**Brief summary for Conference App (40 words)**

Rural GP supervisors are critical for supplying GPR rural pathway training posts. MABEL data identifies the factors associated with active GP supervision by Modified Monash Model. Qualitative interviews explore the context behind supervision for GPs outside of Hobart and Launceston.

**Title**

Achieving distributed training by understanding the rural GP supervisor workforce and their work context

**Author and affiliations**

Allyson Warrington, GPTT

Glen Wallace, GPSA

Dr Belinda O’Sullivan, Monash University, School of Rural Health

Dr Deborah Russell, Monash University, School of Rural Health

Marisa Sampson, GPSA

Dr Michael Bentley, GPTT

Joan Burns, GPSA

Dr Danielle Couch, Monash University, School of Rural Health

Dr Matthew McGrail, Monash University, School of Rural Health

**Background**

There is policy interest in promoting better distribution of rural pathway posts on the AGPT for promoting a well-distributed GP workforce.

**Aims**

Identify the factors influencing GPs participation in GPR supervision by Modified Monash Model (MMM), and the context behind supervision for GPs working in rural Tasmania, outside of Hobart and Launceston.

**Methods**

Quantitative regression analyses of national Medicine in Australia: Balancing Employment and Life (MABEL) 2015 data testing the personal and professional factors associated with rural GPs supervising GPRs by MMM.

Thematic analysis of semi-structured interviews with 25 GPs working in rural Tasmania (excluding Hobart and Launceston).

**Results**

MABEL data identified that GPR supervision in rural areas was significantly and positively associated with experienced, Australian medical school graduates, providing services across the community, from bigger teaching practices and working full-time. This did not vary by MMM of rural locations.

Rural Tasmanian GPs supervised because their practice offered rich learning opportunities in general practice and they needed more doctors to serve the needs of their local community.

They were strongly invested in developing the next generation of rural doctors and hoped they could attract GPRs to their practice.

The quality of GPRs was considered high, they brought energy and enthusiasm that reinvigorated the GP’s enjoyment of rural general practice.

GPs were keen to supervise more often, though noted that the current policy settings made it difficult to lure GPRs to leave Hobart and Launceston.

**Conclusion**

More policy support is needed for small general practices outside of main regional centres to attract GPRs, who provide essential critical mass and high energy for maintaining rural primary care services. Rural general practices offer a strong breadth of clinical learning experiences.

**Funding:** This work was possible through an RACGP Education Research Grant awarded to GPTT, GPSA and Monash University 2018-2019.

**References (If applicable)**

**Themes:** Healthy nation – workforce issues; Health future – teaching and training in general practice