

AGPT Training Site and Supervisor Handbook

RACGP AGPT

AGPT Training Site and Supervisor Handbook

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

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How to use this handbook

Every registrar is different. They may be starting their first general practice placement or near the end of their training. They may be sitting exams or requiring remediation. They may be confident and engaged or disinterested and struggling.

As a staff member or supervisor at the training site where a registrar is placed, throughout the placement you will have different needs at different times. This handbook is designed to give you the answers, resources, tools and links that you need no matter what your query is. It has been designed for you to dip in and out of as you need and quickly find answers when an issue arises. Browse through so you have an idea of what is available.

Finally, this handbook provides an array of resources, including links to the General Practice Supervision Australia (GPSA) online educational resources. GPSA has an extensive range of useful resources including teaching plans, guides, online learning modules and webinar recordings. Membership of GPSA is free to supervisors and you can join online.

Training program contacts

RACGP National
T: 1800 472 247
E: racgpeducation@racgp.org.au
W: www.racgp.org.au

RACGP offices
W: www.racgp.org.au/find-an-office

RACGP Rural
T: 1800 636 764
E: rg@racgp.org.au

GP training contacts
W: www.racgp.org.au/education/gp-training/gp-training/key-contacts

Acronyms

ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AMA	Australian Medical Association
ARST	additional rural skills training
CPD	Continuing Professional Development
EASL	early assessment for safety and learning
ES	extended skills
FAQ	frequently asked question
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP Rural Generalist Fellowship
FSP	Fellowship Support Program
FTE	full-time equivalent
GP	general practitioner
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPT	general practice term
MMM	Modified Monash Model
NTCER	National Terms and Conditions for the Employment of Registrars
PD	professional development
PEP	Practice experience program
PFP	Pre-Fellowship Program
PMLO	practice manager liaison officer
PRODA	Provider Digital Access
RACGP	Royal Australian College of General Practitioners
RCA	random case analysis
ReCEnT	Registrar Clinical Encounters in Training Project

RPLE	recognition of prior learning and experience
RVTS	Remote Vocational Training Scheme
SLO	supervisor liaison officer
SPD	supervisor professional development
TMS	Training Management System
WBA	workplace-based assessment

Introduction to the program

The Australian General Practice Training (AGPT) Program is funded by the Australian Government and offers an apprenticeship model of training over 3–4 years. The RACGP has a national approach to training, with delivery by local training teams supported by regional and national teams.

The RACGP AGPT Program is a comprehensive education program grounded in the *RACGP educational framework* and its three guiding educational instruments:

- The *RACGP curriculum and syllabus for Australian general practice* is an indispensable tool for registrars and supervisors. It provides the scope of educational content (42 individual units) for the AGPT Program and details the educational competencies and learning outcomes.
- The Progressive capability profile of the general practitioner is a public statement of the RACGP's view of the capabilities of an Australian GP from entry to general practice training through to post-Fellowship. By defining the capabilities and competencies required at four milestones of general practice training, it is a benchmark for professional skills and behaviours.
- Our education policies and standards aim to ensure high-quality, effective education and safe clinical practice in workplace training.

The AGPT Program includes hospital training, general practice placements (GPT1, 2 and 3) and extended or additional rural skills training for those in the rural generalist stream. Hospital training is undertaken in an accredited Australian or New Zealand hospital, and community general practice placements and extended skills and additional rural skills training are all undertaken at RACGP accredited training sites. The RACGP is responsible for setting the standards and ensuring training sites are accredited.

Registrars may choose to train with either the general stream (and work in or near a city) or the rural stream (working mainly in rural or regional areas).

Who's who in training

The RACGP has a distributed operations model that ensures national consistency in delivery of registrar training while allowing local flexibility. A local team is your initial contact for support, and they are in turn supported by RACGP regional and national services and teams.

RACGP local training team

The RACGP local training team includes:

- a training coordinator
- a medical educator
- a cultural mentor
- a program support officer

Training coordinator

A training coordinator is allocated to every practice and to every registrar. They are a key contact and the first port of call for all training-related queries (eg administrative tasks, requirements for training progression, etc). Training coordinators work closely with the local medical education team.

Medical educator

A medical educator is allocated to every practice and to every registrar. Medical educators are experienced GPs with additional educational expertise. They contribute to the registrar's education program and may also be external clinical teaching visitors. Medical educators also support supervisor professional development. They will be able to provide guidance on the provision of supervision and teaching at the training site.

Medical educators usually work part time as they also work in general practice.

Cultural mentor

A cultural mentor is a member of the local Aboriginal and Torres Strait Islander community who, together with a cultural educator, supports registrars to develop cultural competency by providing Aboriginal and Torres Strait Islander cultural and health education, including cultural safety training.

A cultural mentor is a valuable resource for all registrars training in a particular area, helping them connect with the local community. Registrars can go to their cultural mentor for information and advice on local Aboriginal and Torres Strait Islander history, cultural beliefs, values and practices.

If a registrar is placed in an Aboriginal and Torres Strait Islander health training site, the cultural mentor will likely be involved in their in-practice orientation and will be available to assist registrars in their clinical practice.

Cultural mentors may provide additional and individualised cultural support to Aboriginal and Torres Strait Islander registrars who are navigating living and working on country that's either their own or that of another Aboriginal or Torres Strait Islander group.

Program support officer

A program support officer assists the regional team with communications, record keeping, reporting, event organisation and other administrative tasks relating to the training program

RACGP regional team

Regional director of training

A regional director of training (RDOT) provides high-level medical education leadership, including managing the regional and local medical educator teams, to ensure that the training program is delivered effectively in their region.

Liaison officer

The RACGP employs registrar liaison officers (RLOs), supervisor liaison officers (SLOs) and practice manager liaison officers (PMLOs) to provide confidential advice, information and support to registrars, supervisors and practice managers respectively. They meet regularly with the RACGP training team and advocate for their peers.

Cultural educator

A cultural educator is a member of the local Aboriginal and Torres Strait Islander community. In some instances, a cultural educator will also work as a cultural mentor.

Cultural educators are responsible for the delivery of the Aboriginal and Torres Strait Islander health unit of the RACGP *Curriculum and syllabus*, in particular, cultural orientation, cultural awareness training, and supporting registrars to provide culturally appropriate, responsive and sensitive healthcare to Aboriginal and Torres Strait Islander people.

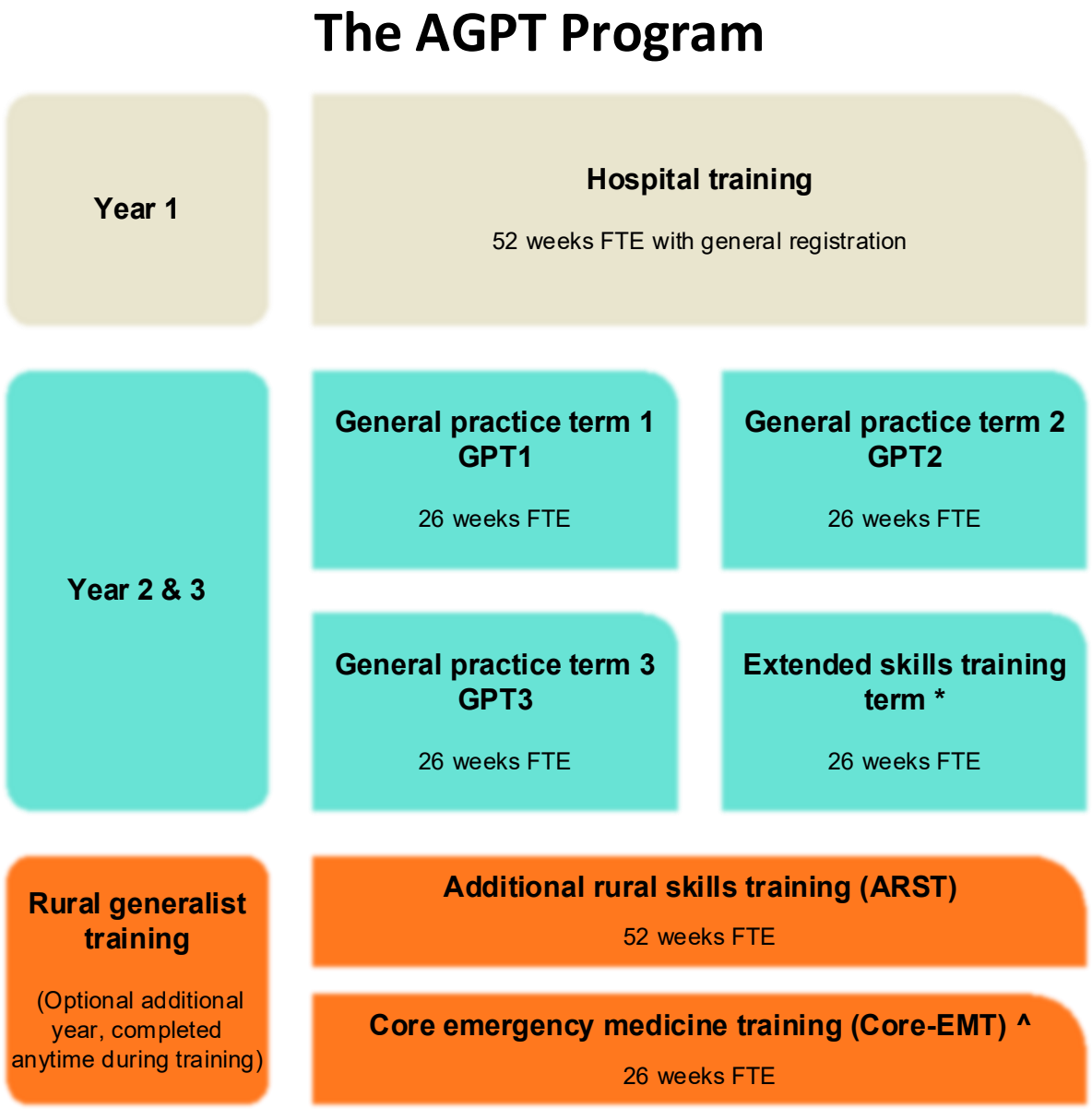
They work closely with medical educators to support quality and holistic Aboriginal and Torres Strait Islander health and clinical practice training. They also work with cultural mentors to support registrars to develop cultural competency by providing Aboriginal and Torres Strait Islander cultural and health education, including cultural safety training. If a registrar is placed in an Aboriginal and Torres Strait Islander health training site, the cultural educator will also be available to offer any additional support and education that they may require throughout their placement.

Cultural educators may provide additional and individualised cultural support to Aboriginal and Torres Strait Islander registrars who are navigating living and working on country that's either their own or that of another Aboriginal or Torres Strait Islander group.

RACGP national team

The RACGP national team has oversight of the overall AGPT Program, providing high-level educational leadership and policy development. They may provide guidance and decision-making in particular circumstances, such as educational support and remediation, application for extended leave and managing adverse events.

Figure 1. The journey to RACGP Fellowship for registrars on the AGPT Program



* May be completed at any time during years 2 and 3
^ May be undertaken as the extended skills training term

Hospital training

To be eligible to start general practice terms, registrars must have successfully completed at least two years of hospital terms in accredited Australian or New Zealand hospitals as a foundation for general practice training and to develop an understanding of the integration of primary and secondary care.

For registrars in the 2025 AGPT Program and earlier cohorts this includes mandatory hospital rotations (medicine, surgery, emergency medicine and paediatrics) in the five years prior.

For registrars in the 2026 AGPT Program or later cohorts this includes general registration, further hospital experience (refer to the AGPT Registrar Handbook: Assessment of readiness for general practice) and satisfactory demonstration of paediatric competence in the five years prior.

Some registrars may apply for recognition of prior learning experience (RPLE) for hospital time previously completed and start their AGPT Program in general practice. Without RPLE a registrar starts their training in hospital.

General practice terms

Registrars complete three general practice training terms (18 months in total) as part of their core vocational training requirements. Placements are usually for one or two terms, and overall, should expose the registrar to a range of patient populations and presentations, and at least two different supervisors and two different business models. This prepares the registrar for working across the breadth of Australian general practice.

Registrars in the general training stream may work in metropolitan areas, but must also spend 52 weeks in at least one other location:

- outer metropolitan, or non-capital city MM 1 location
- regional, rural or remote location
- Aboriginal and Torres Strait Islander health training post

For those in the rural training stream, all training is done in non-metropolitan areas, and they are expected to live in the rural community where they work (non-metropolitan areas are known as Modified Monash Model/MMM 2–7 locations). ADF registrars may have their location obligation met through their ADF service obligations.

In addition to the three general practice terms, an extended skills term allows the registrar to either extend their skills in a further community general practice term or pursue an area of interest relevant to general practice, for example Aboriginal and Torres Strait Islander health or skin cancer medicine.

Education program

Workplace-based learning in community general practice under supervision is the core of general practice training. An in-practice teaching plan is developed by supervisors with each registrar based on their learning needs and the context of the training site.

Aboriginal and Torres Strait Islander health is a core unit of the *RACGP Curriculum and syllabus* in which all registrars are expected to develop competence. Cultural safety training is included in workshops at the regional and local levels.

In-practice teaching

The primary in-practice teaching activity is discussion of the registrar's cases. Refer to the section on In-practice teaching for further information.

Out-of-practice education

Registrars participate in a minimum of 125 hours of out-of-practice education, such as larger regional workshops, peer-led small group learning sessions and exam preparation as part of their out-of-practice time requirements.

Fellowship

To be admitted to Fellowship of the RACGP (FRACGP and/or FRACGP-RG), a registrar must:

- meet all training program requirements (including educational, administrative, and professional conduct requirements)
- pass the three RACGP Fellowship exams

Registrars can only sit the three Fellowship exams after they have completed two years of active training time including GPT1 and GPT2 and met all other exam eligibility requirements. Once they enrol in and sit their first exam, they have a three-year candidacy period in which to sit and pass all three exams.

For training sites

Your role in hosting a registrar

The role of the practice manager

As a practice manager, you are a valuable member of the supervision team, helping to ensure the registrar's training placement goes smoothly. You will often be the first person they will contact for assistance with a range of queries, and you will be our first point of contact regarding training practice issues.

You can support your registrar by:

- providing an orientation to the training site and training site team
- helping them understand their employment contract
- ensuring they know who to go to for the different aspects of their role
- providing information on the training site and training site systems
- helping them understand the Medicare Benefits Schedule
- managing their rostering
- helping them improve their information technology skills
- giving advice on administrative tasks
- sharing knowledge of local services and the community they will be serving
- helping to resolve issues and problems that may arise
- acting as a conduit to their supervisors to ensure wrap-around support is in place throughout the placement
- advising them on interpersonal skills, such as dealing with confrontation and conflict resolution
- being aware of their training and study requirements, including when they have allocated teaching time with their supervisor and facilitating the scheduling of their external clinical teaching visits.

You also have an important role in providing feedback. You will receive feedback about the registrar from their patients and other training site staff and practitioners. This feedback is valuable in helping the registrar develop their skills, but it does need to be given sensitively and in the context of your relationship with your registrar.

The feedback you receive from others about the registrar should also be shared with the relevant members of the supervision team, as appropriate. At the beginning of the training term, discuss the process for two-way feedback with the registrar and their supervisor and consider scheduling regular opportunities for this to occur. Many problems are avoided when there are frequent opportunities for communication.

If you are new to being the practice manager of an accredited training site, the local RACGP program team and your regional practice manager liaison officer will orientate you to the program and provide ongoing support. RACGP provides a practice manager's checklist to help you prepare for your registrar's arrival. There is also an In-practice orientation checklist for a GPT1 registrar and an In-practice orientation and checklist for a GPT2, GPT3 or extended skills registrar. GPSA can also provide valuable support.

If you are hosting an ADF registrar for the first time in your training site, there are significant contractual differences in the arrangement. Your RACGP local team can provide specialised advice on ADF registrar arrangements.

The role of the supervisory team

The supervisory team consists of a nominated accredited supervisor for each registrar, known as the designated supervisor who has overall responsibility for the registrar in the training site and is the RACGP's first contact for educational issues with the registrar. Other accredited supervisors can contribute to the teaching, supervision and assessment of a registrar. Later in GP training, specialist GPs who have not been formally accredited as supervisors are permitted to provide limited assistance with supervision. Other professionals may also help registrars learn clinical skills and improve their local knowledge, and support them professionally, including:

- allied health practitioners
- practice nurses
- cultural educators and mentors
- training site administrative staff

You will find more detailed information about the role of supervisors in the section on A supervisor's core tasks.

The role of other training site staff

Training site staff play an important role in ensuring the success of a registrar's placement. Whether you are a receptionist, training site nurse or allied health practitioner, you have experience that can benefit the registrar and help them learn about the essential features of general practice. You can help with:

- orientation
- explaining training site processes
- sharing local knowledge
- sharing your particular expert knowledge (eg immunisation schedules)

You may be asked to contribute to a registrar's supervision within your scope of practice. The designated supervisor will oversee your participation in supervision and document it in the supervision and teaching plan. In Aboriginal Medical Services, a cultural mentor should be engaged to guide, teach and support the registrar.

The registrar's consulting room and provision of equipment

Registrars will benefit from having their own room wherever possible and movement between rooms should be minimised.

The registrar must have access to equipment that enables them to provide comprehensive general primary care and emergency resuscitation as per the RACGP Standards for general practice and Guide to RACGP training site and

supervisor accreditation. In addition to other equipment that the training site supplies a sphygmomanometer, ophthalmoscope, and auriscope in the registrar's room. Registrars should have access to a dermatoscope within the training site, but it may be shared between the GPs in the training site.

Supervision requirements

Supervisor to registrar ratios

There is a risk to patient safety when a supervisor becomes responsible for too many doctors. Supervisors **must not** supervise **more than three doctors**. This is irrespective of:

- the doctor's training fraction (for example, if you have a full-time registrar and a part-time registrar, this counts as two doctors being supervised)
- level of training (a GPT1 and an extended skills in general practice registrar are each counted as one doctor being supervised)
- the training program – doctors in RACGP AGPT, RACGP Fellowship Support Program (FSP), Practice Experience Program (PEP Specialist), Remote Vocational Training Scheme (RVTS), Australian College of Rural and Remote Medicine (ACRRM), Pre-Fellowship Program (PFP) and medical board programs all count towards the maximum of 3 doctors)
- the doctor being above the training cap (eg an ADF registrar)

The three supervised doctors to one supervisor ratio is consistent with the Medical Board of Australia's policy for safe supervision.

Being accepted into the AGPT placement process does not permit a ratio exceeding 3:1. We do not have oversight of learners from other non-RACGP programs such as PFP, ACRRM, RVTS or medical board placements.

If your training site has multiple registrars, we may request you provide details of how teaching and supervision is managed in your training site. While group and multi-level teaching has some benefits, it is essential that adequate one-on-one teaching is provided to ensure your registrars have their individual learning needs met.

Day-to-day supervision requirements

The RACGP Standards for general practice training requires the level of supervision match the competency of the registrar. This ensures patient and registrar safety.

Four competency milestones (entry, foundation, consolidation, fellowship) have been identified in GP training and the expected timeline for a registrar to pass each milestone. The competency milestones are explained in the Progressive capability profile of the general practitioner and summarised in the following table. The milestones describe the expected path of improving competency for registrars in training sites and the matched supervision requirements.

Clinical supervision plans will help foster your relationship with your registrar and ensure safe supervision of your registrar's patients. You are not currently required to submit supervision plans, but we may request to review them at any time or if there is a dispute about whether supervision is being adequately provided.

For registrars in GPT1, all consultations must be reviewed (at minimum by reviewing their notes) until you are confident they are safe to consult without this direct supervision. A supervisor can determine a registrar is ready to practice without review of every case any time during the first four weeks of training without requesting approval from a medical educator. Medical educator approval is required for any other transition of supervision requirements prior to the usual timeline.

In other words, a supervisor can determine when a registrar can transition from entry to foundation level supervision but other transitions outside of the usual timeframe require medical educator permission.

Table 1. A summary of the requirement for supervision by an accredited supervisor at the four milestones, when a specialist GP who is not an accredited supervisor can provide supervision, and the onsite requirements

Competency Milestone	Usual timeline	Supervision requirement	Accredited GP Supervisor requirement	Onsite supervision requirement
Entry	The first 4 weeks of community general practice placement	Every case is reviewed by either sitting in, being called in, or reviewing (and where relevant discussing) the registrar's notes	An accredited GP supervisor is always available for the registrar[1]	100% of the time the registrar is consulting
Foundation	From week 5 of GPT1 through to the end of GPT2	Cases are reviewed according to an agreed clinical supervision plan. The registrar's designated supervisor regularly reviews the appropriateness of the plan based on their observations and assessments of the registrar.	An accredited GP supervisor is always available for the registrar[1]	80% of the time the registrar is consulting[3]
Consolidation	From GPT3 through to completion of training	Cases are reviewed according to an agreed clinical supervision plan.	An accredited supervisor is available at least 80% of the time, with a specialist GP who is not an accredited supervisor permitted to supervise the remaining time[2]	50% of the time the registrar is consulting[3]
Fellowship	Completion of GP training	Not required	Not required	Not required

1. Available means the supervising GP is not overloaded with clinical or procedural work and is on-site. Offsite supervision is permitted after the entry milestone (as per the percentages above), but the supervisor must be easily contactable and able to immediately attend.
2. A non-accredited but specialist GP is a GP who holds FRACGP, FACRRM or specialist registration as a GP with Ahpra but has not yet completed GP supervisor training. It is never appropriate for a registrar to be supervised by a doctor who does not have specialist recognition as a GP.
3. The percentage requirements of on-site availability are per fortnight. If an accredited supervisor is away for more than a week during the consolidation milestone and a non-accredited specialist GP provides cover, notify the training coordinator.

Supervisor leave

Supervisors must plan leave with the consideration of the registrar's needs and to ensure they meet the requirements for provision of supervision at different training milestones. Training sites with a limited supervisor pool, particularly single supervisor training sites, should have a contingency plan for unexpected leave. Further guidance is available in the AGPT Accredited Supervisor leave requirements and Emergency Leave Form.

Placement process and employment procedures

Placement process

General practice placements begin in the second year of training. Registrars must complete three general practice training terms (18 months full-time equivalent/FTE) in at least two different posts as part of their core vocational training requirements.

The placement of registrars in accredited training sites occurs every six months and is finalised before each training semester begins. The aim is to match registrars to a training site that will give them the best learning experience and meet their requirements. The RACGP is also required to ensure the registrar workforce is distributed to meet the needs of the Australian community.

The registrar placement process is designed to create flexibility and choice for both registrars and training sites. It takes into account preferences, training needs and program obligations, while also addressing the primary healthcare needs of communities, strengthening quality standards and capabilities of training facilities, and ensuring training sites participating in the training program have equitable access to registrars.

Becoming an accredited training site doesn't guarantee that you will have a general practice registrar placed with you. Registrar numbers fluctuate between semesters, and sometimes the number of registrars is fewer than the number of training sites. To provide the best possible opportunity for accredited training sites to have registrars placed, the RACGP balances the number of training sites accredited with the number of registrars.

Placement is subject to the availability of registrars, funding, equity of distribution and the suitability of the training site. Therefore, while every effort is made to ensure the needs of priority areas of workforce shortage are met, the RACGP doesn't guarantee that a registrar will be placed in a training site in each or any calendar year. Training sites are expected to be ready to accept and train registrars at any stage of training, particularly those on their first placement.

All training sites are expected to participate in registrar training including full participation in the RACGP placement process during each accreditation cycle and be willing to train all registrars, including GPT1 and 2 registrars, unless the RACGP has applied conditions to the contrary. Gaps in seeking registrars for more than two consecutive semesters may impact accreditation unless there are extenuating circumstances.

For more information, refer to the *Placement Policy*.

Training site diversity requirement

The RACGP Standards for General Practice Training detail requirements for registrars to complete training that includes diversity of experience with exposure to at least two different supervisors, two different general practice management systems and diverse patient populations. The aim is for the registrar to get a diverse experience of comprehensive general practice during training in a variety of general practices for a sustained period of time.

Most registrars will complete this requirement by working in at least two different general practice placements during their training. It may be appropriate for a registrar to remain in the same training site for extended periods:

- If the registrar is filling a significant workforce need in a rural/remote location (eg in rural communities of MM 4–7).
- When leaving the rural town would be detrimental to the registrar and their family (eg carer responsibilities for parent locally, partner working in town, educational needs of children).
- Where there are limited accredited training sites (or training sites suitable to be accredited) within the training location and there is minimal variation in practice models.
- If the registrar is an ADF registrar and will meet the diversity requirement by also working in the Garrison Health Centre of their ADF service.

Other situations are assessed on a case-by-case basis and approved by the Regional Director of Training. In these instances, the RACGP will support registrars to meet diversity requirements through alternative activities.

It is imperative that the registrar is not pressured to remain in one training site or group of training sites.

Conflicts of interest

If a registrar has any type of close personal relationship with a staff member at a training site, the RACGP must be notified of this potential conflict of interest as detailed in the *Placement Policy*. Usually, registrars are not placed at a training site if there is a significant pre-existing relationship with the supervisor, practice owner or practice manager.

We also prefer not to place a registrar at a training site if they have a significant pre-existing relationship with another staff member (eg practice nurse, administrative staff, other GP).

Consider strategies to manage power imbalances between practice-owner supervisors and registrars (eg assessments completed by another supervisor, employment matters managed by the training site manager etc.)

Employing a registrar

Completing an employment agreement

While in the AGPT Program, a registrar must be an employee of the training site where they work; they can't work as a contractor.

Before the registrar commences work at the training site, you will need to finalise the agreement and terms and conditions of employment with them.

This employment agreement is between the training site (the employer) and the registrar. We encourage registrars to contact the practice manager to start the process as soon as they receive their placement information.

All registrar employment agreements must meet the National Terms and Conditions for the Employment of Registrars (NTCER). The NTCER outlines the minimum employment conditions that practices must meet, including working hours, supervision and educational release arrangements, pay rates, leave allowances and other support.

GPSA has useful resources for supervisors and practices about the NTCER, including an employment contract template.

ADF registrars remain employees of their ADF service branch (Army, Navy or Air Force) and do not enter into an employment agreement with a training site. A secondment agreement must exist between the training site, the registrar and the ADF service. ADF registrars are permitted to approach training sites to discuss placements ahead of the placement process as they require permission from their service to apply for a civilian placement.



Check out the ADF Guide for more information.

RACGP placement agreement

Before each general practice training term, both you and the registrar must agree to and sign the RACGP placement agreement before the term begins. We will send this to you before the placement starts. The placement agreement includes details of the placement, employment, supervision, education and training.

The training coordinator can assist the registrar with this process. You can contact your practice manager liaison officer, supervisor liaison officer or GPSA (03 9607 8590) for support.

Further information and support for ADF registrar placements can be found in the ADF guide.

Applying for a Medicare provider number

Registrars must have a Medicare provider number before they start a general practice training term. They must apply using the AGPT Provider Number Application form, and the practice manager needs to complete some details on the form as well.

Services Australia will process the application and send the registrar their Medicare provider number by mail. It is the registrar's responsibility to notify you and us of their Medicare provider number details.

What if a registrar works in multiple placements?
A Medicare provider number uniquely identifies both the registrar and the place they work. They must have a separate provider number for each training site (eg branches of your practice). They can't use a single Medicare provider number across multiple sites.

How long does it take to get a Medicare provider number?
It can take up to eight weeks once a completed form is submitted for the provider number to be mailed to the registrar. Where possible, we encourage the registrar to complete this form as promptly as possible. To assist, wherever possible you should also complete the required practice details as soon as possible. Services Australia has a strict process to ensure fairness for all applicants and the RACGP is unable to influence the processing times.

Services Australia cannot and will not backdate applications received after a registrar commences work. Registrars must have a provider number before beginning the placement.

What happens if a registrar doesn't receive a Medicare provider number in time for a placement?
If they don't have a provider number, it may mean they can't start work as they won't be able to bill Medicare and their patients won't be able to claim the Medicare rebate.

What if a registrar changes training sites?
If a registrar moves training sites, they must apply for a new provider number.

Will the practice be notified of the registrar's Medicare provider number?
No. Services Australia will only send the provider number to the registrar. It is their responsibility to notify you and the RACGP of their provider number as soon as they receive it. If they don't provide it, they may not be able to start in practice as planned.

For how long is a Medicare provider number valid?
Services Australia issues Medicare provider numbers for 6 or 12 months. A registrar must reapply to ensure they maintain a provider number throughout their training. It is a registrar's responsibility to monitor when their Medicare provider number is due to expire.

GP training incentive payments for registrars

From 2026.1 the Department of Health, Disability and Ageing provides pro rata payments for:

- parental leave to support registrars for birth, adoption, long-term fostering, stillbirth (after 20 weeks) or infant death
- study leave to provide up to five days (38 hours) of paid support per training year for exam preparation and professional development, with up to two days for structured CPD outside work hours

While study leave is not an entitlement under the NTCER, the training site may choose to offer study leave as a non-standard term in the employment contract.

Training sites are responsible for approving leave and providing a letter confirming the approved leave dates and that payment is not part of the registrar's employment entitlements. All payments are facilitated by the RACGP. Refer to the GP Training Incentive Payments webpage.

Registrars training with the ADF

Registrars who are training with the Australian Defence Force (ADF) must meet the same general practice training standards as civilian registrars. Therefore, the RACGP requires all ADF registrars to undertake at least 12 months in an accredited comprehensive Australian general practice. The registrar will normally undertake a 12-month release from ADF service obligations to complete GPT1 and GPT2.

If you take on an ADF registrar, it is important to note that there are some minor differences. You can reach out to your training coordinator for more information on hosting an ADF registrar and refer to the ADF guide.

Employing an ADF registrar

ADF registrars remain employees of their ADF service and are paid directly by the ADF. The ADF service (Army, Navy or Air Force) must be notified by the registrar to arrange a secondment agreement between the training site, the registrar and the service. The ADF will arrange for payment recovery from the training site. Training sites do not pay ADF registrars directly. All leave payments and superannuation are paid by the ADF. The ADF registrar is responsible for organising the secondment agreement between the training site and their ADF service.

Civilian placement training interruptions

We advocate for minimal disruptions to an ADF registrar's time in general practice. However, there may be occasions when the registrar must attend training related to their ADF duties. Therefore, we allow registrars to undertake up to four weeks of accredited military training courses within their 12 months in civilian general practice.

ADF registrar placements beyond the 12-month ADF release year (usually GPT1 and GPT2) are usually part time. ADF registrars in this consolidation phase of training will often have ADF obligations but may be released for civilian GP training to maintain their skills or prepare for exams. Deployment, exercises or training courses may interrupt training in the civilian environment. Communication to training sites of pending interruptions is to be made by the registrar as soon as possible. The ADF training coordinator for your region will work with you and the registrar should this occur

Completing all the steps required to ensure a registrar is ready to work in the training site is complex. The RACGP's Practice Manager Liaison Officers have created a timeline of tasks to be completed prior to the registrar's arrival at the training site called Preparing for your registrar - a practice manager's checklist. Download and adapt it as needed.

Orientation

A well-planned, comprehensive orientation to the training site and the local environment is essential for the training site manager, supervisory team and other training site staff to undertake together. It helps ensure the safety (including cultural safety) of the registrar, the training site, and the community.

Other benefits of orientation include:

- The registrar feels a sense of inclusion and improved confidence. Registrars report that a good orientation at the start of a placement significantly reduces their anxiety.
- The risk of misunderstandings is minimised when clear expectations are communicated by all parties to the supervision relationship – the registrar, designated and other supervisors, practice owner, and practice manager.
- Basic questions are covered during orientation, avoiding the need for staff to provide piecemeal information throughout the working day.
- Mistakes or omissions in billing and administrative tasks are reduced.

Registrars starting their first term in general practice should receive an extensive orientation. These registrars will need to be guided through a detailed transition from the hospital environment. They will be unfamiliar with most of the systems and processes of general practice. They need to learn about billing, prescribing, medical software and referrals. Orientation activities should be scheduled for at least the first two days, and they should not have patient consultations for at least the first day.

Registrars in later terms (GPT 2, 3 and extended skills in general practice terms) should have a minimum of half a day of orientation tailored to their individual needs.

To help guide your orientation activities refer to the orientation checklist for GPT1 registrars and orientation checklist for GPT2, 3, and extended skills registrars. We recommend downloading the relevant file and editing it to suit your training site.

In-practice teaching

The primary teaching activity for supervisors is discussion of the registrar's cases. Case discussion allows you to deepen and extend your registrar's learning from their clinical encounters. Registrars are encouraged to bring cases to discuss with you where they have unresolved questions. You may also select registrar cases for review (random case analysis) to uncover situations where your registrar may not have been aware that they needed help. Finally, you may share cases of your own, particularly where they involve an area of practice your registrar is not encountering in their daily case load.

Other teaching activities include direct observation of consultations, joint consultations, formal teaching on specific topics, demonstration of and participation in clinical procedures, cultural education, discussion of ReCEnT reports, audits of test ordering and referrals. Workplace-based assessments are also completed during in-practice teaching time.

In-practice teaching provides an opportunity for you to provide mentoring, support and feedback on performance

Teaching time requirements

Total in-practice teaching time includes formal and informal teaching activities and completion of workplace-based assessments. The amount of time you are required to provide depends on your registrar's stage of training and includes both a minimum total teaching time and an uninterrupted scheduled formal in-practice teaching time:

- GPT1 – minimum 3 hours (FTE) total teaching time per week of which one hour must be scheduled and uninterrupted formal in-practice teaching.
- GPT2 – minimum 1.5 hours (FTE) total teaching time per week of which one hour per **fortnight** must be scheduled and uninterrupted formal in-practice teaching.
- GPT3 – minimum 30 minutes total teaching time per week of scheduled and uninterrupted formal in-practice teaching.

For registrars training part-time, the minimum total teaching time and scheduled and uninterrupted formal in-practice teaching time requirements are adjusted on a pro-rata basis, in proportion to their training hours. The exception to this rule is in GPT1 placements where the scheduled and uninterrupted formal in-practice teaching in GPT1 remains one hour, regardless of the adjusted total teaching time.

Practice managers have the important task of ensuring time is set aside for teaching. Teaching sessions should ideally be scheduled in the first hour of a consulting session or before consulting starts in the morning. Scheduling teaching sessions at lunchtime or at the end of the day should be avoided as these times are prone to interruptions or participants running late.

Out-of-practice time requirements

Registrars must complete at least 125 hours of out-of-practice education. These will be delivered as a mix of workshops and small peer learning sessions which will be determined in each region based on the demographics, geography and learning needs of registrars.

Out-of-practice education hours are part of your registrar's total work hours; therefore, registrars will need to be released from practice to attend education activities. RACGP publishes education calendars for each region to enable you to plan for your registrar's absence from the training site.

We encourage all registrars to complete their out-of-practice education in a full-time capacity. Where this isn't possible, the training coordinator/medical educator will provide you with information on the specific hours for the registrar.

Table 2. An example of an out-of-practice education program

General Practice Term	Out-of-practice registrar education program		Educational hours registrars attend per term
	Larger workshops	Local peer small learning groups	
GPT1	Two to three full-day workshops	Multiple small group sessions in half or full days	54 hours
GPT2	Two to three full-day workshops	Multiple small group sessions in half or full days	48 hours
GPT3	One full-day workshop	Multiple small group sessions in half or full days	24 hours

Training site reporting requirements

Throughout a registrar's placement, reporting by the training site allows us to monitor that the registrar is achieving their training outcomes and that the training site is providing the expected training environment and clinical experiences for the registrar. We expect training sites to contact us regarding any issues likely to impact on their ability to meet training requirements. Examples include concerns about a light workload resulting in insufficient clinical experiences for a registrar or the availability of accredited supervisors for daily supervision and teaching.

Any issues that are identified will be promptly managed by the RACGP local team. This may take the form of a discussion with the supervisor and/or practice manager or the provision of additional support. Our preference is to support solutions that enable a registrar to continue in the training site in an appropriately supervised and supportive environment. Where this is not possible, consideration will be given to the ongoing appropriateness of the registrar remaining in the training site and of the supervisor or training site remaining accredited.

Work health and safety and adverse events

Work health and safety

The RACGP recognises our responsibility to promote the safety and wellbeing of registrars and minimise risk factors as far as practicable throughout the training program. This is supported by our *GP in Training Safety and Wellbeing Policy*.

Training sites have work health and safety obligations that are governed by federal and state legislation. Registrars should discuss work health and safety with their supervisor and/or training site manager during orientation, including the management of hazards, adverse events (including critical incidents), should they occur.

Registrars also have a duty to take reasonable care of their own and others' health and safety. This includes managing risk of fatigue and ensuring their actions and omissions don't adversely affect others. Refer to the Safe Work Australia website for more information.

The health and safety of registrars is also addressed by the NTCER.

Stress and fatigue in general practice

The RACGP's policy position statement, Stress and fatigue in General Practice covers important information about what stress and fatigue means in clinical general practice and suggestions for effective discussions between registrars and supervisors on managing stress and fatigue.

Signs of burnout include:

- Low energy or motivation
- Feeling isolated or trapped
- Decreased work satisfaction
- Loss of empathy towards patients
- Feeling exhausted or drained

If these signs are not addressed, they can impact a registrar's mental health, patient care and progression through training.

Maintaining appropriate boundaries

All registrars should be encouraged to have their own GP, outside of the practice where they work. If your registrar has difficulty finding an independent GP, contact the Doctors' Health Line (1800 006 888) for assistance.

The RACGP also recommends that registrars not provide medical treatment to staff at their training site. It's important not to ask your registrar for medical care or prescriptions for yourself (or your family) if there is a realistic alternative available.

Helpful resources

You can find self-care resources and support services on the RACGP Wellbeing Hub.

The RACGP White Book also has a helpful chapter on Keeping the health professional safe and healthy: Clinician support and self-care.

Adverse events (including critical incidents)

Reporting adverse events is important, enabling prompt assistance and support to be given to the registrar, supervisor, and practice as appropriate. This can assist with management of the event, access to appropriate supports, and reduction of the impact on your registrar's training. It also enables the RACGP to monitor issues on a national basis and reduce risks, promote safe learning environments, and continue to make program improvements.

This process is not an investigation but provides the RACGP the opportunity to support, educate and explore the event with the relevant stakeholders. It also enables the provision of safe learning environments and continuous improvement of training programs. Quality improvement is at the heart of this activity.

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. Reporting of adverse events is an important strategy for meeting this responsibility. An adverse event must be reported to us if it involves a registrar or impacts their training.

Training sites are required to have processes to manage adverse events (including critical incidents), whether they involve registrars, supervisors and/or the training site itself. It is important that all staff are familiar with and understand these processes.

An **adverse event** is any disruptive event that causes, or risks causing, significant harm to patients, registrars, supervisors, training site staff, training program staff or the associated organisations involved in program delivery.

Reporting an adverse event

It is everyone's responsibility to ensure adverse events (including critical incidents) are reported as soon as possible. Submitting of an adverse event is done via the Adverse Event Management module in the TMS. The relevant training team will reach out to you to provide support and assistance as needed.

Practice managers and supervisors should be familiar with the *Adverse event and critical incident management and reporting guidance*. For further information, contact adverseevents@racgp.org.au.

Support for training sites

Hosting a registrar is a rewarding experience for training sites, but we recognise it can also be stressful and may change the staff dynamic at the training site. With this in mind, we have developed the supports below to help.

RACGP teams

Training sites are supported by their local training coordinator and medical educator, and their regional accreditation team, practice manager liaison officer (PMLO) and supervisor liaison officer (SLO).

Guidance from these key contacts will be tailored to ensure that you have the right information and resources to support your registrar, training site and supervisory team throughout each placement.

Networking and professional development

Practice managers have the opportunity to engage with their local and regional teams during training site visits, regular check-ins, peer networking sessions and professional development workshops.

General Practice Supervision Australia

GPSA has developed a framework for the General Practice Clinical Learning Environment (GPCLE) to help guide the development and maintenance of a quality training practice, along with information on the NTCER. You can also find an employment contract template and FAQs on their NTCER webpage.

GPSA have many resources to support training sites, such as information on how to prepare your training site for hosting a registrar, checklists, fact sheets and links to useful resources. Visit the Practice resources page on their website.

Training management system

The Training Management System (TMS) is the record management system for GP training, including supervisor and training site accreditation, as well as registrar progression, from the initial offer of a place in the training program to completion and fellowship.

The TMS is not only a record of mandatory training requirements, but also the interface used to deliver the workplace-based assessments (WBA) program and practice assessments. Information about events and educational activities are housed within the TMS. Supervisor and registrar portfolios can be viewed here, and the placement process (training site registrar capacity, making offers, placement agreements and Medicare provider number paperwork) happen through the TMS. The TMS provides access to some educational and training site support materials such as therapeutic guidelines.

The TMS also lists a collection of important forms, links and documents related to the training program. You can find more information about the TMS on the RACGP website.

For supervisors

A supervisor's tasks

Supervisors provide workplace-based education for general practice registrars, the pivotal element of our apprenticeship model of general practice training. As a supervisor and an experienced GP, you are a professional role model for your registrar, helping to lay the foundation for lifelong learning, professionalism and high-quality patient care. Fundamental to a supervisor's work is ensuring the registrar's patients are being safely managed. Beyond this, a supervisor provides education and support to the registrar. A supervisor's tasks include:

- coordinating the supervisory team
- orientating a registrar to the training site
- developing and monitoring a clinical supervision plan
- providing daily supervision
- developing an in-practice teaching plan
- providing regular uninterrupted teaching sessions
- giving regular feedback
- completing required assessments

- supporting and advocating for the registrar with the training site and the RACGP
- evaluating the education and supervision provided.

The designated supervisor

Each registrar must have a designated supervisor. A designated supervisor is the supervisor who has full responsibility for a registrar's teaching, assessment, supervision and for the training site supervisory team. Only an accredited specialist GP can be the designated supervisor for a GP registrar in a training site. The designated supervisor is the RACGP's main point of contact regarding the registrar. In a training site with multiple registrars there may be one designated supervisor for each registrar, or one supervisor may be the designated supervisor for up to three registrars. The designated supervisor is linked to the registrar in the TMS.

Other supervisors

Accredited supervisors

Other **accredited** supervisors can assist the designated supervisor or act as deputy when the designated supervisor is absent. Other accredited supervisors should be listed in the TMS to ensure they can assist the supervisor in completing assessments and so that the training site is correctly awarded supervisor professional development hours completed by all accredited supervisors in the training site.

Specialist GP who is not an accredited supervisor

In GPT3 and extended skills in general practice terms, other specialist GPs in the training site who are **not accredited** are allowed to contribute to the day-to-day supervision of the registrar up to 20% of the time a registrar is consulting. A specialist GP, who is not an accredited supervisor, isn't required to be recorded in the TMS and can't complete assessments. Supervision of a GP registrar by a doctor who does not hold specialist general practitioner recognition is never permitted.

Coordinate the supervisory team

Supervision of a registrar is commonly shared by the designated supervisor with at least one other supervisor. This exposes the registrar to different clinical practice and teaching styles and provides cover if the designated supervisor is absent. Other members of the training site team, such as reception and administrative staff, cultural educators, nurses and other allied health workers, may also contribute to education.

Coordinating the supervisory team is the designated supervisor's task. Activities the supervisory team will need to consider together include:

- orientating the registrar to the training site
- developing a clinical supervision plan
- developing a teaching plan
- performing assessments.

In larger training sites, the supervisory team may need to meet at the start of the term to clarify roles and the supervision and teaching calendar. During the term they may meet to discuss registrar progress to help prepare the designated supervisor for the mid-term and end-of-term assessments. In between meetings, some training sites use group messaging to support ongoing dialogue between supervisors about the registrar's teaching and supervision. The teaching plan functions as a shared log of teaching activities and assessments that are planned or completed.

The training site should prepare for a new registrar well in advance of the start of term. The RACGP has useful resources to help you prepare.

Initial supervision

Registrars come to your training site with varying levels of experience and clinical competency. Particularly for registrars in their first general practice term (GPT1), close monitoring and providing support in the first few weeks in the training site is essential.

GPT1 registrars must undergo an Early Assessment for Safety and Learning (EASL) in the first four weeks. As part of the EASL process all consultation records are reviewed until you are confident this is no longer required. A selection of the reviewed records is discussed with your registrar as part of the daily case review component of EASL. For more information about EASL, refer to Contribute to assessment.

Once you are confident that the registrar no longer requires review of every consultation, it's important to clarify when they should seek supervision. To support this discussion, they have received a 'call for help' list – a list of clinical scenarios past registrars and supervisors identified as requiring support. The answer to the question 'when should the registrar call for help?' is one of the three questions to be answered to create your registrar's clinical supervision plan. Your registrar has also been asked to complete a self-assessment of their confidence to manage these clinical scenarios. Along with the EASL (for GPT1 registrars) and your understanding of their experience, this should guide a discussion that develops the clinical supervision plan.

Develop a clinical supervision plan

A clinical supervision plan describes how the training site will ensure a registrar receives support to manage patients they are not yet competent to manage alone. It is an important document for the registrar and all members of the supervisory team.

A new clinical supervision plan should be developed for every registrar term. Each registrar has a different degree of competency and their competency changes over time; the training site's circumstances may also change from term to term. The clinical supervision plan is developed, reviewed and revised by the supervisory team in consultation with the registrar.

A clinical supervision plan is created by answering three questions:

- When should the registrar call for help?
- Who should they call?
- How should they make contact?

When answering the questions above, the clinical supervision plan should also detail:

- a plan for escalating issues to when the first call supervisor is not available
- detail on cover available if the designated supervisor goes on leave.

At all times, arrangements for offsite supervision need to be clear and known to the registrar, training site staff and other doctors in the training site.

If the training site provides visiting medical officer (VMO) support to a hospital, and the registrar is included in this roster, the clinical supervision plan must include provision for supervision of the registrar as VMO. When a registrar is engaged in VMO activity arranged by the training site, the training site remains responsible for ensuring the appropriate level of supervision is provided to them.

The clinical supervision plan is a document to be kept by the training site. There is no current requirement to enter it into the TMS. However, it should be readily available to view, on request by a medical educator, external clinical teaching visitor or accreditation team member.

To help you develop a clinical supervision plan with your registrar, refer to the clinical supervision template.

Provide daily supervision

Providing supervision during daily consulting can be challenging for a supervisor. While simple questions can often be answered over the phone, others will require you to leave your consultation and visit the registrar's room to interact with them and their patient. It is important that you have enough time available for this in your appointment schedule so your own consulting is not significantly impacted and you are available when called. If your registrar perceives that you are not available or that their calling you is a burden, they may not call when they should. This can jeopardise patient safety. Clarifying your expectations for the registrar early and often will help alleviate this risk.

In considering how you should alter your schedule, it is worth noting that the frequency of calls is highest early in the term, especially GPT1, and decreases as your registrar gains confidence and competence. As a guide, by the middle of GPT1, on average, a registrar calls their supervisor for help twice per consulting session.

When called into the room your task is to ensure safe patient care while not undermining the relationship between your registrar and their patient. The patient should be left feeling confident to return to the registrar for future care. While this usually means it is not the time to quiz your registrar about their knowledge, much can still be learnt and taught if you each share your reasoning by 'thinking aloud'. It is worthwhile explaining the 'thinking aloud' approach to your registrar as it may be significantly different from their supervisory interactions in hospitals where the teaching process in front of patients is often more explicit.

How the interactions in the room are managed will vary according to the registrar's knowledge of the clinical problem and how to manage it. If you are called into a consultation where your registrar has little knowledge or experience about the patient's problem, you will most likely need to take over the consultation. In this case you will be teaching by demonstrating. If, on the other hand, your registrar is confident of their decisions and management and is only seeking to 'double-check' their approach, you may just need to listen to their plan and confirm it.

The provision of daily supervision is a topic frequently covered in supervisor professional development and is the subject of Module 4 of the Foundations of GP Supervision program.

Develop a teaching plan

The registrar's designated supervisor is responsible for ensuring the registrar receives their scheduled uninterrupted teaching time, whether from them or another member of the supervisory team. The scheduled uninterrupted teaching time for each level of registrar is detailed in the Teaching time requirements.

In addition to the scheduled uninterrupted teaching, activities that make up the balance of the mandated teaching time for GPT1 and GPT2 registrars may include:

- orientation to the training site
- opportunistic and planned case discussions during and at the end of the day
- group teaching sessions with other registrars and students
- procedural skills education
- cultural education
- provision of feedback
- completion of assessments

- review of a ReCEnT report
- evaluation of teaching

Most of the scheduled sessions should be one-on-one teaching that addresses your registrar's individual learning needs, for example, observation of consultations, review of medical records, feedback, workplace-based assessment and critical incident review.

Not all scheduled teaching sessions need to be delivered by the designated supervisor. For example, a registrar with learning needs in the initial management of diabetes might sit in with a diabetes educator for an initial consultation with a patient recently diagnosed with diabetes.

How each training site coordinates the provision of teaching will reflect the number and type of learners and educators at the site. In larger training sites, it is particularly useful to have a calendar of scheduled teaching activities, a teaching plan, that is used to record delivered education, required assessment activities, and activities planned to address an identified learning need.

Provide in-practice teaching

General practice training in Australia follows an apprenticeship model with a registrar learning 'on the job'. In this context, your prime teaching role is to enhance and deepen the learning that occurs through clinical work.

The teaching you provide will be mainly directed by the individual learning needs of your registrar.

Registrars are responsible for planning their own learning. This involves identifying what they need to learn, how they are going to learn it, and knowing when they have learnt it.

As a supervisor, you are involved in planning a registrar's learning at every stage by helping to identify, clarify and prioritise their learning needs; assisting in addressing these needs; and providing feedback on whether the learning has occurred.

The following teaching methods are used to enhance workplace-based learning.

Direct observation

There is no better way for you to assess your registrar's consultation and communication skills than by directly observing their interactions with patients. Direct observation, or 'sitting in', is known to be acceptable to the patient, as well as highly regarded as a learning experience by learners. Sitting in on consultations early and often in the training term is strongly encouraged.

You are required to complete four direct observations as part of EASL assessment early in GPT1 and then two further observations (mini-CEX assessments) each in GPT1, GPT2 and GPT3 as part of the workplace-based assessment program.

Problem case discussion

In problem case discussion, a registrar brings a 'problem case' to discuss with you. This teaching method tends to be the predominant method used early in general practice training. In addition to teaching core knowledge, discussion of problem cases can be used to improve clinical reasoning skills and management of uncertainty.

Random case analysis

In random case analysis (RCA), you select a recent registrar record for discussion. Unlike problem case discussion, where the registrar chooses a patient to discuss, a 'random' selection method allows identification and exploration of areas in which the registrar either doesn't recognise they have a clinical knowledge gap ('unconscious incompetence') or doesn't wish to reveal ('conscious incompetence') they have a knowledge gap. As a result, RCA has educational utility for learners at all stages, and across all levels of competence. Although RCA can be used to explore all domains of general practice, it is a particularly effective method for exploring a registrar's clinical reasoning and record-keeping skills.

You are required to complete two RCA assessments each in GPT1, GPT2 and GPT3 terms as part of the WBA program.

Inbox review

Reviewing test results by going through a registrar's pathology inbox is an effective way of monitoring rational test ordering and serves as a useful entry point for broader case discussions. Inbox review is valuable for exploring how a registrar is managing uncertainty and their understanding of the appropriate use of screening tests.

ReCEnT report discussion

The Registrar Clinical Encounters in Training (ReCEnT) project is conducted by the RACGP with funding from the Department of Health, Disability and Ageing. Registrars are required to collect data relating to 60 consecutive office-based consultations in each of their general practice terms. Approximately two weeks after your registrar submits their data, you and your registrar will receive a Registrar Feedback Report outlining findings from their consultations, including comparisons with normative data recorded by registrars in over one million consultations since 2016. For some parameters, comparisons with established GPs will also be provided via findings from the Bettering the Evaluation and Care of Health (BEACH) study. The report will help you understand your registrar's clinical exposure, practice, educational experiences and behaviour. The report contains sections relating to patient demographics, telehealth frequency, consultation duration, continuity of care, problems managed, investigations requested, management decisions and in-consultation help-seeking.

While the report contains comparative data, it is not a benchmarking activity as there is no right or wrong way of being a GP registrar. Your guidance is vital in helping your registrar reflect on their practice via the report. In earlier terms the report may especially prompt you to consider how any gaps in your registrar's clinical exposure or issues relating to their practice characteristics could be addressed. The pattern of your registrar's in-consultation information seeking (including how often they ask for help from supervisors) may prompt discussions about the seeking and provision of supervision. Later in training, reviewing the report may also lead to a discussion with your registrar about the nature of the general practitioner they are seeking to become.

The report is also a tool for education in reflection and in critical evaluation of data relating to clinical performance. These are professional skills best developed with guidance in our apprenticeship training model.

Teaching topics

There is no requirement to provide specific topic tutorials as part of in-practice teaching. However, if it meets the registrar's learning needs, discussion of a topic may be appropriate. There are many helpful resources for teaching a topic, including:

- the *2022 RACGP curriculum and syllabus for Australian general practice* can be used by registrars and educators and was designed to be a useful resource for a supervisor's teaching. It supports your role as a 'meaning maker', helping with the application of knowledge rather than being a transmitter of knowledge. There are 42 units covering important general practice clinical presentations and patient populations. Each one includes learning strategies that are specifically designed for use with supervisors. None of these are mandatory to use in practice but may complement the registrar's work-based learning.

- GPSA has teaching plans that cover a wide range of clinical presentations.

Registrars are also provided with out-of-practice educational activities during their training. Being aware of the content of these activities may help inform the in-practice teaching plan. Supervisor professional development frequently focuses on teaching methods, including those listed above and others, such as topic teaching, teaching a procedure, role play, and critical incident review.

Exam support

Registrars should be preparing for exams while in a training site with a supervisor. Fellowship exams assess more than book-knowledge; they aim to assess how knowledge is applied to everyday situations in Australian general practice. The actual processes of patient care and a doctor's attitudes are also important. Therefore, performing well in practice will help them demonstrate these behaviours in the exam environment.

Be prepared to observe your registrar with a patient or suggest other training site staff who could do so. Elements of the workplace-based assessment program, such as consultation observation in mini-CEX assessments, random case analysis and external clinical teaching visits are also valuable in helping them to review and analyse their clinical performance and make changes where appropriate. You can support them by discussing their assessment outcomes with them.

Regional exam support activities will be scheduled, and online resources are also available.

Give feedback

Providing feedback to the registrar is central to the work of a supervisor. It is a complex skill that takes time to develop and master and is impacted by the relationship between supervisor and registrar. An effective supervisor-registrar relationship that is conducive to feedback is one that operates as an alliance, where the registrar perceives the supervisor to be acting in the registrar's best interest and provides the correct balance between challenge and support.

It is important that feedback is provided frequently and not just when completing assessments. Providing small amounts of feedback often works best. Feedback conversations can occur any time a registrar's performance is observed. For example, after a problem case discussion, consultation observation, ad hoc supervisory encounter, or random case analysis.

It is generally best to obtain the registrar's own assessment of their performance first and uncover the issues they had with their performance before you provide your own reflections on their performance. Ensure your feedback is specific and about behaviour.

It can take time to establish a feedback culture. Doctors are known to invest considerable effort in 'saving face' (avoiding others losing respect for them) and being seen as credible by colleagues. A registrar may be reluctant to expose their weaknesses, particularly if they see their supervisor as overly judgemental. One way to overcome this is for you to demonstrate a willingness to be vulnerable by seeking feedback when you're unsure about your own clinical practice. Another is to demonstrate this with the wider training site team by inviting shared reflections in your regular meetings.

It is worth being aware of the ways cultural differences can affect how feedback is given and received. What may be appropriate for one registrar may be perceived as blunt and disapproving by another. Developing the skills of feedback is an ongoing subject in supervisor professional development.

Supervisory relationship when undertaking assessments

Assessment adds a further level of complexity to the provision of feedback as it can change the feedback dynamic. Assessment requires feedback on performance to be given in reference to a standard.

Without care, assessment that emphasises the gap between current performance and the assessment standard can damage the registrar-supervisor relationship. The registrar may then become defensive and more likely to dismiss feedback given in subsequent conversations.

On the other hand, supervisors being reluctant to honestly assess their registrar (called failure to fail) results in missed opportunities to provide more or better targeted educational assistance to help a registrar progress through GP training.

Contribute to assessment

The RACGP approach to in-practice assessment of registrars during training is known as WBA. There are a number of assessments that make up WBA. These occur at multiple points throughout training and supervisors have a key role in these assessments.

Early assessment for safety and learning (EASL)

The Early Assessment for Safety and Learning (EASL) has been designed to assist in developing a safe clinical environment for your registrar's patients. It will also help you understand your registrar's learning needs and in developing the registrar's 'Clinical Supervision Plan'. It is your determination the registrar is ready to be supervised at the Foundation milestone and no longer requires review of every consultation.

The EASL has three components:

- MCQ
- daily case reviews
- direct observation of consultations

An EASL is completed within the first four weeks of GPT1. You are required to complete and submit the assessment through the TMS. For more information about the EASL, refer to the Early Assessment for Safety and Learning Supervisor – A guide for supervisors.

Mini clinical evaluation exercise (mini-CEX)

Mini-CEX is a well-established format for assessment of observed consultations. It provides a competency-based structure for feedback and assessment and is assessed against the standard at Fellowship. You are required to complete two mini-CEX assessments per term for GPT1, GPT2 and GPT3 registrars.

If significant concerns are raised during the mini-CEX assessment, contact your local medical education team.

For more information about mini-CEX, refer to the Mini-clinical evaluation exercise (mini-CEX): a guide for AGPT supervisors.

Random Case Analysis

Random case analysis (RCA) is the term used for the discussion of a recent registrar consultation selected by the supervisor. RCA is a well-established tool for teaching and supervision in general practice training. In the RACGP WBA program RCA is assessed against the Fellowship standard.

You are required to complete two RCA assessments per term for GPT1, GPT2 and GPT3 registrars.

If significant concerns are raised during the RCA assessment, contact your local medical education team.

For more information about RCA, refer to the Random Case Analysis – a guide for AGPT supervisors.

Mid-term and end-of-term assessments

Supervisors are required to complete a mid-term and end-of-term assessment with their registrars in each of GPT 1, 2 and 3.

These assessments provide you with the opportunity to provide feedback based on the multiple observations of your registrar made during the term. In training sites with many supervisors, the designated supervisor should gather the views of all supervisors in preparation for completing the assessment. Assessment is against the standard at Fellowship. You are required to complete and submit the assessment through the Training Management System (TMS).

For more information about mid-term and end-of-term assessments, refer to the Mid-term and end-of-term assessments: a guide for GP Supervisors.

External clinical teaching visits

External clinical teaching visits (ECTVs) involve in-practice observation of a registrar, providing an opportunity for the registrar to receive teaching and feedback on their individual performance and consultation skills from someone other than their regular supervisor.

Each visit entails an external experienced GP (external clinical teaching [ECT] visitor) attending your training site (in person or remotely) to observe the registrar during consultations and conduct case-based discussions and random case analyses. During the ECTV the registrar should have no patients booked in for the first 30 minutes to allow time for the ECT visitor to discuss the educational goals for the ECTV. After this, patients should be booked in every 30 minutes to allow time for feedback immediately following each consultation. At the end of the visit there will be an opportunity for the supervisor and the ECT visitor to discuss the registrar and their progress.

Each registrar must take part in at least five ECTVs during training. We aim to conduct these assessments twice in GPT1 and GPT2 and once in GPT3, although this may vary due to unforeseen circumstances. ECTVs may also be used as an educational tool for registrars requiring additional support during training.

GPSA has a useful resource that describes "How to make the most of the ECTV".

Support your registrar

Supporting your registrar's wellbeing

It is appropriate for a supervisor to take an interest in and monitor the wellbeing of their registrar. The transition from hospital to general practice work can be stressful. For many registrars this is the first time they have had significant responsibility for patient care. Studies show that the highest levels of emotional distress in a doctor's life occur early in their careers. Registrars value the supervisor's experience and sage advice about the professional and ethical challenges of working as a GP and being a doctor in the community.

Registrars can lack influence in the general practice environment and about specific decisions that impact on them. You should check that your registrar is being treated equitably in the apportioning of in-hours and out-of-hours work. For example, they should not do any more out-of-hours than is expected of other GPs in your training site. You may need to advocate for the registrar to ensure that they have sufficient teaching time and clinical exposure to meet their educational needs.

While supervisors should not enter into a formal therapeutic relationship with their registrar, they play a vital role as a mentor and role model in promoting wellbeing. This includes actively encouraging and role modelling self-care and a healthy work–life balance. If you have concerns about your registrar's wellbeing, please reach out to your local RACGP team for guidance and support.

For helpful information and a list of resources for registrars, refer to the Registrar safety and support section of the AGPT registrar handbook and the RACGP Wellbeing Hub.

Supporting a registrar who isn't progressing as expected

Leaving the hospital system to become a general practice registrar is a difficult transition. With training program support registrars generally adapt well and progress through the training program.

For some registrars this adjustment is more difficult. As a supervisor, you are an important member of the education team and uniquely situated to identify these registrars at an early stage, through your close working relationship in the training site. Important sources of information about the registrar's progress will come from patients, training site staff and colleagues as well as from your own monitoring of the registrar through formal teaching, corridor consultations, direct observation, and review of the registrar's notes, prescribing and test ordering.

Communicate your concerns to the registrar in a timely manner, clearly and with compassion. This allows the registrar to become aware of any unrecognised learning needs, and with your support, adjust their learning plan to address these areas. The registrar's local medical educator and/or training coordinator should also be notified about any relevant concerns with the registrar so that they can support both the registrar and you to address learning needs and monitor the registrar's progress.

For more specific information on how to support International Medical Graduates (IMGs), please refer to a guide to understanding and managing performance concerns in international medical graduates.

GPSA also has useful information about performance management; refer to the GPSA website for more information.

Evaluate your teaching

Evaluation of the supervision and teaching delivered by you and your supervisory team involves reflecting and then developing a plan to respond to issues you identify. Evaluation helps to improve not only performance, but also the learning environment in your training site.

Registrars can be reluctant to provide honest feedback to training sites and supervisors, particularly if they feel that it may impact on their training and career progression. Obtaining honest feedback from your registrar about the supervision and teaching provided is possible if you have shown that you are willing to receive and act on feedback. You are more likely to receive useful feedback if you ask specific questions about the delivery of teaching. For example, you may ask the registrar about the timing of teaching sessions or the availability of supervisors when called. Obtaining and acting on feedback also demonstrates an open culture of learning within the training site.

Supervisory team meetings can be used for evaluation. The team can be asked to reflect on the development of the registrar and any feedback received. If a no fault culture is encouraged in the team, much can be learnt from discussing any critical incidents that have occurred or times when the registrar couldn't access appropriate supervision immediately.

Registrar assessment of placement

The exchange of feedback is an important part of education. Throughout each placement, we encourage you to engage in discussions with your registrar, sharing reflections on what is going well and what could be improved. We encourage you to be open to registrar feedback and implementing improvements in the learning environment based on their insights.

As part of training, registrars must complete an assessment of placement by the end of each training term. This assessment is integrated into the TMS and prompts feedback on various aspects of their placement, including supervision, teaching, patient demographics, facilities etc.

Medical educators thoroughly review all assessments of placement, addressing any concerns directly with registrars when necessary. Access to feedback is granted to supervisors once medical educators have considered the responses.

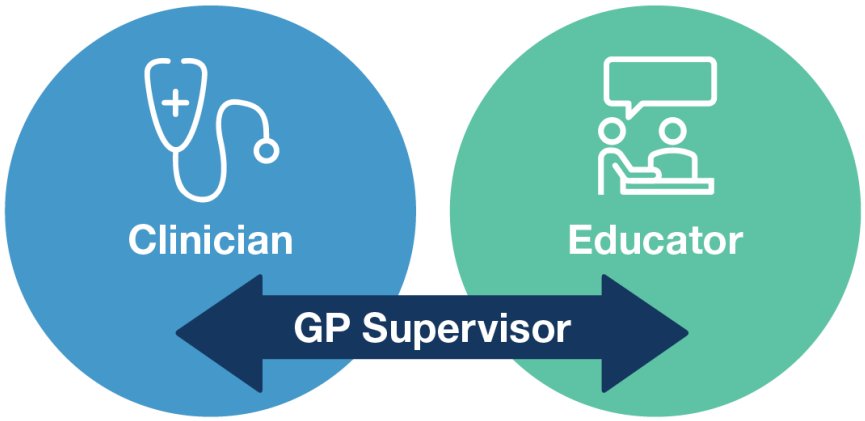
We encourage you to consider the feedback received, assessing your training environment and identify any potential opportunities for improvement. When considering the feedback, reflect on your training environment. Is it safe? Does it meet your registrar's needs? Are there any opportunities to improve the learning environment?

The collated registrar feedback serves a crucial role in the training site and supervisor reaccreditation process. During reaccreditation, training sites are prompted to reflect on and detail improvements made as a result of registrar feedback. This process not only aids in maintaining accreditation but contributes to the ongoing enhancement of the learning environment.

Additionally, the feedback provided by registrars is used by medical educators to assess the suitability of the training environment for specific registrar needs. De-identified data from these assessments are also used by the RACGP to evaluate the overall effectiveness of the training program.

It is important to emphasise the assessment process is viewed as an opportunity for quality improvement rather than a punitive measure. The aim is to benefit registrars, supervisors, training sites, and the RACGP by fostering continuous improvement in the training experience.

Engage in professional development



A GP supervisor is a dual professional, both clinician and educator, and requires professional development for both roles. Professional development for the supervisory role is called supervisor professional development (SPD) to distinguish it from CPD for the clinical role.

There is a symbiotic relationship between the two types of professional development. Being a supervisor is recognised as a CPD activity. SPD is accepted as contributing towards CPD requirements.

All supervisors receive CPD hours in recognition for their work as a supervisor. For further information please refer to CPD for General Practice Supervisors.

More detail about SPD is provided in Supervisor Professional Development (AGPT).

Supervisor professional development for existing supervisors

The RACGP offers and supports a range of supervisor professional development activities. These include online learning modules, webinars and workshops. These are predominantly delivered by our regional teams of medical educators with skills in supervisor professional development.

It is expected that all general practice training posts with a GPT1–3 or extended skills in general practice registrar will undertake professional development.

The total number of SPD hours estimated to be completed by supervisors in the training site varies with the number of registrars in the training site and is capped at 4 registrars. How each of the individual accredited supervisors within the training site contribute to the total number of hours each year is at the discretion of the training site but should reflect the learning needs of the supervisors.

Over the three-year accreditation cycle it is expected all supervisors in the training site will undertake some supervisor professional development.

Table 3. Stipend provided by RACGP to training sites to cover estimated Supervisor Professional Development (SPD) hours undertaken by supervisors

Number of GPT1–3 or extended skills in general practice AGPT registrars in the training site	Estimated 6 monthly supervisor professional development hours. (the sum of hours completed by all supervisors in the training site)	6 monthly training site supervisor professional development stipend payments to the training site
1	3	$500
2	6	$1000
3	9	$1500
4 or more	12	$2000

Supervisors in MM 2–7 locations will be able to apply for reimbursement of their travel expenses for attending face to face supervisor workshops. Stipend payments to the training post cannot be made to ADF Garrison health services. Supervisors of ADF registrars in GPT3 and extended skills at these sites are paid for both supervision and professional development as part of their site employment either as a uniformed member or civilian contractor.

Supervisor professional development requirements for new supervisors

New supervisors are required to complete the Foundations of GP Supervision Program modules. These will be delivered by a combination of individual online learning completed in *gplearning* and group learning either in an online meeting or face-to-face workshop. The first 7 modules are completed prior to being fully accredited. Module 8 is an optional module that will allow AGPT supervisors to further develop skills learnt in modules 1–7. The program takes 8–12 hours to complete and payment for the hours spent by new AGPT supervisors completing the program are made directly to the supervisor.

Upon receipt of an application to become a new supervisor, RACGP regional teams will organise enrolment in the foundations program. As there are regional differences in how the foundations program is delivered, supervisors should not commence any of the modules on *gplearning* until they have been advised by their RACGP regional team to do so.

All new supervisors are required to complete cultural training, like the one offered through *gplearning* before being fully accredited as a supervisor.

Maintain your accreditation

It is our goal that accreditation and professional development requirements are not onerous for supervisors.

We regularly monitor supervisors, and training sites more generally. Through this regular monitoring we support you to maintain accreditation standards and facilitate the reaccreditation process.

Monitoring will be done through informal discussions, professional development activities, registrar and supervisor feedback, external clinical teaching visits and critical incident reports.

Resources for supervisors

You can find relevant guides and documents needed to perform your role as a supervisor on the RACGP website.

The following documents detail the key tasks with a timeline for each GP term and relevant important links:

- AGPT supervision requirements at a glance 2026.2
- AGPT supervision requirements at a glance 2026.1

GPSA hosts a large collection of educational guides and teaching plans designed for the GP supervisor. You can find these on their page for Supervision resources.

Support for supervisors

Undertaking the role of supervisor can be an additional load for doctors working in an already complex general practice environment. However, it is a core part of the supervisor's role to appraise and support their own wellbeing and that of their registrar.

There is a range of support available for supervisors, and these are summarised below. It's worth noting that many of these are also available to registrars, so you may like to refer your registrar to these too.

Medical educators

Medical educators provide pastoral care and education support to supervisors. They can provide advice on enhancing the training site environment for the purposes of general practice training.

Training coordinators

Training coordinators provide program coordination support to registrars and training sites. You can contact them if you have queries about the program or need help with your requirements as a supervisor.

Supervisor liaison officer

Supervisor liaison officers (SLOs) are employed by the RACGP to provide support for supervisors through advocacy, both on an individual and collective level. The SLO may act as an intermediary between the supervisor and the RACGP if required. The SLO can also provide safe and confidential support that is completely separate from any compliance or monitoring role within the RACGP.

Peer support

Your peers can be a valuable source of support because they will be going through similar experiences and challenges. Supervisor professional development workshops and SLOs are great ways to connect with other supervisors in your area. Having a support network is an important part of self-care.

Other support

The GP Support Program

The RACGP is committed to fostering a culture of self-care amongst GPs. The GP Support Program is a free service available to all RACGP members.

You can access professional advice to help cope with personal and work-related issues that can impact on your wellbeing, workplace morale, performance and safety, and psychological health.

www.racgp.org.au/racgp-membership/member-offers/the-gp-support-program

DRS4DRS

Having your own GP is important to optimise your own health. DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, including helping you find your own GP.

The DRS4DRS website provides coordinated access to mental health and wellbeing resources, training on becoming a doctor for doctors, community news and navigation to state and territory helpline and referral services. Confidential phone advice is available 24 hours a day for any doctor or medical student in Australia.

www.drs4drs.com.au

CRANAplus Bush Support Services

CRANAplus provides a free and confidential telephone counselling service for rural and remote health practitioners and is available 24 hours a day, seven days a week. The service is staffed by psychologists, including two Aboriginal psychologists. CRANAplus membership is not required to access the service.

www.crana.org.au/mental-health-wellbeing
T: 1800 805 391

Hand-n-Hand Peer Support

Hand-n-Hand offers a free, confidential peer support service for health professionals in Australia and New Zealand.

www.handnhand.org.au

TEN – The Essential Network for Health Professionals

The online Navigating Burnout program has been developed specifically for health professionals to reduce the impact of burnout in a way that is sensitive to the unique challenges they face.

www.blackdoginstitute.org.au/the-essential-network

General Practice Supervision Australia

GPSA aims to ensure that the contribution of supervisors to providing quality training for the next generation of family doctors is rewarded and recognised. They provide best-practice resources, educational interventions, and advocate on behalf of general practice supervisors for an optimal GP training sector. gpsa.org.au

Support for registrars

Refer to the AGPT Registrar Training handbook: Registrar safety and support.

Payments to training sites and supervisors

There is a range of financial support available for AGPT-accredited training sites and supervisors who have a registrar training in their practice.

National Consistent Payments Framework

AGPT accredited training sites and supervisors who have a registrar training in their practice will receive nationally consistent payments administered by Services Australia.

To receive these payments your practice must:

- be an accredited AGPT training site
- have a GP registrar employed in your training site
- have a PRODA organisation account set-up and link it to Health Professional Online Services (HPOS)

Payment amounts are set by the Department of Health, Disability and Ageing and paid according to the Modified Monash Model classification of the accredited training site. For more information about nationally consistent payments, refer to Training practice and supervisor payments. Supervisors of GPT3 and extended skills registrars at ADF Garrison health services are not eligible for nationally consistent payments administered by Services Australia because the medical services rendered at these sites sits outside of the Department of Health, Disability and Ageing.

Additional payments made by the RACGP

In addition to NCP payments the RACGP provides funding for supervisor professional development and other related activities. For more information, refer to Training practice and supervisor payments and Supervisor professional development.

Accreditation

All training sites and supervisors must be accredited for training against the RACGP - Standards for general practice training prior to a registrar being placed. Accreditation procedures, eligibility and expectations are outlined in the Guide to RACGP training site and supervisor accreditation.

Accreditation ensures a uniformly high standard of general practice training throughout Australia, providing registrars with suitable role models, experience, supervision and teaching and access to resources and facilities. The RACGP sees the process of accreditation of supervisors and training sites as a collaborative one - we work with all concerned to continuously improve the training environment.

New training sites and supervisors

The initial accreditation provided to a new training site or supervisor is provisional. During this period:

- new supervisors must complete onboarding professional development requirements prior to the placement of the first registrar
- registrar placement occurs
- feedback and monitoring are used to determine readiness for full accreditation

Full accreditation is awarded after successful review of provisional phase. Accreditation is valid for three years including the provisional time.

Reaccreditation

The reaccreditation process is based on continuous monitoring of training site and supervisor performance throughout the accreditation cycle. Monitoring 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, supervisor professional development attendance and medical educator liaison with the registrar.

Dual college accreditation

If a training site 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.

Supplementary material

Evaluation of the AGPT Program

Ongoing evaluation of the AGPT Program is critical to help us continue to improve Australia's premier training program for GPs. Our evaluation aims to:

- monitor and report on the achievement of the program's objectives and outcomes
- investigate the extent to which the outcomes are achieved, including improvements in participants' knowledge, skills, attitudes, intentions and behaviours
- inform quality assurance and improvements to the program.

We may ask you to participate in evaluation activities, such as short surveys, focus groups and interviews. We hope that you'll support our evaluation activities by sharing your experiences with the AGPT Program.

Policies

Accreditation Policy

The purpose of this policy is to outline the principles and requirements for accreditation of training sites and supervisors.

GP in Training Safety and Wellbeing Policy

The purpose of this policy is to define the principles and responsibilities of the RACGP, training sites and supervisors that protect the safety and wellbeing of GPs in training when they are in an education and training environment.

Placement Policy

The purpose of this policy is to define the principles and requirements for the placement of registrars in training sites.

Guidance documents and handbooks

AGPT Registrar Training Handbook

This handbook is for registrars who are training in the AGPT Program.

A guide to understanding and managing performance concerns in international medical graduates

This guide provides an understanding of the issues that International Medical Graduates (IMGs) contend with and the clinical performance problems that occur. It also provides a framework for managing those performance concerns, including exam support.

Australian Defence Force Guide

This guide is designed for AGPT registrars who work in the Australian Defence Force (ADF) and is a companion document to the AGPT Registrar Training Handbook.

Useful contacts

AHPRA
T: 1300 419 495
W: www.ahpra.gov.au

General Practice Supervision Australia (GPSA)
T: 03 9607 8590
E: admin@gpsa.org.au
W: www.gpsa.org.au

Department of Health, Disability and Ageing
Section 19AB of the *Health Insurance Act 1973* (Cwlth):
E: 19AB@health.gov.au

ADF secondment agreements
Navy:
E: PDO.Correspondence@defence.gov.au

Air Force
E: ambhqhsw.clingov@defence.gov.au

Army
E: armyhealth@defence.gov.au

Glossary

Term	Definition
Academic post	A 0.5 FTE research and medical education term undertaken as part of the AGPT Program over 52-calendar weeks.
Accredited Australian or New Zealand hospital	Either: • an Australian hospital accredited by a postgraduate medical council against the Australian Medical Council requirements, or • a New Zealand hospital accredited by a postgraduate medical council against the Medical Council of New Zealand requirements.
Additional rural skills training (ARST)	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.
Candidacy	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.
Candidate	The medical practitioner eligible to sit RACGP Fellowship exams.
Clinical supervision plan	A document for use by the training site supervisor which describes how the training site intends to provide safe supervision, including when to call for help, who to call for help and how to call for help.
Completion of training	The point at which the RACGP deems that the registrar has completed their training program requirements, as per the *Training Program Requirements Policy*.
Comprehensive Australian general practice	As defined in the Comprehensive Australian General Practice Guide.
Conflict of interest	A situation in which it is reasonable to conclude that an individual's or group of individuals' personal interests directly conflict with the best interests of the GP in training or where individuals' actions may be influenced by their personal interests rather than education and training outcomes. A conflict of interest includes, but is not limited to, when: i. close personal friends or family members are involved, ii. an individual or their close friends or family members may make financial gain or gain some other form of advantage, and iii. an individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.
Core vocational training	General practice term (GPT)1, GPT2, GPT3 and Extended Skills Training term of the AGPT Program.

Term	Definition
Cultural safety	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, practising behaviours and power differentials. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.
Designated supervisor	The accredited supervisor who has ultimate responsibility for a registrar and manages their supervision by the supervisory team to ensure safe patient care. The designated supervisor is the first point of contact for the RACGP for issues relevant to the linked registrar.
Education and training requirements	The mandatory components of the registrar's RACGP-approved program as defined in the relevant registrar handbook and applicable RACGP policies.
Extended skills training	A 26-calendar week (FTE) term undertaken to extend the depth and breadth of the registrar's skill base in an area relevant to general practice.
Fellowship	Admittance to either: i. Fellowship of the RACGP (FRACGP), or ii. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	The exams run by the RACGP to assess the candidate's competency for unsupervised general practice anywhere in Australia. They include: i. Applied Knowledge Test (AKT) ii. Key Feature Problem (KFP), and iii. Clinical Competency Exam (CCE).
Full-time equivalent (FTE)	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 practice training terms	A 26-week period of core vocational training in the AGPT Program, referred to as GPT1, GPT2 and GPT3.
Hospital rotations	The time medical practitioners spend working in different medical disciplines in the jurisdiction of an accredited Australian or New Zealand hospital.
In-practice education	Education that takes place in community general practice under supervision.
Modified Monash Model	The Modified Monash Model is a classification system that categorises metropolitan, regional, rural, and remote areas according to both geographical remoteness and town size. The MM classification for any given area can be found by using the locator tool on the Health Workforce Locator.

Term	Definition
Out-of-practice education	Education that occurs outside of regular clinical practice, requiring specific resourcing not easily provided within the training site environment, including interactions with experienced practitioners and educators from outside the registrar's work environment.
PRODA	A Services Australia online identity verification and authentication system.
Program team	The training coordinator and medical educator assigned to a registrar.
Program time	The length of time required to complete the AGPT Program.
Provider number	A Medicare provider number for eligible health professionals who are recognised for Medicare services, allowing them to claim, bill, refer or request Medicare services.
RACGP ADF team	The RACGP Australian Defence Force (ADF) team provides tailored support to ADF registrars in the AGPT Program.
RACGP local training team	RACGP staff with local knowledge and relationships who support registrars from the time they enter the AGPT Program through to Fellowship. The team includes a training coordinator, medical educator, cultural mentor and an administrator.
RACGP national team	RACGP staff with oversight of the overall AGPT Program, providing high-level educational leadership. They may provide guidance and decision-making in particular circumstances, such as educational support and remediation, application for extended leave and managing critical incidents.
RACGP regional team	The team that manages a training region and provides support to the local team with specialised resources and expertise. Includes a registrar liaison officer and cultural educator. They may be involved in accreditation of training sites and educational workshops.
RACGP Rural Generalist Fellowship	The award of Rural Generalist Fellowship (FRACGP-RG).
Registrar	A medical practitioner enrolled in the AGPT Program.
Registrar Clinical Encounters in Training (ReCEnT)	The ReCEnT project aims to document and analyse the nature of the clinical and educational content of general practice registrar consultations. Refer to the ReCEnT webpage.
Remediation	The process by which a registrar receives additional support in order to address performance concerns.
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 approved when onsite supervision cannot be provided by an accredited supervisor.

Term	Definition
Safety	The condition of being protected from or unlikely to cause danger, risk or injury. Educational safety is defined as a learning environment that values support, respectful communication, bidirectional feedback, reflection and the acquisition of new skills. It meets the learner's current level of competency and learning needs and facilitates growth and learning.
Supervisor	An accredited GP who works in an accredited training site and takes responsibility for the education and training needs of the registrar while in the training site.
Supervisor Professional Development (SPD)	Activities designed to improve the skills of the GP supervisor as an educator. SPD is the term used to distinguish these skills from CPD (continuing professional development).
Teaching plan	A document for use between the training site supervisor and the registrar which includes a calendar of scheduled teaching activities, required assessment activities, activities planned to address identified learning needs, etc.
Training region	An area in which the RACGP delivers general practice training as defined by the relevant training program.
Training site	A health service accredited by the RACGP where the registrar may undertake their general practice training.
Training stream	Subdivisions of the AGPT Program. These are: i. the general stream ii. the rural stream.
Wellbeing	The state of being comfortable, healthy or happy. Educational wellbeing is ensured when the registrar feels engaged, safe and supported in the learning environment.
Workplace-based assessments	Observation and assessment of a registrar's practice to track progression through training. Types of assessment include: – early assessment for safety and learning (EASL) – clinical case analysis – multi-source feedback – mini-clinical evaluation exercise – clinical audit – external clinical teaching visit – mid and end-term appraisals