Accreditation Standards for Training Sites and Supervisors:

Guide to implementation

RACGP

Contents

Introduction

The Royal Australian College of General Practitioners (RACGP) is recognised by the Australian Medical Council (AMC) and the profession 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.

The RACGP is responsible for delivering and managing the education, training, assessment and professional development programs to facilitate the training of safe and competent specialists in general practice to ensure the highest standards of healthcare. The RACGP Standards for general practice training were developed to outline requirements for general practice education and training, supervisors and training sites. 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. Interpretation of the training standards as they applied to supervisors and training sites was previously undertaken by training organisations.

This document was developed to guide the accreditation of training sites and supervisors delivering the program. It provides detailed guidance and expectations to ensure that accreditation supports consistent high-quality training. Additionally, it encourages continuous quality improvement through stretch goals. Processes for accreditation and reaccreditation for training sites and supervisors are also outlined.

The RACGP maps its standards to the AMC Standards for assessment and accreditation of specialist medical programs to ensure training site and supervisor accreditation processes are formally evaluated within our accreditation processes and meet AMC requirements.

Objective of RACGP site and supervisor accreditation

The Australian General Practice Training (AGPT) Program occurs primarily within general practices after a registrar has gained broad hospital experience. Additional skills and specialty training on the program may be undertaken in hospitals. The RACGP ensures that the standards are met by accrediting supervisors and training sites in all training settings. This includes general practices, specialty practices used for extended skills placements, special training environments such as Australian Defence Force (ADF) sites, and sites with special considerations such as Aboriginal Medical Services and remote locations. Working with other specialist medical colleges and graduate medical councils forms a component of accreditation of hospital placements used for extended and additional skills.

Accreditation aims to ensure uniformly high standard of GP training throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities. 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.

Principles underpinning RACGP site and supervisor accreditation

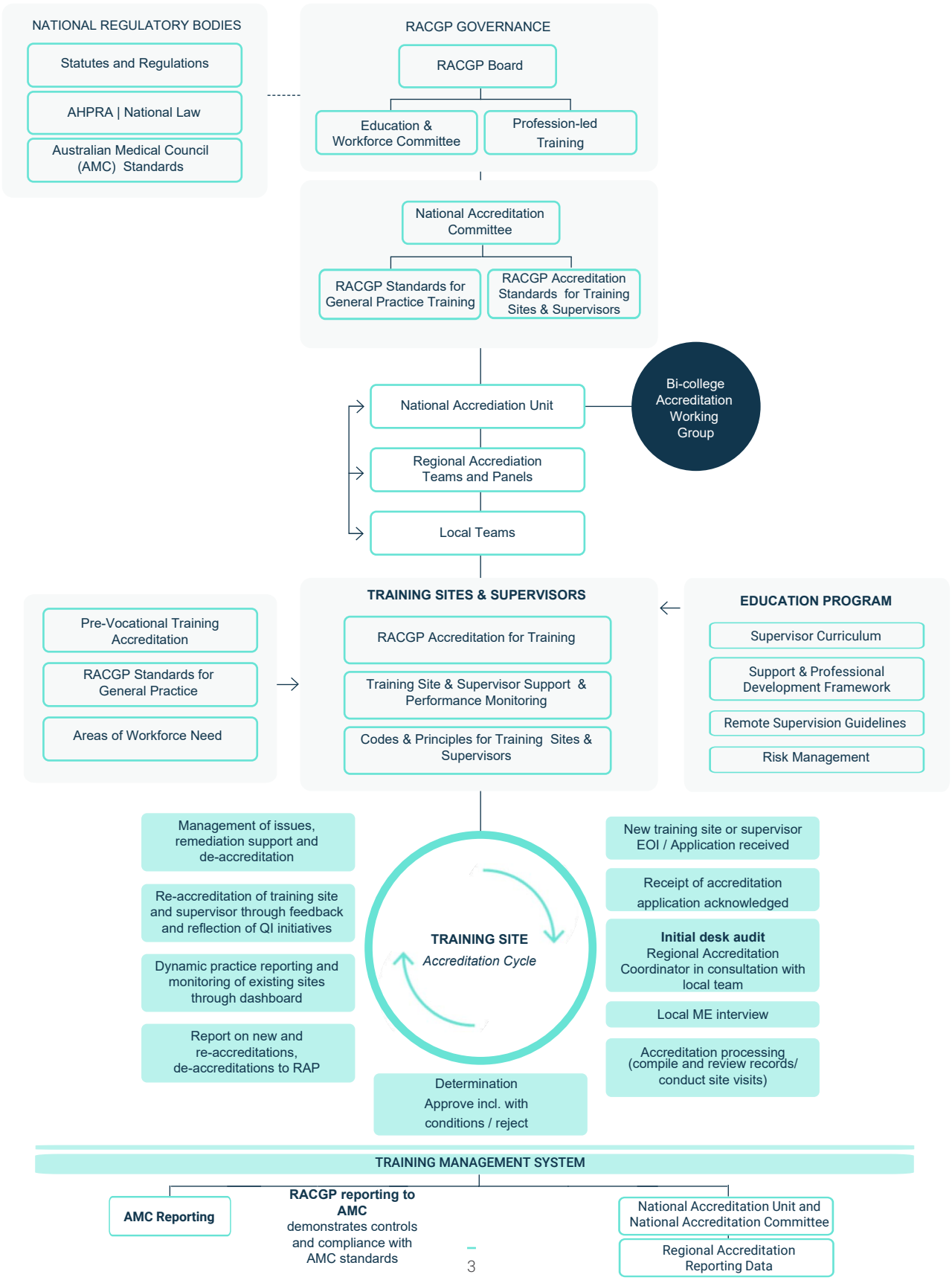
1. Training site and supervision accreditation processes ensure:

- the training site provides a safe environment for the registrar and the patient
- the site provides quality training suitable for the registrar's training needs
- supervision is matched to the training needs and competence of the registrar.

2. Nationally consistent application of the standards occurs through objective accreditation assessments based on clear eligibility criteria and defined expectations.
3. Quality improvement focus throughout accreditation enables development of supportive relationships and fosters positive learning environments.
4. The reaccreditation process is based on dynamic monitoring throughout the cycle.

The RACGP National Accreditation Framework and Accreditation Policy details the development and application of key principles, governance and processes, and links to all associated documentation such as the RACGP Curriculum and syllabus for Australian general practice, and other education and assessment systems.

Figure 1: Accreditation governance



Oversight of the RACGP training site and supervisor accreditation is undertaken by the National Accreditation Committee, which monitors and assesses the effectiveness of the system and ensures alignment with both the RACGP and AMC standards.

The National Accreditation Unit is responsible for managing the accreditation functions nationally to ensure consistency. The unit's responsibilities include:

- liaison with stakeholders such as practice accreditation agencies and other specialist medical colleges, especially the Australian College of Rural and Remote Medicine (ACRRM)
- consultation and expert advice regarding any appeals or complaints regarding accreditation processes (e.g. non- or de-accreditation of sites or supervisors)
- development of standard processes and training of regional accreditation teams
- coordination of regional reporting to the National Accreditation Committee.

Regional accreditation teams are responsible for accreditation and reaccreditation within the context of the local environment, including liaison with relevant local bodies, supporting practices and monitoring their performance. Regional Accreditation Panels make all formal decisions regarding accreditation/reaccreditation status, practice or supervisor remediation, accreditation conditions and withdrawal of accreditation.

Process for initial accreditation

Transparent processes with published eligibility criteria guide the process for new site and supervisor accreditation. Sites and supervisors meeting the criteria can express interest in becoming a training site or, in some cases, the RACGP will approach sites in areas of workforce need directly.

All sites where registrars are placed (including extended skills placements, additional rural skills placements, ADF and special training environments) must be accredited and each registrar must have an allocated accredited supervisor.

The accreditation system is designed to reduce duplication of processes for training sites and supervisors through collaboration with general practice or equivalent accreditation processes.

The application process provides three key functions:

1. to enable the prospective training site and supervisors to understand the requirements of accreditation
2. to enable the RACGP to make a judgement of the capacity of the training site and supervisors to meet the requirements of accreditation
3. to identify and address gaps in the capability of the training site and supervisors to enable them to achieve the standards of accreditation.

A practice visit is undertaken as a component of accreditation.

Initial accreditation is provisional. Provisional accreditation is aimed at supporting the new site and may include limiting placements to senior registrars. Regular contact and feedback are undertaken with an opportunity for review to move to full accreditation on completing 12 months of registrar placement.

Scope of the training practice is determined through the accreditation process. Patient demographics, location (e.g. remote), supervisor experience and accessibility are some of the details established to enable suitable registrar matching.

Sites and supervisors are accredited for three years (inclusive of provisional accreditation) with supervisor accreditation aligned to the site. Training accreditation will move towards alignment with general practice (or equivalent) accreditation cycles.

Once formally accredited – initial or reaccreditation – the site and supervisor will sign an agreement confirming the responsibilities and expectations of both parties. For the full accreditation process, please refer to the Accreditation Application Handbook.

Process for reaccreditation

Dynamic monitoring is undertaken throughout the accreditation cycle. This includes regular contact between the RACGP and the training site and supervisor. Reaccreditation provides a formal opportunity for both the RACGP and the site to discuss continual improvements and to recognise achievements. The reaccreditation process enables sites and supervisors to reflect and provide feedback to the RACGP.

Concerns, remediation and accreditation conditions

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

RACGP local and regional teams are available to support the site and assist with any issues that may arise. From time to time, conflicts between sites and registrars occur. All issues raised 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.

Critical incidents, adverse events and patient complaints have specific reporting requirements. These are outlined in this document, the Accredited Training Site and Supervisor Agreement and in the RACGP critical incident reporting guidelines.

The RACGP will work with the site and supervisor to address any concerns or 'flags'. Clear actions and goals will be agreed. The site and supervisor will be supported to remediate with additional education and assistance. In some instances, it may be necessary to apply accreditation conditions. This may include limiting to senior registrar placements, additional professional development, additional documentation or reporting, or withdrawal of a placement for a period.

Withdrawal of accreditation

On rare occasions where site or supervisor remediation has not been successful and significant concerns remain, accreditation will be withdrawn. The RACGP will advise de-accreditation in writing.

Reconsiderations and appeals

All training sites and supervisors are offered the opportunity to appeal decisions regarding accreditation.

Guidance to RACGP Accreditation Standards for Training Sites and Supervisors

* Denotes evidence available through practice accreditation data from authorised agencies.

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	Guidance/Requirements
1.1.1.1 – The registrar's competence is assessed prior to placement in a post and monitored throughout the training term.	• The supervisor conducts and records the assessment activities and other means of determining a registrar's competencies during their placement. • Supervisors assess the registrar's understanding of their level of competence and knowing when to call for assistance. This is undertaken at the commencement of GPT1 and is informed by early consultation observation and initial end-of-session joint review of clinical notes for each consultation. The Early Assessment of Safety and Learning (EASL) provides further information on registrar competence. • The supervision team completes formal feedback to the RACGP as required. • The supervisor actively participates in the placement process to ensure registrar experience is appropriate for the training post and level of supervision (e.g. review of applicant documentation). • The supervisor has early discussions with the registrar around planning their learning. • Registrars are reviewed and selected for remote supervision sites as per the criteria and process in the Remote Supervision Guidelines.

1.1.1.2 – Appropriate supervision is matched to the registrar's competence and the context of the training post.	• The supervisor develops a supervision plan for each registrar. • The supervisor and registrar discuss early assessment results and adjust the supervision plan as appropriate. • Appropriate supervision is available to enable registrars to train across the full scope of general practice. • Supervision is tailored to the registrar's needs and supervision level, as follows. **Level 1 supervision** The supervisor takes direct and principal responsibility for each patient and the outcomes of each consultation. The supervisor must be physically present at the workplace at all times when the registrar is providing clinical care. 1a The supervisor observes all the registrar's consultations, overseeing the whole of all consultations. 1b The supervisor reviews the clinical findings and proposed management plan by the registrar for all consultations. They also attend all consultations to check salient clinical findings. 1c The supervisor reviews the management of all patients at the time of the consultation and before the patient leaves the practice. This communication may be done face to face or electronically. The supervisor is available for face-to-face consultation if requested by the registrar or considered necessary by the supervisor. **Level 2 supervision** The supervisor shares responsibility with the registrar for each individual patient. The supervisor must be physically present at the workplace at all times when the trainee is providing clinical care. The supervisor discusses and reviews the management of all patients attended by the registrar on the day of the consultation. **Level 3 supervision** The registrar takes primary responsibility for most patients. The supervisor must ensure that the level of responsibility that the registrar is allowed to take for different types of presentations is based on the supervisor's assessment of the registrar's capabilities. The supervisor must monitor the registrar's practice. 3a The supervisor is available to attend in-person at all times, as required by the registrar. 3b The supervisor is available for advice by phone or videoconference at all times, as required by the registrar. **Level 4 supervision** The registrar takes full responsibility for each patient. The supervisor is available for consultation if the registrar requires. The supervisor oversees the registrar's practice with regular formal review of their practice. Cultural safety and competencies are monitored as components of their training. This will be in conjunction with a cultural educator or mentor for Aboriginal and Torres Strait Islander health services.

1.1.1.3 – Appropriate supervision and training is matched to the registrar's learning needs and rate of progression.	• Training is planned in conjunction with the supervisor, medical educator and registrar to match the registrar's identified learning needs. • The learning needs identified by the registrar are reviewed and learning planning is undertaken with the registrar within four weeks of commencement of the training term. • A training plan as represented in the Clinical Supervision Plan and the in-practice teaching plan, addressing the registrar's learning needs, is developed, reviewed and adjusted in a timely manner. • Ongoing supervisor review of registrar learning progression is documented in the training management system as appropriate. • The supervision plan is reviewed regularly and modified as required to align with the registrar's competency and development. • The supervisor team establishes a teaching plan in discussion with the registrar. • The teaching plan is reviewed regularly between the registrar and their primary supervisor. • The registrar reviews their training with their medical e ducators regularly to: - ensure that the registrar will complete their training requirements - address the registrar's specific learning needs and training intentions.
1.1.1.4 – Processes are in place to effectively address any problems that arise during the placement.	• Training site expectations (e.g. rostering and on call) are made available to registrars through the placement process and orientation. • * The training site has processes available to both the supervisor and registrar to address and manage problems (e.g. a grievance policy and process for resolution). • The training site, supervisor and registrar identify and communicate difficulties that arise in training and supervision to the RACGP. • * Processes are in place to manage critical incidents, adverse events and patient complaints during and after the event. Practice staff, supervisors and registrars understand these processes. • Critical incidents and adverse events are reported to the RACGP as per practice and supervisor agreements and the adverse events reporting guidelines.

Outcome 1.1.2 – Feedback mechanisms are in place and the feedback is used to improve the quality of training and supervision.

Criterion	Guidance/Requirements
1.1.2.1 – The registrar participates in timely, constructive feedback with the supervision team.	• The supervision team is headed by the primary supervisor and may include GPs, nurses, cultural mentors and other health workers who work within the training site. While the responsibility lies primarily with the nominated primary supervisor, it is the joint responsibility of the entire supervision team to be alert to the progress of the registrar. The training site has a process in place for monitoring the progress of the registrar, and identification and management of any problems. • The registrar and supervisory team engage in regular and frequent scheduled and ad hoc two-way feedback exchanges. These include: - formal work-based assessment activities, including direct observation - bi-semester formal two-way feedback activities - feedback in the context of ongoing supervisory encounters and teaching sessions. • Practices and supervisory teams foster a feedback culture that normalises the giving and receiving of feedback for all team members.
1.1.2.2 – The registrar gives timely feedback on the supervision team and training post to the training provider.	• The training site and supervisors enable registrars to provide feedback throughout the placement. Registrar comments are obtained in a way that ensures the rights of all concerned are protected. • The training site considers registrar feedback in quality improvement activities.
1.1.2.3 – Training posts are evaluated on a timely basis and the information is used to improve the quality of the post.	• The training site and supervisors evaluate their effectiveness in delivering training. This includes regular evaluation of: - the number and diversity of patients seen by the registrar - the Clinical Supervision Plan and in-practice teaching plans - feedback from external clinical teaching visits with the registrar - educational outcomes of the teaching sessions with the registrar. • Training sites evaluate their learning environment following each registrar placement to support continuous improvements to training. • The training site and supervisors complete the reaccreditation process with the RACGP every three years.

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	Guidance/Requirements
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.	The Clinical Supervision Plan is developed, reviewed and adjusted to the needs of the registrar. 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 site and demographics of the patients using the site. The supervision plan will include: - when the registrar needs to seek supervision - who is providing supervision - how supervision is accessed - a plan for escalating issues to an accredited GP supervisor if required - a risk management plan to address difficulty in accessing supervision - a statement of commitment by each supervisory team member to their contribution to supervision. The supervision team meets to discuss and review the supervision plan regularly. Alternative models of supervision for specific sites are developed with and prospectively approved by the medical education team. Remote supervision sites must meet the requirements of the Remote Supervision Guidelines.

1.2.1.2 – The training post has an RACGP-approved model of supervision that meets or exceeds all supervision requirements.	• Each general practice site will have a primary supervisor allocated to each registrar. The primary supervisor is responsible for ensuring the registrar receives the clinical and educational supervision required to meet the RACGP Standards. • Supervisors roles and responsibilities include: - registrar orientation to the practice - monitoring registrar competence - provision of feedback to the registrar - provision of in-practice education and support - ensuring practice infrastructure supports education and training - regular evaluation of the supervision model - identification and management of risks - monitoring and review of the Clinical Supervision Plan - ensuring the registrar is able to ask for and receive timely assistance in all clinical situations. • Practices require enough accredited supervisors to ensure that there is always a GP supervisor available for escalation of time-critical registrar supervision needs. • An accredited supervisor or experienced Fellowed GP who has accepted responsibility to provide clinical support is always available to the registrar. • As the registrar progresses through a training term, competency assessments are undertaken by the supervisory team and the supervision plan is adjusted as informed by these competency assessments. • Supervisors are onsite during the registrar's working hours as appropriate to the registrar's level of training and competence. The supervision plan clearly documents how registrars can access their secondary supervisor, and who would provide onsite clinical support when their supervisor is not available. • Remote supervision sites must meet requirements set out in the Remote Supervision Guidelines.
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.	• Patient and registrar safety are key considerations in the development of the Clinical Supervision Plan. • Critical incidents and adverse events are managed appropriately and reported to the RACGP. • Processes are in place to ensure appropriate supervision specific to high-risk procedures and situations. • Processes are in place to monitor, identify and manage registrar stress and fatigue aligned to the Policy position statement on stress and fatigue in general practice. • Review of the supervision plan in conjunction with the registrar must include consideration of fatigue indicators. • The model of supervision is regularly reviewed by the supervisory team to ensure that the model remains fit for purpose. • The model of supervision is discussed with the local medical educator as part of ongoing local training program support of training sites.

Outcome 1.2.2 – The supervision team is skilled and able to deliver quality training and patient safety.

Criterion	Guidance/Requirements
1.2.2.1 – Supervision team members have an effective working relationship with clearly articulated roles and responsibilities.	• The Clinical Supervision Plan outlines supervisor roles and responsibilities in relation to the registrar. The supervision team is able to match the level of supervision as determined by the registrar's needs. • The supervisory team may include GPs, nurses, cultural mentors and other health professionals. • A primary supervisor is appointed and has responsibility for ensuring the registrar's supervisory and educational needs and requirements are met. • Administrative responsibilities associated with the placement of the registrar are allocated to a nominated person or a team of people. • Workforce needs of the training site are balanced against the registrar training needs. • Administrative support is adequate to enable supervisors to fulfill their roles and responsibilities. • The supervision team meets regularly to review the supervision plan, roles and responsibilities.
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.	• * Supervisors have unrestricted Australian Health Practitioner Regulation Agency (AHPRA) registration. • * Supervisors must advise the RACGP of any changes of AHPRA status or investigations underway. • Supervisors hold FRACGP or FACRRM (or equivalent) and are of good standing. • The primary supervisor has relevant knowledge, skills and attitudes as a supervisor and clinician and is an experienced specialist GP. • The primary supervisor must complete designated general practice supervisor professional development. • A supervision team professional development plan is developed for the training site reflecting the development needs of the team, the needs of the supervisors within the team and the number and level of registrars placed at the site. • The primary supervisor must ensure appropriate induction of new supervisors to their role within the supervisory team. • In extended skills and additional rural skills training (ARST) (previously Advanced Rural Skills training), supervisors may be non-GP specialists and need to comply with their specialty continuing professional development requirements.

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	Guidance/Requirements
1.3.1.1 – The training post is accredited for training in general practice.	• ⁎ General practice training sites used for GPT1, GPT2 and GPT3: - offer continuity of care in comprehensive general practice - are not primarily referral based (e.g. hospital) or limited to specialty or discipline (e.g. emergency departments) - provide medical care that is clinically managed by GPs - provide continuity of care through ongoing doctor–patient relationships - provide comprehensive care, including preventive care, acute and chronic - coordinate care according to patient, family and community needs - deliver patient-centred healthcare. • The training sites are accredited by the RACGP and meet all ongoing requirements as a training site as detailed within the Accredited Training Site and Supervisor Agreement. • Supervisor accreditation by the RACGP includes: - accreditation of primary supervisors, which includes an interview with the local medical educator and completion of initial professional development requirements with recognition of prior learning - accreditation of secondary supervisors, which includes completion of core clinical supervision module (unless recognition of prior learning is granted). • The training site and supervisor will ensure that if the nominated supervisor is unable to continue in the role, the RACGP will be advised as soon as practicable.
1.3.1.2 – The training post provides training within a framework of safe and quality patient care	• ⁎ The training site must provide evidence of current practice accreditation against the RACGP Standards for general practice by an approved accrediting agency. • Evidence of equivalent accreditation is available as appropriate for extended and additional rural skills training sites. • Extended and additional rural skills training sites require a supervisor 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. • Practice-based extended skills sites where equivalent accreditation is not available require additional checks (as per the RACGP Practice-based extended skills 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 state or territory. • ⁎ The training site has a clinical risk management system in place to enhance the quality and safety of patient care, including a documented process for management of incidents, near misses and complaints. • ⁎ Patients are informed about the presence of the registrar as a GP in Training in the practice and patient feedback is sought.

Outcome 1.3.2 – Learning opportunities and clinical experiences for the registrar meet patient safety requirements.

Criterion	Guidance/Requirements
1.3.2.1 – The registrar is competent to recognise and manage acute and life-threatening scenarios.	• * Supervisors maintain competency in emergency skills through regularly refreshing CPR skills. • Early safety assessment is undertaken by supervisors within the context of the site regarding registrar competence. • The registrar is oriented to training site protocols, systems for acute and life-threatening scenarios, and use of available emergency equipment.
1.3.2.2 – When working independently, registrars only undertake procedures and management of high-risk situations that they are competent to perform.	• High-risk procedures and situations are discussed including registrar experience and training. The supervisor assesses the registrar's ability to manage high-risk situations within the context of the training post, level of supervision and current stage of training. This assessment may require direct observation. • The supervisor assesses registrar competency to contribute towards the determination of clinical privileges. The registrar is supported and supervised to gain competence in high-risk situations. • Identified areas that pose high risk for patients and GPs include: - diagnosis and management of malignancies, serious medical and/or life-threatening problems, serious surgical problems - assessment of trauma - diagnosis and assessment of children - managing complex medication interactions and administrations to prevent prescribing error, inappropriate medication, drug administration error, adverse drug reaction - privacy procedures - procedures such as intramuscular injections, venipuncture, ear syringing, minor surgery, cryotherapy, implants and intrauterine device insertion. - For a comprehensive list refer to Ingham et al. 2020. • The supervision and teaching plans reflect learning needs and supervision requirements. • The supervision team structure supports supervisors in managing high-risk patients cared for by registrars.
1.3.2.3 – The registrar is able to ask for and receive timely assistance in all clinical situations.	• The Clinical Supervision Plan details how to access clinical supervision for timely assistance. The primary supervisor discusses the process with the registrar. • The supervision plan includes: - how the provision of onsite supervision is appropriate to the registrar's level of supervision and training requirements - the process for registrar access to supervision while the supervisor is offsite. When offsite, the supervisor is available by phone, other reliable electronic means, or have plans for alternative support - the process for emergency onsite assistance when the supervisor is remote or offsite - training site internal communication strategies. • Remote supervision sites provide detailed processes as part of accreditation requirements.

Outcome 1.3.3 – Culturally safe care is delivered to Aboriginal and Torres Strait Islander peoples.

Criterion	Guidance/Requirements
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.	• The training site has a plan addressing cultural safety.
1.3.3.2 – Registrars, the supervision team and medical education teams have access to appropriate cultural safety training.	• The primary supervisor has attended cultural awareness and safety training. • The training site supervisory team professional development plan incorporates cultural safety. • Registrars are able to access the Aboriginal and Torres Strait Islander cultural safety educators and mentors while working at the site.
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.	• As appropriate, cultural mentors are included in the supervision team and training plan for the site. • Registrars are encouraged to access the Aboriginal and Torres Strait Islander cultural safety educators and mentors as required while working at the site.

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	Guidance/Requirements
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.	• The learning needs of the registrar are identified for the local context. The supervisor follows the curriculum set out by the RACGP. • Registrars must be involved in the development and review of the in-practice teaching plan. • The teaching plan must be adaptable and reflects the registrar's learning needs.
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.	• The training site and supervisor support the registrar in attending and/or participating in all required RACGP education program events. • The supervisor is aware of the RACGP education program content and reinforces learning through in-practice teaching.
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.	• The training site supports external clinical teaching visits, considers feedback and adapts the in-practice teaching plan as appropriate.
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.	• The supervisor provides an accurate assessment of progress, in a structured way, to the registrar. • Supervisors demonstrate appropriate skills, abilities and attitudes in the clinical environment that promotes experiential learning through practical clinical experience for the registrar. • Supervisors support the registrar to develop self-directed individualised planned learning.

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	Guidance/Requirements
2.2.1.1 – Registrar learning activities and the teaching strategies used are customised to the registrar's needs and training context.	• The in-practice teaching plan reflects the learning needs of the registrar in the context of the site and includes the learning activities to be undertaken. • The supervisor assists the registrar to develop a plan for learning that is practical and relevant. The learning planning should be undertaken with the registrar by week four of the semester. • The supervisor and registrar regularly review and, if necessary, modify the teaching plan to ensure that in-practice teaching and learning activities match the needs of the registrar and training context. • A variety of teaching methods are used and detailed within the in-practice teaching plan. This may include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, review of taped or recorded consultations, demonstrations and participation in clinical procedures, random case analysis, small group discussions and cultural education.
2.2.1.2 – The registrar has access to regular, structured and planned in-practice teaching time.	• In-practice teaching time is allocated, protected (uninterrupted) and appropriate for the registrar's stage of training and level of competence. 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 in-practice teaching plan outlines when teaching will occur, who will be providing the teaching and educational activities that will occur. • The core of teaching activity is one-on-one clinical case discussion with the supervisor and professional mentoring related to the registrar's daily case load. • Learning activities are learner-centred, guided by the supervisory team and supported by the RACGP syllabus. • Registrar feedback is sought regarding in-practice teaching. Feedback is used for quality improvement.

Outcome 2.2.2 – The registrar's learning and development is well supported.	
Criterion	**Guidance/Requirements**
2.2.2.1 – The registrar is adequately prepared to participate fully in the operations and scope of practice in the training post.	• * Registrar induction to the training site is completed using a structured documented orientation plan. • The supervisor (or delegate) ensures orientation to the site includes: - registrar introduction to all members of staff, who also need information about the stage of training and the responsibilities of the registrar - training in how to use practice systems where appropriate - the location of all relevant resources, including reference materials, medications and equipment - awareness of all relevant procedures in the practice such as referral, admission to hospital, after-hours arrangements, follow-up of patients, sterilisation, S8 medications and disposal of waste. • * The physical environment provides the registrar with: • a quiet space with a computer and internet access for teaching, learning and study • suitably equipped dedicated patient consultation room. • * The registrar has access to educational reference and patient information material either online or via hard copy.
2.2.2.2 – The registrar is provided with quality, safe and well supported learning opportunities.	• The patient load is appropriate to the stage of training and competence of the registrar. • The registrar sees no more than four patients per hour in the normal clinical setting. The workload of the registrar is monitored with consideration of registrar stress and fatigue. • Registrar rostering should be comparable to other clinicians working at the training site. Structuring of on-call schedules will consider the needs of patient's continuity of care and the educational needs of the registrar. • Registrar and supervisor clinical load should provide adequate time for learning opportunities and support. • The clinical load should enable the registrar to be occupied (patient contact, administration and education, in-practice teaching, clinical supervision) for most of the day. The registrar should see an average of two patients per hour, acknowledging administration and education time. • The patient case mix provides the full range of presentations.

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	Guidance/Requirements
2.3.1.1 – The registrar's progress is documented and readily available to the registrar, training post, training provider and RACGP.	• The supervisor provides detailed constructive feedback reports online by due dates as requested. • The supervisory team reviews information and document updates in the training management system.

Outcome 2.3.2 – Registrars have the opportunity to address the depth and breadth of their training based on their performance.

Criterion	Guidance/Requirements
2.3.2.1 – The registrar's training occurs in general practice training posts that deliver the depth and breadth of general practice.	• * The general practice offers a range of ongoing primary care services to a wide range of patients and is not primarily referral based or limited to a specific specialty. • * 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. • The registrar should participate fully in the general practice including after-hours and offsite care, although the greater proportion of workload should be in the clinic within usual clinic opening hours. It is recommended for registrars to have regular exposure to nursing home visits, home visits and hospital consultations where relevant and appropriate to the training post. • General practice training sites consider patient demographics and monitor appointments to ensure the registrar is exposed to a wide variety of patient presentations. • Special training environments that do not meet the definition of general practice (such as rural hospitals providing GP services) and ADF posts are accredited according to detailed guidelines and are limited to six months (full-time equivalent (FTE)) total training time. • Community practices offering targeted services to specific population groups are accredited as extended skills placements and are limited to six months (FTE) total training time. • Overseas posts are limited to extended skills accreditation for ADF registrars only.
2.3.2.2 – The registrar participates in a broad range of relevant experiences defined by the curriculum.	• The training site and supervisors provide opportunities for the registrar to experience all aspects of the practice. • Extended skills placements offer knowledge and skills in a particular area relevant to general practice, are specifically accredited and limited to six months (FTE) training time. Extended skills posts are required to have processes for registrar support and supervision, a curriculum and/or teaching plan and orientation. There is a clear outline of learning outcomes linked to a relevant curriculum that can be expected to be achieved from a placement. • Additional rural skills training posts are discipline based and offer a specific curriculum.

Outcome 2.3.3 – At-risk registrars are identified and appropriate remediation implemented.

Criterion	Guidance/Requirements
2.3.3.1 – Learning intervention and remediation opportunities are identifiedw and addressed.	• Regular formative assessment is undertaken with constructive feedback to registrars on their performance. • The supervisor liaises with the medical education team to flag issues early. • The registrar is informed of concerns as soon as they are identified. • The supervisor supports learning interventions and works with the medical education team to provide additional support as required.

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	Guidance/Requirements
2.4.1.1 – The education plan is reviewed and updated.	• The supervisor understands the RACGP education program, curriculum and syllabus. • The supervisor provides constructive feedback on the education plan as requested.
2.4.1.2 – The education plan responds to the local context.	• The supervisor liaises with medical educators to review the education plan and incorporate the local and regional context into their in-practice teaching.

Outcome 2.4.3 – Systems and processes support the education program and the registrars.

Criterion	Guidance/Requirements
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.	• The training site ensures secure access to training management and learning management systems is available for the supervisory team and registrar. • The training site ensures that the practice and supervisory team are aware of and adhere to all system requirements. • The supervisor ensures all practice, supervisor and registrar information is up to date in the RACGP training management system.

Outcome 2.4.4 – Communication between the training provider and the RACGP is effective.

Criterion	Guidance/Requirements
2.4.4.1 – The training provider and the RACGP communicate to share information and address issues	• The training site and supervisors liaise regularly with the RACGP local team. • The training site and supervisor share information with the RACGP to increase collaboration and facilitate effective resolution of any issues. • The training site and supervisor advise the RACGP of any changes to the site or supervisory team in a timely manner.

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	Guidance/Requirements
3.1.1.1 – The registrar's pre-entry competence is matched against the RACGP's requirements to commence general practice training.	• Supervisors actively participate in the placement/interview process. The supervisor is aware of the registrar's previous experience. • The supervisory team supports registrars to complete mandatory requirements following RACGP assessment.

Outcome 3.1.2 – The registrar is able to demonstrate competence to work under supervision as a GP in Australia.

Criterion	Guidance/Requirements
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.	• The supervisor participates in early safety processes to assess competence. • The supervisor considers registrar competence in the context of the training site and provides feedback to the registrar and RACGP. • As appropriate, the supervisor completes any additional competency assessments requested for their registrar by the RACGP to fulfil mandatory requirements (e.g. paediatric presentations).
3.1.2.2 – The registrar demonstrates the professional attributes expected of a GP.	• The supervisor and training site consider professionalism as a component of registrar competence. Professional attributes are assessed against the RACGP competency profile of the Australian GP at the point of Fellowship. • Professionalism is included in the registrar's learning plan as appropriate. • The training site supports the registrar in taking responsibility for their own learning. • The supervisor supports the registrar's development as a professional.

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	Guidance/Requirements
3.2.1.1 – The competencies that the registrar must attain for successful completion of each training term and whole of training are identified.	• The supervisor assesses the competence of the registrar in collaboration with the medical educator. • The supervisor understands the expected level of achievement for the registrar's stage of training. • Early assessment will inform learning planning by the registrar with their supervisor. The teaching and Clinical Supervision Plan will support the competencies to be achieved during the placement, including defining competency requirements, monitoring progress and achievements, and steps the registrar needs to take to develop the competencies.
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.	• The supervisor uses information on benchmarked registrar progress to plan training. • Training site expectations are matched to the expected level of competence for the registrar, based on the progressive capability profile of a general practitioner. • The supervisor provides regular constructive feedback to the registrar on their performance. • Mandated assessment/feedback activities are completed during GPT1 then undertaken as directed by assessed need. • The assessment is relevant to the training post and considers feedback from the supervisory team, External Clinical Teaching visitor and registrar self-assessments.

Outcome 3.2.2 – Assessment results are used to monitor and improve performance.

Criterion	Guidance/Requirements
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.	• The supervisor provides feedback to the registrar on assessments and competence throughout their placement. • The supervisor provides assessment reports to the RACGP by due dates. • Registrars are supported to use assessments to improve clinical practice. • The supervisor provides feedback to the registrar and RACGP early where concerns regarding significant deficiencies are identified.

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	Guidance/Requirements
3.3.1.1 – The registrar has the full training experience required for FRACGP.	• The training site and supervisory team aims to provide sufficient variety of experience in general practice.
3.3.1.3 – The registrar demonstrates the clinical competence of a GP as assessed by an RACGP summative assessment process.	• The training post and supervisory team support the registrar through their RACGP examinations preparation. • For registrars who are unsuccessful in RACGP summative assessments, the supervisor provides additional teaching and support requested through the remediation process by the RACGP.
3.3.1.4 – The registrar completes the recognised general practice training program	• The training site supports the registrar to participate in all out-of-practice RACGP training components. • The supervisor completes and submits all required registrar assessment reports by due dates.

Key terms

The key terms relating to education in general practice used in this document are listed here.

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 Fellowship in Advanced Rural General Practice (FARGP).
Clinical Supervision Plan	A practice plan that details the supervisory expectations and structures for each registrar. The supervision plan includes: • when the registrar needs to seek supervision • who is providing supervision and when • how supervision is accessed • a plan for escalating issues to an accredited GP supervisor if required • a risk management plan to address difficulty in accessing supervision • a statement of commitment by each supervisory team member to their contribution to supervision.
Competence	The array of abilities across multiple domains or aspects of physician performance in a certain context. Competence is multidimensional, dynamic and changes with time, experience and setting. Statements about competence require descriptive qualifiers to define relevant abilities, context and stage of training.
Comprehensive 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: • prioritises holistic clinical person-centred healthcare • is founded on ethical and socially responsible practice • addresses the health needs of all people living in Australia in an equitable way • is founded on ethical and socially responsible practice • meets the particular needs of underserved populations including those living in rural and remote regions, and Aboriginal and Torres Strait Islander peoples.
Extended skills posts (ESP)	Six months of specific training relevant to general practice in hospitals, academic posts or other appropriate settings. ESPs must be prospectively approved by the RACGP and the training provider and must have planned learning with reference to the curriculum.
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.

General practitioner (GP)	A registered medical practitioner who: • is qualified and competent for general practice anywhere in Australia • has the skills and experience to provide whole person with comprehensive, coordinated and continuing medical care • maintains professional competence for general practice • is vocationally registered.
In-practice teaching plan	A teaching plan that outlines when teaching will occur and who will be providing the teaching and frames the educational activities that will occur in the practice. These reflect the registrar's learning needs and the training site educational opportunities.
Learning plan	A tool that the registrar uses to plan learning through identifying areas for development and ways in which these areas can be effectively addressed, assessed and evaluated. While it is not required for registrars to document a formal learning plan, registrars are expected to actively engage in planning their learning and to involve their supervisor and medical educator in this planning.
Medical educator	An experienced and qualified person who delivers education to the registrar. The person is normally a GP but can also be a relevant suitably qualified and experienced non-GP.
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.
Placements	Training positions available for registrars. A training site may have more than one placement or no placements if it is in furlough.
Primary supervisor	The supervisor who takes ultimate responsibility for the registrar during their placement. The primary supervisor has relevant knowledge, skills and attitudes as a supervisor and clinician and is an experienced specialist GP.
Registrar	A registered medical practitioner who is enrolled in a general practice training program approved by the RACGP to achieve Fellowship of the RACGP. This usually refers to a GP in training in the Australian General Practice Training (AGPT) and Remote Vocational Training Scheme (RVTS) programs.
Scope of training practice	As a concept within a training site accreditation refers to practice suitability for levels and competencies of registrars. A range of factors are assessed through the training accreditation process including patient demographics, clinical complexity and availability of supervision. Based on this assessment the scope of practice for training may be deemed appropriate, for example GPT3 and above only or remote supervision site. The scope of practice for the training site is monitored and reviewed.
Secondary supervisor	A GP accredited as a supervisor whose primary role is to support the supervision of the registrar as the registrar undertakes clinical responsibilities. They may be involved in other registrar educational activities depending on the practice teaching plan.

Supervision team professional development plan	A plan that describes the educational professional development needs of the supervisory team and its members and the planned educational activities to address those needs.
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 (see primary supervisor and secondary supervisor). Supervisory functions can be shared among the practice team as the supervisor sees fit.
Supervisory team	Headed by the primary supervisor, the team can consist of GPs and non-GPs, depending on the context of the post. Each person in the supervisory team has defined supervisory roles and responsibilities. The supervisory team can include GPs, nurses, cultural mentors and other health workers.
Training site	Training sites refer to the accredited health service where registrars are employed to undertake vocational training in general practice under supervision.

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