General practice supervision at a distance

Is it remotely possible?

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BACKGROUND
The Remote Vocational Training Scheme (RVTS) trains GPs while in solo rural or remote practice. General practice registrars choose an experienced rural or remote practitioner as their distant supervisor.
METHOD
During a teacher training telephone tutorial series RVTS general practice supervisors discussed the unique features of this model of general practice training, and shared their perspectives on how to make this distance supervision effective.
RESULTS
This paper outlines the unique qualities of general practice registrars, the registrar-supervisor relationship and the content of tutorials, in the context of remote supervision. This paper suggests ways to provide educational support despite geographical distance.
DISCUSSION
Experienced rural and remote GPs can provide effective supervision at a distance. The RVTS provides an innovative, alternative model for training GPs for rural and remote practice. Further qualitative research on this topic is required.

The pilot Remote Vocational Training Scheme (RVTS) commenced in 2000 as a joint venture between the Australian College of Rural and Remote Medicine (ACRRM) and The Royal Australian College of General Practitioners (the RACGP).[1] Doctors in solo rural or remote practice are supervised at a distance by an experienced GP supervisor. An experienced rural medical educator runs weekly educational teleconferences, twice annual workshops, and conducts clinical teaching visits. Before this innovation, doctors working in solo practice could only qualify as GPs by leaving their practice and working in a practice with an on site supervisor.

This scheme followed a trial in North Queensland of distance supervision of general practice registrars in solo remote practice.[2,3] On site support was replaced by frequent telephone (or other communications technology) support and a compensatory increase in the duration of teaching visits and workshops. Analysis of this trial suggested keys to effective supervision were a supervisor with an understanding of rural and remote practice, preferably in the region in which the trainee was located, and the ability to communicate effectively by telephone. These elements were incorporated into the design of RVTS.

In 2004 RVTS supervisors attended a teacher training course that provided an opportunity for them to share their experiences of improving the effectiveness of distance supervision. The aim of this paper is to document and disseminate their discussion on the knowledge, skills and attitudes needed for effective distant supervision of general practice registrars in training.

Methods

Remote Vocational Training Scheme GP supervisors participated in weekly, hour long teacher training telephone tutorials over a 6 week period. The course was adapted from a successful course for on site general practice supervisors,[4] following input from RVTS supervisors on their learning needs as identified by a precourse questionnaire. Participants were sent a series of readings and a learning guide which included presession activities.

The telephone tutorial series was recorded with the permission of participants. The course facilitator analysed the audiotapes to identify the knowledge, skills and attitudes participants felt were required for effective remote supervision. The Central Australian Health Research Ethics Committee approved this project.

Eight general practice supervisors attended some or all of the six telephone tutorials. Participants were geographically disparate, with two from New South Wales, one from the Northern Territory, two from Queensland, one from Victoria and two from Western Australia.

Results

The general practice registrars

The GP supervisors consider doctors who apply to be general practice registrars on the RVTS to be different to general practice registrars on the Australian General Practice Training (AGPT) program. The biggest contrast is that all RVTS general practice registrars have chosen to work in isolated or solo practice in rural or remote areas, unlike AGPT general stream registrars, who are required to undertake a minimum of 6 months of rural training. Coming to rural or remote areas through choice rather than conscription is an important positive foundation for learning.

The RVTS general practice registrars were described as enthusiastic, mature, self assured, and possessed of previous experience. The GP supervisors felt they did not "need to worry if the general practice registrar can cook or drive – they have the life skills". The RVTS general practice registrars were regarded as being more focused in their learning and "have specific things they want to hone up". Their "clinical practice means that they have a greater opportunity to learn" and their maturity meant "they were more set in some ways but were more flexible in others".

The GP supervisors

General practice registrars in the RVTS choose experienced rural or remote doctors to be their supervisor. The similarity in working situations means the GP supervisor understands and can advise about local politics and issues to make practice sustainable. These doctors are all "busy but committed rural doctors", which they said can make it "hard to model a good balance" of work and family or personal life to general practice registrars. The GP supervisors find the teaching rewarding, as the RVTS general practice registrars want to learn and want to work in rural or remote areas (as opposed to teaching general practice registrars who put rural terms as their last choice).

The registrar-supervisor relationship

In the AGPT program, GP supervisors often have a dual role of teacher/supervisor and employer. A problem relating to a general practice registrar's employment can subsequently impact on the learning and support provided to them. In RVTS the GP supervisor is not the employer, which enables the relationship to develop as a purely educational and supportive one. The supervisor can advocate for their registrar with the employer. The general practice registrar is already in independent practice, so the GP supervisor does not play a role as gateway to the profession. Current Australian legislation means nearly all RVTS registrars are not required to undertake vocational training; however, it is their choice to do so.

The GP supervisors felt enabling learners to choose their preferred GP supervisor provides several advantages. The learner is free to choose someone they like, whom they think they can learn from and get on with. Each learner-teacher relationship is unique and is as flexible as possible, so the learning relationship can develop "into whatever works best for the general practice registrar". There is a spectrum of relationships, from a very educational role of teacher and learner to one of comentoring between peers.

Distance

Remote Vocational Training Scheme registrars lack on site clinical supervision, are isolated from others in training, and miss discussion between experienced practitioners that can support learning in group practices. Face to face workshops are designed to compensate for the latter two issues. Telephone or email discussions replace on site supervision, and GP supervisors felt it essential that they make time for their registrar. Often phone calls could be worked around the supervisor's own clinical commitments, but sometimes 'you just have to drop everything as if it were an emergency in your own practice'.

Registrar-supervisor meetings

General practitioner supervisors said their general practice registrars use local resources for acute clinical situations and ordinary everyday dilemmas, such as "which antihypertensive to use". General practice registrars are given a digital camera and can send clinical photographs to their supervisor or a specialist when needed. Longer term management or "difficult stuff" goes to the GP supervisor, and is usually a question that cannot be answered from a book or online resource, eg. career advice; how to treat and live with someone in the same town; handling staff; dealing with drug addicts and difficult or aggressive patients; and how to prepare for the RACGP Fellowship exam.

Blind spots

Telephone contact can provide answers to most of the registrar's questions and GP supervisors tend to follow the general practice registrar's agenda. However, GP supervisors observed that this process does not identify general practice registrar's 'blind spots', or areas of unconscious incompetence. Rural medical educators said they look for these educational gaps during external clinical teaching visits. One supervisor worked as a locum in the registrar's practice in their absence; this provided an opportunity to read the medical notes and talk with patients and hospital staff about the general practice registrar.

Blind spots can also be identified by random review of case notes, referral letters, letters to lawyers and insurance companies, watching videos of consultations, audit of pathology, radiology, prescribing and cytology, or asking the registrar to conduct a research project. These activities had enabled GP supervisors to look at the registrar from a number of different perspectives and "if it all adds you're OK". If this triangulation of data sources led to contrary views, the GP supervisor might need to look for further explanations.

Procedural skills

The GP supervisors considered that it is difficult to teach procedural skills at a distance. Satellite links and videoing of skills can assist a registrar extend their learning if they already have basic skills. Learning advanced skills when basic skills are absent

can be potentially damaging to the patient and the general practice registrar if the general practice registrar is "too far out of their depth".

Feedback

As with any educational relationship, the GP supervisors consider it essential to give general practice registrars feedback early and to give it often. This requires deliberate effort to ensure the teaching relationship is proactive, not reactive.

Conclusion

This group of RVTS GP supervisors considered that it is possible to provide effective and safe supervision of general practice registrars at a distance. This type of supervision requires a GP with experience or rural and remote medicine, active exploration of general practice registrar's potential blind spots, and a willingness to be available via email or telephone. The latter was identified as a crucial factor in the successful distance supervision of general practice registrars conducting research.[5]

Conflict of interest: none declared.

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