

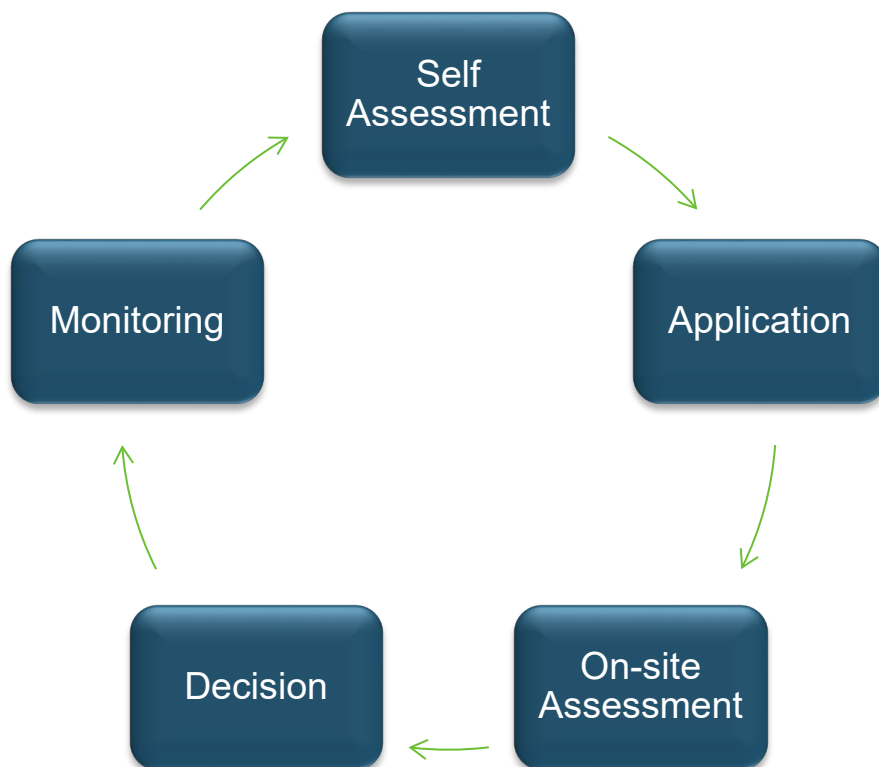
GPTQ offers a transparent approach to the accreditation of facilities and supervisors.

The purpose of this Guide is to assist you to:

- understand the GPTQ accreditation process.
- understand the different levels of supervision and in-practice teaching of registrars.
- complete a self-assessment to determine the degree to which the facility meets the requirements of the ACRRM Standards and where improvements may need to be made prior to an on-site accreditation assessment.
- support you to complete the online accreditation application.
- access key resources including the National Terms and Conditions for the Employment of Registrars (NTCER).
- identify documentary evidence you will be required to submit within the online accreditation application.

Accreditation process

There are 5 steps in the GPTQ accreditation process.



1. Self Assessment

- Read the ACRRM Standards. The Standards relevant to facilities are provided at the end of this Guide.
- Understand the eligibility requirements to be a Principal Supervisor and an Additional Supervisor. Refer to the 'Supervisors' section in this Guide.
- Determine who will be the nominated Principal Supervisor and who will be an Additional Supervisor. Ensure each Supervisor has read and understood the applicable College Standards and they agree to meet all Standards.
- Use this Guide and the College Standards to consider how the facility can address each Standard. Jot down your draft response to each Standard and note the documentary evidence you plan to provide.
- Consult with the wider facility/practice team in order to develop your response to each Standard.
- Contact the GPTQ Accreditation team if you have questions via email: accreditation@gptq.qld.edu.au or phone 07- 3552 8100.

2. Application

Submission of an accreditation application is a paperless process through the [GPTQ Facility Accreditation Application](#) link. This online application form is applicable to:

- New training post applications
- Existing training post reaccreditations
- Existing post applying for eligibility to employ registrars in their first 12 months of GP Training
- Additional Supervisor applications
- Branch Applications – Existing post applying to add a branch location.

Steps:

- Collate and pre-save all documentary evidence prior to commencing the application. Below is a list of documentation that you will be required to upload within the online application:
 - Current AGPAL or GPA certificate (not applicable to applications from hospitals).
 - For the Principal Supervisor and each additional supervisor:
 - Current CV
 - Triennium points statement from the ACRRM PDP website
 - Documentary evidence of any special skills you wish to have endorsed by GPTQ (e.g. Certificates)
 - Formative assessment plan for registrars
 - Documentation to illustrate quality improvements implemented since the facility was last accredited (applicable to reaccreditation applications only)
 - Any additional documentation you would like to provide with your (optional)
- Click on GPTQ Facility Accreditation Application to access the online application form and complete the online application:
 - You can save and return to the form later. Instructions on how to save your form submission are contained within the online application.
 - You are unable to progress to the next screen of the application if a mandatory question has not been answered or if documentary evidence has not been uploaded.
 - You can return to the previous screens within the online application. Responses already entered will be saved.
- Review your responses and check all documentary evidence has been uploaded.
- Press the 'Submit my Application' button to submit your application to GPTQ. If your application has been successfully submitted a message will appear on your screen and a confirmation email will be automatically sent to the facility.

3. On-site Assessment

An on-site accreditation assessment is required for all new accreditation applications and reaccreditation applications. On-site accreditation assessment is the process of determining if the facility can demonstrate compliance with the applicable College Standards.

The on-site accreditation assessment should occur within two months of GPTQ's receipt of an accreditation application or at least one month prior to the facility's GPTQ accreditation expiry date. Applications for reaccreditation are emailed six (6) months prior to the facility's GPTQ accreditation expiry date and must be received no later than three (3) months prior to the facility's GPTQ accreditation expiry date.

GPTQ appoints a suitably skilled Surveyor to conduct the on-site accreditation assessment.

GPTQ Surveyors have completed a comprehensive training program, participated in continuing professional development, and adhere to a code of conduct aligned to national best practice principles in professional audit.

The appointed GPTQ Surveyor will contact you directly to schedule an on-site accreditation assessment.

Facilities need to ensure all relevant staff are available at the time of the on-site accreditation assessment. As a minimum this includes the lead supervisor and the practice manager. For re-accreditation, an existing registrar being available for interview is valuable.

4. Decision

After the on-site accreditation assessment, the Surveyor prepares a report outlining the assessment findings. A decision is made about the facility's accreditation application by the GPTQ Accreditation Team.

If your application is successful, you will receive an email containing a Training Service Agreement for your execution, a GPTQ practice certificate and supervisor certificate(s). Once the Training Service Agreement is returned, your facility will be accredited and eligible to take registrars. Your facility profile will be uploaded/updated to GPTQ's placement system MyPLACEMENT for registrars to view.

New practices will receive provisional accreditation until the completion of 1 x 6 month registrar placement occurs. At this time a review of accreditation will occur. This will be based on satisfactory completion of GP term requirements including satisfactory requirements as outlined under 'Monitoring'. The maximum period of accreditation without having a registrar placement and review is 3 years." The review of accreditation will not require an additional on-site accreditation assessment visit.

If your application is not successful, you will be notified by the GPTQ Accreditation team. You may be asked to provide additional information if the Accreditation Committee believes that your facility may be suitable with this additional information.

You have the right to appeal a decision of the Accreditation Committee as per the GPTQ Complaints and appeals policy.

5. Monitoring

Between reaccreditation dates, GPTQ monitors accredited training posts and supervisors against College Standards and the GPTQ Training Services Agreement. GPTQ is required to monitor:

- Registrar feedback.
- AHPRA registration status for each nominated supervisor.
- Supervisors providing direct supervision are GPTQ accredited.
- Outcome of any critical incidents or adverse events.
- Compliance with the NTCER.
- Training post compliance in submitting:
 - Monitoring Data & Teaching Logs (applicable to registrars in their first year of GP training)
 - Supervisor Feedback Reports
 - Training Plans (applicable to registrars on the ACRRM Fellowship Training Program)
 - Learning Plans
- Release of registrars for education activities
- Engagement in GPTQ education for supervisors and facility.

- Changes of facility ownership.
- Responsiveness of facility to GPTQ request for information or assistance.
- Other requirements as stipulated in the GPTQ Training Services Agreement.

College standards

Standards	Applicable to
RACGP Standards for General Practice Training Third Edition	Supervisors and facilities training registrars on the RACGP Fellowship Training Program.
ACRRM Supervisors and Training Posts Standards Version 1.0/2020	Supervisors and facilities training registrars on the ACRRM Fellowship Training Program. The Standards apply to Core Generalist Training in all disciplines. They apply to primary, secondary, emergency and retrieval services providing ACRRM training.

This Guide is not intended to replace or limit the RACGP or ACRRM Standards. Facilities are strongly encouraged to use the applicable College Standards alongside this Guide, to prepare responses and collate documentary evidence.

To support you through a self-assessment and when completing the online application, a summary of the College Standards applicable to facilities has been provided at the end of this Guide. A notes column is provided for you to capture ideas on how the facility will/does meet each Standard and the documentary evidence you can provide.

Facility accreditation

ACRRM require General Practice Standards to be met. This is demonstrated by facilities achieving accreditation through AGPAL or GPA.

Facilities who do not hold current AGPAL or GPA certification are unable to apply.

National Terms and Conditions for the Employment of Registrars (NTCER)

Registrar employment arrangements must be consistent with the National Terms and Conditions for Employment of Registrars (NTCER) which is an agreement that outlines the minimum employment terms and conditions for all GP registrars*.

Please ensure you read the NTCER available via: <https://gpra.org.au/ntcer/>.

By completing this accreditation application you are agreeing to employ registrars based on the NTCER.

**The NTCER does not apply to those in community-controlled health, Australian Defence Force Registrars, some Aboriginal Medicine Services, Queensland Department of Health employed registrars, and registrars on remediation.*

Registrar orientation

In accordance with the application of the ACRRM Standards, facilities are **required to have a written orientation plan for registrars at their facility.**

An orientation plan appropriate for registrars, particularly registrars who may be having their first experience of GP should include policy/protocols/procedures for the following:

Description of facility, the patient or facility population, clinical, educational and social strengths and opportunities for registrars
Systems – including training in how to use facility-based systems such as computer system and recall systems
Staffing – including introductions to all members of staff who also need information about the stage of training and responsibilities of the registrar
Rosters
Referral
Admission to hospital
Follow up of patients
Sterilization
Location of all relevant resources including reference materials; Schedule B (S8) medications and equipment
Disposal of waste
Support
Timetable of Education Activities
Telehealth Consultations
Home Visits
Hospital work

After hours arrangements
Nursing home visits
Responding to emergencies, critical incidents and problems
Supervision of registrars during emergencies, critical incidents and problems
Handbook, Guide or Welcome Pack containing information and contact details about local services
If an Aboriginal and Torres Strait Islander post – locally appropriate clinical, cultural and facility management orientation packages
Formative Assessment
How the post provides opportunities for registrars to be involved in quality assurance, clinical audit and peer review
Hospital only
Orientation to hospital – Emergency, Ward, Outpatient facilities etc
Queensland Health Mandatory training requirements
On call requirements for the hospital (i.e. Emergency, procedural, inpatient)
Retrieval Services Queensland – how to contact, when to use
Emergency equipment in hospital location (i.e. airway, emergency drugs, cannulation)

The [GPT1 Registrar Orientation into Practice Checklist](#) is available to assist facilities to create or improve their orientation plan for registrars. The checklist has been designed in collaboration with Practice Managers in order to systematise the process of orientation and to ensure that all the relevant information is conveyed between registrars and the facility from the start.

Registrar resources

A list of the minimum resources that are to be provided for registrars is listed below:

A suitably equipped and dedicated patient consultation room or with resources that can easily be moved to available patient consultation room
Private, quiet space free for teaching, study & education session to occur. This room should have computer and internet/ satellite connectivity, suitable communication software & equipment for participation in education activities, telephone & fax
Equipment for accessing & updating patient records including health screening and recall systems
Up-to-date & relevant clinical decision support resources – online
Contact details for other avenues of support and information
Timely access to essential clinical equipment, systems for clinical resources and registers, access to diagnostic and medical services appropriate for the type of facility
Adequate access to radiology, pathology & other diagnostic services and results are available within a reasonable timeframe
Access to satellite phone when there is no mobile coverage
A digital camera, video recorder or web camera
Access to consultant medical services (including Telehealth services) and to appropriate neighbouring hospitals & allied health and community services)
Access to contact details of health professionals, allied health professionals, allied health workers and other rural doctors to enable them to form wider support networks & avenues for gaining information & advice

New facility accreditation terms

Supervisors and training posts training registrars on the ACRRM Fellowship Training Program:

Eligibility will be determined on a case-by-case basis by the GPTQ Accreditation Committee's assessment of the facility's ability to meet the ACRRM standards.

Supervision model, supervision team and supervision continuity plans - explanation

notes

In accordance with the application of the ACRRM Standards, **all facilities are required to have a written supervision and teaching plan** for the supervision of registrars.

It is important that the overall supervision plan can be adapted to meet the needs of each registrar that works in the facility. It is also important to note that if arrangements rely upon offsite supervision or a team supervision, reliant on non-GPs, approval may be required by the applicable College.

The information below, along with a summary of College Standards outlined in this Guide will assist you to prepare or review your supervision plan.

Supervisors:

- Each Supervisor MUST be accredited through this accreditation process.
- Nominated Principal supervisors of registrars on the ACRRM Fellowship Training Program must be an experienced GP, preferably with at least 3 years post fellowship experience, has no restrictions on their registration and show evidence of suitable continuing professional development.
- Principal Supervisors are professional and clinical role models, exhibiting a high standard of clinical competence and professional values in relation to patient care. They should possess personal attributes suited to undertaking a supervisor role, including well developed communication and interpersonal skills, self-awareness, open mindedness, reliability, innovation, resourcefulness, flexibility and an understanding of their limitations.

- Supervisor/s would normally be working a substantial part of the week in the facility location with registrars attached to them in this facility.
- While the Principal Supervisor/s MUST be an accredited supervisor, others in the facility playing a supervision role as part of the team do not need to be accredited as Supervisors. Their role is confirmed via the approval of the facilities Team Supervision plan and response to questions in the submitted application.
- No matter what team or other structures are in place and approved the accredited Supervisor remains the principal contact for GPTQ and is responsible for ensuring that appropriate supervision, teaching and feedback occur in the facility at all times. The accredited supervisor is responsible for ensuring that the supervision team is working effectively.

Supervision Team:

Who else is part of the team that provides supervision and support and/or teaching to the registrar during a placement? This could include other GP's who are not accredited as Supervisors, other clinical staff e.g. practice nurse or Aboriginal Health Worker and, for part of the role, other non-clinical practice staff (e.g. non-clinical staff can be important in learning about facility systems and also will often be the recipients of feedback about the doctors).

It is a requirement that supervision teaching and feedback Standards are met for each registrar with onsite support whether directly from the accredited Supervisor, from other team members or a combination of both.

Before submitting your application, it is imperative that each GP applying to be a Principal Supervisor or an Accredited Supervisor has read and understood the applicable College Standards and they have agreed to meet all Standards. This includes the required amount of in-practice teaching that must be allocated per week, based on the registrar's stage of training. Refer to 'In-Practice Teaching and learning'.

Each supervisor applying for GPTQ accreditation will be required to sign a declaration within the online application.

Supervision team arrangements:

Where a supervision team exists, whether entirely on site or a mix of on and off site, please indicate how the various personnel will work together to provide the required supervision, what roles each will play and how they will relate to each other in sharing these responsibilities. E.g How will appointment systems be managed? How will feedback processes be coordinated? Who will ensure relevant data for reporting and feedback to be collected?

Appropriate level of supervision:

The competence of registrars varies widely, as do settings of general practice training posts, therefore supervisors need to be able to match the level of supervision in accordance with the four levels of supervision:

- Does not see patients alone
- Gets immediate assistance
- Gets reflective assistance
- Gets mentoring

The level of supervision will vary depending on the clinical situation, even on a day-to-day basis.

The expectation of GPTQ is that registrars normally will have onsite access to experienced registered General Practitioners who have agreed to provide support at all times during normal hours of operation in the facility to ensure optimal learning and patient safety.

Where there is a variation from the above, GPTQ requires provision of evidence of:

- the community need requiring approval of an alternative model
- the process of how a registrar will be assessed as being suitable for a reduced level of onsite supervision
- the processes that will be put in place for registrars and patient safety
- the processes that will be put in place for effective registrar learning

Such variations may require separate approval from ACRRM. GPTQ will review each application and consider if it is prepared to support an application to the relevant college for such a model.

Registrar individual competence and learning needs:

It is important that as the facility team develops, along with each registrar, an understanding of their competence and learning needs. The supervision model needs to adapt to meet those needs in the interest of the safety of patient, registrars, facility and the training progress of the registrars. This may mean that more or less supervision is required for any particular registrar, or that the supervision may be more necessary in particular clinical situations (e.g. emergencies or in paediatrics or obstetrics if these are identified as gap areas of the Registrar) or at certain times (e.g. weekend or afterhours work where some Registrars will require more supervision or back up than others).

Please indicate how the supervision plan will be reviewed during each placement and how adaptable it can be in cases where a registrar might require higher levels of support or how the practice will determine when a Registrar needs less support.

- For example, how might the supervision plan be modified for a registrar requiring significant additional support? This may include what resources and assistance the practice might seek from GPTQ in such a situation.
- Another example might be where the practice would normally only be able to provide support for a registrar who had already completed 6 months of General Practice experience of the program. The practice might indicate in such a situation how additional support could be generated if the practice were to employ a Registrar for their first 6 months of GP experience.

Supervision continuity outside of normal facility hours:

Where a registrar may be working outside of normal facility hours (e.g. weekends or nights, at the facility or in an after-hours facility, local hospital and/or with home visits) or as the only doctor during normal or extended hours the facility must indicate the access to telephone support and supervision that is available to the registrar.

The supervision plan must also describe if and how additional clinical support can be accessed on site if needed in these situations. This might take the form of a doctor on call or might be through an arrangement with the local hospital, after-hours service or nearby practices.

Supervisor absence:

When staff are on organised leave, or absent through illness, ongoing supervision for the registrar remains vital to the training and safety of patients, the registrar and facility.

Please indicate in your supervision plan the arrangements that will take place, especially in the absence of the accredited Supervisor (this is particularly important where the practice has access to only one accredited Supervisor).

When a special arrangement is in place, especially for a temporary arrangement during an absence, the registrar must be informed of the exact supervision arrangement and access to support and the facility will need evidence that the registrar accepts the supervision arrangement.

Formative assessment

In accordance with the application of the ACRRM Standards, all facilities are **required to submit a formative assessment plan with their accreditation application.**

This involves how a practice/facility will assess the progress of a registrar through training. Assessment does occur in an adhoc way. It is though important to incorporate planned and regular assessment throughout a registrar's terms. Leaving assessment and feedback until the end of the term does not allow for quality learning experiences.

GPTQ recommends assessments occur at 6 weeks into a term, at 3 months and then every 3 months thereafter while the registrar is training at that facility.

Assessment methods include:

- Direct observation
- Random case analysis
- Chart review
- Case presentations and discussions
- Topic presentations and discussions

- Reflection on patient follow up of patients seen by the registrar
- Multisource feedback
- Interactions with other staff
- Audits
- CPD activities
- Anything else that gives you an understanding of how a registrar is progressing.

Assessment data should be collated, combined with a registrar's reflection on their progress and discussed with the registrar at a planned meeting with the Principal Supervisor.

This meeting will result in a learning plan for the next period of time that is jointly owned by the registrar and the facility.

In-Practice Teaching and learning

A core environment that registrar learning occurs within GP training is In-Practice Teaching & Learning (IPT). IPT includes:

- Formal, pre-planned activities (e.g. tutorials with supervisors/other practice staff).
- Ad hoc education (e.g. answering questions relating to a patient)
- Opportunistic education (e.g. when discussing a topic related to a patient consultation).

GPTQ requires registrars to have received a total of 108 hours of IPT by the end of their first full time equivalent year of Core Generalist Terms. This equates to an average of 3 hours per week for registrars in their first term of GP Training (CGT GP placement 1) or an average of 2 hours per week for registrars in their second term of GP Training (CGT GP placement 2). For more information, please go to: [In-Practice Teaching and Learning](#).

The following constitute in-practice teaching and learning:

- Teaching that is agreed by both registrar and supervisor as appropriate for the registrar's learning
- Most teaching will be clinically-based but it can also incorporate administrative areas such facility orientation, Medicare billing, practice management etc.
- If the registrar is consulting, and the supervisor is sitting in on the consult, and providing teaching, it can be recorded in both the consulting hours and teaching hours.
- If the registrar is sitting in on the supervisor's consultation, but is not consulting themselves, this time would only be recorded in the teaching hours.

The following can provide in-practice teaching and learning:

- The Registrar's Supervisor
- Other GPs in the Practice or suburb
- The Practice Manager or Nurse
- Allied Health Professionals including physios, speech therapists, pharmacists
- Other agencies/people like community health professionals, or Police where there is an identified learning need that may be met by these people

Teaching methods that can be used:

- Formal, structured teaching
- Direct observation of consultations
- Direct observation of procedural skills
- Discussions of clinical problems and cases
- Opportunistic teaching/corridor teaching
- Joint consultations
- Review of recorded consultations
- Demonstrations
- Participation in clinical procedure

- Group discussions with other practice members
- Selected or random case analysis
- Registrar presentations to Supervisors or other staff
- Journal Clubs

Continuous improvement

All facilities engaged in registrar training are expected to adopt a continuous improvement approach. As knowledge and experience of supervisors and practice staff grows in the area of supervision and teaching, so the quality of the experience for the registrar will improve and the quality of doctor at the end of training will improve.

Facilities are expected to seek and use feedback and reflective practice in the area of GP registrar training. Feedback from registrars on their experience in the facility can guide future development. Feedback from other staff members can also inform quality improvements. GPTQ aims to provide you with feedback from previous registrar's at your facility during the re-accreditation process.

GPTQ is keen to hear of improvements that a facility has made over the cycle of accreditation.

Accreditation Team

GPTQ's friendly, professional and supportive Accreditation team is committed to providing personalised assistance specific to each of our client's accreditation needs. GPTQ's Accreditation Team endeavors to personally answer their client's specific standards questions. If extra assistance is required, they will point you in the right direction.

ACRRM Standards

Here is a link to the [ACRRM Supervisor and Training Pst Standards \(acrrm.org.au\)](https://acrrm.org.au). These are the Standards that GPTQ are accrediting against.

Promotes the health, welfare and interests of trainees

STANDARD 1.1

Governance, safety and quality assurance

STANDARD 1.2

Infrastructure, facilities and educational resources

Ensure trainees have the appropriate knowledge, skills and supervision to deliver quality patient care

STANDARD 2.1

Training post specialist staffing and supervision

STANDARD 2.2

The provision of clinical experience and work is relevant

Supports a wide range of educational and training opportunities aligned to the curriculum requirements

STANDARD 3.1

Education, training, teaching and learning opportunities

STANDARD 3.2

Multidisciplinary clinical support services and equipment

STANDARD 3.3

Research opportunities are promoted and facilitated

STANDARD 3.4

Accreditation by others where required

END OF ACRRM STANDARDS FOR GENERAL PRACTICE TRAINING AS THEY APPLY TO TRAINING FACILITIES AND SUPERVISORS.