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GP supervisors

Their professional development and involvement in assessment

General practitioner supervisors are the cornerstone of GP training in Australia. Since regionalisation of training, there are varying models of supervisor professional development. This article reports on a survey of regional training providers looking at the area of supervisor professional development and supervisor involvement in assessment.

■ The general practitioner supervisor is commonly described as the most important person involved in Australian GP training, but is someone who is all too often forgotten when credit is given for training our next generation of GPs.

At national and state medical educator meetings over the past few years there has been discussion about the need to develop a curriculum for GP supervisors. Medical educators at Gippsland Education and Training for General Practice (getGP) were interested in assessing the level of support and professional development that Australia's 22 regional training providers (RTPs) offered their GP supervisors. They also wanted to gather information and opinion from the RTPs about supervisor curriculum development. In 2006, General Practice Education Training (GPET) published 'Integrating education and assessment in vocational training for general practice'; we wondered how other RTPs were approaching assessment of registrars during training.

Table 1. Key areas of educational need

- Teaching skills/designing teaching sessions
- RTP issues
- RACGP/ACRRM issues
- Registrar at risk
- Clinical/procedural skills
- In training and summative assessment
- Communication skills
- Adult learning
- Self care
- Learning plans
- Online education
- Networking/benchmarking
- Teaching resource development
- Supervisor involvement in resource development
- Evidence based medicine
- Multicultural issues
- Teaching medical students

Method

A questionnaire was developed by the medical educators at getGP to address these matters. In order to build a simple demographic picture of the GP supervisor population and their attendance at workshops we asked nine questions which sought straightforward numerical or 'yes/no' responses. Further questions sought free form responses to fact finding questions on:

- areas of educational need that their supervisor workshops address
- key themes and features of their supervisor professional development curriculum
- particular professional development sessions they have run that have brought about significant change
- in practice formative assessment and feedback that their supervisors provide to registrars
- supervisor involvement in other assessment during training (ADT) activities.

Table 2. supervisor professional development issues

- Sharing between RTPs
- Supervisor curriculum
- Funding for Graduate Certificate in Clinical Education
- How to develop and orient new supervisors
- Supervisor payment issues
- Poorly performing supervisor
- Peer visits between supervisors
- Cultural awareness training
- Supervisor teaching assessment
- 'Career pathway' for supervisors

Respondents were also asked how they would describe the general attitude of supervisors to the workshops, and if they thought there were other supervisor professional development issues that need to be explored among RTPs.

The questionnaire was circulated to all 22 (now 21) RTPs by email. A covering letter to the director of training asked for the questionnaire to be completed by the educator responsible for drawing up RTP agendas for supervisor professional development meetings. Respondents were asked if they wanted to receive a report of the results. The original email was sent in March 2006.

Data was collated with aliases substituted for RTP names. The de-identified compilation of responses was then sent back to each RTP. They were advised of their own alias so they could compare their responses with that of their peers. Three medical educators at getGP worked through the de-identified data to build a list of commonly identified supervisor learning needs, and to identify and describe supervisor curriculum frameworks and supervisor involvement in registrar ADT. A presentation of these findings was made to the GPET convention in Hobart in August 2006.

Results

By mid July 2006 all 22 questionnaires had been returned, allowing a reasonably complete analysis. There was variable detail in completion of the freeform questions however, so the quality of data is not absolutely reliable and may give an inaccurate picture in some areas.

Female supervisors are in the minority. Regional training providers have, on average, 30% female supervisors. One RTP had no female supervisors, two others 10%, and one RTP had 60% female supervisors.

There appeared to be limited appreciation of the role of the supervisor in assessment. One-third of RTPs were uncertain about how many of their supervisors were examiners for The Royal Australian College of General Practitioners (RACGP) Fellowship examination.

Regional training providers organise 2.0–4.5 days per year of professional development workshops for their supervisors. On average, most RTPs require supervisors to attend 75% of workshop time. Two RTPs do not require attendance at any workshops.

Some RTPs organise orientation workshops for new supervisors. There were three responses suggesting that new supervisor orientation could be shared with neighbouring RTPs.

Table 1 lists responses to the question about key areas of educational need that workshops address. Only two RTPs were working to any curriculum framework; three others stated they were developing one.

Assessment during training

Supervisor involvement in assessment of registrars during their training varies across the RTPs. Eight RTPs have their supervisors undertake external clinical teaching visits. Not so many have their supervisors participate in other formal assessments of registrar performance.

Table 2 lists responses to the question about supervisor professional development issues that could be explored among RTPs.

Discussion

The lack of common content in supervisor professional development workshops was surprising and may indicate problems with questionnaire design and/or reporting inaccuracies. Nevertheless, it does raise the question of what learning needs analysis process was behind the construction of curricula locally.

In view of the fact that 70% of registrars are women, it was interesting to note the small number of female supervisors. The fact that some RTPs did not mandate attendance at supervisor workshops was also surprising.

There were evident differences in RTPs understanding of the purpose of assessment during training and the difference between formative and summative assessment. One third of RTPs were uncertain about how many of their supervisors were examiners for the FRACGP. This was surprising as we expected all RTPs would have identified examiners in their midst so that they might have some input into exam preparation.

The suggestion that new supervisor orientation could be shared by neighbouring RTPs has already been taken up in 2006 when a combined Victoria/Tasmania new supervisor orientation session was held; which was rated as very worthwhile by attendees.

Conflict of interest: none declared.

Reference

1. Wellard R. Integrating education and assessment in vocational training for general practice. General Practice Education and Training, 2006.