



AGPT Accreditation application handbook

Training sites and supervisors



RACGP AGPT

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Introduction

This handbook provides information about the Royal Australian College of General Practitioners' (RACGP) approach to the accreditation of training sites and supervisors, for general practices and general practitioners (GPs) who wish to apply for accreditation. It includes an overview of the Australian General Practice Training (AGPT) program, information about what we expect of accredited general practice training sites and supervisors, and an explanation of some accreditation processes.

Training sites interested in being accredited for the AGPT additional rural skills training (ARST) and/or extended skills training components should be aware that the eligibility criteria and application process for these is different. More information is available on the [RACGP website](#).

About the AGPT program

The [AGPT program](#) is the leading training program for medical graduates wishing to pursue a career in general practice in Australia. The training program is funded by the Australian Government for doctors who wish to specialise as GPs.

The RACGP is one of two specialist medical colleges recognised and accredited by the Australian Medical Council (AMC) to train GPs; the other is the Australian College of Rural and Remote Medicine (ACRRM). Each college has training standards that meet AMC requirements.

The AGPT program trains general practice registrars according to an apprenticeship model, with the registrar working as a GP in an accredited training site under supervision. Training takes place in a range of settings, including hospitals and general practices (known as general practice terms – GPT1, 2 and 3), in rural, regional and metropolitan areas. Training terms are generally for six months.

The AGPT journey to Fellowship of the RACGP (FRACGP) takes three years, and registrars who choose to train towards the [RACGP Rural Generalist Fellowship](#) have four years to complete their training (Figure 1). Both options allow eligible registrars to claim recognition of prior learning and experience for the required hospital year, reducing time on the program by a maximum of 12 months. Registrars are able to complete a dual Fellowship by completing the AGPT program with both colleges concurrently.

You can read more about the AGPT program in the introduction to the program in the [AGPT Practice and supervisor handbook](#).

The AGPT journey to Fellowship

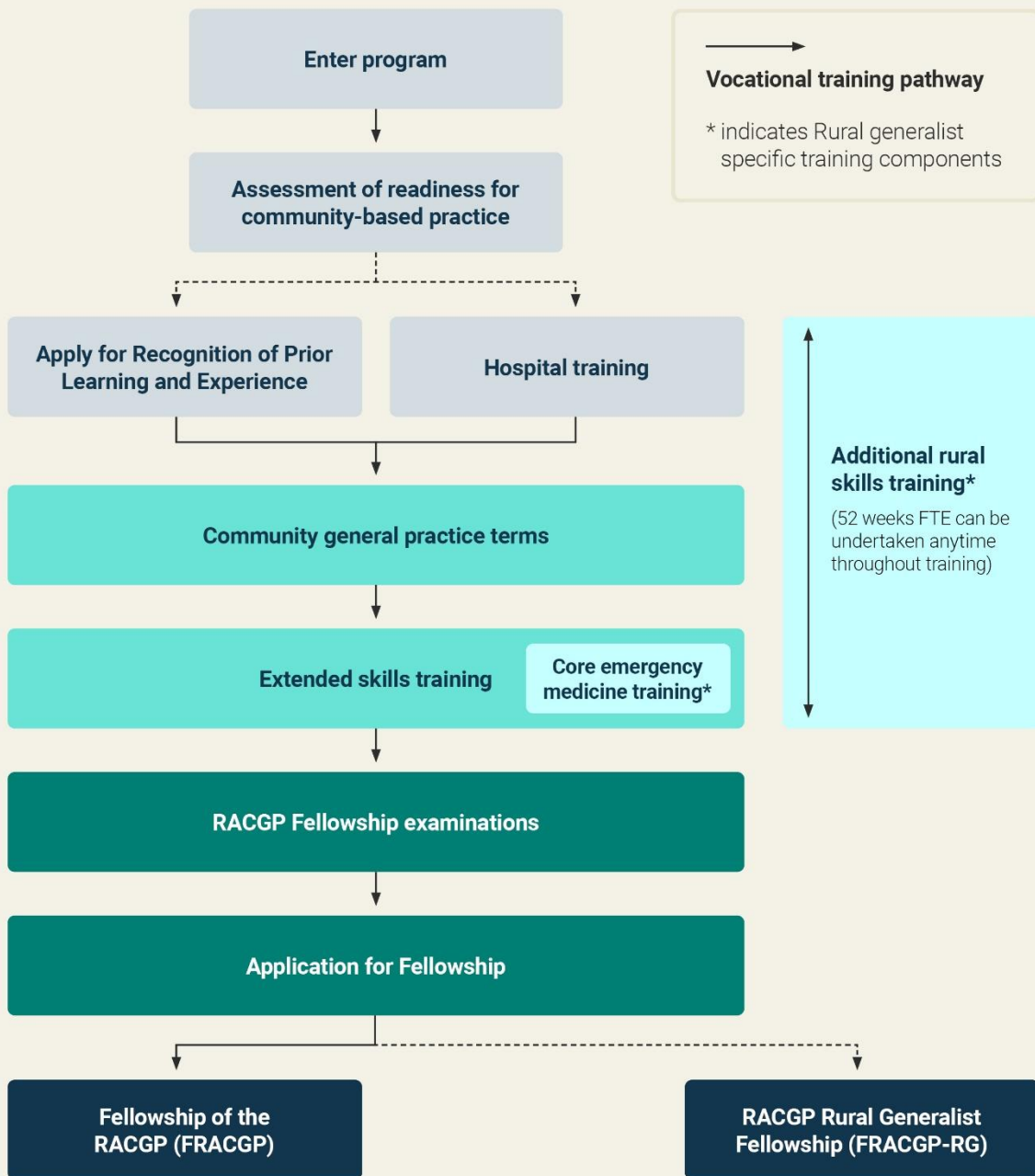


Figure 1. AGPT program journey to Fellowship

Training streams

The Department of Health and Aged Care determines location requirements for the AGPT program based on areas of general practice workforce need. Eligible RACGP registrars can choose to train on the general stream or the rural stream. General stream registrars can train in inner and outer metropolitan locations. Rural stream registrars can train in towns on the fringes of capital cities, and regional, rural and remote general practice placements. For more information, refer to [Areas of workforce need](#).

Registrars from either the general or rural streams can choose to complete the RACGP rural generalist training, which includes an additional rural skills training (ARST) year and core emergency medicine training.

The ARST year can be undertaken in a range of accredited training sites in specialties relevant to rural primary care services, such as emergency medicine, obstetrics, anaesthetics and mental health services, to enable the registrar to provide accessible and comprehensive care to Australia's rural, remote and very remote communities.

Requirements for practice diversity

The RACGP Standards for General Practice Training detail requirements for registrars to complete training that includes diversity of experience with exposure to at least two different supervisors, two different general practice management systems and diverse patient populations. Most registrars will meet this requirement by working in at least two different general practice placements during their training, some registrars will complete their training in one practice location. This includes AGPT registrars working in eligible rural or remote training sites which benefit from the longer placement of a registrar to meet community needs. In these instances, the RACGP will support registrars to meet the diversity requirements.

Extended skills training placements

AGPT registrars are required to complete an extended skills training placement of six months. This can be done as their last training term in a general practice setting or in a non-GP specialist setting at an appropriate time during their training, depending on the discipline/placement. This placement provides an opportunity for the registrar to develop skills in another specialty area relevant to general practice. For example, palliative care, obstetrics, skin clinic, sports medicine or mental health. Extended skills placements are offered in a variety of community-based or hospital-based training settings accredited by the RACGP. More information about becoming an accredited extended skills training site is available on the [RACGP website](#).

Accreditation

All training sites and supervisors involved in the training of AGPT registrars need to be formally accredited. Accreditation aims to ensure a uniformly high standard of general practice training throughout Australia, providing registrars with suitable role models, experience, supervision, teaching and access to appropriate facilities and resources. Accreditation of training sites and supervisors focuses on quality; it includes regular reporting and monitoring and quality improvement requirements.

Accreditation of training sites is undertaken against the RACGP [Standards for general practice training](#). The [Accreditation standards for training sites and supervisors – Guide to implementation](#) provides guidance on how the standards apply to both training sites and supervisors.

As a training site or supervisor, you can be accredited with either the RACGP or ACRRM or both. If you apply for dual college accreditation, the colleges will liaise and share information (with your consent) to ensure a streamlined process.

In most cases, a training site will apply for accreditation concurrently with one or more of its GPs applying to become accredited supervisors.

Based on specific eligibility criteria outlined in the [Remote supervision guidelines](#), a training site may be accredited as a remote supervision site. Various supervision models can be accredited depending on a practice's location and situation. Models include:

- Remote supervision – The registrar works remotely and is supervised by a remote supervisor who may be located anywhere in Australia and who has experience working in the region where the training site is located.
- Blended supervision – The registrar and remote supervisor work in the same location for a period of time throughout the placement, with periods of remote supervision.
- Satellite supervision – The registrar is supervised by a remote supervisor in a nearby town, who is available for some face-to-face meetings and supervision.
- Group supervision – Multiple remote supervisors support multiple remotely located trainees, with rostering to ensure that there is supervision support available at all times.

Benefits of accreditation

There are many benefits of being accredited, for both training sites and supervisors. Registrars are an important component of the general practice workforce, and the RACGP ensures that registrars are placed in areas of workforce need where quality training can be supported. Training sites and supervisors also receive payment from the Department of Health and Aged Care through the [National Consistent Payments Framework](#).

In addition, benefits for accredited training sites include:

- enhancing your practice's reputation as a quality medical education training site
- developing collaborative relationships with other organisations involved in teaching registrars
- bringing fresh ideas and energy into your practice, which may lead to improved processes, systems and care
- contributing to the training of future GPs
- the potential for registrars to return to work at your practice following training.

For accredited supervisors, other benefits include:

- the opportunity to learn new skills through professional development activities
- the opportunity to reflect on your own practice through interaction with your near-peer registrars
- connecting with a community of supervisors
- receiving clinical support from registrars placed in the practice.

For more information about applying for accreditation, refer to [The RACGP accreditation process](#).

Eligibility for accreditation as a training site

To be eligible to apply for accreditation, a training site needs to:

- be in an area where training sites are required (for more information, refer to Areas of workforce need)
- hold current accreditation against the RACGP Standards for general practices
- be equipped to support a registrar and provide a safe clinical learning environment
- be able to provide adequate supervision across the working week
- provide adequate patient numbers with a variety of demographics to ensure registrars experience sufficient depth and breadth of general practice
- provide a quiet space for teaching, learning and study
- provide a suitably equipped, dedicated patient consultation room, which includes:
 - computer and internet access with suitable communication software to allow the registrar to participate in education activities
 - access to a telephone and fax machine
 - equipment to access and update patient records, including health screening and recall systems
 - access to online and/or physical resources to support clinical decision making
 - contact details for alternative avenues of support and information.

Some training sites may be eligible to be accredited as remote supervision sites. For more information on remote supervision eligibility, please refer to the [RACGP Remote supervision guideline summary](#).

Areas of workforce need

The RACGP and ACRRM are responsible for allocating AGPT training placements in line with Department of Health and Aged Care distribution objectives and the training needs of registrars.

Following the transition of GP training back to the RACGP in February 2023, the college has developed workforce priority plans for each state and territory. These plans have been informed by the Workforce Planning and Prioritisation Organisation (WPPO) reports, as well as previous RTO data and local knowledge. The RACGP's workforce priority plans are designed to ensure that registrar workforce is distributed in a way that supports communities being able to access the care that they need.

All general practices are classified, based on their location, according to the Modified Monash Model (MMM), which categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. For more information, refer to the [Department of Health and Aged Care website](#).

To provide the best opportunity for accredited training sites to have registrars placed, the training colleges balance the number of training sites that receive accreditation with the number of registrars. The department's distribution objectives are also considered.

The need for more accredited training sites in a particular location varies, and a practice's eligibility to apply for accreditation is affected by the current need for additional GPs in the area. Areas of workforce need are reviewed six-monthly.

Eligibility for accreditation as a supervisor

Supervisors and the broader supervisory team provide on-the-job teaching, mentoring, supervision, pastoral care and support to registrars via a workplace-based learning model that includes teamwork, coaching, mentoring and computer-based learning.

Each accredited training site (except those meeting the eligibility criteria for remote supervision) must have an accredited supervisor who is responsible for providing clinical and educational support to the registrar as well as assessing clinical safety and competence. Each registrar will have a designated supervisor who takes ultimate responsibility for the registrar during their placement and coordinating the supervisory team at the training site to fulfill this responsibility.

Wherever possible, training sites should have at least two supervisors to ensure a registrar always has a supervisor available to them when working.

Accredited supervisor

An accredited supervisor should be an excellent professional and clinical role model. Applicants need to have:

- Fellowship of the RACGP and/or ACRRM
- full and unrestricted registration as a specialist GP with the Australian Health Practitioners Regulation Agency (AHPRA)
- with preferably, at least four years' experience working in general practice in Australia (two years post-Fellowship)
- evidence of participation in continuing professional development
- a position in which they usually work most of the week at the same location as the registrar.

As part of the accreditation process, a supervisor must complete:

- an interview with the local medical educator (ME)
- learning modules for new supervisors (refer to the [Professional development](#) section)
- cultural awareness and cultural safety training.

Remote supervisor

A GP may apply to be accredited as a remote supervisor. You might choose to be a remote supervisor because you're an existing supervisor with extra capacity, or you work in a non-accredited practice and wish to provide teaching and supervision. Remote supervisors will be allocated to training sites and linked to carefully chosen registrar placements.

Eligibility requirements for remote supervisors can be found in the [Remote supervisor requirements](#). Training sites also need to meet additional requirements which are outlined in the [Remote training site requirements](#).

Additional requirements for solo supervisor training sites

Wherever possible, training sites should have at least two supervisors. This provides the opportunity for continued registrar supervision when supervisors are on leave, off-site or during emergencies / unforeseen circumstances resulting in unplanned leave. However, in some circumstances training sites may be accredited with only one accredited supervisor.

To ensure the continuity of registrar training and safe practice, solo supervisor sites are required to carefully plan leave and off-site arrangements. Accreditation and registrar placement at solo supervisor sites will require a supervision plan and a leave plan for planned and unplanned absences depending on the level of the registrar. RACGP requires that all supervision is matched to the competency of the registrar.

The RACGP *Clinical Supervision plan* guide provides information on development of the plan for all training sites. The plan should be developed using the same prompts for solo supervisor sites. This includes clear arrangements for off-site supervision. Off-site supervision arrangements should be planned to cover a day or parts of a day when the supervisor is not working on-site with the registrar. Details for when to contact and how to contact the supervisor whilst off-site must be known to the registrar.

Please refer to page 21 and 22 of the [AGPT Practice and Supervisor Handbook](#)

Leave plan

As part of accreditation and reaccreditation, solo supervisor training sites must provide a leave plan covering both planned and unplanned leave. The leave plan must be regularly updated by the supervisor and planned arrangements known to the registrar and practice manager. Should leave arrangements change, an updated copy of the leave plan must be provided to the Training Coordinator. The leave plan should cover both clinical supervision of the registrar and teaching requirements and must match the competency level of the registrar.

Planned leave possible options (suitability will be dependent on the registrar's level of training and competency)

- Registrar takes leave at the same time as the supervisor (note: the registrar **MUST** be informed of this arrangement at the time of placement interview)
- Another GP in the practice gains RACGP supervisor accreditation for leave cover (note: Dates must be provided to the RACGP at least 2 weeks in advance to enable linking the supervisor to the registrar)
- The practice employs a locum who is an accredited RACGP supervisor. (note: Dates and details must be provided to the RACGP at least 2 weeks in advance to enable linking the supervisor to the registrar)
- Use of an RACGP accredited remote supervisor (if available) arranged in advance through the Regional Accreditation Coordinator.
- A short term (Up to 4 weeks) blended on/off site supervision arrangement approved prospectively eg: an accredited supervisor working in a nearby practice who provides off site supervision for the period of leave with onsite support from allied health / practice nurse.

Supervisor unplanned leave may occur due to illness, family issues or other unanticipated reasons. The RACGP must be notified of the situation as soon as possible. Unplanned leave possible options -

- Another GP in the practice is accredited and available only to ensure supervision during leave.
- An emergency blended/off-site supervision model is in place to be invoked should this situation arise. (This process must be formally approved via the *Alternative model of supervision for temporary unplanned supervision process*)
- The registrar takes unpaid leave while the supervisor is absent – noting that this will affect the registrar's training time.
- Regular locum that is already RACGP accredited and suits the level of the registrar.
- The registrar is transferred to another training practice. (Note – Due to the timeframe required to establish a new provider number, this option will impact the registrar's training time). Where safe and appropriate, it may be possible to implement an *Alternative model of supervision* for the 4 weeks required to establish a new provider number.

Expectations of a training site and supervisor

Please note that all training sites and supervisors accredited by the RACGP must comply with the following documents:

- [Accreditation standards for training sites and supervisors: Guide to implementation](#)
- [Codes and principles for training sites and supervisors](#) (provides detailed requirements and expectations).

The information in this section provides a brief overview of our expectations of training sites and supervisors, and more detail can be found in the [AGPT practice and supervisor handbook](#).

An accredited training site must ensure that patients are aware that the practice is a learning environment and that the registrar is a GP in training. The training site must have a process to ensure that patients are made aware of training activities, that patient notes are used for case based discussion, random case analysis and other teaching tools

The role of the practice manager

Practice managers have valuable skills that can be of great benefit to registrars and the smooth running of a training placement. As a practice manager, you're often the first person a registrar will contact for assistance with a range of queries.

Orientation and support for new practice managers will be provided by the local RACGP program team and the regional training coordinators who support practices and supervisors.

Employing a registrar

All AGPT registrars must be employed by the practice on a formal employment contract consistent with the [National Terms and Conditions for the Employment of Registrars](#) (NTCER).

General Practice Supervisors Australia (GPSA) provides resources and templates (including position descriptions and employment contracts) for practices and supervisors to assist with employment of registrars. You can find these on their [website](#).

Please note that the NTCER may not apply to community-controlled health services, Aboriginal Medical Services, Australian Defence Force registrars, and some registrars employed by the Department of Health and Aged Care.

Placement

Placement occurs every six months, where registrars are matched to suitable training sites and supervision for their training needs.

Registrars apply to accredited training sites in their eligible area, and practices are responsible for reviewing applications and CVs, shortlisting applicants and holding interviews. Practices and registrars both then provide their preferences to the RACGP for formal allocation. We notify practices of timeframes and requirements well in advance.

While we aim to balance the number of training places with the number of registrars, at times there may be more accredited training places than registrars requiring placement. Therefore, we can't guarantee that training sites will receive a registrar every training term.

Medicare provider numbers

Registrars in confirmed placements at accredited sites will be eligible to charge Medicare equivalent to a vocationally registered GP. Whilst the RACGP will provide MPN applications and process these, it is the responsibility of the registrar

and training site to ensure these are lodged in time for processing... Some details on the application form need to be completed by the practice.

It can take up to eight weeks once a completed form is submitted for the provider number to be mailed to the registrar, so please ensure that the necessary details are completed promptly.

Registrar employment hours

Full-time training in general practice is a minimum of 27 hours of face-to-face, rostered patient consultation time over a minimum of four days within a minimum 38-hour working week.

Part-time training is a minimum of 10.5 hours of face-to-face, rostered patient consultation time over a minimum of two days within a minimum 14.5-hour working week.

Patient numbers, demographics and workload

The number of patients a registrar sees shouldn't exceed four patients per hour in a normal general practice setting. We recommend that registrars in their first placement (GPT1) see only two patients per hour until the registrar and supervisor mutually agree to increase the number seen.

Training sites are expected to provide a full range of patient presentations considered to be 'comprehensive general practice'. This will ensure registrars are exposed to comprehensive and experiential learning on common and significant conditions. Non-GP specialty practices (eg: skin clinics, women's health, refugee health, sports medicine, minor surgery or preventive health) may be eligible for accreditation as extended skills training sites.

You must consider the management of fatigue when rostering registrars (including in-clinic consulting, on-call and after-hours shifts). Travel time and work undertaken external to the clinic, such as local hospital cover and nursing home visits, also contribute to a registrar's overall workload. For more information, please refer to the RACGP policy position statement on [stress and fatigue in general practice](#).

Anti-bullying

All training sites must comply with relevant work health and safety and fair work legislation, and training site staff and supervisors should be familiar with these, including having a zero-tolerance approach to bullying, harassment and discrimination.

Orientation

A well planned, comprehensive orientation to the practice and the local environment is an essential task for the practice manager, supervisory team and other practice staff to undertake together. It helps ensure the alignment of expectations along with the safety (including cultural safety) of the registrar, the practice and the community. This is particularly important for registrars in their first general practice training term. Your plan should include information about all aspects of the practice to enable the registrar to function effectively. A recommended [orientation checklist](#) is available to help guide your orientation activities and additional resources are available on the [GPSA website](#).

Supervision

Onsite clinical supervision should always be readily available to all registrars while they're working, except in the case of pre-approved remote supervision. A supervisor's core tasks include:

- orientating the registrar to, and ensuring they understand, the business of general practice
- supervising the registrar's initial consultations
- developing and monitoring a clinical supervision plan
- providing 'as needed' supervision
- developing an in-practice teaching plan

- providing regular uninterrupted teaching sessions
- giving regular feedback
- completing required assessments
- coordinating the supervisory team (designated supervisor)
- supporting and advocating for the registrar with the training site and the RACGP
- evaluating the education and supervision provided.

The supervisory team

The supervisory team may include other GPs who are not accredited as supervisors, practice nurses, allied health professionals, Aboriginal Health Workers and non-clinical practice staff, all who have experience that can benefit a registrar.

An important requirement for a supervisor is an enthusiasm for general practice and a commitment to providing a positive learning experience. It's important that training in general practice is seen as a team activity for the whole practice and not just the supervisor.

Early Assessment for Safety and Learning (EASL)

The designated supervisor has an obligation to ensure that a registrar's patients are safely managed and that supervision is matched to the individual registrar's level of competence and learning needs. The [Early Assessment for Safety and Learning \(EASL\)](#) suite of tools has been designed to assist with this assessment and to develop a safe clinical environment for the registrar's patients. It will also inform the development of an appropriate supervision plan help you understand your registrar's learning needs.

Clinical supervision plan

It's a requirement of accreditation that each training site have a [clinical supervision plan](#). The designated supervisor works with the broader supervisory team to develop a plan that details the roles and responsibilities of the team, documents how the registrar can access clinical supervision, and indicates who will provide onsite support when the registrar's supervisor isn't available.

Your clinical supervision plan should consider:

- supervision outside usual business hours
- supervision during home visits
- supervision while the registrar is working as a visiting medical officer (VMO) or on-call at a hospital as part of the practice roster
- supervisor leave (planned or unplanned)
- the registrar's competence and level of training.

Teaching

Learning plan

Registrars are responsible for planning their own learning. Supervisors help with this planning and review the plan regularly with the registrar.

In-practice teaching

Teaching time includes both formal and informal teaching activities, and the amount of time required depends on the registrar's stage of training:

- GPT1 – minimum 3 hours (FTE) per week of which one hour must be scheduled and uninterrupted formal in-practice teaching.

- GPT2 – minimum 1.5 hours (FTE) per week of which 30 minutes, or one hour per fortnight, must be scheduled and uninterrupted formal in-practice teaching.
- GPT3 – minimum 30 minutes per week of scheduled and uninterrupted formal in-practice teaching.

For part-time registrars, the expected teaching times will be reduced pro rata according to their training time. In part-time GPT1 placements, the one hour scheduled and uninterrupted teaching time should be preserved, even though the expected minimum three hours of teaching will be reduced.

Each practice is required to develop an [in-practice teaching plan](#) that addresses the registrar's learning needs and is consistent with training program requirements.

Out-of-practice educational requirements

Registrars are required to attend mandatory education workshops and webinars. As per the NTCER, educational release (to attend RACGP workshops and webinars) is included in the registrar's employment hours; practices are required to release and pay for their attendance time. Workshops are mostly scheduled in GPT1 and 2. We'll provide each region with a detailed calendar of workshop events before the start of each semester.

Workplace-based assessments and feedback

As a supervisor, you're integral to workplace-based assessment, which includes direct observation of consultations and procedures, and participating in random case analysis and case-based discussions.

Supervisors are required to complete two mini-CEX assessments per term for GPT1 and GPT2 registrars in the AGPT program. It is recommended that there is a gap between mini-CEX assessments in each term so that a registrar has sufficient time to reflect on their performance and respond to feedback. A mini-CEX can be incorporated into the time set aside for one-on-one teaching. Assessments are provided in the form of feedback reports, focusing on the registrar's competence and progression towards expected levels.

Registrars will also provide feedback on training sites and supervisors at the completion of their placement. This feedback is an opportunity for practices to continuously improve as they review their own progress as a learning environment.

External clinical teaching visits

External clinical teaching visits (ECTVs) are an educational tool involving an experienced external GP observing a registrar's consultations and providing feedback and advice to improve their clinical performance. These may be conducted face-to-face or virtually.

Two ECTVs are conducted during Terms 1 and 2, and one during Term 3.

In addition to the teaching component, information gathered during these visits contributes to the RACGP site and supervisor reporting and monitoring that is linked to the maintenance of accreditation.

Practice reporting requirements

Throughout a registrar's placement, reporting by the practice enables us to monitor if requirements are being met, as well as the performance of the practice and supervisors, and to confirm that the registrar is achieving their training outcomes.

Any issues that are identified will be promptly managed by the local RACGP team. This may take the form of a discussion with the supervisor and/or practice manager or the provision of additional support or remediation. Any issues will be documented and, if necessary, escalated to the regional accreditation panel.

The RACGP will use existing touchpoints to discuss progress, collect information and monitor all aspects of the registrar's placement. This regular communication means that formal monthly reports, with their associated administrative burden, are not required.

Both colleges have agreed to share appropriate information on practice monitoring for dually-accredited practices.

Risk management

As an employer, the training site, along with the supervisor, has the primary duty of care to ensure, as far as is reasonably practicable, the registrar's health and safety during the placement.

Training sites must comply with work health and safety legislation applicable to their location and advise the training colleges of any safety concerns, risks, hazards or incidents that may affect registrars.

The management and reporting of critical incidents, adverse events and patient complaints is an important components of training management and a joint responsibility of all parties; it is also a requirement of the [Standards for general practice training](#). The [Adverse event and critical incident management and reporting guidance](#) defines what makes an adverse event a critical incident and details the reporting requirements.

Professional development

Professional development for accredited supervisors is detailed in the [National supervisor professional development program](#).

GPs wishing to become supervisors will be required to complete the *Foundations of GP supervision* modules to become an accredited supervisor. The complete course is delivered either as a blend of face-to-face workshops and online learning, or entirely online. The course will take from one to two days to complete, depending on which option you choose.

If you're a newly accredited supervisor, you must complete the first seven modules before your registrar commences. The final module is designed to reinforce the learning of earlier modules and is completed 6–12 months after the registrar commences.

Continuing supervisor professional development is required and reviewed as a component of reaccreditation. A range of activities is available, including workshops, small-group learning, and peer-group learning to complement the initial online learning modules. You can choose activities that interest you or are relevant to your practice, an outline of the [requirements and payments](#) is available.

If you're a remote supervisor, you'll need to complete the remote supervision online module.

Payments

Training sites and supervisors receive payments from the Department of Health and Aged Care while participating in the AGPT program. These payments are validated by training data provided by the training colleges and administered by Services Australia.

In-practice teaching payments will be made to supervisors monthly in arrears, either directly to the supervisor or to the practice, based on individual practice models. The colleges will validate activities related to these payments to ensure that quality teaching activity is occurring.

Practice payments will be made to training sites quarterly in advance for hosting registrars in the first two community-based general practice terms.

The National Consistent Payments (NCP) framework sets out the in-practice teaching and practice payment terms and conditions. Payments are tiered according to MMM categories to provide greater support to general practice training in rural and remote areas.

Additional funding to support continuing professional development for supervisors and to assist those areas facing difficulty in attracting and retaining GPs are supported through the Flexible Payment Pool.

For further information about the NCP framework, including a fact sheet and questions and answers for practices and supervisors, visit the department's [website](#).

The RACGP accreditation process

Overview

Accreditation aims to ensure a uniformly high standard of general practice training throughout Australia, providing registrars with suitable role models, experience, supervision, teaching and access to appropriate facilities and resources. The principles underlying the accreditation of training sites and supervisors are:

- i. providing a safe environment for the registrar and the patient
- ii. providing quality training suited to the registrar’s training needs
- iii. ensuring supervision is matched to the registrar’s training needs and competence.

Training site accreditation is initially granted as provisional for 12 months to enable us to give additional support to the practice. Progression to full accreditation for a three-year accreditation period is anticipated after 12 months of successful registrar placements.

If you wish to apply, you should complete a self-assessment against the eligibility criteria to determine if you can meet the [RACGP Standards for training sites and supervisors: Guide to implementation](#) and what improvements may need to be made before applying.

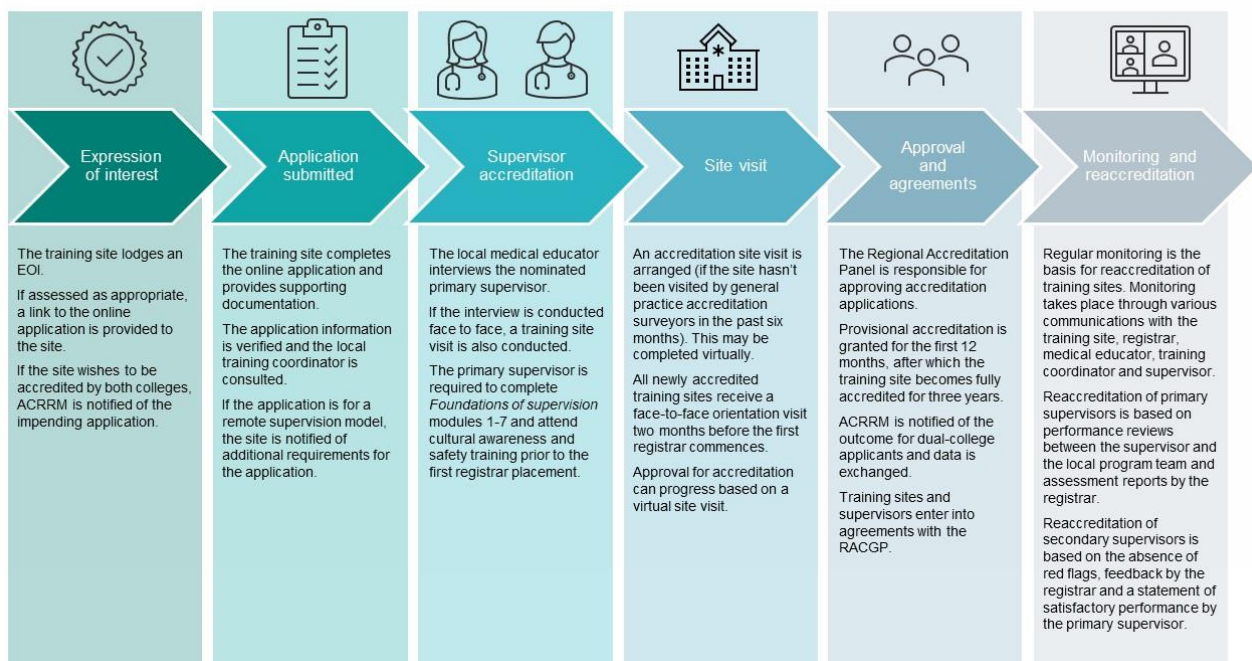


Figure 2. The steps in becoming an accredited training site or supervisor

Expression of interest

Following the transition of GP training back to the RACGP in February 2023, the college has developed workforce priority plans for each state and territory. These plans have been informed by the Workforce Planning and Prioritisation Organisation (WPPO) reports, as well as previous RTO data and local knowledge. The RACGP’s workforce priority plans

are designed to ensure that registrar workforce is distributed in a way that supports communities being able to access the care that they need.

We are specifically looking for training sites and supervisors who are committed to maintaining a culture of teaching and learning and can be relied upon to deliver high-quality, safe training for GP registrars in accordance with the following standards:

- RACGP Standards for General Practice Training 3rd edition
- Accreditation standards for training sites and supervisors: Guide to implementation
- Codes and principles for training sites and supervisors

If you are in an identified area of workforce need, you will be able to submit an expression of interest (EOI), which you can access from the RACGP website. If you wish to be accredited by both the RACGP and ACRRM, you only need to make one application, through either college's website. We'll seek permission to share information between the colleges.

New training site application

Reasons for applying for accreditation

It's important to consider why your practice staff, as a collective, wants to have a registrar at the practice and to clearly articulate the reasons in your application.

The supervisory team and training site should all share responsibility for the registrar's training in a supportive, collegial way to ensure a positive training experience.

After hours and on-call arrangements

Training sites will be asked to provide their opening hours and the hours that the supervisors are physically at the training site to ensure appropriate availability of supervision. Supervisors are required to match the level of supervision to the registrar's competence and the context of the training situation.

In rural locations, if the registrar is required to participate in the emergency on-call roster or as a Visiting Medical Officer (VMO), you'll need to consider how the registrar will be supervised during these times or how they can access support.

Branch practices

If your practice has a branch practice, and you are planning for a registrar to also work there, with adequate supervision this information is required in the application.

Branch practices – The training sites are directly related (eg a main practice and branch or multiple sites of the same facility). Sites use the same systems, share medical software, and staff often work across sites. All sites will be managed as a single accredited facility. A registrar may work at any of the branch practices, providing supervision is adequate and the registrar agrees.

Affiliations or Affiliated practices

The RACGP needs to identify practices that are organisationally linked. Practices that are linked organisationally but function independently within a network (eg corporate practices or a group of facilities that share administration but operate autonomously) are not to be affiliated practices. These sites will be treated as different training sites, and each requires its own separate accreditation. A registrar may be able to work at a number of group practices to meet their requirements for diversity of practice. The RACGP will determine whether this is appropriate on a case-by-case basis. In your application, please describe the management and ownership structure of the facility, and any impact on registrars.

Split placements

Cooperative arrangement – A training site enters into an arrangement with another training site, whereby the registrar will work in both sites concurrently. Registrars are able to work part-time at each site as long as their total working hours do not exceed 38 hours per week and part-time minimum requirements are met at either site. Supervision must be provided appropriately at each location. Strategies for fatigue leave and patient safety, especially if the registrar is required to perform on-call duties need to be discussed with the registrar. A registrar can work under a cooperative arrangement to meet their diversity of practice requirements, provided both sites are accredited for comprehensive general practice.

Additional or advanced skills

If the supervisor applicants have additional recognised skills or conduct procedures in a discipline in which registrars can obtain further clinical or educational opportunities, list these in the application to be endorsed. You'll need to provide supporting documents, and the discipline should be included in the relevant supervisor's CV.

New supervisor application

In most cases, a training site will apply for accreditation concurrently with one or more of its GPs applying to become accredited supervisors. However, sometimes a supervisor may apply for direct accreditation, such as when they:

- move to an already-accredited site and wish to join the supervisory team
- wish to become a remote supervisor.

If the applicant is already accredited and is applying to add or change a location, information previously provided doesn't need to be resubmitted. New applications can be made by contacting your respective Training Coordinator.

Review of application, site visit and interview

The regional accreditation coordinator will review the application and liaise with the practice if further information or clarification is required. They'll liaise with the local training coordinator to arrange a site visit.

The local medical educator will conduct an interview with the prospective supervisor(s) to ensure all aspects of the supervisor role are discussed and understood.

Approval and agreement

All accreditation applications are approved by the Regional Accreditation Panel. Provisional accreditation is granted for the first 12 months of training, after that, if there are no issues, the training site moves to full accreditation for a total of three years.

If the application is for accreditation with both colleges, ACRRM is notified of the outcome and with permission, data is exchanged.

Training sites and supervisors are required to enter into an agreement and abide by the [Codes and principles for training sites and supervisors](#), and the [Standards for training sites and supervisors: Guide to implementation](#).

Reaccreditation

The reaccreditation cycle is generally three years if your practice is accredited with both the RACGP and ACRRM, both colleges will align their reaccreditation dates.

The reaccreditation process is informed by ongoing monitoring of practices and supervisors. We monitor adherence to accreditation standards through the many points of contact with the practice and supervisor, including:

- informal liaison
- professional development activities
- registrar feedback
- supervisor feedback
- external clinical teaching visits
- the registrar placement process.

We also consider any adverse events relating to the performance of practices and supervisors.

We encourage you to view reaccreditation as an opportunity to review your practice's learning environment and plan future enhancements, and to verify that all supervision requirements continue to be met.

Reconsideration and appeal of decisions

If you're not satisfied with a decision we've made about your accreditation status, you can apply for reconsideration.

Applications for reconsideration should be submitted to the National Accreditation Unit using the [Accreditation Decision Reconsideration Request Form](#).

If you're still not satisfied with the reconsideration decision, you can apply to the RACGP to appeal the decision.

Supplementary material

Contacts

RACGP National Accreditation Unit

T: 1800 331 626

E: educationaccreditation@racgp.org.au

General Practice Supervisors Australia (GPSA)

T: 03 5440 9077

E: admin@gpsa.org.au

W: www.gpsa.org.au

GPSA is an autonomous association representing GP supervisors. Membership is free and the association offers its members advice, support and advocacy.

Resources

[Accreditation Policy](#)

[Accreditation standards for training sites and supervisors: Guide to implementation](#)

[Australian General Practice Training \(AGPT\) Program](#)

[Bi-College Accreditation Application Guide](#)

[Codes and principles for training sites and supervisors](#)

[Standards for assessment and accreditation of specialist medical programs and professional development programs](#)

[Standards for general practices](#)

[Standards for general practice training](#)

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- Eastern Victoria GP Training
- General Practice Training Queensland
- General Practice Training Tasmania
- GP Synergy
- GPEx
- James Cook University GP Training
- Murray City Country Coast GP Training
- Northern Territory General Practice Education
- Remote Vocational Training Scheme
- Western Australian General Practice Education and Training