

What is GP-Start?

GP-Start is a learning program, developed by a group of South Australian GP Supervisors (from the Sturt Fleurieu RTP), designed to guide Basic Term registrars through their first six months of general practice training.

GP-Start is a study guide which introduces registrars to the general practice working environment and it is designed to allow them to develop diagnostic and patient management skills for common clinical problems.

The guide is divided into fifteen modules. The module topics were chosen by GP Supervisors as 'must know' topics for new Registrars commencing in General Practice. In late 2007 CCCT will revisit the module topics and structure and seek Supervisor (and Registrar) advice and suggestions for 2008 use.

The modules chosen are not intended to be definitive and obviously registrars will see more than just the patients and problems in GP-Start.

GP-Start Modules

Introduction to your supervisor
The business of general practice
The general practice consultation
Cardiovascular disease
Paediatrics
Aged Care
Diabetes
Asthma
Mental Health
Womens Health
Mens Health
Lethargy

17.1 Why GP-Start?

The primary drivers for introduction of GP Start in CCCT are threefold:

1. GP-Start is a valuable resource for Registrars and an efficient way to address key early challenges in clinical general practice. It provides a structured teaching framework, which is integrated in to the Registrars' actual clinical experiences.
2. To relieve the pressure placed on Supervisors attempting to balance clinical work with Registrar (and for some) increased medical student teaching commitments, by providing a ready made study guide suitable for immediate adoption to form part of the teaching "menu" offered in practices. This should save preparation time and enable teaching to be more easily scheduled.
3. To promote Supervisor accountability in a manner required to address the new RACGP requirement for RTPs to assure the College that quality in practice teaching is taking place in an objective manner.

Because 2007 Term 1 is the first term in which the GP-Start tool is being used and because Supervisor training is continuing into early 2007 the period for completion of GP Start is extended through to 21 August 2007 (i.e. an additional month after the Basic term ceases for full time Registrars). However incentives will be available to Supervisors and Registrars that complete all modules by the end of the Basic Term.

17.2 How is GP-Start delivered?

The flexibility of the GP-Start tool will enable CCCT Supervisors to consult with their Registrar and select an approach to implementation which suits their teaching style and the time available to them.

Supervisors and Registrars may choose to use GP-Start tool as the primary focus and structure of their in-practice teaching, and supplement it “as needed” or with the Registrar’s Learning Plan.

Alternatively, if Supervisors and Registrars prefer, there is scope to spend less of the face-to-face teaching time on GP-Start (provided they at least cover what is necessary to sign off on the modules). Instead, these protected teaching sessions could be used to address other important areas in the Registrar’s Learning Plan.

Three hours of teaching time are required per week during the Basic general practice term.

Using GP-Start as a definitive guide for teaching in the basic Term may see teaching time programmed in most weeks as two hours of **protected Registrar key clinical activity time** and the third hour as **supervisor review**. That is, the Registrar spends two hours of protected time working independently on GP-Start and **one hour face-to-face** with their supervisor reviewing the module/s.

How are modules structured?

There are three phases to each GP-Start module. Phases 1 and 2 **are self directed**, whilst Phase 3 requires **Supervisor Review**.

Registrars are expected to work through each module but not necessarily in the order presented in the guide. The choice of modules should be influenced by the Registrar’s learning needs, which is often influenced by particular clinical cases they may have encountered. It is also likely that more than one module at a time will be “on the go”, The outcome sought is that Registrars will undertake Key Clinical Activities associated with each topic, with these activities being assessed and/or signed off by the Supervisor.

Phase 1 – Topic Overview Self Directed

The first learning phase requires Registrars to gain an overview of the

- module learning objectives
- background readings and
- introductory clinical cases.

The **learning objectives** link directly to the Key Clinical Activities which are outlined in the second phase of the module.

The readings have been selected by GP Supervisors to provide relevant and up to date clinical information. This information relates to diagnosis and management and will be applicable to the clinical topic.

The **introductory clinical cases** are paper cases. These cases pose brief clinical questions and Registrars can compare their answers with those of their peers.

Phase 2 – Key Clinical Activities Self Directed

The second learning phase requires Registrars to undertake a range of **Key Clinical Activities**. These activities have been designed to introduce the new Registrar to general practice and require Registrars to apply the information contained in the guide and the readings to patients that they encounter. They are then required to reflect on the activities by maintaining a log book or diary and discussing the module with their Supervisor in preparation for Supervisor sign off.

These activities have been designed to form a part of a normal consultation and should therefore be undertaken in the context of a Registrar’s general practice work.

Phase 3 – Supervisor Review

The third learning phase is supervisor review. In this allocated face-to-face teaching period the GP Supervisor reviews the work of the Registrar and when a module is complete, the Registrar confirms this by 'faxing back' the review form to the RTP.

The role of the supervisor in this review is to:

- Flesh out the topic as/if necessary
- Ask questions
- Raise new problems
- Review – notes, management, patient follow up. Was it appropriate?
- Provide direction. Was it too hard or too easy?*
- Extend learning. What other learning challenges / educational objectives has this topic raised for your Registrar?*
- How will your Registrar go about fulfilling these identified learning objectives?*
- Help the Registrar develop their critical appraisal skills.*
- Flesh out the topic as/if necessary
- Ask questions
- Raise new problems
- Review – notes, management, patient follow up. Was it appropriate?

The activities marked * particularly apply where a Supervisor has adopted GP Start as a framework to guide their overall approach to teaching in the Basic Term

17.3 Programming Teaching

The following example shows how GP-Start might be used as the guiding framework for Teaching in the Basic Term. For practices seeking to use GP-Start as the guiding framework for Teaching in the Basic Term, 3 hours teaching time per week (over a four week period) could be programmed in advance as follows:

Week 1	Week 2	Week 3	Week 4
<p>Hour 1: Supervisor and Registrar discuss Learning Plan including an overall approach to GP-Start</p> <p>Hour 2-3 Registrar self directed activities on GP-Start modules x & x</p>	<p>Hour 1 and 2: Registrar self directed activities module x</p> <p>Hour 3: Supervisor discussion/signoff of GP-Start module/s</p>	<p>Hours 1-3: Supervisor sits in with Registrar for a session</p>	<p>Hour 1: Practice Clinical Review meeting</p> <p>Hour 2 and 3: Registrar self directed activities module x</p>

Supervisors who do not wish to use GP-Start as a definitive approach to teaching may program teaching as per this example for periods where some modules and their key clinical activities are being completed by the Registrar, while at other times GP-Start checkpoints may instead consist of sign off of modules in a manner agreed between Registrar and Supervisor.

For Supervisors who might feel constrained by GP-Start the advice offered is that in designing a teaching program, module sign off should be approached in a way that does not overload the Registrar.

It is emphasized that, Supervisors still need to be available to Registrars at all times in the Basic Term and that GP-Start is not designed to reduce the importance of informal or opportunistic teaching; those moments when Supervisors will need to provide advice, to review a patient or demonstrate a procedure.

Supervisor Sign off of GP Start Modules

Supervisor sign off of the 15 GP-Start Modules is required during the Basic Term. The basis on which Supervisors sign off may differ from module to module. For example the Registrar and Supervisor may:

- Decide to complete all key clinical activities in a module because the module is being used to provide the content for 3 hours face to face teaching session/s.
- Decide that completion of all Key Clinical Activities in a module is unnecessary because of recent experiences,
- Decide that completion of all Key Clinical Activities in a module is unnecessary because the Registrar has demonstrated a clear understanding of the module content in another manner
- Decide that completion of all Key Clinical Activities in a module is not possible because access to the clinical cases required was not available in the practice.

When signing off on GP Start Modules Supervisors are simply signing off to indicate that the Learning Objectives have been addressed

When each GP Start module is completed it is to be signed off on the Module Review Sheet by the Supervisor and Registrar, either online or by fax. In addition to the module review sheet Supervisors and Registrars have the opportunity to provide feedback about the usefulness of each module.

Where evaluation feedback is provided Supervisors and Registrars will be eligible for a framework of incentives. These incentives are detailed in Annex A to this document.

An incentive package is being trialed for 2007 to accompany the requirement for implementing the new RACGP Teaching Standards. This framework of financial incentives for Registrars and Supervisors are aimed at improving the quality of data collected from practices, matching the emphasis new RACGP standards.

It is also not expected that the modules will be completed sequentially and one by one, as the majority of modules include key clinical activities that can only be completed over time. It is anticipated that most Registrars may be working on a number of different modules at any given time. Accordingly the monthly Module Review Sheet simply seeks an indication of progress by way of whether modules have been initiated.

17.4 The Role of Practice Managers in the Completion of GP-Start

The success of GP-Start has been shown to rely heavily on attention to programming of teaching sessions by Practice Managers.

Practice Managers have been asked (at the 2006 Practice Managers' Workshop) to facilitate the completion of the following modules through early attention to teaching session programming, in the first six weeks of the Basic Term, in addition to any others that may be completed as a result of the interests and early experiences of Registrars.

- Introduction to Your Supervisor
- The Business of General Practice
- The General Practice Consultation

This approach has been taken in part to help compensate for the reality that Supervisor training is continuing into early 2007 and that Supervisors may not accelerate activity until after the annual CCCT Supervisors Muramarang workshop.

Managers have also been asked to consult with Supervisors and program the initial Supervisor/Registrar discussion of GP-Start as soon as possible after the term begins.

Supervisor attention is drawn to the module "The Business of General Practice". All but one of key activities in this module can be completed by the Registrar and your practice manager, if this is appropriate for your practice. The 2007 CCCT Practice Managers' Education Framework is designed so that if Supervisors support practice managers to deliver this module and they have attended the 2007 Practice Managers' Workshop, they will likely qualify for accreditation of BSBFLM503B Manage Effective Workplace Relationships, a unit in the Diploma (or Certificate) of Business Management.

17.5 Helping Registrars to find patients

GP-Start requires Registrars to apply knowledge to patients they encounter in the clinical setting.

There are two ways that Registrars will identify patients relevant to the Key Clinical Activities.

Firstly, and ideally, the patients will be their own. They will be in a position to diagnose, implement and monitor the management process themselves.

Secondly, some patients will need to be specifically sourced. For example, Registrars may need to review a nursing home patient or one of their Supervisors patients. This is particularly applicable to chronic medical conditions such as diabetes where the patient has been managed by their usual doctor for some time.

It is important to note that in this situation, when the patient is under the care of another physician, whilst Registrars may be asked to comment on management in their log book they must not change the management without first consulting with that patient's usual doctor.

Registrar Log

An important feature of GP-Start is that Registrars are asked to keep a written record of Key Clinical Activities undertaken in each clinical topic. These activities will relate directly to patient contacts or personal reflections.

This record can be electronic or hard copy. It may consist of de-identified patient notes, test results or your Registrar thoughts. These records (or other work) would best be added to the Log Book section at the back of the Study Guide folder so to assist Supervisors to monitor their progress.

Registrars may include de-identified, printed copies of consultation notes or reports.

The intent of keeping the log is to ensure that Registrars personally benefit from the activities and to enable Supervisors to feel comfortable with sign off. Logs are not required to be submitted to CCCT.

What happens if a Registrar cannot 'recruit' or identify enough patients to complete a Key Clinical Activity?

The Key Clinical Activities in GP-Start provide indicative numbers. If your Registrar is struggling to meet the numbers, go through the activity with your registrar to ensure they understand its purpose and make sure they are being allocated their clinic time.

If you, as Supervisor, feel they have adequately completed the Key Clinical Activity but with less patient numbers, then you may 'sign off' on completion.

