

Executive Summary

Background

The joint National GP Supervisor Curriculum Project (RACGP Education Research Grant) and GP Supervisor Professional Development Framework Project (RACGP Special Research Grant) aimed to:

- Develop a Single National Curriculum for GP Supervisors for all Australian training and workforce programs;
- Develop a Supervisor Development Framework outlining the institutional, educational, physical, social and practice contexts in which this curriculum is delivered;
- Collate a catalogue of curriculum resources;
- Undertake a gap analysis between the current available resources and the Single National Curriculum;
- Identify relevant literature; and
- Develop an implementation strategy containing specific recommendations.

These aims were achieved via:

- Analysis of publicly available documents relating to government policy, and existing training and workforce programs for general practice;
- Document analysis of existing supervisor professional development programs of Australian training and workforce organisations;
- Literature analysis to inform the structure and content of the curriculum and framework, and understanding of the roles of a GP Supervisor;
- Focus groups of GP Supervisors, Medical Educators, and expert advisors to understand the views of stakeholders, incorporate expert opinion, appreciate international comparisons, and local contextual issues in delivery; and
- Interviews with Key Informants to understand existing training and workforce programs, current supervisor professional development, and enablers and barriers to change.

Single National Curriculum for GP Supervisors

The National Curriculum for GP Supervisors is an outcomes-based, task-based, spiral curriculum. It contains **overarching statements** that address the overall purpose of the curriculum (*vision*, and *aims and scope*), the entrance requirements (*prerequisites*), and the higher-order qualities of participants (*values*) to be developed through participation in the entire curriculum. The 'how' of the curriculum is outlined in the *philosophy of teaching and learning*, and *teaching methodologies and strategies*. The remaining overarching statements are the important components of *assessment and evaluation*.

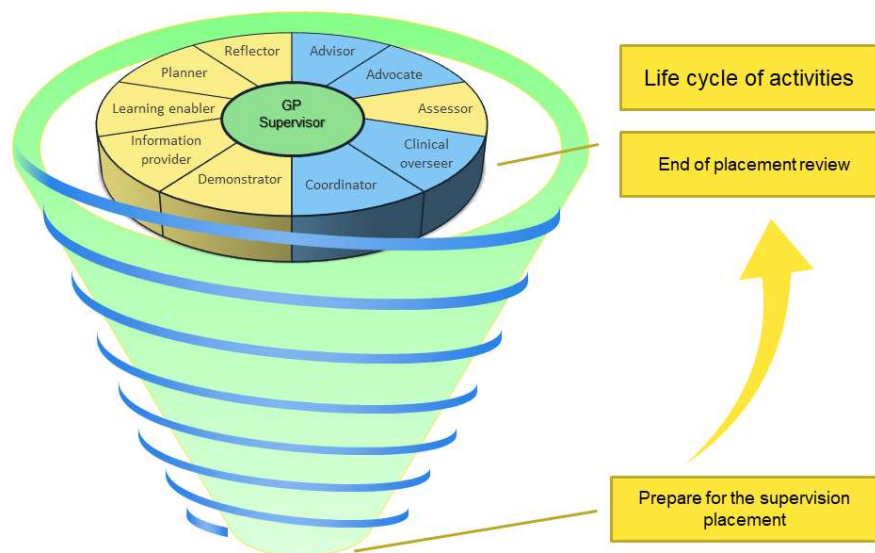
The curriculum also contains more specific statements about what is being taught and learnt. These are specifically 1) the **roles of a GP Supervisor**, where the roles are introduced as the organising principle or 'domains' of the curriculum; 2) the **task-based syllabus**, where the content of the curriculum is displayed in sequence, 3) the **modules**, where they provide further detail of the syllabus and allow demonstration of connection between curriculum components to demonstrate constructive alignment and the layering of knowledge and skills

development that is intended in a spiral curriculum; and 4) **specific outcomes**, where they are separately listed, and mirror the vision and are provided in context in each of the modules.

Ten roles of the GP Supervisor have been identified, including advisor, advocate, assessor, clinical observer, coordinator, demonstrator, information provider, learning enabler, planner, and reflector. In addition, the following general tasks (with a number of sub-tasks for most of these) have been identified:

1. Preparing for the supervision placement
2. Orientating the supervised doctor to the practice
3. Conducting early assessments
4. Developing a clinical oversight plan
5. Developing a teaching plan
6. Undertaking daily supervision
7. Conducting teaching sessions
8. Further assessments
9. Coordinating the supervision team throughout the placement
10. End of placement review

The national curriculum can be visualised as follows:

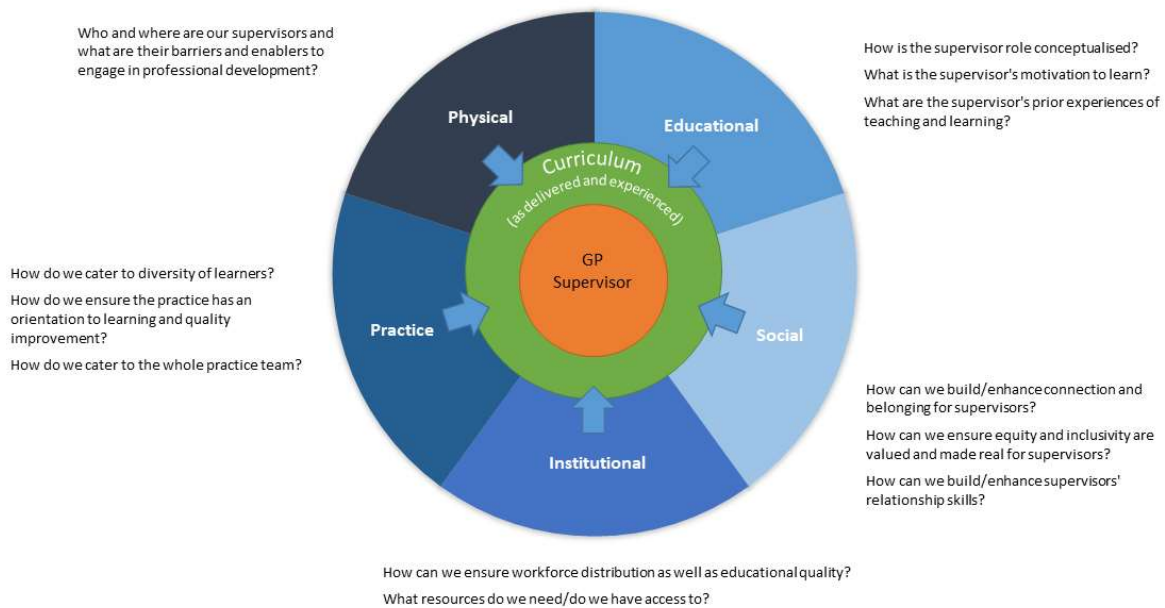


The national curriculum as an integrated spiral curriculum (based on Harden and Stamper [86]).

Supervisor Development Framework

The supervisor development framework was developed by considering the influences on the delivered and experienced curriculum through five contextual lenses identified through a scoping review of the literature. These were *educational, social, institutional, physical* and *practice* contexts. Considerations have been identified

for different stakeholder groups to encourage reflection and action that will help meet the national curriculum's vision of "GP Supervisors in all training and workforce programs are competent educators and ensure the safe care of supervised doctors' patients". The supervisor development framework can be visualised as follows:



The GP Supervisor Professional Development Framework.

Implementation recommendations

The following 24 recommendations for change are identified for the implementation of the curriculum:

1. A consistent clinical oversight (supervision) standard be developed and used for all doctors without specialist registration working in general practice in Australia.
2. The application of the clinical oversight standard be complemented by random audits of practices to overcome the difficulty in obtaining feedback from doctors under supervision.
3. All GP Supervisors, regardless of the training or workforce program, be funded for the work done as a supervisor.
4. All GP Supervisors, regardless of the training or workforce program, be required to undertake professional development and be remunerated for undertaking professional development.
5. All doctors in AGPT, RVTS, Independent Pathway, PEP, Re-entry into Practice, and MDRAP programs be required to have supervision even if the doctor has General Registration.
6. All doctors in GP training be supported by a Medical Educator in addition to their GP Supervisor.
7. A single national curriculum is used for the professional development of all GP Supervisors in Australia.
8. All GP Supervisors on commencement of professional development through the national curriculum have Fellowship of either ACRRM or RACGP, unconditional Specialist Registration with the Medical Board of

Australia, and cultural awareness education completed within three years of course commencement, as a pre-requisite.

9. Cultural educators and cultural mentors be involved in the further design and implementation of the curriculum in keeping with the 'Aboriginal and Torres Strait Islander Health Curriculum Framework'.
10. The national curriculum includes assessment of GP Supervisors.
11. The national curriculum includes ongoing evaluation as a quality improvement process and that such evaluation includes outcomes-based evaluation to measure the impact of the curriculum and theory-based evaluations to understand the mechanisms in operation so that content, delivery, and assessment is modified to meet the needs of all learners.
12. The ten roles of the GP Supervisor identified in the curriculum and the task-based syllabus be communicated as a shared understanding of the work GP Supervisors do.
13. Where organisations engage GP Supervisors who do not have comprehensive responsibility for a supervised doctor (i.e., they are working with a supervisor who does have comprehensive responsibility) a modified curriculum be developed based on the current full task-based curriculum.
14. Pilot projects of initiatives that involve the delivery of GP supervisor professional development in the training practice be funded.
15. All organisations involved in GP Supervisor education have policies for inclusivity, diversity, and equity.
16. National activities be developed to aid the development of relational skills for GP Supervisors.
17. Policies that mandate rural quotas even in the presence of concerns over the quality of supervision be reviewed.
18. Logistical or financial support be provided for remote practices so they can more readily access GP Supervisor professional development.
19. Support and encouragement be provided for the development of 'academic GP practices' that place learners of all stages including prevocational.
20. A period of broader consultation with stakeholders occurs prior to finalising the curriculum.
21. The remaining modules in the syllabus are written to complete the development of an initial list of curriculum outcomes.
22. A central organisation collates and maintains modules developed using the National GP Supervisor Curriculum Module template
23. Initial implementation of the syllabus occurs under the auspices of a guiding coalition of stakeholders.
24. A specific education and support program be developed for Medical Educators involved in GP Supervisor professional development in recognition of the special knowledge and skills this work involves.

Conclusions

The National Curriculum for GP Supervisors is a comprehensive blueprint for GP Supervisors in all training and workforce programs to become competent educators and ensure the safe care of supervised doctors' patients. The accompanying supervisor development framework provides context for different stakeholder groups to consider in implementation of the curriculum. The National Curriculum should be a living document. It will require alteration as the blueprint is converted into more detailed plans when the syllabus content and educational strategies are developed, implemented, and evaluated.