# More supervisors for teaching the next generation of rural GPs

## Support different practices

Encouraging GPs in smaller practices to engage in supervision and maintaining the strong involvement of larger practices will boost capacity for rural registrar supervision. It is great for GPT3 or 4 registrars to be attached to small rural practices to buffer their stretched resources. Rural practices in underserved areas provide high quality learning of benefit to the registrar, the practice and community.

# **Bolster continuity**

The current systems of registrar allocations and training rotations can mean not getting a registrar when expecting one and seeing good registrars moving on to other communities as required by training protocols. This can have a negative impact on the GPs, the continuity of care in rural communities and make the practice workload volatile without any specific evidence that extra rotations improve depth of learning.

## They're juggling

Rural GPs who supervise often also work in other settings and supervise medical students and interns or prevocational trainees. Increasing practices taking medical students and prevocational trainees may build the number of rural GPs who undertake registrar supervision. GPs with young families, working part time may be more able to supervise if there were more team-based models to help manage time pressures.

#### Making it add up

Financial factors do not block or make rural GPs start supervising registrars but employing registrars depends on a viable economic model, which differs depending on the practice base. Practices can access planning tools via the GPSA website, to understand the implications of employing full or part time registrars at different training stages.

## Peer support a colleague or new fellow

Rural GPs often supervise because they were asked to do so by a respected colleague or practice owner. So growing the rural GP supervisor workforce could be as simple as asking a colleague or a new fellow to participate in supervision. This invitation is probably best if it comes from a peer or someone in the practice.

# Supervisors are enjoying it

The joy of supervision is not often discussed but it is a strong theme amongst supervisors. The opportunity to not only teach but learn from registrars, imparting knowledge, feeling the satisfaction of building the next generation and supporting rural self-sufficiency. Hosting GP registrars stimulated enthusiasm of rural general practice as a potential positive factor that could increase rural GP workforce retention.

# International Medical Graduates are important

Promoting overseas-trained rural GPs to complete their training and take up supervision roles is essential to support the locally-trained pool of rural GPs already supervising. This is even more important in towns where there are fewer Australian-trained doctors. Fellowed IMGs play a particular role in mentoring other IMGs to navigate the system. They may need encouragement and support to feel confident to supervise.

## Areas for further research

Further research should test interventions to facilitate rural GPs to supervise registrars. This includes the influence of:

- interventions to promote supervision by GPs in small rural practices and IMGs
- rural supervisors asking other GPs they know (not supervising) to supervise
- longer-term rotations on GP registrar learning, the practice and the GP's supervision experience.

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For further information contact:





