

## **Guidelines for Supervision of PGPPP Doctors**

### **Recommended attributes for general practice and rural doctor supervisors**

The doctor taking responsibility for the supervision of PGPPP doctors at all stages of their term should display the following attributes:

- Be known, approachable and easily accessible to the PGPPP doctor and have established a rapport with them early in their placement
- Be a good communicator
- Be an advocate for the PGPPP doctor
- Understand PGPPP doctor's role in terms of 'experience' of general practice
- Be supportive of the PGPPP doctor
- Be able to adopt a counselling role with the PGPPP doctor in relation to career or vocational planning and dealing with work pressures
- Be interested in education, enjoy and be enthusiastic about teaching
- Be able to deal effectively and assertively with other staff and specialists that the PGPPP doctor will need to deal with.

The doctor taking responsibility for the supervision of PGPPP doctors at all stages of their term shall meet the following requirements:

1. The supervisor shall have either full and unrestricted registration or registration restricted to their medical specialty by the State Medical Board and no prior history of removal from any register for disciplinary reasons under any jurisdiction.
2. The supervisor must be an excellent clinician.  
This shall be demonstrated by:
  - holding Fellowship of the RACGP and/or ACRRM, or
  - being accepted by peers as an excellent clinician, who is vocationally recognised in general practice, and
  - providing a written recommendation by an experienced general practitioner (GP) who is engaged by a training provider, or other medical education organisation, to provide general practice training, education or assessment who is preferably from the local area, to whom the clinician is known.
3. The supervisor shall be a good role model and demonstrate commitment to the development of the profession.
4. The supervisor shall participate in documented continuing professional development aimed at improving performance as a general practice educator and clinician.

## **Education of PGPPP doctors**

Teaching should be based on:

- the ACRRM and/or RACGP and/or CPMEC curricula, and
- the relevant medical registration board requirements, and
- the intern training programs of the parent hospital (for interns only), and
- other perceived needs that arise during training.

Teaching should encourage vertical integration and include a range of methods such as direct observation, discussions on clinical problems and interesting cases, joint consultations, formal teaching on specific topics, review of taped consultations, demonstrations, participation in clinical procedures and selected or random case analysis. Sometimes small group discussions with other members of the practice might be employed.

The PGPPP doctor's overall education should be discussed as well as perceptions of clinical strengths and weaknesses and consulting, counselling and communication skills.

The PGPPP doctor needs to understand the practice protocols, administration and other important features. Discussions with the PGPPP doctor must be based on the principles of constructive feedback. This will include frank discussion on progress to date and possible variation of the program to meet new needs as they arise

### **Minimum support required for the PGPPP doctor**

The supervisor will be required to offer support to the PGPPP doctor

1. The supervisor must provide orientation to the practice ensuring that the PGPPP doctor is:
  - introduced to all members of staff and the stage of training and responsibilities of the PGPPP doctor is known by all
  - trained to use any systems in use such as computer systems and recall systems
  - be aware of the location of educational resources, including reference materials
  - aware of all safety systems in place for the practice and of all procedures to ensure safety in the delivery of services by the PGPPP doctor in the practice and in locations other than the practice.
2. The supervisor must ensure that the relevant safety regulations are met in regard to the PGPPP doctor.
3. The supervisor must be satisfied and/or have verified with the fund holder that the PGPPP doctor, is registered with the state or territory Medical Council / Board for the clinical work to be undertaken and has the required level of professional indemnity insurance.
4. The supervisor shall provide supervision to the PGPPP doctor to the level appropriate to their level of training as indicated below:

- 4.1 **LEVEL 1 - The PGY1 doctor: The Supervisor takes primary responsibility for individual patients and the PGY1 doctor takes limited responsibility**
  - 4.1.1 The supervisor, or delegated supervisor, must be physically present or available within 10 minutes to be able to provide physical review, at any place where the PGPPP doctor provides care.
  - 4.1.2 If the supervisor is unavailable, the supervisor must ensure that a delegated medical practitioner with either full or unconditional registration or registration restricted to their medical specialty oversees the PGPPP doctor's practice.
  - 4.1.3 The PGPPP doctor must consult the supervisor about the management of all patients
  - 4.1.4 The supervisor is responsible for the timely review of the management of all patients seen by the PGY1
  
- 4.2 **LEVEL 2 - The PGY2 doctor: The Supervisor shares responsibility for individual patients with the PGPPP doctor**
  - 4.2.1 The supervisor, or delegated supervisor, must be physically present or available in a timely manner to be able to provide physical review, at any place where the PGPPP doctor provides care. .
  - 4.2.2 If the supervisor is unavailable, the supervisor must ensure that a delegated medical practitioner with either full or unconditional registration or registration restricted to their medical specialty oversees the PGPPP doctor's practice.
  - 4.2.3 With agreement of the supervisor and the PGY2 doctor, some consultation may take place more distantly with telephone support
  - 4.2.4 The PGPPP doctor must consult the supervisor about the management of patients at a frequency determined by the supervisor and the PGPPP doctor (eg after a session or after particularly complex cases, as required).
  - 4.2.5 The supervisor must be available to discuss management of patients at a frequency determined by the supervisor and the PGPPP doctor.
  
- 4.3 **LEVEL 3+ The PGY3+ doctor: The supervisor shares responsibility for individual patients with the PGPPP doctor**
  - 4.3.1 At a frequency determined by the supervisor, the PGPPP doctor must inform the supervisor about the management of individual patients
  - 4.3.2 If the supervisor is unavailable, the supervisor must ensure that a delegated medical practitioner with either full or unconditional registration or registration restricted to their medical specialty oversees the PGPPP doctor's practice.
  - 4.3.3 With agreement of the supervisor and the PGY3+ doctor, some sessions may take place more remotely with telephone support.
  - 4.2.4 The supervisor must be available to discuss management of patients at a frequency determined by the supervisor and the PGPPP doctor.

## **Workload of the PGPPP doctor**

There must be an adequate patient load for the PGPPP doctor. Consideration must be given to the doctor's experience, the quality of patient care, the time taken in teaching and the type of services rendered. However, the clinical load should mean that the doctor is occupied most of the day, allowing for the above factors and normal daily and seasonal fluctuations

1. The PGPPP doctor should generally see between two and four patients per hour depending on context and their level of experience.
2. The range of patients and presentations seen by the PGPPP doctor must be monitored and managed to ensure as far as possible that they have the opportunity to experience the wide variety of patients and presentations in general practice.

## **Monitoring and Feedback**

The RACGP / ACRRM / parent hospital / PMCs will require evidence of quality education. For this purpose, and to maintain contact with supervisors and PGPPP doctors, ACRRM and the RACGP will seek the following information for consideration by the practice, fund holder and managing organisations:

### **Education**

1. PGPPP doctors will be asked to provide feedback on:
  - the range and perceived effectiveness of teaching methods such as direct observation sessions and assessment by the junior doctor of the quality of feedback
  - the perceived usefulness and effectiveness of teaching and clinical support provided
  - the degree of collaboration with the supervisor in planning learning outcomes and program of supervision
  - the degree of support in the provision of information on further training opportunities
  - the degree of support on addressing performance issues and conflict resolution
2. Supervisors will be asked to provide feedback on:
  - professional development as a supervisor and educator
  - evidence of feedback to trainees on their progress and performance.

### **Support**

3. PGPPP doctors will be asked to provide feedback on the adequacy of:
  - the orientation and induction process
  - on site support and supervision arrangements
4. Supervisors must provide prevocational doctors with formal feedback at pre-determined intervals on:
  - their clinical performance and number and variety of patients encountered
  - the reaction of staff and patients to their work in the practice

5. Supervisors should maintain contact as appropriate with trainers at the junior doctors' parent hospital.

### **Workload**

6. The PGPPP doctor will be asked to provide feedback on:
  - Frequency and range of primary care patients seen
  - Scheduling of their consultations and education activities
7. The supervisor must be in a position to provide feedback in relation to the following parameters
  - The number of patients seen each week
  - The number of patients booked per week
  - The variety of patients and presentations encountered
  - On-call arrangements where applicable.