



Companion for Standards for General Practice Education and Training Programs and Providers 2005



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Introduction

This companion document informs the implementation of the *Standards for programs and providers 2005* and has been prepared in response to requests for clarifications in relation to specific standards.

With the exception of the clarifications for quality development standards (non-mandatory standards), the basic structure of all clarifications include:

- the standard as documented in the *Standards for general practice education and training programs and providers 2005*
- clarifications pertaining to the standard
- appendix discussing the educational principles of the standard if applicable
- details of how the standard will be assessed during accreditation.

It is important to note that while most standards are requirements, some are 'quality development' standards. Quality development standards are not formally required and allow training providers to seek excellence beyond the foundational standards.

The RACGP would like to thank the Department of Health and Ageing whom, via General Practice Education and Training, provided the funding for these companion documents.

This document will be updated as further clarifications and details become apparent. If you have a query that is not currently addressed in this companion document please email accreditation@racgp.org.au.



Standards for training programs

Standard P.5

The program must provide at least 125 hours of peer/group learning via face to face meetings, teleconferences or video conferences over 18 months in general practice. Of this, at least 48 hours must be via face to face meetings.

Over their 18 months of core general practice attachments, registrars are required to attend a total of 125 hours of peer/group learning meetings provided by the training provider. Forty-eight hours of this learning must be conducted face to face, with the remaining 77 hours attended either face to face, via teleconference or video link.

It is recognised that many topics can be effectively taught in hour blocks, whereas other topics are more effectively taught over consecutive numbers of hours or days. Regional training providers are encouraged to tailor the provision of face to face peer/group learning meetings to the specific needs of registrars within the region. Further, providing there is a documented educational rationale for a particular educational proposal, training providers can include a number of strategies, including the incorporation of conference attendance and self directed learning of regional registrar groups.

When assessing compliance to Standard P.5, the following information will be taken in to consideration:

- documented educational rationale for chosen strategies
- workshop/meeting timetables
- registrar attendance lists for workshops/meetings
- information recorded in registrar electronic database records (eg. IRIS)
- other documentation providing information regarding registrar learning and assessment.

Standard P.6

The program must provide a minimum of 5 half day sessions or equivalent of direct or videotaped observation of registrar consultations by medical educators along with written feedback during the first 18 months of general practice experience.

Medical educators, or their delegated educational advisor, must provide the registrar with feedback organised by the training provider, including written feedback, based on direct or videotaped observations over a minimum of 5 half day sessions.

Although a mix of both direct and videotaped observation is highly desirable, registrar consultations can be reviewed by the medical educator or delegate entirely on videotape, directly or a combination of both provided that the educational needs of the registrars are met.

Please see Appendix 1 for further information regarding feedback.

Assessment of standard:

- documented processes for direct observation of registrar consultations, including rationale for chosen strategy
- documented evidence of written feedback provided to registrars regarding observed consultations

Standard P.7

The program must include regular out of practice group contact opportunities for registrars (for the purpose of education or general support) on at least two occasions per month, facilitated by the training provider.

The training provider must facilitate and provide the opportunity for registrars to meet peers on at least two occasions per month either face to face, via teleconference or video link.



It is important to note that training providers will be assessed on the provision of these opportunities to address registrar needs, not the registrar uptake. Training providers are encouraged to actively engage registrars to gauge registrar needs and provide support as indicated by registrars.

The purpose of these meetings is to provide registrars with the opportunity to meet other registrars on a regular basis, discuss important educational topics, debrief, and receive peer support. Group meetings can contain some educational content determined by the registrars based on their learning needs.

Please note that there are no specifications for the required length of these meetings and that each training provider can customise the length of the meetings to fulfil the specific needs of registrars within the region.

There are a number of ways in which out of practice group contact can be provided, including:

- study groups
- video/teleconferences
- incorporation of contact opportunities into other educational meetings.

Assessment of standard:

- documentation detailing out of practice group contact opportunities for registrars
- documented evidence that out of practice group contact opportunities meet specific registrar needs.

Standard P.9

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

Training providers must ensure that there are sufficient accredited training posts/primary care facilities, providing a range of general practice training opportunities, to meet the learning needs of registrars.

Assessment of standard:

- there are sufficient accredited training posts/primary care facilities to offer registrars a breadth of learning opportunities for general practice.

Standard P.10

An integral and critical part of the education and training in the program must be high quality, regular formative assessment with constructive feedback to registrars on their performance. This assessment must be supported by:

- **documented remediation processes to assist registrars whose progress is assessed as unsatisfactory**
- **a documented process for dealing with registrars whose progress remains unsatisfactory after remediation.**

Training providers, as part of the education program, must have quality formative assessment with constructive feedback. Formative assessment must be supported by remediation, with a documented process for dealing with registrars whose progress remains unsatisfactory after remediation.

Characteristics of high quality assessment include validity, reliability, educational impact, acceptability, feasibility, and efficiency.

Assessment of standard:

- documented formative assessment processes
- documented evidence of formative assessment that is valid, reliable, acceptable to registrars and meeting learning needs
- documented remediation process including steps for registrars whose progress remains unsatisfactory after remediation.



Standards for education and training providers

Standard P.18

An adequate number of staff with appropriate qualifications and expertise is available to conduct and administer training so that:

- there is a core group of staff with a high level of general practice educational expertise who work at least two sessions per week in general practice
- there is an adequate level of support staff for effective financial and general administration of the program
- relevant staff training and professional development opportunities are provided for medical educators
- medical educators maintain and improve knowledge and skills through continuing professional development.

All training providers must ensure that there is a core group of staff with expertise in general practice education and that there is an adequate level of support staff.

Assessment of standard:

- training provider has a core group of staff (evidenced by an organisation chart) with expertise in general practice training, medical education, financial administration and general administration
- general practice medical educators work a minimum of two sessions per week in general practice
- general practice medical educators maintain and improve their knowledge and skills in general practice medical education through professional development.

Quality P.19

Comprehensive data on program performance should be maintained so that:

- data is routinely collected to monitor key aspects of program performance
- records are up to date and accurate
- key program input and output data, including:
 - application rates, selection and allocation of registrars
 - completion and attrition rates overall and by categories of registrars, eg. part time, full time, urban and rural
 - summative and formative assessment performance, including pass rates
 - ongoing retention rates of graduates within the region
 - reasons for withdrawal.
- key program delivery data, including:
 - volume and type of education and training activity
 - overall registrar performance data
 - quality measures for each program component.

Please note that P.19 is a quality development standard aimed at documenting performance data for information purposes.

The RACGP recognises that data collection for program performance is a responsibility of both the fundholder and the training provider. P.19 will not become mandatory without extensive consultation with all relevant stakeholders.



Standards for selection and enrolment

Standard P.21

There are clearly documented policies and procedures for selection into training, which are developed and monitored in collaboration with key stakeholders.

Please see Standard P.24.

Standard P.22

Documented policies are consistent with best practice in other specialist colleges and other comparable institutions so that the:

- **documentation is clear and easily understood**
- **documented policies are readily accessed by applicants and are available to the medical profession and the community**
- **documentation includes clear specifications for eligibility criteria, application procedures and selection processes.**

Please see Standard P.24.

Standard P.23

There is a reliable and valid process for selection into training so that the:

- **effectiveness of measures for assessing applicants' suitability for general practice training has been evaluated**
- **measures used are demonstrably fair and consistent for all applicants**
- **documented selection process is implemented in a consistent manner from place to place and year to year**
- **measures exist to provide feedback on applicants' strengths and weaknesses**
- **documented appeals process is available**
- **criteria for determining successful selection are objective and transparent**
- **outcomes of the selection process remain consistent from one intake to the next**
- **staff involved in conducting the selection process are adequately trained to ensure consistency in procedures and scoring.**

Please see Standard P.24.

Standard P.24

The selection process operates in accordance with national* and international^ standards for entry to postgraduate medical training and in particular:

- **the standards and procedures are consistent with the template approved by the Joint Standing Committee of the Australasian Medical Council/Committee of Presidents of Medical Colleges, particularly in relation to doctors trained overseas**
- **there is a clearly described process for ranking applicants in order of merit based on suitability for training**
- **there are objective measures for testing the suitability of applicants for training based on required minimum levels of competence.**

Standards P.21, P.22, P.23 and P.24 require that there are clearly documented procedures for selection into training, that selection is consistent with best practice, that there is a valid and reliable process for selection, and that selection processes are in accordance with national and international standards for entry into postgraduate medical training.

* Brennan PJ. Workforce Education and Training. Trainee Selection in Australian Medical Colleges. Available at: www.health.gov.au

^ The World Federation of Medical Education. Available at: www.wfme.org/



It is recognised that selection processes are carried out by both training providers and fundholders, however training providers must ensure that processes within their influence are in accordance with Standards P.21 – P.24.

Assessment of standards:

- selection processes within the training provider's influence are in accordance with Standards P.21 – P.24



Standards of support for registrars

Standard P.26

Registrars are supported in securing at least two different general practice placements of high quality during their training.

To ensure that registrars experience a breadth of general practice, training providers should support registrars in securing at least two different general practice placements.

It is recognised that it may not always be possible to meet Standard P.26. In these situations the training provider must ensure that the registrar is exposed to a wider range of general practice experiences. This can be met in a number of ways, including the integration of interpractice visits and registrar involvement in after hours care.

Assessment of standard:

- documented process for multiple placements
- where multiple placements are not possible, the training provider must have a documented process for ensuring breadth of experience equivalent to training in more than one practice (eg. registrar involvement in after hours care facility in region, or exposure to other practices or other educational activities to ensure review and reflection on varying practice operations and contexts).

Quality P.32

The training provider should encourage the registrar to take on an educational role within the training setting with colleagues and students by making opportunities available and supporting the registrar in this activity.

See Quality P.33.

Quality P.33

The training provider should encourage registrars with a keen interest in the discipline to become a scholar in general practice.

P.32 and P.33 are quality development standards aimed at promoting vertical integration and providing an opportunity for registrars with an interest in academic general practice to develop these skills further.

Assessment of standard:

- documented processes regarding the provision of career advice and information to trainees in relation to educational/academic/scholar roles.



Standards of support for trainers

Standard P.37

Trainers have at least 3 days of meetings (or pro rata equivalent) annually to enable trainers to come together and develop teaching skills.

Training providers must support trainers to meet 3 days FTE annually to enable trainers to develop teaching skills. Although all trainers must be encouraged and supported to attend these meetings, it is recognised that this may not always be possible as many training posts have a number of accredited trainers who share registrar training time. Training providers must ensure that trainers from each training post attend a total of 3 days of meetings annually and ensure that a mechanism exists within each training post to disseminate the educational messages taught during those meetings to all trainers at the training post.

There are a number of ways in which training providers can support trainers to meet this standard, including the provision of:

- face to face meetings
- tele/videoconferencing
- subsidies for conferences and courses.

Assessment of standard:

- documented process detailing how trainers are supported to meet 3 days FTE annually
- documented process for providing trainers with workshop/training information dissemination strategies within their training post.

Standard P.40

Trainers are supported in undertaking a higher degree in general practice or medical education.

Training providers may encourage and must support trainers wishing to undertake a higher degree in general practice or medical education.

Training providers can support trainers to undertake a higher degree in general practice or medical education in a number of ways, including the provision of:

- information, advice and career counselling
- leave to attend medical education courses
- financial subsidies and support for medical education courses.

Assessment of standard:

- documented procedure detailing training provider support processes for trainers seeking to undertake a higher degree in general practice or medical education.

Appendix 1

The importance of effective feedback during training is well established.^{1,2}

The effect of feedback, especially negative feedback, is influenced by many factors, including the credibility of the source. For example, negative feedback is more readily accepted if the source is well respected.³

As a specific feedback tool, the use of recordings encourages a learner centred approach where, through self-evaluation and feedback from others, learners will improve their communication and clinical skills and be more actively involved in analysis.^{4,5,6} Further, learners who observe or listen to themselves understand their own strengths and weakness much more readily than if they rely on reflection alone.⁵

A medical educator is considered to be a credible source experienced in providing effective feedback. Medical educators are therefore in a position to provide valuable, independent, quality feedback to registrars regarding their clinical skills.

1. Kilminster S, Jolly B, van der Vleuten CPM. A framework for effective training for supervisors. *Medical Teacher*, 2002; 24: 385-389

2. Swanwick T. Informal learning in postgraduate medical education: from cognitivism to 'culturism'. *Medical Education* 2005; 39: 859-865

3. Hesketh EA, Laidlow JM. Developing the teaching instinct. *Medical Teacher*, 2002; 24: 479-482

4. Whitman N, Schwenk TL. *The Physician as Teacher*. Salt Lake City, Whitman Associates, 1997: 7, 25-27, 47-48

5. Moorhead R, Maguire P, Thoo SL. Giving feedback to learners in the practice. *Australian Family Physician*, 2004; 33: 691-94

6. Parish SJ, Weber CM, Steiner-Grossman P, Milan FB, Burton WB, Marantz PR. Teaching Clinical Skills Through Videotape Review: A Randomized Trial of Group Versus Individual Reviews. *Teaching and learning in medicine*, 2006; 18: 92-8

