# RACGP

# Guide to RACGP training site and supervisor accreditation

2025

# Contents

# Introduction

The Royal Australian College of General Practitioners (RACGP) is responsible for setting and maintaining the standards for general practice training in Australia. Endorsed by the Australian Medical Council (AMC), these standards underpin all training delivered through the:

- RACGP Australian General Practice Training (AGPT) Program

- Fellowship Support Program (FSP)

- Practice Experience Program – Specialist Stream (PEP SP)

These programs are delivered primarily through accredited general practices, with Additional Rural Skills Training (ARST) and Extended Skills (ES) training also offered in hospitals or specialty settings and all supported by a network of accredited supervisors.

The *RACGP - Standards for General Practice Training 4th Edition* outlines the expectations for quality learning environments and are the basis of all training site and supervisor accreditation decisions.

This guide provides general practices and supervisors with comprehensive information about:

Part A: The processes undertaken for accreditation and reaccreditation

Part B: Key requirements and expectations aligned to the training standards

Visit the RACGP - Accreditation for further information.

# Part A: The Accreditation Process

## Training context

To ensure high quality and safe training environments, the RACGP accredits and reaccredits training sites and supervisors to the RACGP Standards for General Practice Training 4th edition. All general practice training must:

- **Be delivered through RACGP-accredited sites**

- **Be supervised by one or more accredited general practice supervisors**

## Types of training sites

Training may occur in:

- Accredited general practices Australia wide in urban, suburban, small town, rural and remote settings.

- Aboriginal Medical Services accredited as general practices

- Special training environments such as Australian Defence force garrisons or remote community multifunctional facilities

- Hospitals and Specialty clinics accredited as Extended skills training sites and Additional rural skills placements

Where placements occur outside general practice (e.g. hospitals), RACGP recognises accreditation by other bodies such as state postgraduate medical councils and other speciality colleges. However, additional RACGP training accreditation is required for most disciplines.

## Dual college accreditation

The **Australian College of Rural and Remote Medicine (ACRRM)** is also accredited by the AMC to train general practitioners. If a practice wishes to be accredited by both RACGP and the Australian College of Rural and Remote Medicine (ACRRM), both colleges will coordinate their processes (with consent) to reduce duplication and administrative burden.

## Accreditation principles

The RACGP sees the process of accreditation of supervisors and training sites as a collaborative one – working with all concerned to continually improve the training of our future GPs.

The principles guiding the accreditation of training sites and supervisors, are outlined in the Accreditation Policy and emphasise transparency, accountability, fairness, evidence, responsiveness, and a people-focused approach.

The accreditation system:

- Covers diverse environments including general practices, specialty practices, special training environments, ARST posts, and sites with remote supervision

- Supports continuous quality improvement

- Ensures consistent application of the *RACGP - Standards for General Practice Training 4th Edition*

- Gathers sufficient information to match registrars appropriately

- Clarifies expectations for sites and supervisors

- Minimises administrative burden

- Aligns site accreditation with workforce needs

- Provides robust monitoring across the three-year cycle

- Enables investigation and management of concerns

- Includes reconsideration and appeal processes

Accreditation ensures:

- A safe, inclusive, and supportive clinical learning environment

- High-quality teaching and supervision

- Consistent application of the RACGP's national training standards

- Cultural and psychological safety for registrars

## Accreditation Oversight

Accreditation decisions and policy are overseen by:

- **National Accreditation Committee** – Ensures national consistency and alignment with AMC standards. Reports to the RACGP Education Workforce Subcommittee.

- **National Accreditation Unit** – Manages operations and stakeholder relationships, coordinates reporting, and provides expert guidance.

- **Accreditation Panels** – Operate under the delegation of the National Accreditation Committee to make decisions on accreditation, reaccreditation, remediation, and de-accreditation.

Assessments are undertaken by RACGP staff and medical educators using evidence gathered during site visits, interviews, document reviews, and registrar feedback. Accreditation decisions are based on the training site's ability to deliver the requirements of the training program and to provide a psychologically, culturally and physically safe learning environment for registrars.

# Eligibility requirements

## For Training Sites

To be eligible:

- Hold accreditation under the RACGP Standards for general practices (e.g. AGPAL/QPA) or equivalent

- Be able to demonstrate capacity to support registrar education and training

- Be located in a region of workforce need (for AGPT placements)

- Have systems in place for safe patient care, registrar induction, and supervision

- Provide facilities and equipment necessary for registrar consulting, teaching, and learning

## For Supervisors

Supervisors must have no addenda on their Ahpra registration (e.g. conditions, reprimands). They must notify RACGP of any changes to their registration status.

To be eligible:

- Hold full, unconditional Ahpra specialist registration in general practice

- Be actively practising in general practice in Australia

- Preferably have 4+ years' experience in general practice (2 years post-fellowship minimum)

- Be willing to undertake RACGP supervisor training and ongoing professional development

- Not supervise or employ immediate family members without disclosing conflicts of interest

## Supervision Requirements

- All registrar training time must be supervised.

- Practices must have adequate onsite supervision or seek prospective approval for remote supervision accreditation against the Remote supervision additional requirements.

- A minimum of two accredited supervisors is recommended (for AGPT) to enable adequate registrar supervision during any supervisor leave

- Clinical supervision plans must be developed for each registrar placement.

Please note: Eligibility for Extended skills training site and Additional rural skills placements is covered in separate documents.

# Initial accreditation

The accreditation process is designed to minimise the administrative burden for training sites and supervisors and to enable rapport building between the applicants and the RACGP local team.

## Application process

1. **Submit an Expression of Interest**: Practices provide brief information about the training environment and proposed supervisors via the RACGP accreditation portal [RACGP - Submit an EOI](). The RACGP will review all expressions of interest and prioritise these according to areas of greatest workforce need. Practices selected for accreditation will be invited to submit a full application.

2. **Submit Full Application**: Practices provide detailed information about the training environment and proposed supervisors.

3. **Site Visit**: RACGP staff (including a medical educator) visit the practice (in person or virtually) to assess the environment, meet the team, and verify documents.

   Accreditation of training sites that are specific to Aboriginal and Torres Strait Islander health involves cultural educators and/or Aboriginal and Torres Strait Islander medical educators.

4. **Provisional Accreditation**: New practices are granted 12-month provisional accreditation. During this period:

   o New supervisors must complete onboarding professional development requirements prior to the placement of the first registrar

   o Registrar placement occurs

   o Feedback and monitoring are used to determine readiness for full accreditation

5. **Full Accreditation**: Awarded after successful review of provisional phase. Accreditation is valid for three years.

At accreditation the training site and RACGP will sign a **formal agreement** outlining responsibilities.

# Reaccreditation and ongoing performance monitoring

Dynamic monitoring is undertaken throughout the accreditation cycle to ensure consistent performance of the training site and supervisor against the standards. This includes regular return and review of required registrar workplace-based assessments, regular contact between the RACGP team and the training site and supervisor, registrar end of placement assessments and medical educator liaison with the registrar.

The reaccreditation process is based on continuous monitoring of training site and supervisor performance throughout the cycle. Reaccreditation is undertaken every three years and provides an opportunity for the training site and supervisors to reflect on their learning environment.

Submission of required documentation, review and a reaccreditation discussion are components of the reaccreditation process. This enables both the RACGP and the training site and team to discuss continual improvements and to recognise achievements. The discussion also facilitates open dialogue to clarify information and expectations, and for training sites and supervisors to provide feedback to the RACGP.

## Concerns, remediation and accreditation conditions

There are many points of contact between the RACGP and the training site and supervisor. These include informal liaison, regular RACGP team contact and support, supervisor professional development activities, registrar feedback, supervisor feedback, external clinical teaching visits, and the registrar placement process.

RACGP teams are available to support the site and assist with any issues that may arise. From time to time, conflicts between sites and registrars may occur. All issues raised with the RACGP will be fairly investigated with the aim of a resolution that provides the best training outcomes for the registrar while also supporting the site and supervisors. In some instances, such as industrial issues, the issue will be referred to the appropriate body and / or the registrar advised to seek their own independent legal advice. (e.g. Australian Medical Association AMA, General Practice Registrar Association GPRA, General Practice Supervisor Association GPSA)

Adverse events (including critical incidents) and patient complaints have specific reporting requirements. These are outlined in RACGP - Adverse events and critical incidents management and reporting guidance  and compliance confirmed within the accredited training site and supervisor agreement.

The RACGP will work with the site and supervisor to address any concerns. Clear actions and goals will be agreed, and the training site and supervisor will be supported to remediate if required. In some instances, it may be necessary to apply accreditation conditions; This may include limiting registrar level and placement numbers, additional supervisor professional development, additional documentation or reporting, or withdrawal of a placement for a period of time.

## Withdrawal of accreditation (de-accreditation)

Where required actions have not been undertaken to address any issues raised within the timeframe and training site or supervisor remediation has not been successful, accreditation may be withdrawn. If the accreditation panel determines that de-accreditation is required, the training site and/or supervisor will be issued with a notice to show cause and invited to make submissions to inform the panel's decision.  Any responses will be considered in the final decision. The outcome of the final decision will be provided to the training site in writing.

## Reconsiderations and appeals

All training sites and supervisors are offered the opportunity for reconsideration of decisions regarding accreditation. Applications for reconsideration should be submitted using the Accreditation decision reconsideration request form.

If a training site or supervisor is dissatisfied with the reconsideration decision, an application to appeal the decision can be made.

# Part B: Guidance material to meet the accreditation requirements for training sites and supervisors

The RACGP training standards are used to accredit training sites and supervisors to ensure they are of high quality which**:**

- are welcoming and focused on the learner

- value learning and optimise learning opportunities

- build secure and caring relationships

- involve the whole practice team in learning and teaching

- adjust support and supervision to the competency of the registrar and

- provide quality feedback to enable registrar reflection.

The training standards are outcomes based. The following guide to the standards collates expectations, requirements and guidance for training sites and supervisors under key headings. These key areas are mapped to the relevant criteria and form the basis of accreditation reviews.

This documentation is presented as a guide to streamline detailed information within the extensive training standards. The RACGP Standards for General Practice Training 4th edition remain the basis of assessment of compliance and against which accreditation decisions are made. Under each key heading, the applicable outcomes and criteria from the training standards are listed.

Additional reading and information is available for training sites and supervisors on the RACGP website. RACGP - AGPT Resources, RACGP - Fellowship Support Program resources

# Key Area 1: Training takes place in a learning environment that supports registrar health and welfare.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.3.6 | Workload is appropriate to stage of training, the context and the competency of the registrar. |
| 2.3.9 | Registrar stress and fatigue is identified, acknowledged and addressed |
| 2.3.10 | Actual and potential conflicts of interest are identified and managed |
| 3.3.1 | The learning environment protects the registrar's physical, psychological and cultural safety |

## Expectations and guidance

**Working conditions** and working culture are important to how registrars learn and engage with their training. Working conditions and culture are supported by robust policies in relation to conflicts of interest, discrimination (including racism), bullying, harassment and sexual harassment, and through a whole-of-training site approach to cultural safety.

- The training site has processes in place and available to the registrar and supervisor to address and manage problems (eg **Grievance process**)

- The training site has a process for managing **bullying, harassment or discrimination**.

- The training site can demonstrate how specific learning needs of registrars are catered for including culture, language, or different working arrangements such as part time.

- Supervisors are expected to support registrars within the clinical environment

- Supervisors must not provide or request medical advice or services from their registrar, and registrars should not be requested to provide consultations for other practice staff or their families, unless under exceptional circumstances.

- Supervisors must not supervise a registrar to whom they are directly related (eg their son, daughter, sibling or partner). Similarly, practice owners should not employ a registrar who is directly related. In rural areas, such conflicts of interest are more likely to occur, but they must be declared at the time of placement. Significant actual and potential conflicts of interest not already reported must be notified to the RACGP in order to agree on a management strategy.

**Register safety and well-being** is supported and effectively managed including **fatigue management** and **safe working hours**.

- Rostering must be fair and take into consideration individual needs, such as cultural and religious commitments.

- Hours and days worked must be fair and equitable with other GPs in the training site, and the practice must be able to function without the registrar where time is required for attendance at educational events

- Visiting medical officer (VMO), Home / aged care facility visits, and after-hours work must be balanced and equitable, not exceeding that of other doctors within the practice or putting the experience of comprehensive care or safety at risk. Generally, this work should be no more than one session a week.

- Relevant work health and safety legislation must be met.

## Key Area 2: The training site provides a safe environment, and systems support the delivery of effective training.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.2 | The registrar undertakes supervised clinical practice in accredited training sites that provide a high-quality training environment |
| 2.2.1 | Training sites are accredited clinically and for training by the appropriate agency |
| 2.2.3 | Training sites and supervisors adhere to the RACGP training standards |
| 2.3.1 | The registrar receives orientation to the training site |
| 2.3.7 | Policies and procedures are in place that address patient and registrar safety in the practice |
| 2.3.8 | Practices meet their legislative requirements for the employment of the registrar |
| 4.4.3 | Registrars receive timely, constructive feedback which is used to improve performance |
| 5.4.3 | A culture of feedback is established |
| 5.4.4 | Quality improvements are identified and implemented as a result of the review process |

### Expectations and guidance

**Registrar orientation**

- The registrar is provided with a comprehensive orientation program at the commencement of the placement prior to seeing patients, which, at a minimum includes:
  - o Introduction to all staff
  - o Training on practice-based systems - e.g. computer system and recall systems
  - o Overview of all relevant procedures within the training site such as referral pathways and software, admission to hospital, after-hour arrangements, follow up of patients, infection control, management of medication and vaccines, disposal of medical waste and confidential material
  - o Showing the location of all relevant resources, including reference materials, medications and equipment
  - o Advising the process for dealing with problems, adverse events (including critical incidents) and complaints
  - o Physical orientation to all sites covered by the employment contract
- The training site must have a process for introduction of the registrar to patients.

**Professional relationships**

- Professional behaviour is demonstrated within and external to the training site.
- The registrar understands who is responsible for decision making and managing all aspects of their training ie. the designated supervisor and for some aspects, the practice manager

- The training site and supervisors liaise regularly with the RACGP team to share information and address issues.

- The training site facilitates and supports access for RACGP medical educators to complete assessments.

- The training site ensures all practice, supervisor and registrar information is up to date and provided to the RACGP in the appropriate format. (eg. TMS for AGPT).

**Accreditation**

- The training site is currently accredited against the RACGP standards for General Practice (e.g. AGPAL / QPA) or equivalent.

- Where a practice has a branch or where a registrar works at more than one practice, each training site must be accredited and have a suitable model of supervision and a clinical supervision plan.

- Community-based extended skills training sites where equivalent accreditation is not available require additional checks (as per the RACGP Extended skills practice based accreditation checklist) to ensure appropriate systems are in place for registrar and patient safety.

- Hospital training units are required to be accredited through the postgraduate medical council of the relevant state or territory.

**Registrar feedback and the learning environment**

- The training site ensures provision of a quality learning environment. The training site evaluates its learning environment and makes improvements after consideration of registrar feedback.

- Training sites and supervisors foster a feedback culture that normalises the giving and receiving of feedback for all team members.

- The training site is receptive to registrar feedback throughout the placement and considers how conflicts of interest in provision of feedback are managed.

**Employment of registrars**

- An employment contract is provided to the registrar prior to commencement of the term, that aligns with relevant agreements such as the National terms and conditions for employment of registrars (NTCER) for AGPT training sites. (GPSA - General Practice Supervision Australia | Home and Home - General Practice Registrars Australia have information and resources available regarding employment of registrars including template contracts)

- Practices meet their legislative requirements for the employment of the registrar.

- Pre employment checks are completed as appropriate – Ahpra, medical indemnity, working with children checks.

## Key area 3 – Registrars receive appropriate and effective supervision.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.2.2 | Supervisors are suitably qualified for their role |
| 2.2.4 | Training sites value learners, supervisors and educators |
| 2.2.7 | Supervisors undertake professional development relevant to their role |
| 2.3.2 | An assessment of competence occurs at commencement in each training site |
| 2.3.3 | The registrar is always supervised during training using a model of supervision that is developed and matched to the registrar's assessed competency |
| 2.3.5 | The registrar is able to ask for and receive timely assistance in all clinical situations |
| 2.4.1 | Supervisors are provided professional development opportunities relevant to their role |

### Expectations and guidance

**Registrar supervision**

- There must be one designated supervisor who has oversight of the registrar while at the training site and responsibility for ensuring assessments occur. The designated supervisor must be a practising clinician.

- Registrars understand what is expected and how they are performing against expectations.

- Review of the registrar's learning plan is undertaken with the registrar.

- Constructive feedback is provided to the registrar.

- The model of supervision (single supervisor /one-on-one, team supervision, remote supervision or blended supervision) must be prospectively approved by the RACGP and ensure registrar and patient safety.

- Supervision is based on the four milestones – entry, foundation, consolidation, fellowship.

- Registrars commencing general practice should be supervised onsite to ensure patient safety. At the beginning of a term, supervisors must ensure that time is allocated to assess registrar safety and competence, and to build the educational alliance with the registrar. Please refer to AGPT practice and supervisor handbook or FSP-Training-site-and-supervisor-handbookk for additional details.

**Assessment of competency**

- Registrar competence is assessed by the supervisor at the commencement of term (Early assessment for safety and learning (EASL)) and monitored throughout the term. This may be by, but not limited to - direct observation, case discussion, random case analysis, registrar self-reflective discussion and knowledge areas identified for learning, review of previous assessment, feedback from patients, staff and other clinicians, and clinical audits.

- The supervision plan is reviewed regularly and modified as required to align with the registrar's competency and development.

- Supervisors assess the registrar's understanding of their milestones of training (as outlined in the Progressive capability profile) and knowing when to call for assistance.

- Processes are in place to ensure appropriate supervision is provided for high-risk procedures and situations, and supervisors discuss the Call for help list with the registrar at orientation

- The supervision team completes formal feedback to the RACGP as required.

A **clinical supervision plan** is available for each registrar placement and includes:

- Roles and responsibilities of the supervision team.

- Planned leave arrangements for the supervisors.

- How the registrar can access clinical supervision for timely assistance.

- Appropriate provision of onsite supervision to meet the registrar's level of supervision and training requirements (as outlined within the relevant handbook - AGPT practice and supervisor handbook or FSP-Training-site-and-supervisor-handbook.

- Risk management plan to address difficulty in accessing supervision -

    o the process for the registrar to access supervision when the supervisor is offsite or on leave.

    o the process for emergency onsite assistance to be available when the supervisor is remote or offsite

**Supervisor leave**

- The training site has considered and planned for supervisor leave - planned and unplanned

- A training site has enough accredited supervisors to ensure that there is always a GP supervisor available for escalation of time-critical registrar supervision needs.

- The training site and supervisor will ensure that if an accredited supervisor is unable to continue in their role, the RACGP will be advised as soon as practicable.

**Supervisor qualifications**

- Supervisors must have unconditional medical registration with the Australian Health Practitioner Regulation Agency (Ahpra)

- Supervisor must have registration as a specialist GP, although general practice Fellowship is recommended.

- Supervisor registration must be without any addenda. This includes, but is not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on medical registration.

- Supervisors must promptly disclose any changes to their registration including addenda, regulatory authority activity, application of conditions or other notifiable conduct.

- **Extended skills and Advanced Rural Skills training placements** - supervisors may be non-GPs but hold specialist medical registration in their discipline and comply with their specialty continuing professional development requirements. Supervisors are required to be experienced in the skills being offered and a process for planning what will be learned by the registrar. Please see relevant ARST curriculum regarding supervisory requirements.

**Supervisor professional development and support**

- The integral role of the supervisor needs to be supported within the practice and within the training program. This support can take many forms, including adequate remuneration; the provision of supervisor professional development; respect for the position; sufficient time to devote to supervision; advocacy; and resources that enable supervisors to perform their role.

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

- Supervisors must complete the RACGP's "Foundations of GP supervision program".

- RACGP - Supervisor PD provides guidance on Supervisor professional development (SPD) requirements.

- SPD attendance for individual accredited supervisors within the training should reflect the learning needs of the supervisors.

- Over the 3-year accreditation cycle, each of the accredited supervisors in the practice is required to participate in SPD.

## Key Area 4: Registrars are supported in delivering quality patient care, including culturally safe care.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.1.4 | The registrar participates fully in the operations and scope of the practice in which they are located |
| 2.2.6 | Training sites and supervisors provide best practice clinical care |
| 2.3.11 | Adverse events (including critical incidents) are identified and managed |
| 3.3.2 | The learning environment protects patient safety |
| 6.2.2 | Registrars, supervisors and practice staff participate in cultural safety training |

### Expectations and guidance

**Adverse events**

- The training site and supervisor complies with RACGP Adverse Event and critical incident management and reporting guidance.

- Registrars have the opportunity to reflect on adverse events and near misses within a quality improvement context.

**Practice scope**

- It is expected that registrars will be involved in the range of services offered by that site (e.g. aged care or home visits, hospital work or telehealth) where appropriate, and matched to their level of skills and training in a general practice.

- Registrars are able to participate in appropriate meetings to discuss both clinical issues and practice management.

- Registrars are encouraged to self-reflect and work within their capabilities. As well as clinical knowledge and skills, interpersonal and professional attributes and behaviours are fostered so registrars identify their own learning needs and when they need to seek assistance.

**Patient diversity**

- The training site provides a diverse patient population and breadth of presentations.

- Supervisors and practice staff have completed cultural safety training.

- Registrars are supported to develop knowledge and skills in Aboriginal and Torres strait Islander health. Registrars need to be trained to be skilled GPs who address health inequities, respect and incorporate Aboriginal and Torres Strait Islander cultures and to provide culturally safe care.

## Key area 5 – Registrars are provided with the appropriate depth, volume and variety of clinical and other learning experiences.

| Corresponding Standards / Outcomes / Criteria – Key area 5 | |
|---|---|
| 2.1 | The registrar experiences the breadth and depth of Australian general practice |
| 2.1.1 | The registrar accesses a broad range of relevant experiences defined by the **RACGP curriculum and syllabus for Australian general practice** |
| 2.1.4 | The registrar participates fully in the operations and scope of the practice in which they are located |
| 2.3.6 | Workload is appropriate to stage of training, the context and the competency of the registrar |

### Expectations and guidance

**Appropriate workload**

- Registrars are provided with adequate workload, commensurate with their level of training and competence.

- In the first six months of general practice, registrars should start with fewer patient numbers and not be expected to see the same number of patients as experienced GPs. The rate of increase will depend on the patient demographics and the confidence and competence of the registrars and must occur through discussion and agreement in advance between supervisor and registrar.

- Registrars must not see more than four patients per hour, unless in exceptional circumstances.

**Comprehensive general practice presentations**

- The training site offers the full range of ongoing primary care to a wide range of patients e.g. chronic disease, acute care, complex cases, aged care, children and is not primarily referral based or limited to a specific speciality.

- The training site and supervisors provide **opportunities for the registrar** to experience all aspects of the practice, including working in multi-disciplinary teams (as applicable).

## Key area 6 – Learning opportunities are transparent, equitable and appropriate for the level of training.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.2.8 | The needs of various learners within the training site are appropriately managed |
| 2.3 | The training needs of the registrar are supported by their training sites |
| 2.3.4 | There is a process for developing, reviewing and adjusting the model of supervision appropriate to the needs of the registrar in the context of the practice |
| 3.2.3 | The registrar has access to regular, structured and planned teaching time |
| 3.3.1 | The learning environment protects the registrar's physical, psychological and cultural safety |
| 3.4.2 | Registrars have opportunities to participate in research during training |
| 4.2.3 | Assessment must focus on performance in practice |
| 4.3.2 | Self-reflection is promoted, and assessment of progress is used to plan the registrar's ongoing training |
| 4.3.3 | Registrars receive timely, constructive feedback which is used to improve performance |
| 4.4.1 | Underperformance or other concerns are identified and managed early |

### Expectations and guidance

- Registrars are provided with **appropriate responsibilities for their level of training**.

- A key concept of this involves matching the supervision and learning to the competence of the registrar. As competency develops and the registrar has increasing responsibility for patient care, the level of supervision and the type of educational opportunities should reflect this.

- The supervisor is aware of the registrar's previous experience.

- Level of competency must be assessed individually and not based on stage of training alone. There can be significant variations in competence, confidence, behaviours, skills and past experience between registrars at the same stage of training.

**Workplace based assessments**

- Workplace based assessments of the registrar should be completed within the required timeframes.

- The assessment supports learning through the inclusion of quality feedback as a two-way conversation that includes the registrar's own assessment of their performance and results in reflection and planning for further learning.

- Early identification and communication with the RACGP regarding issues, concerns and unsatisfactory progress is undertaken.

**Teaching**

- The learning needs identified by the registrar are reviewed and learning activities are planned with the registrar within four weeks of commencement of the training term. A teaching plan that outlines who, when,

what and how teaching will occur needs to be developed by the designated supervisor in collaboration with the registrar and tailored to their individual learning needs. It should be reviewed regularly.

- Learning opportunities are provided including a mix of structured and unstructured activities relevant to the stage of training.

- Formal in-practice teaching time must be defined and protected and should be blocked out in the appointment book of both the registrar and supervisor. Practice staff should be made aware that it is protected teaching time and should not be interrupted.

- In addition to accredited supervisors, teaching provided within the practice may be undertaken by other specialist doctors, allied health professionals, practice nurses, practice managers, cultural mentors or educators and Aboriginal and Torres Strait Islander health practitioners and health workers.

## Key Area 7: Registrars have access to appropriate educational resources, facilities and equipment to support their training.

| Corresponding Standards / Outcomes / Criteria | |
|---|---|
| 2.2.5 | Training sites are adequately resourced |

### Expectations and guidance

Registrars have access to appropriate **educational resources and facilities**.

- Registrars have access to an appropriate quiet space with adequate internet access for their learning.

- Registrars have access to educational resources that support their learning.

- Training sites must demonstrate what resources they have allocated to training, including:

    o time: ensuring adequate time is allocated for both registrars and supervisors so appropriate teaching and safe supervision occurs

    o people: detailing how all practice staff are integrated into the learning environment; this may include having clearly articulated roles and responsibilities

    o physical resources: such as adequate space for teaching sessions, adequate IT, internet access, online resources and references.

The registrar has access to **appropriate clinical equipment**.

- The training site provides an appropriate working environment for the registrar, including accessible and fit for purpose **consulting space** and clinical (see below – equipment list) and **office equipment** to enable them to consult on a one-on-one basis with the patient in a private, confidential setting.

- As part of the accreditation process, all training sites are inspected.

- The registrar will have access to **relevant resources** in relation to clinical care eg. Therapeutic guidelines, prescribing information.

- The registrar will have access to equipment that enables them to provide comprehensive general primary care and emergency resuscitation as per Standards for general practice.

- In addition, the registrar should have access to the following equipment in their room: 1. Electronic blood pressure machine or sphygmomanometer 2. Digital thermometer 3. Torch 4. Tongue depressors 5. Diagnostic set including, auroscope with adult and paediatric earpieces and ophthalmoscope 6. Visual acuity chart 7. Weight scales 8. Height measurement 9. Measuring tape 10. Tendon hammer 11. Tuning fork 12. Cervical screening equipment 13. Urinalysis 14. Gloves – disposable 15. Sharps disposal container 16. Biohazard waste container

# Glossary

| Abbreviations and terms | |
|---|---|
| Additional rural skills training (ARST) | Twelve months of additional rural skills training in an accredited training post that is an essential component of training towards the RACGP Rural Generalist Fellowship. A training term of at least 52 calendar weeks (FTE) in an accredited training post that provides the appropriate depth and breadth of experience necessary to meet the requirements of the particular ARST curriculum. |
| Blended Supervision | The registrar and supervisor work in the same location for a period of time throughout the placement, with periods of remote supervision. |
| Clinical supervision plan | A plan that details the expectations and structures for each registrar's supervision, including:<br><br>• when the registrar needs to seek supervision<br>• who is providing supervision and when<br>• how a supervisor is accessed<br>• a plan for escalating issues to an accredited GP supervisor if required<br>• a risk management plan to address difficulty in accessing supervision<br>• a statement of commitment by each supervisory team member of their contribution to supervision. |
| Competence | The array of abilities across multiple domains or aspects of a registrar's performance in a clinical context. Competence is multidimensional and changes with time, experience, and setting. Statements about competence require descriptive qualifiers to define relevant abilities, context and stage of training. See the Progressive capability profile |
| Comprehensive Australian general practice | Providing primary care to all Australians no matter their age, gender, cultural background, or social demographic. Broad in scope, it includes both acute and ongoing care. It:<br><br>• prioritises holistic clinical person-centred healthcare<br>• is founded on ethical and socially responsible practice<br>• addresses the health needs of all people living in Australia in an equitable way<br>• meets the particular needs of underserved populations including those living in rural and remote regions, and Aboriginal and Torres Strait Islander peoples.<br><br>Comprehensive Australian General practice guide |
| Cultural safety and competence | Cultural safety is determined by Aboriginal and Torres Strate Islander individuals, families and communities. Culturally safe practice is the delivery of safe, accessible and responsive healthcare free of racism through a health practitioner's ongoing critical reflection about knowledge, skills, attitudes, practicing behaviours and power differentials. |
| Designated supervisor | The supervisor who takes ultimate responsibility for the registrar during their placement. The designated supervisor has relevant knowledge, skills and attitudes as a supervisor and clinician and is an experienced specialist GP. |

| | The medical practitioner who has ultimate responsibility for a registrar and manages their supervision by the supervisory team to ensure safe patient care. A designated supervisor ensures formal and informal teaching is provided and assessments are completed. |
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| Extended skills training post | Six months of specific training on the AGPT program relevant to general practice in hospitals, academic posts or community settings. Extended skills training posts must be prospectively approved by the RACGP and must have planned learning with reference to the curriculum.<br><br>A 26-calendar week (FTE) term (can be completed part time – pro rata) that gives a registrar the opportunity to extend their skills in community general practice or pursue an area of interest relevant to general practice. |
| Fellow/FRACGP | A GP who has been admitted to Fellowship (or is a Fellow) of the RACGP. Fellowship is granted to those who demonstrate that they have reached the standard required for unsupervised general practice in Australia. |
| Full-time training | A minimum of 27 hours face-to-face rostered patient consultation time over a minimum four days per week within a minimum 38 hour working week.<br><br>For the AGPT program, the RACGP determines FTE to mean 38 hours per week spent in training, which includes all practice time, and education and training program activities. |
| General practitioner (GP) | A registered medical practitioner who:<br><br>• is qualified and competent for general practice anywhere in Australia<br><br>• has the skills and experience to provide whole-person comprehensive, coordinated and continuing medical care<br><br>• maintains professional competence for general practice<br><br>• is vocationally registered. |
| In-practice teaching plan | A teaching plan that outlines when teaching will occur in the practice, who will provide the teaching and what educational activities will occur. The plan reflects the registrar's learning needs and the educational opportunities available at the training site. |
| Medical educator | An experienced and qualified general practitioner with a specific interest and additional skills in educational development and delivery particularly as it relates to general practice. |
| Medical registration addenda | Medical registration addenda include, but are not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on a Registrar's medical registration. See Ahpra's website for more information. |
| Part-time training | A minimum of 10.5 hours face-to-face rostered patient consultation time over a minimum of two days per week within a minimum 14.5 hour working week.<br><br>The combined time spent in practice and undertaking out-of-practice education.<br><br>Time in practice is calculated as a proportion of full-time training. |

| | Part-time training must comprise a working week of at least 14.5 hours over a minimum of two days, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. |
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| Pastoral care and support | Care that assists a registrar to maintain their intellectual, emotional, physical, social and psychological wellbeing. Such care respects individuality, diversity and dignity. |
| Procedural fairness | A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include:<br><br>• providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker.<br><br>• an opportunity for the affected person to directly address the issue/s being decided on.<br><br>• ensuring that conflicts of interest are declared and managed appropriately. |
| Random case analysis | Random case analysis (RCA) is the term used for the discussion of a recent registrar consultation selected by the supervisor. Importantly, the record is chosen by the supervisor (hence, 'random'), involves a discussion (hence, 'case' rather than 'record') and considers the decisions and outcomes of the consultation (hence, 'analysis'). RCA is a well-established tool for teaching and supervision in general practice training |
| Registrar | A registered medical practitioner who is enrolled in a general practice training program approved by the RACGP to achieve Fellowship of the RACGP. |
| Remote supervision | Supervision is primarily provided by a supervisor who is offsite, using a model of supervision that provides comprehensive and robust support and training. Remote supervision may be considered when onsite supervision cannot be provided by an accredited supervisor but must meet specific RACGP guidelines and be formally accredited. |
| 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. There are various levels of supervisors. Supervisory functions may be shared among the practice team as the designated supervisor sees fit. |
| Supervisor professional development (SPD) | Supervisor professional development (SPD) is the term given to activities that develop the knowledge, skills and attitudes needed to teach and supervise registrars. |
| Supervisory team | Headed by the designated supervisor, the team can consist of GPs and non-GPs, depending on the context of the training site, and can include GPs, nurses, cultural mentors and other health workers. However, only accredited GP supervisors can provide clinical supervision. |
| Training Management System (TMS) | The training management system is used by the AGPT program to maintain all training records. This includes registrar placement and assessment information, and training site and supervisor placements and accreditation information. |
| Training site | The location accredited by the RACGP where the registrar may undertake their general practice training. This is predominantly GP clinics, but may be hospitals, other health services, community specialty clinics or a university. |

| Visiting Medical Officer (VMO) | During the course of training, particularly in rural areas, registrars will work in local hospitals as visiting medical officers. Arrangements are based on the general practice and their agreement with the hospital / health service. |
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| Workplace-based assessment | Observation and assessment of a registrar's practice to track progression through training. |