

2024 changes for supervisors and practices in RACGP AGPT program

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Supervisor Presentations November 2023

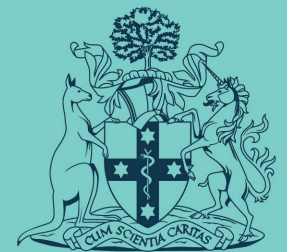


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Acknowledgement of Country

I would like to acknowledge the Traditional Owners of the respective lands on which we are meeting today and pay our respects to Elders past, present, and future.

I would also like to acknowledge any Aboriginal and Torres Strait Islander people present.



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Webinar format

- *Please use the Q&A for any questions (not the chat)*
- *Please upvote questions by giving them a thumbs up using your tools, these will be prioritised to be answered*
- *If webinar content relevant questions cannot be answered tonight, we will collate and answer later*
- *Please note this webinar is being recorded*



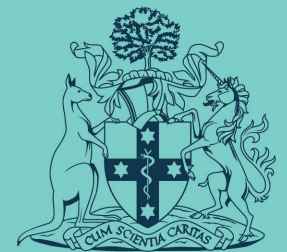
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National Team

- Sue Hefren – Head of GP Training Operations
- Dr Vanessa Moran – National Deputy Director of Training
- Alanna Kirley – National Medical Education Manager
- Dr Erin Waters – GP Medical Educator Assessment Development
- Dr Jeff Flaherty – IT Platforms

Support Panellists

- Dr Sarah Gani – Senior Regional Medical Educator
- Dr Skye Boughen – Local Senior Medical Educator
- Dr Colleen Bradford – Regional Director of Training

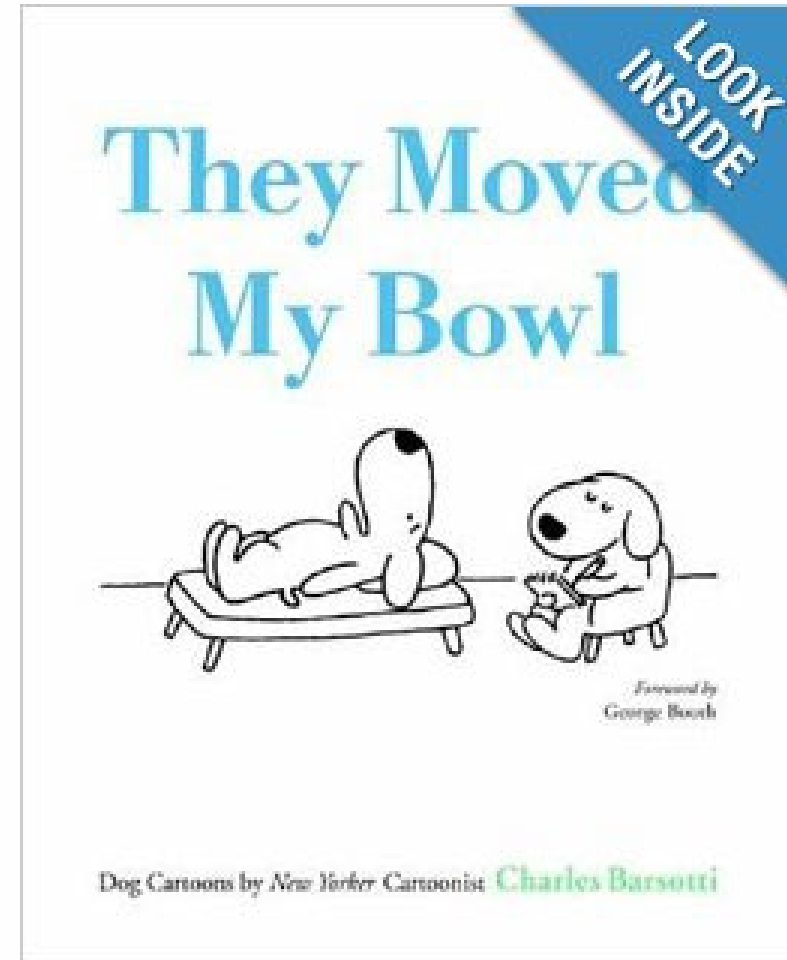
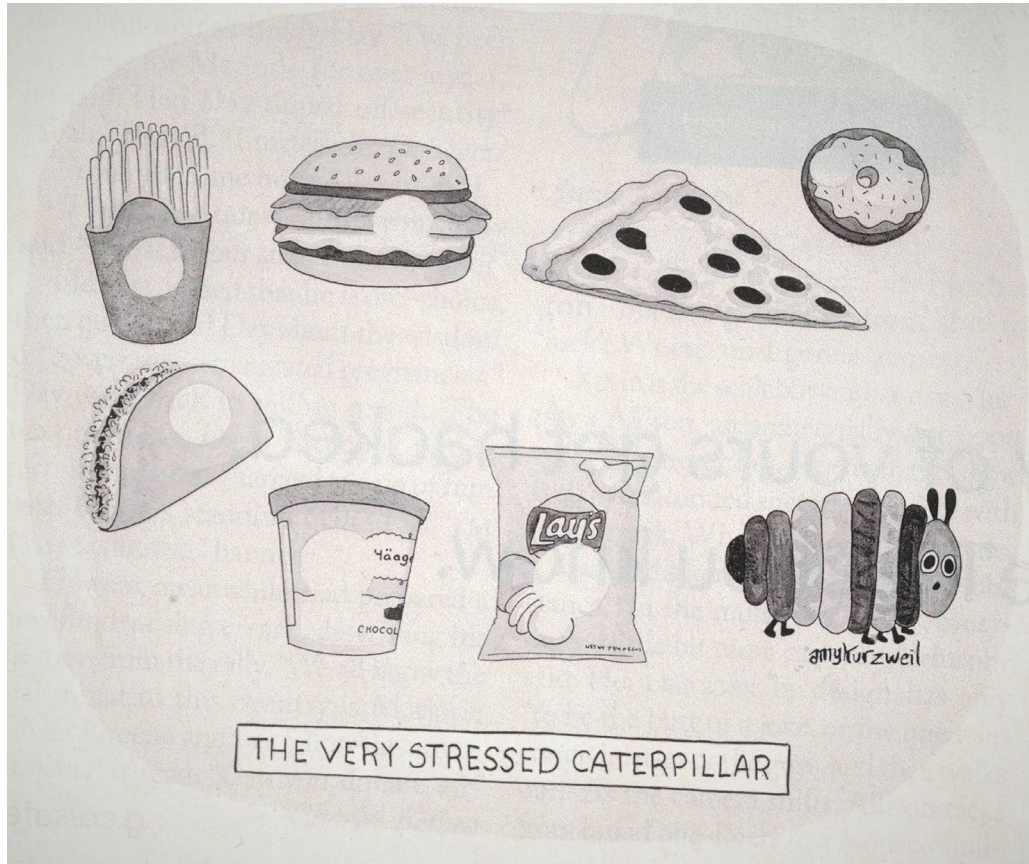


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The changes for 2024 being covered in this webinar

1. terminology from primary supervisor to designated supervisor
2. requirements for supervision of registrars by accredited GP supervisors
3. requesting approval for variations to the supervision requirements
4. the supervisor leave policy and notification of any supervisory shortfall
5. limitations on the number of registrars per designated supervisor
6. workplace based assessment program
7. payments for supervisor professional development (SPD)
8. SPD requirements for culturally safe practice
9. automatic accreditation of CPD hours for supervisors
10. remote supervision

Change fatigue. We can respond in different ways....



Communication of change

- SLO meetings
- PMLO meeting December
- National webinars
- 2024 update module will be available soon on RACGP webpage and on gplearning
- Manuals and guides are all being updated for 2024
- Regional communications to come
- Recording of this session will be made available via newsletter
- Your local training coordinator



1. Terminology from primary supervisor to designated supervisor

Responding to feedback

The term primary supervisor was poorly communicated and misunderstood

Secondary supervisors will be contacted and assisted to finalise training



Introducing the designated supervisor

1. Terminology from primary supervisor to designated supervisor

The designated supervisor is the accredited supervisor in the practice who accepts full responsibility for the registrar and coordinates the practice supervisory team for that registrar.

The designated supervisor is linked to the registrar in the Training Management System (TMS) and is our main point of contact regarding the registrar.

2. Requirements for supervision of registrars by accredited GP supervisors

Competency Milestone	Usual timeline	Supervision requirement	Accredited GP Supervisor requirement	Onsite supervision requirement
Entry	The first 4 weeks of community general practice placement	Every case is reviewed by either sitting in, being called in, or reviewing (and where relevant discussing) the registrar's notes	An accredited GP supervisor is always available* for the registrar	100% of the time the registrar is consulting
Foundation	From week 5 through to the end of the second community GP term	Cases are reviewed according to an agreed clinical supervision plan. The registrar's designated supervisor regularly reviews the appropriateness of the plan based on their observations and assessments of the registrar.	An accredited GP supervisor is always available* for the registrar	80% of the time the registrar is consulting**
Consolidation	From the third community GP term through to completion of training	Cases are reviewed according to an agreed clinical supervision plan.	An accredited supervisor is available* at least 80% of the time with a specialist GP*** permitted to supervise the remaining 20%	50% of the time the registrar is consulting**
Fellowship	Completion of GP training	No supervision is required	No requirement	Nil

2. Requirements for supervision of registrars by accredited GP supervisors (ctd)

*Available means the supervising GP is not overloaded with clinical or procedural work and is on-site, or if off-site is easily contactable and able to attend.

** The percentage requirements are per term, but periods of more than a week's absence of an on-site accredited supervisor resulting in coverage by a non-accredited specialist GP should be notified to a training coordinator.

*** A specialist GP is a GP with FRACGP or FACRRM or has specialist registration as a GP with AHPRA. It is never appropriate for a registrar to be supervised by a doctor who lacks specialist recognition as a GP.

3. Requesting approval or support for variations to the supervision requirements

The timing of the change from Entry to Foundation milestone is the supervisor's call. An ME does not need to be notified if it occurs before 4 weeks. The supervisor documents their determination within the first 4 weeks in the EASL assessment.

Changes to supervision outside of the guidelines at the Foundation or Consolidation milestone require ME approval.

In simple terms.....

At start of GPT1 an *accredited* supervisor is onsite and reviews all cases (even just by checking notes) until *they* determine that the review of all cases is no longer needed. This is documented within the first 4 weeks in an Early Assessment for Safety and Learning (EASL) assessment

For the remainder of GPT1 and GPT2 an *accredited* supervisor must be supervising and must be onsite 80% of the time. Variations require ME approval

For GPT3 and extended skills in GP (GPT4) a *specialist GP* can act as a supervisor for 20% of the time and the minimum onsite requirement is 50%. Variations require ME approval

4. Supervisor leave policy and notification of any supervisory shortfall

Supervisors must plan leave with the consideration of the registrar's needs and to ensure they meet the requirements for provision of supervision at different training milestones.

Practices with a limited supervisor pool, particularly single supervisor practices, should have a contingency plan for unexpected leave.

Requirement that the RACGP is notified of any supervision shortfall, contact your local training coordinator.



5. Supervisor to registrar ratios



Maximum of 3 supervised doctors per supervisor irrespective of

- Training fraction
- Level of training
- Training program

AGPT placement of a registrar should not be misinterpreted as approval of greater than 3:1 ratio

6. Workplace based assessment by AGPT supervisors in 2024

- Continuing: mid and end of term assessments
- New for many: EASL for GPT1 registrars
- New for all: mini-CEX and RCA – 2 of each assessment in GPT1 and GPT2

Guides have been/are being developed for all these assessments as well as gplearning modules.

6a. Early Assessment for Safety and Learning (EASL)

Why?

- Safety
- Detect early need for intervention
- Inform supervision plan
- Identify learning needs



6a. EASL

Evaluation findings from survey post 2023.2 implementation of EASL

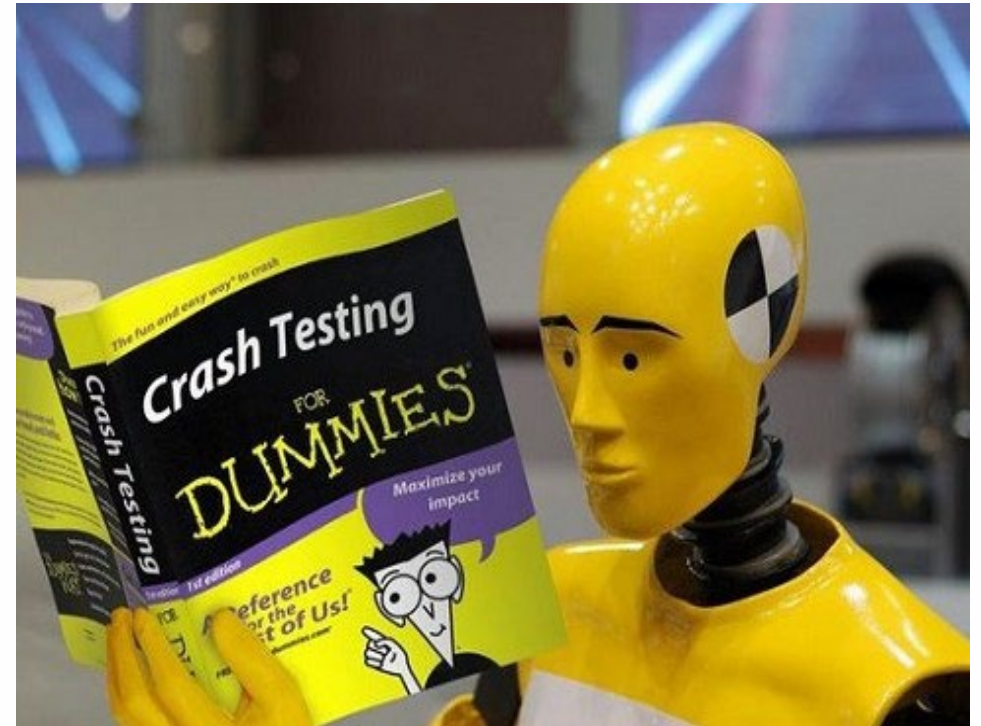
- 71% of supervisors agree EASL identifies registrars who are unsafe to practice without direct supervision.
- 75% of supervisors agreed that the EASL activity assisted in identifying their GPT1 registrars learning needs.
- 85% of supervisors reported that they had completed the clinical supervision plan with their GPT1 registrar.
- 86% of MEs agreed that the EASL activity contributed to identifying registrar learning needs.

6a. EASL

What is in the assessment?

- Registrar MCQ
- Supervisor observes at least 4 consultations
- Review all cases +/- daily discussion until supervisor is confident of registrar's readiness to progress
- Summary report

The assessment asks, "is the GPR at foundation standard?"



Then what?

- Stop regular review of all cases any time in the first 4 weeks when the supervisor thinks it is no longer needed. The ME does not need to be notified of this decision.
- Supervisor discusses the plan for ongoing supervision with their registrar:
 - Registrar to use the 'Call for Help' list to identify areas of weakness then discuss with supervisor
 - The plan is based on what supervisor has observed during EASL, registrar's previous experience, and self-assessed confidence
- Supervisor discusses the EASL performance summary with the registrar, especially if they have raised an amber or red flag.

6a. EASL

What must be recorded in the TMS

- Each of the 4 observed consultations – basic details of the case and rating across four broad competency areas
- Supervisor summary of performance – comments are particularly valuable
- At least one learning goal

6a. EASL

Supervisors are not required to submit

- The MCQ results discussion
- Reviews of selection of cases
- The Call for Help list discussion
- The supervision plan

It is requirement that practices maintain a clinical supervision plan for their registrars

6a. EASL

Outcomes

- Completed assessment confirming readiness to progress to foundation level
- Flagging of a registrar needing ongoing supervision or assistance
- Clinical supervision plan and safe registrar supervision
- Teaching plan based on identified learning needs

Further Help with EASL

- EASL guide, gplearning module, webinar recording from August 2023.

6b. Mini-CEX and RCA

Mini-CEX = mini clinical evaluation exercise

RCA = random case analysis

Guides and gplearning modules available soon

Like term assessments, the assessment asks, "is the GPR at fellowship standard?"

6b. Mini-CEX and RCA

Downloadable forms accessed through the TMS

Requirements

- Must complete 2 of each in GPT1 and 2 of each in GPT2
- Completed form must be saved and kept in the practice. It may be needed if concerns are later raised about a registrar or may be reviewed as part of practice accreditation
- The form must be emailed to the training coordinator where there are concerns about a registrar's performance and/or if an amber or red flag is raised

6b. Mini-CEX and RCA

Future plans are for these assessment forms to be completed online in the TMS:

- Makes record keeping easier
- Automated notification of registrars flagged as needing further assistance

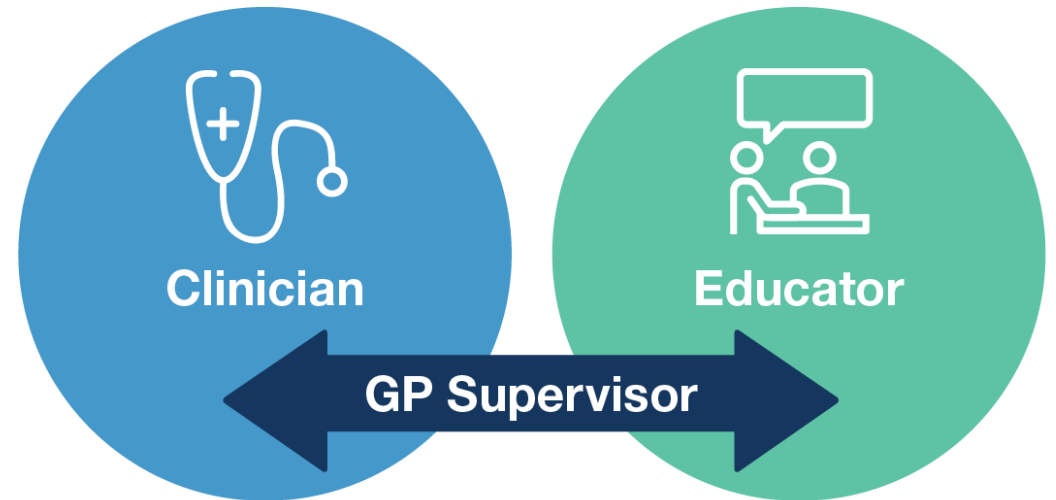
CPD and SPD

GP supervisors are dual professionals

Education for GP role = CPD

GP supervisors need specific education for their teacher role = supervisor professional development (SPD)

SPD education is accepted as CPD, but education directed primarily at clinical skills will not be accepted as SPD



7. Payments and requirements for supervisor professional development (SPD) of existing supervisors

- SPD requirements will be per practice and will be 3hrs of SPD per 6-month GP registrar term
- How each supervisor contributes to the total requirement is up to the practice
- \$500 per registrar (full or part-time) per 6-month term will be paid to practice
- The payment will be called a 'practice SPD stipend'
- Both the SPD practice requirement and stipend do not increase above 4 registrars in the practice

In simple terms

Number of AGPT registrars in the training post	Expected 6 monthly SPD hours (total practice requirement)	6 monthly supervisor stipend payments to the practice.
1	3	\$500
2	6	\$1000
3	9	\$1500
4 or more	12	\$2000

7. Payments for supervisor professional development (SPD) of existing supervisors

- The TMS will be used to track SPD activities and pay the stipend
- Practice managers should ensure that the TMS has:
 - all accredited supervisors in the practice listed
 - the correct practice bank account details

Payment will occur presumptively but will be paused if the required SPD has not been completed

7. Payments for supervisor professional development (SPD) of existing supervisors

- MMM4-7 supervisors will be able to claim reimbursement for travel and accommodation expenses
- There will be regional variation in what is considered eligible for SPD and regional teams will be in contact to explain their SPD offerings in 2024
- We are working with ACRRM and universities and hospitals to try and reduce duplication of SPD requirements

7. Payments for supervisor professional development (SPD) of new supervisors

- New AGPT supervisors continue to be fully funded (12 hours max) for Foundations of GP Supervision program. In 2024 this must include a workshop or webinar component (previously could be fully online)
- Foundations program – 7 core modules prior to provisional accreditation.
- Module 8 – an exciting first opportunity for supervisors to receive feedback on performance – completed with small group learning or on gplearning with individual feedback

8. SPD requirements for culturally safe practice

- A 'work in progress' – collaboration between ACRRM and RACGP and JCTS

9. Automatic allocation of CPD hours

This will continue in 2024 in recognition that teaching and supervising is a CPD activity

- 30 hours for designated supervisors GPT1-3 with a registrar
- 20 hours for other accredited supervisors in a practice with a registrar

Reminder that it is a requirement to complete a review of your performance as a supervisor by discussing this with your registrar or with a colleague and recording (but not submitting) that conversation.

Updated document will be sent out in January 2024

10. Remote supervision

Remote supervision aims to provide high-quality training options for registrars to work in locations where there is limited or no regular on-site supervision.

Registrars are primarily supervised by a supervisor who is offsite and phone and videoconferencing is used to teach, support, and ensure real-time assistance when needed. The teaching and supervision requirements for remote supervisors are different to those of on-site supervisors

<https://www.racgp.org.au/education/gp-training/remote-supervision-1/remote-supervision-program>

Key contacts for further help

- Local training coordinator
- Your registrar's medical educator
- Supervisor Liaison Officer
- Practice Manager Liaison Officer
- Or if you aren't sure who to contact
 - General Practitioner Training Support Line:
1800 472 247
agpt.support@racgp.org.au



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