RACGP

Royal Australian College *of* General Practitioners

# *Profession-led training*

# *Education program*

Discussion paper October 2021

**Profession-Led Education Program Discussion Paper**

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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*

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# Introduction

This is a discussion paper to describe how the Royal Australian College of General Practitioners (RACGP) profession-led community-based training (PLT) education program will be organised and delivered. By education we mean the process of developing knowledge, skills and attitudes including learning, teaching, training, and assessment. This paper is a dynamic document that will evolve and be refined as we engage with internal and external stakeholders in the design of the PLT education program. Our goal is to use a best-practice and consultative approach to build on what is working well in the current vocational training programs to create a national general practitioner (GP) training program that will serve the Australian community and the profession into the future. It is based on the vision outlined in the RACGP profession-led community-based training document (fig 1), and aligns with the RACGP educational framework and standards for general practice training. The model is shaped by contemporary social imperatives and our obligations as an accredited specialist medical college with the Australian Medical Council (AMC).

Key priorities frame this document and the design of PLT to support high quality education and training outcomes:

- We aim to optimise the training experience for GP registrars to ensure safe, independent, self-reflective GPs who are committed to life-long learning and care for their communities and for themselves.
- We prioritise Aboriginal and Torres Strait Islander health needs and aim to increase the number of Aboriginal and Torres Strait Islander GP Fellows.
- We include innovative approaches to recruit and retain GP registrars in areas of workforce need, particularly in rural and remote Australia. Rural generalist training is a key component of PLT.
- We prioritise collaboration with the Australian College of Rural and Remote Medicine (ACRRM) as they build their training model. Collaboration will ensure effective design and delivery of PLT; enable efficient development and use of resources; and provide a streamlined process to accredit training sites, place registrars, and provide professional development for supervisors.

The objectives of this paper are to:

- describe the organisation and delivery of vocational GP education and training under PLT
- provide the basis for engaging internal and external stakeholders in refining the PLT operating model
- inform the design of the educational program day one operating model for each training region from January 2023
- guide transition planning with each Regional Training Organisation (RTO)
- align PLT with the RACGP standards for general practice training
- ensure RACGP training accreditation with the AMC is maintained
- orientate other PLT transition projects including:
  - syllabus development
  - educational policy framework
  - IT systems
  - resourcing models.

We intend for PLT to make a significant contribution to the well-trained and equitably distributed GP workforce, which is essential for meeting Australia's national health goals. We aim to optimise the training experience for GP registrars.

PLT outcomes include:

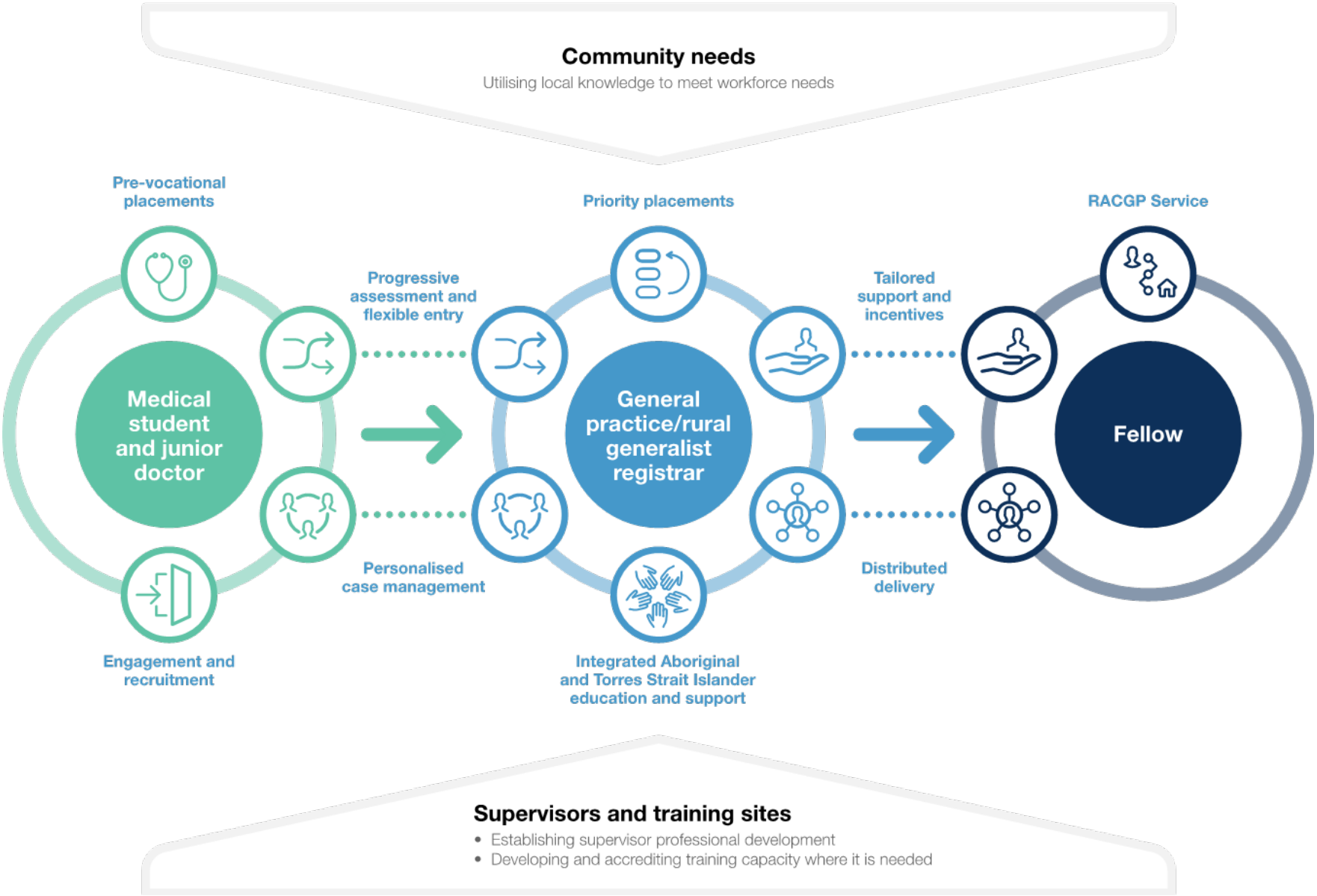
- a well-trained general practice workforce aligned with community needs
- a quality GP training experience
- helping to close the gap in health equity for Aboriginal and Torres Strait Islander peoples
- community and registrar safety
- effective and efficient use of funds
- general practice as a profession of choice.

The PLT model emphasises local relationships and work-based learning with the benefits of a coherent national approach. It addresses issues of workforce distribution by building training capacity in areas of workforce need and creating training pipelines into these areas. These training pipelines involve fostering and enabling interest in training in an area of workforce need though an individualised case management approach. PLT then invests in ensuring excellence in training for registrars placed in these areas of workforce need. PLT prioritise in-practice training with site-specific support and out-of-practice education to enhance in-practice learning. In-practice support focuses on the supervisory team, which is key for registrar training. A robust remote supervision model will support training in more remote locations. Aboriginal and Torres Strait Islander cultural and health training is both addressed specifically and embedded throughout training. PLT endeavours to move towards an outcomes-based approach and this is supported by a progressive assessment program. PLT will also take a structured approach to training in academic general practice to build academic capacity across the profession. Centralisation of generic training functions and online resources will provide efficiencies.

Based on this document, RACGP will also produce:

- a description of the PLT program with operating detail
- a day one operating model with resourcing detail.

**Figure 1: RACGP Profession-led community-based training vision**

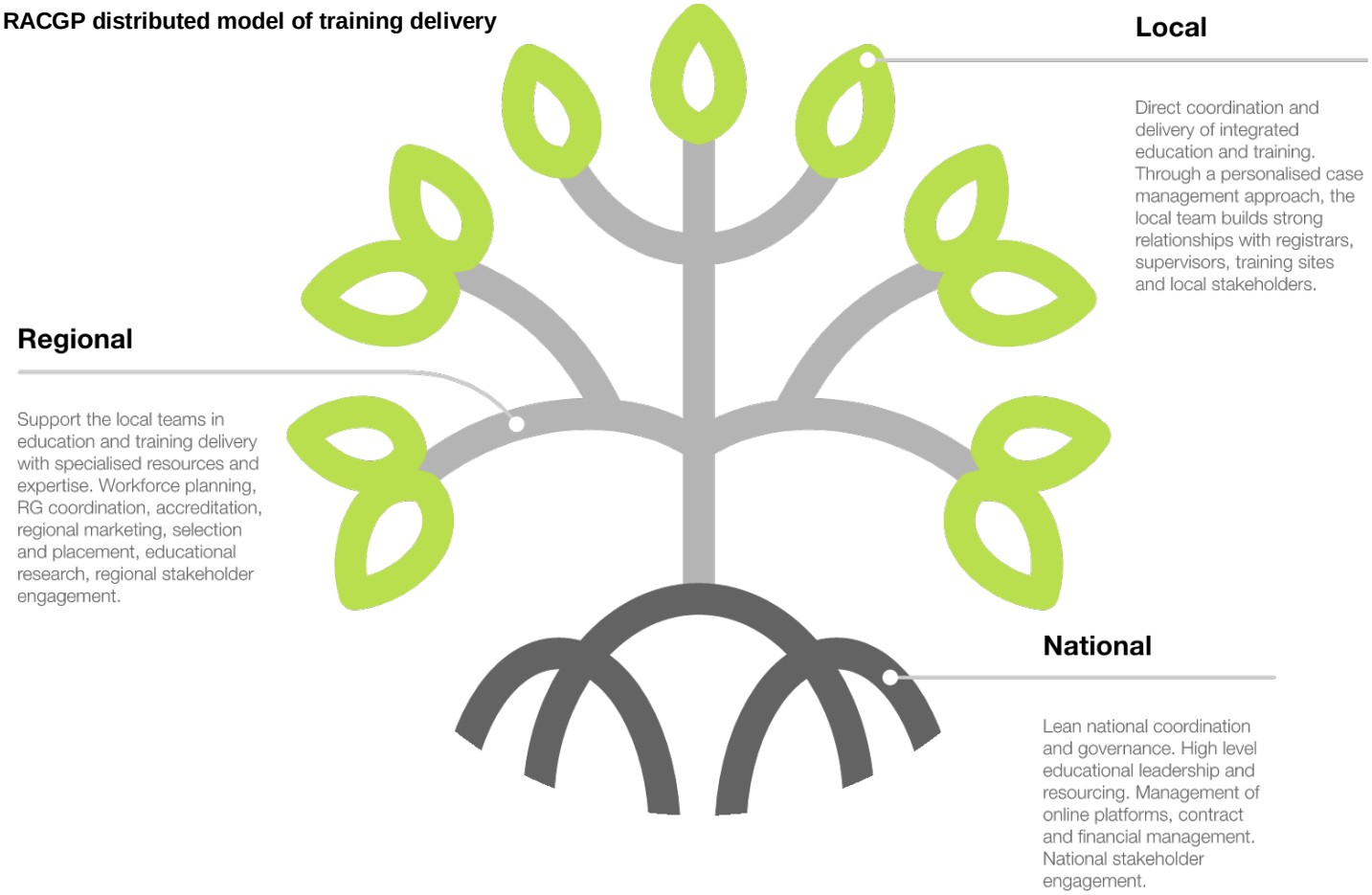


## Key work units in the RACGP distributed model

The RACGP will adopt a distributed model in which training is delivered locally by local teams with local knowledge and relationships with local stakeholders (fig 2). Local training delivery will be supported by centralised services and resources. This model will emphasise relationship-based training, which is the basis for the development of professional attributes and behaviours. A personalised case management approach to support registrars, supervisors and practice sites is fundamental to the RACGP model. Personalised case management supports relationship-based training and is an evidence-based means of achieving educational and workforce distribution outcomes. Regional teams will provide expert support to local teams and augment locally based training. Regional teams will also provide coordinated stakeholder engagement. Nationally coordinated governance will provide national consistency and cohesion. National oversight of resource development and management will enable broad and equitable access to resources and provide significant efficiencies.

A distributed model is in place in various forms in the programs delivered by the RTOs. In the transition to PLT, the RACGP will work with each RTO to build on the distributed components of their programs.

**Figure 2: The RACGP distributed model of training delivery**



## RACGP local

The local teams will consist of medical educators (MEs), a training coordinator (TC) and an administrator. The local teams will provide contextually relevant education and support. Through the personalised case management approach, the local team will build strong relationships with registrars, supervisors, training sites and local stakeholders. Cultural safety education by local cultural educators (CEs) and cultural mentors (CMs) will be a priority area of education. This will be supported by the local MEs and TC and by regional Aboriginal and Torres Strait Islander teams.

Each local team will manage a group of registrars from entry into the program through to Fellowship. The MEs and TC will work closely together. The MEs will be largely responsible for education management and delivery, and the TC largely responsible for training management. It is likely that much of the local ME workforce will be covered by part-time appointments working together as a small team. The arrangement of the local teams will match the local context.

| Area of responsibility | Specific activities |
|---|---|
| Workforce planning and recruitment | • Provide local knowledge and advice to inform workforce requirements, capacity, and planning<br>• Work with local stakeholders to increase training capacity in areas of workforce need<br>• Promote general practice as a career in the local region<br>• Promote and support rural generalist and rural pathways<br>• Engage with local secondary schools, local university clinical schools, rural clinical schools, rural generalist regional networks, PHNs and local hospitals<br>• Engage with local education and training programs delivered by other medical and allied health profession for integrated cross professional training initiatives<br>• Manage local training pipelines<br>• Support and be a role model for medical students and junior doctors with an intention to enter general practice training<br>• Participate in selection processes as required |
| Registrar support | • Registrar case management:<br>- support in navigating selection<br>- conduct induction interview<br>- support applications for recognition of prior learning (RPL)<br>- assess RPL applications<br>- provide training advice and planning<br>- facilitate priority placements<br>- provide pastoral support and mentoring<br>- approve extended skills learning plans<br>- manage ‘completion of training’ process<br>- conduct exit interviews<br>• Facilitate Medicare provider number applications<br>• Organise ‘meet and greet’ and other social networking events<br>• Monitor and facilitate registrar progress |

| Area of responsibility | Specific activities |
|---|---|
| | • Identify significant registrar progress issues and escalate to regional team<br>• One-on-one and group communication in relation to individual and local training matters |
| Registrar education | • Orientate registrars to community-based training<br>• Manage and facilitate out-of-practice education activities in small groups<br>• Provide in-practice teaching when the practice does not have the resources to do this<br>• Oversee and support registrar workplace-based assessments and clinical teaching visits<br>• Review progress of registrars as a member of the registrar progress review committee and sign-off on exam readiness<br>• Escalate and co-manage focused learning interventions and remediation plans with RACGP regional |
| Training site support | • Support supervisors to plan and undertake professional development<br>• Provide case management support in:<br>- building training capacity<br>- meeting accreditation requirements<br>- meeting training standards<br>• Provide a known point of contact for practice managers for training program advice and support<br>• Hold practice manager workshops<br>• Train and support practice managers to use training IT systems<br>• Monitor and manage performance with escalation to regional team as required<br>• Communication in relation to site specific and local training issues |
| Supervisor support and education | • Recruit supervisors<br>• Support supervisors to meet supervisor accreditation requirements<br>• Ensure supervision meets the training standards<br>• Be the point of contact for supervisors for in-practice supervision and teaching advice<br>• Provide support for in-practice teaching and assessment<br>• Coordinate and facilitate small group professional development and peer networking activities<br>• Support professional development for in-practice supervisory team<br>• Train and support supervisors to use training IT systems<br>• Contribute to regional supervisor professional development events<br>• Monitor and co-manage performance with escalation to regional team as required<br>• One-on-one and group communication in relation to individual and local training matters |
| Aboriginal and Torres Strait Islander cultural and health training | • Engage with local Aboriginal and Torres Strait Islander health services<br>• Support local Aboriginal and Torres Strait Islander students to consider and embark on a career in the health professions<br>• Facilitate cultural safety training and mentorship by local cultural educators and cultural mentors for:<br>- registrars<br>- supervisors<br>- training sites<br>- RACGP local team |

| Area of responsibility | Specific activities |
|---|---|
| Other | • Participate in regional and national committees and workgroups as required<br>• Participate in the broader Medical Educator and Training Coordinator communities<br>• Participate in exam preparation activities<br>• Liaison with local Aboriginal and Torres Strait Islander communities and health services<br>• Provide advice on RACGP training policies and procedures<br>• Manage local training records, data collection and reporting requirements<br>• Add local content to whole of region communication |

## RACGP regional

Regional teams will have responsibilities that parallel the more centralised activities of the RTOs. When building the PLT regional units, the resources and organisation of the current RTOs will be drawn on. The RACGP faculties will have an increased engagement in training at a regional level.

A key focus of the regional team is to support the local teams with specialised resources and expertise. There will be formal lines of oversight and support between the local MEs and TCs with senior regional staff. Identified significant local training progress and performance issues will be escalated for management and oversight at a regional level. Training site accreditation will be managed at regional level. Selected educational activity will be undertaken at a regional level focussing on education that is amenable to larger groups and that requires special resourcing.

Oversight of key stakeholder support and engagement will be undertaken at a regional level. These stakeholders include regionally relevant training, clinical service, and representative organisations. Registrar, supervisor, and practice manager liaison officers will work at a regional level providing support and advocacy for their respective stakeholder groups. These liaison officers will also provide an important conduit between their representative organisations and RACGP.

| Area of responsibility | Specific activities |
|---|---|
| Rural and other areas of workforce need workforce planning | • Analyse regional workforce needs using HeaDS UPP and other relevant data, and local knowledge provided by local teams<br>• Develop training site capacity in areas of workforce need – supported by local teams<br>• Determine distribution of placements, limiting placements in areas that do not have a workforce need<br>• Develop and manage training pipelines based on workforce needs – supported by local teams<br>• Work with other regions to manage cross-regional workforce pipelines and placements |
| RG pathway development and coordination | • Engage closely with rural generalist (RG) coordination units<br>• Develop and maintain training sites for Additional Rural Skills Training (ARST) in collaboration with regional health services<br>• Develop and manage placements for emergency skills development<br>• Conduct marketing and recruitment for direct entry into RG pathways<br>• Conduct marketing and recruitment for lateral entry into RG pathways for non-RG registrars – supported by local teams<br>• Manage RG training placements<br>• Manage RG pipeline |
| Aboriginal and Torres Strait Islander cultural and health training | • Provide coordination and support of Aboriginal and Torres Strait Islander Health and cultural education at a regional and local level<br>• Liaise with Aboriginal and Torres Strait Islander organisations and health services<br>• Build and support training pipelines for Aboriginal medical services (AMS) and Aboriginal Community Controlled Health Organisations (ACCHOs)<br>• Coordinate support for Aboriginal and Torres Strait Islander registrars, including recruitment into training and support throughout training<br>• Coordinate the employment of and support for cultural educators and mentors within the region<br>• Support local cultural safety training<br>• Administer salary support for AMS and ACCHO placements, in collaboration with RACGP partners<br>• Manage engagement with, and networking, support and professional development for cultural educators and mentors |

| Area of responsibility | Specific activities |
|---|---|
| Accreditation | • Manage training site accreditation – supported by local teams<br>• Manage supervisor accreditation – supported by local teams<br>• Manage de-accreditation |
| Performance management | • Adverse event and critical incident management<br>• Management of significant training progress issues<br>• Support local teams with management of registrar educational interventions<br>• Registrar remediation – supported by local teams<br>• Supervisor and training site performance management – supported by local teams |
| Education and training | • Oversight of training progress management<br>• Provide medical education leadership and specialised training support for the local teams<br>• Provide educational support for local teams<br>• Provide regional supervisor workshops<br>• Provide regional registrar workshops<br>• Provide exam preparation support and mock exams for registrars<br>• Train supervisors to deliver workplace-based assessments<br>• Contribute to national educational development |
| Other | • Selection of registrars<br>• Placement of registrars<br>• Marketing<br>• Manage supervisor, practice, and registrar payments<br>• Engage with regional stakeholders<br>• Support educational research and academic posts<br>• Conduct evaluation and quality improvement activities<br>• Provide advocacy for supervisors – Supervisor Liaison Officer<br>• Provide advocacy for registrars – Registrar Liaison Officer<br>• Regional support for practice managers – Practice Manager Liaison Officer<br>• Provide decisions and advice on policy and standards – State Censor<br>• Manage regional communication |

# RACGP national

RACGP national will oversee the overall program governance and coordination. It will also provide high-level educational leadership and resourcing. RACGP national will also be responsible for setting a cohesive and collaborative culture across the whole program.

Generic activities, such as managing the PLT online platforms, contract management and financial management, will be done centrally. The intention is to have a central office to enable efficient and effective training delivery in the regions and local areas with a national coherence.

## Specific national responsibilities

- Liaison with government departments
- Liaison with ACRRM
- Educational policy and standards
- Educational frameworks, national curriculum and syllabus management
- Program governance and coordination
- Program finances
- National stakeholder engagement
- National marketing
- Regional oversight and support
- National communications
- Training application and eligibility
- Training provider numbers
- IT platforms
- AMC accreditation

## Specific activities with national oversight

- Workforce planning and training distribution
- Training pathways – RG, rural and general
- Aboriginal and Torres Strait Islander cultural and health training
- Remote locum and supervision support program
- Accreditation
- Progressive assessment
- Program evaluation and quality assurance
- Educational research and academic posts
- Critical incidents, remediation, and performance management

# *Part one: Training pipelines*

The transition to PLT provides an opportunity to create flexible, coordinated and sustainable training and workforce pipelines. Training pipelines optimise recruitment and retention of registrars into training pathways with specific end points and are well recognised as an effective means of building the health work force in areas of need. In PLT these training pipelines include broad pipelines for general, rural and RG training and specific pipelines for particular areas of training and workforce need. For specific pipelines, registrars receive targeted support to ensure they have access to the skills and training experiences necessary for them to work in that pipeline's area of training and workforce need.

**Objectives**

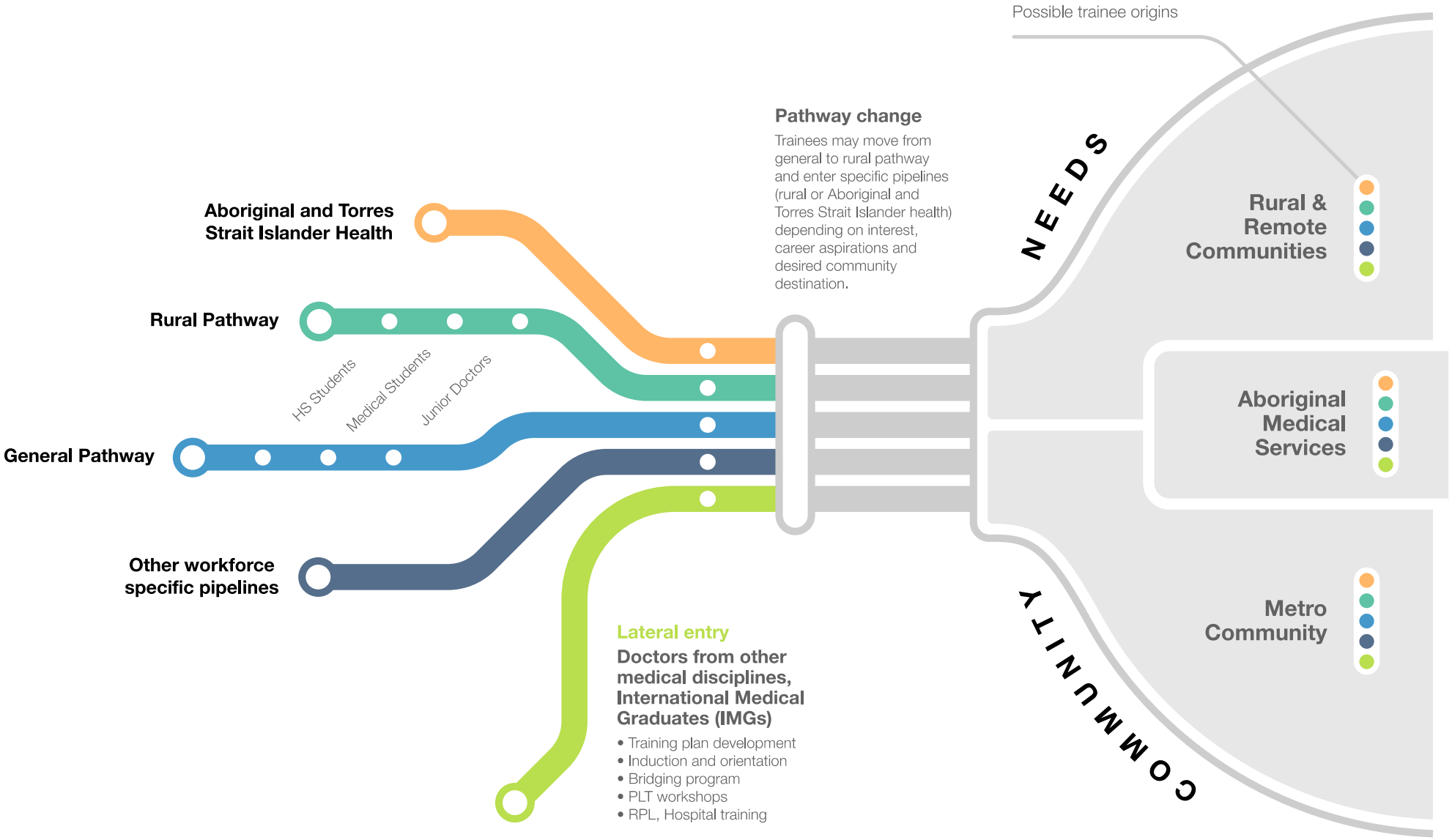
- To design a training model that is inclusive of all potential participants of the general practice workforce.
- To attract trainees by championing general practice as a career of choice.
- To enable multiple entry points to general practice training through a flexible approach and contextualised processes.
- Increased uptake and completion of rural generalist training.
- Increased uptake and completion of training in areas of workforce need.
- Increased uptake and completion of training in Aboriginal and Torres Strait Islander medical services.
- Increased uptake and completion of training by Aboriginal and Torres Strait Islander doctors.

**Key points of the training pipeline**

- Early planning will be essential, with personalised case management for potential applicants. Career advice and planning will streamline training and support long-term retention of registrars. Case management and support of all members across the general practice lifecycle aims to improve rural retention.
- Enhanced collaboration with university partners, rural clinical schools and hospitals will allow pooling of resources and operational efficiencies to establish interest in general practice and build strong pipelines.
- A nationally coordinated approach to targeted recruitment, with a dedicated national coordinator and regional administrators. This will enable national oversight and facilitate making opportunities available to suitable applicants.
- Flexible supervision models to support the diverse contexts of general practice training.
- Flexibility to move between different training pathways and regions to enable mobility of the workforce and increase the uptake of training in areas of need.
- National coordination/liaison with Aboriginal and Torres Strait Islander health stakeholders and practices, supported by dedicated regional and local administration and case management.
- Most resources needed to support the pipelines already exist. They can be streamlined to support the goals of the training program. Operational teams and relevant policies and procedures will need to be in place before day one to coordinate these resources.

The model described above should be able to start on day one of PLT operation. Planning the targeted recruitment component early will support rural locations with high workforce needs. To facilitate this model as soon as possible, planning should begin with stakeholders who have expressed a desire to work with the RACGP.

**Figure 3: RACGP supported training pipeline development**



## Student, international medical graduate and prevocational doctor engagement

Recruitment into a training pipeline requires engaging with potential applicants in a way that presents the training and its end point as attractive.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Promotion of GP training particularly in rural locations to secondary school students<br><br>See marketing | • RACGP local<br>• RACGP national | • Community GP champions: state faculty council members and community GP members<br>• School career counsellors<br>• Secondary school – private and public<br>• TAFEs<br>• Local Aboriginal and Torres Strait Islander groups<br>• Marketing and communication team - marketing material | • There is a strong national promotion of general practice<br>• Local teams build relationships and networks with local secondary schools.<br>• GP champions have a presence in local high schools |
| Engagement with Aboriginal and Torres Strait Islander school students | • RACGP local<br>• RACGP regional<br>• RACGP national | • Aboriginal and Torres Strait Islander Health Faculty<br>• Aboriginal and Torres Strait Islander GP champions<br>• IGPRN<br>• AIDA<br>• Local Aboriginal and Torres Strait Islander groups<br>• Land councils<br>• Marketing and communications teams<br>• Marketing materials | • Careers in health are promoted to Aboriginal and Torres Strait Islander students in contextualised and effective ways<br>• Strategic engagement and promotion are done in partnership with peak Aboriginal and Torres Strait Islander health organisations such as IGPRN, AIDA, IAHA, NAATSIHWP, CATSINaM<br>• A sustainable annual school and community engagement program is run in collaboration with key partners such as universities |
| Engagement with medical students | • RACGP local<br>• RACGP regional<br>• RACGP national | • RLO / GPiT Faculty members<br>• RACGP membership services<br>• University medical schools, rural clinical schools<br>• Medical student networks (eg AMSA, GPSN)<br>• University liaison officers, rural term coordinators<br>• Aboriginal health liaison from the medical schools<br>• GP advocates who teach medical students<br>• GP mentors<br>• Rural health hubs<br>• Marketing materials<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Profile of general practice and rural general practice as a career path is enhanced by<br>- Regional and local representation at medical student speciality promotion events<br>- Membership promotion to medical students<br>- Partnerships and collaboration with universities<br>- Support programs such as GP Student Mentor network, Bush Bursary program, Rural Student Scholarships |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • RACGP Rural Faculty<br>• RACGP specific interest groups | |
| Engagement with Aboriginal and Torres Strait Islander university students | • RACGP local<br>• RACGP regional<br>• RACGP national | • Aboriginal and Torres Strait Islander Health Faculty<br>• IGPRN<br>• AIDA<br>• IAHA<br>• Universities<br>• NAATSIHWP<br>• CATSINaM | There is regular engagement with Aboriginal and Torres Strait Islander medical students. Supportive strategies include:<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty annual medical student bursary to attend GP conferences and engage with RACGP and National Faculty of Aboriginal and Torres Strait Islander Health<br>• Medical student position on National Faculty of Aboriginal and Torres Strait Islander Health Council<br>• Partnership with peak Aboriginal and Torres Strait Islander health organisations<br>• Partnerships with IGPRN in their engagement with local medical students interested in general practice and their biannual online student information sessions<br>• Partnership and collaboration with universities<br>• RACGP membership promotion to Aboriginal and Torres Strait Islander medical students |
| Engagement with junior and hospital doctors<br><br>Engagement with hospital-based international medical graduates (IMGs) | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP membership services<br>• Hospital administration, directors of training and career event organisers<br>• RWAs and other workforce agencies<br>• State faculty councillors and members<br>• Partnerships with RWAs and RGCUs<br>• State health departments (eg WA pilot program)<br>• RACGP Rural Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• Marketing team and marketing materials<br>• GPiT Faculty<br>• Registrars and recent Fellows<br>• GP and IMG champions<br>• GP mentors | • Partnerships are established with other healthcare stakeholders for junior doctor general practice promotion campaigns.<br>• Promotion of GP training to junior doctors by contributing to<br>- Career events<br>- Junior doctor networking events<br>- Relevant conferences<br>• Promotion of GP training to Aboriginal and Torres Strait Islander junior doctors by contributing to<br>- AIDA conferences<br>- IGPRN workshop events<br>• Networking opportunities for JMOs to meet with current registrars, GPs, RGs and rural GPs |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • GP facilitators who teach hospital JMO's | |
| Case management of students, and doctors with expressed interest in general practice | • RACGP national<br>• RACGP regional<br>• RACGP local | • RACGP Rural Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• GPiT Faculty<br>• PHNs<br>• RWAs<br>• Registrars and recent Fellows<br>• GP and IMG champions,<br>• GP mentors<br>• Cultural mentors<br>• IGPRN | • Those identified with an interest in GP are connected with national and regional pre-training case management coordinators who facilitate:<br>- career planning advice<br>- connection with mentors and local GP champions<br>- connection with local GP networks<br>- access to relevant bursaries and immersive experiences<br>• Prospective Aboriginal and Torres Strait Islander registrars are supported in accessing culturally relevant supports, networks and specific resources |
| Provide support to applicants to join training through PLT or to a GPE Pathway program | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT eligibility and selection team<br>• GPE program selection team<br>• Administrators to manage inquiries<br>• Online FAQs / information videos<br>• Online / phone advisors<br>• IT platform | • Support is provided to potential applicants to either of the RACGP's pathways to Fellowship |

## Lateral entry into GP training and recognition of prior learning

Lateral entry refers to doctors who enter GP training at different points of their career. Rather than early entry after the junior hospital year, a doctor may work for several years in different hospital positions or undertake other specialist training before joining general practice training. Others may have worked overseas in generalist or specialist capacities and are seeking to work as a GP in Australia. These applicants' experience and skills may mean they are eligible for recognition of prior learning (RPL). Applicants may not have the required recent Australian hospital experience and require special support to bridge that gap.

Lateral entry candidates will go through the usual application, eligibility and selection processes as listed in the Eligibility and selection section.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Assessment of hospital term requirements, eligibility for RPL, and readiness for GP term | • Censors<br>• RACGP local | • PLT admin team<br>• Online submission process | • Eligibility for RPL including readiness for GP terms is assessed early<br>• Training experience gaps are identified<br>• RPL assessments and identified training experience gaps inform individual training plan development. |
| Training plan development | • RACGP local | • Regional Senior ME<br>• Training plan templates<br>• Learning resources<br>• Syllabus | • Training plans are developed at the start of training and inform placement<br>• Training plans are developed with the registrar and ME to address identified gaps (See induction and orientation section) |
| Bridging programs | • RACGP local<br>• RACGP regional | • PLT workshops – need a dedicated regional team to provide this<br>• Dedicated training sites<br>• External skills-based training providers / workshops<br>• RGCUs<br>• Regional senior ME<br>• IT – training needs mapping and planning tool to aid placing lateral entry candidates in an appropriate training stage | • The number of potential GPs entering into training is maximised<br>• Lateral entry registrars receive tailored support, education and training to address their training gaps |

## Enhancing pre-GP term training

The first part of the pipeline is pre-GP term training which may occur before or after entry into the PLT program

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Hospital training terms | • Hospitals: public and private<br>• RACGP regional | • State health departments (eg WA pilot program)<br>• Postgraduate medical councils (PMC)<br>• PMC handbooks<br>• RGCU's | • Collaboration between RACGP regional team and Department of Health/private hospitals<br>• There is adequate exposure to a range of quality clinical rotations relevant to general practice via networks and agreements with public and private hospitals<br>• RGCU advocates for RGs requiring specific prerequisite training |
| Community terms (during hospital training program) | • RACGP local<br>• RACGP regional | • State health departments - funded by state health department as part of hospital training program<br>• National DoH funded programs such as the Rural Junior Doctors Training Innovation Fund (RJDTIF)<br>• Training sites<br>• Training organisations including RGCUs<br>• PMC handbooks<br>• RACGP national accreditation team | • Training terms are coordinated with state Departments of Health<br>• Registrars experience community context and achieve requisite clinical competencies prior to GP terms<br>• Quality general practice exposure is ensured by the local team through accreditation, monitoring and evaluating practices<br>• There are clear guidelines for pre-GP term community practice accreditation (same as GP training sites or special focus, eg paediatric) |

## Development of specific pipelines into areas of workforce need

As well as the pipeline into general practice training and the pipelines for RG and rural pathways, there will be specific pipelines for particular areas of training and workforce need.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Identification of areas requiring specific pipelines | • RACGP regional<br>• RACGP national | • Both qualitative and quantitative information<br>• HeaDS UPP data<br>• Community profiling tool<br>• Medical workforce information<br>• Health workforce needs data collected by other organisations – particularly PHNs, RWAs, NACCHO/ACCHO and training organisations.<br>• Distribution Priority Area data | • There is clear identification of areas of GP workforce need amenable to a training pipeline including:<br>- rural and remote communities<br>- Aboriginal and Torres Strait Islander health<br>- underserved communities<br>• GP workforce needs are mapped against current training placements<br>• Areas of workforce need that can be addressed by training are identified |
| Creation of pipelines into areas of workforce need | • RACGP regional<br>• RACGP national | • See Training Capacity development<br>• National and regional training pipeline coordinators<br>• RACGP Rural Faculty<br>• NACCHOs<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Specific training pathways are developed to support training in identified areas of workforce need. Typically, these pathways will have<br>- quarantined relevant training sites<br>- educational activities to support the development of required specific skills |

## Targeted recruitment

There will be targeted recruitment to RG and rural pathways (see RG and Rural GP section). There will also be targeted recruitment to the specific pipelines for particular areas of training and workforce need. This targeted recruitment will be to both prospective registrars and registrars already in training.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Promotion of RG and rural pathways | • RACGP local<br>• RACGP regional<br>• RACGP national | • See RG and rural training<br>• See Marketing | • RG and rural pathways are presented as attractive options for prospective registrars and registrar on the general pathway |
| Targeted recruitment to RG and rural pathways | • RACGP local<br>• RACGP regional<br>• RACGP national | • See RG and rural training | • New and existing registrars are recruited into RG and rural pathways |
| Promotion of training in particular areas of workforce need | • RACGP local<br>• RACGP regional<br>• RACGP national | • See Marketing | • Training in areas of workforce need is specifically marketed<br>• Training in areas of workforce need is promoted to current registrars through<br>- whole cohort promotion<br>- one-on-one training advice |
| Targeted Recruitment into pipelines for particular areas of workforce need | • RACGP local<br>• RACGP regional<br>• RACGP national | • Targeted recruitment administrators (TRA)<br>• Discretionary funding to offset additional costs incurred by training in an area of workforce need<br>• See case management under Supporting registrars | • Prospective and current registrars with an interest in working in an identified area of workforce need are identified and case managed to facilitate entry into a pipeline<br>• TRA coordinates packages for registrars with local stakeholders<br>• TRA liaises with workforce stakeholders to facilitate the recruitment of the right registrar for the right placement |
| Promotion of training in AMSs and ACCHOs | • RACGP local<br>• RACGP regional<br>• RACGP national | • Peak and jurisdictional Aboriginal and Torres Strait Islander health organisations<br>• Cultural Educators and Cultural Mentors Network<br>• Strategic plan program funding<br>• National Aboriginal and Torres Strait Islander Cultural and Health Education Framework<br>• Community engagement and partnership strategy | • Training in AMSs and ACCHOs are specifically marketed – see Marketing<br>• Training in AMSs and ACCHOs are presented as attractive options for prospective registrars<br>• Training in AMSs and ACCHOs are promoted to current registrars generically and in the context of one-on-one training advice |
| Targeted recruitment into AMS and ACCHO placements | • RACGP Regional<br>• RACGP National<br>• RACGP local | • Salary support program funding<br>• Strategic plan funding | • There is a dedicated TRA to liaise with Aboriginal and Torres Strait Islander stakeholders enabling a single point of contact and ensuring the recruitment |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • National Aboriginal and Torres Strait Islander Cultural and Health Education Framework<br>• Community engagement and partnership strategy | of the right registrar to the right AMS or ACCHO placement<br>• Registrars who go to Aboriginal and Torres Strait Islander communities are culturally and clinically competent and well supported |

## Case managed support of registrars in specific training pipelines

Once in a pipeline case management support is key to ensuring an excellent training experience for the registrar.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Preparing GP registrars and training sites to be ready for area of workforce need placement | • RACGP local<br>• RACGP regional<br>• RACGP national | • GP practices selected to train registrars to be ready for more challenging placements, such as remote or low socioeconomic communities with complex health care needs<br>• RGCUs<br>• Local community champions<br>• RACGP Service<br>• Discretionary funding<br>• Local induction pack with local referral pathways and tips from previous registrars<br>• Cultural Educators and Cultural Mentors | • Gaps in the registrar's required skill set are identified and access to required additional training and education is facilitated<br>• Supervision that matches the registrar's competency is established<br>• Registrar's personal and family needs are addressed with tailored support as appropriate<br>• Support networks are in place as required<br>• There is longitudinal training planning |
| Support for registrars in specific training pipelines | • RACGP local<br>• RACGP regional | • See Supporting registrars<br>• Local community supports<br>• Cultural Educators and Cultural Mentors<br>• Discretionary funding | • Registrars in specific pipelines are supported by a TC and ME familiar with the training site and the pipeline requirements<br>• Once registrars enter specific training pipelines they receive supports and priority placements with continuity in their case management support team e.g., a registrar going into an AMS or ACCHO will receive case management support from the Aboriginal and Torres Strait Islander health TC, GP mentors and cultural educators as required<br>• Access to additional resources for identified training and placement needs is facilitated |

## Post-Fellowship

Post Fellowship support is important for facilitating ongoing practice, particularly in areas of workforce need. It is also important for developing future supervisors and medical educators.

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| Transition to post-Fellowship sub-specialties and special interests | • RACGP Rural Facutly | • Other specialist medical colleges<br>• JCCs - representatives from JCCs and other sub-specialty committees<br>• RACGP Specific Interests Faculty<br>• Peer groups for sub-specialties to support specific skills groups e.g., GPO, GPA, palliative care, supervisors<br>• IT platform to enable easy tracking of CPD in sub-specialties, particularly for RGs<br>• Platform and forums for CoP groups<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Fellows are happy to remain affiliated with RACGP for CPD related to sub-specialties<br>• RACGP Rural Faculty continues to support CPD activities such as POCUS, mental health training, emergency workshops<br>• Special interest CoP groups have peer support through RACGP supported platforms to meet and share ideas and resources |
| FRACGP - CPD | • RACGP national | • PLT MEs<br>• Supervisors<br>• External training providers<br>• External partners e.g., education companies, Medical Defence Organisations<br>• Online modules through *gplearning* or similar<br>• PLT workshops or similar | • High quality CPD is available to support lifelong learning |
| Fostering interest in being a supervisor, medical educator, and assessor | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP Specific Interests Faculty – medical education group<br>• RACGP Assessment teams<br>• GPSA<br>• GPME<br>• Online modules through *gplearning* | • Actively seek and follow up with those interested in supervision, medical education, and assessments<br>• Clear internal referral pathways<br>• Encourage and support Aboriginal and Torres Strait Islander GPs to undertake professional development activities in medical education |
| Pre- and post-Fellowship support<br>New Fellow support | • RACGP local<br>• RACGP regional | • Regional RLO<br>• GPiT Faculty<br>• State faculties – New Fellows committees<br>• GP Support Programs | Support is provided to facilitate<br>• establishment and maintenance of peer support groups<br>• maintenance of wellbeing<br>• a chosen scope of practice<br>• mentorship and support |

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| | | | • career planning advice |
| Retention in areas of workforce need | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP Service<br>• Concierge service<br>• GPiT Faculty<br>• State faculties – New Fellows committee<br>• RACGP – CPD<br>• RWA<br>• RACGP Rural Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Registrars continue in areas of workforce need beyond Fellowship with RACGP facilitated planning and supports<br>• Other supports include:<br>- Pastoral care<br>- Funding opportunities<br>- Support for spouse/family<br>- Cover for leave |
| Leadership | • RACGP national<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • RACGP Aboriginal and Torres Strait Islander Health Faculty | • Aboriginal and Torres Strait Islander GPs are mentored and supported into leadership roles within the RACGP<br>• Specific leadership programs are scoped and tailored for<br>- Aboriginal and Torres Strait Islander GP Fellows and GPiTs<br>- specific leadership programs for GPs<br>- women in leadership |
| Professional development | • RACGP national<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • RACGP – CPD<br>• Gplearning | • RACGP provides professional development activities and facilitates access to resources to encourage GPs to undertake CPD<br>• Partnerships with specific interest groups to develop a professional development strategy for specific interest areas |

# Part two: Registrar education and training

## Eligibility and selection

Eligibility sets the minimum requirements to be met by all prospective registrars. Selection determines who will gain a training position and in what region the applicant will be offered a position. Eligibility and selection processes for doctors to enter general practice training need to be clear and transparent.

The RACGP is committed to the Closing the Gap Initiative and improving access to training in general practice for Aboriginal and Torres Strait Islander doctors. Provision will be made in the selection process to prioritise the selection of Aboriginal and Torres Strait Islander doctors and enable allocation to a region that meets their family and cultural needs.

**Objectives**

- There is a clear and transparent selection process for doctors to enter general practice training.
- Eligibility requirements are clearly outlined and accessible to all prospective applicants.
- Eligibility requirements are met by all prospective registrars.
- Allocation of registrars to regions is transparent.
- Department of Health requirements for registrar distribution are met.
- Aboriginal and Torres Strait Islander doctors are supported to pursue a career in general practice.
- Applicants on a rural generalist training pathway are supported in demonstrating eligibility and achieving selection.

The current eligibility and selection processes, with the selection assessment ranking scores determining regional allocation for interview in a region, will remain unchanged at day one of transition. The PLT selection model for determining regional allocation on the basis of factors beyond a ranking score will be developed and instituted subsequent to transition to PLT.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Assess eligibility | • RACGP national | • Application portal<br>• Work instructions<br>• Application Handbook | • Applicants can easily access the eligibility requirements<br>• Applications are assessed for eligibility and informed of the outcomes<br>• Applicants with Medical Registration conditions and / or notations are considered by a review panel to determine their eligibility |
| Selection assessment and interviews | • RACGP regional<br>• RACGP national | • Online written assessment<br>• Assessment support materials<br>• Selection interview questions | • The selection process is clear and transparent<br>• Candidates can access materials that support their preparation for the selection process<br>• Rurally intentioned and RG candidates are identified |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Allocation of candidates to regions | • RACGP local<br>• RACGP regional | • Selection platform (IT)<br>• DoH distribution requirements – General/rural pathway | • Registrars are selected into regions based on preferences, training aspirations and suitability<br>• There is priority allocation for Aboriginal and Torres Strait Islander registrars with particular cultural needs<br>• There is priority allocation for RG and rurally intentioned registrars |
| Support for Aboriginal and Torres Strait Islander applicants | • RACGP local<br>• RACGP regional | • See pipeline section<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• Regional Aboriginal and Torres Strait Islander training coordinator<br>• Local cultural mentors<br>• Support materials<br>• Webinars<br>• Aboriginal and Torres Strait Islander Cultural and Health Education Framework<br>• RACGP Cultural Safety and Governance Strategy | • See pipeline section<br>• Aboriginal and Torres Strait Islander prevocational doctors are actively mentored and supported through the application and selection process and given priority selection to the region that meets their cultural and family needs<br>• Application and selection into Aboriginal and Torres Strait Islander health training pipelines is supported through collaboration with key Aboriginal and Torres Strait Islander organisations |
| Support for RG pathway applicants | • RACGP local<br>• RACGP regional | • See RG pipeline<br>• RG-related application information (e.g., selection criteria)<br>• Marketing<br>• RACGP local knowledge<br>• RG coordinating units<br>• Rural medical schools<br>• Regional health services | • See pipeline section<br>• RG candidates are guided through the application and selection process and given priority selection to the region that holds the posts on their RG training pathway |

# *Supporting registrars*

Registrar support is a defining feature of general practice training, with a particular emphasis on the wellbeing of registrars. PLT support for registrars will be built on the highly developed and successful registrar support programs delivered by the RTOs. A personalised case management approach to registrar support is a foundational feature of the PLT design (fig 4). This approach recognises that the best training outcomes are achieved by recognising that each registrar comes with their own specific context, needs and aspirations. These must be considered in training planning and training pipeline management. Matching the strengths and educational needs of a registrar with a community's needs is important. This is particularly the case for enabling registrars to train and remain in areas of workforce need.

Registrar support includes promoting attention to registrar's health, wellbeing, and self-care. Pastoral care will be provided. A supportive and confidential approach will be taken in dealing with registrar issues and complaints. Ensuring cultural safety for registrars is a priority. PLT recognises that training sites and supervisors are key to providing registrar support and will invest in enabling training sites and supervisors to provide a supportive environment for registrars. Certain groups of registrars, including part-time registrars may require additional and specialised support; this will be coordinated by designated MEs.

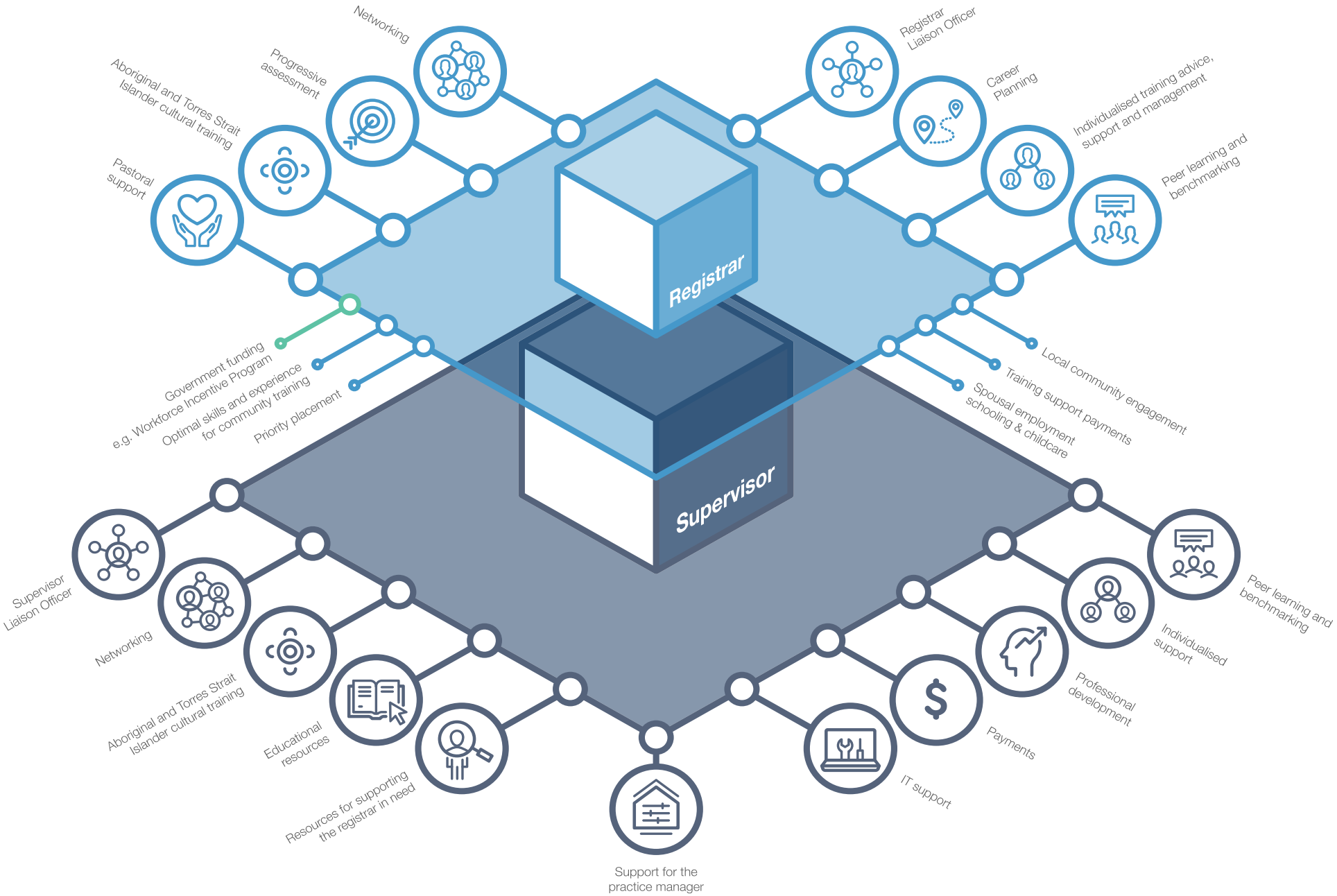
To improve workforce and training equity, Aboriginal and Torres Strait Islander registrars will have enhanced access to general practice and rural generalist training via pre-vocational pipelines and will be offered additional support at all levels of training. This will be achieved through consultation with the Aboriginal and Torres Strait Islander community and existing health education agencies.

**Objectives**

- Optimise the development of each registrar.
- Ensure Aboriginal and Torres Strait Islander registrars have access to dedicated and culturally safe supports.
- Provide support to enhance training and retain registrars in areas of workforce need during and beyond training.
- Support a culture that values wellbeing in the profession.
- Monitor each registrar's progress throughout training and address any concerns.
- Identify problems early to ensure that targeted support is provided.
- Develop processes to effectively address any problems that arise during placement.
- Provide clear, safe and supported complaints and appeals processes for registrars.
- Manage complaints according to a clear, transparent and fair process aligned with the RACGP Complaints Policy.
- There are robust processes and support mechanisms to minimise and address registrar bullying and harassment.

It is recognised that the PLT case management model represents a change from some of the current RTO practices. This change will be managed in a way that minimises disruption to training and maximises personalised case management support. This model aims to provide tailored support for registrars' training and personal needs, and ensure robust processes are in place to optimise outcomes.

**Figure 4:** Supports for the registrar, supervisor and the supervisory relationship



## Inducting registrars and planning their training

Induction of registrars following selection is important for initial orientation to training, initial training planning and for an early assessment of eligibility for recognition of prior learning (RPL). The induction process will include gathering information on previous training, learning, and experience of registrars, and on their training aspirations. This will be used to develop their initial training plan. The induction assessment will determine readiness to enter general practice terms or the need to undertake further training in hospital posts.

Induction to the training program will include completion of a learning module and a one-on-one interview with an ME and a TC.

The learning module will provide registrars with information about:

- the PLT program (including education policies and guidance, and training opportunities)
- Fellowship of the RACGP (FRACGP) training and assessment requirements
- the role of the registrar liaison officer
- the RACGP National Faculty for GPs in Training
- other support available, including RACGP member services (e.g., the GP Support Program)
- training locations and obligations
- placement processes
- applying for a provider number
- financial assistance
- specific support available to Aboriginal and Torres Strait Islander registrars
- the medical education team
- the need for medical indemnity and medical indemnity requirements
- the RPL process

The one-on-one interview will be used to:

- assess prior experience for informing the training plan and for likely eligibility for recognition of prior learning
- assess the implications of any registration conditions
- develop an initial training plan, including the readiness for GP term placement or need for further hospital-based placement
- identify interest and suitability for a training pipeline

**Objectives**

- A supportive relationship for the registrar with training program staff is established.
- An initial training plan is discussed and agreed on.
- The registrar has a clear understanding of the requirements and expectations of the training program.
- Key information about the training journey of the registrars is collected and documented.

Whilst there is a defined process and resources provided to support registrar induction, regional and local variations in delivery will ensure these are contextualised to registrar needs, as well as training site and supervisor preferences.

| Activity | Provided By | Resources | Outcomes |
|---|---|---|---|
| Induction learning module | • RACGP national | • National online module | • Registrars complete the online module prior to meeting with the medical educator<br>• The module informs the registrar about the training program and associated processes<br>• Registrars submit evidence of experience (e.g., term statements, supervisor reports) |
| Induction interview with medical educator | • RACGP local<br>• RACGP regional | • Induction interview materials currently used in the PEP – provided nationally<br>• Local PTA and ME to conduct interview<br>• PTA guide<br>• Training plan – template<br>• Registrar portfolio | • A discussion about training requirements and expectations is undertaken<br>• A discussion about any barriers to training, including family and cultural obligations, and financial and health considerations is undertaken<br>• Training records are updated and checked<br>• Eligibility for RPL is checked<br>• Readiness for GP terms is assessed<br>• The training coordinator meets with registrars to discuss training plans, individual requirements, and other relevant information. This may be in small groups or one on one depending on local and individual needs<br>• Existing RTO training coordinators will be supported in their transition to the new model |
| Orientation to general practice placements | • RACGP national<br>• RACGP regional<br>• RACGP local | • National online orientation modules – orientation to general practice module, introduction to PBS, Medicare billing online courses<br>• Local or regional orientation workshop<br>• Local PTA and ME individual registrar meetings | • Registrars commencing their first general practice term are provided with:<br>- Online modules to be completed individually (ideally completed just prior to commencing the first GP term)<br>- Local or regional orientation workshop<br>- Individual meeting with medical educator<br>- Individual meeting with training coordinator with focus on administrative processes (e.g., provider numbers) |
| Orientation for registrar undertaking hospital rotations | • RACGP national | • Orientation module specific to hospital registrars | • The orientation module provides hospital registrars with an understanding of the requirements, IT systems, registrar portfolio, and learning opportunities |

## Training support

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Case management, mentorship, and training advice | • RACGP local<br>• RACGP regional | • Induction meeting and training plan templates | • Individualised and personalised advice and support is provided from initial expression of interest in GP/RG training through to Fellowship<br>• Registrars are assisted to plan training, including to undertake designated training pipelines |
| Career counselling/ training advice | • Supervisor<br>• RACGP local | • Induction meeting and training plan templates | • Advice is individualised considering both the registrar's strengths and needs and community needs |
| Training and placement planning | • RACGP local | • See registrar induction, placement and pipeline sections | • Priority matching of registrar aspirations, needs and capacity with community needs |
| Additional financial support | • RACGP local<br>• RACGP regional<br>• RACGP national | • Additional financial support<br>• External funding resources e.g., RWA, DoH programs | • Registrar financial support is focussed and tailored to address issues of disadvantage, and rural and remote placements, including to support training in areas of workforce need<br>• Concierge style assistance for registrars to support access to available funding support |
| AMS and ACCHO Salary Support Program | • RACGP regional<br>• RACGP national<br>• AMSs/ACCHOs | • Aboriginal and Torres Strait Islander Health strategic funding<br>• Salary support funding | • The salary support program for placements in AMS and ACCHOs meets objectives<br>• Effective distribution of salary support<br>• There is uptake of salary support |
| Transition to Fellowship | • RACGP local<br>• RLO<br>• GPiT Faculty | • State Faculty New Fellows Committees | • Case management support in transition to Fellowship<br>• Facilitation of peer to peer and mentorship relationships |
| Assistance in undertaking completion of training requirements | • RACGP local<br>• Censor | • Training portfolio | • Registrars are prepared for and meet completion of training and Fellowship requirements. |
| Safe self-identification for Aboriginal and Torres Strait Islander registrars | • RACGP local<br>• RACGP regional<br>• Cultural mentors | • RACGP Cultural Safety and Governance Strategy<br>• IT training platforms | • Aboriginal and Torres Strait Islander registrars feel safe to self-identify at any stage of training<br>• RACGP IT systems are current (with permission of the registrar) to include self-identification information |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | • RACGP Aboriginal and Torres Strait Islander Health Faculty | | |
| Provide individualised training support and case management for Aboriginal and Torres Strait Islander doctors | • RACGP Local<br>• RACGP Regional<br>• Cultural mentors and educators | • RACGP Cultural Safety and Governance Strategy<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Individual case management considers and respects the challenges faced by Aboriginal and Torres Strait Islander registrars during training<br>• Support is holistic, values cultural difference, and fosters resilience and self-caring |
| Assessment support for Aboriginal and Torres Strait Islander registrars | • Censor<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• RACGP local<br>• RACGP regional<br>• National Assessment Advisors (NAAs) | • National Aboriginal and Torres Strait Islander cultural and health education framework<br>• Yagila Wadamba program<br>• IGPRN<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Continual support of the NAAs' involvement in the Yagila Wadamba program for delivering Faculty exam preparation workshops to Aboriginal and Torres Strait Islander registrars<br>• Provision of Exam preparation resources<br>• Post-exam support and feedback is available from Faculty censors |
| Promote Aboriginal and Torres Strait Islander achievement in the Fellowship ceremony | • RACGP national<br>• RACGP regional | • RACGP ceremonial gown<br>• Policy for use of Aboriginal and Torres Strait Islander Ceremonial Sashes | • Aboriginal and Torres Strait Islander representatives for national and state Fellowship ceremonies<br>• Aboriginal and Torres Strait Islander sashes are offered to all Aboriginal and Torres Strait Islander graduates and GPs attending Fellowship ceremonies<br>• Aboriginal and Torres Strait Islander GPs attaining Fellowship are acknowledged at Fellowship ceremonies |
| English as a second language (ESL) and cultural and linguistically diverse (CALD) support | • RACGP local<br>• RACGP regional | • GP Support Program<br>• Communication skills tutors | • Integrated education and support for CALD registrars including communication skills and exam preparation support<br>• Strategies to support CALD registrars to link with supports from their community of origin |
| Support for registrars in training sites with specific needs and demands | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP services<br>• See Training Pipelines section | • Directed support for registrars in training sites with specific needs and demands including: academic posts; ADF placements; AMS placements; extended skills posts; remotely supervised posts; composite posts; hospital-based posts |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Registrar advocacy | • RACGP local<br>• RACGP regional<br>• RLO<br>• Cultural educators<br>• Censors | • IGPRN<br>• GPRA<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• GPiT Faculty | • Advocacy for registrar interests and concerns with specific advocacy for individual registrar issues. |
| Complaints management | • RACGP local<br>• RACGP regional<br>• RACGP national | • Complaints procedure | • Registrars can access fair, just, and defendable, timely, safe and confidential complaints processes<br>• Registrars are aware of and have support in engaging with the complaints processes<br>• Defined, transparent escalation process with a commitment to achieve resolution and minimise the need to escalate to the next level for management. If a complaint is unable to be resolved it is referred to a national team as per the complaints procedure |
| Appeals, reconsiderations and reviews | • RACGP national | • Reconsiderations and Appeals procedures<br>• Appeals Committee | • Reconsideration, review, and appeals processes provide for impartial review of training and education decisions |
| Critical events | • RACGP regional<br>• RACGP national<br>• Censors | • Critical event notification, management and monitoring framework | • Critical events are notified, managed and monitored according to a national framework |

## Support structures for registrars in Aboriginal and Torres Strait Islander health training

Registrars should have access to safe, supported, and accessible Aboriginal and Torres Strait Islander health training placements. These placements provide registrars with access to local Cultural Educators and Cultural Mentors who locally contextualise training and mentorship.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Orientating registrars to an Aboriginal and Torres Strait Islander health placement | • RACGP local<br>• Cultural educators<br>• Cultural mentors<br>• Supervisors<br>• Training site staff | • National orientation framework<br>• Regional orientation program and resources<br>• Local orientation program and resources (specific to health service and community) | • Registrars in Aboriginal and Torres Strait Islander health training placements receive structured orientation to:<br>- The local Aboriginal and Torres Strait Islander community and culture<br>- The clinical practice, organisational environment, and support services, including roles of the multidisciplinary team<br>- Relevant community-based services for Aboriginal and Torres Strait Islander peoples |
| Ensuring adequate and safe supervision and the support of supervisors | • RACGP local<br>• RACGP regional<br>• Supervisors | • The supervisory team including Aboriginal staff, practice managers, Aboriginal doctors, and nurses | • Registrars receive:<br>- Immediate and accessible clinical support from supervisors<br>- Dedicated teaching time with supervisors that values the complexity of working in Aboriginal and Torres Strait Islander health |
| Ensuring access to cultural mentorship | • RACGP local<br>• RACGP regional<br>• Cultural mentors | • National Aboriginal and Torres Strait Islander cultural and health education framework<br>• Local delivery models | • There are at least weekly one-to-one discussions between registrar and Cultural Mentor including protected time to discuss:<br>- challenges, cultural differences<br>- learning goals<br>- sensitive topics<br>• Cultural support is available as required to support clinical work<br>• The cultural mentor is involved in the assessment of registrar performance |
| Ensuring access to quality cultural and health education – In-practice teaching | • RACGP local<br>• RACGP regional<br>• Cultural Mentors<br>• Cultural Educators<br>• Supervisors | • National Aboriginal and Torres Strait Islander cultural and health education framework<br>• Regional delivery models<br>• Local delivery models | • All registrars receive regular quality in-practice teaching and assessment as per the local delivery models |
| Designing and implementing a process for assessing registrar cultural safety and | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Training site staff | • Safety assessment guidelines/framework | • The registrar is assessed early in their Aboriginal and Torres Strait Islander health placement for cultural safety as part of their overall safety assessment |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| understanding in practice | • Cultural educators and mentors | • National Aboriginal and Torres Strait Islander cultural and health education framework | • The registrar progressive assessment includes assessment of safety and cultural understanding within the context of the health service<br>• CULTURAL EDUCATORS AND CULTURAL MENTORS and practice staff are involved in the registrar assessment |
| Providing individual registrar support in the context of working in Aboriginal and Torres Strait Islander health | • RACGP local<br>• RACGP regional<br>• Supervisor<br>• Cultural mentor | • Registrar case management<br>• Registrar support | • The registrar receives individualised case management<br>• The placement is a safe and effective learning environment<br>• The registrar receives pastoral care<br>• Community needs are considered in supporting the registrar |
| Providing specific support for Aboriginal and Torres Strait Islander registrars | • See Supporting registrars and training pipelines sections | | |
| Ensure the safety and prioritisation of Aboriginal and Torres Strait Islander registrars in Aboriginal and Torres Strait Islander health placements | • RACGP national | • Registrar case management<br>• Registrar support<br>• Aboriginal and Torres Strait Islander registrar support | • Aboriginal and Torres Strait Islander registrars are provided with:<br>- priority placements to match them with an AMS/ACCHO of choice<br>- mentorship<br>- Individualised cultural support<br>- tailored supervision and practice support |

## Educational interventions

Low-stakes educational interventions are managed at the local and practice level. Higher-stake and more substantial educational interventions and remediation will be managed with regional expertise. It is expected that local teams will draw substantially on regional support in dealing with educational interventions.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Early identification of registrars at risk of difficulty progressing through training | • Practice supervisory team<br>• RACGP local | • Supervisor, practice manager and medical educator professional development programs<br>• See Progressive assessment section | • There are processes to enable early identification and intervention for the registrar in need to maximise safety, support, learning and progression |
| Assistance and additional support | • RACGP local<br>• Supervisory team<br>• RACGP regional<br>• RLO | • Case management<br>• Support plans | • Communication to registrars of the availability of and means to access additional supports<br>• Additional support needs are identified through case management and progressive assessments<br>• Additional support plans are developed and delivered as required |
| Educational interventions | • RACGP local<br>• RACGP regional<br>• Supervisory team | • Supervisor and ME professional development<br>• Good Medical Practice: A Code of Conduct for Doctors in Australia | • Tailored educational intervention for identified progress issues<br>• Clear and agreed educational intervention plans are negotiated<br>• Educational interventions are escalated for regional expertise as required |
| Remediation | • RACGP regional<br>• RACGP local<br>• RACGP national<br>• Supervisory team | • Progressive Competency profile of the Australian general practitioner<br>• Medical educator professional development<br>• Good medical practice: a code of conduct for doctors in Australia<br>• Remediation funding | • Remediation is managed under the required expertise<br>• Remediation plans and contracts address progress issues which risk of preventing achievement of the competencies required of an Australian GP at the point of Fellowship<br>• Remediation outcome escalation criteria from local to regional to national<br>• Up to 26 weeks of extra remediation training are available<br>• SMART goals are used to address identified remediation needs<br>• Transparent remediation processes with clear documentation plans and decisions |
| Early exit from training | • RACGP regional<br>• RACGP national<br>• Censor | • MDO<br>• AHPRA | • Clear defensible mechanisms for identifying the need for early exit from training<br>• Career counselling for those approaching an early exit |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • Access to advocacy for registrars exiting training |
| Facilitate return to practice | • RACGP local<br>• RACGP regional<br>• Censor | • AHPRA guidelines<br>• Self-assessment tools<br>• RACGP Guide to re-entry to General Practice | • Individualised approaches to planning and executing a return to practice after a period of absence<br>• Additional educational and other supports are organised as required |

# Education training components

## Hospital training terms

The year of hospital training represents a significant proportion of the training time. It offers registrars the opportunity to acquire the competencies necessary to commence in general practice, including experience in a variety of clinical disciplines and the opportunity to gain an understanding of the interface between primary and hospital care. Through educational activities during hospital training, the RACGP will develop links with hospitals, develop the training pipelines and promote general practice as a career choice.

The activities required for PLT during the hospital terms are related to hospital liaison and providing registrars with support, development, and training.

**Objectives**

- Training pipelines are supported and promoted.
- General practice as a career option is promoted.
- Hospital-based registrars are orientated to the training program and to general practice.
- General Practice focused support and education is provided, and links hospital experience with the general practice context.
- Registrars are assisted to plan their training to optimise their training experience.
- Registrars' progress is overseen and monitored to ensure that registrars meet the key competencies and program requirements to commence in general practice.
- Doctors based in hospitals have little contact with general practice. Increasing the profile of general practice occurs through participation in educational activities and careers events. Educational activities include the junior hospital doctor program, as well as additional activities offered for registrars. Involving external GPs and GP supervisors in such events and events to others outside of GP training (such as other hospital-based doctors or medical students) will also increase exposure to general practice.
- Liaising with hospitals is important in developing training pipelines and in ensuring that registrars have priority access to quality clinical terms relevant to their training. This may be done through local linkages, but ideally will be supported nationally. Increased visibility and presence of registrars during hospital rotations, with relevant positions identified and prioritised for allocation, could help attract trainees to general practice.
- There will be a focus on support and educational activities to highlight the link between current work and general practice, and the opportunity to orientate to the generic aspects of general practice and support registrars to plan their training program. Assessment should be included as evidence of progression towards the key competencies.

**Key points on hospital-based training**

- Create consistency in the support offered both individually and educationally during the hospital training time.
- Strengthen participation in hospital events and pipelines (as an example, the Western Australia model is well developed).
- Develop local linkages with hospitals early, as these take time.
- Develop priority placements and training pipelines as soon as possible, as these will take some time to establish. This builds on existing partnerships with rural generalist coordination units, but ideally should be broadened nationally.

Some of the career events may overlap with marketing activities described in this document.

It is expected that all activities should be able to commence from day one, except for some of the hospital liaison work, which requires continuing advocacy at a high level.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Liaise with hospital networks | • RACGP local<br>• RACGP regional | | • Existing relationships with hospital networks are maintained and new ones developed<br>• GP registrars training in hospitals are allocated terms relevant to general practice<br>• The RACGP participates in educational and career related events within the hospital networks |
| Undertake online education | • RACGP national | • National online educational program and resources | • Online learning modules are used to provide orientation to general practice training for hospital-based registrars |
| Deliver peer learning workshops | • RACGP local | • Workshop content guidelines and resources adaptable to local environment<br>• Venue or resources for remote group sessions<br>• Funding for other specialists and supervisors who attend<br>• Others involved in delivery as available, including local supervisors, registrars in extended skills terms, other specialists | • Education is provided to hospital-based registrars |
| Provide training coordinator support to hospital-based registrars | • RACGP local | • See registrar support section | • The registrar is supported during their hospital training |
| Provide ME support to hospital-based registrars | • RACGP local | • Training portfolio<br>• Discussion framework<br>• Hospital supervisor assessment (mid/end of term assessment etc)<br>• Training plan<br>• Requirements for Fellowship policy, including the Mandatory Hospital Term Requirements, and ALS and BLS guidance<br>• Profile of the GP – entry into general practice | • The registrar is mentored during their hospital training<br>• Training plans are discussed<br>• Assessments are reviewed and discussed<br>• Readiness for entry into general practice terms is assessed |

# Community-based training

## In-practice education and support

Work-based learning within community general practice under supervision is the core of GP training. It provides the opportunity to learn what it is to be a GP and what a quality general practice looks like. It is also the means of gaining knowledge and skills through practice. In-practice education with a learner centred focus is the primary orientation of PLT education. PLT registrar workshops have an emphasis on facilitated small group peer-to-peer learning and benchmarking to foster engagement and professional identity development.

**Objectives**

- Registrars learn in the context of supervised practice to become a GP.
- Supervision is matched to the level of competence of the individual registrar – Standard 1.1.
- Supervision is provided that ensures quality training for the registrar and patient safety – Standard 1.2.
- A safe practice environment is provided for the registrar and supports training – Standard 1.3.
- The development of each registrar is optimised – Standard 2.3.
- Learning activities based at the training site are planned, structured, and referenced to the RACGP Curriculum and the learning needs of the registrar – Outcome 2.2.1.

**Key points on in-practice education and support**

- A national framework for in-practice orientation.
- A focus on supporting registrar self-directed learning.
- An emphasis on supervisor expertise in clinical debriefing and mentorship.
- In-practice teaching guided and supported by the RACGP syllabus
- National online resources to support in and out of practice education that can be adapted for regional and local use.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Orientation to the practice | • Supervisory team<br>• Practice staff | • National orientation framework<br>• National orientation resource for common processes<br>• Orientation template | • Registrars receive<br>- a structured orientation to the practice clinical and organisational environment<br>- an orientation to the GP consultation<br>- an out-of-practice orientation to key GP processes (Medicare billing, etc) see out-of-practice educational workshops section |
| Clinical supervision | • Supervisory team | • Supervisor core module on providing clinical supervision<br>• Practice and supervisor training agreement | • Registrars receive immediate and near event clinical support |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Clinical debriefing and mentorship | • Supervisory team | • Supervisor PD modules on clinical case discussion and registrar professional mentorship<br>• Practice and supervisor training agreement | • Registrars receive weekly one-on-one clinical case discussion and professional mentorship with a clinical supervisor |
| Training advice | • RACGP local | • Training coordinator and ME professional development | • Registrars are supported and mentored in navigating the training term – see registrar support section |
| Aboriginal and Torres Strait Islander cultural mentorship and supervision | • Local cultural mentor | • See Aboriginal and Torres Strait Health and Cultural training section | • Registrars are provided with cultural mentorship applicable to their practice context<br>• The cultural mentor is part of the supervision team |
| In-practice teaching | • Supervisory team<br>• RACGP local | • RACGP vocational syllabus<br>• Guides for key in-practice teaching activities<br>• Practice teaching plan | • Weekly semi-structured learning activities (individually or in small groups). Learning activities are:<br>- learner centred<br>- guided by the supervisory team<br>- supported by the RACGP syllabus<br>• In-practice teaching activities have inbuilt evaluation |
| Undertaking early assessment of competency and required level of supervision | • Supervisor<br>• RACGP local<br>• RACGP regional | • Structured assessment processes – see Registrar Progressive Assessment section | • Registrars are assessed for their understanding of their level of competence and knowing when to call for assistance. This is undertaken at the commencement of GPT1 and is informed by early consultation observation and initial end of session joint review of clinical notes for each consultation |
| Assessing progress and giving feedback | • Supervisor<br>• RACGP local<br>• RACGP regional | • National progressive assessment program – see Registrar Progressive Assessment section | • Three-monthly two-way feedback sessions between supervisors and registrars are completed<br>• Consultation observation, RCA, MSF are undertaken – see Registrar Progressive Assessment section<br>• Mandated assessment/feedback activities are completed during GPT1 then undertaken as directed by assessed need |
| Teaching and learning planning | • Supervisor<br>• RACGP local | • Registrar Portfolio Learning planning support tools<br>• Teaching plan template<br>• See supervisor support and expectations section | • Registrar and lead supervisor engage in a learning and teaching planning discussion as part of the practice teaching plan. This is undertaken quarterly as a teaching activity |

## Out-of-practice educational workshops

Out-of-practice educational workshops augment the training that occurs within the workplace. They provide for group learning, which is a means of peer benchmarking and support. They provide access to education that requires specific resourcing not easily provided within the practice environment, including exam preparation. They also provide interactions with experienced practitioners and educators from outside the registrar's work environment.

**Objectives**

- To enable the registrar to connect and engage with peers.
- To deliver the RACGP curriculum – Outcome 2.1.2.
- To engage the registrar with a range of experienced GPs.
- To provide the registrar with access to training that is not easily provided within the practice environment.
- To support the in-practice learning of the registrar with out-of-practice workshops.

**Key points on community-based training (out-of-practice educational workshops)**

- An emphasis on small, locally facilitated peer workshops.
- Workshop activity augments in-practice learning.
- Syllabus structured support for workshop content.
- Aboriginal and Torres Strait Islander cultural and health training is embedded in the educational workshop program.
- Utilising registrar and supervisor expertise for workshop content.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Delivering peer learning workshops | • RACGP local<br>• Local cultural educators/ mentors | • Syllabus-based session guidelines and resources<br>• Flipped classroom online resources<br>• Venue to host small groups<br>• Program templates for peer-led learning groups | • Regular semi-structured facilitated small peer group workshops sized at around eight registrars to a medical educator. The expectation is that these are initially structured to the syllabus and later shifting to a group determined structure<br>• Local Aboriginal and Torres Strait Islander health and cultural training is key component of the local peer workshop syllabus |
| Delivering regional workshops | • RACGP local<br>• RACGP regional | • Syllabus-based workshop outlines<br>• Flipped classroom online resources<br>• Educational tools and equipment<br>• Contracted experts<br>• Large venue<br>• Cultural educator/cultural mentors<br>• Exam preparation resources | • Five full days annually of centralised whole-of-region large group workshops<br>• Delivery of education that is suited to a large group format including education that:<br>- is generic<br>- benefits from specialised expertise<br>- requires specific resourcing<br>• Regional workshops include: |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - orientation to core clinical processes such as Medicare billing, PBS<br>- Aboriginal and Torres Strait Islander cultural and health training<br>- simulated learning:<br>  ▪ emergency skills<br>  ▪ procedural skills<br>  ▪ difficult consultation skills<br>- exam preparation<br>- rare but important topics |

# Online educational support

Online educational support includes a portal for clinical references, a learning management system (LMS) and a training information management platform. Online resources are important for day-to-day clinical decision-making. An LMS is an effective way of delivering generic education to multiple learners. A training information management platform provides efficient and accessible tracking of training progress data.

**Objectives**

- Registrars have online access to the clinical references they require to enable safe practice.
- Learning across the curriculum is supported by a suite of quality online educational resources - training standards outcome 2.1.2.
- Registrars, supervisors, educators, and administrators have access to a user-friendly platform for storing, accessing, and tracking training progress information – Standard 3.2.

**Key points on online educational support**

- A national IT platform and LMS will enable a national IT interface and a broad distribution of online learning resources. It is intended that the interface and the first tranche of learning resources will be in place on day one.
- Provision of national access to online resources will improve equity and consistency for registrars, which is transferable across regions.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Access to just-in-time references | • RACGP national | • RACGP library<br>• Access to resources such as Dynamed, RACGP Clinical Guidelines, Electronic Therapeutic Guidelines / Australian Medicines Handbook, AJGP | • Registrars have access to evidence-based references to support their clinical practice |
| Supporting private learning | • RACGP national | • Online learning modules on RACGP LMS: PEP, *gplearning*, Check | • Registrars have access to high quality educational modules that cover the core RACGP syllabus areas |
| Supporting pre and post workshop learning | • RACGP | • Online learning modules<br>• Online registrar accessed assessments | • Workshops have online pre and post workshop activities to support workshop-based learning |
| Online tracking of training and training reports | • RACGP national | • Training portfolio | • Registrar training is supported by a dynamic training portfolio that outlines training requirements, holds documentation of completed activities, and provides forms that guide training activity and its documentation |

# *Rural generalist and rural GP training*

There is a chronic shortage of rural GPs. The rural medical workforce is ageing and it is often difficult to replace retiring GPs, leaving many communities with reduced access to necessary medical services. It is vital that recruitment into rural general practice increases. Achieving this is a key objective of PLT. PLT will actively recruit and nurture those who are interested in working in rural locations. RACGP rural generalist and rural GP training will provide tailored support, case management, and build rural training capability. These activities will ensure registrars are appropriately prepared for the demands of rural practice and will ensure a safe and high-quality training experience. This will improve attraction and retention of GPs into rural locations.

PLT will develop robust, alternative, flexible supervision models to support training where traditional supervision structures are not available.

**Objectives**

- To improve rural community access to high-quality medical services.
- To ensure community needs are met through a supported rural general practice training pathway.
- To increase the number of GPs who are working in rural locations.
- Retention of rural GPs and rural generalists by facilitating long-term rural careers.

**Key points on training of rural GPs and rural generalists**

- By having a continuous rural pipeline, the numbers of rural GPs and rural generalists can be increased.
- Rural training encompasses a range of contexts and stakeholders; having national oversight will ensure options and opportunities are considered and coordinated.
- Rural funding is complex and includes negotiations with federal, state, and local groups.
- Aboriginal and Torres Strait Islander healthcare is an important aspect of rural training and intersects with the Aboriginal and Torres Strait Islander health training section of this education program.
- Workforce issues require solutions from many stakeholders. A dedicated team to oversee this is vital.
- Enabling flexibility between rural and non-rural training pathways, as well as between regions, will work to increase recruitment into rural training and rural practice.
- Case management for rural training and building strong rural pipelines will require substantial input from PLT national, regional, and local teams. In this way both registrar training and rural community needs will be addressed.
- To enable operation from day one, staffing and a clear structure will be put in place, making use of existing components.

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| Promote RG and rural general practice to registrars via case management | • RACGP regional | • Rural workforce agency<br>• Workforce liaison from stakeholder organisations<br>• Marketing team - marketing material | • There is dedicated case management and referral pathway to local teams<br>• Good match of candidates to practices<br>• Increased interest from registrars in rural placements |
| Manage registrar RG and rural general practice location visits | • RACGP regional<br>• RACGP national | • Rural workforce agency or PHN<br>• Local community liaison<br>• Accommodation<br>• Local stakeholders contacts | • Locations are mapped out and facilitated visits arranged by rural admin to showcase their regions to interested registrars |

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| | | • PHN and RWA contacts<br>• Location specific information, FAQs and past registrar testimonials | • Potential candidates can visit the location and meet with the local community |
| Deliver candidate rural priming activities tailored to individual registrar experience and training plan | • RACGP regional<br>• Cultural educators | • Selected GP training sites<br>• Cultural mentors/ cultural educators, cultural training program<br>• Repository of online resources<br>• Rural specific training workshops<br>• General practice orientation resources / induction pack e.g., Medicare modules, PBS, and medico-legal orientation (see the Community-based training section and National orientation framework)<br>• PLT workshops | • Mandatory online resources and workshops are completed prior to rural terms<br>• Rural registrar upskilling workshops - organised by rural MEs supported by regional admin. These may be run 2-4 times per year (requires dedicated MEs to run these in each region)<br>• Cultural educators provide cultural training session at each workshop<br>• Candidates have basic GP skills to work in a community-based practice and are equipped with skills required for safe rural practice |
| Undertake local health facilities visit early in the placement | • RACGP local | • Community health<br>• Pathology/Radiology providers<br>• Residential Aged Care Facilities<br>• Local hospital, Emergency departments<br>• Outreach services<br>• PHN<br>• Local referral pathways and related documents<br>• Practice checklist – included in rural practice pack | • Local admin ensures registrar orientation plan includes local health facilities visits (first 1 to 2 weeks)<br>• Multi-disciplinary team collaboration is fostered by early engagement with staff from local facilities.<br>This increases the registrar's capability to manage patients within local environment and both registrar and patient safety |
| Core emergency medicine training module<br>Skills-based training (simulation)<br>Sign-off procedural skills logbook as specified in curriculum | • RACGP local<br>• RACGP regional<br>• RACGP national | • ALS course providers<br>• RACGP Rural Faculty<br>• PLT educators and workshop teams<br>• MEs<br>• Supervisors<br>• RGCU online modules, training workshops<br>• Online emergency resources e.g., LITFL<br>• Simulation tools – mannequins, emergency scenario simulators, ultrasound<br>• Logbooks | • Procedural skills workshops provided by RACGP regional teams or external providers<br>• Dedicated workshop administrator will coordinate attendance at PLT workshops<br>• Local administrator will assist registrars with workshop attendance and reimbursement of external workshop costs<br>• Registrars are supported to meet the procedural skills requirements as outlined in the College curriculum |
| Core-emergency medicine training module<br>Skills based training (workplace based) | • RACGP local | • Suitably qualified supervisors<br>• Other emergency care providers e.g., ED-VMO's, FACEMs, paramedics<br>• Suitably equipped practices | • Logbooks are reviewed with local TC and ME at regular training reviews at 3 to 6-month intervals |

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| | | • Local and/or regional hospitals | • Registrars experiencing difficulties completing requirements in their current practice locations are assisted to find alternative options |
| Core-emergency medicine training module<br>WBA's specific to this curriculum | • RACGP local<br>• RACGP regional<br>• RACGP national | • Pool of trained assessors including trained supervisors<br>• Travel or remote videoconference<br>• Local and/or regional hospitals | • External assessor visits are organised by local admin as required<br>• WBAs may be completed by supervisors, external assessors and local MEs<br>• Registrar reports are reviewed by local MEs<br>• Regional assessment data is collated by local admin for reporting and evaluation purposes<br>• Regional ME reviews processes, outcomes, and program QI evaluation<br>• National rural team provides training to assessors, and assessment guides and rubrics for: Supervisor report (3 and 6 months), MiniCEX (1), direct observation of procedural skills (2), RCA (2) |
| Conduct RPL and RPA for the core-emergency medicine training module | • RACGP Rural censor<br>• RACGP local<br>• RACGP regional | • Rural training administrator<br>• List of activities to satisfy the gaps between EMC and core emergency medicine | • Registrars are supported by their local TC and ME to prepare documents and ensure the application is complete and ready for censor review<br>• Recommendations are made to the censor by the local or regional ME. Decisions are based on clear RPL and RPA processes and decision tree<br>• Censor decision is communicated to registrars with clear guidance on how to satisfy identified gaps |
| Training site allocation | • RACGP local<br>• RACGP regional | • Non-GP specialist colleges, JCCs<br>• Local health service, regional hospitals<br>• State Department of Health<br>• RGCUs<br>• Specific programs funding guidelines<br>• Employment contracts<br>• Credentialing guide | • Appropriate posts are found for the registrars, matching their training needs to community needs, in collaboration with local and regional stakeholders<br>• Allocations are reviewed by the regional ME prior to notification to registrar<br>• All rural registrars are offered ARST posts relevant to community needs<br>• High quality supervision and training is available to ensure registrars are satisfied with the training provided in their ARST posts |
| Oversight of registrars undertaking ARST (procedural) | • RACGP regional | • Non-GP specialist colleges, JCCs<br>• RGCUs | • Posts are 12 months FTE in one of the following disciplines:<br>- anaesthetics |

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| | | • Federal and State Department of Health – posts and funding<br>• Local health service, regional hospitals<br>• Employment contracts<br>• Credentialing guide<br>• ARST curriculums | - obstetrics<br>- surgery<br>- emergency<br>Note: Specialty placements are usually undertaken in hospitals (regional or metro)<br>• TC liaises with local and regional posts and stakeholders to ensure continuous registrar case management |
| Oversight of registrars undertaking ARST (non-procedural) | • RACGP local<br>• RACGP regional | • Trained assessors<br>• Non-GP specialist colleges, JCCs<br>• Hospitals (regional, metro, and local)<br>• Community health services<br>• GP practices and GPs<br>• Other health facilities –Residential aged care, hospice<br>• Aboriginal & Torres Strait Islander community groups<br>• RACGP Research Unit<br>• RGCUs<br>• Federal and State Department of Health funding<br>• Funding guidelines<br>• Employment contracts<br>• Credentialing guide<br>• ARST curriculums | • Posts are 12 months FTE in one of the follow disciplines:<br>- Aboriginal and Torres Strait Islander Health<br>- adult internal medicine<br>- child health<br>- mental health<br>- palliative care<br>- academic<br>• Placements may be in community or hospital(s), or a composite post of both<br>• Registrars are supported by the local and regional teams to achieve the training outcomes as per each ARST curriculum. The RACGP Research Unit provides support to those undertaking academic posts<br>• TC coordinates placements with local stakeholders and to ensure registrar case management is in place<br>• Local TC provides support with case management in community posts, where applicable<br>• WBAs may be assessed by supervisors, external assessors, or medical educators<br>• Collated assessment data is reviewed by Regional ME |
| Deliver rural career planning | • RACGP regional<br>• RACGP national | • ME / career advisor<br>• Mentors | • All registrars are provided with opportunities for short term rural placements<br>• Registrars are provided with personalised case management, networking, and career opportunities to facilitate a long-term rural career path. Strategies include:<br>- liaising between regions and sub-specialties |

| Activity | Provided by | Resource | Outcomes |
|---|---|---|---|
| | | | - tailoring region-specific or sub-specialty referral pathways<br>- pre-Fellowship career planning support<br>- linkage with RWA to tailor attractive rural work packages |

# *Aboriginal and Torres Strait Islander cultural and health training*

The health of Aboriginal and Torres Strait Islander peoples in Australia is a national priority. The RACGP is committed to working alongside Aboriginal and Torres Strait Islander communities to build a general practice workforce that can work safely and effectively to improve health outcomes and close health equity gaps for Aboriginal and Torres Strait Islander peoples. Support for Aboriginal and Torres Strait Islander health will be integrated across all areas of the RACGP PLT operating model by enhancing existing supports and processes, and adding additional strategies where needed. This work will be driven by Aboriginal and Torres Strait Islander peoples, and will include governance and community engagement strategies and processes that value and respect Aboriginal and Torres Strait Islander communities. The RACGP acknowledges and respects the existing work and relationships of the Aboriginal and Torres Strait Islander health units within training organisations, cultural educators and cultural mentors, and plans to work with these teams during transition and beyond to maintain and strengthen the large body of knowledge and resources that already inhabits this space.

Having a safe and effective approach to embedding Aboriginal and Torres Strait Islander values is crucial to the success of the RACGP PLT educational program, and several strategy and guidance frameworks need to be designed for this program. These include an RACGP cultural safety and governance strategy, a community engagement and partnership strategy, and a national Aboriginal and Torres Strait Islander cultural and health education framework, all of which will be informed by the RACGP Innovate Reconciliation Action Plan (RAP). Capacity for Aboriginal and Torres Strait Islander cultural and health education and training is also contingent on the mechanism by which the Aboriginal and Torres Strait Islander Health Salary Support Program and Strategic Plan Program funding will be distributed across the general practice training sector. The RACGP National Faculty of Aboriginal and Torres Strait Islander Health is currently leading the design of a project plan to progress this work. The intent is to design and conduct research to evaluate and strengthen Aboriginal and Torres Strait Islander cultural and health training with a view to establishing an evidence-based, best-practice framework that incorporates Aboriginal and Torres Strait Islander leadership, partnerships and community values.

Crucial to improving health outcomes for Aboriginal and Torres Strait Islander communities is to increase the number of Aboriginal and Torres Strait Islander peoples in the GP workforce. Workforce equity is a matter of social justice; improving GP training pipelines for Aboriginal and Torres Strait Islander peoples will help address this. This requires specific recruitment, application and selection support for Aboriginal and Torres Strait Islander registrars. This support is embedded throughout the PLT operating model and is detailed in the relevant sections. The approach is strength based and founded on Aboriginal and Torres Strait Islander research methodologies to ensure safety for Aboriginal and Torres Strait Islander registrars and GPs.

**Objectives**

- Aboriginal and Torres Strait Islander cultural and health training is guided by robust and culturally appropriate strategies and frameworks.
- Training capacity in Aboriginal and Torres Strait Islander health is increased.
- The RACGP Aboriginal and Torres Strait Islander cultural and health curriculum is delivered.
- The Aboriginal and Torres Strait Islander cultural and health training is delivered to all registrars with advanced training opportunities for interested registrars.
- Aboriginal and Torres Strait Islander health placements are engaged and supported.
- PLT engages with and draws on the support of Cultural Educators and Cultural Mentors and their networks.
- Aboriginal and Torres Strait Islander cultural safety training is provided for:
  - all registrars
  - all supervisors and MEs
  - all RACGP training staff

  - for selected practice staff
- There are support structures for all registrars in Aboriginal and Torres Strait Islander health placements.
- There are quality assessment processes for registrar Aboriginal and Torres Strait Islander cultural and health training.
- Evidence-based methods are used to evaluate and improve Aboriginal and Torres Strait Islander cultural and health training.

## Design and implement Aboriginal and Torres Strait Islander cultural and health training strategies and frameworks

PLT will develop and implement sound methodologies for attainment of cultural competencies and learning during training and as part of the ongoing professional development of GPs. These methodologies will be guided by a cultural safety governance strategy, a community engagement and partnership strategy, and a cultural and health education framework. These strategies and framework will be designed and implemented in consultation with national peak and other jurisdictional Aboriginal and Torres Strait Islander organisations and will be led by the RACGP National Faculty of Aboriginal and Torres Strait Islander Health.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Design and implementation of a community engagement and partnership strategy | • National Faculty of Aboriginal and Torres Strait Islander Health | • Peak and jurisdictional Aboriginal and Torres Strait Islander health organisations<br>• The Aboriginal and Torres Strait Islander National Cultural Educators and Cultural Mentors Network and strategic plan | • A community engagement and partnership strategy is implemented |
| Design and implementation of the RACGP Cultural Safety and Governance Strategy | • National Faculty of Aboriginal and Torres Strait Islander Health | • Peak and jurisdictional Aboriginal and Torres Strait Islander health organisations<br>• The Aboriginal and Torres Strait Islander National Cultural Educators and Cultural Mentors Network and strategic plan | • An RACGP cultural safety and governance strategy is implemented |
| Building and maintaining a National Aboriginal and Torres Strait Islander cultural and health education framework | • National Faculty of Aboriginal and Torres Strait Islander Health | • AMC standards<br>• DoH Aboriginal and Torres Strait Islander health curriculum framework<br>• RACGP profile of a GP<br>• RACGP curriculum and syllabus<br>• Project team | • A National Aboriginal and Torres Strait Islander cultural and health education framework is implemented. This is:<br>- adaptable for local contexts<br>- led by Aboriginal and Torres Strait Islander people<br>- values and respects individual cultural intellectual property<br>- prioritises face-to-face small group learning, on-country teaching and learning, and cultural immersion experiences |

## Delivering the RACGP Aboriginal and Torres Strait Islander curriculum

The RACGP Aboriginal and Torres Strait Island curriculum is integrated in all RACGP PLT education and delivered as specific activities. It is guided by the national Aboriginal and Torres Strait Islander cultural and health education framework, allows local and contextual adaptability, and is overseen and delivered by Aboriginal and Torres Strait Islander peoples with support from the PLT team.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Delivering a cultural education program for all registrars, MEs, supervisors and other practice and RACGP staff | • RACGP local<br>• RACGP regional<br>• Cultural educators and mentors<br>• RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Aboriginal and Torres Strait Islander MEs<br>• Other educators as considered appropriate by cultural education teams<br>• Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework<br>• Strategic Plan Program Funding<br>• Curriculum/Syllabus | • All registrars, supervisors, MEs and other staff involved in PLT undertake cultural education<br>• Cultural education teams are supported by MEs to deliver cultural safety training especially in the context of racism, unconscious bias and privilege, etc.<br>• There are on-country learning and cultural immersion experiences |
| Delivering Aboriginal and Torres Strait Islander health education to registrars | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Cultural educators<br>• Cultural mentors | • National Aboriginal and Torres Strait Islander health education and cultural education framework<br>• Aboriginal and Torres Strait Islander peak health organisations<br>• Strategic Plan Program Funding<br>• Curriculum and Syllabus<br>• RACGP online modules | • All Registrars undertake Aboriginal and Torres Strait Islander health education<br>• Registrar Aboriginal and Torres Strait Islander health education is provided through multiple modalities including:<br>- online modules<br>- multimedia resources<br>- work-based learning<br>- one-on-one teaching and mentorship<br>- group based activities |
| Providing Cultural Mentorship for registrars, supervisors, practice staff, medical educators, RACGP training staff | • RACGP local<br>• RACGP regional<br>• Cultural mentors | • Community engagement and partnership strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • Registrars, supervisors, practices and RACGP staff are provided with cultural mentorship relevant to their work context |
| Ensuring there are adequate and culturally safe supervision models | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Supervisors | • RACGP Cultural Safety and Governance Strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • There are adequate and culturally safe supervision models |

## Building training capacity in Aboriginal and Torres Strait Islander health

The ability of GPs to work effectively with Aboriginal and Torres Strait Islander peoples to improve their health is essential to close the gap in health outcomes. PLT aims for all registrars to achieve the learning outcomes in the Aboriginal and Torres Strait Islander health unit of the RACGP Curriculum for Australian General Practice, regardless of whether they undertake a training experience in an Aboriginal and Torres Strait Islander health training site.

Detailed in the RACGP Standards for general practice training are principles aimed at ensuring safe and effective training in Aboriginal and Torres Strait Islander health:

- Aboriginal and Torres Strait Islander Cultural Educators and Cultural Mentors need to be involved in the design, delivery, assessment, and evaluation of training in Aboriginal and Torres Strait Islander health.
- Teams who provide training, including MEs, examiners, supervisors, and practice staff, need to have training in cultural safety.
- Aboriginal and Torres Strait Islander Cultural Educators and Cultural Mentors need to be part of the supervision team in an Aboriginal and Torres Strait Islander health training site.
- An Aboriginal and Torres Strait Islander health training sites will be characterised by governance input from the local Aboriginal and Torres Strait Islander community; this will usually be an Aboriginal Community Controlled Health Service.
- Clinical consultations in Aboriginal Community Controlled Health Services and other Aboriginal Medical Services tend to be longer, more complex, manage more problems at each visit and involve more healthcare practitioners. This should be taken into account when assessing the workload of the registrar.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Building and strengthening Aboriginal and Torres Strait Islander community engagement | • RACGP local<br>• RACGP regional<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Community engagement and partnership strategy<br>• RACGP Innovate RAP<br>• RACGP Cultural Safety and Governance Strategy | • There is meaningful engagement in education and training with:<br>- Local Aboriginal and Torres Strait Islander communities<br>- Peak and jurisdictional Aboriginal and Torres Strait Islander health and other relevant organisations<br>- Regional engagement with relevant Aboriginal and Torres Strait Islander health and other organisations within the regional jurisdiction<br>• There is evidence of RAP activities through the operating program<br>• There is a national representative committee for cultural education |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • There are regional and local cultural educator and mentor teams<br>• Local cultural mentors are employed in AMS/ACCHO |
| Maintaining and strengthening cultural educator and cultural mentor positions | • RACGP regional RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Cultural Educators and Cultural Mentors Network<br>• Existing training organisation position descriptions<br>• Nationally agreed role and position descriptions for cultural educators<br>• Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • Cultural educators and mentors are employed by RACGP as an integral part of the national and regional teams<br>• RACGP cultural educators and mentors oversee and deliver the RACGP cultural education and mentorship program |
| Developing and increasing Aboriginal and Torres Strait Islander ME positions | • RACGP regional<br>• RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Cultural Educators and Cultural Mentors Network<br>• Existing training organisation position descriptions<br>• Nationally agreed role and position description for Aboriginal and Torres Strait Islander Medical Educators<br>• Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • Aboriginal and Torres Strait Islander MEs are employed by RACGP as an integral part of the national and regional teams<br>• Aboriginal and Torres Strait Islander MEs oversee and contribute to the delivery of the RACGP Aboriginal and Torres Strait Islander curriculum |
| Establishing adequate workforce distributions in the Aboriginal and Torres Strait Islander health sector | • RACGP regional<br>• RACGP national<br>• DOH | • HeaDS UPP<br>• Salary support program funding<br>• Community engagement and partnership strategy | • Training placements address areas of Aboriginal and Torres Strait Islander workforce need<br>• There are Aboriginal and Torres Strait Islander health placements in ACCHOs/AMSs as per workforce need<br>• Salary supported placements reflect workforce need<br>• Workforce distribution models:<br>- consider complexities of illness burden and multimorbidity<br>- address the health provision needs of communities. |
| Strengthening and Building enhanced skills opportunities in Aboriginal and Torres Strait Islander health training | • RACGP regional<br>• RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health<br>• RACGP Rural Faculty | • ARST and RG Curriculum<br>• Post-Fellowship qualifications in Aboriginal and Torres Strait Islander health | • Additional skills training is available for any GP or registrar to improve their competencies in and/or specialise Aboriginal and Torres Strait Islander culture and health training |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • There are sufficient placements available for Aboriginal and Torres Strait Islander ARSTs and extended skills training terms.<br>• There is a Post-Fellowship qualification in Aboriginal and Torres Strait Islander health |
| Ensuring equitable distribution of strategic plan program funding | • RACGP regional<br>• RACGP national<br>• DoH | • National Aboriginal and Torres Strait Islander Cultural and Health Education Framework<br>• Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• Workforce distribution HeaDS UPP | • There is adequate funding to employ Cultural Educators and Cultural Mentors and other local community-based people<br>• Placement support and infrastructure is provided to support placements in delivering Aboriginal and Torres Strait Islander cultural and health training<br>• Education resources are developed<br>• Communities are engaged<br>• Funding allocation is transparent and equitable |
| Ensuring equitable distribution of salary support program funding | • RACGP regional<br>• RACGP national<br>• DoH | • National Aboriginal and Torres Strait Islander Cultural and Health Education Framework<br>• Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• Workforce distribution HeaDS UPP | • Salaries of registrar working in AMS or ACCHO are supported<br>• AMS and ACCHO workforce needs are supported, and training capacity is built<br>• Strategies are in place to CTG<br>• Extended skills training in Aboriginal and Torres Strait Islander health is supported<br>• Funding allocation is transparent and equitable |

## Engaging and supporting cultural educators, cultural mentors and their networks

A significant strength of the delivery of Aboriginal and Torres Strait Islander culture and health education is the employment of Cultural Educators and Cultural Mentors who play a crucial role in supporting high-quality training experiences in their local communities. Cultural Educators and Cultural Mentors are vital to the design and delivery of national, regional, and local education frameworks, and have already developed strong regionally specific education programs using their vast knowledge, experience, and community connections.

Cultural Educators and Cultural Mentors are essential in providing cultural education and collaborative cultural safety training to registrars, supervisors, practice staff, MEs and RACGP training staff. Aboriginal and Torres Strait Islander Cultural Educators and Cultural Mentors need to be involved in the design, delivery, assessment, and evaluation of training in Aboriginal and Torres Strait Islander cultural and health training. Extensive consultation will be undertaken to value and respect the existing and future inputs from Cultural Educators, Cultural Mentors and their equivalents in Aboriginal and Torres Strait Islander health training units and organisations.

Cultural Educators and Cultural Mentors will continue to thrive through collegiate and professional development support from their peer network and by the RACGP.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Maintaining and supporting the autonomy of Cultural Educators and Cultural Mentors Network | • RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • National Aboriginal and Torres Strait Islander cultural and health education framework<br>• DoH funding | • Cultural educators and cultural mentors maintain their own independent network for collegiate support and advocacy |
| Maintaining, positioning, and supporting regional and local cultural educators | • RACGP local<br>• RACGP regional | • Community engagement and partnership strategy<br>• RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy<br>• Strategic Plan Program Funding | • There are cultural education teams established in all regions with the team size dependent on the region and need for inclusivity of various countries and peoples<br>• There are local cultural educators where needed<br>• Cultural educators are renumerated at a level that values their knowledge and expertise<br>• Cultural educators are linked nationally to the Cultural Educators and Cultural Mentors Network |
| Maintaining, positioning, and supporting local cultural mentors | • RACGP local<br>• RACGP regional | • Community engagement and partnership strategy<br>• RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy<br>• Strategic Plan Program Funding | • Cultural mentors are employed in each Aboriginal and Torres Strait Islander health placement as needed to support staff, supervisors, and registrars<br>• Local and regional cultural mentors are employed as required to meet local community engagement and training needs<br>• Cultural mentors are renumerated at a level that values their knowledge and expertise<br>• Cultural mentors are linked nationally to the Cultural Educators and Cultural Mentors Network |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Developing and maintaining a professional development program for Cultural Educators and Cultural Mentors | • RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Strategic Plan Program Funding<br>• Cultural Educators and Cultural Mentors Network | • There is a professional development program for cultural educators and cultural mentors, this is to be decided by the network with input from all Cultural Educators and Cultural Mentors |
| Ensuring flexible employment models for cultural educators and cultural mentors | • RACGP regional<br>• RACGP national<br>• AMS/ACCHOs | • Strategic Plan Program Funding<br>• Cultural Educators and Cultural Mentors Network | • Cultural Educators and Cultural Mentors can negotiate hours worked depending on employment needs<br>• Renumeration recognises and values cultural status and knowledge of Cultural Educators and Cultural Mentors |

## Aboriginal and Torres Strait Islander cultural safety training

The RACGP is committed to improving the health of Aboriginal and Torres Strait Islander peoples through the provision of culturally safe healthcare. To enable this, it is imperative that everyone involved in training can reflect on their own values, beliefs and cultural expectations of life and healthcare delivery, and how this influences their behaviours and practices. Understanding and respecting Aboriginal and Torres Strait Islander peoples, their cultures and values, and developing the skills to be culturally safe in the workplace, are essential to contributing to closing the gap in health between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

This is why the RACGP intends to develop a cultural safety and governance strategy in line with our Innovate RAP, which will include a framework for ensuring all RACGP staff, MEs, supervisors, practice managers and registrars undertake continuing professional development in cultural safety.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Cultural safety training for registrars | • RACGP local<br>• RACGP Regional<br>• RACGP National<br>• Cultural educators<br>• Cultural mentors<br>• Other relevant education provider(s) | • National Aboriginal and Torres Strait Islander health education and cultural education framework<br>• RACGP Curriculum and Syllabus<br>• RAP<br>• Cultural safety online modules<br>• AMC Accreditation standards<br>• Australian Commission on Safety and Quality in Health Care National safety and quality health service standards | • A national cultural safety curriculum for registrars is delivered and tailored locally to ensure local contextual appropriateness and relevance<br>• Face-to-face small group teaching sessions are a key component of registrar cultural safety training |
| Cultural safety training for supervisors | • RACGP local<br>• RACGP regional<br>• Cultural educators<br>• Cultural mentors<br>• Other relevant education provider(s) | • Supervisor accreditation<br>• RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy cultural safety online modules<br>• EVGPT Supervisor Cultural Development Framework and modules | • Supervisor cultural safety training is a key part of supervisor accreditation requirement<br>• Supervisors are provided with ongoing professional development in cultural safety<br>• Face-to-face small group teaching sessions are a key component of supervisor cultural safety training |
| Cultural safety training for MEs | • RACGP regional<br>• RACGP national<br>• Cultural educators<br>• Cultural mentors | • RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy<br>• cultural safety online modules<br>• Other relevant education provider(s)<br>• Online modules | • MEs receive cultural awareness orientation<br>• MEs participate in ongoing professional development in cultural safety<br>• ME performance reviews ensure ongoing participation in cultural safety PD<br>• Face-to-face small group teaching sessions are a key component of cultural safety training |
| Cultural safety training for RACGP staff | • RACGP regional<br>• RACGP national<br>• Cultural educators<br>• Cultural mentors | • RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy<br>• cultural safety online modules<br>• Online modules | • RACGP staff receive cultural awareness orientation<br>• RACGP staff participate in ongoing professional development in cultural safety<br>• RACGP Staff performance reviews require ongoing participation in cultural safety PD |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • Other relevant education provider(s) | |
| Cultural safety training for practice managers and staff | • RACGP local<br>• RACGP regional<br>• RACGP<br>• Cultural educators<br>• Cultural mentors | • Practice accreditation<br>• RACGP Innovate RAP<br>• RACGP cultural safety and governance strategy<br>• Cultural safety online modules<br>• Other relevant education provider(s) | • Practice staff cultural safety training is a requirement of training site accreditation<br>• In and out of practice cultural safety training is provided for practices |
| Maintaining, reviewing, and developing online cultural safety resources | • RACGP national<br>• NFASTIH | • Five steps towards excellent healthcare for Aboriginal and Torres Strait Islander people<br>• *gplearning* Introduction to Aboriginal and Torres Strait Islander cultural awareness<br>• Cultural safety online modules | • There is an up-to-date suite of online resources to support ongoing professional development in cultural awareness and safety training<br>• Cultural safety resources are developed with input from Aboriginal and Torres Strait Islander people |

# *Training in the ADF*

Registrars in the Australian Defence Force (ADF) have a unique training experience. They must adhere to two training schedules, standards, and policies throughout their journey to Fellowship and during ADF deployments and transfers. Sometimes ADF and RACGP training requirements can conflict, putting the ADF registrar's capacity to meet the RACGP's requirements for Fellowship at risk.

**Objectives**

- Provide tailored support to ADF registrars to navigate their general practice training.
- Provide specific guidance to ADF registrars and the ADF to help registrars attain Fellowship.
- Alleviate the administrative and operational burden of managing this highly mobile group of registrars.
- Maintain the RACGP Standards for general practice training.

**Key initiatives**

- Establish a virtual training region dedicated to ADF training.
- Remove ADF registrars from Department of Health placement KPIs.
- Policy exemptions specific to this cohort to provide flexibility while training.
- Mandatory civilian general practice training terms in GPT1 and GPT2.
- Written guidance for the registrar, ADF and RACGP staff to ensure all stakeholders understand this unique training context.

This strategy has been developed in line with extensive feedback received from the ADF, training organisations, censors, and registrars. The proposal will require liaison with ACRRM and the Department of Health to make ADF registrars supernumerary, which is feasible before January 2023. Other activities can be developed in line with existing transitionary work.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Manage ADF registrar training | • RACGP local<br>• ADF virtual region | • ADF liaison<br>• ADF TC | • The ADF registrar is allocated to the ADF virtual region<br>• The ADF virtual region is in addition to the geographic regions and sits outside DoH and other regional placement KPIs<br>• The ADF team manages the ADF registrar's training, including necessary documents and contextual factors, to provide continuity of support |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • A local ME with a specific ADF portfolio is located in each relevant local area to connect with the regional team and provide support and training management |
| ADF orientation | • RACGP local<br>• ADF virtual region | • Supervisor<br>• Practice staff<br>• ADF base staff – in clinical centres<br>• ADF liaison | • Orientation for training on an ADF base is provided |
| Provide ADF mentorship | • Supervisor<br>• RACGP local<br>• ADF virtual region<br>ADF mentor | • ADF liaison | • Mentorship is ad hoc as required |
| ADF training planning | • RACGP local<br>• ADF virtual region | • ADF liaison<br>• ADF personnel for direct liaison (external) | • Regional ADF team manages training planning and changes<br>• ADF registrars complete two full terms of civilian general practice training in GPT1 and GPT2. The ADF can apply for exemptions if necessary |
| Transferring ADF registrars | • RACGP local<br>• ADF virtual region | • ADF liaison | • No formal application for transfer between geographic regions is required as the ADF registrar sits in ADF virtual region<br>• The regional ADF team will manage ADF registrars nationally and brief the new local ADF liaison ME |
| Completion of training exemptions | • RACGP local<br>• State censor<br>• ADF virtual region | • Completion of Training worksheet<br>• ADF liaison | • ADF registrars will not have to meet the Training Location Obligations if their ADF training location obligations (e.g., Navy) clash with rural or outer metro requirements |
| Remote exam access | • RACGP local<br>• ADF virtual region | • ADF liaison | • The regional ADF ME and local ADF liaison ME coordinate with the registrar to find a suitable location to sit exams |
| Manage training – deployment | • RACGP local<br>• ADF virtual region<br>• State Censor | • Application for STE<br>• ADF liaison<br>• Accreditation team | • Registrars can prospectively apply for deployments as a Special Training Environment. Otherwise, deployment will be administered as Category 3 leave |

# *Extended skills training*

Registrars extend the depth and breadth of their training by undertaking an extended skills placement that is relevant to general practice and of demonstrated benefit to patients and the community. Extended skills placements enable registrars to increase their knowledge and skills in a specific area of practice. A maximum of six months' full-time equivalent training can be undertaken in a range of posts (single or in combination), including general practice, hospital, and non-clinical and community settings. The type of post is decided by the registrar in discussion with the ME.

Note: The extended skills term can be used to complete the rural generalist training – core emergency medicine training module, or be used flexibly to consolidate skills, as per the position statement published in March 2021.

**Objectives**

- There are posts offering extended skills training that meet training and community need.
- Registrars are aware of the extended skills training opportunities.
- Accreditation requirements are clear for different types of extended skills posts.

## Process for a registrar to complete an extended skills post

Approval of an extended skills post will be required before a registrar commences in the post. Learning plan approval will be provided by the local ME. Consultation might be required with the relevant censor if there are contentious or challenging issues raised, particularly in relation to the scope of practice and relevance to general practice training. Other common issues relate to part-time training and training in non-clinical posts. The registrar will be responsible for developing their learning plan with help from their ME or supervisor, and the learning plan will include training outcomes and how these will be measured.

At the completion of the post, the registrar will reflect on their learning outcomes, including how their learning objectives were met. This could be by reviewing their learning plan and reflecting on the post, or by using a range of work-based assessment tools and completing an evaluation report.

**Objectives**

- Outline the approval process for extended skills training.
- Outline expectations of registrars in undertaking an extended skills post.
- Ensure that supervisors provide feedback on progress during the post.

**Key points on extended skills training**

- A national accreditation framework and accompanying processes will be established.
- Clear, consistent guidance on the requirements for accreditation of extended skills posts will be available.
- To improve consistency and quality of extended skills posts, evaluation and assessment templates and guidance documents will be developed.

The post-Fellowship recognition of specific interest areas can be linked to extended skills posts and the learning opportunities that they provide.

Consideration will need to be given to the overlap with ADF training and the approval of overseas extended skill placements.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Review and approve learning plan | • RACGP local | • Learning plan template<br>• Training portfolio | • Extended skills posts are approved prospectively<br>• A learning plan is required for approval of the post<br>• The learning plan demonstrates how the post is linked to the curriculum/syllabus and how it will extend skills<br>• The learning plan outlines the expected outcomes and how they will be assessed<br>• The post is relevant to general practice, and this is demonstrated in the learning plan<br>• The learning plan is uploaded to the Registrar's portfolio for medical educator signoff |
| Assessment of extended skills post and feedback | • RACGP local<br>• RACGP regional | • Training portfolio<br>• Registrar feedback template<br>• Supervisor feedback template<br>• Accreditation team | • Registrars provide a report at the end of post reflecting on how learning objectives were met<br>• Feedback on the post is provided by the registrar |

# *Training in academic general practice*

## Training in research and evidence-based decision making

Basic research literacy and evidence-based decision-making are core skills for GPs, and training in these areas is required by the AMC (Standard 3.2.8). These skills include the ability to search, appraise and use evidence from the research literature for informing clinical practice. Training in research and evidence-based practice will be provided to all registrars. This will include training in research methodology, critical appraisal of literature, collection and use of scientific data, and evidence-based practice. Participation in research will also be promoted, as building research activity in general practice is a priority. Training and participation in research are also important for building registrar interest in academic general practice, where there is a current workforce shortage.

Education on conducting safe research in Aboriginal and Torres Strait Islander health settings will be included in general practice research training. This part of the curriculum will be led by Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander registrars will be encouraged and supported to undertake research.

**Objectives**

- Education for registrars in research methods, critical appraisal of literature, scientific data and evidence-based practice is delivered.
- Registrars, MEs and GP supervisors build their research literacy.
- Research participation by registrars is increased.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop and implement a research syllabus | • RACGP national<br>• RACGP Expert Committee Research | • RACGP curriculum and syllabus<br>• RACGP Strategic Research Agenda<br>• RTO syllabi<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • There is an integrated syllabus for basic and extended research training for registrars that aligns with the RACGP's strategic research agenda<br>• Aboriginal and Torres Strait Islander cultural safety and research values are addressed and met in the research syllabus |
| Train MEs and GP supervisors to deliver a research syllabus | • RACGP national | • National research networks and expertise<br>• Supervisor curriculum | • MEs are trained in delivering research skills to Registrars<br>• Supervisor professional development includes skills training to build research literacy |
| Deliver research and evidence-based training | • RACGP local<br>• RACGP regional<br>• RACGP national | • Research and evidence-based practice unit within syllabus<br>• University expertise<br>• Research and evidence-based practice modules and workshop outlines | • Online, in-practice and out of practice educational activities include a focus on research in general practice, evidence-based practice and research methods and are included as part of foundation training for all registrars and extended training for those with a special interest<br>• Academic post registrars and PhD pathway registrars deliver research-related education activities when appropriately experienced |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • RACGP Expert Committee Research | |
| Deliver research and evidence-based activities | • RACGP regional<br>• RACGP national | • Research curriculum<br>• RACGP library<br>• RACGP research educational committee | • Regular webinars showcasing research activities are delivered within the RACGP<br>• Facilitated journal clubs for registrar, supervisors and MEs are remotely delivered |

## Medical education scholarship

Teaching junior colleagues and peers is an activity expected of GPs and registrars. The PLT program will include medical education as part of the syllabus for all registrars. Educational professional development for supervisors and MEs is detailed in the supervisor and ME professional development sections. Medical education as an extended skill can be gained through an academic post or as a registrar ME. Scholarship in medical education will be supported by regional journal clubs focusing on medical education. The PLT program also includes an educational research program, a key objective of which is to build scholarship in medical education. This is detailed in the Educational Research Grant program section.

## Academic posts

Academic posts provide extended training to selected registrars in academic general practice. They are strongly supported by university departments of general practice and the RACGP. The purpose of academic posts is to expose registrars to academic general practice, to provide them with a means to develop academic skills and to enter into a career in academic general practice.

**Objectives**

- Every year, 20 registrars can undertake an academic post, which enables them to engage with the academic general practice (research and teaching) environment and develop extended skills in academic general practice.
- Relationships are built with university departments of general practice.

There will be no significant changes made to the Academic Post (AP) Program in the transition to PLT; however, the role currently undertaken by RTOs will be transferred to the RACGP regional teams. To ensure rural and remote registrars can participate in the AP Program, a model for remote university supervision will be developed. Networking will be encouraged among previous and current AP participants to share their experiences and learnings, and foster research mentor networks.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Promotion and marketing of AP program | • RACGP national<br>• RACGP regional | • RACGP–DoH AP contract<br>• RACGP website | • AP opportunities are promoted through general advertising<br>• APs are marketed as a training opportunity at registrar workshops and information nights<br>• Case management includes discussion of AP opportunities as part of an academic pathway pipeline which will include facilitating linkages between registrars who express interest and universities |
| Oversight, support, and monitoring of AP application | • RACGP national<br>• RACGP regional<br>• University Departments of general practice | • Grant application portal | • Registrars are supported and guided in their applications for APs<br>• Linkages and support are brokered between registrars and universities<br>• Registrars are mentored to develop research proposals and to adhere to timelines for AP application submissions |
| Assess and select AP applications | • RACGP national | • External panel | • Eligibility of a registrar to undertake an AP is determined<br>• AP applications are selected, and APs awarded via a competitive process<br>• Feedback is provided on AP applications |
| Manage AP university budgeting and contracting | • RACGP national | • RACGP–DoH contract<br>• RACGP Finance support | • Budgets for registrars at universities are negotiated<br>• Registrar funding agreements with universities are executed<br>• Budgets for registrars are monitored to ensure accountability |
| Provide AP registrar supervision | • RACGP regional<br>• Universities | • Universities<br>• Supervisors | • Registrars receive both university and RACGP regional academic supervision<br>• Remote supervision is facilitated when on-site supervision is not available |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Deliver off-site education for AP registrars | • RACGP national | • Activity support provider AP funding | • Three face-to-face AP registrar workshops, three online AP registrar webinars and three online learning modules are developed and delivered |
| Manage registrar reports | • RACGP national<br>• RACGP regional<br>• Universities | | • Three administrative progress reports for registrar completion are reviewed by the RACGP ERU, university supervisor and regional academic supervisor |
| Provide AP registrar networking opportunities | • RACGP regional<br>• RACGP national | • AP registrar alumni network | • AP alumni are supported to attend networking meetings |
| Conduct evaluation, monitoring and quality improvement | • RACGP regional<br>• RACGP national | • Evaluation unit | • Evaluation is embedded in all AP activities for the purpose of program quality improvement<br>• Outcome indicators and measures are clearly defined to support quality improvement cycles and to ensure KPIs are met |

## PhD pathways

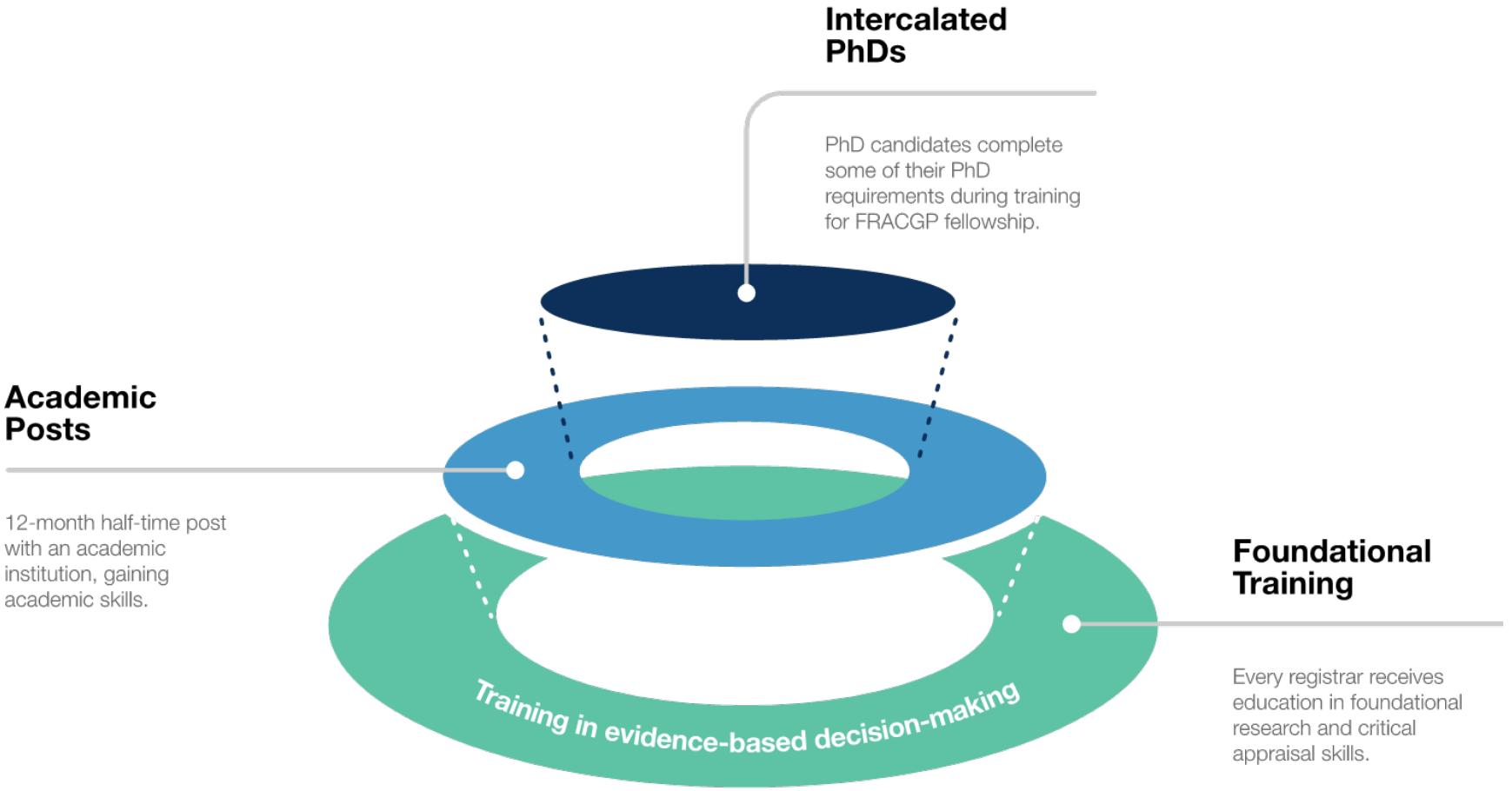
GPs have a lower rate of PhD study and completion than other specialist medical disciplines, and there is currently no formal PhD pathway for registrars. The PLT will provide opportunities for registrars to undertake PhD pathways during training. These pathways may include a modified academic post. RACGP national, regional, and local teams will support the implementation of an intercalated PhD pathway for registrars to undertake a PhD alongside their general practice training (fig 5). PhD pathways opportunities will be developed for Aboriginal and Torres Strait Islander registrars to increase PhD attainment rates by Aboriginal and Torres Strait Islander peoples where PhD completion rates are currently low. See the Indigenous strategy annual report for further information.

**Objectives**

- Intercalated PhD pathways are available for registrars to undertake general practice training and PhD requirements concurrently.
- Modified academic posts are created for registrars interested in completing a PhD.
- Registrars undertake PhD pathways.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop PhD pathways that enable concurrent completion of RACGP Fellowship pathways | • RACGP national<br>• RACGP Expert Committee research<br>• RACGP Aboriginal and Torres Strait Islander faculty | | • Pathways exist to enable registrars to continue or commence a PhD candidacy during training<br>• Training policies support an intercalated Fellowship/PhD pathways<br>• Resources are sourced to support intercalated PhD pathways<br>• Networks and relationships with universities are built to support intercalated PhD pathways |
| Advocacy and promotion of intercalated Fellowship /PhD pathways | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• | • Medical schools<br>• Departments of GP | • PhD pathway opportunities for urban, regional, and remote registrars and prospective registrars are promoted<br>• PhD pathways for Aboriginal and Torres Strait Islander registrars and prospective registrars are promoted |
| Collaboration and Mentorship and support of registrars embarking on an intercalated pathway | • RACGP regional<br>• RACGP national<br>• Universities | • Academic GPs<br>• GPs with a PhD | • There are designated university supervisors<br>• There are designated GP academics within the RACGP ERU for support and mentorship<br>• A network of academic GPs supports registrar PhD candidates |

**Figure 5: Intercalated PhD and PLT academic training**



# *Progressive assessment*

The RACGP progressive assessment framework spans from the selection of registrars into the program through to the Fellowship exams. The progressive assessment framework is currently being developed and refined with stakeholder input and guidance. This framework describes both high-stakes and low-stakes assessments. High stakes assessments include the barrier exams for final certification purposes. Low-stakes assessments primarily serve to provide feedback and guidance for registrar learning as they progress. The process of assessing candidates for selection is described in the Eligibility and Selection section of this document.

This section focuses on the assessment of learning that occurs during training, where there is an emphasis on gaining a clear understanding of the progress of each registrar towards Fellowship. This is important for providing registrars the feedback needed for self-reflection and learning guidance. It is also important for decisions on levels of supervision and scope of practice and the need for additional educational support. Assessment in the workplace is a key part of the program, as PLT is principally a work-based educational program where work-based performance is the prime outcome. There are no pass–fail decisions linked to any single assessment. Instead, a series of low-stakes assessments over time provide data on which to make decisions about progress. The work-based assessment component of the assessment framework will be built around work-based educational activities that already occur such as consultation observation, clinical notes review and case discussion. The aim is to frame much of what is already being done in a way that more effectively assesses progress. We do not intend to increase workload requirements of supervisors.

When a registrar enters their first general practice term, an initial assessment will be made to inform the level of supervision that the registrar requires. The aim is to ensure patient and registrar safety by informing the development of a supervision plan as detailed in the Supervisor and Support section. This initial assessment is to understand the registrar's experience and gain a sufficient view on the registrar's consulting skills to judge the level of supervisory oversight required. This is consistent with what supervisors currently do when registrars commence their first general practice placement.

The assessment framework will be structured according to the outcomes and indictors of the RACGP Curriculum, syllabus, and profile of a GP. The delivery of the program involves national, regional, and local teams.

**Objectives**

- Registrars are provided with feedback on their progress towards Fellowship.
- Feedback is regular, specific, and formative.
- Registrars are supported in engaging in self-reflection.
- The education team and registrar use the assessment results to inform and plan ongoing learning.
- The level of supervision is matched to the competence of the registrar.
- Satisfactory progress in the development of the required knowledge, skills and attitudes is determined.
- Registrars who need additional support are identified early.

There will be ongoing evaluation of all assessment activities. Refer to the Monitoring and evaluation section for further information.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Safety assessment at commencement in general practice terms | • Supervisors | • Supervisor safety assessment rubric<br>• IT platform<br>• GP competency framework | • The level of supervision is matched to the registrar's competence<br>• Registrars only undertake procedures and management of high-risk situations that they are trained for and are confirmed as competent to perform<br>• Assessment of registrar competence is based on observation of registrar practice |
| Workplace-based progress assessments | • RACGP local<br>• RACGP national<br>• Supervisors | • Direct observation of consultation<br>• Case based discussion<br>• Random case analysis<br>• Supervisor term reports<br>• Multisource feedback<br>• Clinical audit activity<br>• Training resources, rubrics, forms<br>• IT system | • Feedback is specific and formative<br>• The registrar seeks feedback and reflects on their learning<br>• Progress is reviewed<br>• Underperformance or other problems are identified and managed early<br>• Assessment is aimed at supporting learning |
| Progress review committee | • RACGP local<br>• RACGP regional<br>• Community representative<br>• Supervisor representative<br>• Censor | • Standardised assessment rubric<br>• WBA IT platform<br>• GP competency framework<br>• Progress report and recommendation<br>• Structured decision-making tool / flowchart<br>• Terms of reference for assessment panel | • Registrar progress is regularly reviewed<br>• The registrar, supervisor and medical educator is aware of the outcomes of the review committee<br>• The underperforming registrar is identified and supported |

## Assessment of Aboriginal and Torres Strait Islander health and cultural training

Providing support to review and develop evidence-based processes for teaching and learning assessment in the Aboriginal and Torres Strait Islander health training space needs to be considered, including a cultural competency framework and assessment guidance of general practice training in Aboriginal and Torres Strait Islander health. Cultural Educators and Cultural Mentors will play a crucial role in developing and delivering assessments, especially work-based assessments.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Assessment of cultural safety and understanding in the Aboriginal and Torres Strait Islander health context | • RACGP national<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• Cultural Educators and Cultural Mentors Network | • RACGP assessment program including WBA | • All RACGP assessments from selection through to Fellowship assess Aboriginal and Torres Strait Islander health, cultural safety and cultural learning and understanding<br>• Cultural Educators and Cultural Mentors are involved in registrar assessment – particularly WBAs<br>• Registrar assessment appropriately incorporates Aboriginal and Torres Strait Islander patient feedback |

# Part three: Medical education, supervision, training sites and placements

## Supervisor support and expectations

Work-based training under supervision is the basis of PLT. Community general practice training sites provide the work environment for the core of PLT training, and the GP supervisor and supervisory team are essential to this training. RACGP recognises that the high quality of AGPT is largely based on the current commitment and skilled training provided by supervisors. PLT needs the ongoing engagement and commitment of these supervisors. RACGP is committed to ensuring the change to PLT is manageable for supervisors and that the experience of supervising a registrar is rewarding. The activities detailed in this section intend to streamline supervisor support and expectations and aim to reflect the realities of hosting a registrar within a practice. The local team structure of PLT will ensure that supervisors and practices engage with known medical educators (MEs) and training coordinators (TCs) with whom they will have multiple points of engagement for a broad range of training program activities. Supervisor Liaison Officers will remain an important position in PLT for supervisor support, advocacy, and representation.

RACGP views training sites as educational organisations and understands that registrar training is usually undertaken by a supervisory team. Aligned with the RACGP training standards, each general practice training site will have at least one lead GP supervisor. Lead supervisors are responsible for ensuring the registrar receives the clinical and educational supervision required to meet the RACGP Standards for general practice training. The Lead supervisor is responsible for coordinating the team to ensure that all tasks are covered. The supervision team can include GPs, nurses, Cultural Mentors and other health workers.

The lead supervisor(s) together with the supervision team support the education and development of registrars while ensuring safe patient care. Three documents will be used to frame these tasks: a clinical supervision plan; an in-practice teaching plan; and a supervision team professional development plan. These plans will be appropriate to the practice context and to the registrars placed at the practice. The plans are living documents that can be adjusted throughout the training term in response to the development of the registrar, and in response to changing circumstances in the practice. This approach recognises that every practice has different training assets and needs.

Lead supervisors have designated PD support and expectations which are detailed below. The supervisory team may include other GPs accredited as clinical supervisors whose primarily role is to support the supervision of the registrar. They may be involved in other registrar educational activities depending on the practice teaching plan. Practices require enough accredited supervisors to ensure that there is always a GP supervisor (lead or non-lead) available for escalation of supervision issues. Accreditation as a clinical supervisor is less onerous with less PD expectation than accreditation as a lead supervisor.

It is recognised that the PLT model represents a change for some supervisors and practices. This change will be implemented over time in a way that does not add additional burden to the practices and supervisors. The model of the supervisory team represents what happens in most practices, and the emphasis on delivering supervisory team professional development in the practices is intended to ensure that supervisor professional development is relevant to their educational practice and is less onerous.

Supervisor accreditation and professional development will be undertaken in collaboration with ACRRM.

**Objectives**

- Effective supervision of registrars is in place at all training sites.
- Intra-practice learning environments are conducive to registrar education, while ensuring safe patient care.
- Self-supporting supervisory teams are established in training sites.

- Supervisors are committed to safe registrar practice and registrar progress.
- Being a supervisor is attractive and fulfilling.
- Supervisors understand GP supervision requirements.
- Supervisors have the knowledge and skills to provide effective supervision.
- Supervisors are engaged with a broad community of supervisors.
- Supervisors undertake ongoing professional development.
- Accreditation and professional development requirements are not unduly onerous for supervisors.

## Supervisor recruitment, selection and accreditation

All supervisor accreditation at transition will be recognised.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Fostering interest in the supervisory role | • RACGP local<br>• RACGP national | • Marketing and communication plan<br>• RACGP Specific Interest Faculty - medical education group<br>• GPSA<br>• Local GP clinical and training networks<br>• PHNs<br>• University GP medical student clinical placement programs | • A consistent evidence-based message regarding the rewards of being a GP supervisor and the supervisory role is communicated<br>• A handbook outlining expectations of supervisors including PD requirements, key supports and resources is developed<br>• Training and supervision are promoted within local GP clinical networks<br>• Collaboration occurs with university clinical schools in building interest in being a GP supervisor<br>• There is registrar extended skills training in supervision of medical students and junior doctors |
| Supervisor recruitment and selection | • RACGP local<br>• RACGP regional | • Local GP clinical and training networks<br>• PHNs<br>• Eligibility criteria<br>• RACGP standards for general practice training | • New practices and supervisors are recruited to meet training need<br>• Supervisors hold a FRACGP or FACRRM, are registered and of good standing<br>• The RACGP training standards for supervision are met<br>• Local networks are developed, supported, and strengthened through the recruitment process |
| Accreditation of New Lead Supervisors | • RACGP local<br>• RACGP regional<br>• RACGP national | • Lead supervisor PD requirements<br>• National Curriculum new supervisor modules<br>• RACGP Standards for general practice training | • All accredited supervisors at transition are offered the status of lead supervisor<br>• Accreditation of new lead supervisors is based on:<br>- fulfillment of supervisor eligibility requirements<br>- interview with local ME<br>- completion of initial PD requirements with recognition of prior learning<br>- cultural safety training |
| Accreditation of non-lead GP clinical supervisors | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Practice lead supervisor | • Core clinical supervision module<br>• RACGP Standards for general practice training | • Accreditation of new clinical supervisors is based on:<br>- fulfillment of supervisor eligibility requirements<br>- completion of core clinical supervision module (unless recognition of prior learning is granted) |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - documented commitment to supervisory responsibility<br>• Current supervisors offered accreditation as non-lead clinical supervisors at the point of transition if they choose not to be a lead supervisor |
| Reaccreditation of lead supervisors | • RACGP local<br>• RACGP regional | • Lead supervisor reaccreditation requirements<br>• PLT evaluation processes | • Reaccreditation of lead supervisors is based on:<br>- a recurring semiformal two-way feedback sessions with a local or regional medical educator +/- the local TC<br>- demonstration that training standards have been met<br>- evaluation data (see evaluation section)<br>• Local MEs and TCs receive support in supervisor reaccreditation from RACGP regional |
| Re-accreditation of non-lead clinical supervisors | • Practice lead supervisor<br>• RACGP local<br>• RACGP regional | • PLT evaluation processes | • Reaccreditation of clinical supervisors is based on:<br>- the absence of red flags<br>- evaluation data<br>- statement of support by the lead supervisor |

## Supervisor Support and retention

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Supervisor advocacy | • Regional supervisor liaison officer (SLO) | • Position description for SLO | • SLOs provide advocacy for supervisors and provide support with training-related complaints and conflict |
| Support for lead supervisors | • RACGP local<br>• RACGP regional | • National curriculum for GP supervisors<br>• Supervisor support and PD framework<br>• Local supervisor peer workshops and networks<br>• GPSA | • The lead supervisor has access to a local TC and ME for ad hoc advice and support<br>• Mentorship and support for the lead supervisor is provided by the local ME and regional supervisor support team<br>• Facilitated peer-to-peer support meetings |
| Support for supervisory team | • Lead supervisor<br>• RACGP local<br>• RACGP regional | • National curriculum for GP supervisors<br>• Supervisory team agreement template | • Primary support for supervisory teams will be from within the practice and onsite<br>• Members of the supervisory team will have support from and access to the local ME and TC as required |
| Supervisor retention | • RACGP local<br>• RACGP regional<br>• RACGP Specific Interests Faculty<br>• RACGP national | • Peer networking groups<br>• Formal acknowledgment:<br>- certification<br>- awards<br>- qualification<br>• A chapter within RACGP for supervisors | • Local supervisor peer networks are developed and maintained<br>• Supervisors are supported in their work as supervisors<br>• Supervisors are acknowledged and rewarded for their contribution to GP training<br>• Supervisors are recognised for completing core and additional professional development education<br>• The RACGP proves itself a strong advocate for supervisors, particularly regarding remuneration<br>• There are optional academic pathway opportunities for supervisors |

## Supervision, teaching and professional development plans

The delivery of in-practice supervision and teaching is specific to each training site and registrar. How this is to happen will be articulated in training site specific supervision and teaching plans that are revised as the registrar progresses. Many practices already have the basis of such plans. Supervision and teaching plans are also relevant for practice profiles and marketing practices to prospective registrars.

The professional development is relevant and specific to the needs of each supervisor and their team. To ensure that PD needs are addressed, each lead supervisor and their team will craft their own PD plan. This will be supported by the local ME and TC and be resourced by the PLT program. RACGP will facilitate recognition for CPD points for these PD plans.

Supervisor professional development plans will be instituted over an accreditation cycle and therefore are not required to be in place on day one of PLT.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Creation and maintenance of a documented supervision plan | • Lead supervisor<br>• RACGP local | • Supervision plan template – the 'who, how, when and why' of calling for help<br>• Supervisory team agreement template<br>• RACGP Standards for general practice training | • Each practice has a supervision plan that details the supervisory expectations and structures for each registrar. The supervision plan includes:<br>- when the registrar needs to seek supervision<br>- who is providing supervision when<br>- how supervision is accessed<br>- a plan for escalating issues to an accredited GP supervisor if required<br>- a risk management plan to address difficulty in accessing supervision<br>- a statement of commitment by each supervisory team member to their contribution to supervision<br>• The supervision plan is developed, reviewed, and revised by the supervisory team in consultation with the registrar |
| Creation and maintenance of a documented teaching plan | • Lead supervisor<br>• RACGP local | • RACGP syllabus<br>• In-practice teaching plan template<br>• RACGP Standards for general practice training | • Each practice has a teaching plan that outlines when teaching will occur and who will be providing the teaching<br>• Practice teaching plans frame the educational activities that will occur. These reflect the registrar's learning needs and the training site educational opportunities |
| Creation, maintenance and review of a training site and supervision | • Lead supervisor<br>• RACGP local | • National curriculum for GP supervisors<br>• Supervision team Professional Development Plan guidelines and PD plan template<br>• Guide for QI&CPD points application | • Every practice has a supervisory team PD plan that reflects:<br>- the development needs of the team<br>- the needs of the supervisors within the team |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| team professional development plan | | | - the number and level of registrars placed in the practice<br>• The supervisory team PD plan includes cultural safety training with evidence of consequent quality improvement initiatives |

## Professional development

All PD completed before transition will be recognised.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| New lead supervisor professional development | • RACGP regional<br>• RACGP local<br>• RACGP national | • National curriculum for GP supervisors core modules for new supervisors (16 hours)<br>• Experienced regional educators capable of delivering supervisor PD | • All new lead supervisors are supported and well-prepared for their role including:<br>- cultural safety training<br>- orientation to the role of an RACGP supervisor<br>- training in core skills of supervision<br>- early Mentorship and guidance as a new lead supervisor |
| Ongoing PD for lead supervisor | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP curriculum<br>• PD plan template<br>• National GPS curriculum additional modules<br>• Local peer supervisor workshops<br>• Regional workshops | • Lead GP supervisors undertake continuing supervisor PD guided by their annual PD plan, including:<br>- national GPS curriculum modules completed online, regionally, or at conferences or workshops<br>- cultural safety PD<br>- in-practice PD activities<br>- facilitated local supervisor peer learning and support meetings<br>- education delivered by external providers<br>- self-determined education consistent with the supervisor PD plan<br>• Lead supervisors receive recompense for undertaking supervisor PD |
| Supervision team PD | • RACGP local<br>• Lead supervisor<br>• RACGP regional | • Modules of National GP Supervisor Curriculum<br>• Supervisory team PD plan template | • Each practice has a supervisory team PD plan and budget that relates to the number of registrars being supervised and their level<br>• Team PD plans have an emphasis on In-practice PD including:<br>- meetings to review supervision, teaching and PD plans<br>- modules from the National GP Supervisor curriculum<br>- educational updates delivered by the lead supervisor<br>- in-practice educational PD/QI activities |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - education delivered by visiting MEs<br>- cultural safety training facilitated by visiting CEs<br>• Non-lead supervisors may participate in out-of-practice PD when it is consistent with their needs and future supervisory goals |

## Cultural education for supervisors and practices

Supervisor and practice site cultural competency is important for Aboriginal and Torres Strait Islander cultural safety and for building registrar cultural competency.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Cultural safety education and mentorship for GP supervisors, supervisory teams, and training sites | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Cultural Educators and Mentors | • Aboriginal and Torres Strait Islander cultural and health education framework<br>• National supervisor curriculum cultural awareness and safety modules both online and face-to-face | • Lead supervisors have undertaken cultural awareness and safety training<br>• Cultural safety training is included in PD plans for GP supervisors, supervisory teams, and training sites<br>• Cultural safety training and mentorship is delivered by local cultural educators and mentors |

## Supervisor and supervisory team evaluation, feedback and performance management

The RACGP evaluation framework will provide for evaluation of supervisor and supervisory team activities. This evaluation will be used for feedback to supervisors, supervisory teams, and practices for quality improvement. It will also be used to ensure that training standards are being met and guide corrective action where this is not the case. Significant underperformance that persists despite corrective action will impact placement and reaccreditation decisions and may result in removal of status as a supervisor or training site.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Assessment of PD learning outcomes | • RACGP national<br>• RACGP regional | • National GP supervisor curriculum | • Supervisor PD curriculum activities have embedded learning outcome assessments<br>• PD learning outcome assessments inform evaluation and feedback activities |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Supervisor and supervisory team evaluation | • RACGP regional<br>• RACGP local<br>• RACGP national | • Evaluation framework | • Indicators of quality supervision, training and teaching are identified and metrics for these are created<br>• Evaluation data is collected through the normal delivery of training with minimal additional work for supervisors and registrars<br>• Multiple points of reference and best-practice analysis is used to reach evaluation conclusions<br>• Evaluation focuses on information that informs practice<br>• Principles of natural justice and open disclosure are applied to evaluation and its use |
| Supervisor and supervisory team feedback | • RACGP local<br>• RACGP regional | | • Feedback is informed by evaluation data and its analysis<br>• Supervisors and supervisory teams receive both affirmative and corrective feedback<br>• Feedback is in the context of regular scheduled two-way feedback discussions<br>• Feedback is part of Plan – Do – Check – Act cycles of continuous improvement |
| Supervisor performance management | • RACGP regional<br>• RACGP local<br>• SLO | • RACGP Standards for general practice training<br>• Critical incidents and adverse events procedure<br>• Complaints procedure<br>• Training site and supervisor agreements and contracts | • Underperformance by supervisors is identified and proactively addressed with escalation as required<br>• Supervisors and supervision teams are supported in addressing underperformance<br>• Local medical educators are supported in supervisor performance management and escalation<br>• Significant underperformance will be managed at a regional level<br>• Supervisors have advocacy when subject to performance management<br>• Principles of natural justice and open disclosure are adhered to in performance management<br>• Persistent significant underperformance will preclude a site from registrar placements and may result in supervisor and/or site de-accreditation |

## ME professional development in supervisor PD, engagement and support

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| CPD for MEs delivering supervisor PD | • RACGP regional<br>• RACGP national | • Senior expertise in supervisor PD<br>• MEs development program<br>• Supervisor curriculum | • ME professional development enhances quality and consistency in supervisor PD<br>• MEs at regional and local levels are equipped and empowered to manage and deliver supervisor PD<br>• MEs are trained and resourced to provide educational support to supervisors |
| CPD for MEs delivering supervisor support and management | • RACGP regional<br>• RACGP national | • Senior expertise in supervisor support and management<br>• ME development program | • Local and regional medical educators are trained and resourced in supervisor engagement and support |
| Resource maintenance | • RACGP national | • Online library of resources used in supervisor PD, support and management | • Resources used in supervisor PD and support are curated centrally, mapped to the national supervisor curriculum, and updated in response to evaluation |

# *Remote supervision*

Many rural and remote locations have limited or no onsite supervisor available, and there may also be limited or intermittent medical services. Placing registrars in these sites can, none-the-less, provide excellent training opportunities while also helping to address current and future medical workforce needs.

The RACGP is developing a remote supervision model for registrars working in practices where there is limited or no onsite supervisor available. The model will provide the structures and resourcing necessary to achieve training excellence and safety in remotely supervised placements.

This section proposes a program to establish, maintain and support training placements that require remote supervision.

**Objectives**

- Establish a program for registrars to be placed in remote or isolated sites where there is a training and workforce need that requires partial or full offsite supervision.
- Ensure that remotely supervised placements protect the safety of patients, the registrar, and the practice.
- Ensure that remote supervision arrangements are:
  - feasible, sustainable, resource efficient and sufficiently financed
  - acceptable and attractive to the registrar, practice, and supervisors
  - educationally sound

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Selection of remote supervision practices and the supervisory team | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Council of Censors | • RACGP Remote Supervision Framework<br>• Area of workforce need data<br>• Remote training site profiling tool<br>• Remote supervision site selection criteria and assessment | • Selection of remote practices and building their supervisory teams is done with contextual knowledge using a case management approach<br>• Training sites for remote supervision are selected based on:<br>- workforce need for a training placement<br>- commitment from the training site to local and remote supervision<br>- having the clinical scope required for training<br>- having sufficient local resources to build:<br>o a remote supervision team<br>o a safe and adequately equipped training environment<br>o safe accommodation |
| Selection of remote registrars | • RACGP local<br>• RACGP regional | • Remote supervision framework<br>• Remotely supervised registrar selection criteria | • Registrars who are placed in a remotely supervised site: |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| (see pipeline section) | • RACGP national | • Remotely supervised registrar selection assessment<br>• Introductory workshop/webinar | - are GPT2 +<br>- have a strong interest in working in the location<br>- have the required competencies<br>- are compatible with the remote supervisor |
| Selection of remote supervisors | • RACGP local<br>• RACGP regional<br>• RACGP national | • Remote supervision framework<br>• Eligibility and selection requirements for remote supervisors<br>• Introductory workshop/webinar<br>• Accreditation Standards for sites and supervisors | • Remote supervisors:<br>- have the competencies required for remote supervision<br>- have undertaken training in remote supervision<br>- have contextualised knowledge of the location<br>- are committed to building a relationship with the registrar |
| Development of remote supervision model for each placement | • RACGP local<br>• Regional Aboriginal and Torres Strait Islander health and cultural training team<br>• RACGP regional<br>• Remote supervisor | • RACGP Remote Supervision Framework<br>• Exemplars for remote supervision teams<br>• Cultural training framework<br>• Template for escalation procedures<br>• RACGP Standards for general practice training | • The training site is assessed for its capacity to host a remotely supervised registrar<br>• The practice is supported to build a remote supervision team, and remote supervision and teaching plans<br>• A dedicated lead remote supervisor is appointed for registrar mentorship, role modelling and support<br>• A supervisory team is put in place to ensure robust on and off-site clinical, cultural and personal support |
| Accreditation of remote training site and remote supervision team | • RACGP local<br>• RACGP regional<br>• State Censor | • National accreditation framework<br>• Remote supervision framework<br>• RACGP Standards for general practice training | • The remote supervision team and site are supported in achieving accreditation<br>• There is a period of provisional supervision to ensure the remote supervision arrangements are achieving required outcomes |
| Professional development for remote supervisors | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• SLO | • Remote supervision module within the supervisor PD program<br>• Remote Supervisors support network<br>• RACGP Supervisor PD Program | • Remote supervisors:<br>- have completed the core supervisor PD modules and the remote supervision module<br>- receive a specific orientation to the remote supervisor's role<br>- are trained in the use of the required IT systems |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - receive peer-to-peer support and PD through regular facilitated remote supervisor virtual meetings<br>- meet ongoing PD requirements for lead GP supervisors<br>- receive ongoing support |
| Professional support for onsite supervisory teams | • RACGP local<br>• RACGP regional | • Other remote supervisors<br>• Remote supervisors support network | • Onsite supervisory team support and PD is provided by local and regional MEs<br>• A remote supervisor support network is in place |
| Remote registrar support | • RACGP local<br>• RACGP regional<br>• RLO<br>• Cultural mentor | • Remote supervision framework<br>• Aboriginal and Torres Strait Islander cultural mentorship<br>• Other remote registrars | • Remotely placed registrars engage in monthly facilitated remote registrar peer workshops<br>• Remotely placed registrars receive:<br>- scheduled TC/ME site visits<br>- monthly remote training advice contacts<br>- cultural mentorship as determined by supervision and teaching plans<br>- funded ALS training |
| Evaluation of remote supervision program | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT evaluation framework<br>• Remote supervision evaluation plan and tools<br>• Remote supervision assessment matrix<br>• Accreditation reports | • A site specific continuous improvement cycle is in place<br>• Ongoing remote supervision model evaluation and improvement is undertaken<br>• Robust monitoring of registrar safety and support occurs<br>• Site and supervisor monitoring and reaccreditation occurs as per National Accreditation Framework |

# *Training site support and management*

Training sites are where the primary curriculum for PLT is delivered. RACGP recognises the commitment and training undertaken by the training sites currently engaged by the RTOs. It is critical for the future of GP training that these training sites continue to host registrars following the transition to PLT. RACGP is committed to ensuring that this transition causes minimal disruption to training sites. PLT will support training sites in providing a high-quality educational environment for the registrars. It will also support training sites in their responsibility in ensuring patient and registrar safety.

Throughout their training, registrars deliver clinical services. In doing so, registrars make up an important component of the general practice medical workforce, particularly in areas of workforce need. PLT has contractual and social responsibilities to ensure that registrar placements are distributed in a way that contributes to addressing workforce imperatives. PLT will do this in three ways. The first is building training capability in areas of workforce need. The second is investing in ensuring that placements in areas of workforce need provide the quality training required for these placements to be attractive to registrars. The third is managing the overall distribution of training sites so that there is not an excess of training sites in areas of low workforce need. Encouraging and enabling registrars to work in areas of workforce need is also addressed through pipeline case management and priority placements. These initiatives are described further in the Training pipelines, Supporting registrars, and Placements sections.

It is important that each site has a supervision plan, teaching plan and professional development plan for supervisors. These plans make visible the supervision, teaching and supervisor PD for each training site. This is important for guiding registrars and supervisors and for ensuring adequate resourcing of each site. They also provide a means of marketing training sites to prospective registrars. These plans are detailed in the Supervisor requirements, management and support section.

For training sites that host registrars from both RACGP and ACRRM, training sites will be supported and managed collaboratively by the two colleges.

**Objectives**

- Training sites meet AMC and RACGP accreditation standards, particularly with regard to registrar safety, patient safety and quality training.
- The RACGP national accreditation framework is implemented.
- Training sites are culturally safe.
- High-quality training capacity is developed in areas of training need.
- Training site distribution supports placing registrars in areas of workforce need.
- Communities are engaged in building local training capacity, especially in Aboriginal and Torres Strait Islander medical services.

## Training capacity planning

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| GP workforce needs analysis | • RACGP regional<br>• RACGP national | • Qualitative and quantitative information<br>• HeaDS UPP data<br>• Community profiling tool<br>• Medical workforce information<br>• Workforce needs data collected by other organisations – particularly PHNs, RWAs, and training organisations. | • There is clear identification of areas of GP workforce need including:<br>- rural and remote communities<br>- Aboriginal and Torres Strait Islander health<br>- underserved communities<br>- mapping of GP workforce needs against current training placements<br>• Areas of workforce need that can be addressed by training are identified |
| Audit of potential training sites | • RACGP regional<br>• RACGP local<br>• RACGP national | • HeaDS UPP, PHN, AGPAL and GPA data<br>• Local knowledge | • Potential training sites are identified<br>• Unused training capacity in current training sites is identified<br>• There are clear linkages with AGPAL and GPA to enable recruitment of new posts |
| Capacity building | • RACGP local<br>• RACGP regional | • GP capacity tool (to be developed in conjunction with GPSA and other stakeholders)<br>• Practice to Practice Program<br>• GP Service<br>• Rural Faculty<br>• National Aboriginal and Torres Strait Islander Health Faculty<br>• RWA<br>• RG coordinating units | • A site-specific case management approach is taken for site support and resourcing<br>• Site-specific training capacity need is identified and addressed with material resources, training support and support for alternative models of supervision<br>• Site-specific accreditation support is provided<br>• There is community engagement to support training capacity building, especially for Aboriginal and Torres Strait Islander health placements |

# Training site accreditation

Training site accreditation requirements and processes are currently being developed with ACRRM, building on the current processes. The aim is to ensure that these are fit for purpose, transparent and as streamlined as possible. RACGP is developing its own national accreditation framework. This will include training site KPIs.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Accreditation governance and coordination | • RACGP national | • National Accreditation Framework<br>• Accreditor training program<br>• AMC and RACGP training and training site standards | • A bi-college approach to accreditation is taken<br>• Accreditation is coordinated with AGPAL/GPA/prevocational training accreditation to reduce administrative burden for practices<br>• There are clear and transparent accreditation requirements, quality indicators and processes<br>• Accreditation policy and guidelines include cultural safety requirement and specific requirements for supervision, mentorship, orientation, and training in Aboriginal and Torres Strait Islander contexts |
| Site accreditation and reaccreditation | • RACGP local<br>• RACGP regional | • Accreditation Toolbox<br>• Teaching plan proforma<br>• Supervision plan proforma<br>• Supervisory team PD plan proforma | • There is regional oversight of training site accreditation and reaccreditation<br>• Conflicts of interest are addressed in accreditation processes<br>• Accreditation includes a two-way feedback discussion between the practice, its supervision team and the local ME and TC<br>• The practice supervision plan, teaching plan and supervisory team PD plan are used for accreditation discussions and decisions<br>• Training site accreditation is aligned with supervisor accreditation |
| Practice performance support and management | • RACGP local<br>• RACGP regional | • Accreditation Toolbox<br>• RACGP Standards for general practice training<br>• Intra-practice supervision, teaching and PD plans<br>• Critical incident reporting process<br>• Registrar feedback processes | • Stretch goals are used<br>• The practice supervision plan, teaching plan and intra-practice supervisory team PD plan are used to support performance management<br>• Maintenance of accreditation standards is monitored through RACGP local support contacts, registrar feedback and monitoring of red flags including identified critical incidents<br>• Where concerns about practice performance are raised, principles of natural justice, transparency and right of reply are applied |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • There is focused support for practices where issues are identified<br>• Practices are de-accredited when they are unable to meet training standards despite support |

## Accrediting extended skills posts

Extended skills training sites are accredited and approved in accordance with the RACGP Standards for general practice training. Accredited extended skills posts satisfy the requirements set out in the Vocational Training Pathway – Requirements for Fellowship Policy, and offer planned training that is referenced or linked to a relevant curriculum, with clear outcomes and a clear indication of how the registrar will be supported. Each post must have a designated supervisor with relevant skills.

The accreditation of some posts can be challenging, especially when there are no standards against which to measure the post. An example of this is extended skills posts in skin cancer clinics which are not accredited to the RACGP practice standards. A national accreditation framework and accompanying processes are being developed to guide the accreditation of extended skills training sites. Requirements will include the specific needs of the site and discipline, the supervisor's skills and qualifications, teaching plans, support, supervision, assessment and term evaluation.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Identification of suitable extended skills posts | • RACGP regional | • Accreditation team | • Posts are identified and contacted to inform about requirements and process for accreditation |
| Promotion of extended skills posts to registrars and prevocational doctors | • RACGP regional | • Profile of extended skills posts<br>• Marketing team | • Information about extended skills posts is available through the website, at orientation, hospital careers sessions, etc.<br>• Up-to-date lists of training sites are maintained<br>• Current and potential registrars have access to the list of accredited hospital posts, training sites, and extended skills posts |
| Approval of hospital posts holding accreditation by relevant authority | • RACGP regional<br>• RACGP National<br>• Relevant jurisdiction. | • Accreditation team | • Extended skills posts that are not in general practice are accredited by the body appropriate to the skill<br>• There are designated supervisors experienced in the scope of practice being offered<br>• There are a site-specific supervision and teaching plans aligned with the RACGP curriculum for the area of practice<br>• Guidance on application timing and process is provided |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Approval of non-hospital, non-GP posts | • RACGP regional | • Accreditation team | • There is a clear outline of learning outcomes to be achieved from a placement at the post<br>• Guidance on application timing and process is provided |
| Accreditation application assessment and visit to post by team | • RACGP regional | • Accreditation report<br>• RACGP Standards for general practice training<br>• Accreditation team | • The supervisor provides the proposed supervision and teaching arrangements for the post<br>• Clear outline of expected outcomes is provided<br>• Extended skills posts have evidence of accreditation by the relevant authority, processes for registrar support and supervision, a curriculum and/or teaching plan, and orientation to the post |
| Re-accreditation of posts | • RACGP regional | • Re-accreditation application from post and report<br>• Feedback from registrars in the post (feedback form) | • Post arrangements are reviewed<br>• Feedback and recommendations from registrars and supervisors inform the review, quality improvements and reaccreditation process |

## Training site and practice manager support and training

Training site and practice manager support will primarily be provided by the local medical educator and training coordinator team and by a dedicated regional practice liaison officer.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Facilitating training site networking | • RACGP local<br>• RACGP regional | • Online platforms | • Regular peer meetings are held for local practice managers |
| Informing training sites of training program requirements | • RACGP local<br>• RACGP national | • Online module<br>• RACGP website<br>• PLT training site portfolio<br>• RACGP Standards for general practice training | • Training program requirements of training sites are available publicly and through reference resources and guides<br>• Training site requirements are communicated through workshops, accreditation processes and through in-practice PD<br>• Practice managers have access to their local TC for ad hoc advice as required |
| Provision of additional financial support | • RACGP national<br>• RACGP regional | • Discretionary funding pool<br>• Guidelines for additional funding | • Discretionary financial support is available to support training sites in areas of training need |
| Provision of supervisor relief and backup | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP Service<br>• Practice to Practice Program | • Support is provided for practices that have difficulties delivering the required supervision and teaching. This may be coordinated with clinical locum relief through RACGP services |
| Training site cultural Safety Training and support | • RACGP local<br>• RACGP regional<br>• Cultural mentors and educators | • National Aboriginal and Torres Strait Islander cultural and health education framework | • On-site and off-site cultural safety training and mentorship is provided for training site staff |
| New training site support | • RACGP local<br>• RACGP regional<br>• RACGP national | • Online module<br>• Discretionary funding for priority educational resourcing<br>• Templates and checklists for supporting new training sites | • New training sites are provided with frequent contact and support to integrate training activity with their clinical services<br>• The local team provides tailored support to each site<br>• New training sites are supported in accessing educational resources to support training |
| Practice manager support | • RACGP local<br>• RACGP regional<br>• RACGP national | • Supervisory team plans<br>• Practice manager workshops | • TCs establish a supportive relationship with practice managers in their locality<br>• Practice manager PD and peer networking is provided |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | • Practice Liaison Officer | | • Online resources and references are available for practice managers |

## Engaging and supporting Aboriginal and Torres Strait Islander health placements

Aboriginal and Torres Strait Islander health training sites provide a unique experience for registrars that cannot be gained in a mainstream general practice. The structure and delivery of Aboriginal and Torres Strait Islander cultural and health training has been well established in terms of partnerships with the ACCHOs and AMS local communities and individuals. An Aboriginal and Torres Strait Islander health training site will be characterised by governance input from the local Aboriginal and Torres Strait Islander community and supported by RACGP.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Strengthen existing and establishing new Aboriginal and Torres Strait Islander health placements | • RACGP local<br>• RACGP regional | • AMSs/ACCHOs<br>• Community engagement and partnership strategy<br>• RACGP Innovate RAP<br>• RACGP Cultural Safety and Governance Strategy<br>• Strategic Plan Program Funding<br>• Salary Support Program Funding<br>• Workforce modelling - HeaDS UPP<br>• National accreditation framework<br>• Practice management diploma for ACCHO staff | • Accessible Aboriginal and Torres Strait Islander health training placements for registrars<br>• Placements are:<br>- community and service driven<br>- culturally appropriate<br>- supported and safe<br>- contributing to current and future workforce needs in Aboriginal and Torres Strait Islander health delivery<br>- accredited |
| Ensure placements have appropriate physical infrastructure to support registrar training | • RACGP local<br>• RACGP regional | • ACCHO/AMS<br>• Strategic Plan Program Funding<br>• Salary Support Program Funding<br>• Workforce modelling - HeaDS UPP<br>• National accreditation framework | • Resources are allocated to facilitate establishment and ongoing feasibility of a placement including:<br>- housing, local transportation<br>- clinical and teaching equipment<br>- relocation to and from placements in rural and remote areas<br>- transportation for Fly In Fly Out and Drive In Drive Out placements |
| Ensure placements are equipped to provide suitable cultural mentorship | • Cultural mentors<br>• RACGP local<br>• RACGP regional | • Cultural mentor position description | • Local cultural mentor(s) are employed in each Aboriginal and Torres Strait Islander health training placement in ACCHO/AMS<br>• Mentorship is provided for registrars, supervisors, and practice staff |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Ensure there is adequate and safe supervision and that supervisors are also supported | • Cultural mentors<br>• RACGP local<br>• RACGP regional | • Supervisors<br>• Supervisor funding<br>• Supervisor accreditation and professional development | • Adequate supervision provided to registrars<br>• Supervision is culturally safe and guided by the cultural safety and governance framework<br>• Supervisors have access to cultural mentorship |
| Build cultural safety into placement/ practice accreditation processes | • RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • National accreditation framework<br>• Input from NACCHO and state-based affiliates<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • A cultural safety training program for supervisors and relevant practice staff is a requirement of accreditation |
| Providing AMSs/ ACCHOs information about GP training | • RACGP regional<br>• RACGP national<br>• Faculty Aboriginal and Torres Strait Islander Health | • Community engagement and partnership strategy<br>• RACGP Cultural Safety and Governance Strategy<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • Increased understanding of the GP training program and expectations by AMSs and ACCHOs<br>• Clarity across the sector on how Aboriginal and Torres Strait Islander health and cultural training fits within PLT |
| Supporting comprehensive and multidisciplinary in-practice education in Aboriginal and Torres Strait Islander culture and health | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• Supervisors<br>• Cultural mentors<br>• Cultural educators | • Aboriginal and Torres Strait Islander health practitioners and other staff<br>• National Aboriginal and Torres Strait Islander cultural and health education framework | • There are multidisciplinary teaching and learning opportunities including:<br>- working in teams<br>- working with Aboriginal and Torres Strait Islander health practitioners and other health workers<br>- engaging with community-based services<br>- undertaking local cultural activities |

# Placements

Registrar placements at training sites serve two purposes. The first is to provide registrars with training experiences that will fulfill their training requirements. The second is to ensure registrars are distributed in a way that addresses workforce distribution needs. Placement distribution must meet Department of Health contract requirements. Placement design will be done in collaboration with ACRRM to ensure efficient and equitable placement of registrars, regardless of which college training program they are undertaking.

The placement process will take place over several rounds. There will be an initial round of targeted priority placements, followed by a round of placements for most of the registrar cohort. Placement will consider registrar preferences, training site preferences and distribution requirements.

**Objectives**

- Both training and workforce needs are met through the placement process.
- Placement processes are nationally consistent, transparent, and fair.
- Expectations of registrars and practices are aligned to national workforce needs.
- Transfers between regions and pathways are transparent and align with distribution targets and training needs.

**Key points on placement**

- Priority placements are identified and filled according to both training and workforce needs.
- Registrars and placement sites are case managed to align expectations with placement outcomes.
- Policy and program flexibility will enable transfers between regions and pathways to meet distribution targets and training needs.
- Whilst the DoH and its delegated entity will direct placement priorities, the PLT placement process will take into consideration the preferences of registrars, training sites and supervisors in the matching and allocation process.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Identify placement need and placement availability | • RACGP local<br>• RACGP regional<br>• RACGP national | • Training management system<br>- cohort analytics<br>- placement analytics<br>• Training portfolio<br>• DoH KPIs<br>• Identified areas of workforce need<br>• RGCUs | At the completion of this activity, the following are identified:<br>• The required need and distribution of placements<br>• Placement availability<br>• Priority placements including:<br>- RG required placements<br>- Aboriginal and Torres Strait Islander health service placements<br>- Placements in areas of workforce need<br>- Training placements required for particular registrars on designated training pipelines |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - Training placements for registrars with other priority training needs e.g., remediation |
| Determine and approve training sites for allocation | • RACGP regional | • Placement allocation rules<br>• DoH contract and KPIs<br>• Outcomes of placement need analysis<br>• Training management systems that support and enable placement allocation | • Placement matching and allocation processes are transparent and clearly communicated, taking into consideration practice requirements and preferences<br>• The number of placement sites will be slightly more than the number of registrars requiring placement |
| Priority placements allocations | • RACGP local<br>• RACGP regional | • Business rules for priority placements<br>• Placement management system that is integrated with the training management system | • Priority placements are done on a case-by-case basis, engaging both the training site and the registrar, with application and assessment processes as required<br>• More capable and competent trainees are encouraged and supported to train in more challenging locations |
| Non-priority placements allocation | • RACGP national<br>• RACGP regional | • National placement IT platform for collecting preferences<br>• National placement IT program for allocating placements according to an algorithm that considers preferences, training need and workforce need<br>• DoH training pathway requirements<br>• Placement management system integrated with the training management system | • Non-priority registrars and training sites determine their placement preferences via a formal process for expressions of interest/application/interview<br>• Processes are fair and transparent and consider training site and registrar preferences<br>- preferences are collected and collated for allocation of non-priority placements<br>- the number of allocated placements is maximised via multiple rounds<br>• Regional and local knowledge are used to sense check placement allocations |
| Rural Generalist placement planning | • RACGP local<br>• RACGP regional | • Local health services<br>• Non-GP specialist colleges<br>• RGCUs<br>• RACGP Rural Faculty | • RG placements are coordinated by RG training coordinators as priority pipeline placements |
| Aboriginal and Torres Strait Islander health service planning | • Regional Aboriginal and Torres Strait Islander Health TC | • Cultural educator and mentor advice<br>• ACCHOs & AMSs<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health strategic plan<br>• Salary support | • ACCHO/AMS placements are coordinated by the regional Aboriginal and Torres Strait Islander Health training coordinator as priority placements<br>• The Regional Aboriginal and Torres Strait Islander Health training coordinator should preferably be an Aboriginal or Torres Strait Islander person |
| Transfers (region/pathway) | • RACGP local<br>• RACGP regional | • Training management system<br>• Training portfolio | • Transfers between regions are facilitated based on identified training and workforce needs |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • Regional/local health services<br>• RGCUs | • Transfer requests for personal needs are considered on a case-by-case basis |

# *Supporting medical educators*

MEs are key to the development, maintenance, and delivery of the PLT education program. The transition to PLT will require the RACGP to take on the employment of the ME workforce currently employed by the RTOs. This will require defining recruitment processes, employment structures, working conditions, and career pathways. RACGP will support ME skills maintenance and development through transition. It is recognised that transition will bring a change in roles and scope of activities for some MEs.

Active recruitment and support of Aboriginal and Torres Strait Islander GPs into medical education will be critical to building capacity for Aboriginal and Torres Strait Islander training.

The RACGP has a Medical Education Specific Interest Group with over 2000 members. The specific interest group provides the means of a voice for medical educators and a means for their support. It is also an avenue for building medical educator workforce capacity.

**Objectives**

- Establish a functional, supportive, and efficient RACGP ME organisational structure and culture to enable PLT delivery.
- Develop industry-specific standards for employment of MEs, including minimum skill sets, pay scales and professional development support.
- Recruit and retain a ME workforce adequate for PLT development and delivery, including establishing clear career advancement pathways.
- Develop resources for, and deliver, ME induction and ongoing professional development, including leadership training.
- Design structures and activities that will enable a culture of pastoral and collegiate support for MEs.

## Recruiting medical educators

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Registrar-as-teacher program | • RACGP local<br>• RACGP regional<br>• RACGP national | • Syllabus | • See training in academic general practice section |
| ME career pathway | • RACGP regional<br>• RACGP national | • Existing training organisation ME structures | • There is a career pathway for medical educators with associated pay scales that reflect responsibilities and expertise, and the accommodation of flexible ME fractions<br>• Medical educator curriculum for training and professional development<br>• Recognition of Medical Education work as an Extended Skill |
| Recruitment | • RACGP local<br>• RACGP regional<br>• RACGP national | • People and Culture unit<br>• ME networks, GPME<br>• Stakeholder liaison, GPSA<br>• ME competencies and PD | • Multiple recruitment points from junior to senior MEs<br>• Aboriginal and Torres Strait Islander Medical Educators<br>• Rural Generalist Medical Educators |

## Professional development for medical educators

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Orientation and induction | • RACGP local<br>• RACGP regional<br>• RACGP national | • Online modules<br>• Orientation and induction program<br>• Regional contextual resources | • A transition, orientation and induction program for all Medical Educators addressing program information, skillsets required and local context<br>• Programs to upskill Medical Educators to perform new roles |
| Ongoing professional Development | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP ME specific interest group<br>• Online modules<br>• Small group regional sessions<br>• State faculties<br>• Other ME groups – ANZAHPE, GPSA, GPME<br>• Journal clubs | • The medical educator curriculum includes orientation, induction, upskilling, and professional development<br>• Regional and local small peer groups to enable professional development delivery<br>• Minimum professional development requirements for Medical Educators |
| Cultural safety education | • Cultural educators and mentors<br>• National Faculty of Aboriginal and Torres Strait Islander Health | | • Cultural safety training is prioritised and embedded in Medical Educator professional development requirements. |
| Leadership training | • RACGP regional<br>• RACGP national | • Emerging leaders program | • Leadership training opportunities exist with prioritisation given to senior and Aboriginal and Torres Strait Islander MEs |
| Performance review and feedback | • RACGP regional<br>• RACGP national | • Existing performance review processes<br>• Evaluation and monitoring framework<br>• Evaluation guidelines for education and teaching activities | • Annual performance review cycles<br>• Mechanisms and tools for ongoing review and feedback of educator work by peers and learners embedded in the evaluation framework |
| Plan and execute annual national ME conference | • RACGP regional<br>• RACGP national | • ME curriculum and competencies<br>• RACGP events team | • Annual GP Medical Education and research conference which may be linked to the annual RACGP conference |
| Peer communities and networking | • RACGP local<br>• RACGP regional | • RACGP ME specific interest group<br>• RACGP Workplace | • Regional and local small peer groups to facilitate peer support and networking |

## Medical Educator Support

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Teaching resources | • RACGP national | • *gplearning* modules<br>• Syllabus<br>• Supervisor curriculum | • Education syllabus and resources for Medical Educators are mapped to the RACGP curriculum to enable national consistency of education delivery which can be tailored for local context<br>• National Supervisor curriculum and resources for local education delivery<br>• Medical Educator curriculum and Guidebook to support peer teaching and learning |
| Mentoring | • RACGP local<br>• RACGP regional<br>• RACGP national | • Junior ME mentor program<br>• GP in Training faculty<br>• RACGP ME specific interest group | • Medical Educator mentoring program to enable both senior and peer support |
| Reward and recognition | • RACGP regional<br>• RACGP national | • Rose Hunt Medal<br>• State ME of the year | • Recognition and awarding of the work and contributions of Medical Educators |
| Team networking meetings | • RACGP local<br>• RACGP regional<br>• RACGP national | • Agenda/minutes | • Regional and local team meetings with administrative support |
| Education delivery | • RACGP local<br>• RACGP regional | • Administrative support teams | • Regional administrative support for Medical Educators to deliver education to registrars and supervisors |

# *Education Research Grant program*

The Education Research Grant (ERG) program enables an educational research program to be an integral part of PLT. The research undertaken will be driven by educational need, and research outputs will inform educational practice. The ERG program research activities will be undertaken where general practice vocational training activity is conducted. It will align with the RACGP Research Strategy and foster linkages with universities and other external stakeholders involved in medical education. It will provide opportunities for early career GP researchers, MEs and registrars to become involved in medical education research. It will have an important role in building general practice research capacity.

**Objectives**

- Produce high-quality education research evidence for general practice training in Australia.
- Increase research capacity and literacy within general practice, particularly among regional educators, supervisors, registrars, and practices.
- Promote a culture of academic critique and the use of evidence in general practice training.
- Facilitate the development of relationships between the RACGP, regional programs, educators, supervisors, registrars, practices, and universities.
- Promote and support the dissemination and translation of Australian general practice education research for use in general practice training.

**Key points on the ERG program**

- A research agenda will be developed for each ERG funding round in consultation with internal and external training stakeholders.
- An expression of interest process will precede the invitation to apply for grants.
- There will be flexibility in timelines and budgets depending on the research project.
- Emphasis will be placed on building research capacity, building research networks, and disseminating findings, including translation into medical education practice.
- These developments have been informed by the recent evaluation of the ERG program undertaken by the RACGP evaluation team.

## Managing grants

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Creating a research agenda for the round | • RACGP National<br>• RACGP Regional | • RACGP ERG expert panel with representation from key stakeholders<br>• University Departments of general practice<br>• RACGP internal divisions and committees responsible for education<br>• Department of Health research priorities<br>• RACGP Expert Committee - Research | • A research agenda for the round is determined by the RACGP ERG expert panel based on important educational problems relevant to general practice training<br>• Annual review of the research agenda by the RACGP ERG exert panel |
| Allocation of Educational Research Grants | • RACGP national | • ERG funding | • There will be two models for the allocation, development, management, and delivery of ERGs:<br>- a regional model similar to the current RTO-led ERG process<br>- a national model will be piloted in 2022 for a smaller number of ERGs termed RACGP-sector collaborations (RSCs), and iteratively modified<br>• The regional model: Expressions of interest will be invited from regional teams to deliver research projects which align with DOH priorities and the research agenda for the round. Based on the quality of their EOI, a number of regional teams will be invited to submit a full research proposal<br>• The national model: A senior education researcher and a research assistant will be recruited to lead the development, management, coordination, and delivery of RSC education research projects which have been determined by the RACGP ERG expert panel. They will partner collaboratively with regional teams and Departments of General Practice, and recruit additional expertise as needed for the successful delivery of the projects<br>• Budget and timeline allocations for the national RSC projects are based on the research problem, the proposed methods and the scope and likely impact of the research |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Governance of ERG projects | • RACGP regional<br>• RACGP national | • ERG funds | • ERGs are governed and managed to ensure that deliverables are achieved, and the funding is quarantined for educational research |

## Building educational research capacity and disseminating research

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Building and maintaining a network of education research expertise | • RACGP regional<br>• RACGP national | • Broad connections with:<br>- University GP research units and rural clinical schools<br>- GP academic experts<br>- RACGP Expert Committee - Research | • The ERU is responsible for the coordination and connection of national education research expertise to support ERG research activity |
| Mentorship and support for novice researchers | • RACGP national | • Training/career pipelines for research skill development<br>• Access to research expertise | • ERGs engage and develop education research expertise for: novice and early career researchers, academic post holders, and registrars undertaking medical education extended skills posts |
| Supporting under-resourced research teams | • RACGP regional<br>• RACGP national | • Networks of research expertise<br>• ERG funding | • Under-resourced research teams are supported in research expertise, research resources and project management |
| Building and supporting an educational research community | • RACGP national | • ERG funding<br>• RACGP Expert Committee: Research<br>• RACGP Events and Marketing | • Peer support and professional development for researchers and research teams through regular events and other modalities |
| Building a broader research network | • RACGP regional<br>• RACGP national | • RACGP Expert Committee: Research<br>• RACGP Research Foundation<br>• Research networks<br>• Evaluation unit | • The ERG program sits within a broader research context which includes clinical, social, and organisational research |
| Disseminating ERG outputs | • RACGP national | • Research dissemination strategy | • Research outputs are disseminated to maximise their impact via:<br>- publications and conference papers to the academic community<br>- update sessions for PLT MEs, supervisors and registrars<br>- PLT evaluation team |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - research project inventory and findings on RACGP website |

## Nationally developed and managed ERG projects

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Developing national ERG projects | • RACGP national | • Internal senior research expertise<br>• Internal project management<br>• ERG funding<br>• Research networks<br>• RACGP Strategic Research Agenda | • A proportion of ERG projects address selected educational problems at a national level |
| Management and delivery of national ERG projects | • RACGP national<br>• RACGP regional | • Arrangement with DoH for approval of ERU-run ERGs<br>• ERG funding<br>• Research networks | • National projects are delivered under tender or internally either regionally or nationally |

# Part four: Program governance and management

## Education program governance

The governance structures and processes for the PLT education program are currently being determined as a matter of priority. The RACGP Board has ultimate ownership of, and responsibility for, the PLT education program.

**Objectives**

- Ensure clear lines of responsibility and accountability through to the RACGP Board.
- Define the objectives of the PLT education program (as described in the Introduction) and ensure their fulfilment.
- Maintain accreditation with the AMC.
- Ensure that the PLT education program aligns with the RACGP educational framework.
- Align the PLT education program with the RACGP strategic plan.
- Ensure the RACGP Standards for general practice training are met.
- Ensure the Education policy framework is fit for purpose.
- Address Aboriginal and Torres Strait Islander cultural and health concerns.
- Ensure accountability, authority and decision-making are clearly articulated within a delegations framework and ensure compliance with that framework.
- Ensure that PLT meets its objectives and key performance indicators – both educational and workforce.
- Manage PLT effectively and efficiently.
- Ensure the financial integrity of the training program.
- Ensure that the PLT education program risks are managed within an appropriate risk appetite.
- Ensure the governance of the PLT education program is transparent, fair, equitable and responsive to input from both internal and external stakeholders.
- The principles underpinning the management of grievances and complaints are clearly articulated.
- Systems are in place to determine access to sensitive information.

# *Stakeholder management*

General practice training involves many stakeholders. The discipline has broad scope, many varied contexts and interfaces with many other health delivery and training organisations. There are also multiple funding streams. It is a key endeavour of PLT to engage with key stakeholders and to navigate their priorities to achieve the goal of quality training and improved health outcomes.

For two decades, general practice training has been delivered by Regional Training Providers and then RTOs, funded by the Federal Government. Program staff at RTOs have highly developed expertise in delivering vocational training and in supporting registrars throughout their training journey, particularly in the regional context. They also have established relationships with key stakeholders within their region. The involvement of RTOs and their staff in the transition to PLT will be essential for the future of GP training. The expertise and stakeholder connections currently held by RTOs will be required to successfully deliver PLT.

Current RTO staff are strongly committed to the work of GP training. It will be critical that they be engaged meaningfully in the transition process. Throughout transition, there will be frequent, clear, and consistent communication with the RTOs, including an expressed desire to preserve their staff and continue building on the work they have done.

**Objectives**

- To engage key external and internal stakeholders in the development of, and transition to, PLT.
- To preserve and build on the educational and operational expertise of RTOs and other stakeholders.
- To preserve key stakeholder relationships currently held by RTOs.

**Key points on engaging and managing training stakeholders**

- A strong commitment to clear and consistent communication with RTOs and other internal and external stakeholders.
- Recruitment of internal and external expertise for PLT transition and operationalisation.
- Engagement with stakeholders for alignment of priorities and securing common goals.
- Proactive change management undertaken collaboratively with both internal and external stakeholders.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Engagement with Department of Health | • RACGP national<br>• Department of Health | • Stakeholder representative organisations<br>• Terms of reference for groups<br>• Detailed status reports including description of proposed models | Regular engagement with DoH to ensure:<br>• Decisions are made around key activities, funding requirements and achievement of milestones (KPIs)<br>• Information sharing on progress<br>• Risks are identified and communicated (bidirectional)<br>• Updates on progress of activities, such as development of delivery models, staffing profiles, AMC accreditation |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | • Solutions to barriers and cooperation between key partners |
| Engagement with other national organisations | • RACGP national | • RACGP Rural Faculty<br>• RACGP Marketing and Communications<br>• PHNs<br>• RWAs<br>• NACCHO, AIDA, IGPRN, Cultural Educators and Cultural Mentors Network<br>• National RG Pathway/ Commission<br>• RACGP Specific Interest Groups<br>• Specialty colleges, JCCs<br>• AMC<br>• AMA<br>• GPRA<br>• GPSA<br>• Universities and rural clinical schools (see engagement with workforce stakeholders below) | Regular engagement with national organisations to ensure:<br>• communication of key activities, funding options for regional and local training pipelines<br>• regular updates and information on activities around transition to PLT are shared<br>• consultation on proposals that may present challenges<br>• the testing of ideas with stakeholders<br>• collaboration and information dissemination via their distribution lists, regular channels, and updates |
| Engagement with state-based health organisations | • RACGP local<br>• RACGP regional<br>• RACGP national | • RACGP Rural Faculty<br>• State health departments<br>• Local health districts (or equivalent)<br>• RGCUs<br>• RWAs for each state<br>• RACGP state faculties | Collaboration and engagement with state-based partners to ensure:<br>• RG promotion as a career of choice<br>• sharing of knowledge around current models and any planned developments<br>• identification of impediments to implementation of model/s |
| Engagement with ACRRM | • RACGP national<br>• ACRRM | • RACGP Rural Faculty<br>• Terms of reference with ACRRM for different groups and MoU's as required<br>• Meeting records and status reports | • There is bi-college collaboration and planning for joint activities e.g., accreditation of training sites<br>• Overlapping areas of training between the colleges are managed in an integrated and efficient manner. These include:<br>- site accreditation<br>- placement<br>- supervisor professional development<br>- salary support for AMSs and ACCHOs<br>- Aboriginal and Torres Strait Islander cultural education and mentorship |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | | - Information sharing on emerging issues |
| Engagement with Aboriginal and Torres Strait Islander groups | • RACGP national<br>• National Faculty of Aboriginal and Torres Strait Islander Health | • Aboriginal and Torres Strait Islander peak and jurisdictional organisations such as<br>- NACCHO and affiliates<br>- AIDA<br>- IGPRN<br>- Cultural Educators and Cultural Mentors Network<br>• Terms of reference for different groups<br>• Focus groups<br>• RACGP Marketing and Communications<br>- Promotional materials<br>- General comms distribution list | • There is regular sharing of updates and information on activities<br>• Early input to development of programs/syllabus<br>• Active participation in planning forums<br>• Collaborative promotion activities aimed at growing training opportunities in Aboriginal and Torres Strait Islander health – supported by a Aboriginal and Torres Strait Islander health coordinator (new position) |
| Engagement with workforce stakeholders | • RACGP Rural Faculty<br>• RACGP regional<br>• RACGP national | • Universities and RCSs<br>• RWAs<br>• RGCUs<br>• Non-GP specialist colleges<br>• National Faculty Aboriginal and Torres Strait Islander Health<br>• PHNs<br>• RACGP Marketing and Communications:<br>- Promotional materials | • There is regular sharing of information, resources, and intelligence (simultaneous information regarding workforce distribution) that inform current and future workforce plans<br>• Data is used to reduce workforce maldistribution<br>• There is regional collaboration on events and opportunities<br>• Additional rural skills training is recognised, and there is nationally consistent credentialing requirements and processes<br>• Collaborations to support training e.g., support for IMG registrars<br>• Partnerships in the development of extended skills training sites (e.g., refugee health, mental health) and support Medicare recognition of these<br>• Collaborative promotion of general practice as a career of choice |

# *Marketing*

## Promoting GP and rural generalist careers

The promotion of general practice and rural generalist careers is important for increasing interest in general practice training and is therefore a key priority for the RACGP. A marketing framework will be established to support this. This will be built on effective marketing approaches already in use by RTOs and the RACGP, with oversight from the RACGP Strategic marketing and communications division. This framework will guide marketing at national, regional, and local levels, and ensure that general practice and rural generalist training is marketed consistently and efficiently, while also being relevant to each training context. It will ensure that PLT marketing aligns with RACGP's promotion of the profession. Marketing will be supported by PLT's case management approach, where prospective applicants are connected with champions for the profession.

**Objectives**

- PLT marketing is coordinated under a national marketing framework based on effective RTO and RACGP marketing initiatives.
- Marketing messaging is consistent, effective and aligns with the RACGP's marketing of the profession.
- Marketing activities support case management of prospective candidates.
- PLT marketing is coordinated with marketing by other organisations with common marketing goals.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop the PLT marketing framework | • RACGP national | • RACGP marketing and communications division<br>• RTO marketing expertise and guidelines<br>• Medical Board of Australia marketing guidelines | • The marketing framework provides a consistent and effective approach to marketing with flexible application to suit local contexts |
| Develop advertising content – national & local | • RACGP regional<br>• RACGP national | • RACGP Rural Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• RACGP staff and members<br>• GP research<br>• PLT marketing framework<br>• AHPRA Standards | • Key messages are developed to promote general practice as a career of choice, with:<br>- specific campaign pathway messages<br>- region specific content<br>- content specific for CALD groups, Aboriginal and Torres Strait Islander people and gender diverse groups |
| Determine advertising channels | • RACGP regional<br>• RACGP national | • Advertising organisations/ stakeholders<br>• PLT marketing framework<br>• GPiT Faculty<br>• National Faculty of Aboriginal and Torres Strait Islander Health<br>• RACGP Specific Interests Faculty | • The College uses various suitable channels (such as social media platforms, publications, events, and organisations) to advertise PLT education program and general practice as a profession of choice |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Advertise/promote the PLT education program to medical students | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT marketing framework<br>• Universities (medical schools) | • Regionally led advertising within the medical schools using region specific content targeted at medical student needs<br>• National promotion of all regions e.g., website |
| Advertise/promote the PLT education program to hospital doctors | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT marketing framework<br>• Hospitals<br>• GPLOs | • Regionally led advertising within the hospital system using region specific content intended for hospital based applicants<br>• National promotion of PLT to hospital doctors e.g., via website |
| Advertise/promote GP as a career of choice | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT marketing framework<br>• Advertising organisations | • General practice promotion through the various advertising channels e.g., social media, publications, public appearances |
| Advertise/promote other pathways alongside PLT for those not eligible for PLT but interested in general practice career | • RACGP local<br>• RACGP regional<br>• RACGP national | • PLT marketing framework<br>• Marketing material for other pathways | • Promotion of other RACGP pathway options outside of AGPT for potential GP applicants not eligible for PLT |
| Recruitment/marketing to Aboriginal and Torres Strait Islander applicants | • RACGP national | • RACGP Aboriginal and Torres Strait Islander Health Faculty<br>• Aboriginal and Torres Strait Islander organisations:<br>  - IGPRN<br>  - AIDA<br>  - NACCHO and affiliates<br>  - Aboriginal Land Councils<br>• Content specific for Aboriginal and Torres Strait Islander people | • Partnerships with IGPRN, AIDA, IAHA, NAATSIHWP, CATSINaM and other peak Aboriginal and Torres Strait Islander health organisations to promote this in an effective and sustainable way |

## Events

See training pipelines section.

## Sponsorships

The RACGP will conduct a range of sponsorship activities through existing and new relationships with external organisations. The national marketing framework will guide these activities with input from regional and local teams. Sponsorship activities will increase the profile of the RACGP and PLT, as well as promoting engagement and relationship building with other stakeholders.

Sponsorship activities will align with the RACGP values, mission, and goals, as articulated in the marketing framework. The national marketing framework will ensure a consistent and flexible approach to sponsorship, which is contextually relevant at regional and local levels.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop event sponsorship criteria | • RACGP Rural Faculty<br>• RACGP regional<br>• RACGP national | • GP-related events<br>• PLT marketing framework | • There are clear criteria for event sponsorship<br>• RACGP sponsorships align with RACGP mission, vision and goals and are relevant for the GP sector and GP training |
| Determine conference representation | • RACGP Rural Faculty<br>• RACGP regional<br>• RACGP national | • PLT marketing framework<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • There is appropriate representation at conferences or sponsorship events<br>• Speakers present at relevant conferences |
| Merchandise and collateral development | • RACGP regional<br>• RACGP national | • PLT marketing framework<br>• Merchandise company<br>• RACGP Rural Faculty<br>• RACGP Aboriginal and Torres Strait Islander Health Faculty | • Depending on the sponsorship entitlement or event, appropriate merchandise is distributed |

## Collaboration Opportunities

Collaboration with other relevant health service and educational organisations is important for efficiency and for reaching important audiences.

**Key points on collaboration opportunities**

- The RACGP regional teams will draw on relationships with regional and local organisations to achieve effective marketing with key audiences. These organisations include universities, hospitals, regional training hubs, Primary Health Networks, ACCHOs and AMSs.
- The RACGP regional teams will also link prospective general practice and rural generalist applicants with RACGP teams that provide case management and support.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop stakeholder collaboration criteria | • RACGP regional<br>• RACGP national | • GP related events<br>• PLT marketing framework<br>• RACGP Rural Faculty<br>• RTOs | • There are clear criteria for determining suitable collaborations that align with GP training and PLT priorities |
| Engage with relevant organisations to establish marketing collaboration arrangements | • RACGP local<br>• RACGP regional<br>• RACGP national<br>• RACGP Rural Faculty | • PLT marketing framework<br>• Collaboration criteria | • Marketing collaboration opportunities are identified and arranged |

# *Monitoring and evaluation*

Monitoring and evaluation is fundamental to quality assurance and improvement. PLT will have an embedded monitoring and evaluation program. A national approach to evaluation and monitoring will provide efficiencies and ensure that key objectives are met. A national evaluation framework will be used by PLT to guide and support best-practice approaches to GP education and training across Australia. It will inform all levels of program activity by all stakeholders.

The PLT monitoring and evaluation framework is being developed and is based on the existing RACGP evaluation framework. A PLT Evaluation Reference Group will be established to inform this work. The reference group will draw on the existing membership of the RTO-based National Quality and Evaluation Network and other key bodies. The framework will inform both the transition and implementation phases and will be implemented by the RACGP National Evaluation Team with support from regional evaluation staff. Efficiencies will be possible through recruitment of some regional staff with evaluation expertise.

**Objectives**

- Support PLT program management in achieving its objectives, performance indicators and accountabilities.
- Develop and implement a national PLT monitoring and evaluation framework.
- Develop and implement a national approach to in- and out-of-practice education monitoring and evaluation.
- Provide a valid and reliable evidence base to understand results from PLT and inform continuous improvement.
- Involve registrars, supervisors, practice managers, medical educators and program staff in monitoring and evaluating the PLT program.
- Provide evidence for future innovations to the PLT program.

**Key points on evaluation**

- A PLT Evaluation Reference Group will advise on the development of a PLT monitoring and evaluation framework.
- The PLT monitoring and evaluation framework will cover:
    - monitoring – ongoing systematic collection and analysis of data on processes, outputs and outcomes (short, medium and long term) to monitor program and project progress against stated goals and objectives
    - evaluation – analysis of results in key areas of interest and prospective assessment of short-, medium- and long-term program impacts, both intended and unintended. Identify explanatory factors that can be addressed for program improvement
    - informing practice – feedback to supervisors, practice sites, medical educators and program staff in a way that affirms effective practice and gives direction for improvement of practice
- A PLT National Evaluation Team will implement the framework and related activities, supported by regional expertise, including collation of local data.
- There will be clearly defined monitoring and evaluation synergies, information exchange and efficiencies across all education program components.
- Monitoring and evaluation activities will be aligned across the PLT transition phase (pre-2023) and the implementation stage (2023 and beyond).

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Develop and implement the PLT Monitoring and | • RACGP national<br>• RACGP regional | • RACGP strategic plan<br>• RACGP evaluation framework | • Key staff/stakeholders are engaged to identify key evaluation needs |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Evaluation Framework and related plans | | • RACGP Educational framework and guiding principles<br>• RACGP Standards for general practice training<br>• RACGP Education policy framework and guidance<br>• Australian Privacy Principles, national data and quality standards<br>• Department of Health contractual requirements<br>• AMC standards<br>• GP Training Outcomes Framework<br>• RACGP Education Research Strategy | • An efficient, feasible, integrated, and adaptive RACGP Monitoring & Evaluation Framework is developed that clearly informs quality improvement<br>• There are:<br>- integrated PLT data governance and management strategies<br>- PLT evaluation plans<br>- PLT knowledge transfer and translation plan<br>- tailored evaluation reports for user groups<br>• Data to report on contract requirements is identified and sourced<br>• An evaluation and research culture across PLT is supported<br>• Efficient and effective mechanism are developed for monitoring in-practice training<br>• PLT Evaluation is represented at key PLT related decision and consulting forums |
| Establish a national PLT Evaluation Reference Group | • RACGP national<br>• RACGP regional<br>• RACGP local | • Indicative membership to be determined<br>• RACGP national and regional internal stakeholders<br>• ACRRM<br>• Peak external bodies (GPRA, GPSA, AMA, RDAA, AIDA, IGPRN, Cultural Educators and Cultural Mentors Network)<br>• Department of Health | • Internal and external stakeholder are engaged to deliver:<br>- Input and agreement on national PLT evaluation and monitoring strategy, framework, and plans<br>- A means of knowledge transfer and translation<br>• Aboriginal and Torres Strait Islander perspectives are engaged to ensure:<br>- Aboriginal and Torres Strait Islander cultural and health training objectives are achieved<br>- evaluation metrics and activities are culturally sensitive and appropriate |
| Develop PLT program logics with clear program objectives, inputs, activities, outcomes, and indicators | • RACGP national<br>• RACGP regional | • AMC standards<br>• GP Training Outcomes Framework<br>• RACGP educational framework<br>• RACGP Standards for general practice training<br>• Department of Health contracts and agreements<br>• RACGP strategic plan | • PLT program and project objectives, activities, and defined outcomes are valid, feasible and effective<br>• There are fit-for-purpose performance indicators for PLT grant opportunities and delivery partner contracts<br>• Key internal and external imperatives are aligned and coordinated<br>• There is performance monitoring and program innovation and improvement across key evaluation |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| | | • RACGP regional and local contracts and agreements<br>• PLT objectives and outcomes | domains (appropriateness, effectiveness, efficiency, impact, sustainability)<br>• Key PLT performance indicator domains are established and indicative PLT measures identified |
| Provide actionable insights to support continuous improvement of PLT | • RACGP national<br>• RACGP regional | • RACGP Monitoring and Evaluation Framework<br>• AMC standards<br>• GP Training Outcomes Framework<br>• RACGP educational framework<br>• RACGP Standards for general practice training<br>• Department of Health contracts and agreements<br>• RACGP strategic plan<br>• RACGP regional and local contracts<br>• RACGP PLT objectives and outcomes<br>• National Aboriginal and Torres Strait Islander cultural and health education framework<br>• Integrated data governance, analytics, and insights strategy | • Evaluation literacy and capacity in areas of need is built<br>• Evaluation and program operational schedules are aligned<br>• Processes and impacts are evaluated<br>• There is engagement with internal and external stakeholders to inform program improvement<br>• Fit for purpose quantitative and qualitative methods are used depending on the evaluation question<br>• Available primary and secondary data sources are mapped, both internally and externally, to inform monitoring and evaluation approaches<br>• There is adherence to privacy and ethical considerations around data sovereignty, access, use and sharing<br>• Best practice approaches are identified to selecting and developing tools for data collection, data integration and data analysis<br>• There is ongoing monitoring and evaluation of education and training pathways |
| Deliver best practice PLT data governance and analytics methods | • RACGP national | • Data governance, collection, analysis and reporting strategy<br>• Data collection storage, management, and analysis and reporting systems | • There is an integrated approach to data collection, management, analysis, and reporting |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Implement evidence-based cycles of tailored monitoring, evaluation, and improvement | • RACGP national<br>• RACGP regional<br>• RACGP local | • Continuous improvement forums<br>• RACGP Monitoring and Evaluation Framework<br>• Reporting mechanisms | • Plan – Do – Check – Act cycle of evidence-based continuous improvement is used<br>• There are evidence-based responses to insights on PLT achievements, limitations, and improvement actions |

# *Risk management*

Risk management entails systematic identification, review and mitigation of hazards that could impair effective and safe program delivery and compromise the meeting of key performance requirements. Regular evaluation of the program will inform risk monitoring and the improvement of risk-mitigation initiatives. Clear risk-management pathways also underpin the safety of all stakeholders, including patients, registrars, supervisors, practices, educators and the RACGP as a whole. They also provide a foundation for improvement and innovation.

**Objectives**

- Identify and address program risks via systematic risk-management processes.
- Engage with key stakeholders to support the identification of risks and develop and implement mitigation strategies.
- Monitor and evaluate critical incidents and adverse events to identify trends to inform program improvement.
- Ensure reconsideration and appeals processes are transparent, accessible, fair, and reliable.

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Identification of key education program risks | • RACGP regional<br>• RACGP national | • Contractual KPIs<br>• AMC standards<br>• RACGP Standards for general practice training<br>• Risk register | • Performance is regularly reviewed against KPIs<br>• Program risks are identified and reviewed based on feedback from registrars, supervisors, and educators |
| Mitigation and management of key program risks | • RACGP regional<br>• RACGP national | • AHPRA code of conduct<br>• Risk management framework | • Risks are assessed and risk mitigation strategies developed involving relevant stakeholders<br>• Recommendations for program improvements are developed |
| Critical incidents and adverse events management | • Supervisor<br>• RACGP local<br>• RACGP regional<br>• RACGP national<br>• Censor | • Critical incidents and adverse events procedure<br>• Medical Board/AHPRA policies<br>• NCL remediation and education enhancement<br>• RACGP accreditation unit | • All program critical incidents and significant adverse events are notified to accreditation unit for oversight and identification of trends. Data is used to inform improvements and process changes to minimise program risks<br>• Non-critical adverse events are managed at regional level<br>• Accreditation unit reports to AMC and relevant bodies as required |
| Reconsideration and appeals management | • RACGP national | • Censors – CiC and Council of Censors<br>• Appeals panel<br>• Decision register | • Processes and decisions are transparent, fair, clearly documented and well communicated |

| Activity | Provided by | Resources | Outcomes |
|---|---|---|---|
| Registrar / training placement<br>Industrial dispute management | • RACGP regional<br>• RACGP national | • RLO<br>• SLO<br>• NTCER<br>• Fair work ombudsman<br>• GPRA<br>• GPSA<br>• AMA | • RACGP processes comply with industrial law<br>• RACGP responds quickly to industrial concerns<br>• Robust and respectful processes are available to raise and address industrial disputes<br>• Grievance management processes as per registrar support section |

# Glossary and acronyms

## Glossary

| | |
|---|---|
| Aboriginal and Torres Strait Islander peak and jurisdictional organisations | Aboriginal and Torres Strait Islander peak organisations refers to organisations that represent the national interests of their membership such as, NACCHO, AIDA, IGPRN, CATSINaM, NAATSIHWP, IAHA, Lowitja institute etc.<br><br>Aboriginal and Torres Strait Islander jurisdictional organisations refers to state and territory representative organisations such as the NACCHO affiliates and/or regional and local organisations including local ACCHOs/AMSs that support the interest of their membership and/or serve in their specific geographical regions and communities |
| Clinical supervisor | Clinical supervisor is a specialist GP accredited to provide clinical supervision for registrars in the practice. They support the Lead supervisor and ensure the practice always has an accredited supervisor available to whom a registrar's need for assistance can be escalated. Accreditation as a clinical supervisor is significantly less onerous than accreditation as a lead supervisor. |
| Case management | A relationship-based, longitudinal, and contextually adapted approach to training support for registrars, supervisors and training sites. |
| Cultural awareness | Cultural awareness is sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group. Cultural awareness education is the first building block towards cultural safety.<br>*Cultural awareness education is defined as:*<br>*An understanding of how a person's culture may inform their values, behaviours, beliefs, and basic assumptions ... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.*<br>*The focus of cultural awareness education is on outcomes for the participant or learner – that is, self-reflection leading to enhanced cultural awareness. It is introductory in nature, and through increased awareness, the learner can enhance their skills in working effectively with Aboriginal and Torres Strait Islander people.*<br>[RACGP Aboriginal and Torres Strait Islander Health Faculty– Cultural awareness and safety training] |
| Cultural understanding | Cultural understanding in practice is the action of applying cultural awareness and safety training into actions that recognise, respect, and nurture the cultural identity of a person and meets their individual needs. |
| Cultural safety | Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practice is the delivery of safe, accessible, and responsive healthcare free of racism through ongoing critical reflection about knowledge, skills, and attitudes, practising behaviours and power differentials. |

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|---|---|
| | Cultural safety training is more in-depth than cultural awareness education and aims to result in a behavioural change. The approach to training is still highly reflective but also uses learning methodologies that result in behavioural changes and practice improvements |
| Cultural educator | A cultural educator is an Aboriginal and Torres Strait Islander person who is formally engaged (ie employed, brokered/contracted) by a training organisation to deliver cultural education. Within the context of the AGPT program, a cultural educator will apply cultural knowledge and expertise to the design, delivery and evaluation of the education and training program. In some instances, a cultural educator will also work as a cultural mentor.<br>A cultural educator must be an Aboriginal and/or Torres Strait Islander person endorsed by the local community to have a sound knowledge of the local community history including an understanding of a community's traditional and contemporary ways.<br>Cultural educators generally work with medical educators to promote, develop, deliver, and evaluate cultural awareness training for registrars and other individuals and organisations. |
| Cultural mentor | Cultural mentors support GP registrars to train in the Aboriginal and Torres Strait Islander health training environment, and to participate in activities that will enhance the registrars' cultural capabilities whilst undertaking their training in an Aboriginal and Torres Strait Islander health post. In the course of their daily work, cultural mentors might provide advice on cultural matters and other issues relevant to the needs of a training organisation, their staff, registrars, and others, and will generally work with cultural educators to deliver cultural awareness training and provide curriculum input. |
| Education | Education is the process of developing knowledge, skills and attitudes and includes all modes of learning, training, professional development, and assessment. |
| Discretionary funding | Funding that does not have a fixed assignment but is allocated to unanticipated resourcing requirements depending on level of need |
| Lead supervisor | The lead supervisor has a specialist GP qualification (RACGP or ACRRM) and has undergone core supervisor training including cultural safety training. The lead supervisor is responsible for coordinating a supervision team within the training site and is responsible for the registrar supervision plan, in-practice teaching plan and a supervision team professional development plan. |
| Learning | Learning is an experiential process that results in a change in knowledge or behaviour. This process may involve acquiring new understanding, knowledge, skills, behaviours, values, and attitudes. |
| Mentorship | Mentorship is a mutually beneficial, non-evaluative relationship between a more experienced person (mentor) and a less experienced person (mentee) that is caring, collaborative, and respectful (Rohatinsky, Harding & Carriere, 2017). It often results in the mentor sharing information, advice, knowledge, or training to the mentee. Mentorship can be helpful to support an individual to achieve a goal, complete a project or facilitate a transition to a different role or an expanded level of responsibility (Gruber-Page, 2016)<br>[NSW Health – South Eastern Sydney local health district] |

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|---|---|
| Progressive assessment | The assessment of registrars throughout training for the purpose of directing their education and for determining progress decisions based on the achievement of competency milestones. |
| RACGP local | These are the local teams comprising MEs, a TC and an administrator. The local teams will provide contextually relevant education and support to a group of registrars from entry into the program through to Fellowship. Cultural safety education is led by local cultural educators supported by the local MEs and TC and by regional Aboriginal and Torres Strait Islander teams. |
| RACGP national | The RACGP national team will oversee the overall program governance and coordination and provide high level educational leadership and resourcing. This is a lean central office whose primary role is to enable efficient and effective training delivery in the regions and local areas by supporting generic activities. |
| RACGP regional | These are regional teams which have responsibilities that parallel the more centralised activities of the RTOs. A key focus of the regional team is to support the local teams. |
| Training coordinator (TC) | The TC is responsible for case management of a group of registrars in their local training hub, from program entry to Fellowship. The TC provides administrative support and training advice, coordinates clinical teaching visits, collates assessment results, and assists the medical education team with registrar review meetings.<br>Training coordinators support practices and supervisors to achieve accreditation, provide administrative support and organise practice visits by the medical education team. |
| Training | Training is the activity of teaching or learning of skills and knowledge required for a particular role or task. It usually requires instruction and practice to develop a particular skill to a desired standard. |
| Work-based learning | Work-based learning is learning in the context of participating in the work of working community, in this context, a clinical service.<br>According to the Department of Health:<br>*Work-based learning is the term used to describe a relationship between learning and work. It emerges from the demands of work, rather than from formal educational programs (Gore, 2001). Workplace (or on-the-job) learning is much more than a training course or a single on-the-job activity. It exists in a variety of forms (such as teamwork, coaching, mentoring and computer-based learning) . . .* |

# Acronyms

| | |
|---|---|
| ACCHS | Aboriginal Community Controlled Health Service |
| ACRRM | Australian College of Rural and Remote Medicine |
| ADF | Australian Defence Force |
| AHPRA | Australian Health Practitioner Regulation Agency |
| AIDA | Australian Indigenous Doctors' Association |
| ALS | Advances Life Support |
| AMC | Australian Medical Council |
| AMS | Aboriginal Medical Service |
| AMSA | Australian Medical Students' Association |
| ANZAHPE | Australian & New Zealand Association for Health Professional Educators |
| ARST | Additional rural skills training |
| BAU | Business as usual |
| BLS | Basic Life Support |
| CALD | Culturally and linguistically diverse |
| CATSINaM | Congress of Aboriginal and Torres Strait Islander Nurses and Midwives |
| CBD | Case-based discussion |
| CE | Cultural educator |
| CM | Cultural mentor |
| CE/CM Network | Cultural Educators and Cultural Mentors National Network |
| CiC | Censor-in-Chief |
| CoP | Community of practice |
| CT | Clinical teaching |
| CTV | Clinical teaching visit |
| DoH | Department of Health |
| DOPS | Direct observation of procedural skills |
| DoT | Director of training |

| | |
|---|---|
| DPA | Distribution priority area |
| ED | Emergency department |
| EM | Emergency medicine |
| EMC | Emergency Medicine Certificate |
| ERU | Education Research Unit |
| GM | General manager |
| GPA | GP anaesthetist |
| GPiT | General practitioner in training |
| GPE | General practice experience |
| GPME | General practice medical education |
| GPO | GP obstetrician |
| GPSA | General Practice Supervisors Australia |
| GPSN | General Practice Students Network |
| GPTAC | General Practice Training Advisory Committee |
| IAHA | Indigenous Allied Health Australia |
| IGPRN | Indigenous GP Registrars Network |
| IHT | Indigenous health training |
| IMG | International medical graduate |
| JCC | Joint Consultative Council |
| JMO | Junior medical officer |
| LITFL | Life in the fast lane |
| MDO | Medical Defence Organisation |
| ME | Medical educator |
| Mini-CEX | Mini Clinical Evaluation Exercise |
| MMI | Multiple Mini-Interview |
| NAA | National assessment advisor |
| NACCHO | National Aboriginal Community Controlled Health Organisation |

| | |
|---|---|
| NAATSIHWP | National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners |
| NCL | National Clinical Lead |
| NFATSIH | RACGP Aboriginal and Torres Strait Islander Health Faculty |
| NTCER | National terms and conditions for the employment of registrars |
| PBS | Pharmaceutical Benefits Scheme |
| PEP | General Practice Experience Pathway |
| PGY2 | Postgraduate Year 2 |
| PHN | Primary health network |
| PLT | RACGP profession-led community-based training |
| PMC | Postgraduate medical councils |
| RAP | Reconciliation Action Plan |
| RCA | Random case analysis |
| REC-R | RACGP expert committee - Research |
| RG | Rural Generalist |
| RGCU | Rural generalist coordination unit |
| RLO | Registrar liaison officer |
| RME | Registrar medical educator |
| RPA | Recognition of prior assessment |
| RPG | Rural procedural grant |
| RPL | Recognition of prior learning |
| RTO | Regional training organisation |
| RWA | Rural workforce agency |
| SME | Subject matter expert |
| STE | Special training environment |
| TAG | |
| TCLTAC | Transition to College-Led Training Advisory Committee |
| TOC | |

| | |
|---|---|
| TC | Training Coordinator |
| ToR | Terms of reference |
| TRA | Targeted recruitment administrator |
| VT | Vocational training |
| WBA | Workplace-based assessment |
| WIP | Workforce incentive programs |

# *Appendix 1: RACGP policies, manuals and handbooks*

| Policy/manual/handbook | Section |
|---|---|
| Aboriginal and Torres Strait Islander Fellowship Exam Support Policy | Training support, Aboriginal and Torres Strait Islander health cultural and health training sections |
| Academic Posts Policy | Training support, Academic posts |
| Accreditation Policy | Rural Generalist and Rural GP training, Aboriginal and Torres Strait Islander cultural and health training sections, Accreditation, Training in ADF, Risk Management, Extended skills training |
| Application Manual | Post-Fellowship, Eligibility and Selection, Academic posts, Aboriginal and Torres Strait Islander cultural and health training sections |
| Application Handbook | Selection and Eligibility, Post-Fellowship, Aboriginal and Torres Strait Islander cultural and health training sections, Supporting registrars |
| ARST curriculums and guidance documents | Rural Generalist and Rural GP training |
| Assessor Manual | Rural Generalist and Rural GP training, Aboriginal and Torres Strait Islander cultural and health training sections |
| Exam Eligibility Policy | Training support |
| Fellowship examination guidance | Training support, Aboriginal and Torres Strait Islander cultural and health training sections |
| Fellowship Exam Attempts Policy | Training support |
| GPiT Accessibility Policy | Training pipelines, Inducting registrars and planning their training, Training support, Placements |
| GPiT Safety and Wellbeing Policy | Training support |
| Guide about the GP training program relevant for AMS/ACCHOs | Aboriginal and Torres Strait Islander cultural and health training sections |
| Guide about the GP training program relevant for hospital staff | Hospital training terms |
| Leave and Extensions Policy | Supporting registrars, Community-based training, Rural generalist and rural GP training, Aboriginal and Torres Strait Islander health cultural and health training sections |
| Medical Educator Manual | Inducting registrars and planning their training, Aboriginal and Torres Strait Islander cultural and health training sections, Academic posts, Educational interventions, Training site support and training, Professional development for medical educators, Medical educator support |
| Placement Policy | Training pipelines, Placements, Aboriginal and Torres Strait Islander cultural and health training |

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|---|---|
| RACGP Complaints Policy | Training support, Support and performance management of supervisors |
| RACGP Privacy Policy | Monitoring and evaluation |
| Reconsiderations and Appeals Policy | Risk management |
| Registrar Training Handbook | Post-Fellowship, Hospital training terms, Placements, Inducting registrars and planning their training, Rural Generalist and Rural GP training, Aboriginal and Torres Strait Islander cultural and health training sections, Training in academic general practice, Academic posts, Training in ADF, Progressive assessment, Educational interventions |
| GPiT at Risk and Remediation Policy | Supporting registrars, Educational interventions |
| Requirements for Fellowship Policy | Post-Fellowship, Training Support, Aboriginal and Torres Strait Islander cultural and health training sections, Hospital training terms, Extended skills, Educational interventions, Progressive assessment, Supporting registrars, Risk management |
| Recognition of Prior Learning Policy | Training pipelines, Eligibility and selection, Inducting registrars and planning their training |
| Selection Policy | Training pipelines, Eligibility and selection |
| Special Arrangements Policy | Supporting registrars, Progressive assessment |
| Training Implementation Manual | Post-Fellowship, Hospital training terms, Placements, Inducting registrars and planning their training, Community-based training, Rural Generalist and Rural GP training, Aboriginal and Torres Strait Islander cultural and health training sections, Academic posts, PhD pathways, Process for a registrar to complete extended skills, Training in the ADF, Training in academic general practice, Progressive assessment, Supporting registrars, Supervision, teaching and professional development plans, Professional development and evaluation for supervisors, Educational interventions, Remote supervision, Training site support and training Professional development for medical educators, Risk management, Support and performance management of supervisors, Education program governance |
| Training Obligations Policy | Training pipelines, Post-Fellowship, Eligibility and selection, Placements, Aboriginal and Torres Strait Islander cultural and health training sections, Progressive assessment, Supporting registrars, Educational interventions, Training in the ADF, Rural Generalist and Rural GP training |
| Training Regions and Transfer Policy | Training pipelines, Placements, Supporting registrars |
| Training Site and Supervisor Manual | Community-based training, Rural Generalist and Rural GP training, Aboriginal and Torres Strait Islander cultural and health training sections, Academic posts sections, Accreditation sections, Training in the ADF, Progressive assessment, Supporting registrars, Educational interventions, Supervisor recruitment and retention, Professional development and evaluation, Faculty development for supervisor professional development, Cultural education for supervisors and practices, Support and performance management of supervisors, Training site support and training, Risk management, Remote supervision, |
| Withdrawal Policy | Educational interventions, Supporting registrars |

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