feedback consistently indicated that the groups were relevant, inclusive and useful. Participants valued opportunities to normalise challenges, exchange practical strategies, build confidence and strengthen supervisor identity. While short-term benefits were clear, fewer participants reported ongoing peer connections beyond the structured sessions.

DISCUSSION

This study adds to the limited evidence base on effective strategies to support women's participation in clinical supervision and medical leadership. It demonstrates the value of co-

design in developing supports that reflect women's lived experiences and structural constraints, rather than relying on individualised mentoring or informal support. The findings highlight the effectiveness of collective, peer-based communities of practice in fostering confidence, belonging and professional identity, offering a viable alternative to traditional mentoring models. The research also reinforces that supervision is a gendered organisational space that requires targeted structural supports to achieve equity.

IMPLICATIONS FOR POLICY AND PRACTICE

The findings have important implications for workforce planners, training organisations and policymakers. Orientation to supervision should be treated as core infrastructure, particularly for underrepresented groups. Engaging and sustaining women in GP supervision roles could play significant dividends for the quality and scale of supervision available in general practice, given the increasing proportion of women in medicine. Peer-based communities of practice offer a scalable and cost-effective mechanism to support supervisor engagement, retention and leadership development. Embedding tailored supervision support programs within funding, accreditation and career frameworks could strengthen primary care training capacity and promote equity in medical leadership.

FUTURE RESEARCH

Future research should examine further nuances to the design and delivery of the program including the impact of longitudinally engaging women GP supervisors to orientation and giving them mentoring to see if that impacts satisfaction and retention. Further work is also needed to explore the impact of stronger expectations and options to continue to meet beyond the five-mentoring session. Online communities of practice are flexible but it may be relevant to research the impact of adding a face-to-face component for women to interact and to test the applicability of this approach to other underrepresented groups in clinical education leadership.