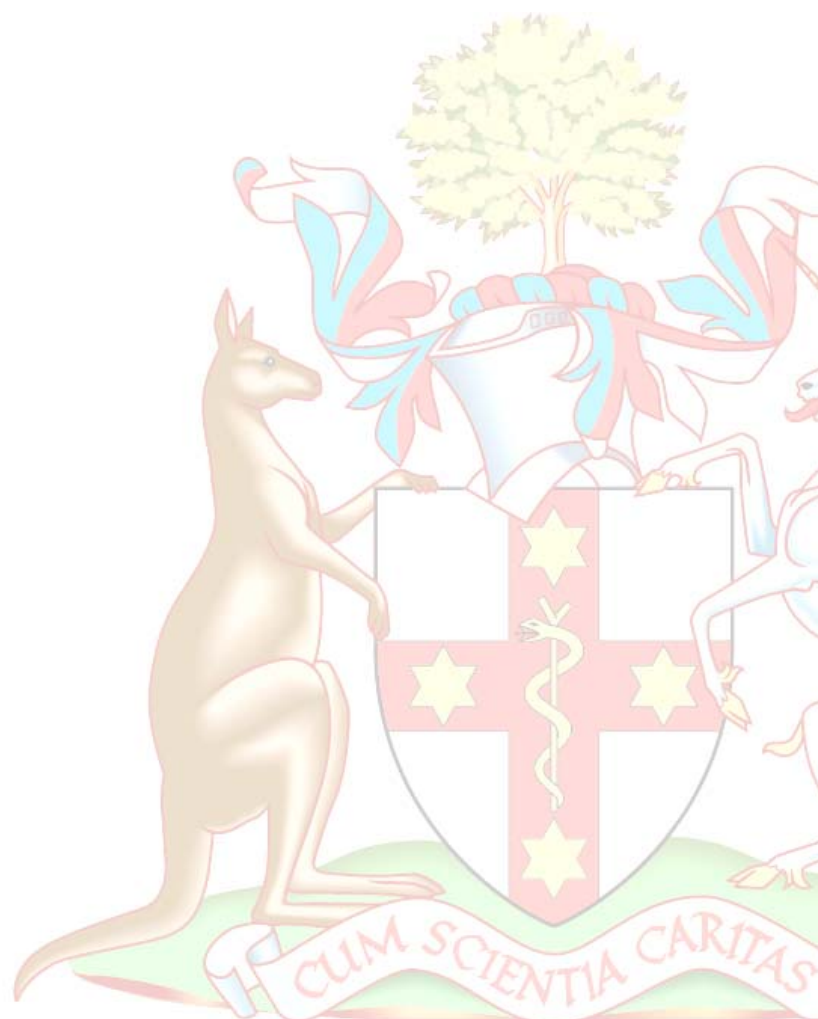




# Companion for Standards for General Practice Education and Training: Trainers and Training Posts 2005 (Version 2)



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## Introduction

This companion document informs the implementation of the *Standards for trainers and training posts 2005* and has been prepared in response to both formal and informal feedback and requests for clarification.

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: trainers and training posts 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 trainers and training posts to seek excellence beyond the foundational standards.

Please see Appendix 1 for definitions in addition to those found in the *Standards for general practice education and training: trainers and training posts 2005*.

The Royal Australian College of General Practitioners (RACGP) would like to thank the Department of Health and Ageing who, via General Practice Education and Training, provided the funding for two companion documents:

- *Companion for Standards for general practice education and training: trainers and training posts 2005 (Version 2)*
- *Companion for Standards for general practice education and training: programs and providers 2005.*

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](mailto:accreditation@racgp.org.au).

## Implementation

All Regional Training Providers (RTPs) at the beginning of the 2008 training year will implement the RACGP 2005 Vocational Training Standards for Trainers and Training Posts.

During the discussions on the implementation of the 2005 standards, there have been a number of agreed changes directly affecting the implementation of Standards T.6, T.9 and T.16. The changes relate to the required times and methods of implementation of protected teaching time in the General Practice Training (GPT) 2 and of structured teaching time in GPT 3 terms (see Figure 1 overleaf for further details). The explanations detailed below are also included in the clarifications pertaining to in this document for standards T.6, T.9 and T.16.

### Time requirements

The change to the total time requirement applies only to GPT 2 registrars. The total teaching time is reduced from 2 hours per week to 1.5 hours per week.

In GPT 3 the 1 hour per week of structured learning time is wholly satisfied by registrars undertaking a RACGP Category 1 QA&CPD activity (see Standard T.9, for further details).

### Flexibility in delivery of teaching time

Increased flexibility in meeting structured learning time requirements applies only to GPT 3 registrars.



The structured learning time for GPT 3 registrars must be undertaken in a way that meets the registrar's learning needs, and is agreed to by the medical educator and trainer.

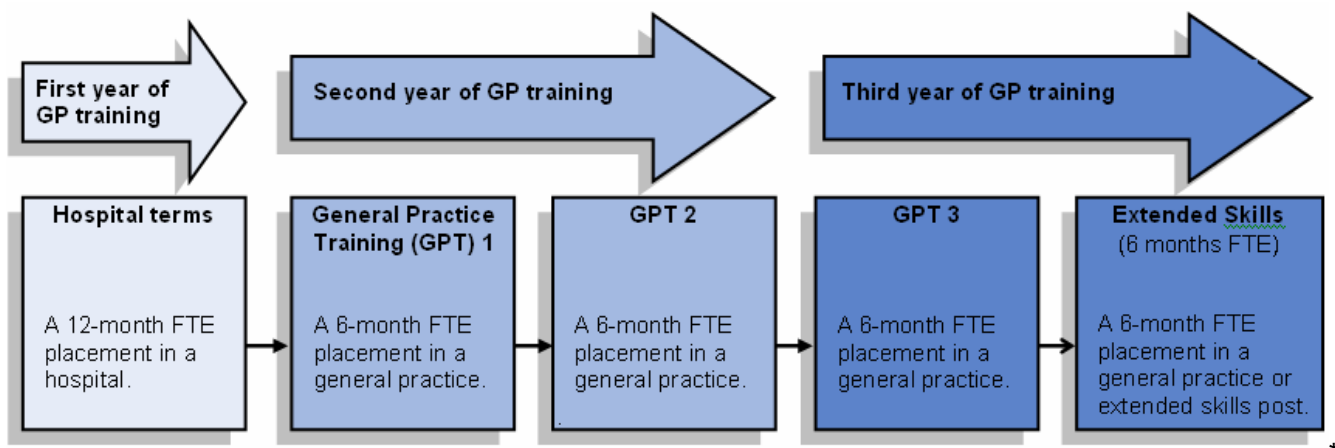
In order to satisfy this standard, registrars must undertake and successfully complete a learning activity assessed as a Category 1 RACGP QA&CPD activity of no less than 8 hours duration. This activity will satisfy in full the structured learning time requirements in GPT 3.

For details of types of RACGP QA&CPD Category 1 activities please see Appendix 5 or [www.racgp.org.au/qacpd](http://www.racgp.org.au/qacpd).

The emphasis of T.6, T.9 and T.16 remains protected education / learning time based on the GP registrar's learning plan, with the focus on the educational experience for the GP registrar. The protected education / learning activity must be negotiated by the GP registrar with the GP trainer and be based on defined measurable learning outcomes. This ensures that GP registrars are provided with the required education / learning time throughout all of the core GP terms (ie GPT1, GPT2 and GPT3) but allows for a range of high quality educational experiences, more suited to the increasing independence of the GP registrar as they progress through their training experience.

Figure 1 – general practice training terms (typical progression)

\*Please note that extended skills can be completed in other posts. If extended skills is completed in a general practice post this can only be completed after the 18 months of core general practice attachments have been completed.



## Standards for all general practice trainers

### Standard T.1

**The trainer must have full and unrestricted registration by the State Medical Board and no prior history of removal from the register for disciplinary reasons under any jurisdiction.**

Full and unrestricted/unconditional registration refers to registration without medical board/council imposed conditions, limitations or restrictions.

Conditions or limitations can only be placed on a medical practitioner's registration for specific reasons, which may include unprofessional behaviour, mental health issues or performance issues. To be removed from a register, a medical practitioner must be found guilty of a serious offence, or unprofessional conduct, by the relevant state medical board, council, tribunal, or commission.

Please note that a geographical restriction for Medicare Australia purposes is not a medical board/council restriction.

Assessment of standard:

- a current copy of the trainer's medical registration
- trainer written confirmation of no prior history of removal from the medical register as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

### Standard T.2

**The trainer must be an excellent clinician. This may be demonstrated by:**

- **holding Fellowship of the RACGP, or**
- **being accepted by peers as an excellent clinician and providing a written recommendation from a local medical educator to whom the clinician is known. In this case, the college will assist the trainer in working towards the Fellowship of the RACGP.**

Trainers must either hold Fellowship of the RACGP or ACRRM, or be accepted by their peers as an excellent clinician.

The second criteria for this standard can be demonstrated by submitting documentation (eg. letter of reference), from two or more peers, to the training provider in conjunction with a written recommendation from a local experienced general practitioner (GP) who is engaged by a training provider, or other medical education organisation, to provide general practice training, education or assessment.

The RACGP offers a number of educational support programs to assist candidates in preparation for Fellowship, including:

- pre-examination courses, the General Practice Recognition Education Program (GPREP), tutorial assistance, relevant QA&CPD sessions, faculty seminars and workshops, *gplearning*, and RACGP Library and Resource centre.

Trainers are advised to contact their local Faculty for further information regarding the above.

Assessment of standards:

- Fellows: RACGP verification of trainer's Fellowship status
- non-Fellows: Letter of reference from peers in conjunction with written recommendation from a local medical educator as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.



### Standard T.3

The trainer must be a good role model and demonstrate commitment to the development of the profession by:

- current membership of the RACGP
- current membership of the Australian College of Rural and Remote Medicine (ACRRM), or
- demonstrable active involvement in a primary care professional organisation.

Standard T.3 places an emphasis on the trainer being involved in the general practice profession broadly and demonstrating an interest in professional bodies relating to general practice.

To meet Standard T.3, the trainer must either have financial membership of the RACGP, or ACRRM, or demonstrate some form of active involvement in the profession. Examples include:

- membership in a committee involved in primary care
- involvement in primary care medical education, research or assessment
- active involvement in other organisations of direct relevance to primary care.

Assessment of standard:

- RACGP or ACRRM member: RACGP verification of membership status, or
- other: a curriculum vitae, or summary of involvement in a primary care organisation, must be included in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

### Standard T.4

**The trainer must hold vocational recognition as a GP by the Health Insurance Commission.**

Please note that the Health Insurance Commission stated in Standard T.4 refers to Medicare Australia.

The requirement in Standard T.4, vocational recognition as a GP by Medicare Australia, ensures that the trainer is involved in continuing professional development.

Assessment of standard:

- the trainer must provide their provider number as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

### Standard T.5

**The trainer must participate in continuing professional development aimed at improving performance as a general practice educator.**

Standard T.5 ensures that a trainer is involved in continuing professional development specifically in relation to medical education and training. Please note, as stated in Standard P.36 in *Standards for general practice education and training: programs and providers 2005*, that training providers must provide at least three days, or pro-rata equivalent, annually to enable trainers to develop their teaching skills. New trainers must participate in continuing professional development within the first year of becoming a trainer.

Assessment of standard:

- initial accreditation: the trainer must agree to Standard T.5 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- reaccreditation: the trainer must provide details of continuing professional development sessions attended as requested in the *Application for reaccreditation as an RACGP GP trainer/training post*.
- trainer feedback as specified in Feedback T. 43.



## **Standard T.6**

**The trainer must be available for 1 hour per week of protected contiguous time for face to face teaching and discussion with the registrar for all general practice attachments.**

General practice attachments refer to training undertaken in a general practice as part of the first 12 months of required general practice experience as defined in Requirement V.2 in *Standards for general practice education and training requirements for fellowship 2005*.

Please note that protected learning time for GPT 3 registrars (the final six months of core general practice training terms) is a flexible educational requirement that can be met in a number of ways providing there are documented educational strategies to support the registrar's learning needs. Please see Standard T.9 and Appendix 2 for further details.

## **Quality T.7**

**Trainers should be active Fellows of the RACGP.**

The intent of this non-mandatory quality development standard is to encourage all new trainers to be active Fellows of the RACGP. An 'active Fellow' is a financial Fellow of the RACGP.



## Additional standards for trainers: first year in general practice

### Standard T.8

**The trainer must have at least 4 years full time equivalent experience in general practice. This may include postgraduate training experience in general practice.**

RACGP accredited Level 1 trainers, trainers who are involved in vocational training for registrars in their first year in general practice, are required to have 4 years full time equivalence experience in general practice – this is inclusive of any postgraduate general practice vocational training.

Please note that trainers who have worked intermittently, and part time, for a number of years who do not entirely fulfil this requirement can apply for recognition for acceleration of this time using the formula for part time training.

Trainers can also apply to the state faculty for recognition of overseas experience. See Appendix 3 for further details regarding the application process.

Assessment of standard:

- State Vocational Training Accreditation Subcommittee (VTASC) review of the completed RACGP General Practice Experience form as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

### Standard T.9

**The trainer must be available for teaching, support and discussion for 3 hours per week for the registrar's first 6 months of general practice training and 2 hours per week for the second 6 months. (This is inclusive of the 1 hour of face to face for all trainers described in Standard T.6)**

Required teaching/learning time for Standards T.6 and T.9 have been summarised in Table 1.

Table 1 – Details of teaching and / or learning time per week by term

	<b>First 6 months of general practice training (GPT1)</b>	<b>Second 6 months of general practice training (GPT2)</b>	<b>Final 6 months of general practice training (GPT3)</b>
In practice teaching time	1 hour	1 hour	N/A
Other teaching time	2 hours	0.5 hour	N/A
Other structured learning time	N/A	N/A	1 hour
<b>Total (teaching / structured learning) time</b>	<b>3 hours</b>	<b>1.5 hours</b>	<b>1 hour*</b> <i>*to be satisfied as detailed below</i>

GPT 1 and GPT 2 registrar placements include a minimum 1 hour of protected teaching time (please see overleaf for information regarding education time for GPT 3 registrars). Each week, the trainer must provide a 1 hour block of uninterrupted face to face teaching to the general practice registrar. Rural and remote posts can apply to be prospectively approved to provide 1 hour of protected teaching per week time via telephone or video link through the appropriate RACGP Faculty Accreditation Officer. For further information regarding appeals, clarification and special approval processes, please see Appendix 3.

The length of protected teaching time for registrars undertaking part time training must be negotiated and agreed to by the medical educator, trainer and registrar. Please note that protected teaching time for part time registrars must not be less than 30 minutes.



Protected teaching must occur in an interruption free environment. For example, it is not satisfactory to hold protected teaching sessions in the staff lunch room while other staff members are present. Regardless of where teaching occurs, systems must be in place to ensure that staff do not interrupt protected teaching time, with the exception of emergencies, as per Standard T.32.

Protected in practice teaching time is required for general practice training attachments in GPT1 and GPT2, and can include:

- tutorial/educational sessions
- case-based teaching
- patient scenario discussion
- other structured teaching relevant to the registrars learning.

'Other teaching time', required for GPT 1 and GPT 2 registrars, is structured teaching time that must address registrar learning. Other teaching time can include:

- protected in practice teaching time as described above
- informal discussions/teaching time specifically addressing the registrar learning needs
- case discussions
- giving feedback on observed consultations
- audits of clinical work
- if applicable, teaching time as specified by the regional training provider.

At the discretion of the primary trainer, the provision of training can be delegated to meet the registrar's learning needs in accordance with their learning plan.

Additionally, providing that the specific educational needs of the registrars are met and with the consent of the registrar, registrar workshop attendance can be considered in lieu of some 'other teaching time'.

### **GPT 3 registrars**

For GPT 3 registrars, the 1 hour of structured learning time per week (see T.6) may be undertaken in a variety of ways providing that the strategy employed meets the registrar's learning needs and that it is agreed to by the medical educator and trainer.

In order to satisfy this standard, registrars must undertake and successfully complete a learning activity assessed as a Category 1 RACGP QA&CPD activity of no less than 8 hours duration. This activity will satisfy in full the structured learning time requirements in GPT 3. For details of types of RACGP QA&CPD Category 1 activities see Appendix 5 or [www.racgp.org.au/qacpd](http://www.racgp.org.au/qacpd).

The registrar must provide a certificate of successful completion of this learning as part of their completion of training requirement.

Assessment of standard:

- initial accreditation: state VTASC review of trainer's agreement for Standards T.6 and T.9 (if applicable) as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- reaccreditation: state VTASC review of documented evidence of structured teaching time provided by the training post (eg. written indication that registrar teaching, support and discussion has been provided, and/or summary of provided sessions)
- registrar feedback as specified in Feedback T.42.



## Standard T.10

The trainer must demonstrate preparation for and ability as a general practice trainer.

This requirement could be satisfied by:

- 12 months experience as a trainer and having attended general practice educator professional development sessions, or
- providing two references from GP teachers or medical academics documenting prior experience and aptitude as a clinical teacher, or
- understanding the academic principles of general practice and adult learning through familiarity with key general practice texts, eg:
  - McWhinney I. *Textbook of family medicine*
  - Hays R. *Practice based teaching: a guide for general practitioners*
  - McEvoy P. *Educating the future GP: the course organiser's handbook*
  - Balint M. *The doctor, his patient and the illness*
- documented attendance at general practice educator professional development sessions, or
- documented attendance at a specific course to prepare trainers and clinical educators, or
- a teaching based higher degree or diploma in general practice or medical education.

Please note that Standard T.10 only applies to trainers seeking RACGP accreditation to train registrars within their first 12 months (Level 1 accredited trainers) of general practice training.

Trainers can demonstrate preparation for and ability as a GP in a number of ways, including:

- 12 months experience as a RACGP Accredited Trainer (ie. Level 2 accreditation) and having attended general practice educator professional development sessions (as per Standard T.5)
- providing two references from GP teachers and medical academics documenting experience as a clinical teacher. Please note that GP teachers and medical academics include all GPs engaged by a training provider, or other medical education organisation, to provide general practice training, education or assessment
- demonstrating an understanding of academic principles of general practice and adult learning in conjunction with documented attendance at general practice educator professional development sessions (as per Standard T.5). Please note that the texts listed in Standard T.10 are examples only
- documented attendance and completion of a specific course to prepare trainers and clinical educators. Note that this refers to a course and differs from continuing professional education
- a formal teaching based higher degree or diploma in general practice or medical education.

Assessment of standard:

- written details of trainer experience and attendance at a general practice educator professional development session as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*, OR
- two written references from GP teachers or medical academics detailing the trainer's experience and aptitude as a clinical teacher as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*, OR
- written outline of the trainer's understanding of academic principles of general practice and adult learning and attendance at general practice educator professional development sessions as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*, OR
- written details of attendance and completion of a specific course the trainer has attended as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*, OR
- copy of the trainer's teaching based higher degree in general practice or medical education as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.



### Quality T.11

**The trainer should have at least 5 years full time equivalent experience in general practice. This may include postgraduate training experience in general practice.**

Quality T.11 is a quality development standard.

### Quality T.12

**The trainer should demonstrate that a suitable range of clinical services consistent with Australian general practice (and beyond consultations) are provided, for example home visits, nursing home visits, minor surgery, immunisations and family planning. This may be demonstrated by a:**

- **BEACH\* audit of a previous registrar's or the trainers activity**
- **report of Medicare claims and other non-Medicare work for the practice**
- **practice profile with a log of 200 consecutive patients and the care offered as well as a practice description.**

The intent of Quality T.12 is to ensure that registrars have the opportunity to participate in the breadth of general practice. Three examples of how this can be demonstrated are provided.

Please note that this is a quality development standard.

### Quality T.13

**The trainer should complete an introductory course with an education provider accredited by the college.**

Quality T.13 is intended to encourage all trainers to complete an introductory course in general practice education and training prior to becoming an RACGP accredited trainer.

Please note that this is a quality development standard.

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\*

Bettering the Evaluation and Care of Health, Family Medicine Research Unit, University of Sydney, 1998 ongoing program



## Standards for the education of registrars

### Standard T.14

**The trainer must assist the registrar in the development of a learning plan by week 4 of each 6 months of training – this will be submitted as part of the training portfolio for completion of training. The registrar should discuss this with the training advisor and submit a copy to the general practice training provider to be lodged in the training provider's record system.**

Although the development of a learning plan is primarily the responsibility of the registrar, the trainer must assist the registrar in the development of the learning plan through provision of guidance and feedback.

The registrar must discuss the learning plan with the regional training provider (RTP) medical educator, or training advisor, and submit a copy of the learning plan for the RTP's records.

Please note that the learning plan is a living document that can be modified during training.

Assessment of standard:

- trainer agreement as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- registrar feedback as specified in Feedback T.42
- trainer feedback as specified in Feedback T.43.

### Standard T.15

**The trainer must support access for a medical educator to undertake direct observation sessions (which could be by video review) as prescribed by the general practice training provider. A copy of the required written report can be kept at the practice if the trainer and registrar wish.**

The trainer must allow and support a medical educator to undertake direct observation sessions, either in person or via video review, for assessment and feedback purposes as stated in Standard P.6 in the *RACGP Standards for general practice education and training programs and providers 2005*.

Assessment of standard:

- trainer agreement as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- registrar feedback as specified in Feedback T.42.

### Standard T.16

**The trainer must provide a planned education session each week in the 1 hour face to face sessions (please note that this is part of the availability requirements in *Standard T.9*). These sessions must be consistent with the registrar's learning plan and at an appropriate level considering the registrar's knowledge and experience. They may be prepared by the registrar.**

Trainers for GPT 1 and GPT 2 registrars must provide planned education sessions during the 1 hour of protected teaching time each week. Weekly education sessions should be planned to meet the registrar's learning needs. Note that planned education sessions do not necessarily need to be prepared by the trainer and that the registrar can prepare documentation if the registrar prefers. (Note - for further details and information regarding GPT 3 registrars, please see clarification in Standard T.9).

For further details regarding planned education sessions, and protected education / learning time, please see Standard T.9.



Assessment of standard:

- for initial accreditation: trainers must agree to Standard T.16 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- for reaccreditation: trainers must submit documented evidence to the State VTASC indicating that planned educational sessions have been provided to registrar(s) in accordance to their learning plan(s) (eg. written indication that sessions have been provided, summary of provided sessions, example notes, and example agendas)
- registrar feedback as specified in Feedback T.42
- trainer feedback as specified in Feedback T.43.

### **Standard T.17**

**The trainer must assess the registrar's competence\* (please see clarification below) through consideration of training and experience or if necessary, by observation in areas that have an increased risk of adverse outcomes and litigation. Currently these include:**

- **assessment of trauma, particularly fractures, nerve and tendon injuries**
- **diagnosis of serious medical problems**
  - myocardial infarction, subarachnoid haemorrhage, meningitis and pneumonia
- **diagnosis of serious surgical problems**
  - appendicitis, ectopic pregnancy and abdominal abscess
- **assessment of a sick child**
- **antenatal care**
- **management of signs of possible malignancy such as breast lumps, bowel symptoms and lymph nodes**
- **recording and checking for adverse reactions to medication and warnings of potential side effects**
- **Pap tests**
- **privacy procedures**
- **intramuscular injections, venipuncture, ear syringing, minor surgery, cryotherapy, implants and IUD insertion.**

\*Please note that the opening phrase of Standard T.17 'The trainer must assess the registrar's competence...' is replaced with 'The trainer must conduct a risk assessment of the registrar's ability to practise within the context of the general practice training post, level of supervision and current stage of training...'

Patient safety is paramount during registrar training. Assessing a registrar's competence before allowing them to act without direct supervision not only reduces risk of litigation for the trainer, it ensures patient safety. Registrars must be able to safely practise at the registrar level of training, that is, without direct supervision of every clinical encounter.

Medical indemnity organisations have identified the areas specified above as posing the highest risk for patients and GPs. Trainers, registrars and the training provider must be aware of these risk areas.

Standard T.17 requires the trainer to conduct a risk assessment in the areas specified to ensure there is adequate supervision for patient safety. The results of the registrar assessment can be linked to the registrar's learning plan.

Standard T.17 states that a trainer can assess the registrar's ability through consideration of training and experience or, if necessary, through direct observation. The trainer must be satisfied that the registrar can effectively handle the identified areas and, where necessary, can require that the registrar seek assistance from the trainer(s). Methods of assessment can include:

- directly observing a registrar consultation generally and in these specific areas
- inspecting the registrar's resume (eg. evidence of a 6 month placement in paediatrics might be considered sufficient when considering 'assessment of a sick child')
- reviewing a registrar's clinical notes
- discussing the identified areas with the registrar
- viewing referee reports
- viewing the results of assessments.



Trainers are advised to contact their RTP should there be concerns regarding the implementation of Standard T.17.

Assessment of standard:

- trainers must agree to Standard T.17 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- registrar feedback as specified in Feedback T.42
- trainer feedback as specified in Feedback T.45.

### **Quality T.18**

**A trainer should take on responsibility for no more than two registrars\* (full time equivalents).**

The intent of this quality development standard is to ensure that registrars have adequate input and guidance from their trainer, and that trainers are not overcommitted. Please note that this standard applies to the trainer(s), not the practice, and that this quality development standard is for registrars in both their first and second year in general practice attachments.

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\* All doctors enrolled in a program seeking Fellowship of the RACGP



## Standards of support required for registrar training

### Standard T.19

The trainer must provide orientation to the practice ensuring that the registrar is:

- introduced to all members of staff and the stage of training and responsibilities of the registrar is known by all
- trained to use any systems in use such as computer systems and recall systems
- aware of all procedures in the practice for referral, admission to hospital, after hours arrangements, follow up of patients, sterilisation, S8 medications and disposal of waste
- aware of the location of all resources, including reference materials, medications and equipment.

Registrars must be introduced to staff members, trained to use computer and recall systems, made aware of practice procedures, and made aware of the location of all resources. If desired, the trainer can delegate the registrar orientation to another staff member. However, it is the responsibility of the trainer to ensure that the orientation has been provided.

Assessment of standard:

- trainer agreement as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- trainer(s) and staff can clearly describe registrar orientation processes to the RACGP trainer and training post accreditation visitor
- registrar feedback as specified in Feedback T.44.

### Standard T.20

**The trainer must ensure that the registrar has adequate insurance coverage and is registered with the state or territory medical council for the clinical work to be undertaken.**

The trainer, registrar and training provider must ensure that the registrar has adequate insurance coverage, is registered with the state or territory medical board/council for the clinical work to be undertaken, and that the registrar maintains both registration and insurance coverage for the duration of each placement.

Assessment of standard:

- trainer must agree to Standard T.20 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

### Standard T.21

**The trainer must be located in the same practice as the registrar unless training is part of a specific program approved by the college that involves distance education. If the registrar is undertaking training in more than one practice, the registrar must have on site supervision in each practice and both practices must be approved for training. Outreach or branch surgeries visited by the registrar (with the consent of the registrar and the general practice training provider) for 20% or less of the working week do not require specific accreditation.**

If further clarification regarding the requirements for Standard T.21 is needed, or to apply for special consideration, trainers and training providers are advised to contact their local Faculty as detailed in Appendix 3.

Assessment of standard:

- trainer must agree to Standard T.21 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.
- registrar feedback as specified in Feedback T.44.



## Standard T.22

**Trainers or their delegates must be on site during office hours:**

- 80% in months 1–6
- 50% in months 7–12
- 25% from month 13.

A delegate, as stated in Standard T.22, refers to either an additional RACGP accredited trainer or State VTASC approved GP. Please note that VTASC must prospectively approve all GPs seeking to become a delegate for a specified period of time.

The percentage times defined in Standard T.22 are calculated on a weekly basis. A delegate must be appointed if a trainer must be absent for longer than the specified time.

Assessment of standard:

- registrar feedback as requested in Feedback T.44
- trainer must agree to Standard T.22 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

## Standard T.23

**Trainers may be off site for the second training year in general practice only in exceptional circumstances and if workforce issues and registrar competence warrant this. This will require written consent from the local RACGP Faculty Education Committee.**

Please note that:

- Standards T.23 exists to provide guidance if Standard T.22 is varied
- the second year of training, as documented in T.23 and T.24, refers to the first 12 months of general practice terms (i.e. 'basic' and 'advanced' terms)
- Standard T.23 refers to both unforeseen exceptional circumstances beyond the supervisor's control and the registrar's placement in a 'branch' surgery for part of the week
- trainers may only be offsite in the circumstances described in Standard T.23 if the registrar's training provider and medical educator(s) support the arrangement.

In unforeseen exceptional circumstances, and provided that the trainer considers the registrar competent, the trainer can apply for prospective approval with the local State VTASC to be off site for an agreed period of time.

Assessment of standard:

- registrar feedback as specified in Feedback T.44
- trainer must agree to Standard T.23 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.

## Standard T.24

**When off site the trainer must be available by phone or make arrangements for another recognised general practice teacher to be available, including after hours. The trainer or GP must be able to attend a situation that requires backup unless alternative arrangements have been made prior to the event with the registrar's consent.**

A recognised general practice teacher, as referred to in Standard T.24 is a RACGP accredited trainer.

Except in exceptional circumstances, when off site, trainers must ensure that they are either available to registrars via telephone, or have arranged for a RACGP accredited trainer to be available on site. In consultation with the training provider, trainers can apply to the RACGP for prospective approval for alternative arrangements. Please see Appendix 3 for further details.



Assessment of standard:

- trainer must agree to Standard T.24 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- registrar feedback as specified in Feedback T.44.

### **Quality T.25**

**Trainers or their delegate should be on site 100% of the time during office hours in the first month of general practice training.**

The RACGP encourages trainers to be on site 100% of the time during office hours in the first month of general practice training. Please see Standard T.22 for further details regarding the definition of delegate. Note that this is a quality development standard.

### **Quality T.26**

**Trainers should work towards developing a deeper understanding of the complexity and challenges of general practice through such activities as:**

- participating in peer groups of trainers
- developing a continuing professional development learning plan to develop educational skills
- becoming an examiner in the RACGP Fellowship Examination
- working towards a higher degree in general practice
- working towards a higher degree in medical education
- participating in Balint seminars.

The intent of Quality T.26 is to encourage trainers to develop a deeper understanding of general practice and general practice training.



## Standards for the general practice or primary care facility

### Standard T.27

**The facility must offer the full range of ongoing primary care to all patients who attend.**

Standard T.27 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.

Assessment of standard:

- trainer must agree to Standard T.27 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- RACGP trainer accreditation visitor inspection of training environment
- registrar feedback as specified in Feedback T.46.

### Standard T.28

**The medical care in the facility must be provided and clinically managed by GPs\*. The majority of the medical care must be provided by GPs who work at least three sessions (1.5 days per week) to ensure continuity of care.**

It is recognised that many general practices are managed by a practice manager. The intent of Standard T.28 is to ensure that the practice or facility is a general practice with GPs providing primary care.

Please note that the footnote marked \* refers to Standard T.27

Assessment of standard:

- trainer must agree to Standard T.28 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- RACGP trainer accreditation visitor inspection of training environment.

### Standard T.29

**The facility must provide adequate consulting space for the registrar. This means a suitably equipped room available for the registrar's work. Ideally this room should be easily accessible to the GP who is taking responsibility for training to facilitate informal discussion of clinical problems and areas of interest as they arise.**

Learning is heavily influenced by the learner's environment; therefore it is important that a practice provides the registrar with a suitable room for the registrar's work.

If 'room sharing' is unavoidable, it may be acceptable for the registrar to change rooms to accommodate other doctors in the practice, however in these cases systems must be in place to assist the registrar in relocations (eg. papers and equipment stored on a mobile trolley).

Assessment of standard:

- trainer must agree to Standard T.29 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- RACGP trainer accreditation visitor inspection of training environment.

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\* It is recognised that some primary care facilities are established to provide health care to a particular group of people. Where this group is limited by age or gender, the facility can only be utilised as a training post in conjunction with another post that does not limit attendance on this basis.



### Standard T.30

**The service demands of the training post must not be excessive and the structuring of duty hours and on call schedules consider the needs of patients, continuity of care and the 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.

Please note that Standards T.38 and T.39 specify the number of patients that a registrar must see to ensure that there are an appropriate number of consultations and that the registrar is not seeing an excessive number of patients.

Assessment of standard:

- trainer must confirm that the service demands of the training post are in accordance with Standard T.30 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- RACGP trainer accreditation visitor inspection of training environment
- registrar feedback as specified in Feedback T. 46.

### Standard T.31

**There must be a set of reference materials and patient information materials available in the facility that can be accessed by the registrar whenever consulting and without interrupting another clinician who is working. The practice must have up to date copies of:**

- a general practice textbook, such as *General Practice* by John Murtagh
- the *Therapeutic Guidelines* series
- access to the Pharmaceutical Benefits Scheme and a current medication reference, eg. *MediMedia Australia annual (MIMS)*
- access to the 'Red Book' – *Guidelines for preventive activities in general practice*
- systematically organised patient information leaflets
- a general medical reference such as:
  - Braunwald E (Ed). *Harrison's principles of internal medicine*
  - Weatherall DJ. *Oxford textbook of medicine*
- access to evidence in a suitable form, such as:
  - The Cochrane Library via the internet
  - BMJ Publishing Group. *Clinical evidence*
- a textbook on minor surgery and procedures, such as:
  - Pfenninger J. *Procedures for primary care physicians*
  - Brown JS. *Minor surgery: a text and atlas*
- other books reflecting the workload in the practice, such as:
  - Crawford Adams J. *Outline of fractures including joint injuries*
  - Behrman RE. *Nelson's textbook of paediatrics*
  - Guillebaud J. *Contraception today: a pocketbook for general practitioners.*

Access to educational reference material is an important aspect of registrar learning. In addition to the texts listed, the RACGP will also take into account publications covering similar content when evaluating a training post's compliance to Standard T.31. Access to online publications is also acceptable.

Please note that 'current texts' as stated in Standard T.31 refers to editions that are 5 years old or less, although editions of up to 10 years will be considered.

Assessment of standard:

- confirmation of trainer as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- state VTASC evaluation of RACGP trainer accreditation visitor inspection of training environment.



### Standard T.32

**The facility must ensure that a private space is provided for teaching purposes and that systems are in place to protect teaching time from interruptions.**

The facility must have a private area for the protected teaching time with systems in place to ensure that teaching time is uninterrupted except in emergencies. Please see Standard T.9 for further details.

Assessment of standard:

- confirmation of trainer as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*.
- trainer(s) and staff can describe to the RACGP trainer accreditation visitor the systems implemented to protect teaching time.

### Standard T.33

**Special training environments, which can offer excellent training opportunities but have a skewed case mix and different operational arrangements, will only be suitable for a maximum of 12 months general practice training time. This does not restrict extended and advanced skills training. The following training environments are considered to be special training environments:**

- rural hospitals providing general practice services
- Australian Defence Force posts.

**The registrar must train in a general training environment for 6 months full time or part time pro rata.**

Special training environments can offer excellent training opportunities relevant to general practice, and can be used for up to 12 months for general practice training time. For example, to fulfil the 18 months of required general practice training for FRACGP, registrars can undertake 12 months in a RACGP approved special training environment, as discussed in Standard T.33, and 6 months in a general practice.

Assessment of standard:

- RACGP State Censor review and approval.

### Standard T.34

**Practice staff members must be informed of the function and needs of the registrar, provide feedback to the GP on how the registrar interacts with them, and encourage the registrar to take an interest in aspects of practice administration.**

Practice staff must be made aware of the registrar's learning needs and role within the practice. Staff can provide the trainer and registrar with valuable input and feedback regarding the development of both clinical and practice management skills.

Assessment of standard:

- practice staff can describe to the RACGP trainer accreditation visitor the function and needs of the registrar, and describe their role in the provision of registrar feedback
- trainer agreement to Standard T.34 as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- Trainers provide registrars with feedback as specified in Feedback T. 45.



### Quality T.35

**The facility should be accredited under the RACGP minimum practice standards by a recognised accreditation body. It is widely acknowledged that in rural and remote practices (RRMA 4-7) with a high turnover of staff this may be more difficult to achieve so it will not be deemed essential in those circumstances. However, the facility should meet these standards as appropriate.**

Although this is a quality development standard, practices should endeavour to meet the requirements of Quality T.35 as many standards and criteria for the RACGP minimum practice standards are highly relevant to standards for trainers and training posts.

### Quality T.36

**The practice should be able to function adequately without the registrar present when they attend educational activities.**

This is a quality development standard to facilitate a registrar's required attendance at educational activities.

### Quality T.37

**There should be adequate administrative staff to support all the clinical staff in the facility. This could be achieved by:**

- **one receptionist and/or clerical staff member on duty per two full time equivalent GPs, or**
- **other trained clinical staff willing to undertake these duties.**

The intention of this quality development standard is to ensure that the practice is sufficiently resourced to run efficiently.



## Standards relating to the workload of registrars

### Standard T.38

**The registrar must average at least eight patients per session in usual general practice situations. It is recognised that this may not always be possible with a predominance of prolonged consultations or home visits or where there is an external barrier to communication or consultation speed, eg. Aboriginal health or consultations that involve a high travel component.**

A session is a period of consultation time in general practice, typically 3.5 hours in length.

Please see Standard T.40 for further details regarding Standards T.38, T.39 and T.40.

### Standard T.39

**The registrar must not book more than four patients per hour in the first year in general practice.**

Please see Standard T.40.

### Standard T.40

**The workload of the registrar must be monitored and managed to ensure they do not see a particular group (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.**

The intent of Standards T.38, T.39 and T.40 is to ensure that registrars are exposed to an appropriate number and variety of patients and case mix to ensure maximum registrar learning.

Please see Appendix 4 for further details regarding trainee workload and learning.

Assessment of standard:

- trainer must agree to monitor the registrar's workload as requested in the *Application for initial accreditation as a GP trainer/training post with the RACGP*
- for reaccreditation, training provider confirmation that Standard T.40 has been met as requested in the *Application for reaccreditation as an RACGP GP trainer/training post 2005*
- trainer feedback if specified as in Feedback T. 47.

### Quality T.41

**Registrars should participate fully in the breadth of general practice including after hours and off site care. This could be demonstrated by at least 15 registrar consultations per month taking place in one or more of the following:**

- outside normal office working hours
- at a nursing home
- on a home visit
- as a hospital consultation.

This is a quality development standard aimed at exposing registrars to after hours and off site care. After hours care can be considered as any consultation that does not occur between 8.00 am and 8.00 pm from Monday through to Friday and 8.00 am to 1.00 pm on Saturday.



## Monitoring and feedback

### Feedback T.42

Registrars will be asked to provide feedback on:

- the number of direct observation sessions and an assessment of the quality of feedback (*Standard T.15*)
- the number of 1 hour face to face sessions in each 3 month period and the quality of these sessions, including their relevance to the learning plan (*Standard T.16*)
- the quality of teaching and clinical support provided (*Standard T.9*)
- the quality and timeliness of the assistance they received with the development and review of their learning plan (*Standard T.14*).

The training provider must provide a process by which registrars can provide feedback to the training provider on the areas identified in Feedback T.42.

Assessment of standard:

- training providers must request feedback from registrars regarding the areas specified in Feedback T.42
- feedback must be in a form that can be readily accessed by the RACGP.

### Feedback T.43

Trainers will be asked to provide feedback on:

- registrar learning plan(s) undertaken in the practice, including comments on the strength and weaknesses of the plan, particularly in relation to achieving the learning outcomes in their practice (*Standard T.14*)
- visits undertaken by external clinical educators and comments on any interaction with the visitor (*Standard T.15*)
- assessed educational outcomes of the (uninterrupted) 1 hour teaching sessions provided for each 6 month period (*Standard T.16*)
- professional development as a trainer and a clinical educator and the support received from the general practice training provider to undertake this (*Standard T.5*).

The training provider must provide a process by which trainers can provide feedback to the training provider on the areas identified in Feedback T.43.

Assessment of standard:

- training providers must request feedback from trainers regarding the areas specified in Feedback T.43
- feedback obtained must be in a form that can be readily accessed by the RACGP.

### Feedback T.44

Registrars will be asked to provide feedback on the adequacy of:

- the orientation and induction process (*Standard T.19*)
- on site support and supervision arrangements (*Standards T.21–T.24*).

The training provider must provide a process by which registrars can provide feedback to the training provider on the areas identified in Feedback T.44.

Assessment of standard:

- training providers must request feedback from registrars regarding the areas specified in Feedback T.44
- feedback obtained must be in a form that can be readily accessed by the RACGP.



## Feedback T.45

**Trainers must provide registrars with feedback on:**

- **skills requiring special training including Pap tests, assessment of a sick child or minor surgery, certifying in their log book the achievement of competency if appropriate (*Standard T.17*)**
- **the reaction of staff and patients to their work in the practice (*Standard T.34*).**

Trainers must provide registrars with written feedback on their performance and ability to practise within the training post during training. Please see Standard T.17 for further information regarding 'competence'. These records must be accessible to the training provider.

Assessment of standard:

- trainers must provide registrars with written feedback as specified in Feedback T.45
- training providers must retain copies of trainer feedback that can be readily accessed by the RACGP.

## Feedback T.46

**Registrars will be asked to provide feedback on:**

- **frequency and range of primary care patients seen (*Standard T.27*)**
- **scheduling of their consultations and education activities (*Standard T.30*).**

The training provider must provide a process by which registrars can provide feedback to the training provider on the areas identified in Feedback T.46.

Assessment of standard:

- training providers must request feedback from registrars regarding the areas specified in Feedback T.46
- feedback obtained must be in a form that can be readily accessed by the RACGP.

## Feedback T.47

**Trainers must be in a position to provide feedback in relation to the following parameters:**

- **the number of patients seen each week (*Standard T.38*)**
- **the number of patients booked per hour (*Standard T.39*)**
- **if requested by the registrar, any groups of patients (age, gender or reason for encounter) that are seen in excess relative to other doctors in the practice or relative to other general practices (*Standard T.40*).**

The training provider must provide a process by which trainers can provide feedback to the training provider on the areas identified in Feedback T.47.

Assessment of standard:

- training providers must request feedback from trainers regarding the areas specified in Feedback T.47
- feedback obtained must be in a form that can be readily accessed by the RACGP.



## Extended and advanced skills training posts

Extended and advanced skills training allows registrars to further their knowledge and or skills in an area of interest or weakness.

Extended and advanced skills terms are 6 month (full time equivalent) attachments that can be undertaken at any stage after the hospital attachments. Please note that extended skills can be undertaken on a part time basis or, alternatively, can be undertaken fractionally in conjunction with a general practice training attachment (eg. 12 month 0.5 FTE academic post combined with a 12 month 0.5 FTE general practice attachment).

Examples of common extended skill posts are:

- hospital posts (eg. obstetrics and gynaecology)
- academic posts
- community posts (eg. aged care, drugs and alcohol)
- general practice posts (eg. mental health, acupuncture, chronic disease management)
- specialised general practice posts (eg. sport medicine).

Options available for registrars seeking to undertake extended or advanced skills training depend on the number of general practice training attachments completed. Only registrars who have completed all 18 months of general practice attachments may undertake extended skills in a general practice post.

In consultation with the medical educator, registrars undertaking extended skills in a general practice post may wish to focus on a particular aspect of general practice, for example practice management.

Please see Table 2 for further details regarding registrar extended/advanced skills eligibility.

Table 2 – Registrar eligibility for extended and advanced skills

<b>Registrar progression in training</b>	<b>Available extended and advanced skills posts</b>
Registrar completed 12 months of hospital training only	<ul style="list-style-type: none"> <li>• extended skills hospital post</li> <li>• advanced rural skills post</li> </ul>
Registrar completed 6–12 months of training in general practice attachments	<ul style="list-style-type: none"> <li>• extended skills hospital post</li> <li>• advanced rural skills post</li> <li>• extended skills community post</li> <li>• academic post</li> </ul>
Registrar completed 18 months of general practice attachments	<ul style="list-style-type: none"> <li>• extended skills hospital post</li> <li>• advanced rural skills post</li> <li>• extended skills community post</li> <li>• academic post</li> <li>• extended skills general practice post</li> </ul>

Table 3 overleaf provides details regarding the approval and accreditation requirements for various extended and advanced skill posts. Please note any post applying for accreditation may be visited at the discretion of the RACGP.



Table 3 – Approval and accreditation requirements for extended and advanced skills posts

<b>Extended skills hospital post</b>	<p>Hospital Post graduate Medical Council ( PMC) accredited:</p> <ul style="list-style-type: none"> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at hospital post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul>
	<p>Hospital <i>not</i> PMC accredited:</p> <ul style="list-style-type: none"> <li>• hospital post applies for accreditation as an RACGP advanced training post</li> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at hospital post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul>
<b>Advanced rural skills post</b>	<ul style="list-style-type: none"> <li>• All ARSP applications must be submitted to the National Rural Faculty</li> <li>• Advanced Rural Skills Post (ARSP) must be accredited prior to the registrar commencing their clinical placement</li> </ul> <p>Accredited post:</p> <ul style="list-style-type: none"> <li>• registrar develops a learning plan in consultation with their supervisor/medical educator/college adviser</li> <li>• learning plan submitted to National Rural Faculty</li> </ul>
	<p>Non-accredited post:</p> <ul style="list-style-type: none"> <li>• regional training provider must submit application for accreditation of ARSP to the National Rural Faculty</li> <li>• application must be signed off by Regional Training Provider</li> <li>• registrar develops a learning plan in consultation with their supervisor/medical educator/college adviser</li> <li>• learning plan submitted to National Rural Faculty</li> </ul>
<b>Community post</b>	<p>Community post PMC accredited:</p> <ul style="list-style-type: none"> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at community post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul>
	<p>Community post <i>not</i> PMC accredited:</p> <ul style="list-style-type: none"> <li>• community post applies for accreditation as an RACGP advanced training post</li> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at community post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul>

<b>Academic post</b>	<p>Please note that GPET funded academic posts are subject to availability of funding and other restrictions which are detailed in AGPT policies (<a href="http://www.agpt.com.au">www.agpt.com.au</a>). Registrars can also seek to organise funding for academic posts in liaison with an AMC recognised training body.</p> <p>Academic post within three year general practice training program:</p> <ul style="list-style-type: none"> <li>• academic posts must be an Australian Medical Council (AMC) recognised training body</li> <li>• academic posts must be taken in conjunction with a general practice term (ie. 0.5 FTE in the academic post and 0.5 FTE in the general practice post)</li> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at academic post agrees to the learning plan</li> <li>• training provider approves registrar placement</li> </ul>
	<p>Additional year academic posts:</p> <ul style="list-style-type: none"> <li>• academic post is taken in addition to three year general practice training program</li> <li>• academic post must be taken in conjunction with a general practice term (ie. 0.5 FTE in the academic post and 0.5 FTE in the general practice post)</li> <li>• academic post must have a supervising academic general practitioner</li> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at academic post agrees to the learning plan</li> <li>• funding for the research aspect of academic posts can be sought through: <ul style="list-style-type: none"> <li>○ RACGP research foundation (further information available at <a href="http://www.racgp.org.au/researchfoundation/grants">www.racgp.org.au/researchfoundation/grants</a>)</li> <li>○ GPET Registrar Scholarship and Research Fund (further information available at <a href="http://www.gpet.com.au/praxis.php/category/view/24">www.gpet.com.au/praxis.php/category/view/24</a>)</li> </ul> </li> </ul>
<b>Extended skills general practice post</b>	<p>General practice post RACGP* accredited:</p> <ul style="list-style-type: none"> <li>• registrar must develop a learning with in conjunction with a medical educator engaged by the training provider</li> <li>• supervisor at general practice post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul> <p>* RACGP accredited extended skills general practice posts are preferred</p>
	<p>General practice post <i>not</i> RACGP accredited:</p> <ul style="list-style-type: none"> <li>• registrar develops a learning plan in conjunction with a medical educator engaged by the training provider</li> <li>• supervising general practitioner at general practice post agrees to the learning plan</li> <li>• training provider approves registrar placement.</li> </ul>

#### Standard T.48

**The skills training must be relevant to general practice and of demonstrated benefit to patients.**

Extended and advanced skills posts allow registrars to further their knowledge and/or skills in an area of interest or weakness. There are a range of options available for registrars seeking to further their knowledge and/or skills in a particular area and, providing that the educational benefit of the placement and learning plan can be linked to general practice, the type of post is left to the discretion of the medical educator and registrar.



Assessment of standard:

- training provider advises RACGP of registrar placement and completion of learning plan
- educational benefit of extended/advanced skills post, including the relation to general practice, is clearly defined in writing and available to the RACGP upon request.

#### **Standard T.49**

**The skills training post must be registered with the local general practice training provider and have a learning plan (with references to the curriculum) that is freely available for registrars seeking to take up the position and supervisors supporting the registrar.**

All extended/advanced skills training posts must be registered and approved by the local training provider. Additionally, training providers must maintain a register of all non-general practice extended skills posts including details of learning to occur at all posts.

Assessment of standard:

- extended/advanced training posts must be registered with the training provider
- training provider must maintain a register, which is available to the RACGP upon request, of non-general practice extended skills posts, including details of learning to occur at all posts.

#### **Standard T.50**

**The skills training post must have a nominated supervisor for each registrar. The supervisor must accept the placement and the learning plan in writing and the training provider must retain a copy of this letter for 5 years.**

All extended and advanced training posts must have a nominated supervisor who is responsible for the registrar. Learning plans must be signed off by the Medical Educator in concurrence with the designated supervisor.

For all extended/advanced skills placements, training providers must retain documented evidence of the supervisor's acceptance of the learning plan.

Assessment of standard:

- medical educator must sign off on the learning plan
- training provider must retain documented evidence of supervisor's agreement to the learning plan which is available to the RACGP upon request
- training provider must retain a copy of the learning plan which is available to the RACGP upon request.



## Appendix 1

Please note that, in addition to the definitions specified in *Standards for general practice education and training trainers and training posts 2005*, definitions have been added for Active Fellow, Delegate, GPT 1, GPT 2, GPT 3 and Session.

Active Fellow	a financial Fellow of the Royal Australian College of General Practitioners (Standard T.7)
Delegate	either an additional RACGP accredited trainer or state VTASC approved GP (Standards T.22 and T.25)
Education committee	Each faculty has an education committee with subcommittees that oversee vocational training and associated standards, continuing professional development and relationships with undergraduate departments of general practice.
Faculty	The RACGP is a faculty based organisation with six state faculties (see <i>Contact addresses</i> ) and the National Rural Faculty; the faculty chairs sit on the national council that governs the college.
Fellow	A GP who has been admitted to Fellowship (or is a Fellow) of the RACGP. Fellowship is granted to those who demonstrate that they have reached the standard required for unsupervised general practice in Australia. See <i>Requirements for Fellowship 2005</i> .
General practice	General practice is part of the Australian health care system and operates through primary care facilities (predominantly private medical practices), which provide universal, unreferral access to whole person medical care for individuals, families and communities. General practice care means comprehensive, coordinated and continuing medical care drawing on biomedical, psychological, social and environmental understandings of health.
General practitioner (GP)	A registered medical practitioner who: <ul style="list-style-type: none"><li>• is qualified and competent for general practice anywhere in Australia</li><li>• has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care, and</li><li>• maintains professional competence for general practice.</li></ul> Australian general practitioners are vocationally recognised, ie. recognised by the Medicare Australia as a GP. This includes a requirement for maintaining professional development.
General Practice Training (GPT) 1	The first core training term of six months (FTE) in a general practice (previously known as basic).
General Practice Training (GPT) 2	The second core training term of six months (FTE) in a general practice (previously known as advanced).
General Practice Training (GPT) 3	The final core training term of six months (FTE) in a general practice (previously part of the term known as subsequent).
General practice training provider	An organisation providing general practice vocational training accredited for this purpose by the RACGP.
General Practice Education and	General Practice Education and Training Pty Ltd is a not for profit company whose officers are appointed by the Federal Minister



Training (GPET)	For Health and Ageing that contracts general practice training providers to provide general practice vocational training.
Medical educator	A GP employed by the general practice training provider who designs and participates in the general practice training program and takes on the role of an off site clinical educator.
RACGP censor	An RACGP censor determines whether college standards have been met.
Registrar	A registered medical practitioner who is enrolled in a general practice training program approved by the RACGP to achieve Fellowship of the RACGP.
Session	A period of consultation time in a general practice, typically 3.5 hours (Standards T.28, T.38)
Student	A university student who is enrolled in a primary medical degree and is undertaking a general practice placement.
Trainer	The GP with responsibility for registrar training in a clinical setting. The trainer takes responsibility for clinical education and placement management. This includes the role of general practice supervisor and mentor.
Training posts	Training posts are placements where general practice registrars are employed to undertake vocational training in general practice.



## Appendix 2

International literature on vocational training in general practice indicates that protected educational time, in carefully managed experience-based training program, is a key element of training.<sup>1</sup>

A study was conducted in the Netherlands to explore the impact of educational encounters between a trainer and trainee in general practice vocational training.<sup>2</sup> The study found that planned encounters contributed to a higher quality score than encounters that happened coincidentally.<sup>2</sup> This finding is supported by an initiative undertaken by the Emory University of Emergency Medicine in the United States that found that a dedicated non-clinical teaching shift once per week was effective in meeting the educational goals of the emergency department and proved more successful than 'unstructured bedside teaching'.<sup>3</sup>

All general practice training attachments are considered to be training, it is therefore considered reasonable that all attachments should include planned protected teaching time between the trainer and the registrar.

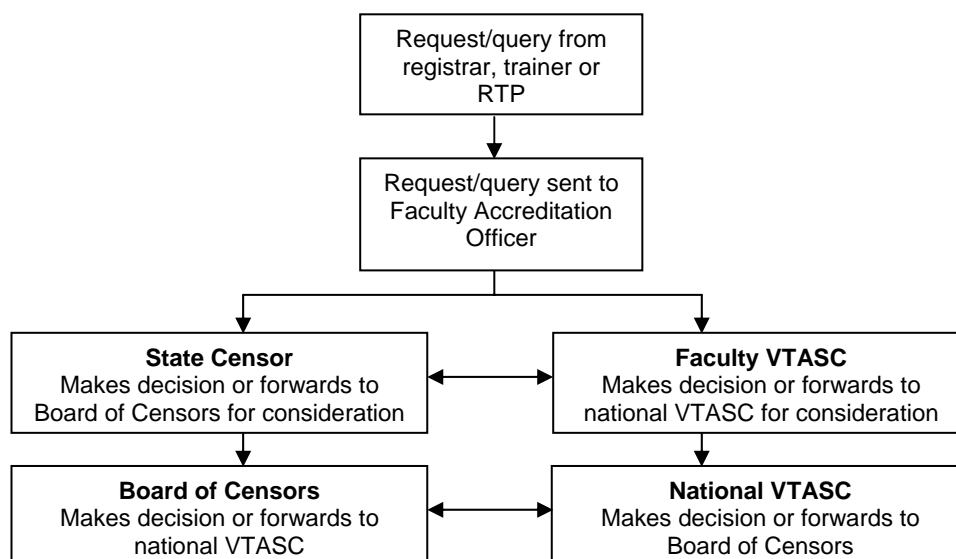
1. Hindmarsh JH, Coster GD, Gilbert C. Are vocationally trained general practitioners better GPs? A review of research designs and outcomes. *Medical Education*, 1998; 32: 244-254

2. Boendermaker PM, Ket P, Düsman H, Schuling J, van der Vleuten CPM, Tan LHC. What influences the quality of educational encounters between trainer and trainee in vocational training for general practice? *Medical Teacher*, 2002; 24: 540-43

3. Shayne P, Heilpern K, Ander D, Palmer-Smith V. Protected Clinical Teaching Time and a Bedside Clinical Evaluation Instrument in an Emergency Medicine Training Program. *Academic Emergency Medicine*, 2002; 9: 1342-49

## Appendix 3

### Process for appeals, clarifications and special approvals



## Appendix 4

According to Parshuram, Dhanani, Kirsh and Cox, increased workload and fatigue, adversely affect performance, increases propensity for errors, and therefore may cause patient harm. They further argue that trainees' physical and mental health and interpersonal relations may be adversely affected and that training may be compromised.<sup>4</sup>

Recently, a study was conducted in the United States in which trainees at two hospital posts were surveyed over 12 months and requested to self rate their learning. It was found that for both interns and senior residents, patient variety, and caring for new patients, were independently associated with learning.<sup>5</sup>

Havelock et al assert that there must be a balance between theory and practice. Too much theory becomes irritating for the trainee, whereas too much practice results in the trainee learning how to 'get by' rather than grasping the underlying details and concepts. Havelock et al propose that:

1. the learner needs time to reflect on each new situation that arises to make the most of learning opportunities
2. the trainee, at certain times, needs to be exposed to being busy, and coping with the pressures that this creates, and at other times needs to be protected against those pressures
3. the needs of the trainee will change throughout training with a smaller workload needed at the beginning and a larger workload needed as the trainee progresses.<sup>6</sup>

4. Parshuram CS, Dhanani S, Kirsh JA, Cox PN. Fellowship training, workload, fatigue, and physical stress: a prospective observational study. *Canadian Medical Association Journal*, 2004; 170: 965-70

5. Haney EM, Nicolaidis C, Hunter A, Chan BKS, Cooney TG, Bowen JL. Relationship between resident workload and self-perceived learning on inpatient medicine wards: a longitudinal study. *BioMed Central Medical Education*, 2006; 6:35

6. Havelock P, Hasler J, Flew R, McIntyre D, Schofield T, Toby J. *Professional education for general practice*. Oxford, Oxford University Press, 1995



## Appendix 5

2008–2010 RACGP QA&CPD Program requirements (Note: new or modified elements indicated in bold)		
A minimum of 130 points is required for the triennium and must include: <ul style="list-style-type: none"> <li>• two Category 1 activities from the options listed below, and</li> <li>• <b>completion of a basic cardiopulmonary resuscitation (CPR) course.</b></li> </ul>		
Category 1 options	Category 2 options	Unaccredited activities
Active learning module (40 points) Clinical audit (40 points) Evidence based medicine (EBM) journal club (40 points) GP research: (40 points) <ul style="list-style-type: none"> <li>• principal investigator</li> <li>• GP research participant</li> </ul> Learning plan (one per triennium capped at 40 points) Rapid 'Plan, Do, Study, Act' (PDSA) cycle (40 points) Small group learning (40 points) Supervised clinical attachment (40 points) Higher education relevant to general practice (Australian qualifications framework – accredited): <ul style="list-style-type: none"> <li>• Graduate certificate (60 points)</li> <li>• Graduate diploma (90 points)</li> <li>• Masters degree (120 points)</li> <li>• Doctor of Philosophy degree (PhD) (150 points)</li> </ul> RACGP assessment activities (150 points) <ul style="list-style-type: none"> <li>• FRACGP by examination</li> <li>• FRACGP by practice based assessment</li> <li>• FARGP</li> </ul>	Endorsed or accredited provider Category 2 activities (each activity capped at 30 points)	<b>Self recorded activities (minimum of 10 hours education for 20 points for the triennium)</b>
<b>Basic CPR course</b> <ul style="list-style-type: none"> <li>• <b>Must meet Australian Resuscitation Council (ARC) guidelines</b></li> <li>• <b>Can be a Category 2 activity or part of a Category 1 activity</b></li> </ul>		

\* Please note that the completion of *RACGP assessment activities (150 points)* DOES NOT satisfy the RACGP QA&CPD Category 1 activities for GPT3 registrars. For further details please see [www.racgp.org.au/qacpd](http://www.racgp.org.au/qacpd).

