



RACGP

Royal Australian College of General Practitioners

# *Standards for general practice training*

3rd edition



## Standards for general practice training, 3rd edition

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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

The Royal Australian College of General Practitioners (RACGP) is recognised by the Australian Medical Council (AMC), the profession and the community as the body responsible for developing and maintaining the standards of training for general practice in Australia. The Australian Government has adopted Fellowship of the RACGP (FRACGP) as the standard for practising as an unsupervised general practitioner (GP) in Australia.

This document outlines the standards required in general practice education and training. It addresses the requirements expected of general practice training posts, GPs who take on the responsibility for the training of the registrar within a training post (supervisors), and the training providers who deliver the training program.

## Role within the RACGP educational framework

The Training Standards are part of the [RACGP educational framework](#), which sets the RACGP's approach to general practice education. As part of the framework, these standards provide direction for general practice training organisations and education providers.

The Training Standards describe the expected outcomes of a high-quality and safe training program. Training providers have autonomy in the way they meet each outcome. Together with the RACGP's education policies, the Training Standards support delivery of the RACGP's Curriculum for Australian general practice and are informed by the RACGP Profile of the general practitioner (ie the RACGP's view of what an Australian GP should be).

A core component of the RACGP educational framework is the set of RACGP educational guiding principles. These principles form the basis of best practice medical education of GPs, and provide an anchor for the framework. These Training Standards have been developed, and will be regularly reviewed and updated, with the educational guiding principles in mind. In turn, the Training Standards will provide continued, best practice direction for delivery of all RACGP training programs.

## Outcomes-based framework

The training standards are outcomes-based and focus on the quality of the outcomes for registrars and patients rather than on the means by which these will be achieved. An outcomes-based framework avoids prescribing outputs or inputs unless they are fundamental to upholding the training standards overall. For instance, the time taken to complete training remains at three years and the requirements for hospital and general practice placements that comprise the training program remain unchanged. The delivery of the Curriculum for Australian general practice must also be delivered to prepare the registrar for both assessment requirements and for the profession of general practice.

The role of the training provider is to provide high-quality, safe training for GPs. The role of the RACGP is to measure and monitor the attainment outcomes specified in the training standards, and the processes used to reach them without necessarily specifying what the processes are.

## Standards and accreditation

The RACGP's Standards for general practice training are a vital component of the accreditation of both the training provider and the RACGP itself. The training standards provide the framework not just for the delivery of the vocational training program but also focus on the quality of the processes used by the training provider and the RACGP. These processes ensure that the GPs who complete the training program can practise unsupervised anywhere in Australia and meet the highest standards of quality and safety expected by the Australian community.

## Format of the training standards

The RACGP's Standards for general practice training are divided into three broad areas:

1. Supervision and the practice environment
2. Education and training/teaching
3. Assessment

Under each area is a number of different standards, which in turn are informed by outcomes and criteria. The RACGP's requirement and evidence that the training provider is able to provide are also listed. Further guidance is offered to clarify some of the content.

## Definitions

### Standard

The broad statement of the endpoint or outcome.

### Outcome

A measurable statement that contributes to the achievement of the standard.

### Criteria

A more detailed, measurable statement of how the outcome can be addressed.

### RACGP requirements

While the standards are outcomes-based, there are some requirements that relate to providing a safe training environment. These requirements also relate to funding, reporting, compliance and the AMC's standards governing specialist medical colleges. These have been kept to a minimum but each one needs to be addressed to meet the standard.

## Principles for training in Aboriginal and Torres Strait Islander health

The health of Australia's first peoples is a national priority, and the ability of GPs to work effectively with Aboriginal and Torres Strait Islander peoples in improving their health is crucial if we are to close the gap in health outcomes. Therefore, all general practice registrars are expected to achieve the learning outcomes in the RACGP's [Curriculum on Aboriginal and Torres Strait Islander health](#) whether or not they undertake a training experience in an Aboriginal and Torres Strait Islander health training post.

Below are the principles that will apply to meet the standards for the training provider and post:

- Aboriginal and Torres Strait Islander cultural educators and mentors need to be involved in the design, delivery, assessment and evaluation of training in Aboriginal and Torres Strait Islander health
- Training provider staff, including medical educators and supervisors, need to have cultural safety training
- Aboriginal and Torres Strait Islander cultural educators and mentors need to be part of the supervision team in an Aboriginal and Torres Strait Islander health training post
- An Aboriginal and Torres Strait Islander health training post will be characterised by governance input from the local Aboriginal and Torres Strait Islander community – usually this will be an Aboriginal Community Controlled Health Services (ACCHS)
- Consultations in ACCHS tend to be longer, more complex, manage more problems at each visit and involve more healthcare practitioners. This should be taken into account in assessing the workload of the registrar

## References

Where relevant, links to policies and other documents are provided.

## Guidance

Further information is sometimes needed to explain the standards and how they can be met. The additional information is meant as a guide and not intended to replace or limit the standards.

*Supervision and the  
practice environment* **01**

## Standard 1.1

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

### Outcome 1.1.1

Competence is matched by appropriate supervision.

#### Criterion 1.1.1.1

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

## RACGP requirements

Competency assessments are linked to the RACGP's Competency profile of the Australian general practitioner at the point of Fellowship.

The training provider is able to provide evidence of:

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

## Reference

The RACGP's [Competency profile of the Australian general practitioner at the point of Fellowship](#).

## Guidance

### Assessing competence

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

The training provider conducts and records the assessment activities and other means of determining a registrar's competence level prior to entry to a post. The RACGP's Competency profile of the Australian general practitioner at the point of Fellowship provides the framework for the development of the assessment activities.

### Monitoring competence

It is expected that as a registrar's training progresses, their level of competence will develop accordingly with supervision and training appropriately tailored to the registrar's competencies. The registrar's competence and progress needs to be monitored by the supervisor throughout their time in a placement and by the training provider's medical educator throughout the training program.

The supervisor conducts and records the assessment activities and other means of determining a registrar's competencies during their time in the placement. The process is approved by the training provider, and regular reporting and feedback between the training provider and supervisor is established.

## Defining competence

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

### Competency

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

### Competence

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

### Progression of competence

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

### Competent

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

## Standard 1.1

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

### Outcome 1.1.1

Competence is matched by appropriate supervision.

### Criterion 1.1.1.2

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

## RACGP requirements

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

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

The training provider is able to provide evidence of how:

- the supervision is matched to the registrar's competence
- appropriate supervision is provided utilising particular registrar skills where possible, always within available supervisory boundaries, as required for the registrar
- cultural safety and competencies are monitored and managed, especially in Aboriginal and Torres Strait Islander training posts.

## Reference

The RACGP's [Applications to trial an alternative process](#).

## Guidance

The type of supervision the registrar needs will depend on a variety of factors, all of which should be taken into consideration before the registrar is matched to the practice. Factors include the current competence and confidence of the registrar, local context of the practice (eg remoteness), availability of the supervisor to be onsite, and proposed model of supervision (eg team, blended).

The matching process needs to be clearly documented and relevant to the context of the training organisation. On request, the training provider needs to be able to provide the rationale for placing the registrar into the practice.

Off-site supervision must be in accordance with an approved RACGP model of remote supervision to ensure safety for the patient and registrar.

## Standard 1.1

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

### Outcome 1.1.1

Competence is matched by appropriate supervision.

### Criterion 1.1.1.3

Appropriate supervision and training is matched to the registrar's learning needs and rate of progression.

## RACGP requirements

Each registrar's learning is planned specifically for each placement and updated regularly. The planning process is clearly documented.

The training provider is able to provide evidence of how:

- the registrar's learning needs are identified and addressed in a regular and timely manner
- the medical education and supervision teams are involved in identifying and addressing the learning needs of the registrar
- the registrar's learning needs are documented throughout the training.

## Guidance

### Identifying learning needs

The learning needs of the registrar are identified and documented in formal planned learning at every training placement. The training provider can determine the format of the planned learning to suit their context.

### Addressing learning needs

Training is planned in conjunction with the supervisor, medical educator and registrar to match the identified learning needs.

As the registrar gains more experience within the training program, the registrar's learning needs will change as a consequence. Subsequent learning needs are identified throughout the training placement and program and addressed accordingly.

## Standard 1.1

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

### Outcome 1.1.1

Competence is matched by appropriate supervision.

#### Criterion 1.1.1.4

Processes are in place to effectively address any problems that arise during the placement.

## RACGP requirements

Critical incidents and their resolution are reported to the RACGP in line with the requirements of the RACGP's Accreditation management agreement.

There are documented grievance and appeals processes in place that are transparent and accessible.

All processes comply with Section 4.1 of the RACGP's Standards for general practices.

The training provider is able to provide evidence of:

- how difficulties that arise in training and supervision are identified
- a process to address specific training problems
- action taken when problems have been identified
- internal and external processes to deal with unsatisfactory situations or outcomes in the training post
- documentation of critical incidents and their resolution
- communication with the RACGP, in accordance with the Accreditation management agreement, when critical incidents have occurred.

## References

The RACGP's Accreditation management agreement.

The RACGP's [Standards for general practice](#), Section 4.1

## Guidance

### Addressing problems

It is best for any potential problems to be identified as early as possible during the training placement. Registrars and supervisors need to be aware of triggers for common problems and potential critical incidents to enable early intervention. These potential triggers and critical incidents are discussed by the training provider with registrars during orientation and with supervisors during supervisor training.

When problems arise, there are processes available to both the supervisor and the registrar, either individually or collectively, to progress, address and, where possible, come to a resolution.

There may also be occasions when a critical incident occurs and all parties need to be aware of the processes for managing these during and after the event.

Subsequent evaluation of the effectiveness of actions taken to resolve problems will inform further quality improvement to the post, model of supervision, supervisor or registrar.

If the supervisor or registrar continue to be dissatisfied with the outcome, there is a further mechanism by which either party can involve an independent arbiter, such as the RACGP.

Critical incidents and unresolved disputes must be reported to the RACGP under the terms of the RACGP's Accreditation management agreement.

## Standard 1.1

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

### Outcome 1.1.2

Feedback mechanisms are in place and the feedback is used to improve the quality of training and supervision.

#### Criterion 1.1.2.1

The registrar participates in timely, constructive feedback with the supervision team.

### RACGP requirements

There are documented processes in place to ensure the registrar understands what is expected and how they are performing against expectations.

Feedback is documented.

The training provider is able to provide evidence of:

- how registrar progress is monitored
- the processes used to give timely and appropriate feedback
- how feedback is used.

### Reference

The RACGP's [Competency profile of the Australian general practitioner at the point of Fellowship](#).

### Guidance

#### Monitoring progress

The supervision team is headed by the lead general practice supervisor, and includes all others who work within the training post, including other doctors, nurses, allied health professionals and administration staff.

There is a process in place within the training post for monitoring the progress of the registrar, and identification and management of any problems. Although the primary responsibility lies with the nominated lead supervisor, it is the joint responsibility of the entire supervision team to be alert to the progress of the registrar.

#### Feedback as teaching/learning tool

Feedback from the direct observation of registrars performing within their clinical practice is a highly effective means of teaching and learning. The feedback enables registrars to gauge at what level they are performing, in relation to their previous performance and that of others, over time.

Feedback is delivered in a regular structured manner that enables registrars to gain an understanding of the level of their performance benchmarked against the standard expected for their stage of training. Feedback enables registrars to improve on their performance as they progress through training. The regularity of the feedback enables progression of individual registrars to be monitored appropriately and allows each registrar time for deliberate practice.

## Standard 1.1

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

### Outcome 1.1.2

Feedback mechanisms are in place and the feedback is used to improve the quality of training and supervision.

### Criterion 1.1.2.2

The registrar gives timely feedback on the supervision team and training post to the training provider.

## RACGP requirements

There is a documented process for registrars to give feedback and for the feedback to be used to improve quality. Feedback is given in a way that protects all parties and covers the:

- adequacy and quality of protected in-practice teaching and education
- adequacy and quality of feedback from direct observation sessions
- quality of feedback and clinical support provided, and how this is addressed and meets their learning needs
- quality and timeliness of the assistance registrars received in the development and review of their planned learning
- adequacy of the orientation and induction process
- adequacy of the onsite and off-site support and supervision arrangements
- range and number of primary care patients seen
- scheduling of patient consultations and educational activities.

The training provider is able to provide evidence of how:

- feedback is obtained from the registrar in a way that ensures the rights of all concerned are protected
- the data are stored.

## Guidance

### Giving secure feedback

Feedback should be given as the need arises. Feedback routinely occurs at the end of every training placement. The registrar's feedback will be treated confidentially and any discussions about the registrar between the training provider and supervisor will occur with the registrar's knowledge. All communication should be handled with respect for all parties and there should be no repercussions on the registrar if negative feedback is provided in good faith. At the same time, all parties should be made aware of the impact their negative feedback may have on the practice, supervisor and registrar if informal processes such as social media or speaking to peers are used. All parties should give feedback through the formal channels provided.

The training provider will use the feedback to improve the quality of the training experience for the supervisor, training post and registrar.

## Standard 1.1

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

### Outcome 1.1.2

Feedback mechanisms are in place and the feedback is used to improve the quality of training and supervision.

### Criterion 1.1.2.3

Training posts are evaluated on a timely basis and the information is used to improve the quality of the post.

## RACGP requirements

A documented process for evaluating training posts.

Examples of ways in which the data has been used for quality improvement:

- Collecting data on the
  - number of patients seen each week by the registrar
  - number of patients booked per hour for the registrar
  - diversity of patients seen by the registrar, (eg age, gender, Aboriginal and Torres Strait Islander status and reasons for the encounter)
- Supervisors are asked to provide feedback on
  - the plan for the learning that the registrar will undertake in the practice, including comments on the strength and weaknesses of the approach in achieving the learning outcomes in their practice
  - visits undertaken by external clinical teachers and comments on any interaction with the visitor
  - assessed educational outcomes of the teaching sessions with the registrar
- The training provider is able to provide evidence of
  - a process for regular evaluation of training posts
  - how information is collected, reported on and used in quality improvement
  - examples of quality improvements made based on feedback

## Guidance

### Evaluating posts

Feedback information from the registrar, supervisor and clinical teacher performing practice teaching visits assist the training provider in evaluating a training post.

Clinical teachers who perform external clinical teaching visits are uniquely placed to gather and provide information about the quality of the supervision and training within the training post.

It is anticipated that training posts will be evaluated on a regular basis to varying degrees. For example, focused evaluations, as determined by feedback, occur at the end of every training placement and a thorough evaluation occurs during the triennial re-accreditation of the training post.

There is documentation to demonstrate how training posts have been evaluated and evidence to show that improvements have been made to the quality of the training posts.

## Standard 1.2

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

### Outcome 1.2.1

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

#### Criterion 1.2.1.1

A process is in place for developing, reviewing and adjusting the model of supervision appropriate to the context of the post, the capability of the supervisor and the needs of the registrar.

## RACGP requirements

Models of remote supervision, or blended models of onsite and remote supervision, are in accord with an approved RACGP remote supervision model.

Models of supervision are documented. The training provider is able to provide evidence of:

- a process for developing a model of supervision appropriate to the registrar, supervisor and training post
- a process for reviewing and adjusting the model of supervision
- documentation demonstrating models of supervision accord with approved RACGP models of supervision.

## Reference

The RACGP's [Applications to trial an alternative process](#).

## Guidance

### Supervision models

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

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

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

## Standard 1.2

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

### Outcome 1.2.1

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

### Criterion 1.2.1.2

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

## RACGP requirements

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

The training provider is able to provide evidence of the supervision models meeting all RACGP supervision requirements.

## Reference

The RACGP's [Applications to trial an alternative process](#).

## Guidance

Supervision models are clearly documented and address the RACGP's requirements (above). When a supervision model deviates from an approved RACGP model of supervision, advice is initially sought from the relevant RACGP state censor if the model is only to be used once. One-off models need to comply with the '4 x 4 rule':

- One practice
- One registrar
- One context
- One training term

If the model is to be re-used with other registrars and in other settings, the model needs the RACGP's approval.

## Standard 1.2

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

### Outcome 1.2.1

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

### Criterion 1.2.1.3

The training provider reviews the model of supervision regularly to deliver training that is safe in accordance with need and risk.

## RACGP requirements

- Policies and procedures are in place that address patient safety
- The registrar's stress and fatigue are identified and addressed
- Support is in place to ensure the registrar's wellbeing
- Patient feedback is sought
- There is a system for managing critical incidents and they are reported to the training provider and to the RACGP

The training provider is able to provide evidence of:

- how it actively considers and addresses patient safety in the delivery of training
- proactively avoiding, identifying and addressing risks to both registrar and patients
- when and how the model of supervision is reviewed
- improvements to the model based on reviews and feedback.

## Reference

General Practice Registrar Australia's (GPRA) [wellbeing checklist](#).

## Guidance

The model of supervision will ensure the safe and high-quality delivery of training. Patient safety is a vital consideration in the delivery of training where registrars interact directly and independently with patients. With an emphasis on patient safety, the training provider will review the model of supervision; for example, through critical incident reports or patient feedback. The training post also reflects patient safety considerations in its policies, procedures and actions ([Criterion 1.3.1.2](#)).

Stress and fatigue in the registrar or the supervisor will impact on the quality of training and safety of the patient, registrar and/or supervisor. Stress and fatigue can result from work and lifestyle factors, and can impact on decision making, concentration and learning.

In developing and reviewing models of supervision, the training provider should consider factors that commonly contribute to stress and fatigue:

- A single practitioner who provides 24-hour on-call or after-hours healthcare
- Prolonged consulting hours
- Adverse environmental conditions, especially in rural and remote regions
- Provision of emergency care, especially between the hours of 2.00–6.00 am

- Workforce shortage hindering sustainable scheduling and planning of rostered recovery time and leave
- The intense, mentally demanding nature of general practice
- General practice registrar role – in new, unfamiliar or unsupported situations
- General practice supervisor role – additional responsibilities in and after hours

An unsupported registrar can be most at risk of stress and fatigue. While each registrar's response to training post requirements (such as on-call and extended working hours) will vary, the registrar who is concerned that he or she is not receiving adequate supervision at all times is particularly vulnerable, even if the workload is minimal.

During inductions for supervisors and registrars, training providers will include stress and fatigue management information. All training practices and supervisors should familiarise themselves with fatigue indicators and the patterns of work of registrars training in their practice. Registrars are responsible for taking an active role in identifying and managing factors that could contribute to fatigue.

The training provider will have processes for reviewing and managing all aspects of registrar and supervisor safety, and ensuring high-quality training, including registrar at-risk policies ([Criterion 1.1.1.4](#)).

## Standard 1.2

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

### Outcome 1.2.2

The supervision team is skilled and able to deliver quality training and patient safety.

#### Criterion 1.2.2.1

Supervision team members have an effective working relationship with clearly articulated roles and responsibilities.

## RACGP requirements

A lead supervisor, who is an experienced and credentialed specialist GP, is appointed, accredited and has responsibility for the educational needs of the registrar.

Administrative responsibilities associated with the placement of the registrar are allocated to a nominated person or team of people.

Roles and responsibilities are documented in the practice.

The training provider is able to provide evidence of:

- a planned approach to delivering training and supervision in the training post
- how cultural educators and mentors are involved in the planning and delivery of supervision in training posts, especially Aboriginal and Torres Strait Islander health posts
- a supervision team that has clearly defined and documented roles and responsibilities
- how the registrar's training needs are addressed by the members of the supervision team
- how the effectiveness of the supervision team is reviewed.

## Guidance

### Supervision team

General practice training is work-based training, with the registrar working independently for the most part. The supervisor is not able, nor expected, to directly supervise at all times. The registrar will generally be working within a team-based practice in which all team members contribute to the training and supervision of the registrar within the parameters of their professional roles.

The supervision team is led by the nominated lead general practice supervisor and may include any others who work within the training post, such as other doctors, nurses, allied health professionals, cultural educators/mentors and administration staff. The nominated lead general practice supervisor has oversight and takes full responsibility for the supervision provided by the practice team.

The supervision team is informed of the function and training needs of the registrar and ensures that the registrar is exposed to all aspects of practice administration and management. The supervision team is aware of its roles and responsibilities in relation to registrar training. These roles and responsibilities should be outlined in the practice policy manual. Guidance may be sought from the training provider.

The supervision team is able to match the level of supervision as determined by the registrar's needs and outlined in [Criterion 1.1.1.2](#).

It is expected that the training post should be able to function adequately without the registrar present, for instance when they attend educational activities. There is adequate administrative staff to support all the clinical staff in the training post, including when the registrar is present.

## Standard 1.2

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

### Outcome 1.2.2

The supervision team is skilled and able to deliver quality training and patient safety.

#### Criterion 1.2.2.2

Supervisors and the supervision team are skilled, and participate in regular quality improvement and professional development activities relevant to their supervisory role.

### RACGP requirements

- The lead supervisor and members of the supervision team have the knowledge, skills and attitudes to support and develop the registrar
- The training provider has scheduled professional development activities tailored to the needs of the supervisor and developed with input from supervisors
- The supervisor/supervision team attends professional development activities
- The training provider supports a supervisor liaison officer or similar role to enable coordination of, and support to, supervisors
- The supervision team includes the cultural educator and/or mentors

The training provider is able to provide evidence of:

- the lead supervisor having relevant knowledge, skills and attitudes as a supervisor and clinician
- the supervision team participating in professional development relevant to their supervisory role
- how it supports the supervision team in undertaking and developing their supervisory role(s)
- supervisors having access to formal training provider-based advocacy and support (eg a supervisor liaison officer)
- formal feedback processes to monitor, improve and remediate the performance of supervisors.

### Guidance

#### Supervisor as an excellent role model

It is essential that all supervisors provide excellent professional and clinical role modelling. This can be demonstrated (in the case of nominated lead supervisors) by:

- full and unrestricted registration as a specialist GP under the Australian Health Practitioner Regulation Agency (AHPRA)
- professional involvement in the broader general practice profession
- Fellowship of the RACGP (FRACGP)
- participation in continuing professional development, in particular, aimed at improving performance as a general practice educator

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

## Supervisor support

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

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

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

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

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

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.1

The clinical and cultural safety of the patient, practice, supervisor, supervision team and registrar is protected.

#### Criterion 1.3.1.1

The training post is accredited for training in general practice.

## RACGP requirements

General practice posts comply with the following definitions:

- Offers continuity of care in primary health
- Is not primarily referral based (eg hospital) or limited to a specific specialty or discipline (eg emergency departments)
- Medical care in the post is provided and clinically managed by GPs
- Provides continuity of care through ongoing doctor–patient relationships over time
- Provides comprehensive care, including preventive care, acute and chronic care
- Coordinates care according to patient, family and community needs
- Delivers patient-centred healthcare

The training provider accredits the training posts to comply with the conditions outlined in the current RACGP's Accreditation management agreement.

The accreditation system is available for examination by the RACGP as required.

All actual, potential or perceived conflicts of interest regarding the accreditation of the training post are identified, minimised and, where they cannot be avoided, reasonably managed.

The training provider is able to provide evidence of:

- documented, effective processes for accrediting, re-accrediting, remediating and withdrawing accreditation of general practice training posts
- up-to-date information on all training posts and supervisors that it has accredited
- processes for monitoring training posts and supervisors against vocational training standards between re-accreditation dates
- the accreditation of all training posts and all supervisors currently training registrars.

## References

The RACGP's Accreditation management agreement.  
The RACGP's [A guide to managing practice diversity](#).

## Guidance

### Definition of general practice training post

General practice training occurs across a variety of settings incorporating training in hospitals, private general practices, community primary care facilities and extended skills posts ([Criterion 3.3.1.1](#)). A hospital setting is suitable for the part of the training that is allocated to hospital-based skills development (PGY2 or extended skills training).

When the registrar is completing a general practice term and training in general practice, the training post must be a general practice as defined by the above criteria.

This criterion refers specifically to general practice training posts used in training for GPT1, GPT2 and GPT3. If the training post does not meet the above definition of a general practice training post, the training provider will seek approval of the RACGP prior to accrediting the post.

### Accreditation for general practice training post

To ensure safe and quality general practice training, and before undertaking registrar training, all training posts will be accredited for general practice training against the RACGP's Standards for general practice training and in accordance with the Accreditation management agreement.

Training posts and the nominated supervisor will be accredited at all times that the registrar is undertaking training at the post. If the accreditation of the post is likely to expire during the time that the registrar is undertaking the placement, the training provider will ensure a seamless process for renewing the accreditation.

It is the responsibility of both the nominated supervisor and the training provider to ensure that in the event that the nominated supervisor is unable to continue in the role, another suitable supervisor is appointed.

The training provider has documented processes for accrediting, re-accrediting, remediating and withdrawing accreditation of training posts.

All training providers will have:

- processes for recruitment, selection and evaluation of training posts, practices and supervisors
- processes for assessing the ongoing adherence to, and improvement within, the RACGP's standards for general practice training of the post, practice and supervisor
- processes to address non-performance or non-compliance of both posts and supervisors
- documented and readily available grievance, appeals and conflict of interest procedures
- appropriate, ongoing, real-time reporting and verification systems in place that are available for inspection by the RACGP at any time
- a process that ensures every practice is inspected prior to accreditation
- a three-yearly re-accreditation cycle that may or may not require a site visit depending on the feedback the training organisation has received on the practice. Re-accreditation requires an interview with the practice manager and supervisors.

It is imperative that the training organisation regularly monitors the adequacy, and quality and safety of all its posts through the implementation of an audit process.

Where there are concerns that the post or the supervisor may not meet the standards expected, the training provider will seek the RACGP's approval before accreditation is granted.

### Reporting

The RACGP will monitor the quality of training posts and supervisors in three ways:

1. During triennial training provider accreditation.
2. In an accreditation annual report provided by training provider.
3. Random audits of training posts (either desktop or site visits).

Information that the RACGP may require can include (but is not limited to):

- number, type and location of training posts

- qualifications and experience of supervisors
- ways supervisors are supported and developed
- significant critical incident reports and their resolution
- registrar and supervisor feedback
- processes used and results of site inspections and desk-top audits
- the number and results of appeals.

## **Audits**

The RACGP may elect to conduct an audit of how the training provider manages the accreditation of training posts. It is expected that auditing will occur where RACGP training, provider accreditation, training provider reporting performance and appeals activity raise concerns. Random quality desk audits may take place at any time.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.1

The clinical and cultural safety of patient, practice, supervisor, supervision team and the registrar is protected.

### Criterion 1.3.1.2

The training post provides training within a framework of safe and quality patient care.

## RACGP requirements

The general practice training post is accredited to the current RACGP's *Standards for general practices* by a recognised accreditation body.

Extended skills posts that are not in general practice are accredited by the body appropriate to the skill. Registrars require a supervisor experienced in the skills being offered and a process for planning what will be learned if there is not a formal curriculum. The training provider approves the extended skills post based on these criteria.

The training provider is able to provide evidence of:

- the general practice training post meeting the current edition of the RACGP's *Standards for general practices*
- the hospital training posts appropriately accredited by the relevant authority
- extended skills posts appropriately accredited and suitably equipped to offer training.

## References

The RACGP's [Standards for general practice](#).

The RACGP's [Interpretive guide to the RACGP Standards for general practices \(4th edition\) for Aboriginal community controlled health services](#).

## Guidance

The general practice facility is accredited under the RACGP's minimum practice standards by a recognised accreditation body. It is acknowledged that this may be difficult to achieve, in rural and remote practices, however, the facility will be eligible to be accredited to these standards as appropriate.

The standards for hospital training posts undertaken as hospital training units (rotations in PGY2) are those required for accreditation through the postgraduate medical council of the state or territory. Subsequent hospital time needs to be in an appropriately accredited facility that meets the requirements for training (including extended skills placements that take place in a hospital).

Extended skills training posts are accredited to the appropriate jurisdiction.

By achieving the requirements of accreditation, the training post has an assured clinical risk management system to enhance the quality and safety of patient care.

The facility will have documented processes to monitor, identify, report and manage accidents, incidents, near misses and complaints. Any critical incidents and near misses that involve the registrar are managed effectively and without risking patient safety or quality care.

Patient feedback collected as part of practice standards will also serve to further inform the registrar and the supervisor about the performance of the registrar from the patient's perspective.

It is important that patients are informed about the presence of the registrar as a GP in training in the practice. Patients should be made aware that they are able to see another doctor if they do not wish to see the registrar.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.2

Learning opportunities and clinical experiences for the registrar meet patient safety requirements.

#### Criterion 1.3.2.1

The registrar is competent to recognise and manage acute and life threatening scenarios.

## RACGP requirements

Registrars complete:

- a cardiopulmonary resuscitation (CPR) course within the 12 months prior to commencing GPT1
- a CPR course within the 12 months prior to applying for FRACGP
- training in the early management of trauma and advanced life support (ALS) within the four years prior to applying for FRACGP.

Each course must meet the requirements detailed in the *Basic and advanced life support courses* guidance document.

The training provider is able to provide evidence of:

- how registrars are trained in emergency skills
- emergency skills competencies for all registrars
- support and encouragement for supervisors to undertake and maintain emergency skills training.

## References

The RACGP's [Vocational training pathway requirements for Fellowship policy](#).

The RACGP's [Basic life support and advanced life support guidance](#) document.

## Guidance

Emergency presentations in general practice are an expected and relatively common occurrence. Therefore, registrars need the knowledge, skills and confidence to respond to acute and life threatening emergencies.

The training outlined above should provide at least the minimum basic skills for the competent management of common acute serious illness and trauma presentations. Registrars are encouraged to expand on their skills where possible. It is strongly recommended that supervisors undertake training and maintain competency in emergency skills.

The RACGP recognises that CPR skills are used infrequently, and for this reason, require refreshing on a regular basis.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.2

Learning opportunities and clinical experiences for the registrar meet patient safety requirements.

### Criterion 1.3.2.2

When working independently, registrars only undertake procedures and management of high-risk situations that they are competent to perform.

## RACGP requirements

High-risk areas in particular are identified, addressed and managed.

The training provider is able to provide evidence of:

- how a risk assessment of a registrar's abilities and their competence in high-risk areas is undertaken
- risk assessment and competency results being incorporated into the planned learning strategies of the registrar.

## Guidance

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

Identified areas that pose high risk for patients and GPs are:

- diagnosis of malignancies
- diagnosis of serious medical and/or life threatening problems
- diagnosis of serious surgical problems
- assessment of trauma
- diagnosis and assessment of children
- medication misadventure – prescribing error, inappropriate medication, drug administration error, adverse drug reaction
- privacy procedures
- procedures including intramuscular injections, venepuncture, ear syringing, minor surgery, cryotherapy, implants and intrauterine device (IUD) insertion.

The supervisor conducts a risk assessment of the registrar's ability to manage these high-risk situations within the context of the training post, level of supervision and current stage of training. The supervisor can assess the registrar's ability through consideration of training and experience, or through direct observation. The results of this assessment should form part of the registrar's planned learning.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.2

Learning opportunities and clinical experiences for the registrar meet patient safety requirements.

#### Criterion 1.3.2.3

The registrar is able to ask for and receive timely assistance in all clinical situations.

### RACGP requirements

The level of onsite and off-site supervision is matched to the competence of the registrar:

- The registrar has supervision that is available and approachable for immediate advice and support as required
- In the case of remote supervision, there is a detailed plan approved by the RACGP that outlines how the registrar can be supervised and seek help when the need arises
- The risks associated with remote supervision need to be clearly articulated, and mitigations identified and documented. The training provider is able to provide evidence of
  - how assistance is sought and given to the registrar when the supervisor and/or cultural mentor is onsite and off-site
  - the processes in place for access to emergency onsite assistance when the supervisor and/or cultural mentor is/are remote

### Guidance

General practice training is based around the model of 'on-the-job' training where access to timely assistance is vital. It is preferable that the nominated supervisor is located in the same practice as the registrar unless training is part of a specific program approved by the RACGP that involves remote supervision. It is preferable for the nominated supervisor to be onsite during office hours, particularly in the first month of general practice training.

The level of onsite supervision will depend on an assessment of the competence and training needs of the registrar in the context of the training post.

If the registrar is undertaking training in more than one practice, the registrar has supervision in each practice, and the practices are each accredited for training. This includes so-called branch practices.

When off-site, a supervisor is available by phone or other reliable electronic means, including during the after-hours period. A method of onsite emergency support is in place.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.3

Culturally safe care is delivered to Aboriginal and Torres Strait Islander peoples.

#### Criterion 1.3.3.1

Aboriginal and Torres Strait Islander peoples are involved in the design, delivery, assessment and evaluation of training in Aboriginal and Torres Strait Islander health.

## RACGP requirements

The training provider is able to provide evidence of:

- contact details of cultural educators or others involved in the design, delivery, etc
- the means by which Aboriginal and Torres Strait Islander peoples are involved at all stages
- changes made to the post or the training based on feedback from Aboriginal and Torres Strait Islander peoples.

## Guidance

Cultural safety is not the same as cultural competence. Cultural competence is restricted to skills, knowledge and attitudes; cultural safety extends cultural competence by understanding power differentials inherent in health services delivery and safety, and transcending boundaries between patient and provider to arrive at a non-threatening relationship between the two groups.

From: Understanding the difference between 'cultural safety' and cultural competence'. Royal College of Physicians and Surgeons of Canada, 2014.

## The behaviours and attitudes of culturally-safe health providers

Culturally-safe health practices seek to redress inequities through education and intervention processes, including harnessing critical thinking and self-reflection skills and a belief that healing cannot come about without cultural safety being established in health service delivery. Culturally-safe health providers:

- foster an understanding of Indigenous health values and model these behaviours as part of their clinical practices
- practise critical thinking and self-reflection to nourish cultural safety
- understand the unique historical legacies and intergenerational traumas affecting Indigenous peoples' health
- dialogue on Indigenous customs, traditions and behaviours
- extend these same considerations to other at-risk populations.

## Reference

Royal College of Physicians and Surgeons of Canada Progress promoting culturally-safe care for Indigenous Peoples. Ottawa: RCPSC, 2014.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.3

Culturally safe care is delivered to Aboriginal and Torres Strait Islander peoples.

#### Criterion 1.3.3.2

Registrars, the supervision team and medical education teams have access to appropriate cultural safety training.

### RACGP requirements

All registrars and medical educators are required to undertake appropriate and meaningful training in cultural safety. This training must involve an Aboriginal or Torres Strait Islander person nominated by the appropriate Aboriginal and Torres Strait Islander stakeholder group for the region.

The training provider is able to provide evidence of:

- contact details of the local Aboriginal and Torres Strait Islander stakeholder group
- contact details of the Aboriginal and Torres Strait Islander cultural safety trainer
- examples of materials used in the training.

## Standard 1.3

The practice environment is safe and supports training.

### Outcome 1.3.3

Culturally safe care is delivered to Aboriginal and Torres Strait Islander peoples.

#### Criterion 1.3.3.3

Aboriginal and Torres Strait Islander cultural educators/mentors/health workers are part of the supervision team to support registrars working with Aboriginal and Torres Strait Islander peoples.

## RACGP requirements

Registrars must have access to cultural educators/mentors/health workers during their placement in an Aboriginal and Torres Strait Islander health post or when working with Aboriginal and Torres Strait Islander peoples.

The training provider is able to provide evidence of:

- contact details of cultural educators/mentors/health workers
- contact between the registrar and cultural educator/mentor/health workers
- examples of the issues addressed in contact between the registrar and cultural educator/mentor/health workers.

*Education and  
training/teaching* 02

## Standard 2.1

The registrar is selected and commences training.

### Outcome 2.1.1

The process for selection is valid and reliable.

#### Criterion 2.1.1.1

The selection process is in accordance with national and international standards for postgraduate training.

## RACGP requirements

A clear statement of principles that underpin the selection process. The selection is merit-based. All selection criteria are readily available to the applicant.

Applicants are assessed for their suitability for general practice. Procedures for selection are reviewed and updated.

There is a formal review and appeals process.

The training provider is able to provide evidence of:

- documented policies and procedures for selection into the training provider's program
- merit-based and regional context-appropriate selection processes
- proof of participation in relevant information sessions or training that prepares the applicant for the training provider's selection processes.

## Guidance

Selection processes are carried out by both training providers and fund-holders. The training provider needs clearly documented policies and procedures for selection into their training program that are developed and monitored in collaboration with the RACGP and other key stakeholders.

These include a clear statement of principles that underpin the selection process, including the principle of merit-based selection. Assessing the applicants' suitability for general practice should be the primary aim.

The training provider has processes for selection into the training program that:

- are based on the published criteria and principles of the training provider
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.

The training provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.

The training provider also publishes its requirements for mandatory components, such as permanent residency or hospital experience. The criteria and process for seeking exemption from such requirements are made clear.

The training provider monitors the consistent application of selection policies across training sites and/or regions. The interviewers and assessors involved in conducting the selection process undergo a valid training process to ensure consistency in procedures and scoring. There are objective measures for testing the suitability of applicants for training based on required minimum pre-entry levels of competence (Criterion 3.1.1.1).

The RACGP recognises that there is no single agreed method of selecting the most appropriate trainees at the training provider level and supports diverse approaches that include both academic and vocational considerations.

## Standard 2.1

The registrar is selected and commences training.

### Outcome 2.1.2

The RACGP's Curriculum for Australian general practice is delivered.

#### Criterion 2.1.2.1

The educational program that is delivered by the training provider addresses the learning and development needs of the registrar relevant to the local context.

## RACGP requirements

The learning needs of each registrar are identified and relevant aspects of the educational program are adjusted to meet their needs and the local context.

Registrars are actively involved in the planning and evaluation of the educational program delivered by the training provider.

The educational program is evaluated and updated regularly.

The training provider is able to provide evidence of:

- the registrar's learning records that indicate how their learning needs are addressed through the educational program
- ways in which the local context informs the development of the educational program
- how monitoring and evaluation leads to continual improvement of its educational program
- how registrars are involved in the planning of the education program.

## Guidance

### RACGP curriculum

The RACGP's [Curriculum for Australian general practice](#) details what vocational GPs need to learn throughout their general practice learning life. The Competency profile of the Australian general practitioner at the point of Fellowship articulates the required core competencies of a specialist GP at the point of FRACGP and depicts the context into which those competencies will be applied.

The RACGP advocates self-directed learning, development of critical self-reflection and lifelong learning skills, and maintenance of professional practice standards.

Both documents are essential references for general practice registrars, general practice supervisors, medical educators, training organisations and anyone involved in the implementation of the training of future GPs.

## Standard 2.1

The registrar is selected and commences training.

### Outcome 2.1.2

The RACGP's Curriculum for Australian general practice is delivered.

#### Criterion 2.1.2.2

Training provider educational programs are clearly defined, consistent with the curriculum, appropriate to the learning needs of the registrar and the local context.

## RACGP requirements

The training provider maps the RACGP's Curriculum for Australian general practice to the documented educational program.

The educational program is published and easily accessed.

Current priority areas are addressed. These include:

- Aboriginal and Torres Strait Islander health
- training in early management of trauma and advance life support
- paediatric competencies
- critical thinking and research.

The training provider is able to provide evidence of:

- a clearly defined learning program consistent with, and mapped to, the current RACGP's Curriculum for Australian general practice
- details of the educational programs that can be easily accessed by the registrar
- delivery of training in current, identified priority areas.

## References

[Paediatric term requirement](#) guidance document.

The RACGP's [Basic life support and advanced life support guidance](#) document.

[Aboriginal and Torres Strait Islander health curriculum](#).

## Guidance

The training provider's learning programs are mapped against, and consistent with, meeting the outcomes specified in the general practice under the supervision stream of the RACGP's Curriculum for Australian general practice. All documented learning programs are available to the registrar.

All newly identified priority areas that are not mentioned above, need to be addressed. The training provider is responsible for staying abreast of new priorities and incorporating them into the training program.

The training provider provides a calendar of education events developed by program staff in collaboration with medical educators and registrars that is published in advance and updated at appropriate intervals.

## Standard 2.1

The registrar is selected and commences training.

### Outcome 2.1.2

The RACGP's Curriculum for Australian general practice is delivered.

### Criterion 2.1.2.3

The educational program is planned, delivered, monitored and evaluated by an education team that is suitably skilled, experienced and adequately supported.

## RACGP requirements

Educators are skilled and experienced.

Staff are able to access up-to-date information and refer enquiries to appropriate personnel within the organisation.

Professional development is planned and undertaken by staff.

The educational program is monitored and evaluated by experienced staff.

The training provider is able to provide evidence of:

- adequate and appropriately qualified staff to conduct and administer training
- a documented policy for training and supporting its medical education and other relevant staff
- content of training delivered by non-GPs assessed for relevance to general practice
- all staff having RACGP endorsed cultural awareness and safety training.

## Guidance

Medical educators and registrars play a major role in the planning and delivery of educational activities. The medical educator is fundamental in the development of the learning program ensuring consistency with the RACGP's Curriculum for Australian general practice.

Direct or videotaped observation of registrar consultations, with verbal and written feedback to the registrar delivered by clinical teachers who are not the supervisor of the registrar, is another essential element of the training program. These observations are a core component of external clinical teaching (ECT) sessions. It is expected that each registrar has a minimum of five ECT sessions throughout training. While the emphasis should be on registrar consultation observation of either real-life or simulated patient presentations, other means of providing feedback on the registrar's consultation skills may be used, depending on the registrar's need and the context of some ECT sessions.

The training provider has an adequate number of staff with appropriate qualifications and expertise available to conduct and administer training. There is a core group of medical educators with a high level of general practice educational expertise who are actively working in general practice. There is an adequate level of support staff for effective financial and general administration of the program.

The training provider is responsible for providing relevant training and professional development opportunities for medical educators. Medical educators are expected to maintain and improve their knowledge and skills through continuing professional development.

The training provider may encourage and will support medical educators who wish to undertake a higher degree in general practice or medical education. This support may include the provision of:

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

## Standard 2.1

The registrar is selected and commences training.

### Outcome 2.1.2

The RACGP's Curriculum for Australian general practice is delivered.

### Criterion 2.1.2.4

A broad range of teaching, learning and assessment methods are used in a variety of settings and contexts using a variety of techniques, tools and technologies.

## RACGP requirements

Each registrar has access to core educational opportunities that are consistent across the geographic footprint of the training provider.

Teaching, learning and assessment strategies are adapted to accommodate the context, learning needs of the registrar and education setting.

Feedback is delivered in a structured way to provide the registrar with an accurate assessment of progress.

Registrars receive at least 125 hours of peer/group learning delivered in the most appropriate way for the context.

The training provider is able to provide evidence of:

- teaching and learning methods, tools and technologies that are matched to the variety of training settings and contexts, including the Aboriginal and Torres Strait Islander health context where local Aboriginal and Torres Strait Islander community members are engaged
- opportunities that enable the registrar to undertake self-directed learning
- real-time peer interaction that is organised and delivered.

## Guidance

### Teaching and learning methods

Registrars learn in diverse ways. It is important that the training program encompasses a broad range of teaching and learning methods appropriate to the variety of training settings and contexts, and the content being delivered.

General practice education and training will predominantly occur in the work environment where supervisors demonstrate appropriate skills, abilities and attitudes in the clinical environment. This promotes experiential learning through practical clinical experience as registrars manage patients who present with common and significant conditions that exemplify general practice. While much of the learning will be self-directed learning related to educational objectives, supervisors and medical educators play key roles by assisting the registrar in the formulation of individualised planned learning ([Criterion 1.1.1.3](#)).

### Out-of-practice education

The training program will include regular educational activities for registrars that involve synchronous facilitated peer group education.

These structured educational activities play an important part in training to:

- address topics not easily taught within the service environment, such as communication skills
- practise specific procedural skills in a safe environment (eg simulated sessions)

- include group mentorship and peer-to-peer benchmarking and support.

The program will provide appropriate and effective peer/group learning using a variety of teaching and learning methodologies, including real-time interaction. This peer/group education will be delivered continuously throughout general practice training through protected, regular sessions. These are structured, educational programs with flexibility in delivery modalities to accommodate regional needs. The recommended standard is at least 125 hours of quality peer/group learning via face-to-face meetings, teleconferences or videoconferences.

### Education program principles

The education program delivered by the training provider is based on principles and standards of postgraduate medical education that ensures registrars develop the professional standing of a GP. Training providers will ensure that the education programs meet the following:

- The aims and goals of the program are clearly documented and readily accessible by all participants
- The program will have a stated goal to train GPs who are competent for unsupervised general practice anywhere in Australia, and are able to provide high-quality primary healthcare services relevant to individual and community health needs
- The program addresses the learning needs of participants prescribed in all five domains described in the RACGP's Curriculum for Australian general practice
- The program is underpinned by educational concepts and principles appropriate to professional postgraduate vocational training, including
  - emphasising the integration of vocational training with undergraduate, postgraduate and continuing professional development
  - emphasising experiential learning through practical clinical experience
    - this involves consulting with patients who present with common and significant conditions that exemplify general practice
  - encouraging commitment by registrars to continuous improvement of their knowledge and skills throughout their professional careers

## Standard 2.2

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

### Outcome 2.2.1

Post-based learning activities are planned, structured and referenced to curriculum, learning needs of the registrar and context of the post.

#### Criterion 2.2.1.1

Registrar learning activities and the teaching strategies used are customised to the registrar's needs and training context.

## RACGP requirements

Training post-based learning activities reflect the learning needs of the registrar in the context of the post and are documented during the process of planned learning.

The supervisor, supervision team, registrar and, if needed, the medical educator are involved in the development of the strategy.

Education is delivered using a variety of methods relevant to the context and needs of the registrar.

The training provider is able to provide evidence of:

- how the curriculum and educational programs are used to plan training post-based learning strategies
- teaching opportunities with sufficient and appropriate time allocated and expertise (eg cultural expertise in cross-cultural context in an Aboriginal and Torres Strait Islander health post) to cover the registrar's learning needs.

## Guidance

### Customised teaching

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

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

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

### Planned learning

The registrar, in consultation with the supervisor and, where appropriate, the medical educator, develops a plan for their learning that is practical and relevant, to ensure the adequate planning of training post-based learning activities. The registrars need to discuss their experience and learning needs with their supervisors as early as possible to enable individualised planned learning to be developed.

It is recommended that the formal planning of learning between the supervisor (and medical educator where possible) and the registrar has commenced by week four of each six months of training. This may take the form of a formal written plan for learning lodged with the training provider. The supervisor and registrar will regularly engage to review the learning, and if needed, modify the planned learning to ensure that the training post-based teaching and learning activities match the needs of the registrar and training context.

The training post supports access for a clinical teacher to undertake direct observation sessions (which could be by video review) as prescribed by the training provider.

## Standard 2.2

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

### Outcome 2.2.1

Post-based learning activities are planned, structured and referenced to curriculum, learning needs of the registrar and context of the post.

### Criterion 2.2.1.2

The registrar has access to regular, structured and planned in-practice teaching time.

## RACGP requirements

In-practice teaching time is allocated, sufficient and appropriate to the needs of the registrar. In GPT1, the minimum time allocation is three hours per week. In GPT2, the time allocation is 1.5 hours per week. For part-time registrars, the minimum time is pro rata to the registrar's full-time equivalent.

The core of teaching activity is one-on-one case discussion and mentorship relating to the registrar's daily case load with a supervisor.

Other teaching activity is practice-based and delivered in a way that meets the needs of each registrar and is related to the context in which the registrar is located. These will be synchronous activities and may be:

- one-on-one or in small groups of peers
- face-to-face or delivered remotely
- delivered by a supervisor or other educator.

The training provider is able to provide evidence of:

- the delivery of regular in-practice teaching relevant to the registrar's stage of training
- a variety of teaching and learning methods being used and documented
- registrar feedback regarding in-practice teaching being actively sought from each registrar after every placement as part of its ongoing quality improvement process.

## Reference

The RACGP's [Applications to trial an alternative process](#).

## Guidance

General practice training is practice-based, involving the participation of the registrar in the service and responsibility of patient care in supervised accredited training posts, where the supervisor takes on the joint roles of supervision and teaching. A supervisor will provide regular one-on-one case discussion, mentorship and support relating to the registrar's daily case load at an appropriate level considering the registrar's knowledge and experience.

In addition, there is a need for formal in-practice teaching sessions, especially in the early stages of training. Therefore, the registrar will receive one hour of weekly practice-based teaching in GPT1 and one hour of fortnightly practice-based structured teaching in GPT2. For part-time registrars this requirement is pro rata. This teaching may be:

- one-on-one or in small groups of peers
- face-to-face or delivered remotely
- delivered by a supervisor or through other education.

The teaching will occur free from interruptions, except in emergencies.

Formal in-practice teaching can include:

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

There will be regular, planned and documented tutorial/education sessions. These in-practice teaching sessions are separate to the external clinical teaching visits by clinical teachers.

The training post and supervisor will support the registrar and the clinical teacher to facilitate these visits (Criterion 2.2.1.1).

## Standard 2.2

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

### Outcome 2.2.2

The registrar's learning and development is well supported.

### Criterion 2.2.2.1

The registrar is adequately prepared to participate fully in the operations and scope of practice in the training post.

## RACGP requirements

The registrar has a structured induction to the practice that includes information about systems, resources, support and context.

Training in how to use systems is included where appropriate.

The registrar has an available and appropriately equipped area for conducting consultations.

The training provider is able to provide evidence of:

- training posts that are appropriate for registrar's learning and development
- the supervision team or supervisor having a documented orientation plan for registrars.
- Aboriginal and Torres Strait Islander health posts have locally appropriate clinical, cultural and practice management orientation packages for registrars.

## Reference

The RACGP's [Standards for general practices](#).

## Guidance

### Induction

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

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

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

### Training environment

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

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

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

## Standard 2.2

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

### Outcome 2.2.2

The registrar's learning and development is well supported.

### Criterion 2.2.2.2

The registrar is provided with quality, safe and well supported learning opportunities.

## RACGP requirements

The registrar has sufficient patient numbers, and a diversity of ages and presentations to meet their training requirements.

The patient load is appropriate to the stage of training and competence of the registrar.

On-call and after-hours duties are reasonable and balanced with the needs of the patient, as well as the registrar's learning needs and stage of training.

Stress and fatigue are identified and managed.

The registrar sees no more than four patients per hour in the normal clinical setting. The workload of the registrar is monitored and this information is accessible by the training provider.

The training provider is able to provide evidence of:

- the registrar being exposed to an appropriate number and variety of patients for their stage of training and the context of training. For example, Aboriginal and Torres Strait Islander health training posts may differ in the number and variety of patients (longer consultations with patients with more complex and chronic conditions)
- working conditions of the registrar that are supportive of high-quality education and training
- processes that are in place to support the registrar's learning and wellbeing.

## Guidance

### Service demands

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

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

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

## Adequate patient exposure

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

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

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

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

## Support for registrars

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

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

## Standard 2.3

The development of each registrar is optimised.

### Outcome 2.3.1

The progress of the registrar throughout training is monitored and addressed.

#### Criterion 2.3.1.1

The registrar's progress is documented and readily available to the registrar, training post, training provider and RACGP.

## RACGP requirements

The registrar has access to training review meetings with a medical educator before and after the placement and modifications made as a result of the meeting. Any problems are identified early and addressed.

During general practice placements, each registrar receives five half-day one-on-one external clinical teaching sessions with a clinical teacher or general practice supervisor not working in the same training post, with sessions being most frequent during the registrar's early placements.

The training provider is able to provide evidence of:

- monitoring and addressing the registrar's progress in the training post
- how the registrar's progress is monitored and addressed throughout training, including the involvement of cultural educators/mentors for registrars in Aboriginal and Torres Strait Islander health posts
- how the registrar is able to view the documentation of their progress
- regular training review meetings.

## Guidance

There are processes in place to ensure that the registrar's progress can be monitored and addressed in the training post and throughout training.

Supervisors and the supervision team provide timely, regular and constructive feedback on the progress and performance to the registrar during and after the training placement ([Criterion 1.1.2.1](#)).

## Training review meetings

The training provider has a documented process for the regular review of the registrar's training progress throughout training. Training review meetings between the registrar and a medical educator will occur prior to and after every training placement. Frank discussion about the registrar's progress to date will be informed by:

- feedback from previous supervisors and supervision teams
- feedback from clinical teachers conducting external clinical visits
- formative assessment outcomes
- registrar's self-assessment of competencies referenced against the curriculum
- registrar's planned learning
- registrar's FRACGP training portfolio ([Criterion 3.3.1.3](#))
- registrar's log of educational events attended.

In collaboration with the registrar, the medical educator consolidates and, if needed, modifies the registrar's training plan. Training provider staff will assist the medical educator and registrar to coordinate and implement the registrar's training plans.

Training review meetings provide an opportunity to identify if the registrar is encountering any difficulties and whether extra assistance or remediation is required before the registrar can progress through training. Early identification of problems is encouraged to ensure that adequate support can be given to the registrar to aid progression through training.

## Standard 2.3

The development of each registrar is optimised.

### Outcome 2.3.2

Registrars have the opportunity to address the depth and breadth of their training based on their performance.

#### Criterion 2.3.2.1

The registrar's training occurs in general practice training posts that deliver the depth and breadth of general practice.

## RACGP requirements

Delivering a range of general practice services addressing the depth and breadth of general practice forms the majority of the experience in the training post. The experience includes opportunities for continuity of care.

Special training environments may be considered in the following cases:

- Rural hospitals providing general practice services
- Australian Defence Force posts
- Community practices offering targeted services to specific population groups
- Overseas posts (extended skills only)

Prospective permission must be obtained from the RACGP to practise in special training environments.

No more than six months (FTE) in total of training time can be in special training environments.

A minimum of 12 months (FTE) must be spent in comprehensive general practice.

The training provider is able to provide evidence of the registrar:

- in posts that provider relevant, verifiable general practice experience
- being exposed to the full breadth of general practice during training

## Guidance

### Training in general practice

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

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

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

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

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

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

### Special training environments

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

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

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

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

## Standard 2.3

The development of each registrar is optimised.

### Outcome 2.3.2

Registrars have the opportunity to address the depth and breadth of their training based on their performance.

### Criterion 2.3.2.2

The registrar participates in a broad range of relevant experiences defined by the curriculum.

## RACGP requirements

Registrars must complete training that includes diversity of experience with exposure to at least two different supervisors, two different general practice management systems and diverse patient populations.

Part-time registrars have access to sufficient, quality posts and opportunities to meet the requirements.

Extended skills training posts are relevant to general practice and approved by the training provider. ([Criterion 1.3.1.2](#)).

Registrars with an interest in Aboriginal and Torres Strait Islander health are given access to relevant experiences and are adequately supported.

Registrars who wish to develop advanced rural skills and work towards the FARGP are supported to do so. For more information regarding FARGP, please refer to the [RACGP Rural faculty](#).

Registrars have access to information about extended, academic and advanced skills posts and opportunities.

The training provider is able to provide evidence of:

- registrars having access to sufficient diversity of experience with regards to patient presentations and demographics, supervision and general practice management systems.
- facilitating relevant extended skills training for the registrar.

## References

The RACGP's [A guide to managing practice diversity](#)

[RACGP Rural faculty](#)

## Guidance

### Diversity of training

To ensure that registrars experience a breadth of general practice, training providers should support registrars to secure placements in multiple general practice training sites where they can experience the required diversity of practice. This means that training providers must ensure sufficient practice capacity for registrars to be able to choose to work in at least two different general practice placements during their training where there is diversity of supervisors, general practice systems and patient populations. Training providers may also need to address pressure applied to registrars by practices to remain in the one practice (or a group of similar practices) for their GP placements.

In some locations, particularly in the rural setting, there may be challenges for registrars being placed in two dissimilar practices. In those instances, the registrar must be supported to meet the diversity requirements through undertaking additional activities aimed at gaining the knowledge and understanding of different patient presentations, practice styles, cultures and practice management models.

Additional activities undertaken require approval from the training provider in advance. Examples of activities to meet the practice management diversity requirements include completing relevant practice management modules (eg modules from the RACGP's general practice management toolkit), organised visits to practices owned by other entities and a subsequent report on identified criteria. Further case-by-case guidance on appropriate additional activities can be sought from the relevant RACGP state censor if needed.

Training providers are responsible for the development of systems to document the manner in which registrars are meeting the diversity requirement.

Please refer to [A guide to managing practice diversity](#) for information regarding accreditation of practices and completion of a practice diversity assessment.

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

### Extended skills training

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

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

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

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

- accredited hospital posts ([Criterion 1.3.1.2](#))
- accredited training posts and their respective supervisors ([Criterion 1.3.1.1](#))
- accredited extended skills posts.

### Advanced rural skills training posts and the FARGP

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

However, for some disciplines, the accreditation may be administered by a third party. Examples of these situations include the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) for the Obstetrics ARST, a Joint Consultative Committee for the Anaesthetics ARST, or another specialist medical college in the case of the Emergency medicine ARST or Child health ARST. Further details about these arrangements are available from [RACGP Rural](#).

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

## Standard 2.3

The development of each registrar is optimised.

### Outcome 2.3.3

At-risk registrars are identified and appropriate remediation implemented.

#### Criterion 2.3.3.1

Learning intervention and remediation opportunities are identified and addressed.

## RACGP requirements

The training provider has a clearly documented process for the early identification of registrars who need additional support.

The registrar is informed of concerns as soon as they are identified.

Additional support is readily available and tailored to the needs of the registrar.

There is a fair and transparent process for managing registrars who do not progress after they have been through remediation.

Peer-to-peer support is available to registrars through a position that is funded and managed by the training provider. The position provides pastoral care, confidential information/advice, and a registrar voice in planning and evaluating the training program.

The training provider is able to provide evidence of:

- formal feedback processes in place to monitor and improve the performance of registrars
- feedback documentation maintained in the registrar's training file
- learning intervention, and remediation plans and outcomes
- registrars having access to formal training provider-based peer advocacy and support
- registrars being actively involved in the intervention and remediation process from the time of identification
- cultural educators and mentors are involved in the remediation process for registrars in Aboriginal and Torres Strait Islander health training issues.

## Guidance

### Formative assessment

An integral and critical part of the education and training in the program will be high quality, regular formative assessment with constructive feedback to registrars on their performance. The formative assessment processes should assist registrars to improve their performance and identify registrars who are not performing to the level expected.

### Registrars in difficulty

It is anticipated that some registrars will encounter difficulties during their training. The improvement of competency and performance during training is a key requirement of the registrar. There are mechanisms for pastoral support, counselling and monitoring of the registrar's wellbeing. Formal and informal feedback should be actively sought and freely given, with a formative rather than punitive emphasis.

Some registrars will not perform well in certain situations and perform to an acceptable or even high standard in other settings. For this reason, a registrar who is having difficulties may need to move to another setting as part of the remediation process.

## Peer-to-peer support

Peer-to-peer support is important. As well as providing pastoral care, registrars undertaking these roles should act as a conduit for information between the training provider and registrar body or individual registrars. Those acting as peer advocate and supports will have confidential lines of communication with registrars and the ability to bring de-identified concerns to the training provider and the RACGP. Traditionally, the registrar liaison officer (RLO) has fulfilled this role.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.1

The training provider has a documented education plan that ensures the effective and transparent allocation of resources to education and training.

#### Criterion 2.4.1.1

The education plan is reviewed and updated.

## RACGP requirements

The educational plan is developed in consultation with staff, relevant stakeholders and registrars, and is reviewed regularly.

The plan includes adequate resourcing for staff and the educational program, including sufficient and appropriate equipment to conduct the training program.

Forecasting of registrar numbers and practice placements is also included, as is succession planning for key roles.

Ways in which the educational program addresses the RACGP's Standards for general practice training and the RACGP's Curriculum for Australian general practice forms part of the plan.

The training provider is able to provide evidence of:

- a detailed plan of the educational direction of the organisation
- ways in which the plan addresses the RACGP's Standards for general practice training and the RACGP's Curriculum for Australian general practice
- processes for evaluating and updating the plan.

## Guidance

The education plan may be part of the overall strategic plan for the training provider or separate to it. The plan is one that details how the educational program is resourced, staffed and delivered in the present and into the future. Predicting trends, identifying risks and addressing them is part of the planning process.

Stakeholders who may be involved in the development and evaluation of the plan can include supervisors, members of the supervision or education teams, representatives of community organisations who are involved in delivering the training (for example, Aboriginal and Torres Strait Islander organisations), Primary Health Networks (PHNS; or their equivalent), registrars and registrar representatives, and the university departments of general practice. This is not an exhaustive list. All relevant stakeholders need to be identified and engaged by the training provider.

The plan is an active document and needs evaluating and revising regularly.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.1

The training provider has a documented education plan that ensures the efficient and transparent allocation of resources to education and training.

#### Criterion 2.4.1.2

The education plan responds to the local context.

### RACGP requirements

Local stakeholders are identified and involved in planning the education program.

There are memoranda of understanding or other documented agreements with stakeholders who are involved in the training program.

The regional context is analysed with information gained through local stakeholders and other methods of research.

Local need is identified and registrars are provided with other opportunities through extended or advanced skills to address this.

The training provider is able to provide evidence of:

- engagement with regional stakeholders to address local need
- plans and processes to enable registrars to train to meet local need
- targeting practices in areas of need
- reviews or evaluations of the effectiveness of meeting local need.

### Guidance

There is variety of stakeholders that can be consulted to determine community and workforce need. Examples can include (but are not limited to) universities, primary health networks or equivalent, Aboriginal and Torres Strait Islander organisations, workforce agencies.

Where possible, extended and advanced skills placements should be sourced and supported to meet local need. Registrars should be encouraged and supported to work in practices that specifically address local need.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.2

Training provider staff are competent and experienced.

#### Criterion 2.4.2.1

The training provider details and maintains currency of position descriptions for all staff.

## RACGP requirements

There are clear position descriptions for every staff member, both medical and administrative.

The position descriptions are reviewed and updated.

Roles and responsibilities for each position are clearly defined.

The training provider is able to provide evidence of:

- accurate, up-to-date position descriptions
- a process for reviewing position descriptions
- verified qualifications, work experience and resumes for all staff.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.2

Staff are competent and experienced.

#### Criterion 2.4.2.2

Professional development opportunities are available for all staff.

### RACGP requirements

Staff development is resourced and part of an overall plan.

Each staff member develops an individual professional development plan. The training provider supports staff to meet their professional development needs through funding and allocated times.

Supervisor and registrar representatives are supported to gain additional skills through professional development.

The training provider is able to provide evidence of:

- a professional development plan for each staff member
- ways in which professional development needs are met for each staff member.

### Guidance

It is good practice to have regular performance appraisals with all staff where professional development needs can be identified and planned.

See principles for training in [Aboriginal and Torres Strait Islander health](#).

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.3

Systems and processes support the education program and the registrars.

#### Criterion 2.4.3.1

The systems and processes used to keep records, deliver training and monitor the progress of the registrar are up-to-date and secure.

## RACGP requirements

The data and learning management system of the organisation is up-to-date, fit for purpose and overseen by a suitably qualified person or team of people.

The system is regularly upgraded and maintained with minimal disruption to the training provider, supervisors, supervision team and registrars.

The system supports staff, supervisors, supervision team and registrars, including those who are based in remote locations to the best extent possible.

The data are securely stored with back-up systems. Confidentiality is maintained through levels of permissions to access and use the data.

The training provider is able to provide evidence of:

- effective, efficient, user-friendly data and learning management system(s)
- trained staff to maintain, update and provide advice on the system(s)
- security protocols that protect the integrity of the data and the privacy of the individual
- reviews of systems and processes to ensure relevance and currency.

## Guidance

The RACGP does not recommend any particular information technology or learning management system. Each system needs to be relevant to the context and to the users.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.3

Systems and processes support the education program and the registrars.

### Criterion 2.4.3.2

Data are collected and used to inform education program quality.

## RACGP requirements

Aggregated data from feedback is analysed and used to inform systems, processes and program improvement.

The identified improvements are implemented.

The training provider is able to provide evidence of data being:

- collected and analysed to inform quality
- used to improve quality.

## Standard 2.4

The training provider delivers quality education and training.

### Outcome 2.4.4

Communication between the training provider and the RACGP is effective.

#### Criterion 2.4.4.1

The training provider and the RACGP communicate to share information and address issues.

### RACGP requirements

The agreed communication approach between the training provider and the RACGP includes how the RACGP is advised of issues that impact on the quality of training or the welfare of the registrars.

The RACGP and training provider share information to increase collaboration, assist in benchmarking and enhance resourcing.

The training provider is able to provide evidence of:

- a documented communication strategy
- review date and required revisions to the strategy.

### Reference

The RACGP's Accreditation management agreement.

### Guidance

To facilitate the swift and effective resolution of conflicts, the training provider needs to inform the RACGP of incidents that have escalated beyond their internal resolution processes.

Other situations such as major personnel changes that have the potential to impact negatively on the training program or registrars must also be reported. In the first instance, these reports are directed to the RACGP's General Manager, Education Services.

*Assessment* 03

## Standard 3.1

The registrar is competent to commence training.

### Outcome 3.1.1

The registrar is able to demonstrate achievement of agreed pre-entry competence.

#### Criterion 3.1.1.1

The registrar's pre-entry competence is matched against the RACGP's requirements to commence general practice training.

## RACGP requirements

The minimum requirements to enter training for the registrar:

- Hold a Bachelor of Medicine and Bachelor of Surgery (MBBS), Doctor of Medicine (MD) or equivalent qualification
- Completion of an intern year (PGY1)
- Hold unconditional general registration
- The pre-entry competence is benchmarked against the RACGP's Competency profile of the Australian general practitioner at the point of Fellowship

*\*Some conditions, such as area of need, can be considered but should be dealt with by the training provider in conjunction with the Federal Department of Health. Any other conditions need to be reported to the RACGP.*

The training provider is able to provide evidence of the:

- assessment of the registrar's pre-entry competence
- processes used to assess competence
- pre-entry assessment outcome being used to formulate the registrar's learning needs and training path

## References

The RACGP's [Competency profile of the Australian general practitioner at the point of Fellowship](#).

## Guidance

This assessment process and outcome will inform the training provider's processes for selection into the training program ([Standard 2.1](#)). The registrar is expected to pass this assessment to gain entry into the training program.

The outcome of the pre-entry assessment should be used to inform the registrar's learning needs and training path ([Criterion 1.1.1.1](#)). This should be done in conjunction with the registrar and the medical educator.

## Standard 3.1

The registrar is competent to commence training.

### Outcome 3.1.2

The registrar is able to demonstrate competence to work under supervision as a GP in Australia.

#### Criterion 3.1.2.1

The registrar's competence to commence working as a supervised GP is assessed, documented and known to the registrar, supervision team and medical educator.

## RACGP requirements

Before a registrar can commence working as a GP under supervision, they must have:

- general registration ([Criterion 3.1.1.1](#))
- adequate and appropriate medical indemnity cover
- completed two years of hospital rotations.

The two years of hospital rotations expose the registrar to the disciplines of medicine, surgery, emergency medicine and paediatrics (or other experiences accepted by the RACGP) sufficient to demonstrate safe practice in these areas and prior to commencing work as a GP under supervision.

If exceptional circumstances result in a registrar not achieving hospital training within these disciplines, alternative means of acquiring the competencies can be achieved.

The training provider seeks guidance from the relevant state censor who will advise whether an application needs to be made to the RACGP.

The training provider is able to provide evidence of:

- an assessment of the registrar's competence to commence work under supervision as a GP
- documents that verify the competencies of the registrar from hospitals and other relevant sources.

## References

The RACGP's [Paediatric term requirement](#) guidance document.

The RACGP's [Vocational Training Pathway - requirements for Fellowship policy](#).

The RACGP's [Vocational Training Pathway - recognition of prior learning policy](#).

## Guidance

### See Criterion 1.1.1.1

General practice training is a combination of hospital training and training in general practice settings under supervision. This enables registrars to have a full understanding of the integration of all levels of care. Hospital rotations will be undertaken in accredited hospital posts ([Criterion 1.3.1.1](#)) and be relevant to general practice. The registrar is expected to obtain a satisfactory level of competency in each rotation as determined by the hospital supervisor's end of term report.

The training provider has a documented process for assessing a registrar's competence to commence working as a GP under supervision ([Criterion 1.1.1.1](#)). The assessment should be benchmarked against the RACGP's Curriculum for Australian general practice.

The outcome of this assessment will inform the matching of the registrar to the supervision model and training placement. The outcome will also be used to inform the registrar's learning needs and training path. This should be done in conjunction with the registrar and the medical educator ([Criterion 1.1.1.1](#)).

## Standard 3.1

The registrar is competent to commence training.

### Outcome 3.1.2

The registrar is able to demonstrate competence to work under supervision as a GP in Australia.

### Criterion 3.1.2.2

The registrar demonstrates the professional attributes expected of a GP.

## RACGP requirements

Registrars are aware of and progressively establish general practice knowledge, skills and attitudes consistent with the RACGP's Competency profile of the Australian general practitioner at the point of Fellowship.

The registrar is expected to take active responsibility for their own learning.

The training provider is able to provide evidence of:

- how it demonstrates ongoing registrar progression in the development of their clinical practice and cultural competence
- how it determines the registrar's readiness to accept responsibility for the clinical decisions that they make
- how it assesses the professional attributes of the registrar against the RACGP's Competency profile of the Australian general practitioner at the point of Fellowship
- actions that promote shared learning responsibility between the registrar and training provider
- strategies for managing/supporting registrars who fail to commit to their training.

## References

The RACGP's [Requirements for Fellowship](#).

The RACGP's [Competency profile of the Australian general practitioner at the point of Fellowship](#).

## Guidance

### Requirements for FRACGP policy

As the registrar embarks upon the vocational journey, it is essential that they fully understand what general practice encompasses. It is through a thorough comprehension of the specialty of general practice that the registrar can progress and develop the professional standard of a GP.

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

General practice training is intended to equip registrars with core clinical skills and the ability to assess and address their learning needs over a professional lifetime. GPs encounter a wide range of clinical presentations according to social, demographic, cultural and epidemiological circumstances.

Training providers should include education about the principles of general practice early on in the registrar's training.

## Standard 3.2

The competence of the registrar is articulated and benchmarked to inform progress throughout training.

### Outcome 3.2.1

There is a robust process of assessment.

### Criterion 3.2.1.1

The competencies that the registrar must attain for successful completion of each training term and whole of training are identified.

## RACGP requirements

It is the responsibility of the training provider, in collaboration with the medical education team, supervisor and registrar to assess the competence of the registrar prior to, during and at the end of each training term.

The early assessment will inform the formulation of the planned learning that should include:

- the competencies to be achieved during the training placement
- measures by which the competencies are defined
- steps that the registrar needs to take along the way to develop the competencies
- progress and achievements signed off by the supervisor at completion of training placement.

The training provider has a documented process to assess and record the achievement of the competencies of registrars ([Criterion 1.1.1.1](#) and [Criterion 2.4.3.1](#)).

The training provider is able to provide evidence of:

- the registrar being informed about the competencies to be achieved
- the competencies defined in measurable terms
- defined outcomes the registrar needs to reach along the way to develop the competencies.

## Guidance

To practice unsupervised, providing comprehensive, safe and high-quality medical care, registrars need to attain the multifaceted competencies inherent in general practice. It is essential for registrars to have information about what competencies are to be achieved during, by completion of the training program and each training term.

The registrar needs support to be able to adapt the competencies to the milieu, culture and needs of the training environment context.

It is the responsibility of the training provider to ensure that registrars are aware of the competencies expected to be achieved by the completion of training. These are clearly articulated in the RACGP's [Curriculum for Australian general practice](#).

The training provider has a documented process to assess and record the achievement of the competencies of registrars.

## Standard 3.2

The competence of the registrar is articulated and benchmarked to inform progress throughout training.

### Outcome 3.2.1

There is a robust process of assessment.

### Criterion 3.2.1.2

The assessment methods ensure that the registrar's level of competence is measured against the competencies required for the stage of training and training post context.

## RACGP requirements

Assessment methods use multiple sources and processes that are flexible and relevant to the registrar's stage and context of training.

Assessments are benchmarked against the required competencies, and are comprehensive and integrated with the educational program.

The training provider is able to provide evidence of:

- assessment methods
- assessment results being used to improve its educational program.

## Guidance

An integral and critical part of the education and training in the program will be high-quality, regular formative assessment with constructive feedback to registrars on their performance. It is important that the program assesses the registrar's progress to provide information to guide the registrar's future learning activities. This is in addition to the monitoring undertaken by supervisors. To be effective, formative assessment activities should assess the key knowledge, skills, attitudes and behaviours required for independent general practice, be iterative, and provide information to guide registrar's future learning activities.

## Formative assessment principles

The training program's formative assessment activities may:

- be designed to adequately assess across the range of knowledge, skills, attitudes and behaviours outlined in the RACGP's Curriculum for Australian general practice
- be relevant to the training post
- be used early enough, and with sufficient frequency, to provide the opportunity for registrars to regularly update their plans for learning
- incorporate specific, timely and regular feedback to registrars about their performance
- provide specific information about what needs to be improved and an agreed plan for how to go about making the desired changes
- include the registrar's own assessments of their performance and learning needs
- be documented in order to guide future learning and demonstrate progress
- include an agreed plan for meeting significant learning needs and reassessing performance in identified areas
- invoke remediation or 'registrar in difficulty' processes if appropriate.

## Assessment sources

Assessments should occur across multiple sources and may include:

- external clinical teaching visit reports
- supervisor and supervision team feedback – verbal and written
- training review meetings
- registrar self-assessments
- remediation assessment tools
- patient surveys
- adverse reports/critical incident reports.

Results from individual and group assessments are important sources of data that should be analysed by the training provider to inform its quality improvement process.

## Standard 3.2

The competence of the registrar is articulated and benchmarked to inform progress throughout training.

### Outcome 3.2.2

Assessment results are used to monitor and improve performance.

#### Criterion 3.2.2.1

The assessment methods ensure that the registrar's competence is known to the registrar, supervision team and training provider, and are used to plan the registrar's learning.

## RACGP requirements

Progressive assessment results track the current performance of the registrar with the performance expected for the level of training.

Early identification of problems leads to support and remediation (Criterion 2.3.3.1).

The assessment results are readily available to the registrar, supervisor and training provider while complying with privacy legislation. (Criterion 2.3.1.1).

The training provider is able to provide evidence of:

- progressive assessment results
- remediation that follows adverse outcomes of the assessment
- how it determines what registrar information is shared and with whom.

## Guidance

An integral and critical part of the education and training in the program will be high-quality, regular formative assessment with constructive feedback to the registrars on their performance. The training provider has processes to conduct quality formative assessment that are valid, flexible and fair to registrars in meeting their learning needs. Characteristics of high-quality assessment include validity, reliability, educational impact, acceptability, feasibility and efficiency.

The assessment methods should form part of a supportive quality improvement process aimed at improving clinical practice. Any significant deficiencies will ideally be discovered and corrected during training rather than at the FRACGP examination. Trends of progressive assessments should be used to track a registrar's performance and allow for early identification of struggling registrars. They should also be used as part of ongoing learning plan with the registrar so that all concerned have clear information on the areas that need to be addressed.

## Standard 3.3

The registrar is competent to commence working as an unsupervised GP in Australia.

### Outcome 3.3.1

The registrar has met the RACGP's requirements of Fellowship.

#### Criterion 3.3.1.1

The registrar has the full training experience required for FRACGP.

## RACGP requirements

Registrars undertaking vocational training in general practice must successfully complete the FTE of the following:

- Twelve months of hospital rotations (beyond PGY1 and following general registration) ([Criterion 3.1.2.1](#))
- Eighteen months of general practice experience in a variety of settings ([Criterion 2.3.2.1](#))
- Six months of extended skills training ([Criterion 2.3.2.2](#))

General practice training experience must occur in accredited general practice training posts ([Criterion 1.3.1.1](#)) and under the guidance of an accredited and qualified supervisor ([Criterion 1.2.2.1](#)).

The registrar must be enrolled with an approved training organisation for the experience to be recognised. Registrars must be enrolled for at least 24 months with an accredited training organisation.

Registrars must have sufficient variety of experience in general practice and should work in more than one accredited general practice training post ([Criterion 2.3.2.2](#)).

RPL for up to 12 months of training undertaken while not enrolled with an training organisation may be considered. Applications for RPL must first be assessed by the training organisation and then submitted to the relevant RACGP state censor for assessment. The training provider has a documented process criteria for determining a registrar's suitability for RPL.

The training provider is able to provide evidence of:

- how it ensures that the registrar has had the required training experience to meet FRACGP requirements
- documentation to support the registrar's training experience.

## References

The RACGP's [Vocational Training Pathway - requirements for Fellowship policy](#).

The RACGP's [Vocational Training Pathway - recognition of prior learning policy](#).

## Guidance

RPL cannot exceed 12 months and can include required hospital experience or certain extended skills training, but not general practice.

## Standard 3.3

The registrar is competent to commence working as an unsupervised GP in Australia.

### Outcome 3.3.1

The registrar has met the RACGP's requirements of Fellowship.

#### Criterion 3.3.1.2

The registrar has the full educational requirements for FRACGP.

## RACGP requirements

The registrar must meet the requirement of the RACGP Requirements for Fellowship policy and the Competency profile of the Australian general practitioner at the point of Fellowship.

The training provider is able to provide evidence of:

- how it ensures that the registrar has completed the education requirements
- documentation to support the registrar's completion of educational requirements.

## References

The RACGP's [Vocational Training Pathway - requirements for Fellowship policy](#).

## Standard 3.3

The registrar is competent to commence working as an unsupervised GP in Australia.

### Outcome 3.3.1

The registrar has met the RACGP's requirements of Fellowship.

### Criterion 3.3.1.3

The registrar demonstrates the clinical competence of a GP as assessed by an RACGP summative assessment process.

## RACGP requirements

All enrolments for the RACGP's exams must be signed off by the training provider's medical educator, indicating the registrar is eligible, has met the educational requirements of the training provider and is ready to sit the exam.

The training provider is able to provide evidence of:

- how it supports registrars to prepare for the exam
- the registrar passing the FRACGP examination
- how it remediates a registrar who fails the FRACGP examination
- how data from exam failures is used to inform the education program.

## Reference

The RACGP's [Readiness to undertake an examination](#) guidance document.

## Guidance

### Examination

The examinations may be attempted prior to the completion of training in line with the eligibility requirements.

All registrar enrolments for any component of the examinations require sign-off from the training provider's medical educator indicating that the registrar is eligible, has met time and educational requirements and is ready to attempt the examination.

All registrars are expected to hold current medical registration throughout the assessment process. Registrars may be required to submit evidence that they have medical registration as per the [AHPRA website](#) (including those whose registration renewal application is being processed).

Current financial membership of the relevant RACGP is an eligibility requirement for all registrars.

### Remediation

The training provider has a documented process for remediation of registrars who have been unsuccessful in the examinations.

A clear, structured remediation plan is formulated incorporating input from the registrar and medical educator. Useful sources of information to assist in formulating the plan include:

- the registrar's examination results statement
- examination feedback from the RACGP state censor
- supervisor evaluations from previous training placements
- formative assessment reports over the training period.

## Standard 3.3

The registrar is competent to commence working as an unsupervised GP in Australia.

### Outcome 3.3.1

The registrar has met the RACGP's requirements of Fellowship.

#### Criterion 3.3.1.4

The registrar completes the recognised general practice training program.

### RACGP requirements

The training provider ensures that registrar's FRACGP training records are maintained and current.

Registrars will provide secure and independent feedback about their supervision team, training posts, training provider and training program to the RACGP.

The training provider is able to provide evidence of:

- how completion of training requirements are recorded
- submission of evidence of completion of training to the RACGP
- facilitating registrar feedback to the RACGP.

### Reference

Applying for FRACGP via the Vocational training pathway guidance document.

### Guidance

#### FRACGP training records

The training provider ensures that the RACGP registrar's FRACGP training records are maintained and current. These include:

- a log of key competencies referenced to the RACGP's Curriculum for Australian general practice
- a log of educational events attended during training
- regular feedback reports from the medical education team pertaining to observed consultations
- regular training review meetings with evidence of planned learning
- documentary evidence of completion of Aboriginal and Torres Strait Islander health requirements
- current CPR certification
- certificated competency in initial management of trauma and advanced life support
- the educational program for the six months extended skills training and certificate of satisfactory completion signed by the supervisor
- record of satisfactorily completed required and elective training posts.

#### Registrar feedback

To ensure standards are maintained, registrars undertaking vocational training will provide secure and independent feedback about their supervisors, training posts, training provider and training program to the RACGP. This feedback will be used to inform the training providers in quality improvement and may be used to inform accreditation of training providers.

# Glossary

**Clinical teacher:** A suitably experienced person who can undertake an external clinical teaching visit to assess a registrar or doctor in their training post. The clinical teacher cannot assess someone based in the same practice as them.

**Education:** Focuses on creating lifelong independent thinking rather than just the acquisition of a skill. Education is long-term and holistic. The education program can contain specific training.

**Extended skills training:** Six months of specific training relevant to general practice in hospitals, academic posts or other appropriate settings. Extended skills posts must be prospectively approved by the RACGP and the training provider, and must have planned learning with reference to the curriculum.

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

**Fund holder:** The government body that controls funding for the Australian general practice training program.

**GPT1:** General practice term 1 – the first six months of the training program after the compulsory hospital terms.

**GPT2:** General practice term 2 – the second six months of the training program after the compulsory hospital terms.

**GPT3:** General practice term 3 – the third six months of the training program after the compulsory hospital terms.

**Lead supervisor:** The supervisor who takes ultimate responsibility for the registrar during their practice placements.

**Learning:** The active participation of the registrar in the education and training process. Learning never stops.

**Learning plan:** A tool that the training organisation or the learner may choose to use in the process of planning learning to document the process.

**Learning planning:** The process of identifying areas for development and ways in which these areas can be effectively addressed, assessed and evaluated.

**Learning program:** The programs and processes used to meet the outcomes defined in the RACGP's Curriculum for Australian general practice. The learning program contains both education and training.

**Medical educator:** An experienced and qualified person who delivers education to the registrar. This person is normally a GP, but can also be a relevant, suitably qualified and experienced non-GP.

**Medical education team:** The team consists of all suitably skilled and experienced personnel who contribute to the education of the registrar. The team can comprise administrative support people such as registrar support officers and practice managers. In an Aboriginal and Torres Strait Islander health post, it can include cultural mentors, educators, health workers, etc.

**Model of supervision:** The way in which supervision is delivered. Models can include traditional one-on-one supervision, team supervision (more than one supervisor), remote supervision (where the supervisor spends some or all of the time off-site), blended supervision (a combination of any of the other models of supervision).

**Part time:** Part time in general practice training is a minimum of 10.5 hours face-to-face, rostered, patient consultation time undertaken over a minimum of two days per week within a minimum 14.5 hour working week.

**PGY:** Postgraduate year.

**Supervision team:** Headed by the lead supervisor, the team can consist of GPs and non-GPs depending on the context of the post. Each person in the supervision team has defined roles and responsibilities.

**Supervisor:** An accredited GP who is both a clinician and role model who takes responsibility for the educational and training needs of the registrar while in the practice. The administrative functions that occur as a result of supervising a registrar can be shared among the practice team as the supervisor sees fit.

**Training:** Skills based and often used in the apprenticeship model where a person with specific skills demonstrates the skill, or coaches and guides the learner in the skill. Training is short-term and focused on specifics.

**Training provider:** An organisation accredited by the RACGP that delivers education and training to registrars or other doctors in training (for example international medical graduates [IMGs] on a variety of training pathways) leading up to the attainment of the Fellowship of the RACGP (FRACGP).



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