

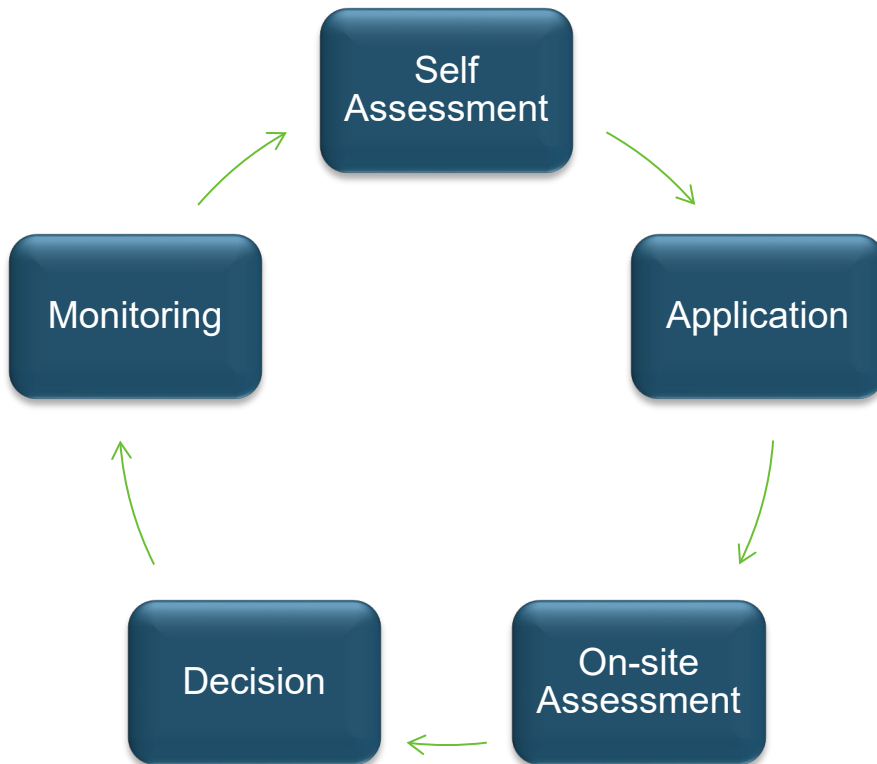
GPTQ offers a transparent approach to the accreditation of facilities and supervisors.

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 RACGP 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 RACGP 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](mailto: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 RACGP CPD 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
  - 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
<a href="#">RACGP Standards for General Practice Training Third Edition</a>	Supervisors and facilities training registrars on the RACGP Fellowship Training Program.
<a href="#">ACRRM Supervisors and Training Posts Standards Version 1.0/2020</a>	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

RACGP 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.*

## Practice Affiliations

If the facility is affiliated with other GPTQ accredited or proposed training posts you will be asked in the online application to select of the following options which relate to the facility model:

### **Option 1:**

These facilities are directly related. For e.g. main facility and branch or multiple sites of the same facility.

If you chose option 1 we will manage your sites as a single accredited facility.

Providing supervision is adequate and providing registrars agree to working arrangements they can work in any of the facility locations during their placement.

Please note, where at least 20% of the registrar's time is spent in any location that facility must have training accreditation – ie a separate accreditation application is required. (Facilities may apply to have locations considered as significantly diverse as to meet the RACGP facility diversity requirement related to location and supervision for registrars during training. Facility diversity in practice systems will still need to be met for this requirement to be addressed.

Where a facility group desires more than 3 FTE registrars at any one time a floor plan, teaching and supervision plan needs to be provided by the group as a whole demonstrating how each registrar will receive the required support and teaching and supervision. This must include the locations of each registrar and each supervisor at any given consulting day.

### **Option 2:**

These practices function independently and are linked organisationally e.g. corporate practice within a network or a group of facilities that shares administration but autonomous.

If you chose Option 2, these facilities will be treated as different training facilities. GPTQ would be interested in the advantages in shared arrangement in resources and would be willing to work with the overarching organisation to streamline process such as accreditation, registrars applying to facilities, supervision models, shared teaching between entities.

If you chose this option please ensure that you describe the facility management and ownership structure and any impact on registrars in your application.

### **Option 3:**

This facility may enter into arrangements with another separate training facility whereby the registrar will work in both facilities concurrently e.g. academic posts / university clinical practice; Rural generalist doctor working in a small Queensland hospital and a private practice; a registrar working concurrently in two private practices which are not affiliated.



If you chose Option 3 = Concurrent placements. When a registrar is working in 2 or more facilities concurrently to complete a training term the facilities concerned need to work with the registrar to achieve agreement on:

- Overall supervision arrangements
- Distribution of teaching load
- Arrangements for fatigue leave and patient safety, especially where one or more facilities include the registrar performing on call duties.

**Option 4:**

Other please explain.

## Registrar orientation

In accordance with the application of the RACGP 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

## New facility accreditation terms

### Supervisors and training posts training registrars on the RACGP Fellowship Training Program:

Facilities are eligible to employ registrars in their first term of GP Training (GPT1) provided the facility has had at least one second year GP Training placement (GPT3 or GPT4/Extended Skills) with a satisfactory report from the registrar on the experience. Any practice with a registrar in their first year of GP Training (GPT1/GPT2) must be willing and able to provide the required amount of teaching for that placement. Refer to 'In-Practice Teaching and Learning'.

Facilities that do not meet these criteria are able to employ registrars in their second year of GP Training (GPT3 or GPT4/Extended Skills) only.

## Supervision model, supervision team and supervision continuity plans - explanation

### notes

In accordance with the application of the RACGP 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 and Additional Supervisors of registrars on the RACGP Fellowship Training Program must each have full and unrestricted registration as a specialist GP under AHPRA. The Principal Supervisor must be an experienced GP, preferably with at least 2 years post fellowship experience, and show evidence of suitable continuing professional development.
- 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 is 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 RACGP. 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 RACGP 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 GP Terms. This equates to an average of 3 hours per week for registrars in their first term of GP Training (GPT1) or an average of 2 hours per week for registrars in their second term of GP Training (GPT2). 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.

## **RACGP Standards**

Below are the RACGP Standards that apply for training facilities and supervisors. These are the Standards that GPTQ are accrediting against.

We have outlined on the remaining pages, what evidence is required by the College/s. Space has been provided for you to jot down ideas on how you can respond to each Standard and to record documentary evidence you plan to provide.

### **Supervision and the practice environment**

#### **STANDARD 1.1**

Supervision is matched to the individual registrar's level of competence and learning needs in the context of their training post.

#### **STANDARD 1.2**

A model of supervision is developed in the context of the general practice training post to ensure quality training for the registrar and safety for patients.

#### **STANDARD 1.3**

The practice environment is safe and supports training.

**STANDARD 1.1**

Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post.

**Outcome 1.1.1**

Competence is matched by appropriate supervision.

**Criterion 1.1.1.1**

The registrar’s competence is assessed prior to placement in a post and monitored throughout the training term.

**RACGP requirements**

Competency assessments are linked to the RACGP’s *Competency profile of the Australian general practitioner*.

The training provider is able to provide evidence of:

- ✓ how a registrar’s competence is assessed prior to entry to a post, noting different posts may need different approaches in pre- placement assessment, (e.g. Aboriginal and Torres Strait Islander health posts)
- ✓ how a registrar’s competence is monitored during placement
- ✓ documentation to demonstrate that the registrar’s competencies have been assessed and progress has been monitored
- ✓ a reporting process between the training provider and the supervisor.

**NOTES**

(use this space to jot down how you may respond to each Standard and supporting documentation you may need to collate)

**Reference**

The RACGP’s *Competency profile of the Australian general practitioner*.

## Guidance

### Assessing competence

Registrars commencing general practice training will be at variable levels of competence influenced by many factors, such as number of years in hospital training, prior general practice experience overseas, previous career or undergraduate training. Registrars progressing through general practice training will also be at different and increasing levels of competency, from general practice term 1 (GPT1) through to GPT3. It is important that the level of an individual registrar's competence is assessed prior to entry to a training post to ensure an appropriate match. For example, it may not be ideal to place a registrar who has just completed postgraduate year (PGY2) in a remote post with off-site or remote supervision. The training provider conducts and records the assessment activities and other means of determining a registrar's competence level prior to entry to a post. The RACGP's, Competency profile of the Australian general practitioner provides the framework for the development of the assessment activities.

### Monitoring competence

It is expected that as a registrar's training progresses, their level of competence will develop accordingly with supervision and training appropriately tailored to the registrar's competencies. The registrar's competence and progress needs to be monitored by the supervisor throughout their time in a placement and by the training provider's medical educator throughout the training program. The supervisor conducts and records the assessment activities and other means of determining a registrar's competencies during their time in the placement. The process is approved by the training provider, and regular reporting and feedback between the training provider and supervisor is established.

### Defining competence

For the purposes of this document, the following definitions, as determined by the AMC, will be used.

#### Competency

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure acquisition by a professional. Competencies can be assembled like building blocks to facilitate progressive development.

#### Competence

The array of abilities across multiple domains or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training. Competence is multidimensional, dynamic, and changes with time, experience and setting.

#### Progression of competence

For each aspect or domain of competence, the spectrum of ability ranges from novices to mastery. The goal of medical education is to facilitate the development of a physician to the level of ability ranges required for optimal practice in each domain. At any given point in time, and in a given context, an individual physician will reflect greater or lesser ability in each domain.

#### Competent

Processing the required abilities in all domains in a certain context at a defined stage of medical education or practice.

**STANDARD 1.1**

Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post.

**Outcome 1.1.1**

Competence is matched by appropriate supervision.

**Criterion 1.1.1.2**

Appropriate supervision is matched to the registrar’s competence and the context of the training post.

**RACGP requirements**

Supervisors, supervision teams and models of supervision are selected on the basis of the registrar’s competence, level of training and context of the training post.

Remote, team-based or blended models of supervision have the approval of the RACGP.

The training provider is able to provide evidence of how:

- ✓ the supervision is matched to the registrar’s competence
- ✓ appropriate supervision is delivered when required by the registrar
- ✓ cultural safety and competencies are monitored and managed, especially in Aboriginal and Torres Strait Islander training posts.

**NOTES****Reference**

The RACGP’s *Application process for models of supervision*.

**Guidance**

The type of supervision the registrar needs will depend on a variety of factors, all of which need to be taken into consideration before the registrar is matched to the practice. Some of the factors will include the current competence and confidence of the registrar, local context of the practice (e.g. remoteness), availability of the supervisor to be onsite, and proposed model of supervision (e.g. team, blended). The matching process needs to be clearly documented and relevant to the context of the regional training organisation (RTO). On request, the training provider needs to be able to provide the rationale for placing the registrar into the practice. Deviations from the ‘traditional’ model of supervision, where a supervisor is onsite and available the majority of the time in GPT1 and for increasingly less time as the registrar progresses through GPT2 and GPT3, need to be approved by the RACGP to ensure safety for the patient and registrar.



<b>STANDARD 1.1</b>	
Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post.	
<b>Outcome 1.1.1</b>	
Competence is matched by appropriate supervision.	
<b>Criterion 1.1.1.3</b>	
Appropriate supervision and training is matched to the registrar’s learning needs and rate of progression.	
<b>RACGP requirements</b>	
Each registrar’s learning is planned specifically for each placement and updated regularly. The planning process is clearly documented.	
The training provider is able to provide evidence of how:	
<ul style="list-style-type: none"> <li>✓ the registrar’s learning needs are identified and addressed in a regular and timely manner</li> <li>✓ the medical education and supervision teams are involved in identifying and addressing the learning needs of the registrar</li> <li>✓ the registrar’s learning needs are documented throughout the training.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
<b>Guidance</b>	
<p><b>Identifying learning needs</b></p> <p>The learning needs of the registrar are identified and documented in formal planned learning at every training placement. The training provider can determine the format of the planned learning to suit their context.</p> <p><b>Addressing learning needs</b></p> <p>Training is planned in conjunction with the supervisor, medical educator and registrar to match the identified learning needs. As the registrar gains more experience within the training program, the registrar’s learning needs will change as a consequence. Subsequent learning needs are identified throughout the training placement and program and addressed accordingly.</p>	

<p><b>STANDARD 1.1</b></p> <p>Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post.</p>	
<p><b>Outcome 1.1.1</b></p> <p>Competence is matched by appropriate supervision.</p>	
<p><b>Criterion 1.1.1.4</b></p> <p>Processes are in place to effectively address any problems that arise during the placement.</p>	
<p><b>RACGP requirements</b></p> <p>Critical incidents and their resolution are reported to the RACGP in line with the requirements of the RACGP’s Accreditation management agreement.</p> <p>There are documented grievance and appeals processes in place that are transparent and accessible.</p> <p>All processes comply with Section 4.1 of the RACGP’s Standards for general practices.</p> <p>The training provider is able to provide evidence of:</p>	
<ul style="list-style-type: none"> <li>✓ how difficulties that arise in training and supervision are identified</li> <li>✓ a process to address specific training problems</li> <li>✓ action taken when problems have been identified</li> <li>✓ internal and external processes to deal with unsatisfactory situations or outcomes in the training post</li> <li>✓ documentation of critical incidents and their resolution</li> <li>✓ communication with the RACGP, in accordance with the Accreditation management agreement, when critical incidents have occurred.</li> </ul>	<p><b>NOTES</b></p>
<p><b>Reference</b></p> <p>The RACGP’s <i>Accreditation management agreement</i></p> <p>The RACGP’s <i>Standards for general practices, Section 4.1</i></p>	

## **Guidance**

### **Addressing problems**

It is best for any potential problems to be identified as early as possible during the training placement. Registrars and supervisors need to be aware of triggers for common problems and potential critical incidents to enable early intervention. These potential triggers and critical incidents are discussed by the training provider with registrars during orientation and with supervisors during supervisor training. When problems arise, there are processes available to both the supervisor and the registrar, either individually or collectively, to progress, address and, where possible, come to a resolution. There may also be occasions when a critical incident occurs and all parties need to be aware of the processes for managing these during and after the event. Subsequent evaluation of the effectiveness of actions taken to resolve problems will inform further quality improvement to the post, model of supervision, supervisor or registrar. If the supervisor or registrar continue to be dissatisfied with the outcome, there is a further mechanism by which either party can involve an independent arbiter, such as the RACGP. Critical incidents and unresolved disputes must be reported to the RACGP under the terms of the RACGP's Accreditation management agreement.

<p><b>STANDARD 1.1</b></p> <p>Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post.</p>	
<p><b>Outcome 1.1.2</b></p> <p>Feedback mechanisms are in place and the feedback is used to improve the quality of training and supervision.</p>	
<p><b>Criterion 1.1.2.1</b></p> <p>The registrar participates in timely, constructive feedback with the supervision team.</p>	
<p><b>RACGP requirements</b></p> <p>There are documented processes in place to ensure the registrar understands what is expected and how they are performing against expectations.</p> <p>Feedback is documented.</p> <p>The training provider is able to provide evidence of:</p>	
<ul style="list-style-type: none"> <li>✓ how registrar progress is monitored</li> <li>✓ the processes used to give timely and appropriate feedback</li> <li>✓ how feedback is used.</li> </ul>	<p><b>NOTES</b></p>
<p><b>Reference</b></p> <p>The RACGP’s <i>Competency profile of the Australian general practitioner</i>.</p>	

## **Guidance**

### **Monitoring progress**

The supervision team is headed by the lead general practice supervisor and includes all others who work within the training post, including other doctors, nurses, allied health professionals and administration staff. There is a process in place within the training post for monitoring the progress of the registrar, and identification and management of any problems. Although the primary responsibility lies with the nominated lead supervisor, it is the joint responsibility of the entire supervision team to be alert to the progress of the registrar.

### **Feedback as teaching/learning tool**

Feedback from the direct observation of registrars performing within their clinical practice is a highly effective means of teaching and learning. The feedback enables registrars to gauge at what level they are performing, in relation to their previous performance and that of others, over time. Feedback is delivered in a regular structured manner that enables registrars to gain an understanding of the level of their performance benchmarked against the standard expected for their stage of training. Feedback enables registrars to improve on their performance as they progress through training. The regularity of the feedback enables progression of individual registrars to be monitored appropriately and allows each registrar time for deliberate practice.

<b>STANDARD 1.2</b>	
A model of supervision is developed in the context of the general practice training post to ensure quality training for the registrar and safety for patients.	
<b>Outcome 1.2.1</b>	
The supervision model ensures that all elements of supervision can be addressed within the context of the post.	
<b>Criterion 1.2.1.1</b>	
A process is in place for developing, reviewing and adjusting the model of supervision appropriate to the context of the post, the capability of the supervisor and the needs of the registrar.	
<b>RACGP requirements</b>	
Models of supervision that deviate from the standard model (Criterion 1.2.1.2), including remote supervision, team supervision or other blended models of supervision are approved by the RACGP using the required application process.	
Models of supervision are documented.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ a process for developing a model of supervision appropriate to the registrar, supervisor and training post</li> <li>✓ a process for reviewing and adjusting the model of supervision</li> <li>✓ documentation demonstrating the RACGP's approval of alternate models of supervision.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
The RACGP's <i>Application process for models of supervision</i> .	

## Guidance

### Supervision models

Supervision is the immediate and primary way in which patients are kept safe and enjoy quality care, and registrars are kept safe and enjoy quality training. There are many ways in which a registrar can be supervised. The model of supervision will depend on many factors, including the stage of training of the registrar, learning needs of the registrar, capability of the supervisor, location of the training post and demographics of the patients using the post.

The training provider has a documented process for developing alternate models of supervision with active input from the supervision team, registrar and medical educator as appropriate. The training provider has a documented process for reviewing and adjusting the model of supervision that incorporates:

- regular scheduled reviews during and, on completion of, training placement
- feedback from the supervision team and registrar
- critical incident triggers

**STANDARD 1.2**

A model of supervision is developed in the context of the general practice training post to ensure quality training for the registrar and safety for patients.

**Outcome 1.2.1**

The supervision model ensures that all elements of supervision can be addressed within the context of the post.

**Criterion 1.2.1.2**

The training post has an RACGP approved model of supervision that meets or exceeds all supervision requirements.

**RACGP requirements**

- Defined responsibilities of supervisors (Criterion 1.2.2.2):
  - orientate registrar to practice (Criterion 2.2.2.1)
  - monitor registrar's competence (Criterion 1.1.1.1, Criterion 1.3.2.2, Criterion 2.3.1.1)
  - assist registrar with planning their learning (Criterion 1.1.1.3 and Criterion 2.2.1.1)
  - provide feedback to registrar (Criterion 1.1.2.1)
  - provide in-practice teaching (Criterion 2.2.1.2).
- Processes for selecting supervisors with appropriate capability for the training context (Criterion 1.2.2.2).
- Practice infrastructure supports education and training (Criterion 2.2.2.2).
- Clear, impartial pathways for timely resolution of training related disputes (Criterion 1.1.1.4).
- Regular evaluation of supervision model (Criterion 1.2.1.1).
- Risks appropriately identified and managed (Criterion 1.2.1.3 and Criterion 1.3.2.2).
- Supervisor, supervision team and registrar feedback systematically sought, analysed and used to monitor and improve supervision model (Criterion 1.1.2.1 and Criterion 1.1.2.2).
- The registrar is able to ask for and receive assistance in all clinical situations (Criterion 1.3.2.3).
- Aboriginal and Torres Strait Islander health posts are meeting the principles for training [HYPERLINK TBC].
- Practice infrastructure supports education and training (Criterion 2.2.2.2).

The training provider is able to provide evidence of the:



<ul style="list-style-type: none"> <li>✓ supervision models meeting all supervision requirements</li> <li>✓ model of supervision either meeting the RACGP's requirements or (in the case of remote, blended or team-based supervision) having the RACGP's approval.</li> </ul>	<p><b>NOTES</b></p>
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**Reference**  
The RACGP's *Application process for models of supervision*.

**Guidance**

- Supervision models are clearly documented and address the RACGP's requirements (above). When a supervision model deviates from what has been accepted as the traditional model, advice is initially sought from the relevant RACGP's state censor if the model is only to be used once. One- off models need to comply with the '4 x 4 rule':
  - One practice
  - One registrar
  - One context
  - One training term
- If the model is to be re-used with other registrars and in other settings, the model needs the RACGP's approval.

<b>STANDARD 1.2</b>	
A model of supervision is developed in the context of the general practice training post to ensure quality training for the registrar and safety for patients.	
<b>Outcome 1.2.2</b>	
The supervision team is skilled and able to deliver quality training and patient safety.	
<b>Criterion 1.2.2.2</b>	
Supervisors and the supervision team are skilled and participate in regular quality improvement and professional development activities relevant to their supervisory role.	
<b>RACGP requirements</b>	
<ul style="list-style-type: none"> <li>• The lead supervisor and members of the supervision team have the knowledge, skills and attitudes to support and develop the registrar.</li> <li>• The training provider has scheduled professional development activities tailored to the needs of the supervisor.</li> <li>• The supervisor/supervision team attends professional development activities.</li> <li>• The training provider supports a supervisor liaison officer or similar role to enable coordination of, and support to, supervisors.</li> <li>• The supervision team includes the cultural educator and/or mentors.</li> </ul>	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ the lead supervisor having relevant knowledge, skills and attitudes as a supervisor and clinician</li> <li>✓ the supervision team participating in professional development relevant to their supervisory role</li> <li>✓ how it supports the supervision team in undertaking and developing their supervisory role(s)</li> <li>✓ supervisors having access to formal training provider-based advocacy and support (e.g. a supervisor liaison officer)</li> <li>✓ formal feedback processes to monitor, improve and remediate the performance of supervisors.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	

## Guidance

### **Supervisor as an excellent role model**

It is essential that all supervisors provide excellent professional and clinical role modelling.

This can be demonstrated (in the case of nominated lead supervisors) by:

- full and unrestricted registration as a specialist GP under Australian Health Practitioner Regulation Agency (AHPRA)
- professional involvement in the broader general practice profession
- Fellowship of the RACGP (FRACGP)

Participation in continuing professional development, in particular, aimed at improving performance as a general practice educator.

The nominated lead supervisor of the registrar, at the very minimum, will be recognised by the Medical Board of Australia (MBA) as a specialist GP. Non-GPs may also supervise in extended skills posts for instance, or as part of a supervision team. The nominated lead supervisor for each registrar in a general practice placement will be an experienced and credentialed specialist GP.

### **Supervisor support**

Supervisors are the backbone of the general practice training program. All supervisors are actively working clinicians within the training post and thus have many demands on their time. They will be properly supported to undertake the role of supervisor and continue to grow in this role. RTOs have an obligation to ensure that:

- there are sufficient accredited supervisors and training posts in the region to provide for registrars' needs, and adequate succession planning for supervisors and training posts
- GPs are supported in seeking accreditation and prepared adequately for taking up the role of supervisor
- supervisors have scheduled meetings each year that enable them to come together and develop teaching skills
- the required knowledge, skills, attitudes, responsibilities and duties of supervisors are clearly described and made available to prospective supervisors
- the special contribution of individual supervisors to general practice education and training is brought to the attention of their colleagues and to the RACGP.

Wherever possible, supervisors are supported in undertaking a higher degree in general practice or medical education.

Supervisors have access to formal training provider-based advocacy and support. Traditionally, this has included a supervisor liaison officer position.

There are formal feedback processes to monitor and improve the performance of supervisors, including remediation of supervisors where appropriate.

<b>STANDARD 1.3</b>	
The practice environment is safe and supports training.	
<b>Outcome 1.3.2</b>	
Learning opportunities and clinical experiences for the registrar meet patient safety requirements.	
<b>Criterion 1.3.2.2</b>	
The registrar is able to ask for and receive timely assistance in all clinical situations.	
<b>RACGP requirements</b>	
<ul style="list-style-type: none"> <li>• The level of onsite and off-site supervision is matched to the competence of the registrar.</li> <li>• The supervisor is onsite, especially in GPT1.</li> <li>• In the case of remote supervision, there is a detailed plan approved by the RACGP that outlines how the registrar can be supervised and seek help when the need arises.</li> <li>• The risks associated with remote supervision need to be clearly articulated, and mitigations identified and documented.</li> </ul>	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ how assistance is sought and given to the registrar when the supervisor and/or cultural mentor is onsite and off-site</li> <li>✓ processes in place to provide assistance when the supervisor and/or cultural mentor is not available in person or remotely.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	

**Guidance**

General practice training is based around the model of 'on-the-job' training where access to timely assistance is vital. It is expected that the nominated lead supervisor will be located in the same practice as the registrar unless training is part of a specific program approved by the RACGP that involves remote supervision. It is desirable for the nominated lead supervisor or alternate delegate to be onsite for the majority of the time during office hours, particularly in the first month of general practice training. A delegate refers to an additional accredited general practice supervisor. The level of onsite supervision will depend on an assessment of the competence and training needs of the registrar in the context of the training post. The supervisor or their delegates ideally needs to be onsite during office hours, as outlined in Criterion 1.2.1.2. If the registrar is undertaking training in more than one practice, the registrar has onsite supervision in each practice, and the practices are accredited for training. This includes so-called branch practices. When off-site, the supervisor is available by phone, other reliable electronic means, or has made arrangements for another recognised general practice teacher to be available, including after hours. The supervisor or delegate is able to attend a situation that requires back-up unless alternative arrangements have been made prior to the event with the registrar's consent.

<b>STANDARD 1.3</b>	
The practice environment is safe and supports training.	
<b>Outcome 1.3.3</b>	
Culturally safe care is delivered to Aboriginal and Torres Strait Islander peoples.	
<b>PLEASE NOTE: THIS IS ONLY APPLICABLE IF REGISTRARS ARE WORKING IN AN ABORIGINAL AND TORRES STRAIT ISLANDER POST OR WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES.</b>	
<b>Criterion 1.3.3.3</b>	
Aboriginal and Torres Strait Islander cultural educators/mentors/ health workers are part of the supervision team to support registrars working with Aboriginal and Torres Strait Islander peoples.	
<b>RACGP requirements</b>	
Registrars must have access to cultural educators/mentors/health workers during their placement in an Aboriginal and Torres Strait Islander health post or when working with Aboriginal and Torres Strait Islander peoples.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ contact details of cultural educators/mentors/health workers</li> <li>✓ contact between the registrar and cultural educator/mentor/health workers</li> <li>✓ examples of the issues addressed in contact between the registrar and cultural educator/mentor/health workers.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
<b>Guidance</b>	

## Education and Training/Teaching

### STANDARD 2.2

Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process.

### STANDARD 2.3

The development of each registrar is optimised.

<b>STANDARD 2.2</b> Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process.	
<b>Outcome 2.2.1</b> Post-based learning activities are planned, structured and referenced to curriculum, learning needs of the registrar and context of the post.	
<b>Criterion 2.2.1.1</b> Registrar learning activities and the teaching strategies used are customised to the registrar's needs and training context.	
<b>RACGP requirements</b> Training post-based learning activities reflect the learning needs of the registrar in the context of the post and are documented during the process of planned learning. The supervisor, supervision team, registrar and, if needed, the medical educator are involved in the development of the strategy. Education is delivered using a variety of methods relevant to the context and needs of the registrar. The training provider is able to provide evidence of:	
<ul style="list-style-type: none"><li>✓ how the curriculum and educational programs are used to plan training post based learning strategies</li><li>✓ teaching opportunities with sufficient and appropriate time allocated and expertise (e.g. cultural expertise in cross-cultural context in an Aboriginal and Torres Strait Islander health post) to cover the registrar's learning needs.</li></ul>	<b>NOTES</b>
<b>Reference</b>	

## Guidance

### Customised teaching

The RACGP curriculum provides the framework for the education of registrars. The registrar and supervisor need to use the curriculum and learning programs to plan training post-based learning strategies. Teaching will be based on the registrar's planned learning and other perceived needs that may arise during training.

Teaching within the training post should include a range of methods such as:

- direct observation
- discussions on clinical problems and interesting cases
- joint consultations
- formal teaching on specific topics
- review of consultations – recorded or observed
- demonstrations and participation in clinical procedures
- selected or random case analysis
- small group discussions with members of the supervision team.

### Planned learning

The registrar, in consultation with the supervisor and, where appropriate, the medical educator, develops a plan for their learning that is practical and relevant, to ensure the adequate planning of training post-based learning activities. The registrars need to discuss their experience and learning needs with their supervisors as early as possible to enable individualised planned learning to be developed. It is recommended that the formal planning of learning between the supervisor (and medical educator where possible) and the registrar has commenced by week four of each six months of training. This may take the form of a formal written plan for learning lodged with the training provider. The supervisor and registrar will regularly engage to review the learning, and if needed, modify the planned learning to ensure that the training post-based teaching and learning activities match the needs of the registrar and training context. The training post supports access for a clinical teacher to undertake direct observation sessions (which could be by video review) as prescribed by the training provider.



<b>STANDARD 2.2</b>	
Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process.	
<b>Outcome 2.2.1</b>	
Post-based learning activities are planned, structured and referenced to curriculum, learning needs of the registrar and context of the post.	
<b>Criterion 2.2.1.2</b>	
The registrar has access to regular, structured and planned in-practice teaching time.	
<b>RACGP requirements</b>	
In-practice teaching time is allocated, sufficient and appropriate to the needs of the registrar. In GPT1, the minimum time allocation is three hours per week. In GPT2, the time allocation is 1.5 hours per week. For part-time registrars, the minimum time is 1.5 hours in GPT1 and one hour in GPT2.	
A minimum of one hour of the allocated time per week in the first 12 months is face-to-face, protected, non-clinical time.	
The lead supervisor or other appropriately qualified and experienced delegate will deliver the teaching in a private space free from interruptions, other than emergencies.	
Variations to these requirements need the RACGP's approval.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ the delivery of regular, protected, structured in-practice teaching relevant to the registrar's stage of training</li> <li>✓ a variety of teaching and learning methods being used and documented</li> <li>✓ registrar feedback regarding in-practice teaching being actively sought from each registrar after every placement as part of its ongoing quality improvement process.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
The RACGP's <i>Application process for models of supervision</i> .	

## Guidance

General practice training is practice-based, involving the participation of the registrar in the service and responsibility of patient care in supervised accredited training posts, where the supervisor takes on the joint roles of supervision and teaching. While much of the registrar's learning will occur through this apprenticeship model, there is a need to supplement training with formal in-practice teaching sessions, especially in the early stages of training.

### **In-practice teaching**

The supervisor or their delegate will be available to provide regular, structured in-practice teaching that is consistent with the registrar's plan for learning, and at an appropriate level considering the registrar's knowledge and experience. This teaching will occur in private and be free from interruptions, except in emergencies. In-practice teaching can include:

- tutorial/educational sessions
- case-based teaching
- patient scenario discussion
- discussions specifically addressing the registrar's learning needs
- giving feedback on observed consultations
- audits of clinical work
- cultural education.

There will be regular, planned and documented tutorial/education sessions. Weekly sessions are recommended in the first 12 months of general practice training. One hour minimum of this/in-practice teaching within the first 12 months full-time equivalent (FTE) will be face-to-face, non-clinical, protected time.

These in-practice teaching sessions are separate to the external clinical teaching visits by clinical teachers. The training post and supervisor will support the registrar and the clinical teacher to facilitate these visits (Criterion 2.2.1.1).

<b>STANDARD 2.2</b>	
Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process.	
<b>Outcome 2.2.2</b>	
The registrar's learning and development is well supported.	
<b>Criterion 2.2.2.1</b>	
The registrar is adequately prepared to participate fully in the operations and scope of practice in the training post.	
<b>RACGP requirements</b>	
The registrar has a structured induction to the practice that includes information about systems, resources, support and context.	
Training in how to use systems is included where appropriate.	
The registrar has an available and appropriately equipped area for conducting consultations.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ training posts that are appropriate for registrar's learning and development</li> <li>✓ the supervision team or supervisor having a documented orientation plan for registrars.</li> <li>✓ Aboriginal and Torres Strait Islander health posts have locally appropriate clinical, cultural and practice management orientation packages for registrars.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
The RACGP's <i>Standards for general practices</i>	

## **Guidance**

### **Induction**

The supervision team provides orientation to the practice, ensuring that the registrar is:

- introduced to all members of staff, who also need information about the stage of training and responsibilities of the registrar
- trained to use any practice-based systems, such as computer systems and recall systems
- aware of all relevant procedures in the practice, such as referral, admission to hospital, after-hours arrangements, follow-up of patients, sterilisation, Schedule 8 (S8) medications and disposal of waste
- aware of the location of all relevant resources, including reference materials, medications and equipment
- the process for dealing with problems and critical incidents.

The supervisor may delegate the registrar's orientation to another staff member. However, it is the responsibility of the supervisor to ensure that appropriate orientation has been provided.

### **Training environment**

The facility will provide adequate space for the registrar. This means (in the context of the practice) a suitably equipped room available for the registrar to conduct consultations with patients, and an area for discussion and reflection with the supervisor. In the absence of an onsite supervisor, the registrar needs adequate technology to contact the supervisor as needed. This can include phone, internet access and suitable communication software.

Access to up-to-date educational reference and patient information material is an important adjunct to registrar learning and may be online or in hardcopy.

The facility will ensure that (in the context of the post) a private space is provided for teaching purposes and that systems are in place to protect teaching time from interruptions.

<b>STANDARD 2.2</b>	
Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process.	
<b>Outcome 2.2.2</b>	
The registrar’s learning and development is well supported.	
<b>Criterion 2.2.2.2</b>	
The registrar is provided with quality, safe and well supported learning opportunities.	
<b>RACGP requirements</b>	
The registrar has sufficient patient numbers, and a diversity of ages and presentations to meet their training requirements.	
The patient load is appropriate to the stage of training and competence of the registrar.	
On-call and after-hours duties are reasonable and balanced with the needs of the patient, as well as the registrar’s learning needs and stage of training.	
Stress and fatigue are identified and managed.	
The registrar sees no more than four patients per hour in the normal clinical setting. The workload of the registrar is monitored and this information is accessible by the training provider.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ the registrar being exposed to an appropriate number and variety of patients for their stage of training and the context of training. For example, Aboriginal and Torres Strait Islander health training posts may differ in the number and variety of patients (longer consultations with patients with more complex and chronic conditions)</li> <li>✓ working conditions of the registrar that are supportive of high- quality education and training</li> <li>✓ processes that are in place to support the registrar’s learning and wellbeing.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	

## Guidance

### **Service demands**

The duties and working hours of registrars will be consistent with delivery of high-quality training and safe patient care. The service demands of the training post will not be excessive, and the structuring of duty hours and on-call schedules will consider the needs of patients, continuity of care and educational needs of the registrar.

The purpose of training posts is to educate registrars. Service demands should not impinge on registrar education and training, and registrars should not be required to see more patients than other GPs within the training post. It is essential that the principles of stress and fatigue management are openly considered in the structuring of duty hours and on-call work (Criterion 1.2.2.1).

Service demands, such as after-hours and on-call duties that are known to contribute to fatigue and stress will affect different registrars in different ways depending on prior experience, confidence, patient load and presentation type, other responsibilities and life circumstances, and the support given to the registrar in delivering the service. As such, it is inappropriate to specify safe work hours; instead, the individual registrar and training post context should be reviewed and considered in structuring work hours. This will happen at the practice level, but also needs to be considered in the matching of registrars to practices at the training provider level.

### **Adequate patient exposure**

It is important that registrars are exposed to an appropriate number and variety of patients and case mix to ensure maximum training opportunities for the registrar. Therefore, an adequate patient load is required for the registrar. Consideration is to be given to the registrar's experience, quality of patient care, time taken in teaching and type of services rendered. However, the clinical load should enable the registrar to be occupied (patient contact, administration and education) for most of the day, allowing for the above factors and normal daily and seasonal fluctuation.

The registrar should see an average of at least two patients per hour worked in normal general practice situations, acknowledging that there will be administration time included. It is recognised that this may not always be possible with a predominance of prolonged consultations, home visits or where there is an external barrier to communication or consultation speed (e.g. Aboriginal and Torres Strait Islander health or consultations that involve a high travel component).

The registrar must not book more than four patients per hour, except in situations of unusual clinical demand, such as pandemic management or immunisation clinics. The number of patients per hour will be matched to the registrar's level of competence.

The workload of the registrar will be monitored and managed to ensure they do not see a particular group (e.g. age or gender) or presentation in an excessive proportion. This is very important for registrars entering a practice where they are the only female or male doctor.

### **Support for registrars**

The training provider will provide full support to registrars in all aspects of training, and ensures that:

- adequate provision is made for part-time training, and registrars are supported to gain recognition for work done
- registrars are supported to secure more than one general practice placement of high quality during their training registrars are supported to identify quality hospital rotations and special interest posts that will support their ability to provide quality primary care in the future
- registrars are supported to secure academic training positions during their training, six months FTE of which may be included as special interest training
- registrars who have registered an interest in rural general practice training are supported at the earliest opportunity if they choose to:
  - enrol in the Fellowship in Advanced Rural General Practice (FARGP)
  - arrange an advanced rural skills post, which may be undertaken before entering general practice- based training if appropriate (i.e. hospital-based registrars)
  - pursue educational opportunities that integrates learning with their vocational training.

<b>STANDARD 2.3</b>	
The development of each registrar is optimised.	
<b>Outcome 2.3.2</b>	
Registrars have the opportunity to address the depth and breadth of their training based on their performance.	
<b>Criterion 2.3.2.1</b>	
The registrar's training occurs in general practice training posts that deliver the depth and breadth of general practice.	
<b>RACGP requirements</b>	
Delivering a range of general practice services addressing the depth and breadth of general practice forms the majority of the experience in the training post. The experience includes opportunities for continuity of care.	
Special training environments will be considered in the following cases:	
<ul style="list-style-type: none"> <li>• Rural hospitals providing general practice services.</li> <li>• Australian Defence Force posts.</li> <li>• Community practices offering targeted services to specific population groups.</li> <li>• Overseas posts (GPT4/extended skills only). Permission is sought from the RACGP to practice in other special training environments. No more than 12 months (FTE) in total of training time can be in special training environments. A minimum of six months (FTE) must be spent in general practice.</li> </ul>	
The training provider is able to provide evidence of the registrar:	
<ul style="list-style-type: none"> <li>✓ in posts that provider relevant, verifiable general practice experience</li> <li>✓ being exposed to the full breadth of general practice during training</li> </ul>	<b>NOTES</b>
<b>Reference</b>	



## Guidance

### Training in general practice

The facility offers the full range of ongoing primary care to all patients who attend. This ensures that the practice offers a range of ongoing primary care services to a wide range of patients and is not primarily referral based or limited to a specific specialty. The training post provides general practice as defined by the RACGP (Criterion 1.3.1.1).

The RACGP's definition of general practice is 'the provision of person-centred, continuing, comprehensive and coordinated whole- person healthcare to individuals and families in their communities'.

The medical care in the facility is provided and clinically managed by GPs. The majority of the medical care will be provided by GPs who work sufficient time to ensure continuity of care.

Registrars should participate fully in the breadth of general practice including after-hours and off-site care. It is recommended that registrars gain experience working:

- outside normal working hours
- at a nursing home
- on a home visit
- in a hospital (where relevant and appropriate to the context of the training post).

Note: This after-hours or off-site care must not make up the majority of the general practice training experience, nor should it be a greater proportion of the total workload than that of the general practice supervisors.

### Special training environments

Special training environments that have a skewed case mix or different operational arrangements can offer excellent training opportunities. Examples of special training environments include rural hospitals providing general practice services, Australian Defence Force posts and community practices that offer services targeted to specific population subgroups and where the full range of general practice is not experienced. However, it is vital that the registrar has the opportunity to experience the full depth and breadth of general practice.

While general practice posts in special training environments may have some differences in terms of environment, funding, management and patient demographics, such posts should have core features of general practice including continuity of care, whole-person care, preventive health and appropriate medical records with health summaries, follow-up, etc.

A maximum of 12 months (FTE) of the required minimum 18 months training in general practice can be undertaken in such special training environments. There must be a minimum of six months (FTE) training in general practice.

As special training environments do not meet the full definition of a general practice training post, the training provider must seek approval of the RACGP prior to accrediting special training environments as general practice terms.

<b>STANDARD 2.3</b>	
The development of each registrar is optimised.	
<b>Outcome 2.3.2</b>	
Registrars have the opportunity to address the depth and breadth of their training based on their performance.	
<b>Criterion 2.3.2.2</b>	
The registrar participates in a broad range of relevant experiences defined by the curriculum.	
<b>RACGP requirements</b>	
Registrars must complete training in at least two diverse general practices. In remote areas, the two-practice requirement can only be modified with permission from the RACGP and provided that diversity of experience is possible in the post.	
Part-time registrars have access to sufficient, quality posts and opportunities to meet the requirements.	
Extended skills training posts are relevant to general practice and approved by the training provider (Criterion 1.3.1.2).	
Registrars with an interest in Aboriginal and Torres Strait Islander health are given access to relevant experience and are adequately supported.	
Registrars who wish to develop advanced rural skills and work towards the FARGP are supported to do so.	
Registrars have access to information about extended, academic and advanced skills posts and opportunities.	
The training provider is able to provide evidence of:	
<ul style="list-style-type: none"> <li>✓ registrars training in a variety of training posts and environments</li> <li>✓ facilitating relevant extended skills training for the registrar.</li> </ul>	<b>NOTES</b>
<b>Reference</b>	
FARGP	

## Guidance

### **Diversity of training**

The training provider will ensure a broad range of experience is available to registrars by establishing training opportunities in diverse primary care settings.

To ensure that registrars experience a breadth of general practice, training providers should support registrars to secure at least two different general practice placements. This ensures not only a diversity of patient presentations but also a range of different general practice settings and business models.

In special circumstances, where a registrar is unable to undertake training in more than one general practice, the training provider will ensure that the registrar has experienced the full range of clinical experience in the one practice. The training provider will also ensure that the registrar undertakes a learning activity aimed at gaining the knowledge and understanding of different patient presentations, practice styles, cultures and practice management models. Such learning activities that are planned to address the lack of diversity of practices require approval by the RACGP.

The needs of part-time registrars should be considered when allocating training opportunities ensuring that they have access to diverse opportunities in quality posts.

### **Extended skills training**

Registrars are given the opportunity to extend the depth and breadth of their training by learning extended skills that are relevant in primary medical care. This enables registrars to further their knowledge and/or skills in an area of interest or weakness. Six months (FTE) training can be undertaken in general practice, hospitals and other settings that are relevant to general practice and demonstrated benefit to patients.

The extended skills training posts are registered with the training provider, and there is planned learning referenced or linked to a relevant curriculum that is freely available for registrars seeking to take up the position. Each extended skills training post will have a nominated and suitably qualified lead supervisor for each registrar.

There is a range of options available for registrars seeking to further their knowledge and skills in a particular area and, providing that the educational benefit of the placement and planned learning can be linked to general practice, the type of post is left to the discretion of the medical educator and registrar.

The training provider maintains up-to-date lists of training posts and make them available to registrars and doctors seeking enrolment. The lists will include:

- accredited hospital posts (Criterion 1.3.1.2)
- accredited training posts and their respective supervisors (Criterion 1.3.1.1)
- accredited special interests/extended skills posts.

### **Advanced rural skills training posts and the FARGP**

Satisfactory completion of 12 months (FTE) of Advanced Rural Skills Training (ARST) in an accredited procedural or non-procedural post is a core requirement of the FARGP. The RTO must ensure they have accredited the ARST post before a registrar commences an ARST placement.

However, for some disciplines, the accreditation may be administered by a third party. Examples of these situations include the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) for the Obstetrics ARST, a Joint Consultative Committee for the Anaesthetics ARST, or another specialist medical college in the case of the Emergency medicine ARST or Child health ARST.

Further details about these arrangements are available from the RACGP's National Rural Faculty (NRF).

The RTO will provide support to the registrar to find an appropriate ARST post. Registrars will require a discipline, specific curriculum and/or a customised plan for learning for the duration of an ARST placement. In addition to the support of their RTO medical educator, registrars undertaking an ARST post must have a suitably qualified and experienced discipline-specific supervisor for the duration of the placement.

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