



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Guidelines for the Supervision of Medical Students in General Practice

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This booklet is designed for use by general practitioners, and the primary care team with which they work, to assess their suitability and capability to take on the responsibility for supervising prevocational doctors.

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INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) is recognised by the Australian Medical Council (AMC), the profession and the community as the body responsible for maintaining the standards of training for general practice in Australia. The Fellows and members of this college who are trainers are our most important resource – they shape the future of our profession. This college is committed to ensuring trainers are supported in their efforts and have sufficient opportunity to develop their skills as supervisors, educators and mentors. The RACGP will continue to advocate for and support supervisors.

With this assertion in mind the RACGP has embarked on a process of developing a set of guidelines for supervision of undergraduate general practice placements. These guidelines have been developed with the valuable input from our prevocational subcommittee. The guidelines are addressed to the general practitioners who are taking responsibility for supervising medical students within a primary care setting – referred to throughout as supervisors. The RACGP provides these guidelines for the use of universities to facilitate the process of ensuring that the standard of supervision is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities.

The RACGP sees the process as a collaborative one – working with universities, general practices, general practice supervisors and all concerned to continually improve the experience of our future medical practitioners in their general practice placements and ensure that it is a positive experience for all involved.

The RACGP recognises that due to the anticipated increase in the number of medical students who will be required to undertake community based training placements in coming years the development and use of guidelines is timely and beneficial to the profession.

The booklet addresses guidelines for supervised general practice placements under the headings:

1. *Guidelines for general practice supervisors*
2. *Guidelines for the education of supervised medical students*
3. *Guidelines for support required for medical students*
4. *Guidelines for the general practice or primary care facility*

Those aspects that are identified as useful in monitoring feedback of the experience during the supervised placement are outlined under *Education, Support and Workload*.

DEFINITIONS

The definition of terms used in this booklet and terms that are used for general practice training are as follows:

Education committee: Each faculty of the RACGP has an education committee with subcommittees that oversee vocational training and associated standards, continuing professional development and relationships with undergraduate departments of general practice.

Faculty: The RACGP is a faculty-based organisation with six state faculties (see *Contact addresses*) and the National Rural Faculty; the faculty chairs sit on the national council that governs the college.

Fellow: A GP who has been admitted to Fellowship (or is a Fellow) of the RACGP. Fellowship is granted to those who demonstrate that they have reached the standard required for unsupervised general practice in Australia. See *Requirements for Fellowship 2005*.

General practice: General practice is part of the Australian health care system and operates through primary care facilities (predominantly private medical practices), which provide universal, unreferral access to whole person medical care for individuals, families and communities. General practice care means comprehensive, coordinated and continuing medical care drawing on biomedical, psychological, social and environmental understandings of health.

General practitioner (GP): A registered medical practitioner who:

- is qualified and competent for general practice anywhere in Australia
- has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care, and
- maintains professional competence for general practice.

Australian general practitioners are vocationally recognised, i.e. recognised by Medicare Australia as a general practitioner. This includes a requirement for maintaining professional development.

General practice regional training provider: An organisation providing general practice vocational training. They are accredited for this purpose by the RACGP, GPET and ACRRM when appropriate.

General Practice Education and Training Pty Ltd (GPET): A not for profit company whose Education and Training officers are appointed by the Federal Minister for Health and Ageing. GPET contracts general practice training providers to provide general practice vocational training.

GP Tutor: Those individuals who provide GP training within an academic setting.

Medical educator: A GP employed by the general practice regional training provider who designs and participates in the general practice training program and takes on the role of an off site clinical educator.

National Standing Committee Education: the committee that is charged with the following terms of reference.

Terms of reference:

- provide strategic direction with regard to education and professional standards within the college and promote this to Council

- maintain the strategic plan for education and professional standards
- communicate strategy and policy to other key organisations and stakeholders
- ensure the quality of education in general practice is maintained and improved to meet members and other stakeholders expectations
- ensure members (and other general practitioners) embrace the highest possible professional standards
- ensure that the college exceeds the standards expected by the Australian Medical Council
- provide direction and respond to issues raised by the sub-committees
- ensure the policy developed by the subcommittees and strategic developments are coordinated

Prevocational Subcommittee: A subcommittee of the National Standing Committee Education committee that is charged with the task of ensuring vertical integration between medical student, prevocational doctor and general practitioner. Specific terms of reference include:

- development of policy for undergraduate placements in general practice
- development of policy for prevocational (PGY 1 & 2) education experience in general practice

RACGP censor: A RACGP censor determines whether college standards have been met.

Registrar: A registered medical practitioner who is enrolled in a general practice training program approved by the RACGP to achieve Fellowship of the RACGP.

Student: A university student who is enrolled in a primary medical degree and is undertaking a general practice placement.

Supervisor: The GP with responsibility to guide the medical student in their general practice placement. It is their responsibility to provide clinical education, placement management and supervision AND the GP with responsibility for registrar training in a clinical setting. The trainer takes responsibility for clinical education and placement management. This includes the role of general practice supervisor and mentor.

Training placements: Training placements are placements where general practice registrars are employed to undertake vocational training in general practice. These placements are also used in the education and supervision of students and prevocational doctors.

GUIDELINES FOR GENERAL PRACTICE SUPERVISORS

General practitioners taking responsibility for supervising of medical students should be prepared to undertake the supervision of the student's experience in the practice or primary care facility. The supervisor should therefore be available to advise, counsel and mentor the student, so that a graduated clinical experience and responsibility in primary care are achieved. Such supervisors would benefit from access to feedback from both patients and students and should provide regular feedback to students on their progress.

The supervisor will also be the clinical educator for this student, ensuring that the student gains confidence and competence through education and experience. The experience offered should be commensurate with the student's stage of training, competence and confidence. It should also reflect the student's and medical school's defined learning outcomes.

The supervisor should ensure that the student has a balanced case mix that encourages learning and a breadth of experience to ensure an understanding of the breadth of skills and knowledge required for a career in general practice throughout Australia.

Should the primary supervisor be absent, another general practitioner should be nominated to act as deputy and take responsibility for the medical student's supervision. Where there is more than one partner or associate in a practice, it is advisable for two or three to become supervisors, so that there is always continuity of supervision.

The supervisor will be responsible for assisting the student with the completion of any required training records, such as logbooks.

Guidelines for all general practice supervisors

A doctor taking responsibility for the supervision of medical students at all stages of their term should display the following attributes:

- be known, approachable and easily accessible to the medical student and have established a rapport with them early in their placement
- be a good communicator
- be an advocate for the medical student
- understand the medical student's role in terms of 'experience' of general practice
- be supportive of the medical student
- be able to adopt a counselling role with the medical student 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 medical student will need to deal with

A doctor taking responsibility for the supervision of medical students at all stages of their term should meet the following requirements:

1. The supervisor should have full and unrestricted registration by the State Medical Board/Council and no prior history of removal from the register for disciplinary reasons under any jurisdiction.
2. The supervisor should be an excellent clinician.
This may be demonstrated by:
 - holding Fellowship of the RACGP and/or FACRRM, or

- being accepted by peers as an excellent clinician, who is vocationally recognised, 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.
3. The supervisor should be a good role model and demonstrate commitment to the development of the profession by:
 - current membership of the RACGP, or
 - current membership of the Australian College of Rural and Remote Medicine (ACRRM), or
 - demonstrable active involvement in a primary care professional organisation.
 4. The supervisor should hold vocational recognition as a GP or rural doctor by Medicare Australia.
 5. The supervisor should participate in documented continuing professional development aimed at improving performance as a general practice educator.
 6. The supervisor should provide ongoing supervision of the medical student and provide teaching on a case basis and by formal regular tutorials.

GUIDELINES FOR THE EDUCATION OF STUDENTS

The curriculum devised by the university provides the framework for the education of students. Teaching should be based on the university curriculum and other perceived needs that arise during supervision. Teaching should include a range of methods such as direct observation, discussions on clinical problems and interesting cases, joint consultations, formal teaching on specific topics, 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 student's overall education should be discussed as well as perceptions of clinical strengths and weaknesses and consulting, counselling and communication skills.

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

The following guidelines apply in relation to the education of medical students in general practice:

1. The supervisor should assist the student to understand the requirements for the term
2. The supervisor should provide direct observation sessions whenever possible
3. The supervisor should provide planned education as outlined by the university. These sessions should be at an appropriate level considering the student's knowledge and experience. The student may prepare them.

GUIDELINES OF SUPPORT REQUIRED FOR STUDENT TRAINING

The supervisor will be required to offer support to the student.

1. The supervisor should provide orientation to the practice ensuring that the student is:
 - introduced to all members of staff
 - trained to use any systems in use such as computer systems and recall systems, if appropriate to the stage of training
 - be aware of the location of educational resources, including reference materials.
2. The supervisor should ensure that the student is enrolled in a medical course at the named university.
3. The supervisor should take direct and principal responsibility for individual patients
 - The supervisor should be physically present at the workplace at all times whilst the student is providing clinical care
 - If the supervisor is absent from the medical practice, doctors with general or full unconditional registration should oversee the medical student
 - The student should consult the supervisor about the management of all patients
 - The ultimate management of the patient should be provided by the supervisor
 - If the student goes on home visits to patients this should only be with the Supervisor present. The student may elicit histories and examine patients in their homes only under direct supervision.

GUIDELINES FOR THE GENERAL PRACTICE OR PRIMARY CARE FACILITY

The general practice or primary care facility involved in training should provide excellent learning opportunities for the student. The primary care team should be aware of the experience and role of the student, and the need to ensure that they have adequate time for learning as well as clinical experience. Computers are required for many aspects of primary care and are certain to be an important tool in the future. It is important that students understand the role of computers during their supervised placement.

The general practice or primary care facility in which the supervised time takes place should meet the following criteria:

1. The facility should offer the full range of ongoing primary care to all patients who attend
2. The majority of the medical care in the facility should be provided and clinically managed by general practitioners
3. The majority of the medical care should be provided by general practitioners who work at least three sessions (1.5 days per week) to ensure continuity of care
4. The facility should provide adequate consulting space for the student. This may include another doctor's room while they are absent
5. There should be a set of reference materials and patient information materials available in the facility that can be accessed by the student.
These may include copies of:
 - a general practice textbook, such as *General Practice* by John Murtagh
 - the *Therapeutic Guidelines* series
 - access to the Pharmaceutical Benefits Scheme (PBS) and a current medication reference, eg. MediMedia Australia Annual (MIMS)
 - access to the 'Red Book' – *Guidelines for Preventive Activities in General Practice*
 - systematically organised patient information leaflets
 - a general medical reference such as:
 - Braunwald E (Ed). *Harrison's Principles of Internal Medicine*
 - Weatherall DJ. *Oxford Textbook of Medicine*.
 - access to evidence in a suitable form, such as:
 - The Cochrane Library via the internet
 - BMJ Publishing Group. *Clinical Evidence*.
 - a textbook on minor surgery and procedures, such as:
 - Pfenninger J. *Procedures for Primary Care Physicians*
 - Brown JS. *Minor Surgery: A Text and Atlas*.

 - other books reflecting the workload in the practice, such as:
 - Crawford Adams J. *Outline of Fractures Including Joint Injuries*
 - Behrman RE. *Nelson's Textbook of Paediatrics*
 - Guillebaud J. *Contraception Today: A Pocketbook for General Practitioners*.
6. The facility should ensure that a private space is provided for teaching purposes and that systems are in place to protect teaching time from interruptions.

7. Practice staff members should be informed of the function and needs of the student, provide feedback to the general practitioner on how the student interacts with them, and encourage the student to take an interest in aspects of practice administration.
8. The permission of the patient must be obtained prior to the consultation if undergraduate students, general practice nurses or other doctors or health professionals are to be involved in the consultation, whether through direct observation, interview or examination.

Ideally, permission needs to be sought when the patient makes an appointment, or failing that, when they arrive at reception. It is not acceptable to ask permission in the consulting room, as some patients may feel 'ambushed' and unable to refuse.

GUIDELINES RELATING TO THE WORKLOAD OF THE MEDICAL STUDENT

There should be an adequate patient load for the medical student.

Consideration should be given to the student'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 student is occupied during most of their time within the practice.

Allowing for the above factors and normal daily and seasonal fluctuations the student should be able to see a representative case mix of general practice patients.

MONITORING AND FEEDBACK

Evidence of quality education and supervision should be available if required in order to ensure the ongoing standing of medical student supervision in Australia. For this purpose it would be reasonable for the medical school to request the following feedback regarding the placement. This feedback could be made available to the RACGP if requested.

The following feedback should be available through the medical school's evaluation processes

Education

1. Students will be asked to provide feedback on:
 - the quality of teaching and clinical support provided
2. Supervisors will be asked to provide feedback on:
 - professional development as a supervisor and a clinical educator

Support

3. Students will be asked to provide feedback on the adequacy of:
 - the orientation and induction process
 - on site support and supervision arrangements
4. Supervisors should provide medical students with feedback on:
 - their clinical performance
 - the reaction of staff and patients to their work in the practice

CONCLUSION

The RACGP endeavours to be reasonable, practical and flexible in its approach to these guidelines and wishes to work closely with the medical schools/universities and general practices to allow for a positive educational experience for medical students during their general practice placement.

The prime consideration is the overall value of the placement to medical students regarding the role of primary care in the medical system.