

REPORT ON THE RESULTS:

2023 GPSA annual national supervision survey

Reflecting on the past, looking to the future

GP supervisors are the cornerstone of GP vocational training, overseeing the training of thousands of GP registrars annually, hosted in general practices throughout Australia¹. With over 20% of GP supervisors approaching retirement over the next 5 years, losses of those willing to supervise raise questions about the future sustainability of GP training in Australia.

This report summarises the perspectives of GPSA members about their experiences in GP training, wellbeing over the past 12 months, and intentions for the future.

Background

Burnout is common in healthcare workers and is caused by unrelenting workplace pressures². In 2022, GPSA reported that 71% of members who responded to the annual survey had experienced high levels of disengagement and 79% had experienced exhaustion. In this report, we continue to monitor burnout.

Recent research has linked value fulfillment with wellbeing, suggesting that when the values that typically attract doctors to general practice are met, there is a lower risk of burnout³. We report on the values, needs, and burnout in those involved in GP training.

With many of our supervision and training workforce looking to retire in the coming years, it is important to understand the attitudes, perceived norms, and barriers to GP supervision. In this report, we identify the key factors that drive intentions to supervise in the future, identifying areas for improvement and advocacy.

The data were analysed at the national level and include all GPSA members. Sample size variation across tables is due to survey attrition.

Methods

- Ethics approval to conduct this project was granted from Monash University (#19442)
- Invitations to participate in GPSA's online national supervision survey titled "Reflecting on the past...looking to the future" were advertised in social media, eNews, industry conferences, and on GPSA's online community platform.
- Consent was voluntary and responses were anonymous.
- Burnout was indexed using the 16-item Oldenburg Burnout Inventory⁴.
- Selfcare was measured using the Selfcare Assessment for Psychologists (SCAP)⁵, which has relevance to other health professions.
- The Primary Healthcare Practitioner self-care survey⁶ was used to address respondents' workplace selfcare.
- Prosocial values were measured using the Brief Beneficence Scale⁷ and the Community subscale of the Aspiration Index⁸.

Summary of findings

Sociodemographics

- A total of 362 GPSA members responded to the GPSA national supervisor survey between 6th April and 5th July 2023, with just over half the sample identifying as women (54%).
- Most respondents were GP supervisors (80%), RACGP members (76%), aged between 45-64 years (67%), located in Victoria (28%), NSW (24%), or QLD (22%), and working in community general practice (91%).
- Most supervisors had over 10 years' experience (58%) and were supervising GP registrars (91%) as the main supervisor (77%). Less than half of the respondents intend to continue GP supervision for the next 5 years (44%), which is a decline from 54% reported in the 2022 GPSA report.

Wellbeing

- 15% of respondents do not see a GP for their health needs and over 2 in every 5 had worked in the past 12 months while physically or mental unwell. Almost half of the respondents felt that their selfcare/wellbeing could be better supported in their workplace (45%).
- Well over half of the sample had high levels of burnout, with 67% of respondents reporting high levels of disengagement and 73% reporting high levels of exhaustion. Compared to the levels of burnout in 2022, there was no change in disengagement, but exhaustion was significantly lower in 2023.

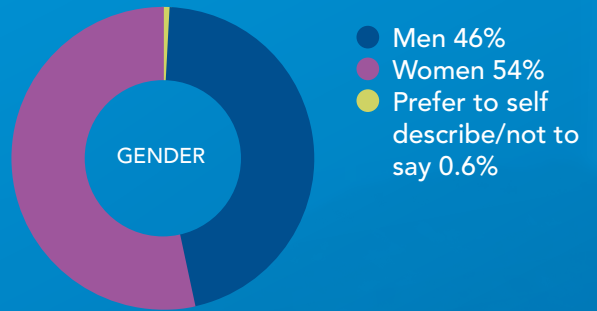
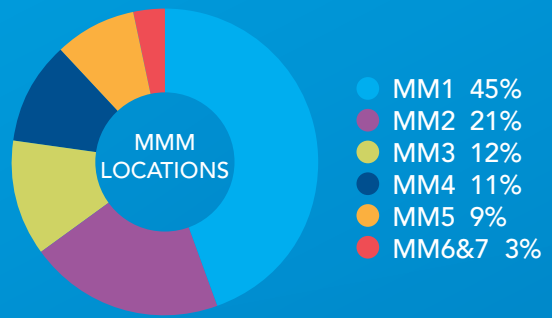
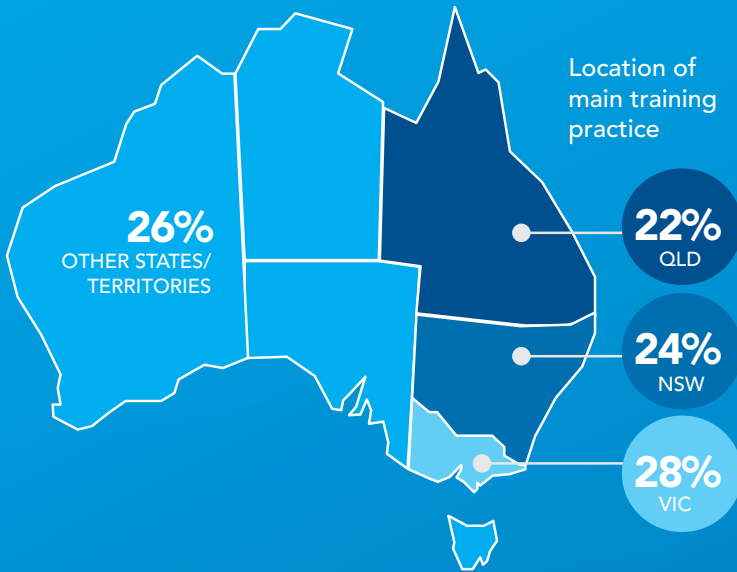
- Burnout was associated with lower levels of engagement in selfcare activities (daily balance). Burnout was also negatively correlated with beneficence and altruism, suggesting a protective benefit of altruistic (prosocial) values on wellbeing.
- Respondents who perceived more barriers to supervision, held the belief that selfcare could be supported better in the workplace, had lower levels of engagement in daily balance selfcare activities, and were less inclined to believe that their actions benefit others were more likely to have higher levels of burnout.

Intentions to supervise

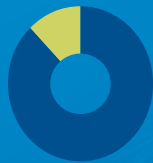
- GP supervisors generally reported positive attitudes towards supervision, however, 80% believe supervision is under-paid. Most supervisors perceive support from valued colleagues to supervise GP registrars, suggesting that this is an esteemed undertaking in general practice. The main barriers to supervision were a lack of time and personal commitments.
- Younger supervisors who held positive attitudes towards, and perceived fewer barriers to supervision expressed a significantly higher intention to supervise for at least the next five years.

Conclusion

- The results of this survey underscore the importance of monitoring factors related to supervision intentions. Our findings suggest that while exhaustion may have abated somewhat since 2022, burnout remains high in the GP training workforce. A protective benefit of selfcare and prosocial values suggests an opportunity to replenish and restore those working in GP training, perhaps through targeted professional/educational development activities that are contextualised in a 'whole of practice' approach to wellbeing support. GPSA is currently exploring opportunities to lead innovations that will increase support 'on the ground' to ensure the sustainability of the GP training workforce.
- Our findings also identify several touch points for education and policy reform to attract and retain GPs to supervision. Research continues to identify time and financial barriers to GP supervision: innovative approaches to address these are long overdue. GPSA is actively exploring opportunities to enable supervision (such as through team supervision), while raising the profile of supervisors to ensure that their value in vocational training is recognised and rewarded.
- While the low response rate prompts a caution about the reliability of the 2023 annual survey findings, the participation of fewer than 10% of all GPSA members is in itself indicative of the disengagement of GP supervisors highlighted in these outcomes as a concern for the sector.



362
GPSA members



76%
RACGP members

16%
ACRRM members



67%
are between 45-64 of age



91%
Work in community general practice



91%
Supervising GP registrars



58%
Have over 10 years supervision experience



44% Have worked in the past 12 months while unwell



55% Adequate workplace support for selfcare/wellbeing



15% Do not have a GP

BURNOUT



67% Disengagement

73% Exhaustion



44% Intend to supervise for the next 5 years



Younger supervisors, who held positive attitudes towards supervision, and perceived fewer barriers to supervision were more likely to intend to supervise for at least the next five years

Sociodemographics

Table 1. Sociodemographic characteristics (N = 362)

The average age of respondents was 55.71 years, ranging from 30 to 80 years.

Factor	Category	n	%
Age (in years)	< 45	55	15.5
	45-54	90	25.4
	55-64	146	41.2
	65+	63	17.8
Gender identity	Women	194	53.6
	Men	166	45.9
	Prefer to self describe	1	.3
	Prefer not to say	1	.3
Socio-demographics (all that apply)	Aboriginal/Torres Strait Islander background	2	.6
	LGBTQIA+ community	6	1.7
	Live with a disability	12	3.3
	Culturally and linguistically diverse	71	19.6
	Primary caregiver of dependents	52	14.4
State/Territory location of main training practice	NSW	87	24.0
	VIC	102	28.2
	QLD	80	22.1
	SA	36	9.9
	WA	31	8.6
	TAS	16	4.4
	NT	6	1.7
	ACT	4	1.1
Region	MM1 (Metropolitan area: major city)	159	44.7
	MM2 (Regional center: population > 50,000)	73	20.5
	MM3 (Large rural town: population between 15,000 - 50,000)	43	12.1
	MM4 (Medium rural town: population between 5,000-15,000)	39	11.0
	MM5 (Small rural town: population 1,000-5,000)	31	8.7
	MM6/MM7 (Remote/very remote community: population < 1,000)	11	3.1

Factor	Category	n	%
Description of main training practice	Community general practice	285	90.8
	State-funded health service/general practice	11	3.5
	Aboriginal Community Controlled Health Organisation	6	1.9
	Aboriginal Medical Service (AMS)	3	1.0
	Other	9	2.9
Role (all that apply)	GP supervisor	251	79.7
	Medical educator	54	17.1
	GP (Principal, partner or practice owner)	164	52.1
	GP as employee (fixed annual salary, fixed payment per session or % of billings)	36	11.4
	Practice Manager	44	14.0
	GP (sole trader/non employee)	92	29.2
	Other	24	7.6
Average weekly hours in community general practice	1-10 hours	12	3.9
	11-20 hours	22	7.2
	21-30 hours	68	22.1
	31-40 hours	109	35.5
	41+ hours	85	27.7
	0 hours	11	3.6
Fellowship affiliations (all that apply)	ACCRM	40	14.7
	RACGP	239	87.5
	ACEM	1	.4
	None	13	4.8
	Other	19	7.0
Membership affiliations (all that apply)	ACRRM	49	15.5
	AMA	91	28.7
	AAPM	27	8.5
	RACGP	242	76.3
	GPME	22	6.9
	None	16	5.0
	Other	35	11.0

NB. Missing data are not represented.

Table 2. PHNs (N = 359) shows the breakdown of respondents by State, Region (metro or regional/ rural/remote) and PHN

Factor	Region	PHN	n	%
NSW PHN	Metro	Central & Eastern Sydney	12	14.1
		Nepean Blue Mountains	5	5.9
		Northern Sydney	4	4.7
		South Western Sydney	3	3.5
		Western Sydney	5	5.9
	Rural/Regional/Remote	Hunter, New England & Central Coast	12	14.1
		Murrumbidgee	6	7.1
		North Coast	11	12.9
		South Eastern NSW	22	25.9
		Western NSW	5	5.9
VIC PHN	Metro	Eastern Melbourne	26	25.5
		North Western Melbourne	9	8.8
		South Eastern Melbourne	21	20.6
	Rural/Regional/Remote	Gippsland	11	10.8
		Murray	20	19.6
		Western Victoria	15	14.7
SA PHN	Metro	Adelaide	27	75
	Rural/Regional/Remote	Country SA	9	25
QLD PHN	Metro	Brisbane North	12	15.2
		Brisbane South	18	22.8
		Gold Coast	4	5.1
	Rural/Regional/Remote	Central QLD, Wide Bay, Sunshine Coast	14	17.7
		Darling Downs & West Moreton	10	12.7
		Northern QLD	19	24.1
		Western QLD	2	2.5
WA PHN	Metro	Perth North	9	29
		Perth South	10	32.3
	Rural/Regional/Remote	Country Western	12	38.7
TAS PHN	Metro/Rural/Regional/Remote	Tasmania	16	100
NT PHN	Metro/Rural/Regional/Remote	NT	6	100
ACT PHN	Metro/Rural/Regional/Remote	ACT	4	100

GP Supervision and Experience

Of the 251 GP/RG supervisors, most had 2 or more years experience as a GP supervisor (97.8%) and over 50% have > 10 years supervision experience (Table 3). Less than 50% intend to continue GP supervision for at least the next 5 years, 37% will stop within the next 5 years, 5% will not supervise in the future and 12% are unsure.

Table 3. GP supervision (N = 251-263)

Factor	Category	n	%
GP supervision experience	<2 years	4	2.2
	2-5 years	37	19.9
	6-10 years	37	19.9
	11-20 years	58	31.2
	21+ years	50	26.9
Current supervision (all that apply)	GP registrars	226	91.1
	RG registrars	17	6.9
	Prevocational/medical students	102	41.1
	Interns/PGY2s	19	7.7
	Other (including IMGs)	19	7.7
Supervision roles (all that apply)	Main supervisor	192	76.5
	Secondary supervisor	78	31.1
	Informal (unremunerated) supervisor	24	9.6
	Remote supervisor	13	5.2
Intentions to supervise	For at least the next 5 years	116	44.1
	Will stop within the next 5 years	97	36.9
	Will start supervising (again or for the first time) within the next 5 years	4	1.5
	Not intending to supervise in the future	14	5.3
	Unsure	32	12.2

NB. Missing data are not represented.



Wellbeing

Selfcare

A total of 287 respondents completed the Primary Healthcare Practitioner self-care survey⁶. Almost 44% of respondents had worked in the previous 12 months when they deemed themselves to have been physically or mentally unwell. Most respondents see a GP for their health needs, however, 15% do not. Almost half of the sample (45%) consider the selfcare/ wellbeing support they receive in their workplace to be inadequate (Table 4).

Table 4. Selfcare (N = 287-284)

Factor	Category	n	%
Working when physically or mentally unwell	Yes	126	43.9
	No	161	56.1
Do you see a GP for your health needs?	No	44	15.3
	Yes, I mostly see the same GP each time	194	67.6
	Yes, but I don't see the same GP each time	24	8.4
	Other	25	8.7
Workplace support for selfcare/ wellbeing	Adequate	156	54.9
	Inadequate	128	45.1

A total of 285 respondents completed the Daily Balance subscale of the Selfcare Assessment⁵ using a 7-point Likert-type scale (1 = never, 7 = always). Higher scores represent higher level of engagement in the daily balance activities (eg., taking breaks throughout the day).

On average more than 50% of the sample engaged in daily balance selfcare activities at least some of the time (percentage of respondents scoring ≥ 4) (Table 5).

Table 5. Percentage engagement in Daily balance selfcare

	Never	2	3	4	5	6	Always
I take breaks throughout the workday	9.1	16.5	17.9	17.9	17.9	5.6	15.1
I take some time for relaxation each day	6.7	14.8	18.3	19.4	18.3	10.2	12.3
I avoid overcommitment to work responsibilities	7.7	19.6	18.6	18.9	20	10.2	4.9

There was no difference in the average level of engagement in daily balance activities observed in 2022 in comparison to 2023, $t(573) = 1.06, p > .05$ (Table 6).

Table 6. Daily Balance annual comparisons

Selfcare Subscale	Year	n	M \pm SD	95% CI (LL; UL)
Daily balance	2022	291	3.80 \pm 1.54	3.62, 3.97
	2023	284	3.93 \pm 1.41	3.76, 4.09

Burnout

A total of 285 respondents completed the 16-item Oldenburg Burnout Inventory⁴ using a 4-point Likert-type scale (1 = strongly agree, 4 = strongly disagree), which comprises two subscales (Disengagement and Exhaustion), where higher scores represent higher levels of burnout.

Over 65% of respondents had high levels of disengagement and almost 73% had high levels of exhaustion (Table 7).

Table 7. Burnout (N = 285)

Burnout Subscale	n	High Burnout %	Scale Range	M (±SD)	95% CI (LL; UL)
Burnout: Disengagement	285	66.7	1-4	2.26 (± .43)	2.21, 2.31
Burnout: Exhaustion	285	72.7	1-4	2.47 (± .49)	2.41, 2.53

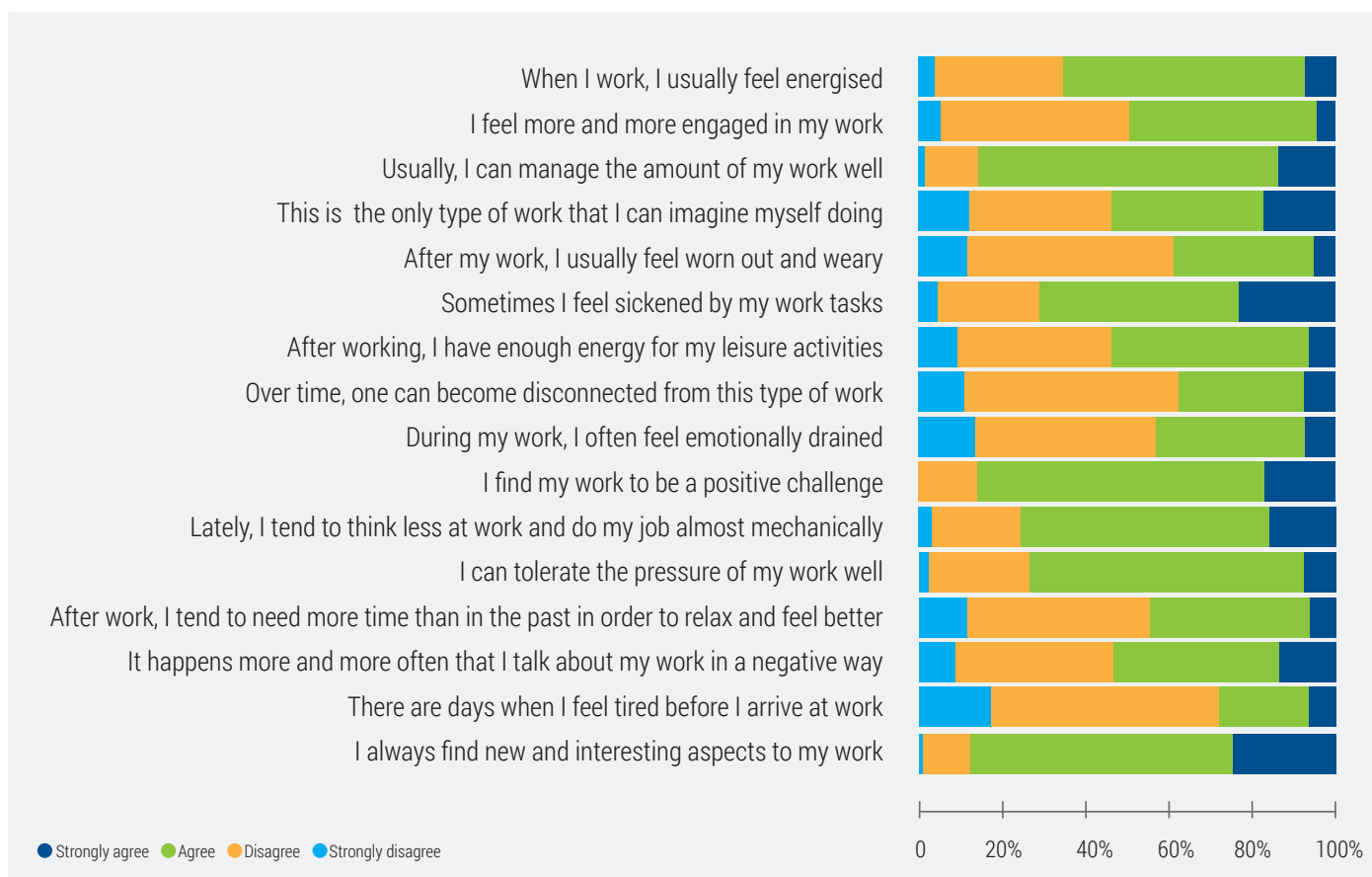
(High Disengagement ≥ 2.1; High Exhaustion ≥ 2.258).

As shown in Table 8, there were no differences in average disengagement scores in 2023 compared to those observed in 2022, $t(574) = .80, p > .05$. Average exhaustion scores in 2023 were significantly lower than those observed in 2022, $t(574) = 2.74, p < .01$.

Table 8. Burnout annual comparisons

Burnout Subscale	Year	n	M ± SD	95% CI (LL; UL)	p
Burnout: Disengagement	2022	291	2.29 (± .47)	2.24, 2.35	> .05
	2023	285	2.26 (± .43)	2.21, 2.31	
Burnout: Exhaustion	2022	291	2.59 (± .56)	2.53, 2.66	< .01
	2023	285	2.47 (± .49)	2.41, 2.53	

Figure 1. Percentage agreement with Burnout items



Burnout, values, and selfcare

Burnout was negatively correlated with daily balance selfcare, suggesting that those experiencing high levels of burnout were less likely to engage in selfcare activities, or vice versa (Table 9).

Respondents were also asked to complete the Brief Beneficence Scale⁷ and the Altruism subscale of the Aspiration Index⁸; both subscales explore aspects of prosocial values as a source of meaning in ones work (eg., To assist people who need it, asking nothing in return). Higher scores represent higher levels of prosocial values.

Burnout was also negatively correlated with beneficence and altruism, suggesting a protective benefit of altruistic (prosocial) values on wellbeing (Table 9).

Table 9. Burnout, values, and selfcare

	Disengagement	Exhaustion	Total Burnout
Selfcare: Daily balance	-.224**	-.376**	-.332**
Beneficence	-.328**	-.253**	-.315**
Altruism	-.256**	-.144*	-.215**

(* $p < .05$; ** $p < .01$)

Predicting burnout

Hierarchical linear multiple regression (HLMR) analyses were performed on the entire sample to identify predictors of burnout, adjusted for sociodemographic factors.

Burnout (disengagement)

A HLMR found that 21% of the variance in disengagement was explained by a range of workplace and selfcare factors, $F(12, 224) = 5.97, p < .001$. As shown in Table 10, respondents who perceived more barriers to supervision, held the belief that selfcare could be supported better in the workplace, had lower levels of engagement in daily balance selfcare activities, and were less inclined to believe that their actions benefit others had significantly higher levels of disengagement.

Table 10. Hierarchical Linear Multiple Regression predicting Disengagement

Variable	B	SE	b	t	p	95% CI (lower, upper)	
Perceived barriers to supervision	.121	.051	-.169	-2.362	.019	.020	.222
Selfcare workplace support	.107	.054	-.123	-1.991	.048	.001	.212
Daily balance selfcare	-.047	.019	.153	2.462	.015	-.085	-.009
Beneficence beliefs	-.106	.036	.207	2.953	.004	-.178	-.035



Burnout (exhaustion)

A HLMR found that 31% of the variance in exhaustion was explained by a range of sociodemographic, workplace and selfcare factors, $F(12, 224) = 9.43, p < .001$. As shown in Table 11, women who perceived more barriers to supervision, held the belief that selfcare could be supported better in the workplace, had lower levels of engagement in daily balance selfcare activities, and were less inclined to believe that their actions benefit others had significantly higher levels of exhaustion.

Table 11. Hierarchical Linear Multiple Regression predicting Exhaustion

Variable	B	SE	b	t	p	95% CI (lower, upper)	
Gender	.122	.051	.136	2.395	.017	.022	.222
Perceived barriers to supervision	.229	.054	.283	4.242	<.001	.122	.335
Selfcare workplace support	.202	.056	.207	3.585	<.001	.091	.313
Daily balance selfcare	-.105	.020	-.301	-5.178	<.001	-.145	-.065
Benevolence beliefs	-.095	.038	-.164	-2.510	.013	-.170	-.020

Burnout (total)

A HLMR found that 30% of the variance in total burnout was explained by several psychosocial, workplace and selfcare factors, $F(12, 224) = 8.92, p < .001$. As shown in Table 12, respondents who perceived more barriers to supervision, held the belief that selfcare could be supported better in the workplace, had lower levels of engagement in daily balance selfcare activities, and were less inclined to believe that their actions benefit others had significantly higher levels of burnout overall.

Table 12. Hierarchical Linear Multiple Regression predicting Total Burnout

Variable	B	SE	b	t	p	95% CI (lower, upper)	
Perceived barriers to supervision	.171	.047	.245	3.640	<.001	.079	.264
Selfcare workplace support	.155	.049	.183	3.150	.002	.058	.252
Daily balance selfcare	-.076	.018	-.254	-4.315	<.001	-.111	-.041
Benevolence beliefs	-.102	.033	-.203	-3.071	.002	-.167	-.036



Predicting intentions to supervise in the future

Using the Theory of Planned Behaviour as a theoretical framework, GP supervisors (N = 251) were asked about their attitudes, perceived norms, and perceived barriers in relation to supervision.

In summary, attitudes towards supervision were generally positive, however, 80% believe supervision is under-paid (Table 13). Most supervisors perceive normative support from valued colleagues to supervise GP registrars, suggesting that this is an esteemed undertaking in GP (Table 14). The main barriers to supervision were a lack of time (73%) and personal commitments (58%) (Table 15).

Table 13. Attitudes towards GP/RG supervision (percentage agreement)

In general, supervising GP registrars is...	Strongly disagree	2	3	4	Strongly agree
Enjoyable	.8	0	7.1	50.2	41.9
Worthwhile	.8	1.7	7.1	38.8	51.7
Burdensome	7.1	26.8	31	29.3	5.9
Satisfying	.8	1.3	7.1	52.1	38.8
Appealing	.4	5.9	21.8	49.8	22.2
Under-paid	.8	1.3	17.5	32.9	47.5

Table 14. Perceived norms about GP/RG supervision (percentage agreement)

In general, colleagues of mine in general practice whose opinions I value:	Strongly disagree	2	3	4	Strongly agree
Supervise GP registrars themselves	4.2	6.7	45.8	32.1	11.3
Approve of my supervising GP registrars	.8	0	11.2	41.9	46.1
Expect me to supervise GP registrars	1.7	8.3	34	32	24.1

Table 15. Perceived barriers to GP / RG supervision (percentage agreement)

In general, my capacity to supervise GP/RG registrars is reduced by:	Strongly disagree	2	3	4	Strongly agree
Financial constraints	5	19.7	26.8	31.8	16.7
Personal commitments	2.1	19.2	20.5	41.8	16.3
Lack of time	.8	10	16.7	47.9	24.6
Lack of access to supervision support within my training practice	17.9	33.8	32.5	11.7	4.2
Lack of access to supervision support outside my training practice	11.7	35.4	35.8	12.9	4.2
Limited access to supervision resources	15.5	41	33.5	7.9	2.1
Lack of confidence	38.1	38.5	16.3	5.9	1.3
Lack of opportunity	28.9	37.2	20.5	8.8	4.6

Predicting intentions to supervise GP/RG registrars for at least the next 5 years

Younger supervisors [OR = 0.83, 95% CI [.79, .87], who held positive attitudes towards supervision [OR = 2.95, 95% CI [1.34, 6.48], and perceived fewer barriers to supervision [OR = .52, 95% CI .27, .97] had significantly higher odds of intending to supervise for at least the next five years, $X^2(6, N = 251) = 91.88, p < .001$ (Table 16).

Table 16. Logistic Regression Model Predicting intentions to supervise

Variable	B	SE	Wald	p	Exp(B)	95% CI (lower, upper)	
Age	-.189	.027	49.49	< .001	.827	.785	.872
Attitudes	1.080	.402	7.223	.007	2.945	1.340	6.475
Perceived barriers to supervision	-.664	.325	4.184	.041	.515	.272	.973

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