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Supplementary Material

Utilisation of in-consultation supervisor assistance in general practice training and personal cost to trainees: a cross-sectional study

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Table S1: Study questionnaire - (Abridged – 'Supervisor section')

Registrar Practice and Registrar Projects Questionnaire

2018.1 [GP Synergy - HMCC]

"Supervisor" section

*The following items relate to **supervision** in general practice.*

19. Please indicate your level of agreement with each of the statements below by rating each item on the scale shown:

	Strongly disagree	Disagree	Agree	Strongly agree
a) My current main GP supervisor encourages me to seek advice from him or her if I am uncertain	☐	☐	☐	☐
b) I am generally satisfied with the advice I obtain from my current main GP supervisor	☐	☐	☐	☐

20. Please complete the following two sentences as to how you feel about your practice:

a) When my current main GP supervisor gives me advice during the consultation, I feel the patient's assessment of my competence:	**Decreases a lot** ☐	**Decreases somewhat** ☐	**Does not change** ☐	**Increases somewhat** ☐	**Increases a lot** ☐

b) Compared to presenting to my current main GP supervisor in front of the patient, I find presenting their case **outside the patient's hearing:**	**Much more uncomfortable** ☐	**Somewhat more uncomfortable** ☐	**No more or less uncomfortable** ☐	**Somewhat more comfortable** ☐	**Much more comfortable** ☐

21. When you obtain advice during the consultation from your current main GP supervisor, please rate how often you use the following methods:

Methods of obtaining advice during the consultation	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
a) My supervisor interrupts his/her consultation and comes into my consulting room	☐	☐	☐	☐	☐
b) My supervisor comes into my consulting room in between his/her own consultations	☐	☐	☐	☐	☐
c) My supervisor and I talk by phone, from our own consulting rooms	☐	☐	☐	☐	☐
d) My supervisor and I talk face-to-face or by phone, out of the patient's hearing	☐	☐	☐	☐	☐
e) My supervisor and I communicate by an electronic messaging system from our desktop computers	☐	☐	☐	☐	☐
f) Other (please specify):					

Table S2: Factors associated with in-consultation trainee help-seeking from general practice supervisors

			In-consultation help-seeking		
Factor group	**Variable**	**Class**	**No**	**Yes**	**p**
Study factors	**Perceived change in patient impressions of trainee competence**	Increase or no change	33000 (81%)	4138 (79%)	
		Decrease	7711 (19%)	1122 (21%)	0.15
	Relative trainee comfort presenting outside patient hearing	More uncomfortable or same	18374 (45%)	2455 (47%)	
		More comfortable	22289 (55%)	2793 (53%)	0.42
Trainee factors	Trainee FT or PT	Part-time	9153 (23%)	1324 (26%)	0.098
		Full-time	31100 (77%)	3855 (74%)	
	Trainee gender	Male	17957 (42%)	2037 (37%)	0.005
		Female	24480 (58%)	3441 (63%)	
	Term	Term 1	25106 (59%)	4260 (78%)	<0.001
		Term 2	4204 (10%)	444 (8%)	
		Term 3	13127 (31%)	774 (14%)	
	Worked at practice previously	No	37295 (89%)	5123 (94%)	<0.001
		Yes	4639 (11%)	319 (6%)	
	Qualified as doctor in Australia	No	7346 (17%)	948 (17%)	0.88
		Yes	35067 (83%)	4494 (83%)	
	Has previous health qualification	No	36289 (86%)	4651 (86%)	0.71
		Yes	5778 (14%)	778 (14%)	
	Has post-grad medical qualification	No	25892 (62%)	3236 (60%)	0.31
		Yes	16128 (38%)	2180 (40%)	
	Has other regular medical work	No	35200 (83%)	4630 (85%)	0.25
		Yes	7237 (17%)	848 (15%)	
	Trainee age	mean (SD)	33 (6)	33 (7)	0.43
	Years worked as doctor prior to GP training	mean (SD)	3 (3)	3 (3)	0.15
Practice factors	Practice size	Small	17387 (43%)	2352 (46%)	0.22
		Large	22635 (57%)	2787 (54%)	
	Rurality	Major city	26782 (63%)	3377 (62%)	0.64
		Inner regional	11315 (27%)	1496 (27%)	

Factor group	Variable	Class	In-consultation help-seeking		
			No	Yes	p
		Outer regional remote	4285 (10%)	600 (11%)	
	Practice routinely bulk bills	No	25336 (60%)	3361 (61%)	0.36
		Yes	17048 (40%)	2111 (39%)	
	SEIFA index	mean (SD)	5 (3)	5 (3)	0.26
Patient factors	Patient age group	0-14	6775 (16%)	919 (17%)	<0.001
		35-64	15387 (37%)	2006 (37%)	
		65+	7542 (18%)	1112 (21%)	
	Patient gender	Male	16752 (40%)	2245 (42%)	0.002
		Female	24682 (60%)	3078 (58%)	
	ATSI	No	38460 (98%)	4873 (98%)	0.12
		Yes	840 (2%)	110 (2%)	
	NESB	No	35057 (89%)	4478 (89%)	0.65
		Yes	4400 (11%)	561 (11%)	
	Patient/practice status	Existing patient of trainee	14756 (36%)	2114 (39%)	<0.001
		New patient for trainee but known to practice	23036 (56%)	2723 (51%)	
		New patient for practice	3707 (9%)	524 (10%)	
Consultation factors	Chronic problem	No	31534 (74%)	3912 (71%)	0.002
		Yes	10903 (26%)	1566 (29%)	
	Sought help (non-human)	No	35066 (83%)	4615 (84%)	<0.001
		Yes	7371 (17%)	863 (16%)	
	Consultation duration	mean (SD)	18 (9)	25 (12)	<0.001
	Number of problems	mean (SD)	2 (1)	2 (1)	<0.001

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation	Page No
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	4-5
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	6-7
Objectives	3	State specific objectives, including any prespecified hypotheses	7
Methods			
Study design	4	Present key elements of study design early in the paper	8
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	7-8 (including reference to protocol paper)
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	7-8 (including reference to protocol paper)
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	N/A
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	7-8 (including reference to protocol paper), 26-27
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	7-8 (including reference to protocol paper)
Bias	9	Describe any efforts to address potential sources of bias	8-9

Study size	10	Explain how the study size was arrived at	7-8 (included all eligible participants – a very large sample size of consultations, and no formal sample size /power calculations performed)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	8-9
		(*b*) Describe any methods used to examine subgroups and interactions	N/A – no sub-group analyses performed
		(*c*) Explain how missing data were addressed	9
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	9 (regression analyses were conducted within the GEE framework)
		(*e*) Describe any sensitivity analyses	N/A – no sensitivity analyses performed

Continued on next page

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	10
		(b) Give reasons for non-participation at each stage	N/A (cross-sectional analysis and 96% response rate)
		(c) Consider use of a flow diagram	N/A
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	10, 20
		(b) Indicate number of participants with missing data for each variable of interest	27
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	N/A (cohort study but analyses reported are cross-sectional)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	10
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	10, 21-22
		(*b*) Report category boundaries when continuous variables were categorized	Protocol paper
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	N/A
Discussion			
Key results	18	Summarise key results with reference to study objectives	11
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	12-13
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	11-14
Generalisability	21	Discuss the generalisability (external validity) of the study results	13
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	15

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.